Final Report

Implementation Evaluation of the Enhanced Prevention Focused Approach in Manitoba for the First Nations Child and Family Services Program

Project Number: 1570-7-13071

June 2014

Evaluation, Performance Measurement, and Review Branch
Audit and Evaluation Sector
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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AANDC</td>
<td>Aboriginal Affairs and Northern Development Canada</td>
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<td>CFS</td>
<td>Child and Family Services</td>
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<tr>
<td>EPFA</td>
<td>Enhanced Prevention Focused Approach</td>
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<tr>
<td>EPMRB</td>
<td>Evaluation, Performance Measurement and Review Branch</td>
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<td>EPMRC</td>
<td>Evaluation, Performance Measurement Review Committee</td>
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<tr>
<td>FNCFS</td>
<td>First Nations Child and Family Services</td>
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</table>
The Implementation Evaluation of the Enhanced Prevention Focused Approach (EPFA) in Manitoba is part of a multi-year Strategic Evaluation of the Implementation of the EPFA for the First Nations Child and Family Services (FNCFS) Program, which began with an implementation evaluation in Alberta in 2009-10. The objective of the Strategic Evaluation is to look at jurisdictions individually two to three years after the approach has been implemented to address issues of relevance, design and delivery, effectiveness and alternatives. To date, implementation evaluations have been conducted for Alberta (2009-2010), Nova Scotia and Saskatchewan (2011-2012), Quebec and Prince Edward Island (2013). The evaluation of the implementation of EPFA in Manitoba is the final provincial evaluation.

The FNCFS Program funds FNCFS agencies to provide culturally appropriate child and family services in their communities, so that the service provided to Aboriginal children are reasonably comparable to those available to other provincial residents in similar circumstances. In Manitoba, there are 15 FNCFS agencies, and these operate within a legislative framework, which is very unique in Canada, as these agencies can provide services to their community members both on and off-reserve. Since 2003, when The Child and Family Services Authorities Act was proclaimed, there has been a major devolution of authority and responsibility to the Authorities by the province, including the responsibility to mandate, fund, and monitor the work of the agencies. The Northern and Southern Authorities were established to oversee the work of First Nation Child and Family Services agencies in Manitoba.

In July 2010, a Tripartite Child and Family Services Framework was announced, which committed Aboriginal Affairs and Northern Development Canada (AANDC) to provide additional funding to implement the new Enhanced Prevention Focused Approach to First Nation Child and Family Services in Manitoba. Under this new approach, there will be additional funding provided for prevention activities. EPFA services are expected to be culturally relevant and specific to each community’s needs by promoting health and well-being, strengthening partnerships with other community service providers, and establishing first-line supports that serve as preventive mechanisms to help children stay in their home or community. The program’s objectives and expected outcomes are to improve the quality of life on-reserve, to foster greater self-sufficiency for First Nations communities and individuals, and to create a community environment where incidences of family violence and child abuse are greatly reduced.

The scope of the evaluation includes perspectives from AANDC, the Province of Manitoba, both the Southern and Northern Authorities, as well as FNCFS agencies and First Nation community members in the province. The evaluation’s findings and conclusions are based on the analysis and triangulation of the following lines of evidence: a document and file review, a literature review, fifteen key informant interviews, and four case studies.
Key findings / conclusions from the evaluation are as follows:

Relevance

The over-representation of First Nations children in care and the overarching factors which contribute to this disparity, such as housing, poverty, substance misuse, lack of mental health services, child abuse and neglect, are the most common parental and community issues facing First Nations communities in Manitoba. Each represents a unique challenge to keeping Aboriginal families and children united and safe, and taken collectively, these factors indicate that there continues to be a demonstrable need for child welfare prevention services in the First Nations communities of Manitoba.

The literature reviewed for this evaluation concludes that the differential response model is most effective if it includes all three tiers of prevention. Review of the business plans and key informant interviews reveal that agencies have undertaken activities, which fit into each tier, whereby heightening the effectiveness of the Enhanced Prevention Focused Approach.

Design and Delivery

The evaluation found that the two main elements included in the design and delivery of the EPFA, which facilitated the achievements of expected outcomes are the EPFA’s flexibility and its focus on culturally tailored programming. Flexibility allowed agencies to develop locally relevant programming through community consultation and the participation of elders, ensuring that protection and prevention services were targeted to address the determined needs of each community. Flexibility also allowed for prevention initiatives to reflect the unique cultural character of Manitoba’s First Nations, which the literature suggests is instrumental for the achievement and success of prevention programming.

Overall, some of the most common challenges identified in the implementation of the EPFA were the provincial requirements for receiving EPFA funding, which caused large delays in the release of funds for these agencies, while other agencies struggled with the considerable changes happening in Manitoba child welfare at the time of EPFA implementation. Strong professional relationships between AANDC regional office and agencies as well as engaged Boards of Directors demonstrate signs of effective management of the EPFA. There were, however, concerns in this area as to the lack of business capacity supports for agencies.

The evaluation found evidence that some agencies are participating in their own monitoring activities to improve programming, though there remains challenges to integrating reporting at the federal/provincial government levels. Areas for improvement include the improvement of data sharing, streamlining of reporting and providing better feedback to agencies on their performance.
**Performance/Effectiveness**

The evaluation found that the EPFA has encouraged the expansion of collaborative networks within communities by developing programs and delivering services in partnership. Some of the best examples of constructive engagement include the Circle of Care approach, resource committees and the referral system. Agencies have introduced numerous innovative practices to overcome factors, which can hinder the implementation of family enhancement programming, such as community infrastructure deficits, a lack of public awareness, heavy workloads and time constraints for services. Most agencies report that it is difficult to recruit and retain qualified staff, particularly First Nation staff.

Overall, some of the most common challenges identified for the performance of the EPFA are the ever expanding services that FNCFS agencies are expected to provide, as well as difficulties based on large geographical distances and the costs associated with these. Most agencies report that awareness of and participation in prevention programming has increased in their communities but that it will take time to change community perspectives and the negative stigma surrounding Child and Family Services. Nevertheless, the EPFA has allowed for an increase in access to prevention services, and early indicators point to a reduction of the number of children in care.

**Economy/Efficiency**

The evaluation found that investing in prevention activities has the potential for substantial societal and economic benefits due to the multiplying costs associated with child maltreatment. Although a number of agencies are employing cost-effective practices, and while the flexibility of the EPFA was identified by key informants as one of its greatest strengths, the rise in maintenance and operation costs in Manitoba has meant that agencies must then take from their prevention dollars and put them into maintenance. Consideration is needed on how to ensure prevention dollars remain under the prevention stream.

Based on these findings, it is recommended that AANDC:

1. Consider increased funding for operational costs for multi-site agencies and travel to remote communities in any revisions to the costing model;

2. Explore how to ensure prevention dollars are being utilized for prevention activities so that agencies are able to develop sustainable prevention programming and explore other areas of activity to support a reduction of children being sent off-reserve;

3. Work with the province and FNCFS organizations to address the issue of managerial capacity and business supports in agencies; and

4. Continue to pursue data sharing opportunities with the Province of Manitoba and streamline reporting for agencies.
Management Response / Action Plan

Project Title: Implementation Evaluation of the Enhanced Prevention Focused Approach in Manitoba for the First Nations Child and Family Services Program

Project #: 1570-7/13071

The First Nations Child and Family Services Program agrees with the recommendations produced in this Implementation Evaluation. However, it is important to provide some context to clarify the degree to which AANDC will be able to implement some of the recommendations. This is especially important with respect to recommendations 1 and 2. Recommendation 1 is: “AANDC consider increased funding for operational costs for multi-site agencies and travel to remote communities in any revisions to the costing model”. AANDC can review costing models under EPFA as per Recommendation 1, but any changes to costing models that result in increased funding will create cost pressures on the program that may not be able to be addressed without seeking external funding sources (reallocations within AANDC or new funding).

Recommendation 2 is that “AANDC explore: a) how to ensure prevention dollars are being utilized for prevention activities so that agencies are able to develop sustainable prevention programming; and b) other areas of activity to help reduce the number of children receiving care off-reserve.” Achieving sustainable prevention programming in communities involves interdependencies with other community programs and services, and, the reason why some children are sent off-reserve is to access specialized services that are not available on-reserve.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Actions</th>
<th>Responsible Manager (Title / Sector)</th>
<th>Planned Completion Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AANDC consider increased funding for operational costs for multi-site agencies and travel to remote communities in any revisions to the costing model.</td>
<td>We do concur.</td>
<td>Director General, Social Policy and Programs Branch</td>
<td>March 31, 2015</td>
</tr>
<tr>
<td></td>
<td>• AANDC can review costing models under EPFA but any changes to costing models that result in increased funding will create cost pressures on the program that may not be addressed without seeking additional funding sources (reallocations within AANDC or new funding).</td>
<td></td>
<td>Status: Completed - Closed</td>
</tr>
<tr>
<td></td>
<td>• AANDC will intensify its collaborative work with the Province of Manitoba and FNCFS Authorities and agencies to achieve a thorough understanding of agencies’ resources and expenditures; to support developing sustainable plans for effective agency operations and service delivery; and to examine whether the existing service</td>
<td></td>
<td>Update/Rationale: As of 31/03/2015:</td>
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<td></td>
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<td></td>
<td>The EPFA formula has been reviewed and clarified for subsequent financial administration improvements including travel and agency operations. Changes that have been made to the formula include adjustments to the travel allocations for multi-site agencies and will be implemented once a source of funding is identified.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>AANDC meets regularly with FNCFS agencies, the FNCFS Authorities and the Province</td>
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<tr>
<td><strong>delivery mechanism is optimally serving First Nation populations within provincial standards and within current funding allocations</strong></td>
<td>through the Regional Funding Model Working Group for better tracking and identification of funding pressures to ensure that agency operations and service delivery are effective. This working group also reports to the Regional Advisory Committee comprised of provincial representatives, all Agency Directors, FNCFS Authorities and AANDC representatives. AANDC continues to work with its partners to adjust to changing provincial standards and practices. <strong>AES: Closed – Fully Implemented</strong></td>
<td></td>
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2. **AANDC explore: a) how to ensure prevention dollars are being utilized for prevention activities so that agencies are able to develop sustainable prevention programming; and b) and explore other areas of activity to support a reduction of children being sent off-reserve.**

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<td><strong>We do concur.</strong></td>
<td><strong>Director General, Social Policy and Programs Branch</strong></td>
<td><strong>Winter 2015</strong></td>
</tr>
<tr>
<td><strong>AANDC will intensify its collaborative work with the Province of Manitoba and FNCFS Authorities and agencies to achieve a thorough understanding of agencies’ resources and expenditures; to support developing sustainable plans for effective agency operations and service delivery; and to support a delivery mechanism that serves on-reserve First Nation populations within provincial standards and within current funding allocations.</strong></td>
<td><strong>Status: Request to close</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AANDC Headquarters will continue to liaise with the AANDC Manitoba regional office, through monthly conference calls and regular meetings, to review financial pressures that may arise during EPFA implementation. These meetings and discussions will allow Headquarters to determine how funding pressures can be addressed, forecast future expenditure demands, and develop possible mitigation strategies for arising issues.</strong></td>
<td><strong>Update/Rationale:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AANDC will continue to work collaboratively with relevant internal and other federal partners, as well as the Province of Manitoba through the Regional Funding Model Working Group for better tracking and identification of funding pressures to ensure that agency operations and service delivery are effective. This working group also reports to the Regional Advisory Committee comprised of provincial representatives, all Agency Directors, FNCFS Authorities and AANDC representatives. AANDC continues to work with its partners to adjust to changing provincial standards and practices.</strong></td>
<td><strong>As of 31/03/2015:</strong></td>
<td></td>
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<tr>
<td><strong>2a. The development phase of the FNCFS Information Management System is completed. The maintenance phase is now providing robust data as planned. Data collection ensures that detailed analysis of investments provided under EPFA and resulting outcomes are tracked and reported. This also provides an information base that will enable analysis and measurement of the effectiveness of the FNCFS program including child well-being outcomes, as AANDC continues to work collaboratively with key partners.</strong></td>
<td><strong>In Manitoba, prevention activities are currently being reported on separately. Discussions with the Province on the provincial Common Billing Format will take place in Spring 2015 requesting that prevention activities be</strong></td>
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existing tripartite tables, bi-
lateral forums and other fora to
identify and better understand
arising issues such as why
children are being sent off-
reserve (i.e. to access
specialized services,
education, availability of
licensed foster care facilities).
As an example, AANDC will
continue working with Health
Canada to further align
programming available to First
Nations children and families.
AANDC will continue making
linkages among related
departmental programs such as
Family Violence Prevention
Program, Education and
Community Infrastructure.
AANDC will also continue to
build on external collaborative
steps undertaken to date,
including three meetings of the
Federal/Provincial/Territorial
Working Group of the Directors
of Child Welfare, the most
recent being in May 2014, in
order to identify ways in which
AANDC can work
collaboratively with other
partners moving forward.

Although existing
accountability measures are
in place (including the
Manitoba Memorandum of
Understanding; agency
business plans), AANDC
continues to work towards
new and enhanced tools,
including program parameters
that will require that
prevention funding be used
for prevention. These
parameters will be implanted
once a source of funding is
identified.

2b.
As an ongoing activity to
manage the FNCFS program,
HQ and regional colleagues
continue to participate at
various tripartite forums
including the Regional
Funding Model Working
Group regular meetings. The
Regional Funding Model
Working Group focuses on
specific operational issues of
importance to all partners,
compiles information and
develops guidelines, tools or
other relevant responses to
improve FNCFS outcomes in
Manitoba. This forum met on
March 17 and 18, 2015 to
support agencies in improving
the nature and extent of
services provided to First
Nation children, families, and
communities. In some cases,
the issues being raised in the
region have a policy and
financial impact requiring
more detailed analysis,
further approvals and source
of funds.

Some of the reasons why
children are receiving care off
reserve are a result of service
gaps on reserve including
lack of access to specialized
services for children with
complex needs and the lack
of foster placements due to
various issues such as lack of
infrastructure. Funding and
policy work currently being
undertaken in FNCFS is also being done collaboratively with the Province, Education, other Social programs and Community Infrastructure Branch for consistency, and to manage potential gaps in service offered on reserve.

To promote better program outcomes, closer linkages will be maintained with federal partners responsible for early childhood programming in Manitoba. AANDC will continue regular joint meetings with Health Canada and with the Public Health Agency of Canada at the regional level, and will broaden these discussions when opportunities arise for more comprehensive initiatives.


<table>
<thead>
<tr>
<th>3. AANDC work with the province and FNCFS organizations to address the issue of managerial capacity and business supports in agencies.</th>
<th>We do concur.</th>
<th>Director General, Social Policy and Programs Branch</th>
<th>Winter 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Update/Rationale:</strong> AANDC continues to work with the FNCFS agencies, the FNCFS Authorities and the Province of Manitoba through regular tripartite tables to identify any arising issues and mitigation strategies are discussed to address them in a timely manner.</td>
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<tr>
<td>In addition, AANDC is preparing to undertake joint planning on program reviews with the Province of Manitoba. This work is being undertaken as part of the national approach to developing consistent FNCFS program compliance tools that would adopt risk-based analysis and engage willing provincial partners. This collaborative work is</td>
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**Status: Completed - Closed**

**As of 31/03/2015:**
AANDC continues to work with the FNCFS agencies, the FNCFS Authorities and the Province of Manitoba through regular tripartite tables to identify any arising issues and mitigation strategies are discussed to address them in a timely manner.
develop additional measures to address capacity needs as required. expected to gradually build agency capacity in responding to management challenges as service delivery and financial administration issues should not be addressed in isolation.

In partnership with the FNCFS Authorities, the Province and AANDC have been meeting with FNCFS agencies to jointly review and discuss recipient business plans. This process provides all parties with information on the status of the agencies' roll-out of prevention programs and services. It also provides the parties with a better understanding of agencies' operational resources, their challenges and opportunities.

Program has also finalized agency Business Plan, Final Report templates and checklists to support FNCFS agencies in their planning cycle.

**AES: Closed – Fully Implemented**

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<tr>
<th>4. AANDC continue to pursue data sharing opportunities with the Province of Manitoba and streamline reporting for agencies.</th>
<th>We do concur.</th>
<th>Director General, Social Policy and Programs Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AANDC is currently working with the Province of Manitoba on the development of a data-sharing agreement to allow information to flow between both governments which will ensure that accurate and relevant performance data is captured.</td>
<td></td>
<td>Winter 2015</td>
</tr>
<tr>
<td>• AANDC is currently involved in many collaborative initiatives to streamline processes and reduce the reporting burden on FNCFS agencies.</td>
<td></td>
<td><strong>Status: Request to close</strong></td>
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</tbody>
</table>
| • AANDC will require funding recipients to complete data collection instruments to meet reporting requirements. |  | **Update/Rationale:**
|  |  | **As of 31/03/2015:**
|  |  | AANDC and the Province of Manitoba have finalized the Information-Sharing Agreement. It is expected that the Parties will be signing the Information-Sharing Agreement in the spring of 2015. |
|  |  | With the introduction of the Manitoba Provincial Common Billing Form agencies have been submitting their monthly child maintenance billings to both funders using the same provincially approved electronic billing template. |
I recommend this Management Response and Action Plan for approval by the Evaluation, Performance Measurement and Review Committee

*Original signed by:*

Michel Burrowes  
Director, Evaluation, Performance Measurement and Review Branch

I approve the above Management Response and Action Plan

*Original signed by:*

Françoise Ducros  
Assistant Deputy Minister, Education and Social Development Programs and Partnerships Sector

1. Introduction

1.1 Overview

This Implementation Evaluation of the Enhanced Prevention Focused Approach in Manitoba is part of a multi-year Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach (EPFA) for the First Nations Child and Family Services (FNCFS) Program, which began with an implementation evaluation in Alberta in 2009-2010. The purpose of the strategic evaluation is to look at jurisdictions individually two to three years after the approach has been implemented to address issues of relevance, design and delivery, effectiveness and alternatives.

In 2010-2011, a Mid-Term National Review was undertaken to consider the overall relevance of the EPFA, promising practices in prevention programming, as well as to provide some insight on discussions to establish tripartite frameworks to date. Additionally, implementation evaluations have been conducted for Alberta (2009-2010), Nova Scotia and Saskatchewan (2011-2012), and Quebec and Prince Edward Island (2012-13). Further evaluative work will be considered as agreements are reached in remaining jurisdictions.

This report presents the findings and recommendations of the evaluation of the Implementation Evaluation of the Enhanced Prevention Focused Approach in Manitoba for the First Nations Child and Family Services Program. The evaluation examined the process of implementation of the EPFA in Manitoba FNCFS agencies from 2010-11 to 2012-13. Data was collected between November 2013 and March 2014.

1.2 Program Profile

1.2.1 Background and Description

Through the FNCFS Program, Aboriginal Affairs and Northern Development Canada (AANDC) provides funding to assist 106 FNCFS agencies, as well as provinces and territories in areas where there are no such agencies, to deliver culturally appropriate protection (out of home) and prevention services (primarily in-home) to a total population of approximately 163,000 First Nation children and youth on-reserve. Since child and family services are an area of provincial/territorial jurisdiction, to be eligible to receive funding, FNCFS agencies must be mandated by the province or territory to deliver child and family services in accordance with applicable provincial/territorial legislation.

The Enhanced Prevention Focused Approach

Historically, the approach to child and family services emphasized child protection. However, throughout the past decade, provinces have been shifting their focus towards an approach founded on the provision of prevention services (e.g. in-home supports, respite care, and mentoring).
Alberta was the first province in Canada to test such an approach, including a 2006 pilot project in a select group of First Nations communities, which resulted in a 10 percent caseload decrease from 2001 levels. The results were promising and, in 2007, AANDC moved towards full implementation of an Enhanced Prevention Focused Approach for its FNCFS Program in Alberta. Since then, an additional five provinces and First Nations from these provinces have signed tripartite agreements with AANDC (Saskatchewan-2008, Nova Scotia-2008, Quebec-2009, Prince Edward Island-2009 and Manitoba-2010), covering about 68 percent of all First Nations children ordinarily resident on-reserve. AANDC is working with the remaining jurisdictions to move towards the implementation of EPFA as soon as possible.

EPFA services and supports are expected to be culturally relevant (i.e. promoting services that are adapted to a specific community’s culture) and may include screening (detecting problems before they impair the health and development of families and children), promoting health and well-being, strengthening partnerships with other community service providers, establishing first-line services that serve as preventive mechanisms and the use of least disruptive measures to help children stay in their home or community.

1.2.2. Program Objectives and Expected Outcomes

AANDC funds a suite of social programming, including the First Nations Child and Family Services Program, the Family Violence Prevention Program, the Income Assistance Program, the National Child Benefit Reinvestment Program and the Assisted Living Program. According to the Nation Social Programs Manual, the overall objective of AANDC's social programs is to provide funding to First Nations administrators to provide on-reserve residents with individual and family supports and services that have been developed and implemented in collaboration with partners in order to contribute to:

- fostering greater self-sufficiency for First Nation individuals and communities;
- improving the quality of life on-reserve;
- creating a community environment where incidences of family violence and child abuse are reduced or eliminated; and
- supporting greater participation in the labour market and fully sharing in Canada's economic opportunities.¹

More specifically, the objective of the FNCFS program is to ensure the safety and well-being of First Nations children on-reserve by supporting culturally appropriate prevention and protection services for First Nations children and families, in accordance with the legislation and standards of the province or territory of residence. According to the original program documentation, the immediate outcome expected from EPFA investments was increased access to services that protect children and families at risk at a standard reasonably comparable to non-First Nations communities in similar circumstances. Social workers are expected to be able to strengthen partnerships through horizontal integration with other community services/organizations for

better case management (i.e. through case conferencing) to improve service delivery and provide integrated responses to meet the real needs of First Nation children and families.

Capacity development support would be provided to smaller agencies that may lack the economies of scale to deliver the full continuum of services. Currently, program outcomes are captured in the Social Development Programs' Performance Measurement Strategy. The relevant immediate outcome for the FNCFS Program is that "men, women and children in need or at-risk have access and use prevention and protection supports and services." Key indicators for this outcome include: percentage of First Nations men, women and children in need or at-risk, ordinarily resident on-reserve, that are using prevention and protection supports and services and rates of ethno-cultural placement matching.

Intermediate outcomes according to original program documentation were expected to include a more secure family environment, reduced need for the removal of children from parental homes, reduced incidents of abuse, and overall improvement in child well-being. To measure attainment of this goal, more quantifiable outcome data was to be gathered. At the planning phase of this approach, AANDC committed to partner with provinces and First Nations to ensure that First Nations' indicators can be extracted directly from the provincial database. This evaluation found that significant efforts have been made to develop an information sharing agreement between the Province of Manitoba and the Government of Canada.

In the Performance Measurement Strategy, this intermediate outcome translates to "Men, women and children are safe." Performance measures for this outcome include mortality rates, injury rates and recidivism rates. The mortality rates indicator is reflective of the National Child Welfare Outcomes Matrix indicator "percentage of children who die while in the care of child welfare services," and is meant to assess the overall conditions of safety. The purpose of measuring injury rates is to assess overall safety in the communities and is reflective of the National Child Welfare Outcomes Matrix indicator "serious injury and death." Finally, recidivism rates are expected to reflect the long-term effectiveness of services, and are also reflective of National Child Welfare Outcomes Matrix.

The expected ultimate outcome for the FNCFS Program is to have a more secure and stable family environment for First Nation children ordinarily resident on-reserve.

**1.2.3 Program Management, Key Stakeholders and Beneficiaries**

AANDC Headquarters establishes on a national basis, the program guidelines and the terms and conditions that must be included in each funding arrangement, as well as the policy related to monitoring and compliance activities. The specific role of Headquarters is to:

- Provide, through the regions, funding for recipients to provide services to children and families as authorized by the approved policy and program authorities;
- Lead in the development of FNCFS policy;
- Consider proposals for change coming from regional representatives and First Nations practitioners;
• Provide oversight on program issues related to the FNCFS policy as well as to assist regions and First Nations in finding solutions to problems arising in the regions;
• Provide leadership in collecting data and ensuring that reporting takes place in a timely manner;
• Interpret FNCFS policy and assist regions in providing policy clarification to recipients, provinces and territories; and
• Provide amendments to the National Program Manual as required, and ensure that program policy documentation is consistent with approved policy and program authorities.

With the support of regional staff, the Regional Director General in each region is responsible for implementing and administering the social development programs in accordance with the guidelines issued by the National Social Programs Manual. This includes, for example:

• assessing the eligibility of recipient applications and expenditures;
• entering into financial arrangements with approved recipients in accordance with the transfer payment Terms and Conditions; and
• monitoring, collecting and assessing both the financial and program performance results of individual recipients, and taking appropriate remedial action as appropriate.

FNCFS falls within provincial/territorial jurisdiction. It is the role of the province or territory to:

• Mandate recipients in accordance with provincial or territorial legislation and standards;
• Regulate recipients in their activities as they relate to the legislation and standards;
• Provide ongoing oversight to recipients and take action if the requirements are not being met;
• Participate in tripartite activities such as negotiations, dispute resolution and consultations as well as regional tables;
• Apply the legislation and standards for all child and family services equally to all residents of the province or territory on- and off-reserve;
• Provide information on outcome data to the federal government; and
• Adhere to other roles and responsibilities as determined through agreements, such as the Tripartite Accountability Framework.

FNCFS agencies are responsible for delivering the FNCFS Program in accordance with provincial legislation and standards while adhering to the terms and conditions of their funding agreement. FNCFS service providers include, but are not limited to, First Nations (as represented by Chiefs and Councils); and their organizations such as tribal councils or agencies (such as Child and Family Services (CFS) agencies in various communities).
Eligible recipients for FNCFS funding are:

- Councils of Indian bands recognized by the Minister of AANDC;
- Tribal councils;
- FNCFS agencies or societies duly mandated by the relevant province/territory;
- Provincial/territorial government;
- Other mandated CFS providers, including provincially mandated agencies/societies; and
- First Nations and First Nations organizations who apply to deliver capacity-building activities, including the development of newly-mandated FNCFS Programs.

Beneficiaries of the FNCFS Program include at-risk First Nations children and their families on-reserve that require access to prevention/least disruptive measures services and/or child protection services, including child placement out of the parental home.

### 1.2.4 Program Resources

The total estimated funding level for the FNCFS Program in 2011-12 is $617.7 million in contributions, including new resources through the EPFA. In Manitoba, funding has increased by approximately 41 percent between 2007-08 and 2011-12. Table 1 provides a regional breakdown of FNCFS funding allocations over the past five fiscal years.

#### Table 1: AANDC First Nations Child and Family Services Expenditures by Regions ($000)

<table>
<thead>
<tr>
<th>Region</th>
<th>Funding Type</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-2011</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>A Based</td>
<td>49,782.4</td>
<td>52,095.1</td>
<td>50,353.6</td>
<td>52,543.5</td>
<td>56,657.5</td>
</tr>
<tr>
<td></td>
<td>EPFA</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Alberta</td>
<td>A Based</td>
<td>110,038.4</td>
<td>112,527.7</td>
<td>106,402.3</td>
<td>112,685.5</td>
<td>118,072.0</td>
</tr>
<tr>
<td></td>
<td>EPFA</td>
<td>10,699.5</td>
<td>11,385.9</td>
<td>11,469.3</td>
<td>11,615.9</td>
<td>11,615.9</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>A Based</td>
<td>54,901.2</td>
<td>56,520.5</td>
<td>64,673.0</td>
<td>68,972.5</td>
<td>67,972.4</td>
</tr>
<tr>
<td></td>
<td>EPFA</td>
<td>0.0</td>
<td>13,619.2</td>
<td>11,880.8</td>
<td>12,614.7</td>
<td>12,878.5</td>
</tr>
<tr>
<td>Manitoba</td>
<td>A Based</td>
<td>78,384.2</td>
<td>85,244.5</td>
<td>95,566.5</td>
<td>99,253.3</td>
<td>107,291.2</td>
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<td>0.0</td>
<td>3,782.0</td>
<td>16,993.1</td>
</tr>
<tr>
<td>Ontario</td>
<td>A Based</td>
<td>102,966.4</td>
<td>104,338.2</td>
<td>114,351.7</td>
<td>116,246.0</td>
<td>119,066.8</td>
</tr>
<tr>
<td></td>
<td>EPFA</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Quebec</td>
<td>A Based</td>
<td>45,913.2</td>
<td>45,796.6</td>
<td>55,391.6</td>
<td>53,338.0</td>
<td>55,480.7</td>
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<tr>
<td></td>
<td>EPFA</td>
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<td>0.0</td>
<td>7,277.2</td>
<td>9,493.9</td>
</tr>
<tr>
<td>Atlantic</td>
<td>A Based</td>
<td>28,118.6</td>
<td>31,853.6</td>
<td>28,426.7</td>
<td>29,270.7</td>
<td>32,077.1</td>
</tr>
<tr>
<td></td>
<td>EPFA**</td>
<td>0.0</td>
<td>900.0</td>
<td>1,711.4</td>
<td>1,964.8</td>
<td>1,744.4</td>
</tr>
<tr>
<td>Yukon</td>
<td>A Based</td>
<td>8,263.6</td>
<td>8,886.9</td>
<td>8,819.1</td>
<td>8,400.0</td>
<td>8,400.0</td>
</tr>
<tr>
<td></td>
<td>EPFA</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>All Regions</td>
<td>A Based</td>
<td>478,368.0</td>
<td>497,263.1</td>
<td>523,984.5</td>
<td>540,707.5</td>
<td>565,017.7</td>
</tr>
<tr>
<td></td>
<td>EPFA</td>
<td>10,699.5</td>
<td>25,905.1</td>
<td>25,061.5</td>
<td>37,254.6</td>
<td>52,725.8</td>
</tr>
</tbody>
</table>

**These figures are for Nova Scotia and Prince Edward Island.**
A-Based = Existing Funding prior to EPFA
EPFA = Enhanced Prevention Focused Approach
As a result of moving towards the EPFA, a significant amount of new resources have been invested into the FNCFS Program. More than $100 million annually in additional funding is dedicated to the implementation of the prevention-based model. In Manitoba, an additional $177 million dollars was provided for the implementation of the EPFA over five years, with $42.2 million of annual ongoing additional investments for the delivery of First Nations Child and Family Services in Manitoba.

**Allocation from Headquarters to Regional Offices**

For regions under the EPFA, funding models are designed during tripartite meetings between First Nations, AANDC officials and provincial representatives, and reflect information provided during those discussions about provincial funding of child welfare. These costing models are particular to each jurisdiction and take into account the respective provincial program salaries and caseload ratios to determine provincial comparability within FNCFS Program authorities. The costing models under this approach include three distinct funding streams:

- **Operations** – Funding supports administration (i.e. staff salaries, rent, insurance, etc.) and protection casework. The amount of funding provided to a recipient is formula-driven, based on an amount per First Nations child on-reserve 0-18 years, plus an amount per band and an amount based on the remoteness where applicable.

- **Maintenance** – Maintenance is budgeted annually based on actual expenditures of the previous year. Funding is based on needs and reimburses actual (per diem and special needs) non-medical eligible costs for Indian children ordinarily resident on-reserve taken into care and placed in an alternate care situation outside of the parental home (i.e. foster home, group homes or institutions). Placements can occur on- or off-reserve.

- **Prevention** – Prevention is used to support programs that reduce the need to remove children from the parental home by providing tools that allow individuals to better care for their children, as well as to promote increased permanency planning for eligible children in care. Eligible expenditures may include services designed to keep families together and children in their own homes (i.e. homemaker and parent aid services, mentoring services for children, home management, non-medical counseling services not covered by other funding sources).

Under the EPFA, funding can be moved between streams for the purpose of addressing needs and circumstances facing individual communities. In Manitoba, the new funding model assumes a regional average of seven percent of children in care, which is driven by the 0-18 on-reserve population statistics.

In each jurisdiction, a costing model is developed based on discussions among First Nations, the province/territory and AANDC. The costing model provides an amount for core operations that does not change with the percentage of children in care to allow for a stable flow of funding to agencies. Maintenance costs, however, are funded based on actual expenditures from the previous year, while taking into account surpluses from the other two lines of funding, and are not dependent on an assumed fixed percentage of children in care.
Funding of these agencies is through Flexible Transfer Payments, which enables agencies to direct funds to program areas as required within the authorities of the FNCFS Program. Those funds are only eligible for use for FNCFS, but agencies have the ability to move money between the three streams.

In addition to the EPFA, First Nation organizations/Indian bands may be eligible for funding under the Social Development Program Management Infrastructure Initiative, so long as they have a population catchment of at least 1,400 and meet the following criteria:
- Integrated delivery of multiple social development programs;
- Show interface/linkages with provincial/territorial and/or federal programs; and
- Demonstrate the capacity to perform specified functions.

Eligible costs under this initiative include:
- Salaries, wages and benefits;
- Travel and accommodation;
- Insurance;
- Research, policy development and program modification or adaptation;
- Instructional services, public education and information materials;
- Office supplies and office equipment;
- Telecommunications, printing, professional services, other related office costs;
- Specific costs related to providing capacity development and professional development opportunities for First Nations Child and Family Service agencies to deliver a full range of provincially comparable services;
- Conduct of workshops on governance, conflict of interest, training of culturally specific child care and family support workers, Executive Director training, and the documentation and dissemination of best practices in child welfare delivery;
- Provision of policy coordination and analysis, program training, research and development, and agency operational support and assisting in making linkages to holistic and integrated service delivery to enhance agencies abilities to provide effective planning, services and programs for their children, families and communities; and
- Facilitation of discussions on issues of mutual interest among First Nations, AANDC and provinces/territories and playing a role in the development and support of provincially approved First Nations Child and Family Services standards and the development of a compatible FNCFS management information system.

Allocation from Regions to Stakeholders

Under the EPFA, funds are allocated from the Manitoba regional office to recipients based on a formula that accounts for operations and prevention services. Child maintenance funding allocations are based on the previous year's actual maintenance expenditures. Operations, maintenance and prevention funding can be found within a recipient's contribution agreements.
1.3 Manitoba Profile

The FNCFS Program in Manitoba provides funding to mandated FNCFS agencies to deliver, in accordance with provincial legislation, culturally appropriate prevention and protection services to First Nation children and families ordinarily resident on-reserve within AANDC program authorities. The province mandates agencies under the Child and Family Services Act to deliver services. There are four components to the program, including: development (start-up); maintenance; operations; and prevention. The FNCFS agencies receive funding from four sources: (1) the Province; (2) AANDC; (3) the Authorities; and (4) Canada Revenue Agency. There are 17 fully mandated First Nation Child and Family Services agencies in Manitoba (serving 63 First Nation communities), 15 of whom have funding arrangements in place with AANDC. The two agencies that do not receive AANDC funding are: the All Nations Coordinated Response, which is a coordination and referral service operating in the city of Winnipeg and has a mandate to provide services to all Manitobans requiring child and family services, and the Animikii Ozoson Child and Family Services serves families living in Winnipeg who have ties to First Nations in Ontario or choose to receive services from this agency.

In November 2003, The Child and Family Services Authorities Act was proclaimed, which resulted in the creation of four Authorities in the province: Northern Authority, Southern Authority, General Authority and Métis Authority. These Authorities are responsible for mandating, funding, and monitoring the work of the agencies. The Northern and Southern Authorities were established to oversee the work of First Nation Child and Family Services agencies in Manitoba.

FNCFS agencies operating under the Northern Authority include:

1. Awasis Agency of Northern Manitoba
2. Cree Nation Child and Family Caring Agency
3. Island Lake First Nations Family Services
4. Kinosao Sipi Minisowin Agency
5. Nikan Awasisak Agency Inc.
6. Nisichawayasihk Cree Nation Family and Community Wellness Centre

FNCFS agencies operating under the Southern Authority include:

1. Anishinaabe Child and Family Services
2. Dakota Ojibway Child and Family Services
3. Intertribal Child and Family Services
4. Peguis Child and Family Services
5. Sagkeeng Child and Family Services
6. Sandy Bay Child and Family Services
7. Southeast Child and Family Services
8. West Region Child and Family Services
9. All Nations Coordinated Response
10. Animikii Ozoson Child and Family Services
In July 2010, First Nations in Manitoba, the Province of Manitoba and AANDC entered into a Tripartite Accountability Framework. AANDC also announced $177 million in incremental investments over a period of five years (fiscal years 2010-11 to 2014-15 inclusive) with $42.2 million in ongoing funding to implement the new EPFA to enhance the delivery of protection and prevention services to First Nation children, families and communities in Manitoba. Under this new approach, there is additional funding provided for prevention activities, and is provided in three streams of prevention, operations and maintenance; funding can be moved between streams for the purpose of addressing the needs and circumstances facing individual communities.

The current structure in Manitoba gives all families in the province the right to choose which Authority is most culturally appropriate for them, with limited exceptions. Manitoba is currently the only province in which all families have this option.²

² The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children, December 2013, Volume 1.
2. Evaluation Methodology

2.1 Evaluation Scope and Timing

The scope of the evaluation includes perspectives from AANDC, the Province of Manitoba, as well as FNCFS agencies and First Nation community members in the province. Since a Mid-Term National Review was undertaken in 2010-11 to consider the overall relevance of the EPFA, this evaluation will largely focus on the status of the implementation of the EPFA, particularly design, delivery and any initial impacts on overall program administration and performance in Manitoba.

The purpose of the Strategic Evaluation is to analyze jurisdictions two or three years after the EPFA has been implemented in order to address issues of relevance, design, delivery, performance, efficiency, effectiveness, and alternatives. Once all of the evaluations are complete, a comprehensive comparative analysis of the different EPFA approaches across the provinces will be completed.

This evaluation examines the process of implementation of the EPFA in Manitoba FNCFS agencies from 2010-11 to 2012-13. Data was collected between October 2013 and March 2014, inclusively.

2.2 Evaluation Issues and Questions

In line with the Terms of Reference, the review focused on the following key issues:

**Relevance**

1. What are the child welfare and prevention needs of First Nations in Manitoba?
2. Can the EPFA be reasonably expected to achieve its stated objectives?
3. Is there a legitimate, appropriate, and necessary role for the Department and the Government of Canada in meeting this need?

**Design and delivery**

4. To what extent are the prevention activities logically linked to the production of the expected outputs and results?
5. To what extent has the design and delivery of the EPFA facilitated the achievement of outcomes and its overall effectiveness?
6. Has the approach been implemented as planned? If not, why?
7. Is the management / governance of the EPFA effective or are there improvements that could be made?
8. To what extent are the monitoring and reporting mechanisms of the prevention approach effective in supporting decision making?
Performance and effectiveness

9. To what extent has the EPFA influenced the constructive engagement and collaborative networks to improve child welfare?
10. What are the key factors that have facilitated or hindered the process of implementation?
11. To what extent has progress towards intended outcomes been achieved as a result of the implementation of EPFA?
12. Have there been positive or negative unintended outcomes?

Economy / Efficiency

13. Is the current approach the most economic and efficient means of achieving the intended objectives?
14. Are there more economic / efficient alternatives for achieving the same outcomes?

2.3 Evaluation Method

2.3.1 Data Sources

The evaluation’s findings and conclusions are based on the analysis and triangulation of the following lines of evidence:

- **Document and File Review**

  For the Mid-Term National Review of EPFA that was conducted in 2010-11, a comprehensive document review was conducted. It comprised a synthesis of the following documents: policy and program documents, plans, previous audits and reviews and evaluation reports. Building upon that exercise, a further review of documents for this evaluation included agency’s business plans and final reports, as well as internal statistical information.

- **Literature Review**

  The literature review examined national academic literature, as well as studies produced by organizations that have expertise in the field of child welfare and/or Aboriginal child welfare, more specifically. Since 2005, over five external reviews of the Manitoba Child Welfare System were conducted, and these provided important information on the topic specific to the province. Moreover, during the course of this evaluation, the Phoenix Sinclair inquiry released its final report entitled *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children*. This comprehensive and detailed report offered invaluable insight into the Manitoban Child Welfare system, and is referenced more than any other literary source in this report.
The purpose of the literature review was to provide insight on the state of Aboriginal/non-Aboriginal child welfare in Canada and abroad, as well as gaps, best practices and lessons learned related to improving outcomes for Aboriginal children and their families. Specifically, the literature review, as one of four lines of evidence, pursued four main objectives:

1. To explain the meaning of prevention in the child welfare context;
2. To determine how prevention is applied as a mechanism capable of mitigating neglect and abuse of children and the need to protect them through removal from the parental home;
3. To identify best practices in the field of CFS prevention activities/programs; and
4. To demonstrate the existing need for prevention.

A total of 32 documents were found on the subject and analyzed.

- **Key Informant Interviews**

Key informant interviews were conducted to obtain data on the perceptions and opinions of individuals who have had a significant role or experience with the EPFA. Interview guides were designed to address all of the evaluation issues, and were provided ahead of time for informants to prepare their answers. Interviews were conducted with key program stakeholders, including:

- Cree Nation Child and Family Caring Agency
- Island Lake First Nations Family Services
- Kinosao Sipi Minisowin Agency
- Opaskwayak Cree Nation Child and Family Services
- Dakota Ojibway Child and Family Services
- Intertribal Child and Family Services
- Sagkeeng Child and Family Services
- Sandy Bay Child and Family Services
- Southeast Child and Family Services

These represent nine out of the fifteen federally funded FNCFS agencies in Manitoba. Peguis CFS, West Region CFS, Awasis CFS, and Nisichawayasihk Cree Nation Family and Community Wellness Centre were not interviewed as these were covered by the case studies. In addition, three provincial representatives and five AANDC representatives were interviewed, alongside the All Nations Coordinate Response Network and stakeholders from both the Southern and Northern Authorities, for a total of 17 interviews.

Interviews were semi-structured and conducted in-person or by telephone. Detailed notes were taken during the interviews, and were transcribed and analyzed according to research themes.
• **Case Studies**

Four case studies were undertaken for the purposes of this report. Johnston Research Inc. via Donna Cona Inc. was contracted to undertake the Manitoba region case studies from project design, data collection, analysis, and report writing. The team, comprised of a partnership of First Nations companies, provided AANDC with data by way of culturally appropriate research methods. EPMRB staff assumed the oversight of the consulting team by attending the on-site interviews and/or focus group sessions, and conducting an in-depth review of the report.

The case studies considered two of the seven fully mandated CFS agencies within the Northern Authority, and two of ten fully mandated CFS agencies within the Southern Authority.

The four agencies who participated in the case studies include:

1. **First Nations of Northern Manitoba Child and Family Services Authority:**
   i. Awasis Agency
   ii. Nisichawayasihk Cree Nation

2. **Southern First Nations Network of Care:**
   i. West Region Child and Family Services
   ii. Peguis First Nation

Two agencies were selected from each Authority to consider geographical representation, agency size, number of communities served, and opportunities to collect data on best practices and lessons learned. Utilizing a comprehensive case study approach, information regarding the EPFA program administered through individual First Nations / agencies was collected. While data gathered from individuals were primarily self-reported and internal to the agencies, the data were triangulated, where possible, using data from other internal informants or internal reports, as well as external informants. People in various positions were interviewed individually or in a focus group for their perspectives, from front-line workers, executive directors, Chief and Council, community Elders and parents. A total of 72 people participated in the data collection activities, with some of the participants contributing to interviews as well as focus groups.

2.3.2 **Limitations**

- The most significant limitation of this evaluation is that a number of agencies in Manitoba, particularly in the North, have only received funding in the last year, and so any data on outcomes from these agencies should be considered as preliminary.
• Performance data for the FNCFS Program is limited to agency business plans and final reports, which do not provide consistent data for analytical purposes. The FNCFS Information Management System is currently in the early stages of implementation and is expected to roll up performance data on the EPFA. Very limited data from Manitoba has been inputted into the Information Management System to date.

• Due to current concerns with privacy, information that would have provided some provincial context for comparison was deemed unobtainable. To remedy this, three interviews were conducted with provincial representatives.

2.4 Roles, Responsibilities and Quality Assurance

EPMRB of AANDC’s Audit and Evaluation Sector was the project authority and managed the EPFA Manitoba evaluation in line with EPMRB’s Engagement Policy and Quality Assurance Process. The Quality Assurance Strategy is applied at all stages of the Department’s evaluation and review projects, and includes a full set of standards, measures, guides and templates intended to enhance the quality of EPMRB’s work.

As part of the evaluation for FNCFS in Manitoba, an evaluation working group was established to draw on the knowledge and expertise of key stakeholders to ensure that the evaluation products are reliable, useful and defendable to both internal and external stakeholders. The broad mandate of the working group was to provide ongoing advice to EPMRB, particularly with respect to the detailed methodology report, the preliminary findings deck and the draft final report. The working group operated from November 2013 to June 2014 and included members of EPMRB, program staff (Headquarters and Manitoba region), the Province of Manitoba and the Northern and Southern Authorities.

The EPMRB team assigned to this evaluation was involved in each phase of the evaluation, including data collection and analysis, and reporting. Oversight of daily activities was the responsibility of an evaluation manager. The methodology and draft final reports were peer reviewed by EPMRB for quality assurance. EPMRB requested input from the Evaluation, Performance Measurement and Review Committee to review preliminary findings, key findings, and the final report.
3. Findings – Relevance

This section examines the continuing need for a prevention focused approach for child welfare in Manitoba and the extent to which the EPFA can reasonably reach its stated objectives. The evaluation also examined how the EPFA aligns with current federal government priorities. It is important to note that once the Department completes the recalibration of its remoteness index, future studies will be in a better position to provide comparability data between communities on- and off-reserve.

3.1 Is there a demonstrable need for prevention in First Nations in Manitoba?

Finding: Several overarching factors for Aboriginals living both on- and off-reserve are listed below, and each represents a unique challenge to keeping Aboriginal families and children united and safe. Taken collectively, these factors indicate that there continues to be a demonstrable need for child welfare prevention services in the First Nations communities of Manitoba.

**Overrepresentation of Aboriginal Children in Care in Manitoba:** Over the last decade, numbers and rates of Aboriginal children both on- and off-reserve coming into the child welfare system have increased in many jurisdictions across Canada, but especially in Manitoba. Data obtained by the Manitoba Bureau of Statistics confirms that Aboriginal children are overrepresented among children cared for by CFS and the percentage has been steadily rising. In Manitoba, Aboriginal children represent 85 percent of the children in care population, yet are only 25 percent of the total child population. In addition, the rate of Aboriginal out of-home placements is 19 times the rate of non-Aboriginal out-of-home placements in Manitoba.

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Table 2: Disparity in Representation of Aboriginal and non-Aboriginal Children in Care for Canadian Provinces⁵, ⁶

<table>
<thead>
<tr>
<th>Province</th>
<th>% of Children in Care Aboriginal Children</th>
<th>% of Total Child Population Aboriginal</th>
<th>% of Children in Care Non-Aboriginal Children</th>
<th>% of Total Child Population Non-Aboriginal Children</th>
<th>Disparity in Representation of Aboriginal and non-Aboriginal Children in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>52%</td>
<td>8%</td>
<td>48%</td>
<td>92%</td>
<td>12.5</td>
</tr>
<tr>
<td>Alberta</td>
<td>59%</td>
<td>9%</td>
<td>41%</td>
<td>91%</td>
<td>14.6</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>80%</td>
<td>25%</td>
<td>20%</td>
<td>75%</td>
<td>12.0</td>
</tr>
<tr>
<td>Manitoba</td>
<td>85%</td>
<td>23%</td>
<td>15%</td>
<td>77%</td>
<td>19.0</td>
</tr>
<tr>
<td>Ontario</td>
<td>21%</td>
<td>3%</td>
<td>79%</td>
<td>97%</td>
<td>8.6</td>
</tr>
<tr>
<td>Quebec</td>
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<td>2%</td>
<td>90%</td>
<td>98%</td>
<td>5.4</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>16%</td>
<td>6%</td>
<td>84%</td>
<td>94%</td>
<td>3.0</td>
</tr>
</tbody>
</table>

As of March 2011, there were 9,435 children in care in Manitoba, (6,792 in care under the Northern and Southern Authorities). In 2013, the number increased to 9,940 children in care (7,254 are in care under the Northern and Southern Authorities). Of the 9,940 children in care, 2,659 or 27 percent of children were funded by the federal government.

**Historical Trauma:** The literature provides ample evidence of the historical traumas undergone by Aboriginal people. The effects of this trauma have widely manifested themselves in the form of addictions, poverty, increased risk of violence and abuse, as well as the community breakdown. The experience of the residential school system is often cited as a leading cause of family difficulties and the breakdown of family relationships.

Throughout the interviews with case study participants, it was revealed that mistrust remains strong and the historical effects of child apprehension still lingers. An interviewee described this mistrust as follows, “When [one young mother] sees us coming, she grabs her children out of the yard and runs to her house as if a tornado is coming, barricading herself from the CFS worker.” This demonstrates the lack of trust for the CFS staff, which must be addressed in order to facilitate staff support of families in need. To help address these issues, the prevention programs provide various activities such as youth groups in collaboration with other service providers, resources for poverty-related issues, such as nutrition, utilities costs, and adequate clothing.

Healing is an important factor for families that need prevention services. It was noted in interviews that parents have a more challenging healing process than non-parents given that they must balance carrying the history of trauma with the needs of their children. Crisis occurs as parents try to survive this balancing act but cannot succeed due to the younger generation’s own set of socio-cultural and mental health issues, i.e. rebellion and suicidal tendencies.

⁵ Ibid.
⁶ Data for New Brunswick, Prince Edward Island, Newfoundland and for Canadian territories were not publicly available.
Child Abuse and Neglect: The most relevant of risk factors for Aboriginal children, as identified by a number of key informants and scholars, is the rate of substantiated neglect.⁷ In the 2014 final report of the Manitoban public inquiry into the circumstances surrounding the death of Phoenix Sinclair, Dr. Nico Trocme provided expert advice on the devastating long term impacts of neglect on the development of a child. Testifying to the Commission, Dr. Trocme said: “you compare neglected children to any other type of child – physically abused, sexually abused, children living in poverty, children living in a range of circumstances – neglected children stand out. Any which way you measure them, neglected children are the ones that have the worst outcomes, by far.”⁸

Although Aboriginal and non-Aboriginal rates of abuse are nearly equivalent, a number of studies have identified that substantiated cases of neglect are considerably higher in Aboriginal families.⁹ As child welfare has traditionally focused on protection, or the immediate threat to a child’s well-being, the long-term consequences of chronic neglect on a child’s outcomes have often been overlooked. It is precisely such a problem that family enhancement programming and family-focused prevention activities are designed to address, contributing to a reduction in the number of child protection cases over time.

Poverty is commonly associated with child neglect and is one of the most commonly cited reasons for First Nations children coming into care.¹⁰ Although poverty on-reserve is a national problem, in Manitoba, the situation is particularly difficult with 62 percent of status First Nations children living in poverty, according to 2006 census data measured by the Low Income Measure.¹¹ The 2012 data from the Manitoba Bureau of Statistics, for example, found that Manitoba has one of the highest numbers of people living on income assistance on-reserve in Canada, where 64 percent of Aboriginal mothers expressed having financial difficulties.¹²

In her paper prepared for the Sinclair inquiry, Dr. Alexandra Wright stresses the importance of taking an “ecological approach” to child welfare practice, which recognizes the consequences of ecological factors such as poverty.¹³ According to Wright, studies have shown that the majority of poor families do not abuse their children, but poor children are more likely than others to experience maltreatment because poverty exposes their families to greater stress, and their community to fewer supports.¹⁴

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⁹ Ibid.
¹⁰ Ibid.
Housing and Overcrowding: The existence of wider structural issues such as poor housing and poverty exacerbate child welfare’s ability to offer the full range of services required to help keep children out of the child welfare system. A substantial segment of the documentary evidence points to substandard and/or overcrowded housing as a factor that strongly correlates with child maltreatment and neglect.\textsuperscript{15} The lack of available, safe and affordable housing in Manitoba, and in Winnipeg in particular, was repeatedly identified by most expert witnesses to the Phoenix Sinclair Inquiry as a leading risk factor for children.

Substance Misuse and Addictions: There are clear correlations between substance misuse and levels of neglect or maltreatment. Substance misuse is an important factor contributing to the over representation of Aboriginal children in care, alongside other factors such as poverty and poor housing. Eleven of the fifteen FNCFS agencies’ Business Plans reviewed discussed issues of substance misuse and addictions. During the 2011 \textit{Caring for Our Own Children in Two Generations Forum}, the Assembly of Manitoba Chiefs recognized the need of addressing substance misuse in order to strengthen cultural identity and local communities. Given that parents act as role models, empowering and encouraging parents to seek treatment for addiction would have generational benefits.

Through the Families First Screening, Healthy Child Manitoba screened 83 percent of newborns in 2012 for a number of health risks, and found that 33 percent of Aboriginal mothers consumed alcohol during pregnancy, compared to 10 percent of non-Aboriginal mothers, increasing the risk of a child being born with Fetal Alcohol Spectrum Disorder.\textsuperscript{16} Moreover, first time use of tobacco, alcohol and other drugs occur at younger ages in Aboriginal populations, and is a leading factor in teen pregnancy.\textsuperscript{17}

Teenage Pregnancies: A 2012 report prepared by the Manitoba Ministry of Aboriginal and Northern Affairs found that 29.8 percent of Aboriginal mothers were teenagers at first birth, compared to three percent of non-Aboriginal mothers, a difference of 26.8 percent.\textsuperscript{18} Statistics have shown that Aboriginal children live in larger families with younger parents. Family size and age of parents is important as these can determine family income, and the risks of poverty.


\textsuperscript{17} \textit{Aboriginal Mental Health and Substance Use}, 2008, Center for Addiction Research of British Colombia.

The Early Development Instrument is a tool used to measure a child’s readiness for school based on a number of indicators. When Manitoban children were tested for school readiness at age five, results showed that two in every four Aboriginal children were vulnerable when they started school.\(^{19}\) The finding of the Early Development Instrument study, as presented to the Phoenix Sinclair inquiry, stated that there is broad-based support that the three most significant risk factors for poor academic and social outcomes were children born to teen mothers, families living on income assistance and contact with the child welfare system.

**Mental Health:** The need for a culturally appropriate continuum of mental health services was identified by the Mental Health Commission of Canada’s 2012 Mental Health Strategy.\(^{20}\) The strategy acknowledged the lack of accessible mental health services for both parent and child on-reserve as a pressing concern. For many geographically isolated communities, for example, mental health services are not available, creating significant barriers to receiving necessary care.\(^{21}\) Such a service gap contributes to poor outcomes for Aboriginal children as parents struggling with mental health issues are more likely to place their children in vulnerable situations, which can negatively impact the mental health of the child in turn.\(^{22}\)

According to a number of sources, younger generations of Aboriginal people are at a much higher risk for mental health problems than non-Aboriginal youth.\(^{23}\) On-reserve Aboriginal Manitobans were hospitalized more than twice as often as non-Aboriginal Manitobans in the 2008-09 fiscal year, and were more likely to report being hospitalized for mental health issues.\(^{24}\) Experiencing childhood trauma or abuse is a known risk factor for poor mental and emotional health. The consequences associated with adverse childhood experience are often interrelated, as one negative outcome may lead to another.\(^{25}\)

The need for greater mental health services was a reoccurring theme throughout the interview process. Representatives of both the Southern and Northern Authorities, as well as the All Nations Coordinated Response, which is primarily responsible for intake, described how most comprehensive mental health services are limited to the city of Winnipeg, and that long wait times for care remains a challenge for families. Due to the lack of mental health services in communities, it often falls back on social workers who may not have the necessary training to deal with a wide array of mental wellness concerns.

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19 Ibid.
23 *Aboriginal Mental Health and Substance Use*, 2008, Center for Addiction Research of British Colombia.
According to a provincial government key informant, “intermittent First Nations and Inuit Health Branch mental health workers go to community every three weeks. This approach does not accommodate crisis.” A number of agencies explained how a mental health crisis requires a regular and sustained presence of mental health workers in community to guarantee that children and families have access to the necessary services to ensure they do not harm themselves or others. This supports the need for strong collaboration with health partners.

**Suicide:** Suicide is the leading cause of death among Aboriginal people under 44 years old. Among First Nations communities, suicide rates are twice the national average, and suicide occurs five to six times more often among Aboriginal youth than non-Aboriginal youth in Canada. 26 Childhood separation, loss, and family disruption are all identified as having correlation to suicide. 27 Based on data from the 2002-2003 Manitoba First Nations Regional Health Survey for Youth (n=1,125), 19 percent of youth surveyed reported experiencing feelings of suicidality. Results found that a perceived sense of community caring was protective against suicide. 28

In certain communities in Manitoba, youth suicide levels are a growing concern, and were cited by a number of key informants as a factor which contributed to a stronger focus on child protection in the past. According to one agency, “because we had a lot of losses with young people and so much staff turnover, and prevention is such a big commitment, the energy was just not there.” In the Shamattawa First Nation, for example, suicide attempts reached a crisis level in 2002 when a cluster of suicides and attempted suicides propelled then-Chief William Miles to declare a state of emergency. In 2007, 74 children from the community attempted suicide and another 82 reported wanting to try. 29 This accounted for one in four children in the community. The Awasis Agency of Northern Manitoba services this reserve, alongside several of the poorest and most remote communities, which has also experienced high numbers of child suicides.

As Child and Family Services are held accountable if a child commits suicide, significant resources are spent to monitor such cases and this represents a substantial cost driver in terms of service delivery. A key informant of the Awasis CFS stated that: “there is a high level of mental health issues in young kids, which is beyond the scope of CFS. We have a child trying to commit suicide 24/7. If they commit suicide, the agency is liable. But the monitoring/care provided is costing lots of money.” Therefore, taking a proactive and preventative approach to mental health crisis could help to reduce the risks of suicidality and the costs associated with such crises over time.

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3.2 Can the EPFA be reasonably expected to achieve its stated objectives?

Finding: The flexibility of the EPFA allows for prevention activities to take place on three different levels, which experts claim are necessary for prevention activities to have a positive impact on individuals, families and ultimately communities.

The EPFA is designed to be a more flexible approach to child and family services for First Nations in Manitoba to ensure that more First Nations children and parents get the help they need to prevent the types of crises that lead to intervention and family breakdown. The anticipated result of the EPFA is to have a more secure and stable family environment and improved life outcomes for First Nations children ordinarily resident on-reserve, while following provincial legislation and standards. The EPFA is intended to provide a better framework of protection and prevention services through increased, flexible and targeted funding for prevention services as a new stream of funding.

Evidence suggests that this paradigm shift taking place internationally in child welfare policy towards more preventative measures will reduce the number of children in care in the long term. Within the first few years of the implementation of EPFA, 43 percent of agency business plans have noted a decline in the number of children in care. Although a number of agencies and communities had developed prevention initiatives prior to the introduction of the EPFA, a key informant from Southeast Child and Family Services expressed how: “the agency would not have seen this decline in children entering agency care or more children being reunited with their parents if not for the increased funding that came about because of EPFA.”

A Three-Pronged Approach:

Prevention is increasingly recognized in the literature as an important phase occurring along a continuum of comprehensive care for children and families. An effective continuum would begin with preventative services, proceeding into early intervention services, and followed by post-permanency services to help maintain a suitable home for children leaving foster care. One of Manitoba’s leading child welfare experts, Dr. Alexandra Wright, presented a paper to the Phoenix Sinclair inquiry highlighting that the most effective prevention programming must include three tiers of prevention, although certain activities span more than one tier depending on their content and target audience. The first tier includes activities, which raise awareness and attempt to prevent certain child welfare problems from occurring. These can include public awareness campaigns on the dangers of drinking alcohol during pregnancy, or the importance of healthy nutrition on the development of a child. Secondary level prevention activities are services for certain identified risks, such as substance abuse programming, programming directed to teenage mothers, or respite care. Prevention activities on the tertiary level focus on

31 Ibid.
services to families where maltreatment has already occurred and efforts must be made to reduce the lasting harm of the maltreatment and to prevent future occurrence. These include services for children and families to improve communication, parent mentoring programs, intensive parenting classes, etc. 34

According to Dr. Wright, prevention which is to yield both positive short- and long-term outcomes must include a mix of all three tiers. She states that the current situation in Manitoba is one where: “preventative services are limited due to budget constraints” and that “the current child welfare system focuses too much on tertiary levels of preventative services.” 35 If prevention efforts are to be reasonably expected to achieve their stated objectives, she also added, there must be a focus on community engagement.

On this first tier, a majority of agencies offered cultural and recreational activities aimed at strengthening community linkages. These cultural activities include round dances, treaty days, pow-wows, community fairs, moccasin making, hunting, and fishing derbies, to list but a few. Recreational activities include events like hockey tournaments, movie nights, and other drug and alcohol free activities for youth and families. As these first tier activities often do not require professional staff, there are opportunities to partner with other organizations such as Chief and Council, or Health Canada, for funding purposes. More about partnerships will be discussed in Section 5.1.

These activities provide families with an opportunity to spend time together in a healthy environment, while being exposed to agency staff in an enjoyable and non-threatening context. In terms of youth, according to a key informant from Southeast Child and Family Services: “youth in remote communities have unique and psychological and emotional needs that can be negatively impacted because of their extreme boredom.” Such recreational activities may help to diminish such feelings of boredom, contributing to healthier families and more positive youth.

With the introduction of the EPFA, agencies were to a large degree free to determine what programs or services to offer their communities based on the specific needs of their members. Through a variety of mechanisms, whether community working groups, consultation with elders, or community meetings, many key informants commented on how involving the community in the design and implementation of prevention initiatives was imperative for successful outcomes and community participation, creating active participants of First Nations men, women and children in the social development of their communities.

In addition, community consultation allows for a more accurate assessment of progress the community wishes to see and is therefore more likely to produce an approach that more effectively meets the needs of the community. Sagkeeng CFS, for example, described how: “we sit down as a team, we communicate with elders, even just what you hear in the community. When we have our Annual General Meeting, community members come to give feedback and we publicly announce our programs for the year.”

On the second tier of prevention, key informants and analysis of business plans indicate that in-home supports and respite care continue to be important mechanisms for keeping children safe at home. Often parents are over-loaded with work and family responsibilities, especially single parents, and in-home support provides them the opportunity to run errands or have some time to deal with other personal obligations, such as medical appointments. By identifying the specific risks and prevalent needs in their communities, agencies can use this information to develop the prevention programs and supports they intend to offer. Thirty percent of the business plans reviewed offer programs and services to support single and teenage mothers, which is an area of identified risk in the literature. Business plans also indicate that 35 percent of agencies offer emergency supports for parents in financial distress, such as clothing, formula, diapers, or help with meeting their bills.

Finally, tertiary prevention activities attempt to reduce the damage already caused by child maltreatment or neglect by focusing on rehabilitating family relationships. Unlike secondary prevention, which aims to prevent child maltreatment and neglect from occurring in the first place, the objective of tertiary prevention is to maximize the positive functions already present in the family to protect against recidivism. The most common activity in this third tier, with 78 percent of agencies offering this service, are cultural or family camps incorporating traditional ceremonies and teachings to guide family conflict resolution and healing. Other programming includes elders counseling, sharing circles, and alcohol and drug treatment support services. It is important to note, however, that it is more difficult for agencies to provide these third tier services as greater costs and capacity are associated with these. To illustrate such costs, Kinosao Sipi Minisowin CFS alone was spending $100,000 a year on contracted therapists.

Interviews with agencies as well as analysis of business plans highlight how First Nations CFS agencies have been using creative approaches to child welfare to incorporate prevention activities in their work. Designated funding has allowed for activities on all three tiers of prevention, with some agencies providing a wider range of services than others, which is essential if EPFA is to meet its stated objectives.

### 3.3 Is there a legitimate, appropriate, and necessary role for the Department and the Government of Canada in meeting this need?

**Finding:** The federal government has a role to play in child welfare on-reserve with regards to funding, program management, accountability, and capacity development, in addition to supporting the spirit of reconciliation.

To contextualize both the need and appropriate role of AANDC in Manitoba, it is important to understand the experience and laws surrounding the Aboriginal populations in the province. The history in Manitoba, as well as other jurisdictions, is well documented starting in 1951 with Section 88 of the *Indian Act* enabling provincial child welfare jurisdictional access on-reserve. In 1966, Indian Affairs and Northern Development Canada completed the Hawthorn Report, an in-depth survey detailing all aspects of life for Canada’s Aboriginal peoples living on-reserves. In respect to child welfare services, the report found that “the situation varies from
unsatisfactory to appalling.” The findings from this report would be echoed in other future significant reports, including the Kimelman Report, and the Aboriginal Justice Inquiry, which devoted an entire chapter of findings to the disparities in the child welfare system in Manitoba.

In 1966, the federal government and the Government of Manitoba entered into an agreement that provided for the existing Children’s Aid Societies of central, eastern and western Manitoba to deliver child welfare services to 14 bands in southern Manitoba. Three-quarters of the bands (primarily northern) were not covered by this arrangement and, as such, continued to receive some services from the provincial Department of Indian Affairs. However, at this time, provincial child welfare authorities would intervene only in emergency or “life and death” situations.

By the 1960s, the federal government could not deny that Aboriginal peoples were facing serious socio-economic barriers such as greater poverty, higher infant mortality, and lower life expectancy and levels of education rates than non-indigenous Canadians. Practices of regularly facilitating out-of-province and international adoptions of First Nations children-in-care stopped in 1982, but it is known that such practices have supported historical legacy effects, which all case study agencies report observing to this day.

Associate Chief Judge Edwin Kimelman’s report concludes that control of child welfare for Aboriginal children needs to rest in the hands of Aboriginal child welfare agencies. In 1991, another report was tabled under the Aboriginal Justice Inquiry: by 1999, the Manitoba government fast-tracked CFS issues for Aboriginal peoples by signing an agreement, which established a Child and Family Services Protocol. This agreement established a common process for creating a province-wide mandate for First Nations and Métis to jointly restructure the existing child welfare system through legislation and other transformation processes. By 2003, the Child and Family Services Authorities Act proclaimed the establishment of four authorities in Manitoba (Northern, Southern, Métis and General Authorities).

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39 Kimelman, E.C, 1985, No Quiet Place: Final Report to the Honorable Muriel Smith, Minister of Community Services.
The need for federal investments in child welfare in Manitoba continues to flow from the Government’s responsibility to fund services for First Nation children and families living on-reserve, in accordance with FNCFS Program authorities. The EPFA is highly consistent with departmental and Government of Canada priorities, and the federal government continues to have a role to play in child welfare on-reserve with regards to funding, program management and accountability, as well as capacity development. In addition, some key informants noted that in light of the 2008 Apology for the residential school system, which resulted in a generational loss of family linkages and cultural continuity, improving the life outcomes of Aboriginal children and families was consistent with the spirit of reconciliation.
4. Findings – Design and Delivery

This section considers the following questions regarding the design and early delivery of the EPFA in Manitoba:

- To what extent has the design and delivery of the EPFA facilitated the achievement of outcomes and its overall effectiveness?
- To what extent are the prevention activities logically linked to the production of the expected outputs and results?
- Has the approach been implemented as planned? If not, why?
- Is the management / governance of the EPFA effective?
- To what extent are the monitoring and reporting mechanisms of the prevention approach effective in supporting decision making?

4.1 To what extent has the design and delivery of the EPFA facilitated the achievement of outcomes and its overall effectiveness?

Finding: The two main elements that are helping to facilitate the achievement of expected outcomes are the EPFA’s flexibility and its focus on culturally tailored programming.

Flexibility: One of the biggest strengths of the EPFA as stated by almost all key informant interviewees is the flexibility that it provides agencies to determine their programming. As service delivery resulting from direct community consultations has been linked to positive outcomes, it is important that agencies have the ability to design prevention programming to meet their community’s particular needs. Flexibility has also given agencies the chance to focus on building personal rapport with clients. Sandy Bay Child and Family Services, for example, adapted their referral system based on the client’s relationship and level of comfort with the staff member. The referral is then sent directly to that staff member as opposed to being processed through general intake. By encouraging this bond between the case worker and the client, a level of comfort is established. Several informants noted how parents are more likely to reach out to the case worker who has an intimate understanding of their family’s file when needing support. This is in line with the program’s objective of supporting agencies in offering services co-ordinated in the way that best helps the family, while doing so in a timely manner.41

The flexibility of the approach also allows agencies to effectively deliver EPFA supports and services on high risk days, which a key informant of Southeast CFS described as: “days in the community when welfare and child tax payments are made, resulting in the widespread abuse of alcohol throughout the community.” High risk days are particularly challenging in the remote communities of Manitoba, according to this same informant: “in the remote communities one of the concerns that we have is that when there’s a payday, we tend to have a lot more activities related to addiction and family violence. So we want staff to be more active during those times.”

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Some examples of how agencies have addressed high risk days include increasing the number of staff in community, helping parents make responsible plans in advance for child care, organizing alcohol-free community activities. Nisichawayasihk Cree Nation CFS described how activities on these days are an approach to remedy neglect: “children are in care mainly because of neglect. Three weeks out of the month parents are great. That one week, they hire a babysitter, the babysitter is tired of waiting for the parents to come home, and the babysitter calls CFS after 1.5 days to come and get the kids. We rarely have neglect cases now.”

**Culturally Tailored Programming:** Literary evidence suggests that Aboriginal involvement in the design and delivery of prevention services, as mentioned above, offers increased cultural connectedness for some participants, and can positively contribute to cultural strengthening within communities. The Assembly of Manitoba Chiefs argues that a strong cultural identity is necessary for healthier First Nations communities. An improved child and family services, they state, must involve Elders, listening to youth, supporting and encouraging parental responsibility, involving attentive leadership that provides cultural council in order to strengthen identity and feelings of Indigenous pride and self-worth.

The Medicine Wheel Model is an example of how agencies have developed services that integrate First Nations’ world views and values, as well as family and community structures into a coordinated frontline approach that is focused largely on prevention. The Medicine Wheel model provides for a comprehensive and holistic approach to the complex issues of First Nations child welfare and incorporates concepts such as the Circle of Care, Mino Yah I Dah, protection circles, prevention programs that promote First Nations way of life, staff evaluations utilizing a Medicine Wheel Model, elders, leadership and restoring of First Nations languages. In total, eight of the fifteen business plans reviewed spoke directly of this model and/or the importance of a holistic approach to child welfare services.

A culturally relevant approach was also linked to greater engagement from community members, as clients were more comfortable accessing services in a familiar environment, according to a number of key informants. A representative of one agency noted: “cultural programming is quite popular in terms of people wanting to participate in it; reinstating their cultural identity is key to improving outcomes.”

4.2 To what extent are the activities logically linked to the production of the expected outputs and results?

**Finding:** The activities undertaken by the agencies are in line to achieve better results for children and families. Additionally, AANDC has made changes to its reporting structure in order to better report on performance.

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43 Assembly of Manitoba Chiefs, 2011, *Caring For Our Own Children in Two Generations Forum*. 
FNCFS activities are intended to help build partnerships, gather and share information, develop programs and manage funding agreements, as well as to deliver social supports and services in partnership. This section will explore how the activities undertaken either at the agency level or federal level are logically linked to each of these expected results.

**Building Partnerships**

Partnering to expand agencies’ capacity to deliver prevention programming was a common theme in key informant interviews, and 86 percent of FNCFS business plans identified partners in program and service provision. In addition, two-thirds of agencies have focused on improving relationships with other resources to ameliorate or expand programming, in order to provide a more seamless delivery of services with fewer service gaps. Identified partnership opportunities involved the Authorities, community leadership, other CFS agencies, and community resources/service providers.

For example, almost half of the agencies mentioned meeting with community leadership to discuss challenges to service delivery, as well as ways these could be improved. Often, meetings resulted in the sharing of available building space to provide programming or costs for community events such as Pow-Wows or Treaty Days. Moreover, agencies have begun to explore Community Service Agreements with Band Council and other community resources. The Agreements clarify service delivery roles, responsibilities and reporting structures between the Agency and the appropriate party. Southeast Child and Family Services’ business plan explained how Community Service Agreements with Band Council have addressed barriers to staff recruitment by developing housing options.

In addition, evidence suggests that looking at FNCFS issues from a continuum of care lens may be an effective way to address root causes of children coming into care. Literature supports a continuum of care approach for FNCFS to reduce costs, prevent child abuse and neglect, maintain a safe home environment, and shorten foster care placements. AANDC has recently started to participate in federal discussions surrounding the First Nations Mental Wellness Continuum, which looks to support access to Promotion, Prevention and Community Development, Early Identification and Intervention, Crisis Response, Coordination of Care/Care Planning, Treatment, and Support/Aftercare. Though discussions led by Health Canada are in the very early stages, this is a promising strategic partnership that could help alleviate service delivery gaps on-reserve.

**Gathering and Sharing Information**

Though this will be further discussed in Section 4.5, the evaluation is able to make a few observations here. Overall, agencies expressed concerns around the sharing of information about the children and families they served. In particular, agencies did not like the idea of sharing personal information and viewed privacy as paramount over potential efficiencies that could be achieved through data sharing. Only two agencies interviewed discussed the challenges of siloed reporting and the inclination that reporting could be integrated into one system for all funders.
Executive Directors of all agencies also have an opportunity to meet on an annual basis to discuss common concerns and best practices for their agencies. This meeting is hosted by the Regional Advisory Committee and is considered a promising practice in terms of information sharing between agencies.

**Developing Programs and Managing Funding Agreements**

At the federal level, the FNCFS Information Management System is in its early stages of implementation, and thus, there is currently no information inputted for the Manitoba region to date. The program will be rolling out its second phase of the Information Management System this year, which is scheduled to have prevention information included in its reporting. The FNCFS Program was also included in the approved Performance Measurement Strategy for the Social Development programs in April 2014. Additional prevention fields to support FNCFS indicators within the 2011-2016 Performance Measurement Strategy have been added to the Maintenance Data Collection Instrument and are being tracked within release 2 of the FNCFS Information Management System as of April 1, 2014. This is expected to provide a detailed analysis of investments provided under the FNCFS Program and resulting outcomes.

Since the EPFA has not been rolled out across the country, it has been somewhat challenging for AANDC to produce program documents and data collection instruments to succinctly report on their program’s performance story. However, the Social Policy and Programs Branch has revamped its national program manual into the overarching National Social Program Manual in 2012, which includes all five social areas (Income Assistance, National Child Benefit Reinvestment, Assisted Living, FNCFS, and Family Violence Prevention Program) and is looking at various ways it can obtain information in order to reduce unnecessary agency reporting.

**Delivering Social Supports and Services in Partnership**

In some communities, agencies described how often they serve as a “catch-all” for services to children and families. Because of these deficits, the provision of many supports, which are beyond the scope of CFS’s responsibilities nevertheless fall upon the agencies. For example, Opaskwayak Cree Nation Child and Family Services has developed a Yellow Ribbon Program for suicide prevention so that people who are thinking of harming themselves can call on the agency for help. The agency is the first responder to a suicide call even though there is a mental health department. A reoccurring challenge for agencies is offering transportation for children and families to access programming. To address this problem, some agencies provide taxi slips on-reserve, or bus passes for clients. In addition, in light of the high ratio of single parent clients, child care for parents who are following programming also remains a challenge. The responsibility to provide services which are beyond FNCFS’s mandate, demonstrates the need for stronger linkages between programming offered by agencies and that of other federal and provincial bodies.
The literature also supports the need for stronger inter-departmental partnerships. The 2006 external review of Manitoba’s child welfare system found that the provincial government should use a child-focused service delivery model within which the various support programs provided, such as Education, Health, Housing, Employment and Income Assistance, Child Welfare, and Justice, in order to be able to plan collaboratively in a coordinated way to ensure that the best interests of the child and families are met. As stated above, many agencies are currently working to ensure the necessary partnerships are in place in order to ensure that the needs of children and families are met.

It is important to note that there may be challenges in making strong links from overarching agency business plans to outputs due to the nature of the EPFA design. Because communities have the flexibility to design their own prevention programming to suit the needs of their community, agency wide plans that do not provide individual community profiles with specific listing of activities would not highlight the depth of programming currently being offered in these communities.

4.3 Has the approach been implemented as planned and in an effective way? If not, why?

Finding 1: Concerns from some agencies around the requirements for receiving EPFA funding caused large delays in the release of funds for these agencies, while other agencies struggled with the considerable changes happening in Manitoba child welfare at the time of EPFA implementation.

At the onset of EPFA, agencies had to meet specific federal and provincial requirements before the funding could be released. Namely, agencies had to develop a Business Plan outlining their goals, objectives and expected activities, as well as transfer all case work information into the province’s Child and Family Services Information System electronic reporting system, and reimburse the Canada Revenue Agency’s children special allowance payment to the province. Put together, these requirements caused a delay in implementation, with one agency taking over a year and a half to resolve their issues. Certain agencies held reservations regarding these requirements, namely the condition that all information be logged into the Child and Family Services Information System, as some respondents felt that the level of detail required by the system was invasive.

These administrative delays were mentioned by a number of key informants as challenges to overcome in the planning stage of the EPFA. Moreover, having to write a succinct and detailed business plan, often for the first time, was cited as a challenge by some agencies. This led a number of agencies to hire consultants to assist them in fulfilling this requirement, with little or no in-house capacity built in this area.

Key informants also discussed how the timing around provincial devolution and the new federal funding model happened very close together, that a number of agencies grappled with planning with this rapid change. A representative from one of the agencies commented on how: “there has been lots of change in child welfare in Manitoba. When the differential response came in, it became almost overwhelming to get all the things done that needed to get done. There were lots of people in our communities who did not know how to put information into Child and Family Services Information System. It all came too fast at once. For those first couple of years, it was just crazy.”

**Finding 2:** Recruiting and retaining qualified staff remains a challenge for most agencies, though through targeted partnerships, they are finding ways to build a full complement of staff.

Early results indicate that the flexibility of the EPFA has allowed agencies to hire on family enhancement staff dedicated exclusively to prevention activities. Other early indicators, such as the reduction of numbers of children in care, speak to the effectiveness of many agencies’ implementation of EPFA. A prevention model, however, takes time to implement, with initial and ongoing outreach and partnership activities being critical to its success. One of the ongoing challenges that remains is the issue of hiring and retaining qualified prevention staff, with 50 percent of agencies citing this as a barrier, particularly in northern agencies.

In order to address this concern, some agencies have partnered with post-secondary institutions to develop the abilities of their current staff and to recruit new staff. Nisichawayasihk Cree Nation CFS, for example, implemented a training program with a focus on prevention by developing community based certificate, diploma and bachelors level training programs. Dakota Ojibway CFS also worked with Yellowquill College in Winnipeg to develop a two year FNCFS Diploma Program, entitled the “Work and Learn Program,” while Awasis has coordinated with the University of Manitoba to offer a Bachelor of Social Work cohort program. Also, Southeast CFS developed an Entry Level Family Enhancement Worker Training Project providing work experience opportunities for staff in local communities as a recruitment strategy to establish an Aboriginal staff base for EPFA service delivery.

### 4.4 Is the management and governance of the EPFA effective?

**Finding:** Strong professional relationships between the AANDC regional office and agencies as well as engaged Boards of Directors demonstrate signs of effective management of the EPFA. Some concerns in this area are the role of the Authorities as well as the lack of business capacity supports for agencies.

The importance of communication between partners was raised as a key factor for effective management of the EPFA. Most agencies interviewed reported having a great relationship with the AANDC regional office in Manitoba. According to a number of sources, the continuity of certain key players in that office has contributed to an understanding of each of the party’s roles and challenges. Some examples include one agency describing how the regional office was helpful in sorting out cash flow problems with the province, and others commenting on how the regional office has always been helpful and open to answering questions or any concerns.
In addition, an important managerial and governance structure for agencies continues to be an engaged and consistent Board of Directors. By establishing the broad policies, objectives and overarching vision of the agency, as well as reviewing agency reports, board members can oversee the performance of operations, and offer accountability to stakeholders and the public. Chief and Council members often sit on the Board of Directors, which can help to ensure that cultural continuity stays at the heart of family enhancement services in the community. Although certain agencies cited the potential dangers of political interference, generally speaking, functioning and reliable boards were seen as a vital component for proper management and direction. A review of all four case studies’ board of director structures revealed no concerns by the agencies, and in fact, they were viewed quite favourably.

Forty-two percent of agencies expressed having a strong working relationship with Chief and Council, and how this relationship facilitated their work in communities. However, a few executive directors for agencies spoke of the impact of the community election cycle, and how when a new chief is elected, at times, the corporate memory is lost and new initiatives must be re-approved, causing delays. Intertribal Child and Family Services, for example, states in their business plan that the agency must always “be mindful of upcoming elections both provincially and locally as the outcomes may impact the agency.”

The management of EPFA funding is assigned to the executive directors, as funding flows directly to the agencies from AANDC. That said, the Business Plans that outline the activities the agencies intend to undertake as a result of the EPFA funding are reviewed by AANDC, the Province and the Authorities on an annual basis. The Authorities have noted that they would like to have the opportunity to provide more input around what activities their agencies undertake in order to increase efficiencies. However, since the Authorities are provincially funded, some agencies appeared quite weary of increased involvement by the Authorities at this time.

Finally, the majority of key informants spoke about strong social work practices in their agencies, and how dedicated social workers are to improving the lives of First Nations children in Manitoba. Evidence collected through interviews would suggest, however, that there is a need for enhanced business capacity at the agency level, in terms of defining how to allocate funding, assistance and training on developing business plans, proposals and reports, and to increase performance measurement. In this sense, executive directors could benefit from greater managerial and business capacity supports.

4.5 To what extent are the monitoring and reporting mechanisms of the prevention approach effective in supporting decision making?

Finding: There is evidence that some agencies are participating in their own monitoring activities to improve programming, though there remains challenges to integrating reporting at the federal/provincial government levels.
Although a causal connection between children-in-care data and the impact of specific programming was not typically made in the Business Plans, over a third of agencies mentioned a commitment to program evaluation and/or performance measurement. There were some encouraging practices in the development/implementation of monitoring prevention programming effectiveness. Examples include: surveying clients after programming, identifying systemic trends demonstrated in agency file data to identify the types of partnerships needed to better meet the needs of clients, and establishing financial databases to track Child Tax Benefit dollars and their allocation to prevention services for children.

There are important differences between the federal and provincial funding methodologies, and certain agencies described how the requirements assigned in the way provincial and federal funding can be confusing. For example, in terms of travel, the province’s funding is based on a per kilometer rate, while the federal funding for travel is based on the number of staff. Also, reporting requirements are different for provincial and federal files, with criteria to report being more elevated for provincial family enhancement files than federal files. As these two reporting requirements are not streamlined, both the Province of Manitoba and AANDC have committed to developing a data sharing program in order to harmonize information, as both levels of government expressed how this has been a barrier to a more fluid communication between partners.

Currently, confidentiality concerns make it difficult to share information that may help in reducing the reporting burden. The sharing of this information has political implications, which have been a challenge as recently as May 2014, when the Assembly of Manitoba Chiefs publicly declared that the province does not have the jurisdictional authority to collect, or share this information. Nevertheless, the creation of a centralized system that tracks all children receiving services was a key recommendation of the Phoenix Sinclair inquiry.

The new funding model required all Authorities to maintain a quality assurance program, and each agency to hire a quality assurance specialist. However, quality assurance is difficult to measure both from an AANDC and provincial perspective, as there is a lack of capacity both at AANDC Headquarters and Manitoba regional office to conduct proper quality assurance reviews. Provincial quality assurance tools for the Authorities have also not been fully implemented, due to a lack of resources.45 Testifying to the Sinclair inquiry, the Southern and Northern Authority argued that funding allocations for quality assurance at the agencies should take into account a range of relevant factors, including agency size, geographic area and caseload.46

46 Ibid. P.383.
5. Findings – Performance/Effectiveness

This section considers the following questions around the performance/effectiveness of the EPFA to date:

- To what extent has the EPFA influenced the constructive engagement and collaborative networks to improve child welfare?
- What are the key factors that have facilitated or hindered the process of implementation?
- To what extent has progress towards intended outcomes been achieved as a result of the implementation of EPFA?
- Have there been positive or negative unintended outcomes?

5.1 To what extent has the EPFA influenced the constructive engagement and collaborative networks to improve child welfare?

Finding: The EPFA has encouraged the expansion of collaborative networks within communities by developing programs and delivering services in partnership. Some of the best examples of constructive engagement include the Circle of Care approach, resource committees and the referral system.

The Circle of Care Approach: Forty-two percent of agency business plans indicate having adopted an integrated approach to performing case management known as a Circle of Care. A Circle of Care is a consensus model that is respectful of the experience and expertise that all members bring to the process. It is a process for coordinating multisystem services around child-centered shared service goals, and a method of developing individualized 24/7 service plans for children with complex needs and their families that involves all caregivers in sharing information, expertise and resources.47 One key informant described the model as an approach which: “brings collaterals to the table to better service the family. We use it when there are too many fires happening in a family. We invite the school if there are school issues. If there are addiction issues, we involve the medicine lodge. It is a way to ensure that clients only have to tell their story once to service providers.” Through such coordinated resource planning, the family is constructively engaged in all steps of their case development; enhancing their feelings of accountability and responsibility to one another.

Nisichawayasihk Cree Nation Family and Community Wellness Services, for example, provides offices within its Wellness Centre for Family Enhancement staff and management. Nisichawayasihk Cree Nation Family and Community Wellness Services takes a whole-community approach to prevention, with many of its 85 workers assuming a prevention approach. Since the prevention program has been implemented, almost all cases which come in as referrals or calls are diverted to the prevention program.

As an alternative to straight case management, a Circle of Care process is initiated to bring in collateral service providers. The family, including extended family members, are involved in discussions to devise a Plan of Care, which will engage several services providers. These service providers work to support the referred family through resource allocation and service supports. The plans include strategies for families that provide access to collateral service providers so that they may monitor and support families.

The Director of Family Enhancement approves the agreement, as does, on occasion, the parent. These service providers typically include: counselling; maternal child health; Head Start; school; Royal Canadian Mounted Police, and public health. Family Enhancement clients have priority service access at many of the Wellness Centre programs, including family counseling and individual adult and child therapies.

In addition, Nisichawayasihk Cree Nation Family and Community Services has been able to undertake additional collaboration processes, such as establishing a One-File Case Management system for the entire First Nation. Through the Circle of Care process, CFS clients would be exposed to a number of service providers, but all service providers would refer to this single client family utilizing a one-file number. This approach would enable tracking of that family throughout the Nisichawayasihk Cree Nation Family and Community Services system. Further, the agency is currently examining the means for identifying a single-reporting system on family and client outcomes in order to eliminate confusion caused by the double-counting of clients from one service provider to another.

**Community Resource Committees/Child Welfare Committees:** Twenty-eight percent of agencies have implemented Community Resource Committees, which bring together community partners to problem-solve child welfare challenges and establish practices that overcome resource constraints to ensure children can safely stay in the community. Many key informants spoke about how the establishment of these committees has been a positive development, yet, some agencies mentioned how the new Privacy Act enacted in the province has stunted the collaborative momentum of the committees because of new restrictions on sharing information with key community collaterals.

**Referrals:** As outlined in their business plans, 50 percent of agencies actively refer their clients to other services to assist families with their particular needs. For example, many agencies often refer their clients to benefits arising from their services, such as those programs which are offered through the Waa Pina Kosiis Miiki Waahp (Snowbird Lodge), a well-established, provincially funded family resource center for First Nations. The support of National Native Alcohol and Drug Abuse Program workers were also mentioned as another example of joint service delivery. Importantly, even in cases where partnerships were not fully developed, those agencies recognized the need for establishing partnerships to meet their goal of providing the most effective and efficient service for families. Half of the FNCFS business plans highlight a lack of access to resources in communities that support prevention, though many of these same agencies discussed how word of mouth from clients involved with family enhancement programming and other community level discussions have raised awareness of services offered and has led to constructive engagements with new community members.
5.2 What are the key factors that have facilitated or hindered the implementation of the EPFA?

Finding: Agencies have introduced numerous innovative practices to overcome factors, which can hinder the implementation of family enhancement programming, such as community infrastructure, a lack of public awareness, heavy workloads and time constraints for services.

Community Infrastructure: A 2006 external review of the Child and Family Services System in Manitoba entitled Strengthen the Commitment reported on the difficult realities of service delivery in isolated communities suffering from “staggering social and physical infrastructure deficits.” Representatives from both the Northern and Southern Authorities also described how the lack of physical infrastructure on-reserve can limit which kind of family enhancement activities can be offered to members.

Limited office space for staff was identified as an important obstacle to the implementation of the EPFA, but agencies have explored space sharing partnerships with other resources in the community, such as the Band Council or the local schools to overcome this challenge. Sandy Bay Child and Family Services, for example, described how placing a family enhancement worker in the school was seen as an opportunity to be positively involved in the welfare of children with prime opportunities to work collaboratively with other service providers. A representative of Sandy Bay CFS expressed how having a social worker in the school: “allows the agency to work with teachers and parents to ensure each child’s physical, social, emotional and educational needs are being met. It creates a cooperative environment where the agency can work with other social service providers, as well as doctors, behaviourists and psychiatrists, to coordinate the need of the child. Being in the school also gives the agency the opportunity to help children before they become involved in child the welfare system.”

Public Awareness: Addressing the negative stigma of Child and Family Services caused by the residential school system and the 60’s scoop was identified throughout the literature as a significant barrier to families engaging with CFS in meaningful ways. These feelings persist even when the entire agency staff is Aboriginal, researchers found. Due to the fact that family enhancement programming under federal jurisdiction is voluntary, unlike child protection, improving the relationship between the agencies and members is imperative to community participation and improved outcomes for First Nations children.

Several key informants spoke to the need for community-level awareness of the recent paradigm shift in child welfare as a precursor to EPFA achieving its stated objectives. To assist with spreading the word in community, 57 percent of agencies used the media to advertise their programming, 47 percent of agencies developed brochures, and 36 percent of communities developed community consultation workshops.

EPFA funding has allowed agencies to hire staff specific to prevention work. This has helped distinguish mandates of the protection and prevention stream to provide more clarity in roles and make steps towards regaining confidence in FNCFS agencies. Prevention allows family enhancement staff to build trust with clients and present a refreshed approach to child welfare by helping parents build healthier relationships in order to keep families together.

**Workload:** Workload demands paired with limited staffing support have impacted social workers’ ability to manage case loads effectively. According to Commissioner Hughes in the Phoenix Sinclair inquiry report: “I heard throughout the inquiry that the new differential response model offers potential for better outcomes for children and economic saving down the road, but that family enhancement services in particular require investment of resources and a commitment of time by social workers, if that potential is to be achieved. This means that workers must not be burdened with unreasonable workloads.” Although the EPFA afforded the agencies with dedicated prevention staff workers designed to have fewer cases than protection workers in order to have a more involved approach, 50 percent of agencies cited high caseloads as a significant problem cutting into the time a worker can dedicate to any one file.

Other agencies have noted the negative impact of a lack of support staff to assist in reporting, impacting social workers’ abilities to adequately address the needs of all of the families in their caseload. According to one key informant: “the biggest thing that we find with family enhancement is that there is an overwhelming amount of paper work that goes with it.” Agencies overall have cited that demanding workloads lead to staff burnout and inevitably issues with staff retention.

**Time Limitations:** The effectiveness of certain EPFA initiatives can be limited in agencies that apply the provincial 90 day time limits on prevention files to federally-funded clients. Interviews consistently noted that social workers would begin to make progress with the family and then have to either close the file or transfer to protection before the full effects of the EPFA programming had been realized. The effect has been such that clients who are able to see the benefit of prevention services were often left feeling betrayed by the agency. Time limits on case files also does not take into account the reality of long waiting lists for limited community resources, with one interview stating that the waiting list for addictions treatment programs can long exceed the time frame allowed. Some agencies have dealt with this challenge by classifying files as protection while continuing with their original EPFA service plan. Although this may benefit the individual and their family affiliated with EPFA, it skews data with inaccurate representations of the breakdown of protection versus EPFA files serviced by the agency.

The province also introduced a foundational standard following the death of Phoenix Sinclair, which articulates the requirement of face-to-face contact as part of any child protection investigation, usually every 30 days. Although the reasoning behind introducing this standard is clear, this has added additional pressure to social workers in agencies with large service areas. During certain times of the year, agencies serving remote communities must use planes and/or helicopters to fly people (staff, children, parents, etc.) in and out of the communities while paying for lodging and other expenses at a high cost to the agency.
5.3 To what extent has progress towards intended outcomes been achieved as a result of EPFA?

**Finding:** Progress has been made towards all intended outcomes

*Culturally Appropriate Prevention/Protection Services*

Agencies clearly operate from the basis of their cultural values and beliefs. This is most commonly illustrated through cultural activities like sharing circles (60 percent of agencies) and cultural camps (80 percent of agencies). Many agencies design care plans, services and programs within a Medicine Wheel framework ensuring a holistic and coordinated approach to service delivery. Culturally relevant approaches to agency operations are common with a focus on kinship placements, Circle of Care Family Planning Models, and developing placement opportunities within the community or Aboriginal foster homes outside of the community. It is important to note that culturally relevant placements are challenging for agencies to achieve since foster homes are limited. One agency explained that Aboriginal foster parents are aging out of the system and retiring from their involvement with CFS. Three agencies have dealt with the lack of available Aboriginal foster homes by providing foster parents with cultural training.

*More Secure and Stable Family Environment*

A third of FNCFS agencies’ business plans discussed offering parenting classes as a means to prevent children from coming into care and strengthening the family unit. Half of the agencies offer in-home supports like respite and home-aides, providing families with additional support in their own family environment. EPFA programming emphasizes the importance of relationship building between prevention staff and clients. Staff are building trust with families and are working on being seen as extension of their family and a resource for guidance or help before protection services are needed. Interviews with four agencies found that an unexpected outcome of EPFA was that clients are now proactively contacting the agency for support.

*Improved Outcomes for Children On-Reserve*

Almost half the FNCFS agency business plans listed an overall decrease in the number of children coming into care since the implementation of the EPFA. Agencies focus on maintaining a secure and stable environment for children by focusing on practices that prioritize the needs of the child. Agencies refer to these strategies as ‘least disruptive measures,’ and they often include strategies to keep the child in place in their own home by removing the parents and bringing in family or appropriate community members instead. Additionally, in order to keep children in their community when the need for apprehension arises, a few agencies have rented placement resources from the Band Council or built their own group home. Still, many children are being placed out of their community, mostly in Winnipeg, to access the resources in the city. For example, Southeast CFS has reported that approximately 80 percent of their children in care are sent to Winnipeg, and Intertribal CFS has approximately 75 percent of their children placed off-reserve. In recent years, Southeast has reported that the cost of maintaining contact between the parents in remote communities and their children in Winnipeg is very high; almost three million dollars was spent for activities associated with family visits, including travel for clients to
Winnipeg, including hotels, meals, court appearances, etc. This speaks to a need to assist agencies in finding in-community solutions, which could help keep families close together and improve outcomes, as well as reduce maintenance costs over time.

5.4 Have there been positive or negative unintended outcomes?

Finding: The most significant unintended outcome of the implementation of the EPFA in Manitoba is the effect of the new funding model on West Region CFS.

West Region CFS is in a unique position under the EPFA. In 1992, the West Region CFS servicing First Nations communities in Western Manitoba negotiated a block funding arrangement (Flexible Funding Option for maintenance) with AANDC whereby funding for the agency would be paid as a block grant rather than through actual costs for the number of days of care provided. This allowed the agency to retain surpluses in maintenance and fund culturally appropriate prevention and community-based programming; the first of its kind in Canada. With this new funding, West Region was able to provide a wide array of culturally appropriate prevention services with the goal of keeping children at home. Such services included the Reclaiming Our Voices Project, a retreat for persons with addiction, Fetal Alcohol Spectrum Disorder initiatives and a life skills training and family healing program called Vision Seekers, to list a few. According to the agency’s business plan, such innovative and successful prevention programming has given West Region a strong reputation across Canada, the United States and even internationally, and is looked towards as a leader in best practices.

This pilot project was evaluated by scholar Brad McKenzie ten years after the project first began, and McKenzie found that prevention measures had succeeded in saving the province millions of dollars and provided better outcomes for Aboriginal families. By 2005, this approach resulted in the reduction of the rate of children in care from 10.5 percent to 5.2 percent over the 13 years, and an estimated $21 million dollars in savings. Sharing his findings with the Sinclair Inquiry, McKenzie stated: “I found plenty of tangible evidence that the monetary cost saving and cost avoidance from prevention are substantial.”

West Region, which was reported to be thriving before block funding was reversed, is now experiencing funding shortages. The new financial allotment is considerably lower than the previous funding levels. According to the agency, this has affected the level of services provided. The agency described how workers are required to work in protection and in prevention at the same time, in addition to answering the crisis lines, which has resulted in unmanageable caseloads. During interviews, the West Region remarked that the suite of services they were providing can no longer be maintained with the current funding model, such as a number of community crisis services provided by a program called Living the Good Life.

53 Ibid.
54 The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children, December 2013, Volume 2.
In addition to this program, West Region mentioned the termination of several programs in 2013-14 due to the lack of funding, and how treatment workers providing counselling, supports, intervention, crisis management, and assessment, have been laid off, falling on health and other service providers. As a result, West Region CFS is anticipating an increase of children in care cases for the 2014-15 fiscal year. According to one key informant, “we were further ahead in the way that we were funded before. We were a forerunner. Now it seems like the other agencies are catching up, and we’re losing out on certain programs that benefited our communities.”

West Region described how the new funding model is insufficient as it does not reflect the multi-site organizational structure of the agency or the costs associated with servicing an area so geographically vast. The agency’s business plan described how for the 2011 calendar year, for example, agency staff travelled over three million kilometers, which equates approximately 31 workings days a year per staff member in travel time. Despite regular management meetings where ways to cut on costs were discussed and implemented, West Region still maintains that the new funding arrangement does not allow for the degree of prevention programming their communities require.
6. Findings – Economy/Efficiency

This section considers whether the current approach is the most economic and efficient means of achieving the intended objectives, as well as whether there are more economic/efficient alternatives for achieving the same outcomes.

6.1 Is the current approach an economic/efficient means of achieving the intended objectives?

Finding: Investing in prevention activities has the potential for substantial societal and economic benefits, and a number of agencies are employing cost effective practices.

Improving the life outcomes of Aboriginal children continues to be an important societal and economic investment, according to a number of sources. The literature provides ample evidence of how prevention initiatives will reduce government costs in the long term, especially when compared to the costs associated with protection and removing a child from the family home.\textsuperscript{55} Academics have also drawn direct links between child welfare outcomes and criminality. According to one study, children who have experienced abuse are nine times more likely to become involved in juvenile delinquency and adult criminality.\textsuperscript{56} Bowlus et al. (2003) speak to the need to increase investment in prevention as benefits to society would result in the reduction of overall costs of the multiplying effects of child maltreatment.

In a 2003 study entitled The Economic Costs and Consequences of Child Abuse in Canada, the authors state: “the investment of Canadian governments at all levels in social service directed at this serious social problem represents only a small fraction of the billions of dollars lost each year. A well-planned and thoughtful investment of significant public funds in early detection, prevention and treatment of all forms of child abuse is not only a moral necessity for Canadian society; it is also sound fiscal policy that would directly benefit us all.”\textsuperscript{57}

The use of a Circle of Care approach mentioned previously in this report also has the potential to offer efficiencies in case management. By including a variety of parties typically involved in care provision associated with child welfare, the duplication of services can be avoided. A coordinated response can simplify the referral process and is therefore able to address multiple factors contributing to child welfare risks at once. This model strives to implement services efficiently to offer a more holistic service for clients, as formed partnerships can result in the cost sharing of preventative programs and events. In addition, the reform which allowed CFS agencies to provide services both on- and off-reserve created the opportunity for exploring new partnerships with businesses and municipal governments, which were not there previously, according to one key informant.

\textsuperscript{55} The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children, December 2013, Volume 2.
Certain agencies have performed cost analysis on prevention activities to design programming in the most efficient way possible. For example, Kinosao Sipi Minisowin Agency looked at the cost of CFS services to single parent families struggling with substance abuse addictions. The agency compared the cost of four weeks of foster care while the parent was away for treatment to an alternative arrangement of homemaker services, keeping the child at home. It not only produced significant cost-savings but proved to be more effective as children were allowed to remain in a familiar environment. Moreover, through a cost analysis lens, the Kinosao Sipi Minisowin Agency established a counseling unit where 26 staff members were trained by a professional counseling trainer as an alternative to paying $100,000/year for a contracted counsellor.

Another promising practice for reducing costs while maintaining quality service is the West Region Child and Family Services’ Urban Services Resource team/case aides who assist in day-to-day activities that facilitate and support case plans. Activities include supervising family visits, accompanying/transporting children-in-care to appointments, visits or therapy. Case aides provide children with challenging behaviours additional support in getting settled in their foster homes. West Region Child and Family Services explains, “Case aides provide an essential service in assisting mandated workers through their activities because often children and families are located throughout Manitoba, so it is a more cost effective use of their service and a better use of time.” Having case aides help children transition into their foster care placements, as opposed to the social worker arranging the placement as the final step, increases the likelihood of the child getting settled in their new placement and reduces the risk of needing to seek out a new placement in the near future.

The ability to diffuse the pressure experienced by agencies that have become the “catch-all” resource for any issues faced by the community is often a determining factor in an agency’s ability to economize. For example, one agency explained how the local school would expel a student and would refuse to allow the child back into school without a psychiatric assessment, which school authorities told families CFS would provide without charge. Balancing financial and service needs can be difficult for agencies, which are expected to fund many services which are outside of their mandate.

6.2 Are there more economic/efficient alternatives for achieving the same outcomes?

Finding: While the flexibility of the EPFA is one of its greatest strengths, the rise in maintenance and operations costs in Manitoba has meant that agencies have had to take funding from their prevention dollars and put them into these other streams. Consideration is needed on how to ensure prevention dollars are retained for prevention programming.

According to data reviewed, maintenance costs are on the rise across the country. Manitoba agencies have seen some of the highest maintenance increases between 2007-08 and 2011-12, as well as the highest increase in operational costs south of 60°. The most significant reason given for the increase in maintenance costs in Manitoba was higher rates for foster care, with an increase of 28 percent in foster care rates within the same time frame. Additional evidence suggests that group home/institutional care rates have increased by 20 percent, despite the number of days in care being reduced by 17 percent.
Table 3: Percentage Difference (Increase (+) or Decrease (-)) in Children in Care, Maintenance and Operations Costs between 2007-08 and 2011-12

<table>
<thead>
<tr>
<th>Province</th>
<th>Children in Care</th>
<th>Maintenance</th>
<th>Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic**</td>
<td>+19%</td>
<td>+19%</td>
<td>-3%</td>
</tr>
<tr>
<td>Quebec*</td>
<td>+15%</td>
<td>+29%</td>
<td>-18%</td>
</tr>
<tr>
<td>Ontario</td>
<td>+10%</td>
<td>+29%</td>
<td>-7%</td>
</tr>
<tr>
<td>Manitoba*</td>
<td>+12%</td>
<td>+27%</td>
<td>+26%</td>
</tr>
<tr>
<td>Saskatchewan*</td>
<td>-4%</td>
<td>+21%</td>
<td>+17%</td>
</tr>
<tr>
<td>Alberta*</td>
<td>+5%</td>
<td>+4%</td>
<td>+13%</td>
</tr>
<tr>
<td>British Columbia</td>
<td>+10%</td>
<td>+10%</td>
<td>+14%</td>
</tr>
<tr>
<td>Yukon</td>
<td>+5%</td>
<td>-8%</td>
<td>+30%</td>
</tr>
</tbody>
</table>

*Transitioned to the EPFA
** Not broken down by province

In terms of operations, AANDC provides funding based on the amount of children on-reserve between the ages of 0-18, as well as an amount per band and by remoteness. This formula does not take into account the multi-site agency model that is found in multiple Manitoba agencies, and key informants from these agencies noted that they have struggled to keep up a high quality level of service. A cost benefit analysis could assist the Department in determining the sustainability of this model versus having fewer sites strategically placed throughout the province, taking into consideration issues such as operational overhead, travel, and the importance of accessibility of clients to case workers.

Based on the current funding model, some agencies may have to move resources from within their allocated funding between the maintenance, operations and prevention streams. One key informant noted: “if there's a deficit in one area it has to be absorbed within the other, and that's a real challenge. One of the things that we don't want to do try to do is ad hoc planning. We've seen a reduction in the amount of children coming into care, so we know that our efforts are starting to pay off out there.”

AANDC has acknowledged that the rise in maintenance and operational costs has affected the ability of agencies to provide sustainable prevention programming and is considering ways to resolve it. In summary, if prevention dollars are being used to cover maintenance and operational costs, the ability of agencies to address the problems families encounter through preventive measures before they reach a crisis is significantly diminished.
7. Conclusion and Recommendations

7.1 Conclusion

This review was undertaken to consider the relevance, performance/effectiveness and efficiency/economy of the implementation of the EPFA in Manitoba. Its findings and conclusions are based on the analysis and triangulation of four lines of evidence: document review, literature review, key informant interviews and case studies.

Relevance

The over-representation of First Nations children in care and the overarching factors which contribute to this disparity, such as housing, poverty, substance misuse, lack of mental health services, child abuse and neglect, are the most common parental and community issues facing First Nations communities in Manitoba. Each represents a unique challenge to keeping Aboriginal families and children united and safe, and taken collectively, these factors indicate that there continues to be a demonstrable need for child welfare prevention services in the First Nations communities of Manitoba.

The literature reviewed for this evaluation concludes that the differential response model is most effective if it includes all three tiers of prevention. Review of the business plans and key informant interviews reveal that agencies have undertaken activities which fit into each tier, hereby heightening the effectiveness of the Enhanced Prevention Focused Approach.

Design and Delivery

The evaluation found that the two main elements included in the design and delivery of the EPFA which facilitated the achievements of expected outcomes are the EPFA’s flexibility and its focus on culturally tailored programming. Flexibility allowed agencies to develop locally relevant programming through community consultation and the participation of elders, ensuring that protection and prevention services were targeted to address the determined needs of each community. Flexibility also allowed for prevention initiatives to reflect the unique cultural character of Manitoba’s First Nations, which the literature suggests is instrumental for the achievement and success of prevention programming.

Overall, some of the most common challenges identified in the implementation of the EPFA were the provincial criteria for Business Plan approvals caused large delays in the release of EPFA funds for these agencies, while other agencies struggled with the considerable changes happening in Manitoba child welfare at the time of EPFA implementation. Strong professional relationships between AANDC regional office and agencies as well as engaged Boards of Directors demonstrate signs of effective management of the EPFA. There were, however, concerns in this area as to the lack of business capacity supports for agencies.
The evaluation found evidence that some agencies are participating in their own monitoring activities to improve programming, though there remains challenges to integrating reporting at the federal/provincial government levels. Areas for improvement include the improvement of data sharing, streamlining of reporting and providing better feedback to agencies on their performance.

**Performance/Effectiveness**

The evaluation found that the EPFA has encouraged the expansion of collaborative networks within communities by developing programs and delivering services in partnership. Some of the best examples of constructive engagement include the Circle of Care approach, resource committees and the referral system. Agencies have introduced numerous innovative practices to overcome factors, which can hinder the implementation of family enhancement programming, such as community infrastructure deficits, a lack of public awareness, heavy workloads and time constraints for services. Most agencies report that it is difficult to recruit and retain qualified staff, particularly First Nation staff.

Overall, some of the most common challenges identified for the performance of the EPFA are the ever expanding services that FNCFS agencies are expected to provide, as well as difficulties based on large geographical distances and the costs associated with these. Most agencies report that awareness of and participation in prevention programming has increased in their communities but that it will take time to change community perspectives and the negative stigma surrounding CFS. Nevertheless, the EPFA has allowed for an increase in access to prevention services, and early indicators point to a reduction of the number of children in care.

**Economy/Efficiency**

The evaluation found that investing in prevention activities has the potential for substantial societal and economic benefits due to the multiplying costs associated with child maltreatment. Although a number of agencies are employing cost effective practices, and while the flexibility of the EPFA is one of its greatest strengths, the rise in maintenance and operation costs in Manitoba has meant that agencies must then take from their prevention dollars and put them into maintenance. Consideration is needed on how to ensure prevention dollars remain under the prevention stream.

**7.2 Recommendations**

It is recommended that AANDC:

1. Consider increased funding for operational costs for multi-site agencies and travel to remote communities in any revisions to the costing model;

2. Explore how to ensure prevention dollars are being utilized for prevention activities so that agencies are able to develop sustainable prevention programming and explore other areas of activity to support a reduction of children being sent off-reserve;
3. Work with the province and FNCFS organizations to address the issue of managerial capacity and business supports in agencies; and
4. Continue to pursue data sharing opportunities with the Province of Manitoba and streamline reporting for agencies.