



Final Report

Mid-Term National Review for the Strategic Evaluation of the Enhanced Prevention Focused Approach for the First Nations Child and Family Services Program

Project Number: 1570-7/09060

September 2011

Evaluation, Performance Measurement,
and Review Branch
Audit and Evaluation Sector

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List of Acronyms

AANDC	Aboriginal Affairs and Northern Development Canada
ACYS	Alberta Children and Youth Services
AFNQL	Assembly of the First Nations of Quebec and Labrador
AHRDS	Aboriginal Human Resources Development Strategy (HRSDC)
AHS	Aboriginal Head Start
AJS	Aboriginal Justice Strategy (Justice Canada)
AMC	Assembly of Manitoba Chiefs
BCAFN	British Columbia Assembly of First Nations
BFP	Brighter Futures Program (Health Canada)
CAPC	Community Action Plan for Children (PHAC)
CAPP	Child and Family Support, Assessment, Planning and Practice (British Columbia)
CARF	Commission on Accreditation of Rehabilitation Facilities
CIS	Canadian Incidence Study (on Reported Child Abuse and Neglect)
CFS	Child and Family Services
CPNP	Canada Prenatal Nutrition Program (Health Canada)
DCSSL	Department of Community Services, Seniors and Labour (Prince Edward Island)
DPR	Departmental Performance Report
DR	Differential Response
DSD	Department of Social Development (New Brunswick)
EPFA	Enhanced Prevention Focused Approach
EPMRB	Evaluation, Performance Measurement and Review Branch
FASD	Fetal Alcohol Spectrum Disorder
FGC	Family Group Conferencing
FNCFS	First Nations Child and Family Services
FNICCI	First Nations and Inuit Child Care Initiative (HRSDC)
FSCA	Family Services and Consumer Affairs (Manitoba)
FSIN	Federation of Saskatchewan Indian Nations
FVPP	Family Violence Prevention Program
HQ	Headquarters

IFNCFWC	Interim First Nation Child and Family Wellness Council (British Columbia)
INAC	Indian and Northern Affairs Canada
MCFD	Ministry of Children and Family Development (British Columbia)
MCH	Maternal Child Health (Health Canada)
MCPEI	Mi'kmaq Confederacy of Prince Edward Island
MK	Mi'kmaw Kina'matnewey
MKO	Manitoba Keewatinowi Okimakanak
MSS	Ministry of Social Services (Saskatchewan)
MSSS	Ministère de la santé et des services sociaux (Québec)
NADS	National Anti-Drug Strategy (Justice Canada)
NCB	National Child Benefit (HRSDC)
NCBR	National Child Benefit Reinvestment
NIHB	Non-Insured Health Benefits (Health Canada)
NWT	Northwest Territories
OAG	Office of the Auditor General
PHAC	Public Health Agency of Canada
PM	Performance Measurement
PRIDE	Prevention, Respect, Intervention, Development and Education (PEI)
RPP	Report on Plans and Priorities
SCO	Southern Chiefs Organization (Manitoba)
TBS	Treasury Board Secretariat
UBCIC	Union of British Columbia Indian Chiefs

Executive Summary

This Mid-Term National Review will be used to inform policy and program renewal for the First Nations Child and Family Services (FNCFS) Program by March 31, 2012. The review 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 Program, which began with an implementation evaluation in Alberta in 2009-10. The purpose of the Strategic Evaluation is to look at jurisdictions individually two-three years after the approach has been implemented to address issues of relevance, and to the extent possible, performance, efficiency, effectiveness and alternatives. Following this Mid-Term National Review, implementation evaluations are scheduled for Saskatchewan and Nova Scotia in 2011-12, Prince Edward Island and Quebec in 2012-13, and for Manitoba in 2013-14. Further evaluative work will be considered as agreements are reached in remaining jurisdictions.

The FNCFS program assists First Nations in providing access to culturally sensitive child and family services in their communities, so that the services provided to First Nations children and their families on reserve are comparable to those available to other provincial residents in similar circumstances within Aboriginal Affairs and Northern Development Canada (AANDC) authorities. To this end, the program funds and promotes the development and expansion of child and family services agencies that are designed, managed and controlled by First Nations. Since child and family services is an area of provincial jurisdiction, these First Nation agencies receive their mandate and authorities from provincial or territorial governments and function in a manner consistent with existing provincial or territorial child and family services legislation. In areas where First Nations Child and Family Services agencies do not exist, AANDC, formerly known as Indian and Northern Affairs Canada, funds those services provided by provincial or territorial organizations or departments.

Starting in 2007, AANDC began reforming the FNCFS program from a protection to a prevention focused approach, beginning in Alberta. Prevention services may include, but are not limited to, respite care, after-school programs, parent/teen counselling, mediation, in-home supports, mentoring and family education, in accordance with services similarly offered by the province of residence off reserve. AANDC, provincial and First Nations representatives must enter into a Tripartite Accountability Framework in order to reorganize the funding structure to the EPFA. The framework can vary from region to region but is based on reasonably comparable funding amounts provided to programs by provincial and territorial governments in communities in similar geographic areas and with similar circumstances.

The Mid-Term National Review was undertaken to consider the overall relevance of the EPFA from a national perspective, provide insight on discussions held to establish tripartite frameworks to identify what worked well and what could be improved upon, as well as to consolidate promising practices in prevention programming nationally and internationally to raise awareness of innovative and effective practices that may support First Nation agencies in serving their communities. Strategically, it was important to consider the EPFA from a national perspective to ensure that the anticipated national roll-out is viable.

The review supports the following conclusions regarding relevance, movement towards the implementation of the EPFA, and promising practices in prevention based on the analysis and triangulation of three lines of evidence: document review, literature review and key informant interviews.

Relevance

AANDC's move towards prevention programming through the EPFA remains strongly relevant due particularly to changing demographics, an over-representation of children in care, high instances of reported and substantiated maltreatment and/or neglect, common underlying risk factors in First Nation communities (such as poverty, overcrowded and substandard housing, mental health issues, addictions, historical traumas, lack of social supports, differing needs from the mainstream), as well as ongoing funding and service delivery issues. The review found that the EPFA is highly consistent with departmental and government of Canada priorities, and that the federal government has a role to play in child welfare on reserve with regards to funding, program management and accountability, as well as capacity development.

Movement towards the Enhanced Prevention Focused Approach

Overall, the review found that participants were largely willing to engage in tripartite discussions, particularly once all parties at the table had a better understanding of the process. Factors that played into the successful establishment of EPFA framework agreements include collaboration, focus on the objective, established relationships, recognizing jurisdictional differences and engagement, while short timelines, overwhelming workloads, communication issues, uncertainty around framework approval and staff turnover were seen as hindrances. Beyond the discussions themselves, integrated service delivery, inter-sectoral collaboration, inter-jurisdictional cooperation, federal/provincial service agreements, sufficient resources, capacity-building and continuing discussions were all seen as areas that have improved the implementation of the EPFA in some regions or that could potentially improve it in others.

Promising Practices in Prevention Programming

The review found many promising prevention practices across Canada and internationally. Some general characteristics are highlighted, as well as examples of innovative prevention approaches, including: strengths-based, holistic, parent-focused and Aboriginal-specific approaches to child welfare.

Recommendations

It is recommended that AANDC:

1. Increase linkages with relevant federal and provincial ministries to address how governments can assist agencies in improving service delivery on reserve, as well as work with provincial governments to improve the cultural appropriateness of services off reserve.
2. Encourage consistent follow-up tripartite discussions in every region to address issues as they arise and work collaboratively with all parties to resolve them.

3. Ensure clear and continuous information sharing between AANDC Headquarters and regional offices so that all parties are informed of decision-making processes and potential issues coming from the regions.
4. Increase capacity of First Nations agencies by developing/updating tools (ie. manuals, guidelines, templates, etc.) and by providing training as appropriate to assist them in meeting AANDC reporting requirements and in being more strategic in their long-term planning.

Management Response and Action Plan

Project Title: Mid-Term National Review for the First Nations Child and Family Services Program

Project #: 1570-7/09060

Recommendations	Actions	Responsible Manager (Title / Sector)	Planned Start and Completion Dates
1. Increase linkages with relevant federal and provincial ministries to address how governments can assist agencies in improving service delivery on reserve, as well as work with provincial governments to improve the cultural appropriateness of services off reserve.	We do concur.	Director, Child & Family Services, SPPB & Regional Managers, Child & Family Services	Start Date: Oct 2011
	<ul style="list-style-type: none"> While continuing to work collaboratively with relevant federal and provincial ministries through existing tripartite tables, bi-lateral forums and other communication opportunities, AANDC Headquarters (HQ) and regions will explore the feasibility of federal/provincial/territorial working groups as a means to facilitate the sharing of best practices and collaboration between all levels of government. Sharing best practices on-reserve will be done in an attempt to assist the provinces in their development of policies regarding culturally appropriate services off reserve. 		Completion: June 2012
2. Encourage consistent follow-up tripartite discussions in every region to address issues as they arise and work collaboratively with all parties to resolve them.	We do concur.	Director, Child & Family Services, SPPB & Regional Managers, Child & Family Services	Start Date: Oct 2011
	<ul style="list-style-type: none"> AANDC HQ and regional offices recognize the challenges of consistent follow-up and will explore the feasibility of developing an approach of proactively addressing these challenges, as agreed upon by relevant stakeholders. 		Completion: March 2013
3. Ensure clear and continuous information sharing between AANDC HQ and regional offices so that all parties are informed of decision-making processes and potential issues coming from the regions.	We do concur.	Director, Child & Family Services, SPPB & Regional Managers, Child & Family Services	Start Date: April 2011
	<ul style="list-style-type: none"> AANDC has already been made aware of the challenges of information sharing between AANDC regions and HQ. Within the last six months AANDC has begun to improve upon these challenges by scheduling monthly meetings for FNCFS staff as well as scheduling monthly meetings between regional staff and regional director generals. In one years time AANDC will re-evaluate how these meetings have improved information sharing between regions and HQ and make any necessary adjustments or improvements as required. 		Completion: September 2012

1. Introduction

1.1 Overview

This Mid-Term National Review will be used to inform policy and program renewal for the First Nations Child and Family Services (FNCFS) Program by March 31, 2012. The review 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 Program, which began with an implementation evaluation in Alberta in 2009-10. The purpose of the Strategic Evaluation is to look at jurisdictions individually two-three years after the approach has been implemented to address issues of relevance, and to the extent possible, performance, efficiency, effectiveness and alternatives. Following this Mid-Term National Review, implementation evaluations are scheduled for Saskatchewan and Nova Scotia in 2011-12, Prince Edward Island and Quebec in 2012-13, and for Manitoba in 2013-14. Further evaluative work will be considered as agreements are reached in remaining jurisdictions.

The Mid-Term National Review was undertaken to consider the overall relevance of the EPFA from a national perspective, provide insight on discussions held to establish tripartite frameworks to identify what worked well and what could be improved upon, as well as to consolidate promising practices in prevention programming nationally and internationally to raise awareness of innovative and effective practices that may support First Nation agencies in serving their communities. Strategically, it was important to consider the EPFA from a national perspective to ensure that the anticipated national roll-out is viable.

The report is structured to correspond to the specific evaluation questions put forward in the Evaluation Matrix (Appendix B).

1.2 Program Profile

1.2.1 Background and Description

The FNCFS Program assists First Nations in providing access to culturally sensitive child and family services in their communities, so that services provided to First Nations children and their families on reserve are reasonably comparable to those available to other provincial residents in similar circumstances within program authorities. To this end, the program funds and promotes the development and expansion of child and family services agencies designed, managed and controlled by First Nations. Since child and family services is an area of provincial jurisdiction, these First Nation agencies receive their mandate and authorities from provincial or territorial governments and function in a manner consistent with existing provincial or territorial child and family services legislation. The program currently serves 106 First Nation agencies. In areas where First Nations Child and Family Services agencies do not exist, Aboriginal Affairs and Northern Development Canada (AANDC), formerly known as Indian and Northern Affairs Canada (INAC), funds services provided by provincial or territorial organizations or departments.

In 2007, the FNCFS program began its reform to the EPFA. The EPFA reorganized the FNCFS program's funding structure to include three targeted streams of investment – maintenance, operations, and prevention/least disruptive measures – that are only eligible for use for Child and Family Service activities, though FNCFS agencies have the ability to move money between the three streams to better meet their needs.

Prevention services may include, but are not restricted to, respite care, after-school programs, parent/teen counselling, mediation, in-home supports, mentoring and family education. Prevention services may also assist in the earlier and safe return of a child to their family. The rationale for this shift is that the implementation of prevention services in the early stages of a child's life often mitigates the need to bring children into care, and thereby, supports keeping First Nation families together. This approach is based upon qualified front-line social work practitioners providing prevention and early intervention services to families to prevent children from coming into care.

The EPFA supports:

- Families getting the support and services they need before they reach a crisis;
- Community-based services and the child and family system working together so families receive more appropriate services in a timely manner;
- First Nations children in care benefitting from permanent homes (placements) sooner by, for example, involving families in planning alternative care options; and
- Services and supports co-ordinated in the way that best helps the family.

This approach is consistent with provinces that have largely refocused their FNCFS programs from protection to prevention services. For example, in Alberta, the model has a family enhancement stream as well as a child protection stream, to reduce the necessity for child apprehensions. To date, six provinces¹, covering 68 percent of all First Nation children ordinarily resident on reserve, have implemented the EPFA.

AANDC's FNCFS programming is funded through the following authority: payments to support Indians, Inuit and Innu for the purpose of supplying public services in social development (support culturally appropriate prevention and protection services for Indian children and families resident on reserve), and is derived from the *Department of Indian Affairs and Northern Development Act*, R.S.C. 1985, c. I-6, s.4 and subsequent policy proposals.² Under AANDC's Program Activity Architecture, the program falls under the Strategic Outcome 'The People,' which aims to promote "Individual and family well-being for First Nations and Inuit."

1.2.2 Program Objectives and Expected Outcomes

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.

¹ The provinces where the EPFA has been implemented are: Alberta, Saskatchewan, Nova Scotia, Quebec, Prince Edward Island and Manitoba.

² INAC, 2007, *Results-Based Management and Accountability Framework (RMAF) for the First Nations Child and Family Services Program – Appendix B*.

The expected outcome for the FNCFS program is to have a more secure and stable family environment for children ordinarily resident on reserve. The implementation of the EPFA is also expected to improve services, cohesion of the family, life outcomes for First Nation children and families on reserve as well as accountability and results.

1.2.3 Program Management, Key Stakeholders and Beneficiaries

AANDC Headquarters (HQ) establishes on a national basis the program guidelines, 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 HQ 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 an orderly fashion;
- 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 to ensure that regional manuals are 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 program managers at HQ. This includes, for example, assessing the eligibility of recipient applications, 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.

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 to 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).

AANDC does not fund FNCFS activities in the Northwest Territories (NWT) or Nunavut. Federal transfer payments to the NWT and Nunavut include funding for applicable constituents. The delivery of FNCFS varies from region to region according to provincial legislation.

Eligible recipients for FNCFS funding are:

- Councils of Indian bands recognized by the Minister of Aboriginal Affairs and Northern Development Canada;
- Tribal councils;
- FNCFS agencies or societies duly mandated by the relevant province/territory;
- Provinces;
- Yukon Territory;
- Other mandated CFS providers, including provincially/territorially 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.

Self-governing First Nations that have included CFS in their self-government agreements are not eligible recipients. 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 2010-11 is \$579 million, including new resources through the EPFA. Table 1 provides a regional breakdown of FNCFS funding allocations over the past 10 fiscal years.

<i>Table 1: Regional Breakdown of FNCFS Allocations (Including EPFA Funding) from 2001-02 to 2010-11 (\$ million)</i>									
Fiscal Year	ATL	QC	ON	MB	SK	AB	BC	YK	Total
01/02	14,801.7	21,041.2	71,879.7	50,598.1	44,711.3	63,411.3	56,130.8	7,298.7	329,872.8
02/03	17,913.4	22,773.4	74,200.2	50,846.0	45,237.8	67,166.3	44,809.2	8,058.5	331,004.8
03/04	19,378.7	21,544.2	87,870.2	54,523.9	48,452.8	81,629.4	38,928.7	7,378.9	359,706.8
04/05	23,505.2	28,701.8	89,128.8	60,016.0	50,149.0	87,288.6	37,184.7	8,886.3	384,860.4
05/06	23,497.5	33,581.6	97,746.9	69,189.9	53,719.9	93,366.2	37,107.0	8,456.4	416,665.3
06/07	25,933.5	38,283.0	104,087.2	72,818.7	54,614.5	107,786.9	37,688.2	8,283.4	449,495.5
07/08	28,118.5	45,913.2	102,966.4	78,384.3	55,724.6	120,737.9	49,782.4	8,263.6	489,890.9

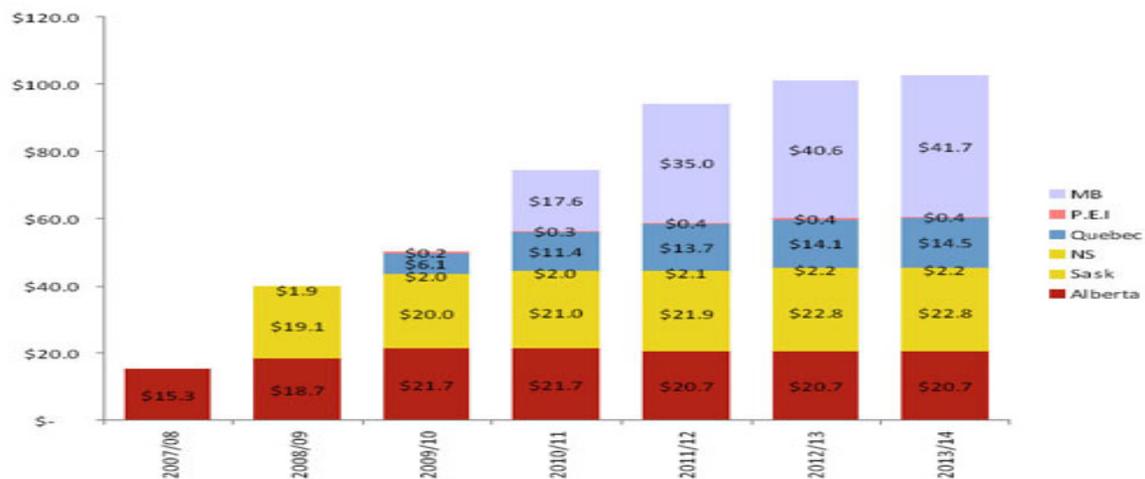
08/09	31,853.6	45,796.7	104,338.2	85,244.5	70,938.5	123,913.6	52,095.1	8,886.9	523,067.2
09/10	30,138.0	55,391.6	114,351.7	95,566.4	76,570.8	118,447.1	50,353.6	8,819.1	549,638.4
10/11	31,235.5	61,615.2	116,246.0	103,035.6	81,961.2	125,013.6	52,543.5	8,400.0	579,050.5

Source: First Nations Child and Family Services 2011 Funding Tables.

As a result of moving towards the EPFA, a significant amount of new resources have been invested into FNCFS program. More than \$100 million annually in additional funding will be dedicated to the implementation of the prevention-based model by 2012-13.

Table 2 provides a breakdown of additional resources under the EPFA from 2007-08 to 2013-14.

Table 2: Current and Planned AANDC Funding under the Enhanced Prevention Focused Approach³ (\$ million)



Allocation from Headquarters to Regional Offices

Money is allocated from HQ to the regional offices in three distinct ways depending on the funding agreements reached, as described below.

Enhanced Prevention Focused Approach

For regions under the EPFA,⁴ funding is allocated based on Treasury Board Secretariat (TBS) approved amounts that are based on reasonably comparable funding amounts provided to programs by provincial and territorial governments in communities in similar geographic areas and with similar circumstances. The costing models under this approach include three distinct funding streams:

³ AANDC, 2010a, *Better Outcomes for First Nations Children: INAC's Role as a Funder in First Nations Child and Family Services*.

⁴ This funding approach is currently used in Alberta, Manitoba, Nova Scotia, Quebec, Prince Edward Island and Saskatchewan.

- **Operations** – Funding supports administration (i.e. staff salaries, rent, insurance, etc.), protection casework and limited prevention measures. The amount of funding provided to a recipient is formula-driven, based on an amount per First Nations child on reserve under the age of 18, 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 reimburses actual (per diem and special needs) non-medical eligible costs for Indian children ordinarily resident on reserve taken into care by the agency 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** – 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 each jurisdiction, a costing model is developed based on discussions among First Nations, the province and AANDC, taking into account the respective provincial program salaries and caseload ratios in determining reasonable provincial comparability within the FNCFS program authorities. 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.

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.

Directive 20-1

The provinces of British Columbia, New Brunswick, Newfoundland and Labrador, as well as the Yukon Territory currently receive their funding using the Directive 20-1 model. Directive 20-1 has been in place since April 1, 1991, and funds strictly according to a formula for operations (including limited prevention services) and reimburses for eligible maintenance expenditures, based on actual costs. Pursuant to Aboriginal Affairs' Directive 20-1, the recipient receives two categories of funding:

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

- **Maintenance** – funding is used to cover costs related to maintaining a child in alternate care out of the parental home, on or off reserve, within AANDC authorities. Full costs of foster, group and institutional care are reimbursed in accordance with provincial rate structures up to a maximum daily per diem allowable as set by AANDC authorities. Placements can occur on or off reserve.

1965 Indian Welfare Agreement

In the Province of Ontario, the funding model used is the 1965 Indian Welfare Agreement. Pursuant to the 1965 Welfare Agreement, AANDC reimburses the Province of Ontario for the cost of child welfare services provided to First Nation children and families ordinarily resident on reserve according to a cost-sharing formula. Currently, AANDC pays approximately 93 percent of the cost. The Province of Ontario pays the difference, or approximately seven percent of the cost, to make up 100 percent.

Specifically, the Ontario aggregate welfare program is comprised of two components; one being specific to Income Assistance (financial assistance component) and the other to CFS (Service component). The CFS service component provides payments for services, in accordance with provincial legislation and standards, to provide and administer services to children. Services further include protection and prevention services in the fields of child and family welfare, foster home and adoptive home finding services, various kinds of group home services for children with special needs, and staff training.

Ontario is required to provide a cash flow forecast for the fiscal year. Once the estimated budget is approved, a one-month cash advance is paid to cover immediate requirements at the beginning of each fiscal year, with monthly instalments thereafter. Advances include a 10 percent holdback.

Allocation from Regions to Stakeholders

Both, operations and maintenance funding can be found within a recipient's contribution agreements.

For those provinces not working under EPFA, funds are allocated from regions to stakeholders using Directive 20-1. The Operational formula is based on the on reserve population of children from 0-18 as reported annually by AANDC's Lands Revenues and Trusts. The calculation of the Operational formula is done annually by HQ Finance Branch based on the December 31st population data of the year immediately proceeding the year being funded. There is no formula for paying Maintenance. Maintenance is paid in the form of a contribution, which for FNCFS means a reimbursement of allowable expenses on a dollar-for-dollar basis.

Rates to be paid are those authorized by the reference province or territory in their legislation and standards and as reflected in their Chart of Accounts up to the maximum allowed in the FNCFS program authorities.

Under the EPFA, funds are allocated from regions to recipients based on a formula that accounts for operations, inclusive of protection and prevention services. Child maintenance funding allocations are based on the previous year's actual maintenance expenditures.

2. Methodology

2.1 Review Scope and Timing

The scope of the review is to consider the overall relevance of the EPFA, identify promising practices in prevention programming, and provide some insight into the discussions that establish tripartite frameworks between AANDC, First Nation organizations and provinces to date.

The review examined relevant documents and literature over the past 10 years as well as program activities around the EPFA from 2007 to present. Terms of Reference were approved by AANDC's Evaluation, Performance Measurement and Review Committee in June 2010. Field work was conducted between December 2010 and April 2011.

2.2 Review Issues and Questions

In line with the Terms of Reference (Appendix A), the review focused on the following key issues:

- *Relevance*
 - 1) Is there an ongoing need for the EPFA?
 - 2) To what extent is the EPFA consistent with departmental and government-wide priorities?
 - 3) Is there a legitimate, appropriate and necessary role for the federal government in Aboriginal child welfare programming?
- *Movement towards the EPFA*
 - 4) What is the state of discussions between AANDC, provinces and First Nations in establishing tripartite agreements for the implementation of the EPFA?
 - 5) What are some best practices/lessons learned that could be used to inform/improve future negotiations?
- *Promising Practices in Prevention*
 - 6) What are some promising practices in prevention approaches nationally and internationally, and to what extent could they be applied in Aboriginal settings?

Questions under relevance adhere to Treasury Board's core evaluation questions. Other core evaluation issues not covered under this review will be considered at length in each subsequent jurisdictional study. Questions 4-6 were derived based on discussions of what available information could best assist the program in moving forward.

2.3 Review 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 (see also Appendix B, Evaluation Matrix):

- *Literature Review:*

The literature review included 91 pieces of literature and examined national and international academic literature, as well as studies produced by organizations that have expertise in the field of child welfare and/or Aboriginal child welfare. The purpose of the review was to provide insight on the state of Aboriginal/non-Aboriginal child welfare in Canada and abroad, as well as gaps and best practices related to improving outcomes for children, families and communities. Analysis of this line of evidence was facilitated using NVivo 9 software.

- *Document and file review:*

This line of evidence was used to inform the review findings and assist in the development of the program profile and contextual background. The 112 documents reviewed include, among others:

- Policy documents
- Proceedings / Report of the Standing Committee on Public Accounts;
- Provincial and Aboriginal policies, programs, plans, reports, strategies and initiatives;
- Tripartite Accountability Frameworks;
- Previous audits, evaluations, Management Response and Action Plans (MRAPs) and follow-ups;
- Terms and Conditions;
- National program manuals/guidelines;
- Program and project documents (e.g.: strategic plans, Results-based Management and Accountability Framework, Performance Measurement (PM) strategies, etc.); and
- Office of the Auditor General (OAG) reports and AANDC responses.

- *Key informant interviews:*

Key informant interviews were conducted to validate findings found in the literature and document reviews as well as to provide some insight into the tripartite discussions that took place and/or have yet to take place. Key informants were identified by the Children and Families Directorate at AANDC, Evaluation, Performance Measurement and Review Branch (EPMRB) and other key informants, and were asked to contribute any documentation that could substantiate their assertions. Analysis of this line of evidence was facilitated using NVivo 9 software.

A total of 33 interviews were conducted with various stakeholders and can be broken down in the following manner: AANDC FNCFS representatives (HQ and regions) (13); representatives from FNCFS agencies and relevant organizations (10); provincial child welfare representatives (8); and Child Welfare experts (2). Key informant interview guides are attached in Appendix C.

Quantified answers from key informant interviews will be expressed in the following manner: 'all' (100%), 'almost all' (80%-99%), 'most' (55%-79%), 'approximately half' (45%-54%), 'many' or 'several' (20%-44%), 'some' (10%-19%), 'a few' or 'a small number' (5%-9%).

2.3.2 Considerations and Limitations

Considerations

- The Terms of Reference originally stated that this review would provide a status update on the regions where the EPFA had not yet been implemented. However, given the relatively small number of key informants, it was determined that the best approach would be to aggregate the data to protect key informants under the *Privacy Act* and through this obtain a better understanding of commonalities in the tripartite processes.
- The Terms of Reference further noted that a possible Expert Panel could be struck to inform the review. It was decided early on that an Expert Panel was not feasible due to budgetary constraints, and would not provide enough value added beyond key informant responses.
- The review used the qualitative software tool NVivo 9 to organize and highlight key findings for the literature review and key informant interviews. This project was the first opportunity for evaluators at EPMRB to use this software, and there was an initial learning curve. However, this software did facilitate the grouping of findings.

Limitations

- Given the number of perspectives sought in this review (federal, provincial, First Nation, expert), there was a limitation in the number of key informants for each category (1-3) per jurisdiction. Accordingly, the findings from key informants are not always generalizable, though they are triangulated to the extent possible.
- Section 4 on the movement towards the EPFA relied heavily on the use of qualitative data and would have benefitted from more documentation from the roundtable discussions (i.e. meeting minutes, action plans, etc.).
- Literature regarding First Nations child welfare in Canada is scarce and generally written by a small group of dedicated authors who often cite their own work (or those of their colleagues) in successive reports. This has the potential to create a bias in the literature; thus, more independent academic research in this field would be welcomed.
- The evidence provided in the review must be also considered in the context of the quality of data available regarding First Nations child welfare. Documentary, literature and interview sources reiterate that there is insufficient data on the actual needs, resources, or state of care being provided, both on and off reserve. Canada does not have a national child welfare data

collection system; a situation that makes analyzing comparative information a challenge. Data sets for on- and off-reserve children are not integrated to give the full picture. This is in part due to variations in service mandates and the ways in which statistics are reported across jurisdictions.⁵ A parliamentary report of 2009, on the subject of insufficient information, notes that AANDC, in order to comply with the Committee's recommendations, must collect information based on the best interests of the child, and analyze and compare funding levels between First Nations child welfare agencies and provincial agencies. As a result, AANDC is currently working on an Information Management System that will allow the Department to better assess needs and performance outcomes and is anticipated to increase program effectiveness. Full implementation of the system is set for 2014-15.

2.4 Roles, Responsibilities and Quality Assurance

EPMRB of AANDC's Audit and Evaluation Sector was the project authority for the Mid-Term National Review and managed the review in line with EPMRB's Engagement Policy and Quality Control Process.

The entirety of the work for this review was completed by EPMRB staff. Oversight of daily activities was the responsibility of the EPMRB evaluation team, headed by a Senior Evaluation Manager. The methodology and draft reports were peer reviewed by EPMRB for quality assurance, and a validation session with the Children and Families Directorate took place in April 2011.

⁵ Public Health Agency of Canada (PHAC), 2008, *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major findings*; Government of Alberta, 2010d, *Gathering Today for our Aboriginal Children's Future- Inaugural meeting*; Federal, Provincial and Territorial (F/P/T) Directors of Child Welfare Committee, 2004, *Child & Family Services Statistical Report 2000-2001 to 2003-2004*; OAGBC, 2008, *Management of Aboriginal Child Protection Services: Ministry of Children and Family Development*; Government of British Columbia, 2010, *Growing up in B.C.*; Saskatchewan Children's Advocate Office 2009, *A Breach of Trust: An Investigation into foster home Overcrowding in the Saskatoon Service Centre*; Saskatchewan Children's Advocate Office, 2010, *2009 Annual Report*; Provincial Auditor Saskatchewan, 2008, *Report of the Provincial Auditor to the Legislative Assembly of Saskatchewan, Volume 3*; Provincial Auditor Saskatchewan, 2009, *Report of the Provincial Auditor to the Legislative Assembly of Saskatchewan, Volume 3*; Office of the Child and Youth Advocate New Brunswick, 2009, *A Clearer Picture: A Statistical Backgrounder to the 2009 State of Our Children and Youth Address*; Office of the Ombudsman and Child and Youth Advocate (New Brunswick), 2010, *The Right to Identity, Culture, and Language: A Child's Path to Development*; Commission to Promote Sustainable Child Welfare, 2010, *Jurisdictional comparisons of child welfare system design, Working Paper no 2*; Saskatchewan Child Welfare Review Panel, 2010, *For the Good of Our Children and Youth*.

3. Findings – Relevance

This section looks at the overall relevance of the EPFA and considers three thematic areas – ongoing need for prevention funding, consistency of the EPFA with government and departmental priorities, as well as the role of the federal government in child welfare on reserve.

AANDC's shift towards prevention programming through the EPFA remains strongly relevant due particularly to changing demographics, an over-representation of children in care, high instances of reported and substantiated maltreatment and/or neglect, common underlying risk factors in First Nation communities (such as poverty, overcrowded and substandard housing, mental health issues, addictions, historical traumas, lack of social supports, differing needs from the mainstream), as well as ongoing funding and service delivery issues. The review found that the EPFA is highly consistent with departmental and Government of Canada priorities, and that the federal government has a role to play in child welfare on reserve with regards to funding, program management and accountability, coordination and capacity development.

3.1 Ongoing Need for the EPFA

The review found that a prevention approach to child and family services on reserve remains strongly relevant in light of a number of factors, as documented below:

Demographics and the Over-representation of Children in Care

Both the First Nations and overall Aboriginal population is young and growing, and higher numbers of teens and young adults are parents.⁶ The Aboriginal population is younger overall than the total population of Canada; median age for the Aboriginal population is 27 years, compared to 40 years for the population at large. Census 2006 data indicate that children and youth aged 24 and under made up almost one half (48 percent) of all Aboriginal people, compared with 31 percent for the non-Aboriginal population.⁷ Approximately nine percent of the Aboriginal population was age 4 and under, and 10 percent aged 5 to 9 – rates much higher than the proportion in the non-Aboriginal population.⁸

The First Nations population is also growing more rapidly than the non-First Nations population. Between 1996 and 2006, the First Nations population increased 29 percent; this rate is 3.5 times that of the non-Aboriginal population.⁹ The Aboriginal population growth is projected to remain higher than that of the general population for some time.¹⁰ The Aboriginal Children's Survey 2006, in reporting on the well-being of Aboriginal children, shows that, compared to non-Aboriginal children, a higher percentage of Aboriginal children under 6 years of age are living in larger families and are being raised by younger parents.¹¹

⁶ Government of Manitoba, 2008, *Budget Paper: Supporting Manitoba's Children and Families*.

⁷ Statistics Canada, 2008, *Aboriginal Peoples in Canada in 2006: Inuit, Métis, and First Nations*, 2006 Census, 6, 14; Bay Consulting Group, 2010, *A Description of the Child Welfare Landscape in Ontario*.

⁸ Statistics Canada, 2008; Bay Consulting Group, 2010.

⁹ Statistics Canada, 2008.

¹⁰ AANDC, 2010f, Departmental Performance Report 2008-09; Senate Committee on Aboriginal Peoples, 2010, *Issue 5 – Evidence – Meeting of April 28*.

¹¹ Statistics Canada, 2008.

Aboriginal children are over-represented at every stage of intervention: that is, at the initial investigation stage, the substantiation of investigations, the receiving of ongoing services, and removal from the home. 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. Using AANDC data, an OAG audit noted that the number of on reserve children placed in care had increased by 65 percent over the 1997-2001 period, while the care rate, i.e. the percentage of the 0-18 year old population normally resident on reserve that is in the care of child and family service agencies, increased from 3.7 percent to 5.8 percent. During the same period, program expenditures grew from \$193 million to \$417 million.¹² By the end of March 2007, the number of on-reserve children placed in care decreased somewhat to a rate of approximately five percent of all First Nations children living on reserve being in care. The audit estimates this rate to be almost eight times the proportion of children in care residing off reserve.¹³ Given this ratio and a rapidly growing population, the EPFA's focus on providing early intervention services to families to prevent children from coming into care is particularly pertinent.

Rates of Maltreatment and Neglect

The 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) report finds that, of the total number of substantiated maltreatment cases, 15 percent involved children of Aboriginal heritage: of these, 10 percent were First Nations Status children, two percent First Nation Non-Status children, two percent Métis children, and one percent involved Inuit children.¹⁴ Unfortunately, this breakdown does not document the percentage of First Nations children who are ordinarily resident on reserve, therefore, it is not possible to ascertain how many of these children are served through AANDC funding. Nevertheless, the 2008 CIS reports that First Nations children are investigated and their investigations are substantiated at higher rates than non-Aboriginal children. First Nations children are more likely to receive ongoing services after a substantiated investigation than non-Aboriginal children and are more likely to be removed from their home than non-Aboriginal children.¹⁵ Secondary analysis shows that when controlling for poverty, substance misuse and neglect, this over-representation was eliminated.¹⁶

There is some discussion in the literature that these patterns are reflective of bias on the part of CFS workers, or lack of understanding of Aboriginal family and community norms.¹⁷ For example, an Alberta Child Intervention Review Panel concludes that increasing cultural competence of workers and developing the ability to differentiate between social disadvantage and abuse are important ways of decreasing apprehensions of Aboriginal children.¹⁸ Similar patterns have been observed in the international literature from Australia and the United States.¹⁹

¹² AANDC, 2007d, *Evaluation of the First Nations Child and Family Services Program*, 15.

¹³ Office of the Auditor General, 2008, *Chapter 4 – First Nations Child and Family Services Program – Indian and Northern Affairs Canada*.

¹⁴ Trocmé et al., 2005, *Canadian Incidence Study of reported child abuse and neglect 2003 - Major Findings*, 70.

¹⁵ Commission to Promote Sustainable Child Welfare, 2010, *Appendices to Working Paper no. 2*, 33; Bay Consulting Group, 2010.

¹⁶ Trocmé, Knoke and Blackstock, 2004, *Pathways to the overrepresentation of Aboriginal children in Canada's child welfare system*.

¹⁷ Lemon et al., 2005, *Understanding and Addressing Disproportionality in the Child Welfare Review*; Trocmé et al., 2005; Maclaurin et al., 2008, *A comparison of First Nations and non-Aboriginal children investigated for maltreatment in Canada in 2003*; Fluke et al., 2010, *Placement decisions and disparities among Aboriginal groups: An application of the decision making ecology through multi-level analysis*.

¹⁸ Alberta Child Intervention Review Panel, 2010, *Closing the gap between Vision and Reality: Strengthening accountability, Adaptability, and Continuous Improvement in Alberta's Child Intervention System*, 157; Saskatchewan Child Welfare Review Panel, 2010, 21.

¹⁹ Berger et al., 2005, *Assessing Parenting Behaviours across Racial groups: Implications for the Child Welfare System*; Bambett & Louis, 2007, *Detoxifying the Child and Family Welfare system for Australian Indigenous Peoples: Self-determination, Rights and Culture as the Critical tools*; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007, *"Little Children are Sacred"*; Carter, 2009, *Prediction of placement into out-of-home care for American Indian/Alaskan Natives compared to non-Indians*; Tilbury, 2009, *The over-representation of indigenous children in the Australian child welfare system*; Delfrabo et al., 2010, *The over-representation of young Aboriginal or Torres Strait Islander people in the South Australian child system: A longitudinal analysis*; Knott & Donovan, 2010, *Disproportionate representation of African-American children in foster care: Secondary analysis of the National Child Abuse and Neglect Data System*.

The CIS 2001, 2003 and 2008 reports show that physical abuse is one of the least likely forms of Aboriginal child maltreatment; rather, cases involving child neglect represent more than half the child maltreatment investigations. This finding is reflective of key informant responses, which cite neglect as the most common form of child abuse in First Nation communities. The literature also suggests that neglect is more common in First Nations than in non-Status Indian, Métis or Inuit families.²⁰ Ball's (2008) research continues this argument in saying that child neglect in First Nation communities is inextricably linked to socio-economic conditions.

Key Underlying Risk Factors Persist in First Nation Communities

The underlying conditions, structural factors, or social determinants that contribute to child maltreatment and neglect, continue to exist in Aboriginal communities. While the FNCFS program does not have the authority to address all these issues directly, as long as these conditions prevail, the continued need for child welfare services and prevention efforts on reserve will remain. The CIS 2008 report notes that some of the most prominent characteristics of primary caregivers that have been identified as risk factors for child maltreatment include: receiving social assistance, living in rental housing, being a victim of domestic violence, having few social supports, as well as mental health issues and substance abuse.²¹ The most relevant of the underlying risk factors noted by key informants and in the literature on First Nations child welfare are discussed in more detail below.

Poverty: Poverty is one of the most commonly cited reasons for First Nations children coming into care, and was discussed by over 60 percent of key informants. Poverty is widely cited in the literature as a determining factor in child maltreatment and neglect.²² There is no better predictor of involvement in the child welfare system than poverty; the scientific literature discusses this at length.²³ Based on CIS data, Blackstock suggests that the key to keeping children out of care is by addressing poverty, substance misuse and housing; areas typically out of scope for traditional child welfare services.²⁴

Substandard and Overcrowded Housing: 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; these conditions persist in First Nations and Inuit communities.²⁵ Aboriginal homes are about four times more likely than Canadian homes overall to require major repairs, and mould contaminates almost half of First Nations homes. Six percent of these homes

²⁰ Trocmé et al., 2001, *Canadian incidence study of reported child abuse and neglect-Final report*; Trocmé et al., 2005; PHAC, 2008; Commission to Promote Sustainable Child Welfare, 2010; Government of Manitoba, 2009, *Strong and Healthy communities within Two Generations: A Transformational Vision for Enhancing Accountability and Responsibility – Redesigning First Nations Child and Family Services in Manitoba*.

²¹ PHAC, 2008, 41-42; Lafrance, 2009, *Levelling the playing field for Aboriginal children and their families*.

²² Statistics Canada, 2008, *Aboriginal Children's Survey, 2006: Family Community, and Child Care*; PHAC, 2008; Saskatchewan Child Welfare Review Panel, 2010; Government of Alberta, 2010c, *Child and Youth advocate 2009-2010 Annual report*; Office of the Ombudsman and Child Youth Advocate (New Brunswick), 2010a, *Hand-in-Hand: A Review of First Nations child welfare in New Brunswick*; The Office of the Ombudsman (Manitoba), 2006, "Strengthen the Commitment" - *The Child Death Review: A Report to the Minister of Family Services & Housing, Province of Manitoba*; Office of the Provincial Advocate for Children and Youth (Ontario), 2009, *2008-2009 Annual Report*; Canadian Council of Provincial Child and Youth Advocates, 2010, *Aboriginal Children and Youth in Canada: Canada must do better*; Government of Manitoba, 2009; Bay Consulting Group, 2010.

²³ Case, Lubotsky and Paxson, 2002, *Economic Status and Health in Childhood: The origins of the gradient*; Dearing, 2008, *The Psychological Costs of Growing up Poor*; Raver, Gershoff, and Aber, 2007, *Testing Equivalence of Mediating Models of Income, Parenting and School Readiness for White, Black, and Hispanic Children in a National Sample*.

²⁴ Blackstock, 2005, *Voices in the Field – First Nations Children in Care*.

²⁵ PHAC, 2008; Saskatchewan Child Welfare Review Panel, 2010; Office of the Ombudsman and Youth Advocate (New Brunswick), 2010, *The Right to Identity, Culture and Language: A Child's Path to Development*; Kovesi, T. et al., 2007, *Indoor Air Quality and the Risk of Lower Respiratory Tract Infections in Young Canadian Inuit Children*, 155-60; Finlay et al, 2009, "Mamow Ki-ken-da-ma-win: A Partnership Approach to Child, Youth, Family and Community Wellbeing," 245-257; Lafrance, 2009.

are without sewage services, and four percent lack running water and flush toilets. According to 2006 Statistics Canada data, the proportion of overcrowded households on reserve was about six times greater than for non-Aboriginal Canadians.²⁶ Research using CIS data shows that housing conditions were described as unsafe in 24 percent of substantiated First Nations child investigations and overcrowded in 21 percent, versus seven percent for non-Aboriginal child maltreatment investigation.²⁷ In their discussion of Aboriginal social determinants of health, Loppie and Wein also note the association of poverty, substandard housing and stress with increased substance abuse. Approximately half of key informant respondents considered this a significant issue with relation to child welfare.

Mental Health Problems and Addictions: Substance abuse was the most common reason cited by key informants as to why First Nations children are brought to the attention of CFS agencies, with over 78 percent of respondents referring to it overall, and 100 percent of First Nations interviewees touching on the subject. Mental health was also commonly mentioned, though only 15 percent of AANDC respondents referred to it explicitly. Many documents point out the link between child maltreatment and neglect in Aboriginal communities to addiction and mental health issues, although in-depth research in this field is limited.²⁸ The OAG report of 2008 (Chapter 4) notes an increasing number of infants being born addicted to drugs.²⁹ Research cited in the Commission to Promote Sustainable Child Welfare report (2010) suggests that children who suffer abuse and neglect are more likely to grow up having mental illness, drug and alcohol misuse, risky sexual behaviour, obesity, and criminal behaviour persisting into adulthood.

Historical Traumas: The literature provides ample evidence of the historical traumas undergone by Aboriginal peoples in Canada.³⁰ The effects of colonial processes have widely manifested themselves in psychological traumas, often linked to alcohol and substance abuse, high levels of family and other interpersonal violence, economic deprivation, and related impacts on children's well-being, as well as loss of community power and social cohesion.³¹ Data from the First Nations Regional Longitudinal Health Survey show that six out of ten First Nations and Métis respondents identified the legacy of the residential schools as a significant contributor to poorer health status.³²

A primary intent of residential school policy was to separate children from the influence of their parents.³³ Sources attribute the current shortage of effective parenting skills on reserve to the effects of residential schools that have passed down through families. It is noted that many former residential school students lost confidence in their capacity to engage in the kind of nurturing social interaction with young children that promotes attachment and intimacy.³⁴ Such interaction is the primary means of instilling self-esteem and a positive cultural identity during

²⁶ INAC, 2010, *Evaluation of INAC's On-Reserve Housing Support*, 27.

²⁷ Trocmé et al., 2005.

²⁸ PHAC, 2008; OAG, 2008; Saskatchewan Child Welfare Review Panel, 2010; Alberta Child Intervention Review Panel, 2010; Government of Alberta, 2010c, Child and Youth Advocate 2009-10 Annual Report; Office of the Ombudsman and Child and Youth Advocate, New Brunswick, 2010a; Fowler, 2008, *Children in Care in Newfoundland and Labrador – A review of Issues and Trends with Recommendations for Programs and Services*; Government of Manitoba, 2009.

²⁹ OAG, 2008.

³⁰ Bennett, Blackstock and De La Ronde, 2005, *A literature review and annotated bibliography on aspects of Aboriginal child welfare in Canada (2nd Edition)*; Office of the Ombudsman (Manitoba), 2006; Government of Alberta, 2010c; Commission to Promote Sustainable Child Welfare, 2010; Saskatchewan Child Welfare Review Panel, 2010.

³¹ Libesman, 2004, *Child welfare approaches for Indigenous communities: International perspective*, 20.

³² First Nations Information Governance Centre, 2005, *First Nations Regional Longitudinal Health Survey (RHS) 2002/03: Results for Adults, Youth and Children Living in First Nations Communities, 2nd edition*.

³³ Desmeules, 2007, *A Sacred Family Circle: A family group conferencing model*. In Brown et al. (Eds.), Putting a human face on child welfare: Voices from the Prairies, 61-188; Office of the Provincial Advocate for Children and Youth (Ontario) 2008, 2009; Fowler, 2008; Ontario Association of Children's Aid Societies, 2010.

³⁴ Wesley-Esquimaux and Smolewski, 2004, *Historic Trauma and Aboriginal Healing, Aboriginal Healing Foundation Research Series*.

infancy and early childhood. These family deprivations are pivotal to the intergenerational cycle of abuse now well documented in Canada. The Saskatchewan Child Welfare Review Panel notes that “Many experts in Canadian child welfare now point to the residential school period as the beginning of an intergenerational cycle of neglect and abuse. This cycle is seen as one very important contributor to the significant over-representation of First Nations and Métis children and families in child welfare systems in the country today.”³⁵

Lack of Social Supports: The individual, family and community effects of historical trauma and poverty discussed above are often exacerbated by a shortage of access to preventive and supportive services, particularly in rural and Northern communities. Specifically, the research identifies a lack of voluntary sector services such as food banks, low-income housing coalitions, recreation and arts programs, domestic abuse and child at risk services that act as buffers for fragile families off reserve. The 2010 Implementation Evaluation of the EPFA in Alberta also notes the shortage of supportive services as a need identified by many FNCFS service providers in that region.³⁶ There are several other references in the literature to the negative impacts in Aboriginal communities and families of such shortages.³⁷

Aboriginal Child Welfare Needs Differ from those in the Mainstream: In addition to some of the social determinants discussed above, a number of other factors make the Aboriginal child welfare environment different from the mainstream. One of these is that a number of First Nations communities are in remote, sometimes isolated areas characterized by high costs of living, shortage of supportive services, difficulty in attracting professionals, and high transportation costs to access needed medical and social services. In particular, the shortage of necessary supportive services such as special medical needs and mental health services, are noted in the literature as having a negative impact on the quality of child welfare services.³⁸

A number of sources state that Aboriginal children’s needs are unique and often greater than their non-Aboriginal counterparts, and that funding should be at a higher level than that of provincial agencies. Some of these needs are noted as: the time and expense required for travel to access services from remote/isolated communities; and the shortage of supportive social services for children and families on reserve.³⁹ Several key informant interviews echoed those needs, noting that funding for Aboriginal children’s needs was greater because of a lack of access to services that are often only offered off reserve.

Service delivery issues related to culturally appropriate services further indicate the ongoing need for the EPFA. Children in care require attention to their cultural identity needs, and mainstream agencies and government policies are not adequately addressing this in some jurisdictions.⁴⁰ Both international child rights norms and AANDC policy statements support

³⁵ Saskatchewan Child Welfare Review Panel, 2010:18.

³⁶ AANDC, 2010c. *Implementation Evaluation of the Enhanced Prevention Focused Approach in Alberta for the First Nations child and Family Services Program.*

³⁷ Alberta Child Intervention Review Panel, 2010; Government of Alberta, 2010c; The Office of the Children’s Advocate (Manitoba), 2008; The Office of the Ombudsman (Manitoba), 2006; The Office of the Children’s Advocate, 2006, (Manitoba); Office of the Provincial Advocate for Children and Youth, 2008; Fowler, 2008; OAGBC, 2008; Ontario Association of Children’s Aid Societies, 2010; Bay Consulting Group, 2010.

³⁸ Saskatchewan Child Welfare Review Panel, 2010; Alberta Child Intervention Review Panel, 2010; Government of Alberta, 2010c; Office of the Children’s Advocate (Manitoba), 2006, 2008; Office of the Ombudsman (Manitoba), 2006; Office of the Provincial Advocate for Children and Youth (Ontario) 2008, 2009; Fowler, 2008; Ontario Association of Children’s Aid Societies, 2010.

³⁹ Standing Committee on Public Accounts, 2009, 5; OAG, 2008; Office of the Ombudsman and Child and Youth Advocate (New Brunswick), 2010a, *Hand in Hand: A Review of Child Welfare in New Brunswick*; Office of the Ombudsman (Manitoba), 2006; Office of the Provincial Advocate for Children and Youth (Ontario), 2009; Standing Senate Committee on Human Rights, 2007; Commission to Promote Sustainable Child Welfare, 2010; Ontario Association of Children’s Aid Societies, 2010.

⁴⁰ Statistics Canada, 2008a, *Aboriginal Children’s Survey 2006: Family, Community and Child Care*; OAG, 2008; Saskatchewan Child Welfare Review Panel, 2010; Alberta Child Intervention Review Panel 2010; Government of British Columbia, 2006; OAGBC, 2008; Office of the Ombudsman and Child and Youth Advocate (New Brunswick) 2009; 2010b, *The Right to Identity, Culture and Language: A Child’s Path to*

delivery of culturally appropriate care. The PM Strategy for the Social Development programs indicates an intention to support culturally appropriate protection and prevention services through the new targeted funding approach for FNCFS; an approach that is more closely aligned with a culturally-based, holistic, Aboriginal model of child and family service.⁴¹ Children in care require attention to their cultural identity needs, and mainstream agencies and government policies are not adequately addressing this in some jurisdictions.

Attention to a child's cultural needs also has functional benefits for children, families and communities; some recent research has shown that the stronger a child's level of "cultural assets," the lower their level of behavioural difficulties.⁴² An Alberta audit found little evidence that provincially funded services are providing culturally appropriate child welfare services to children who access services off reserve, saying "there is little evidence that policy or practice are culturally sensitive for Aboriginal clients."⁴³ The Ministry has recently stated the intention to improve this.⁴⁴ A British Columbia Auditor General's review of child protection had a similar finding for that province, and found further that the ministry does not have the necessary measurements to determine whether CFS services are meeting Aboriginal child and family needs.⁴⁵ The British Columbian government has also recently made commitments to improve this situation.

In Ontario, Aboriginal cultural rights are written in the *Child and Family Services Act*, [Section 1(2,5)] which recognizes that all services to "Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family." Manitoba and British Columbia have similar provisions in their legislation.⁴⁶ The 2010 Report of the Child Welfare Review Panel in Saskatchewan recommends making culturally appropriate care a priority for Aboriginal children and youth. Given the prevalence of views in the literature and documentary evidence noting the significance and positive impacts of culturally appropriate care for First Nations children, it remains highly relevant for the program to continue pursuing ways to support this outcome.

Furthermore, a significant and well known difference in the Aboriginal child welfare environment is the much higher suicide rate of Aboriginal children and youth, including that of Aboriginal children in care.⁴⁷ Suicide and self-injury were noted in 2006 as the leading causes of death for Aboriginal youth and adults to age 44.⁴⁸ The rate of First Nations youth suicide (10 to 19 years) was 4.3 times greater than non-Aboriginal Canadians in 2000. While there is much variation among First Nations communities, overall suicide rates are 5 to 7 times the rate for Canadian youth overall: 126 per 100,000 for First Nations male youth aged 15-24, compared to 24 per 100,000 for Canadian male youth, and 35 per 100,000 for First Nations female youth, compared to 5 per 100,000 for Canadian female youth.⁴⁹

Development. A Statistical Background Report to the Child and Youth Advocate's 3rd Annual State of our Children and Youth Address; Office of the Ombudsman (Manitoba), 2006; Office of the Provincial Advocate for Children and Youth (Ontario), 2008; Fowler, 2008; Standing Senate Committee on Human Rights, 2007.

⁴¹ AANDC, 2011, *Performance Measurement Strategy for the Social Development Programs*.

⁴² Filibert & Flynn, 2010.

⁴³ Alberta Child Intervention Review Panel, 2010, 13, 43.

⁴⁴ Government of Alberta Response to the Child Intervention System Review, 2010.

⁴⁵ OAGBC, 2008, 26-27.

⁴⁶ Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002, 85, 104, 160.

⁴⁷ The Office of the Ombudsman (Manitoba), 2006a, *Strengthen the Commitment – The Child Death Review*; Alberta Child Intervention Review Panel, 2010; The Office of the Children's Advocate (Manitoba), 2006, *Honouring Their Spirits – The Child Death Review*; Office of the Provincial Advocate for Children and Youth (Ontario), 2009.

⁴⁸ Health Canada, 2006.

⁴⁹ Ibid.

While AANDC does not have the authority to address all of these issues directly, so long as they continue to affect First Nations communities, the need for child welfare intervention will remain, as will the relevance of working with families to resolve their crises through preventative action. Working in collaboration with other partners to identify gaps and streamline overlaps in services will ensure that funding is spent where it is most needed.

Impacts of Funding Policies and Amounts

The EPFA changes the way FNCFS agencies are funded. Under the EPFA, prevention is funded directly under a fixed contribution. Funds are only eligible for use for FNCFS, but agencies have the ability to move money between the three streams (operations, maintenance and prevention/least disruptive measures). Given that funding shortages and lack of flexibility have been key criticisms of the Directive 20-1 funding formula, the relevance of a new funding model appears to be clear. A key theme in documents and literature is the impact of funding policies and amounts for FNCFS programming. The criticisms of Directive 20-1 fall under three main themes: the assumptions underlying the formula, the impact of the funding model on service delivery, and actual amounts.

Assumptions Underlying Directive 20-1: The Directive 20-1 formula has been criticized for being based on an assumed six percent of children in need of CFS, rather than actual numbers of children in care, or actual costs of service delivery, with resultant shortfalls and gaps. Several key informants also criticized the Directive 20-1 formula's six percent assumption, noting large variances between different agencies for the number of children in care. The Auditor General's report of 2008 found, for example, that rates of need in 2007 ranged from 0-28 percent on reserves across Canada. The Auditor General's report concluded that the formula was outdated and needed to be changed to reflect provincial legislation and actual numbers of children in care.⁵⁰ While the OAG audit notes that the funding arrangements for the EPFA will be better suited at meeting community needs and delivering better services for on reserve children, it is sceptical of its potential to solve the issue of funding inequities put in place by the Directive 20-1 funding approach, which, in the view of the OAG, is based on distribution of funds rather than the needs of Aboriginal children.⁵¹

In response, AANDC has stated that "the six percent average number of children in care calculation is one of many factors used only to model operations funding which includes the number of protection workers. This is then translated into a portion of the operations funding that agency receives."⁵² In the same statement, AANDC explains that the six percent figure was derived through discussions with First Nations Agency Directors and provincial representatives, and that it is perceived as being "fairly representative of the overall needs of the communities."⁵³ AANDC further states that, "through discussions with provincial and First Nations partners, it is clear that they preferred to create a costing model that would provide recipients stable funding for operations. The majority of partners indicated they would not be supportive of a model that generated more resources for Recipients based upon a higher percentage of children in care. Also, this model ensures that FNCFS agencies supporting communities with lower populations are provided with sufficient funding to operate both prevention and protection programs. Without the fixed percentage formula used to calculate and fund Operations, agencies with a

⁵⁰ OAG, 2008; Standing Committee on Public Accounts, 2009; Office of the Children's Advocate (Manitoba), 2006; Canadian Council of Provincial Child and Youth Advocates, 2010; Commission to Promote Sustainable Child Welfare, 2010.

⁵¹ OAG, 2008, 23.

⁵² Government of Canada, 2009, Government of Canada Response to the Report of the Standing Committee on Public Accounts on Chapter 4, First Nations Child and Family Services Program – Indian and Northern Affairs Canada of the May 2008 Report of the Auditor General.

⁵³ Ibid.

very low percentage of children in care would not have the necessary resources to operate. Moreover, if the operations budget were based upon need rather than a fixed percentage, the agencies could find themselves with widely fluctuating operations budgets year to year, which would hamper their ability to plan and provide services. The new costing models provide a stable operating and prevention budget that does not rely on the number of children in care as one of its determinants.”⁵⁴

Impacts of the Model on Service Delivery: It has been noted that the Directive 20-1 formula was designed for agencies serving at least 1,000 children (0-18 population in the community), to produce benefits from economies of scale; however, many agencies (in British Columbia, for example) provide services to less than 1,000 children and cannot realize such savings nor do they always have the time or resources to participate in interagency collaboration. ⁵⁵ This has been seen as inequitable.⁵⁶

The Directive 20-1 formula has also been criticized for *de facto* encouraging the removal of children from the home, rather than encouraging the use of least disruptive measures because there are so few funds for prevention activities, and for failing to ensure that surpluses are actually spent on prevention. The EPFA is seen as an improvement over this situation.⁵⁷ In fact, many key informants viewed the shift to EPFA positively, noting that additional funds for prevention are enabling more flexibility, cooperation and partnerships.

Funding Amounts: A number of sources, including many key informants, note a perceived gap between mainstream and FNCFS funding.⁵⁸ The 2010 Saskatchewan Child Welfare Review Panel report claims that “per capita, child welfare funding on reserve has fallen far short of per capita funding in the mainstream provincial systems.”⁵⁹ It must be noted, however, that this report did not consult AANDC or have access to its financial information. On the other hand, a CFS audit in Alberta prior to introduction of the EPFA noted that the “funding provided by INAC may not be sufficient to allow agencies to provide comparable services to those available to other Alberta children.”⁶⁰

3.2 Consistency of the EPFA with Departmental and Government-Wide Priorities

The EPFA is consistent with departmental and Government of Canada priorities as stated in official policy documents and desired outcomes of the program. More specifically, the EPFA aligns with priorities in the following ways:

A departmental priority is to fund and support First Nations Child and Family Services on reserve at a level comparable to that received by provincial residents in similar situations, in accordance with the legislation of the province or territory of residence and within program authorities. The need for an increased focus on prevention has been noted for some time, and most jurisdictions are now moving toward a model that includes such a focus. In addition, one of

⁵⁴ Ibid.

⁵⁵ OAGBC, 2008; Office of the Ombudsman and Child and Youth Advocate (New Brunswick), 2010a; Office of the Children’s Advocate (Manitoba), 2006.

⁵⁶ OAG, 2008, 21.

⁵⁷ Office of the Ombudsman and Child and Youth Advocate (New Brunswick), 2010a; AANDC, 2007.

⁵⁸ Standing Committee on Public Accounts, 2009; Auditor General of Alberta, 2007; Government of Alberta, 2010c; Saskatchewan Children’s Advocate Office, 2009; Canadian Council of Provincial Child and Youth Advocates, 2010; Standing Senate Committee on Human Rights, 2007; Department of Family Services and Housing (Manitoba), 2006; Saskatchewan Child Welfare Review Panel, 2010.

⁵⁹ Saskatchewan Child Welfare Review Panel, 2010, 29.

⁶⁰ Auditor General of Alberta, 2007, 66.

the overall objectives of AANDC's Social development Programs (FNCFS being one of the five programs) is to "base programming on prevention methods that build linkages to complementary programs administered by other government departments and provinces and territories."⁶¹

There have been numerous reviews undertaken either nationally or in provinces, either by the Children's Advocate, provincial Auditors General, the Ombudsman, or in the case of Manitoba, the Aboriginal Justice Inquiry/Child Welfare Inquiry, that document the need for changed policy and practice in child welfare, based on the undesirable outcomes of the past.⁶² It is also evident from the literature that, while a prevention approach is increasingly being adopted in many jurisdictions, in practice, there is still a greater emphasis on intervention than prevention; a fact that emphasizes the need to strengthen efforts in prevention.⁶³ The 2007 Summative Evaluation of FNCFS concluded, for example, that the limited attention to prevention had put the program out-of-step with its prevention objective and had diminished its achievement of encouraging "a more secure and stable family environment for children on reserve."⁶⁴ The evaluation reviewed provincial and territorial actions taken to implement prevention programming, and concluded that provinces, while also facing rising costs and an increasing number of children brought into care, have gradually started to move toward a more prevention-focused approach with the goal of reducing the need for child apprehensions.

Program authorities include the mandate to "support culturally appropriate prevention and protection services for Indian children and families resident on reserve." The prevention model, by taking a more holistic approach, is closer to a culturally appropriate service model.⁶⁵ As noted, the expected outcome for the FNCFS program is to have a more secure and stable family environment for children ordinarily resident on reserve. Prevention programming, by targeting early signs of family and child welfare needs, takes an approach that supports this outcome.⁶⁶

The 2006-2007 Report on Plans and Priorities (RPP) identified Women, Children and Family as one of the main departmental priority areas within the Social Development Program Activity. Two of the four plans corresponding to this priority area were directly related to the implementation of the EFPA: 1) contribute to efforts to prevent family violence by enhancing prevention programming, among other things; and 2) review and adapt program authorities relating to the FNCFS program to enable a greater degree of comparability with provincial child welfare programs.⁶⁷ The 2008-2009 RPP makes prevention for CFS a key priority.⁶⁸

Moreover, pressures for increased funding arising from higher rates, needs and costs associated with the number of children in care is identified as a key strategic risk. The RPP for 2009-10 set a specific target to reduce the proportion of on reserve children in the care of FNCFS agencies by

⁶¹ AANDC, 2008, RMAF for the First Nations Child and Family Services Program, Appendix B, 3.

⁶² Saskatchewan Child Welfare Review Panel, 2010; Auditor General of Alberta, 2007; Government of Alberta, 2010, 2010b; Alberta Child Intervention Review Panel, 2010; F/P/T Directors of Child Welfare Committee, 2004; Government of British Columbia, 2006, 2007, 2010; OAGBC, 2008; Saskatchewan Children's Advocate Office, 2009, 2010; Provincial Auditor Saskatchewan, 2008, 2009; Office of the Child and Youth Advocate (New Brunswick), 2008, 2009, 2010a, 2010b; Office of the Children's Advocate (Manitoba), 2006, 2008; Office of the Ombudsman (Manitoba), 2006a; Office of the Provincial Advocate for Children and Youth (Ontario), 2008, 2009; Office of the Auditor General of Newfoundland/Labrador, 2010; Canadian Council of Provincial Child and Youth Advocates, 2010; Standing Senate Committee on Human Rights, 2007; United Nations International Children's Emergency Fund (UNICEF), 2010; Department of Family Services and Housing (Manitoba), 2006; Child and Family Services Standing Committee, 2009; Saskatchewan Ministry of Social Services, 2009; Saskatchewan Child Welfare Review Panel, 2010; Government of Manitoba, 2009.

⁶³ AANDC, 2007d, *Evaluation of the First Nations Child and Family Services Program*; Auditor General of Alberta, 2007; Government of Alberta, 2010b; Alberta Child Intervention Review Panel, 2010; Office of the Ombudsman (Manitoba), 2006; Office of the Children's Advocate (Manitoba), 2006; AANDC, 2010; Commission to Promote Sustainable Child Welfare, 2010; AANDC, 2005.

⁶⁴ AANDC, 2007b, *Audit of the First Nations Child and Family Services Program*: 18.

⁶⁵ Ministry of Children and Family Development (British Columbia), 2008, 2010.

⁶⁶ AANDC, 2011.

⁶⁷ AANDC, 2006, *Report on Plans and Priorities*.

⁶⁸ AANDC, 2008, *Report on Plans and Priorities*, 19.

2.5 percent when compared to provincial rates of children in care.⁶⁹ According to the 2010-11 RPP, the current target is to implement the EPFA in all the provinces and the Yukon by 2013 if funding is available. Recent documents state that a more realistic date for full implementation is 2014-15 and will require further consensus-building among stakeholders.

Stated Achievements/Commitments

Over the past decade, AANDC's funding for the FNCFS program has steadily increased from \$238 million in 1998-99 to about \$579 million in 2010-11. The rise in maintenance spending per child can be explained by three factors: increase in the rates charged by the provinces, increase in costs for and the number of special needs children in care and greater reliance by agencies on institutional care.⁷⁰

Budget 2006 marked the beginning of the transition of the First Nations Child and Family Service Program to an Enhanced Prevention Focused Approach. Under the Tripartite Accountability Framework for the implementation of the EPFA in Alberta in 2007, AANDC provided \$15.3 million to fund the implementation of EPFA in Alberta, with an overall estimate of \$98.1 million over five years.⁷¹

In 2008, AANDC announced the establishment of Tripartite Accountability Frameworks for the provinces of Nova Scotia and Saskatchewan to support the implementation of the EPFA. Within this announcement, the Government of Canada committing \$10.8 and \$104.8 million respectively, over five years and ongoing, in order to transition the two provinces to the new approach.

In 2009, AANDC announced the further establishment of Tripartite Accountability Frameworks for the provinces of Quebec and Prince Edward Island. The Government of Canada committed \$59.8 and \$1.7 million, respectively, over five years and ongoing, in order to transition the two provinces to the new approach.

The Tripartite Accountability Framework for implementation of the EPFA in Manitoba was announced in July 2010, noting that the Government is committing \$177 million over five years to implement the EPFA on Manitoban reserves.

With the Manitoba framework in place, the EPFA now covers approximately 68 percent of on-reserve children, according to an announcement by the federal government.⁷² Budget 2010 recognizes that the Government has already signed tripartite agreements with First Nations partners and Alberta, Nova Scotia, Saskatchewan, Quebec and Prince Edward Island. Collectively, more than \$100 million annually in additional funding is scheduled to be dedicated to the implementation of the prevention-based model by 2012-13.⁷³ Through its continued commitment over the past five years to fund the transition to the EPFA, the Government of Canada has clearly demonstrated that this program is consistent with federal priorities.

⁶⁹ AANDC, 2008, *Report on Plans and Priorities*; AANDC, 2009, *Report on Plans and Priorities*.

⁷⁰ AANDC, 2010a, *Better Outcomes for First Nations Children: INAC's Role as a Funder in First Nations Child and Family Services*.

⁷¹ AANDC, 2006, *Treaty 6, 7 & 8 Enhancement Framework*.

⁷² *Ibid.*

⁷³ AANDC, 2010, *Canada, Manitoba and Assembly of Manitoba Chiefs Reach Agreement on Child Welfare Framework*.

3.3 Role of the Federal Government in Child Welfare on Reserve

Various factors contribute to the need for First Nations child and family services on reserve. As such, it is important to consider the multiple federal mandates that impact child and family well-being in First Nations communities.

This section will provide a brief overview of some of the major federal social programs on reserve as they relate to child and family services. At this time, a federally coordinated approach to child welfare on reserve does not exist and thus, it was difficult to ascertain how much is directly spent at the federal level on First Nations child welfare.

Aboriginal Affairs and Northern Development Canada

AANDC offers a suite of social programs that fund First Nations administrators to provide on reserve residents with individual and family supports and services. These programs have been developed and implemented in collaboration with partners to contribute to:

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

In total, AANDC spent approximately \$1.5 billion dollars on its social programming in 2010-11, which is comprised of FNCFS, the Family Violence Prevention Program (FVPP), Income Assistance (IA), the National Child Benefit Reinvestment (NCBR) and Assisted Living (AL) Programs. Below is a short description of each program (except AL) and how they relate to First Nations child welfare.

AANDC's role through the FNCFS program is to fund or reimburse provinces, territories (Yukon) and service delivery providers for the child and family services delivered to First Nation children and families on reserve within their jurisdictions.⁷⁴ AANDC recognizes its legitimate role as funder and through this role, the importance of strengthening program management and accountability and assisting partners in capacity development.⁷⁵ It is AANDC's agreed mandate to support the delivery of child welfare services to on-reserve First Nations children and families such that they are reasonably comparable to the provincial services delivered to off-reserve children in similar circumstances, and culturally appropriate, while satisfying provincial legislation and standards, within approved program authorities.⁷⁶

A strong majority of respondents identify AANDC's primary role as a funder of First Nations child welfare programming. Likewise, 51 percent of key informants discuss AANDC's other roles, including program management and accountability, particularly as it relates to compliance, outcome measurement, quality assurance, audits and evaluations. Approximately half of key informants pointed to AANDC's coordination role and the importance of working collaboratively with agencies, provinces, and other federal departments. Many respondents also mentioned AANDC's role in capacity development, including training and support for the

⁷⁴ AANDC, 2005, *First Nations Child and Family Services Program: National Program Manual*; 2008a, 2010a.

⁷⁵ AANDC, 2011, 13.

⁷⁶ AANDC, 2011.

business plan process, clarifying policies, as well as developing national and regional policy manuals, guidelines and templates. Though AANDC's effectiveness in these areas will be examined more thoroughly in subsequent jurisdictional studies under this strategic evaluation, their importance has been clearly articulated.

As discussed above, AANDC also administers the NCBR program, the on reserve counterpart to one component of Human Resources and Skills Development Canada's National Child Benefit (NCB) initiative. The NCB is a federal/provincial/territorial initiative that is aimed at reducing child poverty; promoting attachment to the workforce by ensuring that families are always better off as a result of working; and reducing overlap and duplication and simplifying the administration of benefits for children. Through its objective of helping to prevent and reduce child poverty on reserve and supporting parents to find and/or maintain employment, the NCBR supports positive child welfare. While First Nations have flexibility in how NCBR funds are spent, the five areas of focus for improved child welfare are: Childcare (programs that aim to provide childcare spaces for low-income families); Child Nutrition (programs providing nutritious meals in school and nutritional education for parents); Support to Parents (including training in parenting skills and drop-in centres); Home-to-Work Transition (programs such as skills development and summer work projects for youth); and Cultural Enrichment (programs to teach traditional culture, provide peer and family support groups and bring together community Elders, children and youth).

In addition to the NCBR, AANDC's Income Assistance Program has, in recent years, moved toward an Active Measures approach that supports recipients in finding employment, and thus, indirectly supports improved life circumstances for children in recipient families, who would presumably benefit from decreased poverty and its consequences if their parents were securely employed.⁷⁷

Finally, FVPP as a program aims to mitigate the risk of family violence and enhance the safety and security of on-reserve families, in particular, women and children by providing abuse prevention and protection services for children and their families. AANDC provides operational funding to shelters serving First Nations ordinarily resident on reserve, reimburses costs for off-reserve shelter services in some provinces and the Yukon, and supports proposal-based prevention projects, which may include public awareness and education campaigns, conferences, workshops, stress and anger management seminars, support groups, and community needs assessments.

Given that AANDC's FNCFS authorities do not cover the same range of services as those provided by provinces (i.e. mental health, infrastructure), and since funding authorities are scattered across different sectors within AANDC and other federal departments, assuring that First Nations on reserve receive comparable services requires effective collaboration among various stakeholders. In the Auditor General's 2008 report, the chapter on FNCFS recommends that AANDC take responsibility for such coordination through ensuring that program rules facilitate such collaboration, and that AANDC, together with First Nations, TBS, and other relevant departments, facilitate access to complementary programs for families in need. The Department's response to this recommendation was to agree to work with other national and regional partners, and FNCFS agencies to create a more coordinated approach. The Department

⁷⁷ AANDC, 2009, *Impact Evaluation of the Income Assistance, National Child Benefit Reinvestment and Assisted Living Programs*.

notes as well that the Business Plans, which are central to the EPFA approach, would be a tool for such facilitation at the local and regional level.⁷⁸

It will be a critical focus of the evaluation moving forward to assess whether this is the case, and the extent of coordination that is taking place between relevant departments and other stakeholders in improving child welfare services. A number of programs provided by other federal partners that support children and families on reserve in addressing the underlying determinants of child welfare, and are thus, complementary to a prevention-focused approach, are described briefly below.

Human Resources and Skills Development Canada

First Nations and Inuit Child Care Initiative (FNICCI): The FNICCI is a component of the Aboriginal Skills and Employment Training Strategy that provides child care services for First Nations and Inuit children whose parents are starting a new job or participating in a training program. The FNICCI is a \$50-million program that has supported over 8,500 child care spaces in 486 First Nations and Inuit communities across Canada. Aboriginal Agreement holders create programs based on their community needs, which in most cases means pre-school spaces; some Aboriginal agreement holders also have after-school programs.⁷⁹

Aboriginal Human Resources Development Strategy (AHRDS): AHRDS is a program that provides job training opportunities for Aboriginal people (on and off reserve). This program would be complementary to child welfare in the same way that Income Assistance Active Measures would be; that is, in facilitating the achievement of secure employment for parents of children, life circumstances of the family are improved and the stresses of poverty lessened. As poverty is one of the major contributing factors to child maltreatment, reducing poverty has the potential to improve child welfare. A case management/coordinated approach between AHRDS and FNCFS would represent a more coordinated approach at the local level towards child welfare.

Health Canada and the Public Health Agency of Canada

Health Canada is perhaps the most natural partner for AANDC in creating a coordinated, collaborative approach to child welfare and the needs of vulnerable children on reserve. As the Auditor General's report⁸⁰ points out, however, coordination between the two departments towards the end of preventing maltreatment and addressing child welfare needs remains challenging, though a lack of coordination can have negative consequences for children, their families, and First Nations agencies responsible for their welfare. A coordinated approach between FNCFS and Health Canada programs would include collaboration and partnership at all levels between FNCFS and some of the programs described below.

Non-Insured Health Benefits (NIHB) Program: In 2009-10, total expenditures for NIHB was \$989.1 million. NIHB provides health benefits not covered by provincial or territorial health care, to registered Indians living on and off reserve and Inuit living anywhere in Canada. The program covers the cost of pharmaceuticals, dental services, vision services, medical transportation, medical supplies and equipment, and crisis intervention mental health

⁷⁸ OAG, 2008.

⁷⁹ Human Resources and Skills Development Canada, *First Nations and Inuit Childcare Initiative*, accessed at: http://www.hrsdc.gc.ca/eng/employment/aboriginal_employment/childcare/index.shtml.

⁸⁰ OAG, 2008.

counselling.⁸¹ Presently, AANDC and Health Canada disagree on who is responsible for medical costs for children in care; AANDC's position is that these are the responsibility of Health Canada, while the First Nations and Inuit Health Branch maintains that a number of such services no longer fall within their funding criteria. Moving forward, it will be critical for the Departments to resolve this issue; and there is increasing public pressure to do so in light of Jordan's Principle legislation either tabled or pending in some provinces.⁸²

Aboriginal Head Start (AHS) on reserve: AHS has been in place on reserve since 1997, is intended to deliver Early Childhood Development programs that include locally-controlled and designed early-intervention strategies that foster a positive sense of self and a desire for learning in First Nations preschool youngsters. AHS programming is centered around six components: education; health promotion; culture and language; nutrition; social support; and parental/family involvement. The program provides information and skills for healthy child development to parents and other caregivers, and works with families to help strengthen family relationships, and therefore is highly complementary to the goals of a prevention approach to child welfare.⁸³

The Fetal Alcohol Spectrum Disorder (FASD) Program: The FASD program addresses a number of health problems that are associated with alcohol use by mothers during pregnancy. The main purpose of the program is twofold: to reduce the number of babies born with FASD; and to support children who are diagnosed with FASD and their families to improve their quality of life. In targeting present or future parents at risk, this program is also complementary to child welfare programming, and a natural partner for FNCFS efforts.

The Canada Prenatal Nutrition Program (CPNP): The CPNP is aimed at improving the nutrition of vulnerable pregnant women, and in turn, their infants. The funding is long-term and the program takes a community development approach. The CPNP aims to improve access to services through inter-sectoral collaboration. The services provided include food supplementations, nutritional counselling, support, education, referral and counselling on health and lifestyle. The CPNP, which is not specific to Aboriginal mothers, does have an Aboriginal component. The goal of the Canada Prenatal Nutrition Program-First Nations and Inuit Component is to improve maternal and infant nutritional health for pregnant First Nations and Inuit women, mothers of infants, and infants up to 12 months of age who live on reserve or in Inuit communities, particularly those identified as high risk.⁸⁴

Maternal Child Health (MCH) Program: The goal of the MCH program is to support pregnant First Nations women and families with infants and young children, who live on reserve, to reach their fullest developmental and lifetime potential. The program is accessible to all pregnant women and new parents, with long term support for those families who require additional services.⁸⁵

The Brighter Futures Program (BFP): The BFP promotes community-based and culturally appropriate approaches for healthy child development in First Nations and Inuit communities. The program is aimed at addressing child development for children 0-6 within the context of

⁸¹ Lavoie, 2011, *National Collaborating Centre for Aboriginal Health. Looking for Aboriginal Health in Legislation and Policies, 1970-2008. The Policy Synthesis Project.*

⁸² Lavallee, 2005, *Honouring Jordan: Putting First Nation Children First and Funding Fights Second*, 527-529.

⁸³ Health Canada, *Aboriginal Head Start on Reserve*, accessed at: http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php.

⁸⁴ Health Canada, *Canada Prenatal Nutrition Program, First Nations and Inuit Component*, accessed at: http://www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php#child_enf.

⁸⁵ Health Canada, *Maternal and Child Health*, accessed at: http://www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php#child_enf.

family and community; the ultimate goal is a healthy family and community context in which children can grow. The relevant components of the program are community mental health, child development, healthy babies, and development of parenting skills. The parenting skills component, for example, aims to promote culturally-sensitive parenting skills. A variety of activities has been funded through this component and includes parenting workshops, parental training programs and support groups for parents.⁸⁶ As its focus is a healthy family context and good parenting for children, it also fits well with the FNCFS mandate.

The Community Action Program for Children (CAPC): CAPC, a health promotion program funded by the Public Health Agency of Canada (PHAC) in partnership with the provinces and territories, also addresses child development for children 0-6 who are deemed to be at risk; the program targets all such children, not specifically Aboriginal children.⁸⁷ The program places importance on collaboration and partnerships, and has community capacity building as one of its goals, while recognizing that communities have strengths that can be mobilized. CAPC targets low income families, children being cared for by teenage parents, those with developmental delays or other behavioural problems, and those who are subjected to abuse and neglect. Having such a focus makes this program also a natural partner for FNCFS in a coordinated prevention effort.

Justice Canada

The Aboriginal Justice Strategy (AJS): the AJS, a national strategy under Justice Canada, which has been operational since 1991, has funded over a hundred community-based projects in Aboriginal communities across Canada. The aim is to create greater community control of justice processes, to reduce victimization, crime and incarceration and to raise awareness within the mainstream justice system of the cultural needs of Aboriginal peoples as they interact with the justice system.⁸⁸ Many of these projects take a crime prevention and community healing approach that would benefit families at risk of child maltreatment and domestic violence that are clearly linked to a prevention approach in child welfare.

National Anti-Drug Strategy (NADS): NADS, a horizontal strategy also funded by Justice Canada in partnership with 11 other federal partners, aims to prevent use, treat dependency, and reduce production and distribution of illicit drugs. The Strategy has Prevention, Treatment and Enforcement Action Plans. A prevention element (overseen by Health Canada) is targeted at youth (the Prevention Action Plan) and implementing community-based interventions. Health Canada is using strategy funding to improve treatment services for First Nations and Inuit populations with a focus on youth and their families.⁸⁹ As child maltreatment and neglect are often linked to addictions, this program is another potential collaborator with FNCFS in prevention efforts.

Clearly there is an array of programs funded by AANDC and other federal departments taking an early intervention/prevention approach to child welfare, from prenatal to teenage years, and aiming to support and help create healthy families in healthy communities; however, a central mechanism or responsible party for coordinating these efforts does not exist. As noted below, the literature outlining promising practice calls for such coordination. As noted above, with regard to

⁸⁶ Health Canada, *Brighter Futures and Building Healthy Communities.*, accessed at: http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/brighter_grandir-eng.php.

⁸⁷ A full description of the CAPC program can be found on the PHAC website. <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/about-apropos-eng.php>

⁸⁸ Justice Canada, *Aboriginal Justice Strategy*, accessed at: <http://www.justice.gc.ca/eng/pi/ajs-sja/prog/bc-cb.html>.

⁸⁹ Justice Canada, 2010, *National Anti-Drug Strategy Annual Performance Report, 2009-2010*.

First Nations child welfare, the OAG recommends that AANDC take such a role at the federal level and a supporting role to encourage collaboration at the regional level.

4. Findings – Movement towards the EPFA

This section focuses on discussions and perceptions regarding the move towards the EPFA, both for jurisdictions where the EPFA has been adopted and for those where the transition has yet to take place. It looks at the willingness of partners to engage in tripartite discussions, factors that helped or hindered the process, as well as examples of best practices and lessons learned around the implementation process that could potentially inform/improve future discussions.

Overall, the review found that participants were largely willing to engage in tripartite discussions, particularly once all parties at the table had a better understanding of the process. Factors that played into the successful establishment of EPFA framework agreements include collaboration, focus on the objective, established relationships, recognizing jurisdictional differences and engagement, while short timelines, overwhelming workloads, communication issues, uncertainty around framework approval and staff turnover were seen as hindrances. Beyond the discussions themselves, integrated service delivery, inter-sectoral collaboration, inter-jurisdictional cooperation, federal/provincial service agreements, sufficient resources, capacity-building and continuing discussions were all seen as areas that have improved the implementation of the EPFA in some regions or that could potentially improve it in others.

4.1 Establishing Tripartite Frameworks for the EPFA

The first tripartite framework agreement was reached in Alberta in 2007 between AANDC, the Province of Alberta and Agency Directors representing Treaties 6, 7 and 8. To date, frameworks have also been developed in the provinces of Saskatchewan, Nova Scotia, Quebec, Prince Edward Island and Manitoba, with discussions consisting of varying timeframes and stakeholders. Table 3 provides a summary of where formal discussions have taken place, the approximate amount of time it took to reach an agreement, the year an agreement was reached (if applicable) and the stakeholders involved. Note that the timeframes include the point from which the discussions were first initiated to the time of public announcement, and not all stakeholders were present throughout the processes. Some respondents noted that the roundtable discussions could consist of a significantly shorter period of time than the timeframes suggest (i.e. 3-4 months).

Province/Territory	Formal Discussions	Overall Timeframe	Approved	Stakeholders Present
Alberta	Yes	1 year (2006-2007)	2007	AANDC, Province (ACYS ⁹⁰), Agency Directors representing Treaties 6, 7 & 8
British Columbia	Yes	TBD (2007-)	No	AANDC, Province (MCFD), BCAFN, UBCIC, IFNCFWC
Manitoba	Yes	3 years (2007-2010)	2010	AANDC, Province (FSCA), Agency Directors, AMC, MKO, SCO, Northern & Southern Authorities
New Brunswick	Yes	TBD (2007-)	No	AANDC, Province (DSD), Agency Directors, Band representatives, legal counsel
Newfoundland/Labrador	No	N/A	N/A	N/A
Nova Scotia	Yes	Less than 1 year (2007-2008)	2008	AANDC, Province (MFCSNS), MK
Ontario	No	N/A	N/A	N/A
Prince Edward Island	Yes	1 ½ years (2007-2009)	2009	AANDC, Province (DCSSL), MCPEI
Quebec	Yes	1 ½ years (2007-2009)	2009	AANDC, Province (MSSS), AFNQL
Saskatchewan	Yes	1 ½ years (2007-2008)	2008	AANDC, Province (MSS), Agency Directors, FSIN
Yukon	No	N/A	N/A	N/A

Generally speaking, movement to the EPFA has involved a Four-Phased Approach:

- 1) Preliminary Assessment Phase: AANDC conducts a preliminary assessment to gauge interest/readiness of stakeholders in a particular jurisdiction. At this stage, AANDC also requests an official letter of support from the provincial government and First Nations leadership (this can also take the form of a Resolution).
- 2) Framework/Costing Phase: Representatives from AANDC, the province and First Nations (as chosen by First Nations) come together and form a tripartite roundtable. From here they form sub-groups that work on either the framework or a costing model. Provincial representatives are asked to provide information on how they fund child welfare with the intention that the costing model will mirror or exceed provincial rates where items fall under FNCFS authority.
- 3) Authority Phase: Once an agreement is reached on the tripartite framework, AANDC puts forward a case to Cabinet. During this phase, stakeholders are left to wait for results with little to no feedback in the interim due to Cabinet confidence. Stakeholders may get a sense of whether or not their agreement has gone through when the federal budget is released, but may have to wait several months before it is publicly announced, usually in

⁹⁰ For full names please refer to the List of Acronyms at the beginning of the report.

the summer months. If an agreement does not get approved, stakeholders must come back to the table (Phase 2) to update the costing model before coming back to this stage.

- 4) **Implementation Phase:** After an announcement is made, all agencies are asked to submit a business plan, a rolling five-year document, which outlines what activities the agency plans to undertake, what outcomes they hope to achieve and how they are going to measure these outcomes. The flow of funds to agencies is contingent on their development of a business plan.

Interviews with key stakeholders suggest that there have been positive and negative impacts at every phase of the approach, which will be discussed further in this section.

Willingness to Engage in Tripartite Discussions

When asked about participants' willingness to engage in tripartite discussions, almost all key informants responded that there was a willingness by all parties to come to the table. In particular, respondents noted that moving towards a model that included prevention activities met with widespread approval. In jurisdictions where an agreement has not been reached, respondents seemed equally eager to move towards a model with more prevention-based funding.

A few key informants noted some reluctance by key stakeholders, particularly at the beginning of the process. This was attributed to factors related to lack of clarity and trust, both of which were mentioned in several of the jurisdictions reviewed. In terms of clarity, this was expressed as being an issue where stakeholders were not familiar with the process and did not understand what would be required of them. A few other respondents noted that some First Nations representatives were reluctant as they sought to get a better understanding of how the overall framework would affect their community prior to engaging in any formal discussions. Lack of trust was generally characterized as an apprehension between partners due to negative past experiences.

When asked about the atmosphere around the tables, many key informants cited the feeling around the room to be inclusive, and no one in the sample claimed it to be an overall negative experience. It was reported by several interviewees that they felt able to communicate openly and frankly, though some did not always feel as though their voices were being heard and taken into account. For their part, representatives from AANDC HQ were seen as being helpful, particularly by provincial and regional staff, in setting the tone and answering questions without overtaking what was seen as an essentially regional process.

Factors that Helped Discussions

More than any other factor, the willingness to work collaboratively was seen as being critical in moving towards agreement from all parties. In jurisdictions where an agreement was reached within a short period of time, success was attributed to the willingness of stakeholders to openly share information with the group. In particular, most AANDC representatives interviewed spoke about the importance of obtaining comprehensive provincial data in order to formulate funding categories, as well as the importance of agencies being open to sharing their financial information with other agencies around the table. Furthermore, cooperation among stakeholders was seen as very helpful, such as members offering their offices as meeting spaces and First Nation organizations undertaking a facilitator role.

Another commonly cited factor, particularly in jurisdictions where agreements were quickly reached, was that AANDC HQ was clear and focused on the objective of reaching a tripartite agreement to move towards an EPFA model. The determination to keep the focus on getting to this outcome and setting timelines was seen positively by some key informants, who claim that this helped to avoid some of the more complex issues outside the program's authority that could have significantly slowed down the process. Instead, the focus was on setting guidelines for discussion based on what the program has the authority to do, and working to reach consensus among stakeholders. In a few cases, meetings with specific stakeholders were held, such as agency directors, and seen as successfully keeping the focus on the task of moving towards the EPFA model in a timely and effective manner.

In some cases, these discussions were facilitated by the familiarity of the First Nations child welfare community, where people have a tendency to know each other well and mutual respect for one another has been formed. A few examples were provided where people had worked in various jobs in relation to child welfare, including at the federal, provincial and agency levels and so had very rich experiences to draw from. In a few regions, good relationships were evident between AANDC and provincial representatives. A small number of key informants also stated that by nature of the tripartite process, some relationships were strengthened, while new ones were allowed to flourish. These relationships allowed for open and honest dialogue between parties and facilitated the ability to reach consensus.

Another factor that helped move the EPFA forward is the importance that was placed on recognizing jurisdictional differences as opposed to trying to make it a one-size-fits-all approach. In order for the new approach to be as relevant as possible, stakeholders at the tripartite tables were given a framework template and asked to tailor it to their specific circumstances. Thus, while all frameworks follow a similar format, they all have various degrees of regional interpretation, such as adding a remoteness factor in Saskatchewan and including a cost-sharing model in Manitoba (discussed below). In a few instances, First Nation respondents discussed the usefulness of speaking to other agencies that had already undergone implementation of the EPFA to compare notes or to get some insight on what worked well for them and what did not.

Finally, engagement by all parties was seen to be a critical factor in successfully transitioning to the EPFA. For instance, since letters of approval from provincial and First Nations representatives must be received before formal discussions can take place, a certain level of engagement behind the scenes to inform and discuss the approach with leadership is necessary, and support from leadership is seen as vital. Engagement also means having the right people at the table fully representing each stakeholder. This includes technical, financial and political representatives who each have their area of expertise to bring forward and who are willing to do the upfront work necessary to reach an agreement. Having a variety of stakeholders allowed for well-rounded discussions, which some AANDC respondents expressed as essential for future discussions. Additionally, to ensure full engagement at the table, a small number of respondents raised the importance of meeting with all parties beforehand to discuss any issue that might otherwise become a stumbling block. Finally, engagement was also described as continuity of representation, where some key informants explained how not only attendance, but having the same core group of people coming together on a continual basis, was an important factor that helped move discussions forward.

Factors that Hindered Discussions

Though some key informants felt that setting short deadlines was key to staying focused and reaching an agreement in a timely manner, others felt that they simply did not have enough time to fully understand the process or that the timelines did not allow for fulsome discussions to take place. Approximately 50 percent of First Nation stakeholders interviewed did not feel that the timeframe for discussions was appropriate. Another issue related to the timeframe is a perceived lack of planning prior to initiating formal discussions. This was a concern by a few AANDC employees that AANDC did not have a clear process in place for undertaking these types of discussions, and therefore, employees had to learn and adapt to various jurisdictional and other circumstances as they went along.

As well as tight timeframes, some key informants noted that they felt pressured to come to an agreement so that new prevention funding could flow. Some interviewees expressed that the process was burdensome given their lack of experience in roundtable discussions and felt overwhelmed by the need to keep on top of their own workload and participate in the EPFA discussions simultaneously. In addition, a few First Nation respondents discussed their initial concerns that the Alberta model of the EPFA would be imposed on them and their communities. Though they acknowledged that this was not the case, a few other First Nation respondents thought that some of the positions created as part of the new EPFA model did not suit their needs and were unnecessary given their particular circumstances. During the discussions themselves, the most commonly cited area of disagreement among stakeholders was the amount of funding agencies would receive as a result of the new approach.

In some cases, respondents spoke about what they felt was a lack of communication among stakeholders at the table and the inability to reach decision makers/leaders in a timely manner, if at all. The communication issue was particularly noted as a perceived disconnect within AANDC between HQ and some regional offices; this issue was highlighted in all key informant categories. Moreover, a few respondents claimed that due to this disconnect, they did not have access to all the information they thought was necessary to be fully engaged. A number of key informants considered strengthening communication at the national level as a priority moving forward.

As described in the Authority Phase of the EPFA's 4-Phased Approach (above), once consensus is reached by all parties, AANDC must put forward a case to Cabinet; a process that can take several months. From the perspective of some of the key informants involved in discussions, however, uncertainty around Cabinet confidence led to a sense that there was not a full partnership between all stakeholders since they were not able to receive any updates until the process was completed and a public announcement was ready to be made. Lack of full disclosure was also suspected by a small number of key informants whenever any discussions took place that did not include the entire group. Similarly, a few examples were given where, due mainly to their own internal processes, stakeholders were not able to be forthcoming on all relevant issues, which impeded fulsome discussions and the ability of the group to work with the most accurate information.

In a couple of instances, frameworks were agreed upon by all stakeholders only to have funding denied at the Authority Phase. This effectively meant that stakeholders had to reconvene, update the framework, come to a renewed agreement and resubmit the framework for approval. Almost all stakeholders interviewed who were involved in this situation considered it to be a major stumbling block, and found it difficult to remain, and/or to keep others, engaged in the process. Furthermore, a few key informants expressed concern around the fact that once the frameworks are complete, there is no possibility to revisit them for at least five years. This was articulated by

some as being inflexible, particularly since this was a new process and not all factors may have been taken into account the first time around. A small number of respondents suggested that it would have been more helpful to either pilot test the EPFA first or to have a one to two year trial before moving into a full five-year implementation plan.

Finally, another major factor that was viewed as hindering discussions was staff turnover from all parties. Though this was expressed in several jurisdictions, one specific instance was noted where personnel in a particular position had changed several times throughout the course of the discussion process. This issue led to some members being at the table who did not necessarily have the experience or the contextual knowledge to fully engage in discussions. Additionally, a few key informants brought forward their concern that not all members at the table had a solid understanding of child welfare issues, particularly those whose focus was on the financial side of the discussions. This was regarded as impeding their ability to fully understand the needs of agencies at the agency/community level.

4.2 Best Practices/Lessons Learned

Beyond the discussions themselves, key informants and the literature point to processes and mechanisms that are considered necessary to move the current child welfare model away from being dominated by protection activities and into a more preventative model of service delivery. A few best practices and lessons learned are discussed below.

Integrated Service Delivery and Inter-Sectoral Collaboration: these are recognized as vital to improved service delivery and meeting First Nation child/family welfare needs. Strong partnerships and collaboration are important, not only between agencies, but between government departments, and between different levels of government. Research from the United Kingdom child welfare system has demonstrated the effectiveness, in terms of better outcomes, of coordination between child welfare and other social services.⁹¹ Manitoba has begun an inter-sectoral collaborative approach, as has British Columbia.⁹² The Saskatchewan Child Welfare Review Panel recommends the implementation of such an approach in that province.

A 2010 Child Intervention Review Panel in Alberta notes that First Nations agencies and families currently have little self-determination in the design of child welfare services for First Nation children.⁹³ The Child Advocate in Alberta noted that this “lack of relationship” is one of the causal factors in the over-representation of Aboriginal children in the child welfare system in Alberta.⁹⁴ The report called for more collaboration between levels of government, and the province has recently responded by stating the intention to pursue a more collaborative approach that will result in First Nation people having a stronger voice in designing and implementing child intervention services.⁹⁵

⁹¹ Commission to Promote Sustainable Child Welfare, 2010, 41.

⁹² INAC, 2007d, 2008a; Saskatchewan Enhanced Prevention Workshop Meeting Notes, June 29, 2010; Government of Alberta, 2010, *Budget 2010: Striking the Right Balance, Children and Youth Services Business Plan 2010-13*; Child and Youth Advocate (Alberta), 2010d, *2009-2010 Annual report, Gathering Today for Our Aboriginal Children's Future*; OAGBC, 2008; Saskatchewan Child Welfare Review Panel, 2010; Office of the Ombudsman (Manitoba), 2006; Child and Family Services Standing Committee (Manitoba), 2008; Commission to Promote Sustainable Child Welfare, 2010; Savoury & Boyd, 2010, *Alberta Child Intervention Symposium: First Nations Child Welfare and Family Services in Nova Scotia, Lessons We Have Learned*.

⁹³ Alberta Child Intervention Review Panel, 2010, 32.

⁹⁴ Government of Alberta, 2010d: 5.

⁹⁵ Government of Alberta, 2010b, *Government Response to the Child Intervention System Review*.

A number of reports also express the view that greater collaboration between provincially funded and on-reserve CFS agencies would address widespread concern that the range of services on reserve is not comparable to those off reserve.⁹⁶ It has been pointedly noted in many provincial and other agency or review panel reports that there is insufficient collaboration between provincial CFS agencies and First Nation CFS agencies, at both the design/policy and service delivery stages. They also remark that if this were to improve, child and family services delivered off reserve or by mainstream CFS agencies would most likely become more responsive to identified needs of First Nations and be delivered in a more culturally appropriate way. With EPFA funding, many key informants expressed that collaboration and cooperation between agencies, provinces/territories and AANDC had the potential to improve. Some key informants expressed that EPFA will enable agencies to co-ordinate their services with other departments and services to develop potential partnerships with provincial programming and organizations.

Inter-Jurisdictional Cooperation and Federal/Provincial Service Agreements: The current service structure model in Manitoba's child welfare system is unlike any other in Canada and is considered a best practice in inter-jurisdictional cooperation. In Manitoba, service configuration is based on a mixed public-private (non-profit) model consisting of four private organizations: a General Authority; a Métis Authority responsible for securing services to Métis families in the province; a Northern Authority responsible for services through six independent agencies with offices on reserve and in Winnipeg; and a Southern Authority that provides child protection services through another 10 mandated agencies.⁹⁷ The authority of Aboriginal agencies extends to Aboriginal families off reserve.⁹⁸ Through legislated "concurrent jurisdiction" between the child welfare authorities and shared service agreements, child welfare clients are able to choose where they will access child welfare services. To accommodate this shared structure, the agencies all have offices in Winnipeg, as well as in their own geographical area. To further support collaboration, the Government of Manitoba and AANDC have recently established an integrated funding model, wherein the two parties cost share core funding to First Nations agencies at a rate of 60 percent for the province and 40 percent for AANDC.⁹⁹

Sufficient Resources and Capacity Building: Proper resources and capacity are critical to ensure that a prevention approach is effective.¹⁰⁰ Without long-term capacity development and support, First Nation agencies are often forced into short-term strategies and are unable to grow the capacity of their organization so that it can be more strategic in its approach. Training is required to ensure culturally appropriate good governance and service provision.

Transferring authority will always require significant investments in capacity development; for example, one mechanism implemented in Manitoba has involved training and education, including short-term certification for First Nations staff and a Bachelor of Social Work program made available via distance learning to Manitoba First Nation communities.¹⁰¹

⁹⁶ Government of Alberta, 2010b; Alberta Child Intervention Review Panel, 2010; Government of Alberta, 2010d, *Gathering Today for Our Aboriginal Children's Future*; Human Resources and Skills Development Canada, 2004, *New Century, New Risks: Challenges for Social Development in Canada*; OAGBC, 2008; Saskatchewan Children's Advocate Office, 2009; Office of the Ombudsman & Child and Youth Advocate (New Brunswick), 2010; Office of the Ombudsman (Manitoba), 2006; Canadian Council of Child and Youth Advocates, 2010; Government of Alberta 2010b; INAC, 2008a, 2010c; CARF Canada, n.d., *Lac la Ronge Indian Band Child and Family Services Inc.*, accessed at: <http://www.carf.org/WorkArea/DownloadAsset.aspx?id=23820>.

⁹⁷ Saskatchewan Child Welfare Review Panel, 2010, 23-24, 94.

⁹⁸ Commission to Promote Sustainable Child Welfare, 2010, *Appendix C*.

⁹⁹ AANDC, 2011, *Manitoba Region: Enhanced Prevention Focused Approach for First Nations Child and Family Service Agencies Funding Model Presentation*, 6.

¹⁰⁰ INAC, 2010c; Office of the Ombudsman and Child and Youth Advocate (New Brunswick), 2010, 38; Office of the Ombudsman (Manitoba), 2006, ii; Ontario Association of Children's Aid Societies, 2010; Ontario Association of Children's Aid Societies, 2010, *Your Children's Aid – Child Welfare Report 2009/10*; Sorenson et. al., 2010, *Addressing the Gap in Indigenous Health: Government Intervention or Community Governance? A Qualitative Review*.

¹⁰¹ Hudson and McKenzie, 2003, *Extending Aboriginal control over child welfare services: The Manitoba child welfare initiative*.

Additionally, several key informants spoke of capacity issues in terms of the mandatory five-year rolling business plans. At the agency level, it was expressed that agency staff did not always have the time or the expertise to complete these plans in an effective and meaningful way. Consequently, some agencies contract out the making of their business plans and do not have a clear understanding of the document or see it as particularly useful. In at least one jurisdiction, AANDC's regional office provides business plan training to agency staff, which was seen as helpful. A template has also been provided to agencies based on a previously submitted best practice business plan. Moreover, a few First Nation respondents noted that they were not given enough time between the announcement of the EPFA in their jurisdiction and the deadline for getting the business plans ready for funding to flow that fiscal year. This has been taken into consideration by AANDC, which plans to adjust the first year and subsequent funding amounts to correspond with the time it takes for agencies to prepare business plans.

Continuing Discussions: several respondents in different jurisdictions raised the importance of regular follow-up tripartite meetings to discuss issues or concerns as they arise. In some regions, follow-ups were happening on a regular or as needed basis; in others, the lack of follow up was raised as an issue, despite funding being set aside in each region for this purpose. Approximately 46 percent of AANDC employees and 60 percent of First Nations respondents spoke of the importance of these follow-up discussions. A small number of key informants brought up the success of tripartite meetings held on *Jordan's Principle* as a positive example of how multiple stakeholders can successfully work together towards a common goal, and how ongoing tripartite meetings for FNCFS could be undertaken.

5. Findings – Promising Practices in Prevention

This section looks at promising practices in prevention programming, both nationally and internationally, as well as how some of these practices have been applied on reserve. While some of the practices are supported by EPFA funding, the intent is to raise awareness of innovative and effective practices that promote child welfare that may support First Nation agencies in serving their communities.

The review found many promising prevention practices across Canada and internationally. Some general characteristics are highlighted, as well as examples of innovative prevention approaches, including: strengths-based, holistic, parent-focused and Aboriginal-specific approaches to child welfare.

Strengths-Based Approach

The strengths-based approach to child welfare service provision has become more widely used in the last decade. Essential elements of the model are a focus on family strengths, a tailored approach to the family and their situation (including cultural competence), and a collaborative service arrangement that aims to coordinate the resources needed to support the family and prevent child welfare crises.¹⁰² The concept of approaching a family from the perspective of working with their strengths, rather than focusing on their deficits, is one that is now being applied widely in other more distinct models, such as Differential Response, Family Group Conferencing, and traditional talking circles. A number of such models are discussed below.

The Government of British Columbia has recently adopted Child and Family Support, Assessment, Planning and Practice (CAPP), a strengths-based approach to child and family development to complement their child welfare function. CAPP is perhaps the first service delivery model in Canada to envision a holistic service system focused on children, youth and their families.¹⁰³ The function of CAPP is to incorporate all the components that are necessary to support the development of children and families, including child care, early child development, addiction services, services to children with special needs, youth and child mental health services, youth justice services, and child protection. New Brunswick, in implementing Family Group Conferencing (FGC) for decision making in child welfare cases (see below), is also promoting a strengths-based approach to child welfare.¹⁰⁴

The Differential Response (DR) model, now widely implemented across Canada, closely resembles the strengths-based approach, in that it is more tailored to individual family needs, and is designed to bring an array of resources to prevent family crisis. In Alberta and Nova Scotia, the DR model is called Family Enhancement. In an attempt to differentiate between families in crisis who need immediate intervention by professionals for the safety of the child, this model focuses on an early family assessment by a social work professional that will then distinguish such families from those that need supports to prevent crises leading to child apprehension. The families who are thought to benefit from ongoing supports are then engaged in a relationship with a professional support staff whose role is to recruit whatever blend of services and supports needed by the family for better functioning and prevention of child maltreatment and/or neglect.

¹⁰² National Technical Assistance and Evaluation Center for Systems of Care, 2008, *An Individualized, Strengths-Based Approach in Public Child Welfare Driven Systems of Care*.

¹⁰³ Saskatchewan Child Welfare Review Panel, 2010; Commission to Promote Sustainable Child Welfare, 2010, 21.

¹⁰⁴ New Brunswick, 2008, *Immediate response Conference and Family Group Conference Practice Standards*.

The DR is recognized in the literature as the best model to pursue in child welfare, particularly for Aboriginal children.¹⁰⁵

Holistic Approaches to Prevention

Countries such as Germany, France and Belgium have holistic, preventive systems in place for child welfare. In Germany, the key feature of the child welfare system is a legal framework that makes help available according to perceived need or entitlement to help. In both France and Germany, when the well-being of a child is threatened, there is a duty to intervene, eligibility criteria become broader and the social work model focuses more on active prevention as opposed to legislative mandates. The systems emphasize family support and early intervention, hoping that this will reduce or eliminate the need for crisis-level interventions. Both British Columbia and Manitoba have recently introduced more holistic child welfare approaches that place the child and their family context at the centre. Saskatchewan's Child Welfare Review panel has recently (2010) advocated such an approach in that province.¹⁰⁶

One variant of a holistic approach that is gaining ground in Canada and internationally, is one that takes into account the social determinants of health and child welfare, and recommends addressing these underlying factors that contribute to putting children at risk of maltreatment and neglect. Some of the most recent reports advocate a 'social determinants' of child welfare approach: a 2010 Report of the Ombudsman and Child Advocate in New Brunswick recommends that all levels of government take on new prevention-based approaches in addressing the determinants of child welfare, such as housing, health, poverty, education, social and cultural development, and law enforcement.¹⁰⁷ Similarly, a 2010 Report of the Child Welfare Review Panel in Saskatchewan recommends taking a 'determinants of health' approach that addresses the structural causes of child maltreatment and neglect such as poverty and inadequate housing; and claims that a failure to do this will likely result in an increase in child apprehensions.¹⁰⁸ As noted above, key informants reiterated the value of such an approach.

Another variant of a holistic approach is the AHS on Reserve Program, funded largely by Health Canada.¹⁰⁹ The emphasis of the Canadian version of this successful program, which has its roots in the United States, is on the culture-based and community-specific elaboration of six program components: culture and language, education and school readiness, health promotion, nutrition, social support, and parent/family involvement. Several First Nations respondents, when asked about effective prevention approaches in their communities, referred to AHS as a program with positive results for children and families. A few more key informants discussed the importance of after-school programs, which gave children the opportunity to socialize with their peers and participate in structured activities. AHS programs generally offer nutrition supplementation, cognitive stimulation, socialisation with Aboriginal peers, adult role models and Elders, and exposure to Indigenous language and spirituality. These opportunities are valued by Aboriginal parents, and they promote children's health and development as well as cultural knowledge and pride. According to one report, only 10 percent of Aboriginal children in Canada have access to

¹⁰⁵ INAC, 2007b; Alberta Child Intervention Review Panel, 2010; Government of British Columbia, 2009; Office of the Children's Advocate, 2006; Standing Senate Committee on Human Rights, 2007; Department of Family Services and Housing (Manitoba), 2006; Ontario Association of Children's Aid Societies, 2010a; Ontario Ministry of Children and Youth Services, 2007; Department of Child, Youth & Family Services (Newfoundland/ Labrador), 2010, *Child, Youth and Family Services Standards and Policy Manual*, 2; INAC, 2008a; Ontario Ministry of Children and Youth, 2005.

¹⁰⁶ Commission to Promote Sustainable Child Welfare, 2010; Saskatchewan Child Welfare Review Panel, 2010.

¹⁰⁷ Office of the Ombudsman and Child and Youth Advocate (New Brunswick), 2010.

¹⁰⁸ Saskatchewan Child Welfare Review Panel, 2010.

¹⁰⁹ Ball, 2008.

the program. There has been a push by Aboriginal organisations and researchers for more coverage.¹¹⁰

In Prince Edward Island, Prevention, Respect, Intervention, Development and Education (PRIDE) is the Mi'kmaq Confederacy of Prince Edward Island's (MCPEI) family support program whose underlying vision is to “provide a holistic and culturally sensitive approach to individual, family and community wellness, and risk reduction through prevention services and protection support.”¹¹¹ The focus of PRIDE is on prevention services and establishing linkages to provide children, families and communities with the best service available. The PRIDE program has the following six components, documented in Table 4:

Table 4: Components of MCPEI's PRIDE Program

Component	Description
Designated Band Representative	A Designated Representative is an individual named by the Band to represent the Band's interest in child protection proceedings, or hearings involving a child who is a member of the Band or an Aboriginal child as defined in Section 1 of the <i>Child Protection Act</i> .
Liaison Services	Liaison services provide a link between provincial child protection authorities and the Lennox Island and Abegweit First Nations. Liaison services are also available to children and parents who request assistance in finding and accessing helpful resources.
In-Home Support	Family Support Services Workers provide in-home support services to children and families who are self-referring and/or who may be identified by internal or external service agencies.
Outreach Services	Outreach services are provided to children in care who are members of the Lennox Island and Abegweit First Nations.
Community Education and Awareness	PRIDE staff develop and deliver a variety of community education and awareness initiatives which focus on individual and collective responsibility in protecting children, promoting positive parenting, enhancing family health and wellness, and the prevention of child maltreatment.
Foster Home Recruitment	PRIDE staff work collaboratively with provincial foster care resource personnel to recruit and retain Aboriginal foster parents.

Source: MCPEI, Retrieved online at: <http://www.mcpei.ca/node/356>.

PRIDE is a coordinated program that works in collaboration with many other service providers including the Child and Family Services program, Community and Correctional Services, Maternal Child Health, the National Native Alcohol and Drug Abuse Program, the Aboriginal Justice Program, Aboriginal Women's Association, Education and the MCPEI Health Program. PRIDE is recognized as an effective model and best practice by AANDC, provincial and First Nations representatives who work in Prince Edward Island. Given the relatively narrow scope of Prince Edward Island's provincial legislation on child welfare, the province is limited as to how much prevention work it can accomplish with its non-Aboriginal population, and considers MCPEI as a leader in prevention programming.

Focus on Parenting

The two programs highlighted here are regarded in the literature as being the most effective prevention programmes: home visitation and the 'Triple P' Positive Parenting Programme. Home

¹¹⁰ Ibid.

¹¹¹ Mi'kmaq Confederacy of Prince Edward Island, accessed at: <http://www.mcpei.ca/node/28>.

Visitation, a program that employs family support workers, has also been used for almost two decades in the United States, through the Healthy Families America program. The program, which has documented positive outcomes^{112/113} has been adapted for Canada and piloted at five sites: three in Edmonton (Norwood Child and Family Resource Centre, Bent Arrow Traditional Healing Society, and Terra Association), the Kwanlin Dun First Nation Healthy Families Program in Whitehorse, Yukon, and Best Start Healthy Families in Charlottetown, Prince Edward Island. Each of the sites targeted parents with children aged 0-6 who were said to be at high risk for future criminal behaviour and victimization. The focus was largely on Aboriginal children at the Yukon site. The Healthy Families projects were funded by the Department of Public Safety under the Crime Prevention Investment Fund of the National Crime Prevention Strategy. The projects employed an intensive family home visitation program, with home visits conducted by family support workers and tailored to family needs. They frequently included a model of good parenting practices, as well as the establishment and monitoring of goals with the objective of enhancing the capacity of families.

The ultimate objective was the reduction of multiple risk factors linked with anti-social behaviour, delinquency and criminal behaviour, including child abuse and neglect, poor parenting skills, exposure to domestic violence and parental criminality. Results of a process evaluation conducted between 1999-2001, show that the program was most effective with younger, first-time parents. Significantly, the evaluation found that the Aboriginal population in Kwanlin Dun was especially hard to reach and that in the Yukon, Aboriginal families had much higher risk factors than anticipated; half of the families were, at some time, in a state of chronic or acute crisis. The evaluation concluded that the program needed to improve its ability to effectively reach and provide service to Aboriginal families, and identified a need to include Aboriginal values and principles in the Healthy Families program to improve its success.¹¹⁴

In Belgium, there is a universal home visitation program in place that facilitates early detection and intervention, which helps to prevent maltreatment and neglect.¹¹⁵ A 2006 World Health Organization (WHO) Report on Child Maltreatment and Neglect notes that, while home visitation is one of the most effective prevention methods, it is most effective when combined with attention to the social determinants in the environment that cause parental stress, and when nurses or semi-professionals are involved in program delivery.¹¹⁶

The “Triple-P Positive Parenting Programme,” which was developed in Australia, is cited as effective in supporting better family function. The program was developed to prevent severe emotional, behavioural and developmental problems in children through focusing on improved parenting knowledge and competence, and aims to tailor information, advice and professional support to the needs of particular families, recognizing that these needs can differ widely. Additionally, it includes community-wide information campaigns and interventions at intermediate levels between family and community. A number of independent outcome evaluations of Triple P have shown it to be effective in improving family management techniques, parental confidence in effective child rearing, and behavioural outcomes, including health behaviour and aggression.¹¹⁷ In Manitoba, 510 practitioners – including 163 Aboriginal

¹¹² A recent systematic review of mainly American outcome evaluation studies showed, on average, a 40% reduction in child maltreatment by parents and other family members participating in home visitation programmes.

¹¹³ World Health Organization (WHO) 2006, 38; Healthy Families America, *Overview of Healthy Families America*.

¹¹⁴ Ibid.

¹¹⁵ Saskatchewan Child Welfare Review Panel, 2010.

¹¹⁶ Ibid.

¹¹⁷ WHO, 2006, 41.

practitioners – from about 150 community agencies, Regional Health Authorities, school divisions and child-care centres have received accreditation as Triple P Parenting practitioners.¹¹⁸

An “Indigenous Triple P” program has been implemented in Australia since 1996, by training Indigenous social services workers in Triple P, and ensuring that the language and images in program resources were culturally appropriate. The program was further adapted to Indigenous cultural norms by changing the structure, duration and pace of group sessions. Outcomes of program evaluation include improved parenting and reduced parental stress and depression.¹¹⁹ The most intensive level of the Triple P intervention may involve direct professional counselling and visits to family homes. The Triple P approach also emphasizes multi-disciplinary cooperation and coordination, and an appreciation and attention to the family in their context. In Canada, Triple P was discussed particularly in Saskatchewan and Manitoba by key informants and was considered to be a very promising practice.

Aboriginal Approaches

Like the strengths-based approach, Aboriginal approaches are a broad category within which there are different models in use in child welfare practice. There is also a significant crossover between these and the holistic approaches discussed above; in general, Aboriginal approaches tend to be holistic in nature. According to the literature, Aboriginal approaches should be incorporated from the service design/planning stage onwards; this is now in Ontario policy¹²⁰ and recommended in Manitoba.¹²¹ A report from British Columbia notes the “need to develop, in conjunction with Aboriginal communities, particular strategies... – strategies that take into account the complex historical and contemporary factors that got them there in the first place” in that province.¹²²

Custom adoption, or customary care, for example, is widely regarded in First Nation communities as an effective response to children in need of care outside their parental home. Some research suggests that despite negative histories with the adoptions and child protection system, many First Nations people perceive custom adoption within the community, normally with an extended family member, as an integral part of their traditional parenting practices.¹²³ Customary care is based on a traditional Aboriginal practice of child upbringing that involves all members of the family, extended family, relatives and community,¹²⁴ and is considered to be an important promising practice by several key informants. Customary care practices have been enshrined in the *Ontario Child and Family Services Act* as a culturally relevant option to the status quo. The Saskatchewan Child Welfare Review Panel Report of 2010 asserts that “An excellent solution regarding the adoption of Aboriginal children lies in the recognition and promotion of “custom adoption.”

Aboriginal ways of problem solving are also noted as effective ways to address family conflicts that could result in children needing protection. Talking circles approaches, including mediation¹²⁵ and FGC¹²⁶ are noted as being inclusive and community-centred. The Aboriginal

¹¹⁸ Government of Manitoba, 2008, *Budget Paper: Supporting Manitoba’s Children and Families*, 12.

¹¹⁹ Triple P News, Accessed at: <http://www.triplep.net/cicms/assets/pdfs/pg1as100gr5so202.pdf>. See also: Triple P E-News, August 2007. Research is showing how Triple P can help Indigenous families, accessed at: http://www16.triplep.net/?pid=2027#list3_item5.

¹²⁰ Department of Health and Community Services (Newfoundland/Labrador), 2010, *Annual Performance Report 2009-2010*.

¹²¹ Office of the Ombudsman (Manitoba), 2006.

¹²² Government of British Columbia, 2006, 67-68.

¹²³ Bertch and Bidgood, 2010, *Why is Adoption like a First Nations Feast?: Lax Kn’alaarms Indigenizing Adoptions in Child Welfare*.

¹²⁴ Office of the Ombudsman (Manitoba), 2006, 35.

¹²⁵ Ibid, 36.

model of mediation incorporates the participation of Elders and the community in decision making and in devising a best response to problems being experienced by families and children. In this context, the “community assumes a responsibility for ensuring the welfare of that child within the child’s own community setting.”¹²⁷ The goal of these models is to restore and strengthen relationships through a communicative process.

FGC is a solution-centred process that brings together the nuclear and extended family, as well as friends and service providers to “develop a plan that meets the needs for safety and permanency for the child and the family.” Some examples of permanency plans include reunification, relative care, guardianship, or adoption.¹²⁸ FGC was the most commonly cited promising practice by key informants across the country. First developed in New Zealand as a decision-making process mirroring traditional Maori culture, FGC reputedly leads to better outcomes for children: “Research suggests that the family group conferencing process results in a reduction in the number of children being placed in or remaining in care outside of the family and a reduction in the number of changes in placements.”¹²⁹ FGC is popular in New Brunswick, where they say it is a strengths-based approach that is flexible enough to allow for participating First Nations families to design family care plans that are reflective of their culture.¹³⁰

Additionally, Ontario has recently introduced Alternate Dispute Resolution approaches, including mediation, family conferencing, mediation circles, and settlement conferences, as part of its Child Welfare Transformation Agenda.¹³¹ In Ontario, a First Nation child protection mediation pilot program has been operating in a number of Nishnawbe-Aski Nation communities since May 2002. The pilot program called “Talking Together” makes use of community-based traditional circles “to help ensure the best interests of children and the strengthening of the family unit.”¹³²

In New Brunswick, the success of the Four Directions Child and Family Services Agency has also been noted by key informants and in the literature. A recent review reported that the agency “stands out as a model for service delivery in the province.”¹³³ This agency, run by a Board of Directors and made up of the Chiefs of the four First Nations it serves, receives its funding directly from AANDC; it has taken a coordinated approach to child welfare service delivery in the communities it serves and is politically independent, not having to defend its budget to Band Councils. A few respondents also noted the importance of political independence for agencies.

Another First Nation agency, Lac La Ronge Indian Child and Family Services Agency, delivers child welfare services to band members in six north-central Saskatchewan communities of the Lac La Ronge Indian Band. After 16 years of service delivery, the agency has earned a three-year accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF) International, making it the first on reserve organization in Canada to receive CARF recognition.¹³⁴ The implementation evaluation of the EPFA in Saskatchewan and Nova Scotia in 2011-12 will further discuss this achievement.

¹²⁶ New Brunswick, 2008; Savoury & Boyd, 2010; Lemon et al, 2005; Ban, 2005, *Aboriginal Child Placement Principle and Family Group Conferences*.

¹²⁷ Office of the Ombudsman (Manitoba), 2006, 36.

¹²⁸ New Brunswick, 2008a, *Immediate Response Conference and Family Group Conference Practice Standards*.

¹²⁹ Office of the Ombudsman (Manitoba), 2006, 36.

¹³⁰ New Brunswick, 2008b, Office of the Child and Youth Advocate, “*More than Just Words: A Statistical Backgrounder to the 2008 State of our Children and Youth Address*.”

¹³¹ Ontario Ministry of Children and Youth Services, 2005, 10.

¹³² *Ibid.*

¹³³ Office of the Ombudsman & Child and Youth Advocate (New Brunswick), 2010, 26.

¹³⁴ CARF Canada, n.d.

6. Conclusions and Recommendations

6.1 Conclusions

This review was undertaken to consider the overall relevance of the EPFA, best practices and lessons learned, as well as to provide some insight on discussions to date. Its findings and conclusions are based on the analysis and triangulation of three lines of evidence: document review, literature review and key informant interviews.

The evaluation supports the following conclusions regarding relevance, movement towards the EPFA, and promising practices in prevention:

Relevance

AANDC's move towards prevention programming through the EPFA remains strongly relevant due particularly to changing demographics, an over-representation of children in care, high instances of reported and substantiated maltreatment and/or neglect, common underlying risk factors in First Nations communities (such as poverty, overcrowded and substandard housing, mental health issues, addictions, historical traumas, lack of social supports, differing needs from the mainstream), as well as ongoing funding and service delivery issues. The review found that the EPFA is highly consistent with departmental and government of Canada priorities, and that the federal government has a role to play in child welfare on reserve with regards to funding, program management and accountability, and capacity development.

Movement towards the EPFA

Overall, the review found that participants were largely willing to engage in tripartite discussions, particularly once people at the table had a better understanding of the process. Factors that played into the successful establishment of EPFA framework agreements include collaboration, focus on the objective, established relationships, recognizing jurisdictional differences and engagement, while short timelines, overwhelming workloads, communication issues, uncertainty around framework approval and staff turnover were seen as hindrances. Beyond the discussions themselves, integrated service delivery, inter-sectoral collaboration, inter-jurisdictional cooperation, federal/provincial service agreements, sufficient resources, capacity-building and continuing discussions were seen as areas that have improved the implementation of the EPFA in some regions or that could potentially improve it in others.

Promising Practices in Prevention

The review found many promising prevention practices across Canada and internationally. Some general characteristics are highlighted, as well as examples of innovative prevention approaches, including: strengths-based, holistic, parent-focused and Aboriginal-specific approaches to child welfare.

6.2 Recommendations

It is recommended that AANDC:

1. Increase linkages with relevant federal and provincial ministries to address how governments can assist agencies in improving service delivery on reserve, as well as work with provincial governments to improve the cultural appropriateness of services off reserve.
2. Encourage consistent follow-up tripartite discussions in every region to address issues as they arise and work collaboratively with all parties to resolve them.
3. Ensure clear and continuous information sharing between AANDC HQ and regional offices so that all parties are informed of decision-making processes and potential issues coming from the regions.
4. Increase capacity of First Nations agencies by developing/updating tools (ie. manuals, guidelines, templates, etc.) and by providing training as appropriate to assist them in meeting AANDC reporting requirements and in being more strategic in their long-term planning.

Appendix A – Terms of Reference

1. Overview

The Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach (EPFA) for the First Nations Child and Family Services Program is a multi-year engagement that will look at individual jurisdictions two-three years after the approach has been implemented to address issues of relevance, and to the extent possible, performance, efficiency, effectiveness and alternatives.

In 2010-11, a mid-term national review will consider best practices and lessons learned to date, as well as provide an update on the status of negotiations in regions where implementation of the approach has not yet been achieved. This review will be completed in time to inform policy and program continuation/renewal in 2012.

2. Program Description

2.1 Background and Scope/Activities

Since the 1960's, Indian and Northern Affairs Canada (INAC) has partnered with provinces, territories and First Nations organizations to support the delivery of Child Welfare services for on-reserve First Nations children and their families. In 1990, INAC was granted approval for a policy and management framework for culturally appropriate child and family services (CFS) on-reserve, and to ensure that services are reasonably comparable to those available for other provincial residents in similar circumstances.

Based on this new policy, INAC created the First Nations Child and Family Services (FNCFS) Program. Under the program, INAC provides funding to First Nations, their organizations, and provinces/territories to cover the operating and administrative costs of the child welfare services provided to children and families living on-reserves, as well as the costs related to First Nations children placed in care.

The program funds 108 FNCFS agencies as well as provinces and territories where there are no agencies to deliver protection (out of home) and prevention services (primarily in-home) to a population of approximately 160,000 First Nation children and youth on-reserve.

In 2007, INAC entered into a Tripartite Accountability Framework with the Province of Alberta and FNCFS agencies, and subsequently received Treasury Board approval and funding to support the transition to an enhanced prevention-focused approach on-reserve. The Department has since entered into Tripartite Accountability Frameworks with the provinces of Saskatchewan, Nova Scotia, Prince Edward Island and Quebec. It is expected that by fiscal year 2012-13, most, if not all jurisdictions will have signed on to the prevention-focused approach on-reserve.

In May 2008, the Office of the Auditor General (OAG) presented findings of their audit of the FNCFS program. The audit concluded that INAC does not have assurance that the program

provides on-reserve First Nations children and families with child welfare services that are culturally appropriate, reasonably comparable with those provided off-reserve in similar circumstances, and delivered in accordance with relevant provincial legislation and standards.

Furthermore, INAC appeared before the Standing Committee on Public Accounts in February 2009, to provide an update on how the Department is moving forward on the issues raised by the OAG. The Committee then issued a report with recommendations and proposals for change. The Government of Canada presented its response to the report in the House of Commons in August 2009.

INAC's FNCFS programming is funded through the following authority: Payments to support Indians, Inuit and Innu for the purpose of supplying public services in social development (support culturally appropriate prevention and protection services for Indian children and families resident on-reserve).

2.2 Program Objectives and Expected Outcomes

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. The anticipated result is to have a more secure and stable family environment and improved outcomes for children on-reserve.

The FNCFS program is identified in INAC's Program Activity Architecture under the strategic outcome of "The People," and according to the program's Results-based Management and Accountability Framework, the immediate, intermediate and long-term expected results are to contribute to the strategic outcome of individual and family well-being for First Nations and Inuit.

2.3 Program Management, Key Stakeholders and Beneficiaries

INAC Headquarters establishes on a national basis the program guidelines, 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;
- Move forward proposals for change coming from regional representatives and First Nations practitioners;
- Provide oversight on program issues related to the FNCFS policy and 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 an orderly fashion;
- 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 to ensure that regional manuals are 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 program managers at Headquarters, which includes, for example, assessing the eligibility of recipient applications, 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.

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 to 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
- 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 agencies in various communities).

INAC does not fund FNCFS activities in the Northwest Territories (NWT) or Nunavut. Federal transfer payments to the NWT and Nunavut include funding for applicable constituents. The delivery of FNCFS varies from region to region according to provincial legislation.

Eligible recipients for FNCFS funding are:

- Councils of Indian bands recognized by the Minister of Indian Affairs and Northern Development;
- Tribal Councils;
- FNCFS agencies or societies duly mandated by the relevant province/territory;
- Provinces;
- Yukon Territory;
- Other mandated Child and Family Services providers including provincially/territorially 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.

Self-governing First Nations that have included child and family services in their self-government agreements are not eligible recipients.

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

2.4 Program Resources

The total estimated funding level for the FNCFS program in 2009-10 is \$550M.

The FNCFS program funds the following components:

For jurisdictions that are funded under the EPFA:

Development – one time funding that supports the planning and start-up costs for new agencies, which are assuming the responsibility for the direct administration of Child and Family Services from the province or territory. Funding for this activity is based on:

- Funding for pre-planning based on an amount per group and per member band;
- Funding for planning based on an amount per group per member band; and
- Funding for start-up costs based on a flat rate per organization, plus 25 percent of the first year's operational funding.

Operations – funding supports administration, protection casework and limited prevention measures. Funding for this activity is based on a formula, which includes:

- An amount per First Nations' child on-reserve between the ages of 0 and 18;
- An amount per First Nation;
- An amount per agency (based on the number of children); and
- Adjustments for each of these three variables based on the average remoteness of the agency.

Maintenance – funding reimburses actual (per diem and special needs) eligible costs for Indian children ordinarily resident on-reserve taken into care by the agency 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, but all foster homes or facilities must be licensed by the provincial or territorial government with jurisdiction.

Prevention – eligible expenditures may include non-medical 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).

For those jurisdictions not yet transitioned to the EPFA, Directive 20-1 provides funding for FNCFS agencies in two streams, through a national formula. Operations funds agency day-to-day costs including protection and prevention activities; maintenance is a reimbursement of

actual costs associated with placing a child in a foster home, group home or institution based on provincial rates.

2.5 Previous Audits and Evaluations

The OAG is currently undertaking a large follow-up audit of numerous chapters completed in recent years related to Aboriginal issues. The audit scope will include selected recommendations from the May 2008 audit, Chapter 4 – First Nations Child and Family Services Program.

Implementation Evaluation of the Enhanced Prevention Focused Approach (EPFA) (Alberta) for the First Nations Child and Family Services Program (2010)

The evaluation covers the period from the establishment of the approach in April 2007 and covers the fiscal years from 2007/08 to 2009/10. The scope covers the initial design and implementation of the EPFA, performance to date, cost-effectiveness and relevance. The final report is scheduled to be presented at the Evaluation, Performance Measurement and Review Committee in June 2010.

Report of the Standing Committee on Public Accounts: Chapter 4 – First Nations Child and Family Services Program (INAC) of the May 2008 Report of the Auditor General (2009)

The report from the Standing Committee on Public Accounts reviewed and endorsed the ten recommendations from the 2008 OAG Audit. In order to ensure that INAC followed through with its commitments, the Committee further provided seven recommendations, specifically that INAC: provide the Committee with a detailed action plan that addresses the recommendations of the audit; provide a comprehensive comparison of its funding to First Nations FNCFS agencies to provincial funding of similar agencies; mark its progress with regards to defining “culturally appropriate services;” immediately modify Directive 20-1 to fund enhanced prevention services; ensure that the funding formula is based on need; determine the full costs of meeting all of its policy requirements and develop a full funding model to meet the requirements; and, develop measures and collect information based on the best interests of children.

Report of the Auditor General of Canada: Chapter 4 – First Nations Child and Family Services Program (INAC) (2008)

In May 2008, the OAG released a report on INAC’s FNCFS program. The audit found that: the FNCFS program did not have defined key policy requirements, particularly with regards to comparability of services or cultural appropriateness; responsibilities and services are not always well defined; the Department has limited assurance that services meet legislation and standards; coordination with other programs (internal and external) is poor; INAC devotes limited human resources to the program; program funding is inequitable; financial obligations are not reflected in the allocation of resources to the program; compliance with Treasury Board authority could be improved; and that the Department lacks information on the program. INAC was presented with ten recommendations stemming from these findings, and is currently working on addressing them.

Evaluation of the First Nations Child and Family Services Program (2007)

A Summative Evaluation of the First Nations Child and Family Services Program was completed in March 2007 and recommended that the program: clarify the Department's hierarchy of policy objectives, placing the well-being and safety of children at the top; correct the weakness in the program's funding formula, which encourages out-of-home placements for children when in-home measures would be more appropriate; improve coordination between FNCFS and other INAC social programs and make the rate of child maltreatment an outcome indicator for all the Department's social programs; improve coordination between FNCFS and other federal programs for on-reserve First Nations populations so the programs will together be more effective contributors to child maltreatment prevention; define clear expected outcomes and outcome indicators for FNCFS, with particular emphasis on prevention programming; and with provinces/territories and First Nations agencies, clarify accountabilities for monitoring, measuring and reporting on effectiveness and outcomes of the First Nations Child and Family Services prevention and protection activities.

Audit of the First Nations Child and Family Services Program (2007)

An audit of the First Nations Child and Family Services program was completed in March 2007 and recommended that program management should: formalize a clear statement of FNCFS program objectives and outcomes, including the performance indicators required to measure achievement of the program's prevention and protection goals; establish processes, including one addressing use or recovery of surpluses, to ensure that recipients are accountable for the funding they receive; apply a risk assessment and management approach to ensure that appropriate operational controls are in place; ensure that regional offices possess the necessary tools and information required to reliably and effectively manage program expenditures; investigate potential opportunities to use technology further to facilitate FNCFS processes; and determine the most appropriate mix and use of INAC human resources and implement a formal training program to help ensure that all FNCFS program staff have the knowledge and skills to effectively and efficiently manage the program.

3. Evaluation Methodology

3.1 Evaluation Scope and Duration

The Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach for the First Nations Child and Family Services Program will span several fiscal years in order to properly align with the implementation of the approach across provincial jurisdictions. The intent is to look at jurisdictions individually two-three years after the approach has been implemented to address issues of relevance, and to the extent possible, performance, efficiency, effectiveness and alternatives. The sequencing of the regional evaluations will be determined in the mid-term review but will include the following jurisdictions: Saskatchewan, Nova Scotia, Quebec and Prince Edward Island. Subsequent evaluation studies will be undertaken and appropriately sequenced as the EPFA is rolled out in other jurisdictions.

In 2010-11, a mid-term national review will be undertaken to consider best practices and lessons learned, as well as an update on the status of negotiations in regions where the approach has not yet been implemented.

3.2 Evaluation Issues

The evaluation studies will focus on the following issues: relevance, performance, efficiency, cost-effectiveness and alternatives. Specific evaluation questions will be identified in the development of the studies' detailed methodology reports. Other evaluation issues may also be identified during these periods.

- **Relevance** – does the program continue to be consistent with departmental and government-wide priorities, and does it realistically address an actual need?
- **Performance** – is the program effective in meeting its intended outcomes? Is the program making progress toward the achievement of its immediate, intermediate, and intended final outcomes? What are some of the factors for success?
- **Efficiency** – is the program being administered and delivered in the most efficient and effective manner? What are some of the barriers to implementing the new approach?
- **Cost-Effectiveness** – are appropriate and efficient means being used to achieve outcomes, relative to alternative approaches?
- **Alternatives** – are there alternative design and/or delivery approaches that could achieve program outcomes more effectively?

3.3 Evaluation Method

3.3.1 Data Sources

Subject to further development in the detailed methodology reports, the evaluation studies' findings and conclusions will be based on the analysis and triangulation of the following lines of evidence.

Regional Evaluation Studies

- *Document/File/Administrative and Financial Data Review:*

This line of evidence will inform the evaluation findings and assist in the development of program profiles, contextual background and case studies. The study will comprise an initial review and synthesis of works identified by the Evaluation, Performance Measurement and Review Branch (EPMRB), which will include:

- Treasury Board Submissions;
- Memoranda to Cabinet;
- Comprehensive Funding Arrangements / Canada-First Nations Funding Agreement;
- Business plans from FNCFS agencies;
- Provincial and Aboriginal policies, programs, plans, reports, strategies and initiatives;
- Tripartite Accountability Frameworks;

- National and regional program manuals/guidelines; and
- Databases: provincial (to the extent that agreements can be reached) and departmental (First Nation and Inuit Transfer Payment, OASIS, etc.).

If necessary, this review may be supplemented by additional research. EP MRB will attempt to obtain provincial data in relevant jurisdictions.

- *Key informant interviews:*

It is expected that 10-15 people will be interviewed for each evaluation (excluding interviews for case studies). Interviewees will include INAC officials (Headquarters and regions), representatives from provincial/territorial governments and Aboriginal organizations.

- *Surveys:*

A number of surveys may be administered to FNCFS agencies and other service delivery providers to assess program effectiveness and outcomes. The intent of the surveys is to provide a voice to a wide audience of stakeholders and complement key informant interviews.

- *Case Studies:*

One or two case studies will be conducted in each jurisdiction. Case studies will be conducted to provide an in-depth look at program outcomes in communities, to identify factors, which have facilitated or hindered program success, as well as to examine best practices and lessons learned from front-line workers and community members.

Communities will be selected in line with the following criteria:

- Regional representation;
- Examples of 'best cases' as well as 'lessons learned;'
- Community size (population);
- Proximity to/distance from major urban centres; and
- Number of children and families accessing FNCFS in order to get a comprehensive understanding of the need on-reserve.

The case studies will include:

- Interviews with representatives from FNCFS agency staff and community members (including tribal councils, Elders, etc.);
- Interviews with INAC and provincial staff dealing directly with communities; and
- Community visits, including a visit to their FNCFS agency and/or other relevant community facilities.

Mid-Term National Review

- *Document/File/Administrative and Financial Data Review:*

This line of evidence will inform the evaluation findings and assist in the development of program profiles and contextual background. The study will comprise an initial review and

synthesis of works identified by the Evaluation, Performance Measurement and Review Branch (EPMRB), which will include:

- Proceedings / Report of the Standing Committee on Public Accounts;
- Treasury Board Submissions;
- Memoranda to Cabinet;
- Provincial and Aboriginal policies, programs, plans, reports, strategies and initiatives;
- Tripartite Accountability Frameworks;
- Previous audits, evaluations, management responses and action plans and follow-ups;
- Program reports (and recipient reporting guides);
- Terms and Conditions;
- National and regional program manuals/guidelines;
- Departmental databases (First Nation and Inuit Transfer Payment, OASIS, etc.);
- Program and project documents (e.g.: operational plans, strategic plans, RMAFs, performance measurement strategies, among others); and
- OAG reports and INAC responses.

If necessary, this review may be supplemented by additional research.

- *Literature Review:*

The literature review will build upon the review of literature completed for the Alberta evaluation and will examine academic literature (national and international), as well as studies produced by governments/organizations that have expertise in the field of child welfare and/or Aboriginal child welfare. The review will provide insight on the state of Aboriginal child welfare in Canada and abroad, as well as gaps and best practices related to improving outcomes for children, families and communities.

- *Key informant interviews:*

A small number of people will be interviewed for this mid-term evaluation to supplement the information collected in the regional studies. Interviewees may include INAC officials (Headquarters and Regions), provincial officials, Aboriginal organizations and subject matter experts.

- *Expert Panel:*

An Expert Panel (approximately six to seven members) made up of academics and key external stakeholders may be assembled early in the evaluation process to provide insight and direction on key evaluation issues.

3.3.2 *Considerations, Strengths and Limitations*

The Implementation Evaluation of the Enhanced Prevention Focused Approach in Alberta will be considered as a model for subsequent evaluation studies, and its findings will be used for trend analysis in the mid-term review.

All precautions to ensure the privacy and confidentiality of evaluation participants will be taken in accordance with the *Privacy Act*. The evaluation studies will not collect data on individual end-users (i.e. children and families) and will only collect end-user information on an aggregate level.

The evaluation studies will consider INAC's Sustainable Development Strategy's objective of enhancing social and economic capacity in Aboriginal communities through social programming. The studies will furthermore adhere to INAC's Policy on Gender Based Analysis by considering the equity of programming based on gender.

INAC may face limitations with respect to the validity and reliability of data included in required reporting and statistical databases such as the Community Well-Being Index and Canadian Census. Additionally, the degree to which the evaluation studies will examine provincial data will depend on the establishment of data sharing agreements with the provinces.

It is important to note that the information collected and conclusions drawn in these evaluations will be preliminary in nature and used to assess the extent to which INAC has been successful in implementing the new EPFA model. As with any significant program change, it may take several years for any major attributable impacts to be observed.

4. Project Management and Quality Control

The EPMRB of INAC's Audit and Evaluation Sector will be the project authority for the FNCFS evaluation studies, and will manage the evaluations in line with EPMRB's Engagement Policy and Quality Control Process.

Advisory Committees (one for each jurisdiction) comprised of departmental officials and external stakeholders will support these evaluation studies. An external expert will be asked to consider the findings of the mid-term review. Key findings from each regional study will be vetted by program officials and members of the respective Advisory Committees via validation sessions. Furthermore, the methodology and draft reports will be peer reviewed by EPMRB for quality assurance.

The majority of the work for these evaluations will be completed in-house with some portions being completed by consultants. Oversight of daily activities will be responsibility of the EPMRB evaluation team, headed by a Senior Evaluation Manager. The EPMRB evaluation team will be responsible for identifying key documents, providing a number of documentation, data for the studies, as well as names and contact information of INAC resource persons at Headquarters and regional offices. The team will furthermore expeditiously review, comment on and approve the products delivered by consultants.

INAC has determined that any Intellectual Property arising from the performance of the work under all contracts will vest in Canada for the following reason: the main purpose of the contracts is the generation of knowledge and information for public dissemination.

5. Evaluation Resources and Timeline

The estimated cost per evaluation study is \$60,000 (assuming one study will cover Saskatchewan and Nova Scotia, and the other will cover Quebec and Prince Edward Island). The cost of the national mid-term review is estimated at \$20,000. The total cost for up to five jurisdictions plus the mid-term review will be \$200,000. Funds to cover the cost of each evaluation will be transferred to the EPMRB by the Social Policy and Programs Branch, in the fiscal year in which the evaluation is conducted.

Timelines will be determined at the beginning of each evaluation study. Separate Terms of Reference will be brought forward for approval at EPMRC for each of the regional studies.

I approve the above Terms of Reference

Christine Cram

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

The Terms of Reference for the Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach for the First Nations Child and Family Services Program were approved by the Evaluation, Performance Measurement and Review Committee on June 29, 2010.

Appendix B – Matrix

Evaluation Issues, Questions and Data Collection Methodologies

Theme Areas	Indicators	File/Document/ Data Review	Literature Review	Key Informant Interviews
Relevance				
1) Is there an ongoing need for the EPFA?	<ul style="list-style-type: none"> - Current and historic state of Aboriginal vs. non-Aboriginal child welfare - Prevention programming in provinces - Identified needs of First Nations 	<ul style="list-style-type: none"> - Policy Documents (TB, MC) - OAG/Parliamentary Reports - Alberta EPFA Evaluation - FNCFS Agencies' Business Plans - Provincial Documents* - Previous Audits & Evaluations - Tripartite Accountability Frameworks 	<ul style="list-style-type: none"> - National Literature - International Literature 	<ul style="list-style-type: none"> - Aboriginal Child Welfare Experts - AANDC Program Officials
2) To what extent is the EPFA consistent with departmental and government-wide priorities?	<ul style="list-style-type: none"> - Stated achievements/commitments - Investments (financial and human) *current and planned 	<ul style="list-style-type: none"> - Policy Documents (TB, MC) - RPP/DPR - Budget - Previous Audits & Evaluations - OAG/Parliamentary Reports 	<ul style="list-style-type: none"> - National Literature 	<ul style="list-style-type: none"> - AANDC Program Officials
3) Is there a legitimate, appropriate and necessary role for the federal government in Aboriginal child welfare programming?	<ul style="list-style-type: none"> - Stated role and/or responsibility for Aboriginal child welfare - Overlap with other government programming 	<ul style="list-style-type: none"> - Provincial documents - Indian Act - Constitution (division of power – welfare) - OGD websites 	<ul style="list-style-type: none"> - National Literature 	<ul style="list-style-type: none"> - Aboriginal Child Welfare Experts - Negotiation Officials (AANDC, Provinces, First Nations)
Movement towards EPFA				
4) What is the state of discussions between AANDC, provinces and First Nations in establishing tripartite agreements for the implementation of the Enhanced Prevention Focused Approach?	<ul style="list-style-type: none"> - willingness of partners to engage in negotiations - factors helping/hindering the negotiation process - resolutions proposed to resolve potential conflict 	<ul style="list-style-type: none"> - Policy Documents (TB) - Tripartite Accountability Frameworks - Meeting minutes/RODs 		<ul style="list-style-type: none"> - Negotiation Officials (AANDC, Provinces, First Nations)
5) What are some best practices/lessons learned that could be used to inform/improve	<ul style="list-style-type: none"> - Examples of cooperation, discussions and issues (positive/ 	<ul style="list-style-type: none"> - Alberta EPFA Evaluation - Tripartite Accountability Frameworks 		<ul style="list-style-type: none"> - Negotiation Officials (AANDC, Provinces, First Nations)

future negotiations?	negative) that could inform/improve future negotiations	- Meeting minutes/RODs		
Promising Practices in Prevention				
6) What are some promising practices in prevention approaches nationally and internationally, and to what extent could they be applied in Aboriginal settings?	- Examples of innovative and effective prevention approaches - Commonality with Aboriginal approaches to child welfare	- FNCFS Agencies' Business Plans - Provincial Documents*	- National Literature - International Literature	- AANDC Program Officials - Aboriginal Child Welfare Experts

Appendix C – Interview Guides

Interview Guide First Nations Child and Family Services Mid-Term National Review

A Mid-term National Review of the First Nations Child and Family Services (FNCFS) Program's Enhanced Prevention Focused Approach (EPFA) is currently underway, led by the Evaluation, Performance Measurement and Review Branch at Aboriginal Affairs and Northern Development Canada (AANDC).

As you may be aware, AANDC's FNCFS program has developed a new, more flexible approach (EPFA) to prevention funding for child welfare services on reserve. This approach is being undertaken to improve child and family outcomes, provide a wider set of tools for Child and Family Services agencies as well as stronger governance and better accountability. Tripartite Accountability Frameworks for implementing the new approach have been negotiated in Alberta, Saskatchewan, Nova Scotia, Quebec, Prince Edward Island and Manitoba between AANDC, First Nation representatives and provincial governments. AANDC continues to discuss implementation of the new approach with willing provincial and First Nations partners.

The Mid-Term National Review is part of a larger Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach which will span several fiscal years in order to properly align with the implementation of the approach across provincial jurisdictions. The review is being undertaken to consider program relevance, best practices and lessons learned, as well as provide an update on the status of negotiations in regions where the approach has not yet been implemented. It is expected that this review will contribute to improving the negotiation process for Tripartite Accountability Frameworks as well as provide insight on best practices in prevention programming.

Interviews for the review will be taking place between December and January and we expect the study to be completed by April 2011. The final report, once approved, will be posted on AANDC's website. We thank you for agreeing to participate in the review. The information you provide is for research purposes only. It will not be used for any purposes other than the review and will be administered, retained and disposed of in accordance with the *Privacy Act*. Your specific responses will not be attributed to you in any report resulting from this study.

The following questions provide a framework for the discussion during the interview, and not all questions will apply to each interview. The interviewer will be flexible to ensure that your time is utilized as effectively as possible. We are grateful for the time and effort you are willing to put into this research. If you have any questions or concerns, please feel free to contact Pam Martin at Pamela.Martin@aadnc-aandc.gc.ca or at 613-947-9194.

Interview Questions

(First Nation Representatives)

Context

1. What is your involvement in child welfare? How long have you been involved?
2. Are you or have you been a participant at a tripartite roundtable? If not, please disregard questions 7-11 under 'State of Negotiations.'

Relevance

3. What is your understanding of the various roles and responsibilities to First Nation people/communities for child welfare (Federal, Provincial, First Nation Child and Family Services Agencies)? Are these roles appropriate/necessary? How could they be improved?
4. What are some of the identified needs of First Nation people/communities regarding child welfare? To what extent could/has prevention funding to First Nation Child and Family Services agencies allow(ed) them to address these needs?
5. Are you aware of any other government programming that meets the needs of First Nation people/communities with regards to prevention/health services (i.e. that covers services provided by your province under child and family services but not funded under current AANDC funding)? To what extent have agencies been able to access these services?
6. To your knowledge, is AANDC's prevention approach (Enhanced Prevention Focused Approach) an appropriate model that allows/will allow First Nation communities to receive reasonably comparable services to their provincial counterparts? If so, in what way? If not, why not, and how could this be improved?

State of Negotiations

7. Is there a Tripartite Accountability Framework in place in your province? If so, how long did it take to reach an agreement? What aspects of the Framework have been implemented to date? (i.e. Business Plans, follow-up meetings, etc.)
8. If not, what is the current status of the negotiation process? When did it begin? (i.e. what initiative has been taken, by whom? What milestones have been achieved to date?)
9. Who are/were the major stakeholders at the table? How willing are/were your partners in coming together to negotiate the Tripartite Accountability Framework? How useful/inclusive was the negotiation process?
10. What have been some of the factors helping or hindering the negotiation process? (If hindrances identified) What resolutions were/have been proposed to resolve these issues?
11. Can you provide examples of co-operation, discussions and/or issues (either positive or negative) that could inform/improve future negotiations?

Aboriginal Child Welfare (Best Practices and Lessons Learned)

12. What are some of the best practices that you have encountered, either nationally or internationally, in First Nation communities or not, with regards to innovative and

effective preventative approaches? If non-First Nation specific, to what extent could the best practice be applied in First Nation communities?

Other Questions

13. Can you direct us to any additional reports or documents that we should be aware of to help us better understand the relevance of prevention programming, the negotiation process and/or best practices in child welfare?
14. Can we contact you if there are any additional questions or if we need any clarifications?
15. Do you have any other comments you would like to make about child welfare in First Nation communities or the tripartite agreement process?

(AANDC Representatives – HQ and Regions)

Context

1. Please describe your involvement in the First Nations Family and Child Services Program. How long have you been involved? Do you have any other experience in child welfare that you feel is relevant?
2. Are you or have you been a participant at a tripartite roundtable? If not, please disregard questions 8-12 under ‘State of Negotiations.’

Relevance

3. Please describe your understanding of child welfare in your province (i.e. legislation, history of child welfare, number of children in care, etc.).
4. Please describe your understanding of First Nation involvement with the child welfare system? (i.e. number of First Nation children in care, First Nation agencies, agreements between province and AANDC for services offered to First Nation children by provincially run agencies, etc.)
5. What is your understanding of the various roles and responsibilities to First Nation people/communities for child welfare (Federal, Provincial, First Nation Child and Family Services Agencies)? Are these roles appropriate/necessary? How could they be improved?
6. a) To what extent is the EPFA consistent with departmental and government-wide priorities? (i.e. achievements/commitments, investments)
b) HQ – To what extent does this approach help the department meet its strategic outcome of “building healthy, safe and sustainable communities?”
7. What are some of the identified needs of First Nation people/communities with regards to child welfare? To what extent does the EPFA address these needs?
8. Are you aware of any other government programming that meets the needs of First Nation people/communities with regards to prevention/health services? (prompt: that covers services provided by provinces but not funded under the current CFS authority)
9. To your knowledge, is AANDC’s prevention approach (Enhanced Prevention Focused Approach) an appropriate model that allows/will allow First Nation communities to receive reasonably comparable services to their provincial counterparts? If so, in what way? If not, why not, and how could this be improved?

State of Negotiations

10. Is there a Tripartite Accountability Framework in place in the province(s)? If so, how long did it take to reach an agreement? What aspects of the Framework have been implemented to date? (i.e. Business Plans, funding flow, etc.)
11. If not, what is the current status of the negotiation process? When did it begin? (prompt: what initiative has been taken, by whom? What milestones have been achieved to date?)
12. Who are/were the major stakeholders at the table? How willing are/were your partners in coming together to negotiate the Tripartite Accountability Framework? How useful/inclusive was the negotiation process?
13. What have been some of the factors helping or hindering the negotiation process? (If hindrances identified) What resolutions were/have been proposed to resolve these issues?
14. Can you provide examples of co-operation, discussions and/or issues (either positive or negative) that could inform/improve future negotiations?

Best Practices in Child Welfare

15. What are some of the best practices that you have encountered, either nationally or internationally, in a First Nation community or not, with regards to innovative and effective preventative approaches? If non-First Nation specific, to what extent could the best practice be applied in First Nation communities?

Other Questions

16. Can you direct us to any additional reports or documents that we should be aware of to help us better understand the relevance of the EPFA, the negotiation process and/or best practices in child welfare?
17. Can we contact you if there are any additional questions or if we need any clarifications?
18. Do you have any other comments you would like to make about the EPFA or the tripartite agreement process?

(Provincial Representatives)

Context

1. Please describe your involvement in child welfare in a provincial government setting. How long have you been involved? Do you have any other experience in child welfare that you feel is relevant?
2. Are you or have you been a participant at a tripartite roundtable? If not, please disregard questions 8-12 under 'State of Negotiations.'

Relevance

3. Please describe your understanding of child welfare in your province. (i.e. legislation, history of child welfare, number of children in care, etc.)
4. What can you tell us about prevention programming in your province? (i.e. when prevention programming was introduced, programming/services offered, results to date, etc.)
5. Please describe your understanding of First Nation involvement with the child welfare system? (i.e. number of First Nation children in care, First Nation agencies, agreements)

between province and AANDC for services offered to First Nation children by provincially run agencies, etc.)

6. In your experience, what are some of the identified needs of First Nation people/communities with regards to child welfare? To your knowledge, could/has prevention funding to First Nation Child and Family Services agencies allow(ed) them to address these needs?
7. What is your understanding of the various roles and responsibilities to First Nation people/communities for child welfare (Federal, Provincial, First Nation Child and Family Services Agencies)? Are these roles appropriate/necessary? How could they be improved?

State of Negotiations

8. Is there a Tripartite Accountability Framework in place in your province? If so, how long did it take to reach an agreement? What aspects of the Framework have been implemented to date? (i.e. Business Plans, funding flow, etc.)
9. If not, what is the current status of the negotiation process? When did it begin? (prompt: what initiative has been taken, by whom? What milestones have been achieved to date?)
10. Who are/were the major stakeholders at the table? How willing are/were your partners in coming together to negotiate the Tripartite Accountability Framework? How useful/inclusive was the negotiation process?
11. What have been some of the factors helping or hindering the negotiation process? (If hindrances identified) What resolutions were/have been proposed to resolve these issues?
12. Can you provide examples of co-operation, discussions and/or issues (either positive or negative) that could inform/improve future negotiations?

Best Practices in Child Welfare

13. What are some of the best practices that you have encountered, either national or international, First Nation or non-First Nation, with regards to innovative and effective preventative approaches? If non-First Nation specific, to what extent could the best practice be applied in a First Nation setting?

Other Questions

14. Can you direct us to any additional reports or documents that we should be aware of to help us better understand the relevance of prevention programming, the negotiation process and/or best practices in child welfare?
15. Can we contact you if there are any additional questions or if we need any clarifications?
16. Do you have any other comments you would like to make about child welfare in your province or the tripartite agreement process?

(Subject Matter Experts)

Context

1. Please describe your line of work as it relates to child welfare in Canada, particularly in First Nation communities. How long have you been working in this area?

Relevance

2. What is your understanding of the historic/current issues surrounding child welfare in Canada, particularly but not exclusively as it relates to First Nation peoples?
3. In your experience, what are some of the identified needs of First Nation people/communities with regards to child welfare? To what extent could/has prevention funding to First Nation Child and Family Services agencies allow(ed) them to address these needs?
4. What is your understanding of the various roles and responsibilities to First Nation people/communities for child welfare (Federal, Provincial, First Nation Child and Family Services Agencies)? Are these roles appropriate/necessary? How could they be improved?
5. Are you aware of any other government programming that meets the needs of First Nation people/communities with regards to prevention/health services? (i.e. that covers services provided by provinces but not funded under the current CFS authority)
6. To your knowledge, is AANDC's prevention approach (Enhanced Prevention Focused Approach) an appropriate model that will allow First Nation communities to receive reasonably comparable services to their provincial counterparts? If so, in what way? If not, why not, and how could this be improved?

Best Practices in Child Welfare

7. What are some of the best practices that you have encountered, either nationally or internationally, in a First Nation setting or not, with regards to innovative and effective preventative approaches? If non-First Nation specific, to what extent could the best practice be applied in First Nation communities?

Other Questions

8. Can you direct us to any additional reports or documents that we should be aware of to help us better understand the relevance of prevention programming and/or best practices in child welfare?
9. Can we contact you if there are any additional questions or if we need any clarifications?
10. Do you have any other comments you would like to make about child welfare in First Nation communities?

Thank you for your time
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