



Final Report

Evaluation of the Implementation of the Enhanced Prevention Focused Approach in Quebec and Prince Edward Island for the First Nations Child and Family Services Program

Project Number: 1570-7/12034

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Evaluation, Performance Measurement and
Review Branch
Audit and Evaluation Sector

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List of Acronyms

AANDC	Aboriginal Affairs and Northern Development Canada
EPFA	Enhanced Prevention Focused Approach
EPMRB	Evaluation, Performance Measurement and Review Branch
FNCFS	First Nations Child and Family Services
PRIDE	Prevention, Respect, Intervention, Development and Education

Executive Summary

This Implementation Evaluation of the Enhanced Prevention Focused Approach in Quebec and Prince Edward Island is part of a multi-year Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach (EPFA) for the First Nations Child and Family Services (FNCFS) Program, which began with an implementation evaluation in Alberta in 2009-10. 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 and effectiveness. In 2010-11, a Mid-Term National Review was undertaken to consider the overall relevance of the EPFA, promising practices in prevention programming, as well as to provide some insight on discussions to establish tripartite frameworks to date. An implementation evaluation was completed for Saskatchewan and Nova Scotia in 2012-13. Following this current evaluation, an Implementation Evaluation is scheduled for Manitoba in 2013-14.

The FNCFS Program funds FNCFS agencies to provide culturally appropriate child and family services in their communities, in a manner reasonably comparable to those available to other provincial residents in similar circumstances and geographic location within Aboriginal Affairs and Northern Development Canada (AANDC) program authorities. FNCFS agencies receive their mandate and authorities from provincial/territorial governments and function in accordance with provincial and family services legislation.

Starting in 2007, AANDC began reforming the FNCFS Program from a protection to a prevention focused approach on a jurisdiction by jurisdiction basis, beginning in Alberta.¹ 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. AANDC, provincial and First Nations representatives must enter into a Tripartite Accountability Framework in order to move to an enhanced prevention model. The framework can vary from region to region but costing models developed at tripartite tables are based on reasonably comparable funding amounts provided to agencies by provincial governments in communities in similar geographic areas and circumstances.

In August 2009, Quebec First Nations and Prince Edward Island First Nations entered into partnerships with AANDC and their respective provincial governments to implement an Enhanced Prevention Focused Approach to deliver child and family services. As part of the EPFA, First Nations Child and Family Services agencies in Quebec received \$59.8 million over five years in new funding, and the agency in Prince Edward Island received \$1.7 million in new funding over five years.

¹ Followed by Saskatchewan and Nova Scotia in 2008, Quebec and Prince Edward Island in 2009 and Manitoba in 2010.

In Quebec, 15 Aboriginal FNCFS agencies funded by AANDC serve 19 First Nations communities, and three youth centres run by the province serve the remaining eight communities.

There are two First Nations in Prince Edward Island and they are served by the Mi'kmaq Confederacy's of Prince Edward Island², which provides culturally appropriate family and community services to Aboriginal families through the Mi'kmaq Family PRIDE (Prevention, Respect, Intervention, Development and Education) Program. Funded by AANDC, the program provides prevention services and supports the protection of children in both First Nations in Prince Edward Island.

Methodology

The evaluation supports the following key findings regarding relevance, design and delivery, performance/effectiveness and efficiency/economy based on the analysis and triangulation of five lines of evidence: document review; literature review; 32 key informant interviews; a survey; and three case studies.

Key Findings: Relevance

A prevention focused approach is needed in light of the fact that First Nation children are over represented in the child welfare system, and further, protection alone cannot resolve all the pressing social issues in First Nations communities across Quebec and Prince Edward Island, where risk factors (e.g. poverty; substandard and overcrowded housing; mental health problems and addictions; historical traumas) are prevalent. The evaluation notes that by itself, the EPFA has neither the authority nor the capacity to address all these issues directly. The EPFA is an integral component of a broader continuum of program and services required to address these challenges. As such, the EPFA continues to be needed and relevant.

There is strong alignment between the EPFA objectives and commitments made by the Government of Canada (e.g., past budgets, speeches, Cabinet directives, etc.). Budgets 2006 and 2010 and the 2011 Speech from the Throne confirm that the EPFA's objectives remain a key priority for the federal government. Departmental support for FNCFS EPFA as a priority is also evidenced by the financial support devoted to the FNCFS. Funding is provided for the delivery of protection and prevention services to support this commitment and, in compliance with this priority, AANDC, since 1998, has steadily increased funding to the provinces, Yukon and to more than 100 FNCFS agencies who are responsible, under provincial or territorial law, for the delivery of child and family services within their jurisdiction. So far, AANDC funding to these service providers has more than doubled over the 14 years, from \$238 million in 1998-1999 to approximately \$618 million in 2011-2012.

² The Mi'kmaq Confederacy of Prince Edward Island, which was established on April 2, 2002, is a Tribal Council organization representing the common interests of Abegweit and Lennox Island First Nations.

As provinces and territories have jurisdiction over child welfare both on and off reserve, AANDC operates the FNCFS EPFA with the objective of funding the provision of child welfare services that are culturally appropriate, that comply with provincial legislation and standards, and that are reasonably comparable with services provided off reserves in similar circumstances. The EPFA is perceived by key informants as consistent with the roles and responsibilities of the Government of Canada with respect to promoting and maintaining the welfare of the Aboriginal population.

Key Findings: Design and Delivery

All of the agencies in Quebec and Prince Edward Island recognize the crucial role prevention plays in reducing risks that contribute to social problems. The evaluation determined that the majority of agencies are progressing towards the effective implementation of the EPFA. The design and implementation of an effective prevention approach depends on several factors, such as availability of qualified and experienced local staff, office space, lodging for workers in geographically isolated communities, extensive use of partnerships with other service delivery agents, proximity to an urban centre, and support and leadership from the Band Council.

Key Findings: Performance/Effectiveness

Community members are generally aware of the prevention activities that are available to them and the majority of communities reported a high participation rate in prevention programming by children. However, the case studies and interviews found that there were concerns that the participation of parents could be improved. With respect to having access to culturally relevant services, all lines of evidence demonstrate that the agencies in both Quebec and Prince Edward Island have implemented prevention activities that were respectful of the community's culture. Overall, in communities where the approach is being successfully implemented, the first signs of transformation among parents and children are beginning to appear; parents are becoming increasingly responsible and children are gaining more confidence.

Although it is too early to draw conclusions about the reduction of the number of children in care, the implementation of the EPFA is showing some early successes. In Gesgapegiag, there was a reduction in the number of children placed in foster homes from twelve in 2010 to four in 2012 (67 percent decrease). In Mashteuiatsh First Nation, there was a reduction in the number of children placed in foster homes from 63 in 2008 to 43 in 2012 (32 percent decrease). In Prince Edward Island, there were two First Nation children in the care of the province. One child will age out in July 2013 and the other in two years. Further, since PRIDE has been in place no child on reserve has become a permanent ward of the province. Sixteen children were supported by PRIDE who may have otherwise gone into care. PRIDE has been working to identify the least intrusive supports within the community such as Aboriginal kinship homes.

Key Findings: Efficiency / Economy

The majority of agencies in Quebec, and the Mi'kmaq Confederacy of Prince Edward Island are implementing the EPFA in a cost effective manner. One of the key factors that has contributed to cost-effective implementation has been the extensive use of partnering with other service delivery agents. These collaborations help to provide a continuum of services and lower costs because each partner contributes its own expertise and resources. In cases where First Nation personnel do not have a full-spectrum of skills, partnerships enable the agency to obtain support from other qualified professionals.

Lastly, according to the literature, prevention programs that increase the well-being of children and families can reduce both the short-term and long-term cost of providing child welfare services.

Based on these findings, it is recommended that:

1. Headquarters ensure that the expected outcomes and performance measures for the EPFA are clearly distinguished and articulated in the Social Development Performance Measurement Strategy.
2. Regional staff and Headquarters improve the monitoring and reporting of the EPFA by:
 - a. providing guidance and monitoring of the agencies' implementation of a results-based management approach that integrates planning, resources, activities and performance measurements to improve decision making, transparency, and accountability; and
 - b. ensuring that prevention activities are reported based on the expected outcomes for the EPFA, and that expenditures on prevention activities are tracked and reported.
3. Headquarters assess the costing models on a regular basis and revise as appropriate to ensure that they are not outdated.
4. Facilitate the creation of a mentoring network among the FNCFS agencies in order to increase their capacity by providing opportunities for sharing experiences and practical knowledge.

Management Response / Action Plan

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

Project #: 1570-7/12034

The First Nations Child and Family Services program agrees with the recommendations produced in this Strategic Evaluation, and would like to provide some context to clarify the degree to which AANDC will be able to implement some of these. This is especially important with respect to Recommendations 2(a), 3 and 4. Recommendation 2(a) is “Providing guidance and monitoring of the agencies’ implementation of a results-based management approach that integrates planning, resources, activities and performance measurements to improve decision-making, transparency, and, accountability”. AANDC’s role for FNCFS is that of a funder for provincially-delegated agencies. AANDC is limited in how much it can “provide guidance and monitoring of agencies” especially at the detailed level of the agencies’ implementation of their results-based management approach. This is primarily a provincial role as provinces are responsible for ensuring agencies are delivering services in accordance with provincial legislation, standards, directives, policies and practices. Recommendation 3 outlines the need for “Headquarters to assess the costing models on a regular basis and revise as appropriate to ensure that they are not outdated.” AANDC can review costing models under EPFA, however, any changes to costing models that result in increased funding will create cost pressures on the program that may not be able to be addressed without seeking external funding sources (reallocations within AANDC or new funding). Recommendation 4 is to “Facilitate the creation of a mentoring network among the FNCFS agencies in order to increase their capacity by providing opportunities for sharing experiences and practical knowledge.” The pace to which we can respond to these recommendations will depend on available resources.

Recommendations	Actions	Responsible Manager (Title / Sector)	Planned Implementation and Completion Dates
<p>1. Headquarters ensure that the expected outcomes and performance measures for the EPFA are clearly distinguished and articulated in the Social Development Performance Measurement Strategy.</p>	<p>1a. Headquarters will develop an annex to the AANDC Social Development Performance Measurement Strategy at the sub-program level (2.2.4) for <i>Child and Family Services</i>. This annex will clearly articulate details, expectations, expected results and indicators associated with the sub-program's activities, including the EPFA.</p> <p>1b. Headquarters will return to the Evaluation, Performance Measurement and Review Committee in April 2014 to seek approval for the sub-program Performance Measurement Strategy Annex (to be appended to an amended version of the program's Performance Measurement Strategy) and to table its annual update on the <i>Social Development Performance Measurement Strategy</i>.</p>	<p>Director General, Social Policy and Programs Branch</p>	<p>Start Date: Winter 2013</p> <p>Completion: April 2014</p>
<p>2. Regional staff and Headquarters improve the monitoring and reporting of the EPFA by:</p> <p>a. providing guidance and monitoring of the agencies' implementation of a results-based management approach that integrates planning, resources, activities and performance measurements to improve decision making, transparency, and accountability.</p> <p>b. ensuring that prevention activities are reported based on the expected outcomes for the EPFA, and that expenditures on prevention activities are tracked and reported.</p>	<p>a) Recognizing all partners' respective roles and responsibilities, the Department will articulate its views in an accountability framework to clarify roles and responsibilities of tripartite partners including expectations for AANDC funding recipients. As well, AANDC program officials will continue to work with provincial counterparts on issues of accountability, compliance, oversight and monitoring of on reserve FNCFS agencies as provinces are primarily responsible for the delivery of child and family services regardless of residency.</p> <p>b) AANDC will ensure that all expected outcomes for EPFA are reported and expenditures tracked following the launch of Phase 2 of the Child and Family Service Information Management System April 1, 2014. Indicators will be analyzed per region, and per agency. This will provide a detailed analysis of investments provided under EPFA and resulting outcomes.</p>	<p>Director General, Social Policy and Programs Branch</p>	<p>Start Date: Fall 2013</p> <p>Completion: Fall 2014</p>
<p>3. Headquarters assess the costing models on a regular basis and revise as appropriate to ensure that they are not outdated.</p>	<p>AANDC will participate in tripartite meetings with provinces and agencies on EPFA implementation, which will include reviewing the costing associated with EPFA. AANDC Headquarters will also continue to liaise with Regions through monthly conference calls and regular meetings to review financial pressures that may arise during EPFA implementation. These meetings and</p>	<p>Director General, Social Policy and Programs Branch</p>	<p>Start Date: Fall 2013</p> <p>Completion: Ongoing</p>

	discussions will allow Headquarters to determine whether pressures can be addressed and forecast future costing, while also allowing Headquarters and regions to develop possible mitigation strategies for arising issues.		
4. Facilitate the creation of a mentoring network among the FNCFS agencies in order to increase their capacity by providing opportunities for sharing experiences and practical knowledge.	AANDC will continue to provide funding for regional tripartite table meetings. AANDC will encourage partners to make use of regional tripartite meetings to encourage networking and sharing experiences and practical knowledge amongst agency representatives. AANDC will also promote other existing networks such as social media that maybe used for this purpose. Use of resources will focus on building agency networks in the regions necessary to positively impact the health and well-being of the child, youth and guardian population, aligned with their respective priorities as identified in their business plans.	Director General, Social Policy and Programs Branch	Start Date: Fall 2013 Completion: Fall 2014

I recommend this Management Response and Action Plan for approval by the Evaluation, Performance Measurement and Review Committee

Original signed by:

Michel Burrowes

Director, Evaluation, Performance Measurement and Review Branch

I approve the above Management Response / Action Plan

Original signed by:

Françoise Ducros

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

The Management Response / Action Plan for the Evaluation of the Implementation of the Enhanced Prevention Focused Approach in Quebec and Prince Edward Island for the First Nations Child and Family Services Program were approved by the Evaluation, Performance Measurement and Review Committee.

1. Introduction

1.1 Overview

This Implementation Evaluation of the Enhanced Prevention Focused Approach in Quebec and Prince Edward Island 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 and effectiveness. In 2010-11, a Mid-Term National Review was undertaken to consider the overall relevance of the EPFA, promising practices in prevention programming, as well as to provide some insight on discussions to establish tripartite frameworks to date. An Implementation Evaluation was completed in Saskatchewan and Nova Scotia in 2012-13. Following this current evaluation, an Implementation Evaluation is scheduled for Manitoba in 2013-14. Further evaluative work will be considered as agreements are reached in remaining jurisdictions.

The report is divided into five parts as follows: (1) program description; (2) methodology; (3) findings; (4) unplanned results; and (5) conclusion and recommendations.

1.2 Program Profile

1.2.1 Background and Description

The First Nations Child and Family Services (FNCFS) Program funds FNCFS agencies to provide culturally appropriate child and family services on reserve in a manner 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 governments and function in accordance with existing provincial child and family services legislation.

Government funding for child welfare is complex, and involves both bilateral and trilateral agreements between Aboriginal Affairs and Northern Development Canada (AANDC), the 105 First Nations Child and Family Services agencies funded by AANDC, the 10 provinces and Yukon Territory. In areas where First Nations Child and Family Services agencies do not exist, AANDC funds services provided to First Nation³ children and families on reserve by provincial or territorial organizations or departments.

³ **First Nation:** A term that came into common usage in the 1970s to replace the word "Indian," which some people found offensive. Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term "First Nations peoples" refers to the Indian peoples in Canada, both Status and non-Status. Some Indian peoples have also adopted the term "First Nation" to replace the word "band" in the name of their community. (AANDC website: <http://www.aadnc-aandc.gc.ca/eng/1100100014642/1100100014643>).

In 2007, the FNCFS Program began its reform to the EPFA from the previous funding model for all jurisdictions except Ontario and Alberta⁴ known as Directive 20-1. Directive 20-1 has been in place since April 1, 1991. It places increased emphasis on early intervention and family supports and funds according to a formula for operations (including limited prevention services) and reimburses for eligible maintenance expenditures, based on actual costs.

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 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.

The EPFA represents a refocusing of FNCFS funding towards a more prevention-based approach. 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 is consistent with provinces that have largely refocused their own Child and Family Service services/system from protection to prevention services.

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;
- Services and supports co-ordinated in the way that best helps the family; and
- Coordination of services – funding for staff/purchase services.

To date, six jurisdictions covering approximately 68 percent of all First Nation children ordinarily living on reserve are currently under the EPFA model⁵ and work is underway to move the remaining jurisdictions⁶ to the EPFA as soon as possible.

⁴ These jurisdictions are funded under separate agreements.

⁵ Alberta (2007), Saskatchewan (2008), Nova Scotia (2008), Quebec (2009), Prince Edward Island (2009), and Manitoba (2010).

⁶ British Columbia, Ontario, New Brunswick, Newfoundland and Labrador, and Yukon.

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.⁷ Under AANDC's Program Alignment 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

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

- fostering greater self-sufficiency for First Nation individuals and communities;
- improving the quality of life on reserve;
- creating a community environment where incidences of family violence and child abuse are reduced or eliminated; and
- supporting greater participation in the labour market and fully sharing in Canada's economic opportunities."⁸

More specifically, the objective of the FNCFS Program is to ensure the safety and well-being of First Nations children and their families on reserve by supporting culturally appropriate prevention and protection services, in accordance with the legislation and standards of the province or territory of residence. In addition, the incremental investments of the EPFA are expected to help agencies to stay aligned with emerging provincial practices focused on early intervention services.

According to the original program documentation, the immediate outcome expected from EPFA investments was increased access to services that protect children and families at risk at a standard reasonably comparable to non-First Nations communities in similar circumstances. Social workers are expected to be able to strengthen partnerships through horizontal integration with other community services/organizations for better case management (i.e. through case conferencing) to improve service delivery and provide integrated responses to meet the real needs of First Nation children and families. Capacity development support would be provided to smaller agencies that may lack the economies of scale to deliver the full continuum of services.

⁷ INAC, 2007, *Results-Based Management and Accountability Framework (RMAF) for the First Nations Child and Family Services Program – Appendix B*.

⁸ AANDC, 2011/12 to 2015/16, *Evergreen Social Development Programs Performance Measurement Strategy*, p.8.

At the time of data collection for this evaluation, the performance measurement strategy was being revised to improve performance reporting. Currently, the outcomes for the FNCFS Program are captured in the Evergreen Performance Measurement Strategy for Social Development Programs. This Performance Measurement Strategy is meant to reflect the higher level outcomes expected for the current suite of five social development programs funded by AANDC and delivered to First Nation communities. It sets out AANDC's accountability with respect to measuring, managing and reporting on the expected results for the five programs. There are no specific outcomes that apply solely to the FNCFS EPFA, but rather three broader outcomes that apply to the FNCFS Program as well as other applicable AANDC social programs.

The relevant immediate outcome for the FNCFS Program is that “men, women and children in need or at-risk have access and use prevention and protection supports and services.” This outcome is attributable to both the Family Violence Prevention Program as well as the FNCFS Program and is described as follows: “Prevention and protection supports and services will be made available to men, women and children on reserve and these supports and services are expected to address a variety of situations. The focus on providing prevention supports and services to those at-risk is in line with the approach taken by most provinces when addressing children at risk and family violence. Prevention supports and services include, for example, respite care, counselling, in-home supports and family education. Protection supports and services include, for example, shelters for women and families, and foster care, institutional care and group home services for children.”

Key indicators for this outcome include: percentage of First Nations men, women and children in need or at-risk, ordinarily resident on reserve, that are using prevention and protection supports and services and rates of ethno-cultural placement matching. The first indicator is meant to determine the extent to which prevention and protection supports and services either on or off reserve, or on another reserve, are available to First Nations ordinarily resident on reserve, and the latter adopts the National Child Welfare Outcomes Indicator Matrix⁹, which states: “Given that placement matching for Aboriginal¹⁰ children is legislated in most jurisdictions, the priority National Child Welfare Outcomes Indicator Matrix measure tracks the proportion of placed Aboriginal children in homes with at least one of the caregivers is Aboriginal.”¹¹

⁹ The National Child Welfare Outcomes Indicator Matrix (NOM) was developed through a series of consultations initiated by the provincial and territorial Directors of Child Welfare and Human Resources Development Canada. It provides a framework for tracking outcomes for children and families receiving child welfare services that can be used as a common set of indicators across jurisdictions. The National Child Welfare Outcomes Indicator Matrix is designed to reflect the complex balance that child welfare authorities maintain between a child's immediate need for protection; a child's long-term requirement for a nurturing and stable home; a family's potential for growth, and; the community's capacity to meet a child's needs. The National Child Welfare Outcomes Indicator Matrix includes four nested domains: child safety, child well-being, permanence, and family and community support.

¹⁰ Aboriginal peoples: The descendants of the original inhabitants of North America. The Canadian *Constitution* recognizes three groups of Aboriginal people — Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs. (AANDC website: <http://www.aadnc-aandc.gc.ca/eng/1100100014642/1100100014643>).

¹¹ Nico Trocmé et al., 2009, National Child Welfare Outcomes Indicator Matrix (NOM). Available at: http://cwrp.ca/sites/default/files/publications/en/NOM_Sept09.pdf

Intermediate outcomes according to original program documentation were expected to include a more secure family environment, reduced need for the removal of children from parental homes, reduced incidents of abuse, and overall improvement in child well-being. To measure attainment of this goal, more quantifiable outcome data was to be gathered. At the planning phase of this approach, AANDC committed to partner with provinces and First Nations to ensure that First Nations' indicators can be extracted directly from the provincial database.

In the current performance measurement strategy, this intermediate outcome translates to “Men, women and children are safe.” This outcome applies to the FNCFS Program and the Family Violence Prevention Program, and is described as follows: “With access to prevention-focused supports and services that are designed, for example, to enable children to remain safely in the family home, to prevent the kinds of situations that give rise to family violence or to prevent elderly people from having to leave their homes, better outcomes are expected for those affected. Providing supports that enable children to stay in the family home safely is expected to result in children that are not only safe but also benefit from a more stable environment. It is also expected that the prevention projects undertaken by First Nation service providers (e.g. training, awareness and conferences) will increase the capacity of First Nation to meet the various needs of their communities and avoid escalation of situations to the point where people need to access protection services. Early intervention or enhanced prevention approaches, as contemplated by prevention services, are expected to reduce the number of families and individuals who reach a crisis state in their personal or family situations. If the issues leading to situations of family violence can be addressed early, such crises may be avoided entirely. Such services are also critical in addressing the issues that led to the crisis in the first place in order to avoid recurring incidents.

Having access to protection supports and services for men, women and children on reserve, such as a shelter, does ensure the immediate safety of those who must leave a violent domestic situation. In addition, having access to various options for a child that must leave the family home (e.g. out of home placements, kinship care) also provides immediate safety as the child is removed from an unsafe situation. The availability of shelters or similar safe locations for men, women and children that provide a haven to escape violent situations or unsafe environments is expected to result in men, women and children that are safer. Once safety is no longer a concern, men and women, for example, are able to step away from their chaotic environment and make choices for themselves through the community prevention programs and services available, thus, creating a more stable environment for themselves and their families.“

At the time of this evaluation, performance measures for this outcome included mortality rates, injury rates and recidivism rates. The mortality rates indicator was reflective of the National Child Welfare Outcomes Indicator Matrix indicator “percentage of children who die while in the care of child welfare services,” and is meant to assess the overall conditions of safety. The purpose of measuring injury rates was to assess overall safety in the communities and was reflective of the National Child Welfare Outcomes Indicator Matrix indicator “serious injury and death.” Finally, recidivism rates were expected to reflect the long-term effectiveness of services, and are also reflective of National Child Welfare Outcomes Indicator Matrix. In the current performance measurement strategy, these indicators have been replaced with a performance indicator on ‘recurrence rates’. This indicator speaks to the long-term effectiveness of services as

well as safe environment by measuring the percentage of clients who received prevention and/or protection services and did not require protective services within 12 months of file closure. This indicator applies to all clients, however, for children in care, the National Child Welfare Outcomes Indicator Matrix indicator states “recurrence is the proportion of children who are investigated as a result of a new allegation of abuse or neglect within one year following closure of their child welfare file”.

The expected ultimate outcome for the FNCFS Program is to have a more secure and stable family environment for First Nation children ordinarily resident on reserve. This outcome applies to all five of the social programs and is described as follows: “The social supports and services delivered are targeted at at-risk individuals and families that often face multiple barriers and challenges. Addressing the basic and special needs of individuals, ensuring a level of safety for those at risk, and providing supports to enable men and women to get into the paid work force is expected to result in men, women and children who are then in the position to address any additional needs they may have and to take advantage of other opportunities provided by their First Nations communities. When basic needs have been addressed, individuals are able to take the steps necessary to address their other needs, whether through participating in the paid or volunteer workforce or through accessing other programs to address related needs such as housing, education or health.”

There are two performance indicators for this outcome that are applicable to the FNCFS programs. The first is: ‘rates of permanency status achieved (Child Specific)’. This is a National Child Welfare Outcomes Indicator Matrix indicator and measures the cumulative days in care until a child is reunified, permanently placed with kin, adopted, emancipated, or placed in a permanent foster home. Permanency status is tracked forward from a child’s initial placement for up to 36 months, at which point permanence is not considered to have been achieved. Lasting reunification with family is the primary goal for most children placed in out-of-home care, and a majority of children will return home within less than a year of their initial placement. However, for some children reunification is not possible and stable alternatives such as permanent foster care, kinship care, and adoption must be pursued.

The second indicator is: “percentage of communities using innovative community-driven approaches to program delivery”. This indicator measures the contribution of social programming to First Nation communities that are then able to make it possible for First Nation men, women and children to be offered different approaches to being involved within social development within their communities to improve their social well-being. It assesses whether or not alternative approaches to governance or other models improve the health and social outcomes of First Nation men, women and children.

1.2.3 Program Management, Key Stakeholders and Beneficiaries

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

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

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

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 Service agencies in various communities).

Eligible recipients for FNCFS funding are:

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

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

1.2.4 The EPFA in Quebec¹²

In Quebec, 15 FNCFS agencies funded by AANDC serve 19 First Nations communities, and three youth centres run by the province serve the remaining eight communities. Based on the level of community responsibility for services, various types of agreements are concluded between AANDC, the band councils (agencies) and/or the youth centres to determine the roles and responsibilities of each party. These agreements also specify the level of delegation in on-reserve application of the provincial *Youth Protection Act*. *Delegation is a prerequisite for AANDC service funding.*

The Province of Quebec has been providing prevention services for over 25 years to the Quebec population. In October 2006, First Nations, the Government of Quebec and the federal government signed a tripartite agreement creating first-line intervention pilot projects over a three-year period in order to reduce the caseload and child placement in several communities in Quebec.

¹² First-line social services (prevention services) are offered as part of First Nations child and family services to support parents, children and families in the communities by way of overall preventive and culturally-adapted services. These services work in the best interests of children, families and communities by maintaining family, cultural and social links. They work to prevent and reduce the number of cases in which authorities take responsibility for the child, prevent and reduce the number and length of placements outside the family and community of origin, promote and reinforce early intervention with children and parents, act on the main risk and protection factors, and development of individual communities' strengths and skills. Second-line services (protection services) apply the *Youth Protection Act* when the safety or development of the child may be jeopardized. The measures of this act are applied only as a last resort. Families can obtain first-line services to resolve problems before the situation deteriorates.

On June 16, 2007, a policy monitoring meeting approved prevention services within the FNCFS Program for the Quebec communities as a whole. At that time, Quebec had already been implementing some prevention measures. For example, the Ministère de la Santé et des Services sociaux du Québec's *Plan stratégique 2005–2010* noted the application of prevention services delivered to at risk youth and their families. The preferred approach involves continuous early intervention, within the community if possible, to prevent the worsening or recurrence of social adaptation problems experienced by youth and their families.

During this same period, Law 125, *An Act to amend the Youth Protection Act and other legislative provisions* came into effect on July 9, 2007. The Law encourages keeping children with their families or returning them to their families as early as possible. It also establishes specific time limits for foster care placements depending on child's age and the concept of continuity of care, stable relationships and stable living conditions corresponding to the child's needs and age on a permanent basis. In addition, it stipulates that parental involvement must always be favoured and that parents are entitled to health and social services.

In 2009, Quebec First Nations entered into a Tripartite Framework Agreement with AANDC and the provincial government to implement an Enhanced Prevention Focused Approach to deliver child and family services. As part of the EPFA, First Nations Child and Family Services agencies in Quebec received approximately \$59.8 million over five years in new funding, in addition to existing Child and Family Services Program funding.

The Quebec EPFA Design

To implement the EPFA, the tripartite committee partners, namely the First Nations of Québec and Labrador Health and Social Services Commission, AANDC – Quebec Regional Office and the Ministère de la Santé et des Services Sociaux through the Partnership Framework for the EPFA, established the parameters for an enhancement initiative to create quality, community-based, integrated, culturally appropriate First Line Prevention Services for the benefit of First Nations children, families and communities. The Partnership Framework affirms that First Nations communities must take the lead in developing and implementing these services.

Through the Partnership Framework under the EPFA each First Nation was expected to design its own prevention model taking into account their specific social conditions, capacity, and authority using a community-based social development approach focusing on:

- Life promotion;
- The healthy development of the children and families; and
- The fight against poverty and social exclusion.

As well, where all of the children and their families have access to quality services that:

- Are controlled by the community;
- Are culturally appropriate;
- Promote the use of their language; and
- Allow all children and their families and communities as a whole to achieve their full potential, since they are the ones who will create a better future for everyone.

Some of the specific objectives promoted within the Partnership Framework for the FNCFS's First-Line Services are:

- Prevent and reduce the rate of reported cases and the number of cases in which the authorities take over responsibility for the child;
- Prevent and reduce the number and length of placements outside the family and community of origin;
- Promote and reinforce early intervention with children and parents before the family situation can worsen;
- Act on the main risk and protection factors; and
- Develop individuals' and communities' strengths and skills.

In line with most other FNCFS operative mandates across the country, the Quebec First-Line EPFA program operates within the provincial mandate of offering youth protection services to First Nations communities. The Quebec Government's mandate for youth protection falls under the "*Youth*" (*Child*) *Protection Act*, last updated June 1, 2013, which offers services regarding protection exclusively, and not for prevention. Within Quebec, prevention services are delivered exclusively under the authority of the *Quebec Health and Social Services Act* and the Quebec Government through the Ministère de la Santé et des Services Sociaux and provincial networks have been supporting the development and implementation of First Line services through the Partnership Framework to prevent abuse and neglect.

1.2.5 The EPFA in Prince Edward Island

There are two First Nations in Prince Edward Island: Lennox Island and Abegweit. Although Prince Edward Island does not have a delegated First Nations child and family service agency, these two communities have formed the Mi'kmaq Confederacy's of Prince Edward Island. The Mi'kmaq Confederacy of Prince Edward Island is a Tribal Council organization established in 2002 to represent the common interest of the Abegweit and Lennox Island First Nations. The Mi'kmaq Confederacy of Prince Edward Island provides a range of services, including the Mi'kmaq Family Prevention, Respect, Intervention, Development and Education Program (PRIDE). Funded by AANDC, the PRIDE program provides culturally appropriate family and community services to both First Nations in Prince Edward Island.

In line with most other FNCFS operative mandates across the country, the Mi'kmaq Confederacy of Prince Edward Island PRIDE program operates within the provincial mandate of addressing the needs of First Nations communities. The Prince Edward Island Government's mandate for child protection and prevention services falls under the order of their *Child Protection Act* of May 2003, (originally implemented in 2003 and amended in 2010), which offers services regarding protection, but not for prevention. Nonetheless, it provides guidance on the shared responsibility of individuals within families, the community, and the province, to act to prevent abuse and neglect.

The Province of Prince Edward Island is responsible for the delivery of mandated child protection services for all children. First Nation child and family services in Prince Edward Island focuses on prevention, early intervention and gauging the children's results to determine the real impact of services on children's lives. In the late 1990s, the Prince Edward Island Director of Child Welfare and Lennox Island First Nation developed a prevention program that emphasized the importance of safeguarding the culture and identity of Aboriginal children. In August 2009, Prince Edward Island's First Nations entered into a partnership with AANDC and the provincial government to implement an Enhanced Prevention Focused Approach to deliver child and family services. The framework agreement will provide \$1.7 million in new funding over five years.

Pivotal to the development of the Mi'kmaq Family PRIDE Program is the belief that children, families and communities benefit most from services that are sensitive to and congruent with their cultural beliefs and traditional values. The PRIDE 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. The PRIDE's ten objectives are:¹³

1. Promote the sacred value and inherent worth of children;
2. Reinforce the traditional cultural values of caring, sharing and co-operation within the community as a whole to ensure the well-being of children and their families;
3. Respect the dignity and independence of children and adults, and their right to participate in decisions that affect their lives;
4. Assist parents, extended family and community to raise healthy, happy, resilient children;
5. Reinforce the linkage between children who are ordinarily resident on reserve and who are being cared for outside their communities with their Mi'kmaq heritage, advocating and supporting a continued relationship with their immediate and extended family, culture, and community;
6. Promote and reinforce cultural pride in children and youth;
7. Strengthen supportive networks and collaborative decision making within the community, and amongst the community and external service providers;
8. Promote the best interests of children with regard at all times for their safety and well-being;
9. Reinforce the value of parents and parenting, and the role of the community in supporting parents; and
10. Strengthen families and community life.

The Prince Edward Island First Nation prevention system currently in place under the EPFA focuses on individual, family and community well-being and risk reduction through three types of preventive interventions:

¹³ MCPEI website. (2012). Accessed 18 February 2013 at: <http://www.mcpei.ca/node/28>.

Primary prevention

- Focuses on the entire community and promotes individual, family and community wellness, including positive self-esteem, cultural pride, positive parenting, etc. Public awareness and community education initiatives are paramount.
- Seeks to strengthen or increase the well-being of whole communities so that children grow up in safe, healthy environments.

Secondary prevention

- Focuses on “at-risk” children and parents, including sectors of the community such as substance abusers, children raised in substance abusing families, youth at risk of suicide, single teen moms, etc.
- Provides a strengths-based approach to risk reduction and enhancing positive functioning.
- Examples of secondary prevention include parenting supports, talking circles for adults and children, and self-esteem and independent living workshops for children and youth.

Tertiary prevention

- Focuses on children who have been abused or neglected, and families in which abuse/neglect is occurring.
- Seeks to prevent further abuse from occurring in order to prevent other family problems and trauma from having future or long-term implications for children.
- Examples of tertiary prevention include traditional and contemporary counselling for children and their families and, sometimes, out-of-home care for children until such time as the families have been strengthened, the communities have been transformed and the children are no longer at risk of harm.

1.2.6 Financial Resources under EPFA in Quebec and Prince Edward Island

The EPFA implements three funding streams: maintenance, operations and prevention services.

- Maintenance is budgeted annually based on actual expenditures of the previous year.
- Operations and prevention services funding are based on a cost model developed at regional tripartite tables and are consistent with reasonable comparability to the respective province within AANDC’s program authority.
- Funding under the three streams is eligible for movement from one stream to another in order to address needs and circumstances of individual communities.

Table 3 below provides an overview of the amount of EPFA funding in the two provinces (in millions of dollars).

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	Total
Alberta	\$15.30	\$18.70	\$21.70	\$21.70	\$20.70	\$20.70	\$20.70	\$139.50
Saskatchewan		\$19.10	\$20.00	\$21.00	\$21.90	\$22.80	\$22.80	\$127.60
Nova Scotia		\$1.90	\$2.00	\$2.00	\$2.10	\$2.20	\$2.20	\$12.40
Quebec			\$5.90	\$12.20	\$13.50	\$13.90	\$14.30	\$59.80
Prince Edward Island			\$0.20	\$0.30	\$0.40	\$0.40	\$0.40	\$1.70
Manitoba				\$17.60	\$15.00	\$40.60	\$41.70	\$114.90
TOTAL	\$15.30	\$39.70	\$50.00	\$75.00	\$73.80	\$100.80	\$102.30	\$456.90

2. Methodology

2.1 Scope

The evaluation examined the implementation of the EPFA in Quebec and Prince Edward Island from 2009-10 to 2012-13. Data was collected between January 2013 and August 2013. The objective of the evaluation is to determine whether the design and implementation of the program is adequate for it to fulfill its intended objective. First Nation and Inuit communities that belong to the James Bay and Northern Quebec Agreement are funded for health and social services through separate mechanisms external to the FNCFS Program, thus were not included in this evaluation.

Previous Evaluations

The Implementation Evaluation of the EPFA in Alberta¹⁴ found that the prevention approach is responsive to community needs and that overall it offers a culturally appropriate model for First Nation communities in the province. While the evaluation showed some preliminary evidence of success from implementing the approach, there were jurisdictional challenges, as well as concerns with human resource shortages, salaries, support from government/agency management, community linkages, and geographical isolation.

This report was followed by the Mid-Term National Review in 2010-2011, which examined the overall relevance of the EPFA, promising practices in prevention programming, as well as insights on the development of additional tripartite frameworks. The review reiterated the need for a prevention approach given the over-representation of children in care, common underlying risk factors in First Nation communities and service delivery issues. The report also examined factors that served to help or hinder EPFA framework agreements and best practices in prevention programming.

Finally, the 2013 EPFA Evaluation in Saskatchewan and Nova Scotia confirmed the need for a preventive approach in both jurisdictions. In both provinces, the report found an increase in prevention activities and evidence to suggest that the EPFA was supporting the security and well-being of children and families on reserve. However, the report also indicated that FNCFS agencies were having challenges with human resources, meeting provincial standards and geographic isolation. Performance monitoring and reporting concerns were also raised.

¹⁴ <http://www.aadnc-aandc.gc.ca/eng/1324574343126/1324574548377>

2.2 Evaluation questions

The Implementation Evaluation of EPFA in Quebec and Prince Edward Island for the FNCFS Program addresses the Treasury Board Secretariat's Policy on Evaluation by examining value for money through the core evaluation issues of continued need, alignment with government priorities, alignment with federal roles and responsibilities, achievement of expected outcomes, and demonstration of efficiency and economy. As this is an implementation evaluation, a specific focus was put on the design and delivery of the program and how it may contribute toward expected outcomes.

2.2.1 Relevance

The evaluation incorporated findings from previous evaluations of the EPFA to answer some of the questions related to the relevance of the approach. Lines of evidence further examined the relevance of the program in Quebec and Prince Edward Island specifically.

1. What are the child welfare and prevention needs of First Nations in Quebec and Prince Edward Island?
2. Can the EPFA be reasonably expected to achieve its stated objectives?
3. Is there a legitimate, appropriate, and necessary role for the Department and Government of Canada in meeting this need?
 - Are there other programs involved in similar activities and do they share the same objectives?
 - Is there duplication with other programs' activities?
 - Is the federal role appropriate in the context of other organizations' roles?

2.2.2 Design and Delivery

The analysis examined the implementation of the approach in each province respectively, how EPFA activities could logically contribute to expected results, how the design and delivery of EPFA contributes to the achievement of outcomes in practice, and factors that facilitated or hindered results.

1. To what extent are the prevention activities logically linked to the production of the expected outputs and results?
2. To what extent has the design and delivery of the EPFA facilitated the achievement of outcomes and its overall effectiveness?
3. Has the approach been implemented as planned? If not, why?
 - a. Is the management / governance of the EPFA effective or are there improvements that could be made?
 - b. To what extent are the monitoring and reporting mechanisms of the prevention approach effective in supporting decision making?
 - c. To what extent has the EPFA influenced the constructive engagement and collaborative networks to improve child welfare?

4. What are the key factors that have facilitated or hindered the achievement of results?

2.2.3 Performance (Effectiveness, efficiency and economy)

The evaluation examined early progress toward intended outcomes, recognizing that the impact of preventative programs often takes many years to measure. The evaluation focussed primarily on immediate and intermediate outcomes. It also examined whether the approach is the most efficient and economic way to achieve outputs and outcomes.

1. To what extent has progress towards intended outcomes been achieved as a result of the EPFA?
2. Have there been positive or negative unintended outcomes? If so, were any actions taken to benefit from or remedy the unintended outcomes?
3. Is the current approach the most economic and efficient means of achieving the intended objectives?
4. Are there more economic / efficient alternatives for achieving the same outcomes?

2.3 Methodology

As per the Evaluation, Performance Measurement and Review Branch (EPMRB) Engagement Policy, an Advisory Group was convened to obtain feedback on key pieces of the evaluation including the methodology report and the evaluation findings. The working group members included AANDC staff from headquarters and both regional offices, provincial representatives, and First Nation Child and Family Service agency representatives from both provinces. Meetings and exchanges were held with some representatives to provide feedback on methodology, data collection, and findings on an as needed basis.

The evaluation used multiple lines of evidence to examine the research questions, resulting in a triangulation of all lines of evidence for the findings. A detailed explanation of the methods is provided below:

Document Review

A comprehensive document review was conducted as part of the Mid-Term National Review of EPFA in 2010-11. For this evaluation, additional documents related specifically to the EPFA in Quebec and Prince Edward Island were reviewed. These included policy and program documents, business plans, recent audits, reviews, and evaluation reports. Documents were read and analyzed based on the evaluation questions and themes.

Literature Review

A review of domestic and international literature was undertaken to examine the need for FNCFS (particularly prevention services for First Nations in Quebec and Prince Edward Island). Specifically, the literature review examined prevention theory, risk factors that necessitate the EPFA, and best practices. Documents were read and analyzed and an account of supporting

themes and insights were noted. Findings from the literature review were triangulated with the information retrieved from other lines of evidence.

Key Informant Interviews

Thirty-two interviews were conducted with key program stakeholders to gain an understanding of the perceptions and opinions of individuals who have had a significant role or experience related to EPFA. Interviews were crucial to understanding the implementation of the program in communities and the early achievement of results. Interviewees included the following interview groups: AANDC FNCFS officials (four); FNCFS agency directors and staff (21); and provincial representatives (seven).

Interviews were semi-structured and conducted in-person or by telephone. Detailed notes were taken during the interviews. They were transcribed and analyzed according to research themes. The confidentiality of interviewees was maintained throughout the evaluation.

Case Studies

Case studies were conducted to gather community-level data on the implementation and performance of the EPFA in Quebec and Prince Edward Island. Three case studies were completed (two in Quebec and one in Prince Edward Island). The case studies focused on the FNCFS agencies and the communities that they serve. A total of four communities were visited. In Prince Edward Island, the Lennox Island and Scotchfort communities (one of Abegweit First Nations three reserves) were visited; and in Quebec, the Mashteuiatsh and Gesgapegiag communities were visited. These case studies were conducted to:

- 1) Provide an in-depth look at implementation and performance.
- 2) Examine program outcomes in communities along with the factors that have facilitated or hindered program success.
- 3) Identify promising practices and lessons learned from front-line workers and community members (and potentially from children and families involved with the services).

Case studies did not examine the performance of the specific agency. Instead, they examined agencies as part of the larger implementation of the program.

EPMRB contracted Johnston Research Inc., an independent, Aboriginal-owned and experienced firm, to conduct the case studies. Johnston Research Inc. staff, accompanied and supported by EPMRB staff, visited communities to conduct interviews, observe the community and facilities, and conduct focus groups.

Case Study Data Collection Method	Number of Participants
<i>Prince Edward Island Communities</i>	
Interviews	18
Focus Groups	22
On-Site Observations	2
<i>Quebec Communities</i>	
Interviews	17
Focus Groups	17
On-Site Observations	3

Finally, two site visits were conducted in Quebec (Wendake and Kitigan Zibi) to conduct interviews and site observations, and to obtain documents from two additional FNCFS agencies.

Surveys

Surveys were administered to agency directors and front-line FNCFS agency staff in Quebec. The surveys were not administered in Prince Edward Island, given that all First Nation communities in Prince Edward Island are served by Mi’kmaq Confederacy of Prince Edward Island and were covered extensively in the case studies. The surveys were used as a quantitative line of evidence to validate findings of other qualitative methods. They were distributed to 15 agencies and were completed by 14 staff members from nine of the agencies. It is noted that given the total sample and response, the surveys could not be used for any statistical inference. Rather, they provided more in-depth information from multiple sources in each agency.

The survey examined respondents’ opinions on the implementation of the EPFA, observations at the community-level on the impact of transitioning towards an enhanced prevention focused approach, feedback on partnership building and the development of a continuum of care, as well as notes on promising practices and lessons learned.

2.3.1 Considerations, strengths and limitations

Strengths

- Strengths include the extensive cooperation, which the evaluation team received from the First Nations in Quebec and Prince Edward Island that participated in the evaluation. The First Nations of Quebec and Labrador Health and Social Services Commission also played a key role by providing documents and knowledge on the prevention approach in Quebec. Lastly, the AANDC Quebec regional office was instrumental in helping to coordinate the fieldwork
- This evaluation benefitted from the knowledge of Johnston Research Inc., an Aboriginal firm with extensive expertise in data collection and analysis techniques for collecting and using opinion data and in the use of Aboriginal traditional and contemporary knowledge. As a result, the case studies included the opinions of some of the parents and youth who received support from the EPFA.

Limitations

- As "prevention" is a broad term, and not easily quantifiable, there may be successes that cannot be captured by the evaluation, as they could be based on the development of trust between hard-to-reach families and a prevention worker, or the gradual uptake of new parenting skills.
- The evaluation was limited to visiting six communities. The evaluation would have benefited from visiting more communities to observe directly how the implementation was progressing and to engage with community members who access the services. As a result, a large part of the findings of this evaluation is based on interviews and surveys with service providers. Nonetheless, the evaluators attempted to offset this shortcoming through triangulating interview findings with the document and literature review.

2.4 Roles, responsibilities and quality assurance

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

An Evaluation Advisory Committee was established for the purpose of this evaluation and included representatives from EPMRB and the Child and Families Directorate at AANDC Headquarters, AANDC regional offices, provincial representatives, and FNCFS agency representatives. The purpose of the committee was to ensure that results are based on reliable and defensible evidence, anchored in appropriate methodology, and that issues are consistent with Treasury Board Secretariat policies and guidelines.

The majority of the work for this evaluation was completed by EPMRB staff, with the assistance of a consultant for the case studies. Oversight of daily activities was the responsibility of the EPMRB evaluation team, headed by a Senior Evaluation Manager. The methodology and draft final reports were peer reviewed by EPMRB for quality assurance; these reports and a key findings deck were also sent to the Advisory Committee for feedback.

3. Evaluation Findings – Relevance

The key findings regarding the relevance of the EPFA focus on its continued need, its alignment with government priorities, and its alignment with the roles and responsibilities of the federal government.

3.1 Continued need for the EPFA

Finding 1: *A prevention focused approach is needed in light of the fact that First Nations, particularly children, are vulnerable to neglect and abuse and further, protection alone cannot resolve all the pressing social issues in First Nations communities across Quebec and Prince Edward Island, where risk factors (e.g. poverty) are prevalent.*

The stated objective of the FNCFS Program is to ensure the safety and well-being of First Nations children on reserve by supporting culturally appropriate prevention services for First Nations children and families, in accordance with the legislation and standards of the province or territory of residence. The expected outcome for the FNCFS EPFA Program is to have a more secure and stable family environment for children ordinarily resident on reserve.

Federal activities like the EPFA need to be understood and analyzed in the context of an increasingly complex environment. According to the World Health Organization and International Society for Prevention of Child Abuse and Neglect, child abuse or maltreatment is a serious problem around the world [Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence. Geneva (Switzerland): WHO; 2006.]. Child abuse can be defined in several ways, including any act or series of acts of commission or omission by a parent, caregiver, community or society that results in harm, potential for harm, or threat of harm to a child.

Canada is no exception, particularly in the case of Aboriginal children where Aboriginal people are dealing with serious psychosocial problems (MacMillan, MacMillan, Offord & Dingle, 1996). The suicide rate in First Nation communities, for example, is twice as high as that of Canada's general population while Aboriginal youth, aged 10 to 29 who live on reserves are five to six times more likely to die by suicide than their counterparts in the rest of the country (Kirmayer et al., 2007). Moreover, Shannon Brennan (2011), notes that in 2009, Aboriginal women were still facing abuse and were nearly three times more likely than non-Aboriginal women to report being victims of violent crime.

Other information also point to a continued need for the EPFA. Statistics from Public Safety Canada's "A Statistical Snapshot of Youth at Risk and Youth Offending in Canada," published in 2012 show that 9,815 Aboriginal youths aged 12 to 17 were accused (charged or otherwise) in 2004 with a criminal offence on reserve. According to the Public Safety Canada statistics, this rate (24,391 per 100,000 youth) is more than three times higher than the average in the rest of Canada (7,023 per 100,000 youth). Also in 2004, the statistics note that young offenders were accused of committing homicides on reserves at about 11 times the rate of young people who were similarly accused elsewhere in Canada, and were seven times more likely to be accused of break and enter and disturbing the peace. While the issue of youth crime is recognized as a

concern for many communities across Canada, Public Safety Canada is careful to note that “there is no single source of information to determine the number of youths who commit crimes in Canada,” adding that “estimates can be obtained using various methods (e.g., self-reports, official records of convictions, charges, victimization surveys), each providing a slightly different picture of the phenomenon.”

In Quebec, 77.4 percent of Aboriginal students begin high school at least one year behind. According to recent Statistics Canada data, in 2010-11, 27 percent of all adults in both provincial and territorial custody, and 20 percent of those in federal custody were Aboriginal people; in other words, this is approximately seven or eight times higher than the proportion of Aboriginal people (three percent) in the adult population as a whole, (Statistics Canada, 2012a.). This is confirmed by the 2011 Annual Report of the *Corrections and Conditional Release Statistical Overview*, which reveals that Aboriginal people continue to be overrepresented in the justice system and shows that the number of Aboriginal offenders continues to increase (<http://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2011-ccrs/index-eng.aspx>).

The ongoing need of the EPFA is further compounded by the observation that early alcohol consumption and drug use is an acute social problem on reserves (Adrian, Layne & Williams, 1990; Gfellner & Hundleby, 1995). Kendall and Kessler (2002), Liddle, Rowe, Dakof, Ungaro and Henderson, (2004) and Kirby and Keon (2004) show that prevention is a key strategy for slowing the progression and reducing the seriousness of at-risk behaviour (alcohol and drug use) and for mitigating or eliminating the psychosocial consequences that can disrupt educational, professional and social development among youth.

Studies show that anxiety, depression, aggression, conduct disorder, delinquency, anti- social behavior, substance abuse, partner violence, teenage pregnancy, post traumatic stress disorder, and suicide are among the emotional and behavioral problems associated with abuse (*Dube SR, Anda RF, Felitti VJ, Edwards VJ, Williamson DF. Exposure to abuse, neglect and household dysfunction among adults who witnessed intimate partner violence as children. Violence and Victims 2002; 17(1):3–17.*

The preceding is not exhaustive, as several other factors contribute to the need of the EPFA and show that the problem is not limited only to child neglect and abuse and/or the removal of children from the parental home (leading to unstable families). Such persistent underlying conditions, structural factors, or social determinants that contribute to child maltreatment and neglect, continue to exist in Aboriginal communities and enhance the continued need for the EPFA. However, the evaluation is careful to note that while the EPFA has neither the authority nor the capacity to either address or resolve all these issues directly, so far as these conditions prevail, the EPFA will continue to be needed.

Determining factors

Certain key determining factors point to the fact that the need for prevention activities is more profound amongst First Nations. A comprehensive review of the literature on child and family abuse concludes that there is an ongoing need for culturally relevant prevention services for First Nations in Quebec and Prince Edward Island. Key risk factors (with various causes) that

contribute to the crucial need for the EPFA among First Nation communities are linked together by the literature, and include emotional, behavioral, family and social problems, which can be divided into four factors: (1) individual; (2) family; (3) social; and (4) background factors.

Individual factors: these are psychobiological in nature (e.g. depression, mental illness and anxiety), and have a decisive influence on an individual's behaviour.

Family factors: refer to detrimental cultural and family circumstances. It includes family breakdown, improper parental behaviour towards children, and the risk that children, particularly boys, will replicate their parents' behaviour. Interviewees mentioned that the intergenerational impacts of residential school have limited their people's ability to learn parental and community skills and responsibilities through their cultural as well as the usual socialization processes.

Social factors: include socioeconomic determinants such as poverty, lack of education, limited employment opportunities, the poor state of housing and sanitation facilities, and poor water quality, all of which affect many Aboriginal people. In 2001, more than half (52.1 percent) lived in poverty, and according to interviewees, living in such conditions incessantly contributes to a feeling of helplessness and hopelessness. Documents reviewed show that in Canada, 40 percent of Aboriginal children are presently living in poverty, compared to 17 percent for the rest of Canada. For example, a review of literature from D. Macdonald & Daniel Wilson (2013) shows that poverty in itself is nothing; however, it carries a heavy symbolic load in our capitalist world. In the case of the EPFA, poverty translates into a lack of resources, power, voice and access to services and raises the need for an ongoing maintenance of the EPFA, if its outcomes are to be realized.

Table 4 shows that the Aboriginal and Registered Indian populations have weaker participation rates in the economy compared to the non-Aboriginal population and, that unemployment rates are more than double for Registered Indians compared to the non-Aboriginal population (with the exception of Registered Indians off reserve in Prince Edward Island, due to small numbers).

Table 4: Labour Force Statistics, for 25-64 Age Cohort

			Participation* rate		Unemployment rate	
			Male	Female	Male	Female
Canada	Aboriginal population	Total	76.3	67.6	14.4	11.2
	Registered Indian	On reserve	63.1	57	26.1	17.5
		Off reserve	78.4	65.6	15.2	13.2
	Non-Aboriginal population	Total	85.6	75.8	6.2	5.8
PEI	Aboriginal population	Total	79.3	76	19.2	10.5
	Registered Indian	On reserve	88.9	80	25	18.8
		Off reserve	68	61.1	0	0
	Non-Aboriginal population	Total	87.6	80.5	10.1	10
Quebec	Aboriginal population	Total	75.9	69.8	13.9	9.7
	Registered Indian	On reserve	71.2	66.7	25.1	14.7
		Off reserve	77.9	67.5	11.3	9.9
	Non-Aboriginal population	Total	84	75.1	6.7	5.4

Table 1 Source: Statistics Canada, 2011 NHS, AANDC Special Tabulations

*Note: “Participation Rate” is defined as those that are active in the labour force, either working (part- or full-time) or are looking for work.

With respect to education, Table 5 shows the Educational Attainment for the 25-64 age cohort. The non-Aboriginal population, and off- reserve Registered Indians, are more likely to have a post-secondary education than Registered Indians on reserve.

Table 5: Educational Attainment for 25-64 Age Cohort

			No certificate, diploma or degree		High school certificate or equivalent		Post-secondary certificate, diploma or degree	
			Male	Female	Male	Female	Male	Female
Canada	Aboriginal	Total	31.81%	26.26%	22.43%	23.06%	45.76%	50.67%
	Registered Indian	On reserve	50.12%	42.97%	16.59%	19.69%	33.30%	37.34%
		Off reserve	29.06%	25.49%	24.83%	22.88%	46.10%	51.63%
	Non-Aboriginal	Total	13.13%	11.04%	22.82%	23.65%	64.04%	65.31%
PEI	Aboriginal	Total	25.00%	32.00%	20.65%	21.60%	53.26%	47.20%
	Registered Indian	On reserve	33.33%	25.00%	11.11%	30.00%	55.56%	50.00%
		Off reserve	0.00%	30.56%	20.00%	8.33%	72.00%	58.33%
	Non-Aboriginal	Total	18.18%	10.04%	24.75%	23.71%	57.07%	66.25%
Quebec	Aboriginal	Total	30.82%	28.26%	15.90%	18.28%	53.28%	53.45%
	Registered Indian	On reserve	48.15%	44.55%	9.35%	12.81%	42.44%	42.59%

	Off reserve	21.83%	22.51%	20.36%	19.10%	57.89%	58.38%
Non-Aboriginal	Total	15.68%	13.40%	18.63%	20.48%	65.69%	66.13%

Table 1 Source: Statistics Canada, 2011 NHS, AANDC Special Tabulations

Table 6 shows that in both Quebec and Prince Edward Island, Registered or Treaty Indians on reserve have lower median incomes than other population groups in Quebec and Prince Edward Island. In Prince Edward Island, Registered or Treaty Indians on reserve have a median income of \$20,000 compared to \$27,600 for Registered or Treaty Indians off reserve, and \$34,400 for non-Aboriginal people in Prince Edward Island. In both comparisons, those living on reserve have lower incomes than other population groups in Prince Edward Island. In Quebec, the situation is similar, as Registered or Treaty Indians on reserve have a median income of \$23,900 compared to \$30,000 for those living off reserve, and the gap widens further when compared to non-Aboriginal people in Quebec who have a median income of \$35,300.

Table 6*: Median Income by Labour Force, 25-64 Age Cohort

			Total**	In the labour force
Canada				
Aboriginal population	Total	Total - Sex	\$27,511	\$35,594
		Male	\$31,314	\$39,130
		Female	\$25,044	\$32,894
Registered or Treaty Indian	On reserve	Total - Sex	\$15,556	\$24,326
		Male	\$13,532	\$21,340
		Female	\$17,580	\$27,125
	Off reserve	Total - Sex	\$27,626	\$35,697
		Male	\$32,515	\$39,034
		Female	\$24,921	\$33,110
Non-Aboriginal population	Total	Total - Sex	\$37,936	\$42,668
		Male	\$44,952	\$48,827
		Female	\$32,090	\$37,694
Prince Edward Island				
Aboriginal population	Total	Total - Sex	\$26,296	\$28,985
		Male	\$27,878	\$27,830
		Female	\$24,825	\$30,587
Registered or Treaty Indian	On reserve	Total - Sex	\$20,100	\$21,718
		Male	\$17,494	\$21,544
		Female	\$21,054	\$21,777
	Off reserve	Total - Sex	\$34,759	\$34,804
		Male	\$176,374	\$38,487
		Female		

		Female	\$34,624	\$34,796
Non-Aboriginal population	Total	Total - Sex	\$34,441	\$36,653
		Male	\$37,908	\$39,664
		Female	\$31,122	\$34,015
Quebec				
Aboriginal population	Total	Total - Sex	\$29,174	\$35,337
		Male	\$31,908	\$37,459
		Female	\$26,465	\$33,131
Registered or Treaty Indian	On reserve	Total - Sex	\$23,887	\$31,826
		Male	\$21,801	\$29,106
		Female	\$25,739	\$33,927
	Off reserve	Total - Sex	\$30,073	\$36,158
		Male	\$35,120	\$41,202
		Female	\$25,504	\$32,147
Non-Aboriginal population	Total	Total - Sex	\$35,293	\$39,346
		Male	\$39,943	\$43,134
		Female	\$31,090	\$36,021

Table 3 Source: Statistics Canada, 2011 NHS, AANDC Special Tabulations.

*** Data quality issues for Registered Indian, off reserve, males, are currently under investigation. Statistics Canada has been notified and is currently investigating (as of December 20, 2013).**

**Respondents in the "Total" column were classified as Employed, Unemployed, or Not in the labour force. The labour force includes the employed and the unemployed.

Background factors: includes historical elements that have an impact on Aboriginal peoples' lives, for instance, the fact that Aboriginal people were dispossessed of their lands, lost control of their living conditions, saw their beliefs and spirituality extinguished, fell victim to racial discrimination, and found their social and political institutions weakened. All these background factors have seriously damaged their confidence and contribute to their predisposition to suicide, self-harm and other forms of self-destruction (Royal Commission, 1995).

These factors are far from isolated, and when combined with one another, they influence individual behaviours. Minde and Minde (1995) show that psychosocial problems observed among Native American children and adolescents in terms of social and school adjustment are the product of interaction between socioeconomic status and environmental conditions, on the one hand, and socio-cultural and historical characteristics specific to each community, on the other.

The literature is corroborated by key informants who noted that residential schools and their consequences, not only played a role in cultural breakdown, but also undermined family life, destroyed parenting skills, and were the setting for widespread neglect and abuse that was experienced or at least witnessed by generations of children. Key informants noted that without federal funding for such prevention programs, whether in Quebec or Prince Edward Island, they would be unable to receive the level of services now considered essential.

In the same vein, Beauvais (1996) and Machamer & Gruber (1998) show that the interconnection between poverty and idleness on reserves, parenting and inadequate family interactions contribute to the risk of alcohol and drug abuse, lack of motivation and early drop-out among Native American adolescents. Poverty, isolation on reserves and lack of motivation are also considered to be powerful predictors for identifying the causality of suicide among Aboriginal adolescents and young adults (Bagley, Wood & Khumar, 1990).

Some risk factors, such as poverty and alcoholism among parents increase the probability of a negative reaction. The risk may be personal or family-based or occur in a broader environment. Vulnerability to a negative reaction increases exponentially with each additional risk factor. This is referred to as the “stacking” of risk factors. Interviewees and case study participants were overwhelmingly concerned with these risk factors, emphasizing overcrowding 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. For Moodie, R. and Jenkins, R. (2005), who surveyed the opinions of a number of mental health experts, a major investment must be made going forward to promote mental health and prevent mental illness in order to put a stop to the ever-increasing costs of curative treatments for mental illness and the associated physical health problems.

The strong correlation between socio-economic status and children’s academic performance is well established. The literature also shows that there is a correlation between the level of education as a risk factor and child poverty by ethnic group. Rudy Pohl’s *Poverty in Canada* notes that young parents, most particularly young single mothers, are more vulnerable and face challenges related to education and employment that can lead to poverty (Pohl, Rudy. (2002). *Poverty in Canada. Street level consulting and counseling*). However, with respect to children living in poverty, theirs is a demand that is much greater and which require extra support for them to live and to fulfil their potential. It is a well established fact that children living in poverty are more vulnerable than any other section of society and it is equally well known that poverty is linked to various physical, social and economic disadvantages that occur later in life.

Interestingly in Canada, both Government and business are concerned or preoccupied with workforce replacement and shortages in skilled labour while at the same time, studies reiterate that amongst Canada’s population, the youngest and fastest growing demographic in the country are Aboriginal people, but they are those caught in the throes of poverty.

As illustrated in Figure 1, the median age (the midpoint where half the population is above and the other half below) is significantly lower for Registered Indians on reserve, compared to their non-Aboriginal counterparts. In Canada, there is a 16 year gap between non-Aboriginal males when compared to males who are Registered Indians on reserve, and a 17 year gap between women. That gap increases to almost 18 years between males who are non-Aboriginal in Prince Edward Island and males that are Registered Indians on-reserve in Prince Edward Island, and a gap of close to 19 years for women. In Quebec, the gap is 17 for males and 16.4 for females.

Figure 1: Median Age for Non-Aboriginal and Registered Indian, On Reserve

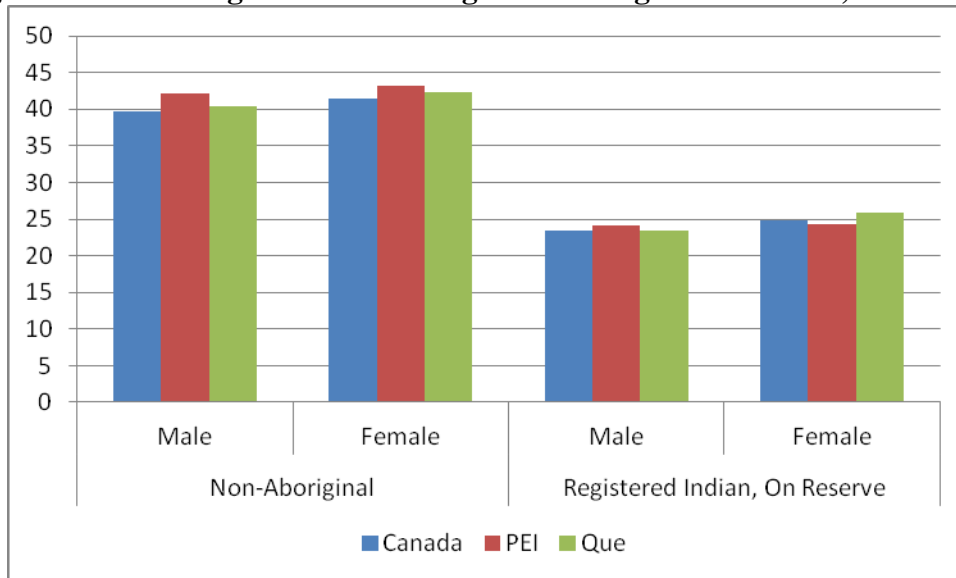


Figure 1 Source: Statistics Canada, 2011 NHS, AANDC Special Tabulations

The child poverty rate remains at 1989 levels, the year of the all-party House of Commons resolution to end child poverty. In that year, federal and provincial governments committed to eliminate child poverty by the year 2000 but this is not the case, with Canada ranking 25th among the 30 countries that comprise the Organization for Economic Co-operation and Development, a body that tracks child poverty rates internationally. In the case of Aboriginal children, data from the 2006 census (Statistics Canada study) show that the average child poverty rate for all children in Canada is 17 percent, while the average child poverty rate for all the indigenous children is at 40 percent.

In a unique way, the very recent (October 6-15, 2013) visit by James Anaya, the United Nations fact-finder and special *rapporteur* on indigenous rights who came to take stock of the plight of Aboriginal Peoples in Canada reinforces the continued need of the EPFA. In a telephone interview, the law professor conceded “The idea is to get a first-hand view of the situation of Aboriginal Peoples in Canada by hearing directly from as many as I can.” Adding that “Canada consistently ranks among the top of countries in respect to human development standards, and yet amidst this wealth and prosperity, Aboriginal people live in conditions akin to those in countries that rank much lower and in which poverty abounds.” He also noted: “One community I visited has suffered a suicide (once) every six weeks since the start of this year.”

“Despite positive steps, the daunting challenge remains,” he said. “From all I’ve learned, I can only conclude that Canada faces a crisis when it comes to the situation of indigenous peoples.” He also talked about the residential school period in Canada and how it continues to “cast a long shadow of despair on indigenous communities,” urging the federal government to extend the mandate of the Truth and Reconciliation Committee “as long as necessary,” because “Many of the dire social and economic problems faced by Aboriginal people are directly linked to that experience,” as he wrapped up his mission. His visit is the latest in a series of visits by United Nations special *rapporteurs* on indigenous rights whose findings have been similar to Anaya’s.

Overall, the EPFA meets an ongoing, pressing need to help lower the risk factors underlying the psychosocial problems observed in Aboriginal communities. These social problems are sources of social destabilization and stunted economic development. Prevention, therefore, becomes an approach adapted to the current situation faced by Aboriginal communities. The need to implement a prevention focused approach was supported by all stakeholders who were interviewed in both provinces (Quebec and Prince Edward Island). According to them, First Nations have always made it loud and clear that prevention in Aboriginal communities is the only way to counteract the prevalent risk factors. Moreover, some noted that they had used a preventive approach prior to the Government of Canada assuming responsibility for this initiative.

Given their experience and the available evidence, the affirmation of the continued need of the EPFA by key informants is critical. The ongoing need for this type of programming is underscored by the continuing existence of First Nation children who are experiencing neglect and abuse across Canada and the observation that without designated funding, communities would not be able to provide a range of prevention services.

3.2 Alignment with government priorities

Finding 2: There is strong alignment between the EPFA objectives and commitments made by the Government of Canada (e.g., past budgets, speeches, Cabinet directives, etc.). Budgets 2006 and 2010 and the 2011 Speech from the Throne confirm that the EPFA’s objectives remain a key priority for the federal government.

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:

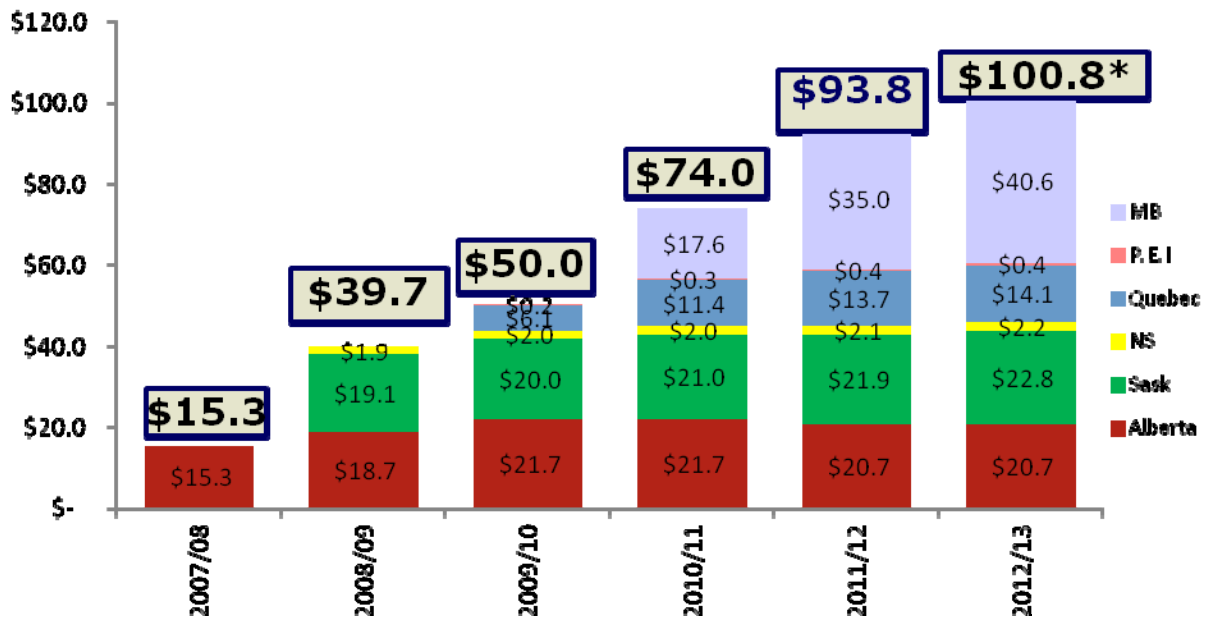
Government of Canada priorities – past and current. On the Government level, EPFA as a Government of Canada priority is seen in Budget 2006 when provinces began to shift to a greater emphasis on enhanced prevention in their own approaches to child and family services. This led the federal government to follow suit and initiate a transition by looking at a new funding approach that would ensure enhanced prevention practices were brought to reserves. These transformations became a federal priority in 2007, pushing AANDC, in conjunction with willing provincial and First Nation partners, to start to roll out its new Enhanced Prevention Focused Approach on a province-by-province basis. Thus, for example, on April 27, 2007, AANDC

announced the first Tripartite Accountability Framework in which the Government of Canada provided an investment of \$98.1 million over a five-year period in Alberta.

The priority attached to the EPFA is also evidenced in 2008 when AANDC announced the Tripartite Accountability Framework in Saskatchewan, providing this province with an investment of \$105 million over a five-year period geared towards supporting the implementation of the EPFA.

In 2009, AANDC again made another announcement with respect to the establishment of the Tripartite Accountability Framework for two provinces: Quebec and Prince Edward Island. In these cases, 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.

In July 2010, the Tripartite Accountability Framework for implementing the EPFA in Manitoban reserves was announced. Here, the Government of Canada committed \$177 million over five years. Emphasizing the priority nature of the EPFA, the documents reviewed by the evaluation shows that Budget 2010 does recognize 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 now dedicated to the implementation of the prevention-based model. Total incremental funding under the new EPFA is depicted in the following chart:



*The amounts for 2012-13 are forecasted expenditures and may vary.

The June 2011 Speech from the Throne mentions among the Government of Canada's priorities, helping Aboriginal communities overcome barriers to their socio-economic participation as the contribution of Aboriginal people is important to Canada's prosperity: "*Canada's Aboriginal peoples are central to Canada's history, and our Government has made it a priority to renew and deepen our relationship. The contribution of Canada's Aboriginal peoples will be important to our future prosperity. Concerted action is needed to address the barriers to social and economic participation that many Aboriginal Canadians face.*" Improving the plight of affected First Nation members remains a key ongoing government priority and confirms the ongoing alignment of the EPFA with Government of Canada priorities since 2007. Over the past six years, the Government's continued commitment to fund the transition to the EPFA clearly demonstrates that this program is consistent with federal priorities.

Mandate/Priorities and Strategic Objectives of AANDC

At the AANDC level, the EPFA is consistent with the currently formulated mandate and strategic objectives of the Department. Departmental priorities as they relate to the EPFA are embedded in the mandate to improve social well-being and economic prosperity and develop healthier, more sustainable communities. The prevention-focused approach also contributes in part to achieving other AANDC priorities as set out in the Strategic Outcome of establishing healthy, safe and sustainable communities. As it pertains to the prevention-focused approach, the overall objectives of AANDC's Social development Programs (FNCFS being one of the five programs) put it this way: "base programming on prevention methods that build linkages to complementary programs administered by other government departments and provinces and territories."¹⁵

AANDC has also stated that "improving the safety and well-being of First Nations children on reserve and child welfare services on reserve remain a priority." To this end, a departmental priority is to fund and support FNCFS 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.

Additionally, a comprehensive document review of EPFA objectives with regard to federal priorities, objectives and responsibilities show that the EPFA is strongly aligned with the departmental mandate and those of its partners. This was consistent with the interview data though a few questioned to what extent some of the federal departments could play a significant role in enhanced prevention. On the other hand, the evaluation reviewed provincial and territorial actions taken to implement the enhanced prevention approach, and concluded that provinces, while also facing rising costs and an increasing number of children brought into care, are moving towards a more prevention-focused approach with the goal of reducing the need for child apprehensions.

¹⁵ AANDC, 2008, Results-based Management and Accountability Framework for the First Nations Child and Family Services Program, Appendix B, 3.

A majority of interviewees noted that the EPFA's existence is very helpful and its activities beneficial to the community in terms of reinforcing safety. Internal interviewees noted that the EPFA could help better address certain elements of the Department's mandate (i.e., more attention to decision making). For example, several interviewees stressed that the EPFA could or should place more emphasis on effectiveness outcomes (e.g., performance measures, follow-up and monitoring activities) as well as process efficiency.

FNCFS supports AANDC policy to deliver culturally appropriate care. The Performance Measurement Strategy for the Social Development programs establishes that AANDC supports culturally appropriate protection and prevention services that are more closely aligned with a culturally-based, holistic, Aboriginal model of child and family services.¹⁶ The principle related to "culturally appropriate services" has also been articulated as a part of the Government Response to the 2009 recommendations of the Public Accounts Committee originally articulated as a response to a recommendation from the Office of the Auditor General, and more recently to the Standing Committees on Aboriginal Affairs and Northern Development and Status of Women. This principle has been included in the revised National FNCFS Manual.

Some program delivery agencies report that they measure culturally appropriate indicators, though these are not generally reported to AANDC. A few FNCFS agencies also note the difficulty in translating certain concepts onto paper, as their knowledge transfer is primarily oral-based. As AANDC moves towards measuring outcome data, tapping into measures already being collected by the agencies could serve the Department in better understanding the needs and priorities of its stakeholders and improving alignment with priorities. It could further develop flexible mechanisms to accommodate the various ways in which knowledge can be shared.

Departmental support for FNCFS EPFA as a priority is also evidenced by the financial support devoted to the FNCFS. Funding is provided for the delivery of protection and prevention services to support this commitment and, in compliance with this priority, AANDC, since 1998, has steadily increased funding to the provinces, Yukon and to more than 100 FNCFS agencies that are responsible, under provincial or territorial law, for the delivery of child and family services within their jurisdiction. So far, AANDC funding to these service providers has more than doubled over the 14 years, from \$238 million in 1998-1999 to approximately \$618 million in 2011-2012.

As demonstrated by the following references, a series of AANDC Reports on Plans and Priorities are also relevant. The 2006-2007 Reports on Plans and Priorities identified Women, Children and Family as one of the main departmental priority areas within the Social Development Program Activity. The 2008-2009 Reports on Plans and Priorities makes prevention for Child and Family Service a key priority.¹⁷ The Reports on Plans and Priorities for 2009-10 set a specific target to reduce the proportion of on-reserve children in the care of FNCFS agencies by 2.5 percent when compared to provincial rates of children in care.¹⁸ According to the 2010-11 Reports on Plans and Priorities, the target was to implement the EPFA in all the provinces and the Yukon by 2013 if funding is available. Recent documents state that AANDC is committed to

¹⁶ AANDC, 2011, *Performance Measurement Strategy for the Social Development Programs*.

¹⁷ AANDC, 2008, *Report on Plans and Priorities*, 19.

¹⁸ AANDC, 2008, *Report on Plans and Priorities*; AANDC, 2009, *Report on Plans and Priorities*.

transitioning the FNCFS Program to an Enhanced Prevention Focused Approach in a way that is systematic, consistent, and that ensures community-level needs are met with culturally appropriate services based on provincial comparability. Transitioning each jurisdiction involves a significant amount of tripartite work and depends on partner readiness and on the status of the province or territory's own shift to a different approach. The timing of completion is difficult to predict in the five remaining jurisdictions. AANDC is therefore moving forward incrementally with ready and willing partners, and is following the lead of those jurisdictions that have shifted their own approaches to child welfare.

The EPFA's funding supported participating entities (e.g., service providers who act in accordance with the legislation and standards of the province or territory of residence) in fulfilling their mandates of providing culturally appropriate prevention and protection services for First Nation children and their families.

3.3 Alignment with government roles and responsibilities

Finding 3: *The EPFA aligns with the Government of Canada's roles and responsibilities.*

AANDC operates the FNCFS EPFA with the objective of funding the provision of child welfare services for First Nation children and families living on reserve that are culturally appropriate, that comply with provincial legislation and standards, and that are reasonably comparable with services provided off reserves in similar circumstances. The EPFA is perceived by key informants as consistent with the roles and responsibilities of the Government of Canada with respect to promoting and maintaining the welfare of the Aboriginal population.

When in 1990, the federal government approved a First Nations child welfare policy that promoted the development of culturally appropriate child and family services (controlled by First Nations) for the benefit of on-reserve children and their families, AANDC responded by creating the FNCFS. Under the FNCFS, AANDC provides funding to First Nations, their organizations, and provinces and the Yukon Territory 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.

A mid-term review of the EPFA found that many promising and effective prevention approaches exist across Canada and internationally, for example, the *strengths, Aboriginal, or holistic-based approaches* or the *focus on parenting practices* to child welfare service provision. The effectiveness of the prevention focused approach in slowing psychosocial problems has been demonstrated in other areas and should yield similar results in First Nation communities. It should be noted that the implementation of the prevention focused approach has been consistent with the division of powers, health and social services being under provincial jurisdiction. The implementation approach was therefore taken in accordance with a tripartite agreements signed between the provincial governments of Quebec and Prince Edward Island, the Government of Canada and First Nation representatives from both provinces. Interviews with prevention service providers in Quebec and Prince Edward Island revealed a desire for the federal government to not only finance the approach, but also invest in knowledge transfer for a successful

implementation of the approach. The prevention focused approach is also needed since there is no other activity of this type in either province in First Nation communities.

First Nations acknowledged that placing an emphasis on the preservation of the family is key, as in their view, the need for the healthy rebuilding of the total family unit is essential to the treatment of child neglect and abuse. It is also recognized that if the family is to be preserved then men also need to be included in the solutions and helped to stop violent and abusive behavior.

Given the many underlying causes of neglect and abuse and the need for prevention approaches, several departments and levels of governments are implicated. The key federal departments with whom AANDC collaborates to deliver the EPFA include:

Aboriginal Affairs and Northern Development Canada and Health Canada Initiative

Jordan's Principle - This is a shared AANDC/Health Canada initiative based on the case of Jordan River Anderson, a First Nation child born with a rare neuromuscular disorder who required hospitalization from birth. The provincial and federal governments could not agree on who was financially responsible for Jordan's care in a medical foster home. Both governments were attempting to find a resolution; however, Jordan's condition deteriorated and he passed away in hospital before a resolution was reached. On December 12, 2007, the House of Commons unanimously supported a Private Member's motion (M-296) stating that "the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children." AANDC and Health Canada are working with provinces and First Nations to implement Jordan's Principle. Federal and provincial contacts and processes are in place for each province to address any cases that are brought forward.

Health Canada and the Public Health Agency of Canada

Health Canada partners with AANDC (i.e. FNCFS) in order to institute a coordinated and collaborative approach to child welfare, including the needs of vulnerable children on reserve. Some of the programs where collaboration is assured include:

1. Non-Insured Health Benefits Program: 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 Non-Insured Health Benefits covers the cost of pharmaceuticals, dental services, vision services, medical transportation, medical supplies and equipment, and crisis intervention mental health counseling. In 2009-10, total expenditures for Non-Insured Health Benefits was \$989.1 million.
2. Aboriginal Head Start on reserve: Since 1997, Aboriginal Head Start is intended to deliver Early Childhood Development programs that include locally-designed and controlled early-intervention strategies that foster a positive sense of self and a desire for learning in First Nations preschool youngsters. Aboriginal Head Start programming encompasses: education; health promotion; culture and language; nutrition; social support; and

parental/family involvement. Aboriginal Head Start is highly complementary to the goals of a prevention approach to child welfare.

3. The Fetal Alcohol Spectrum Disorder Program: addresses health problems that are associated with alcohol use by mothers during pregnancy and its main purpose is to reduce the number of babies born with Fetal Alcohol Spectrum Disorder and to support children who are diagnosed with Fetal Alcohol Spectrum Disorder 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.
4. The Canada Prenatal Nutrition Program: is a community development approach (not specific to Aboriginal mothers). 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.
5. Maternal Child Health Program: it supports pregnant First Nations women and families with infants and young children, who live on reserve, to reach their fullest developmental and lifetime potential. It is accessible to all pregnant women and new parents, with long-term support for those families who require additional services.
6. The Brighter Futures Program: 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 family and community; the ultimate goal is a healthy family and community context in which children can grow. One of its components, parenting skills, aims to promote culturally sensitive parenting skills. Some of its activities include parenting workshops, parental training programs and support groups for parents and fits well with the FNCFS mandate.
7. The Community Action Program for Children: a health promotion program funded by the Public Health Agency of Canada, in partnership with the provinces and territories, it targets all children (0-6) who are deemed to be at risk, not specifically Aboriginal children. Community Action Program for Children places importance on collaboration and partnerships and is big on community capacity building. Community Action Program for Children targets low income families, children being cared for by teenage parents, those with developmental delays or other behavioral problems, and those who are subjected to abuse and neglect.

Justice Canada

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

child maltreatment and domestic violence.

2. National Anti-Drug Strategy: is a Justice Canada led horizontal strategy (partnership with 11 other federal partners) and targets reduction, production and distribution of illicit drugs. A Prevention Action Plan element (overseen by Health Canada) targets youth and implements community-based interventions. As child maltreatment and neglect are often linked to addictions, this program is another collaborator with FNCFS in prevention efforts and is described in areas in key legislation that are relevant to National Anti-Drug Strategy's activities (e.g. *Youth Criminal Justice Act*; *Criminal Code of Canada*; *Canada Health Act*).

Human Resources and Skills Development Canada

1. First Nations and Inuit Child Care Initiative: 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 First Nations and Inuit Child Care Initiative is a \$50-million program that has supported over 8,500 childcare spaces in 486 First Nations and Inuit communities across Canada. Aboriginal Agreement holders create programs based on their community needs (mostly pre-school spaces); some are after-school programs.
2. Aboriginal Human Resources Development Strategy: provides job-training opportunities for Aboriginal people (on and off reserve). It is complementary to child welfare by facilitating the achievement of secure employment for parents, improving life circumstances of the family and lessening the stresses of poverty. As poverty is one of the major contributing factors to child maltreatment, reducing poverty has the potential to improve child welfare.

Regarding roles and responsibilities, the importance of federal departments and provincial/territorial engagement and support when negotiating meaningful EPFA agreements in Aboriginal communities cannot be ignored. These partners, as well as First Nation communities have an important role to play under the EPFA. As such, these community-based programs, which take an early intervention/prevention approach to child welfare, from prenatal to teenage years, are sometimes cost-shared with other funding partners. While aiming to support and help create healthy families in healthy communities, they are delivered in a way that reflects the culture and values of the communities in which they are situated. However, most interviewees have noted that a central mechanism or responsible party for coordinating these efforts, such as the FNCFS EPFA is needed.

All interviewees agreed that there is a need for a strengthened interface between federal, provincial/territorial and First Nations partners by increasing the number of regional tripartite Tables on First Nations Child and Family Services working in partnership with each other (e.g. Health Canada, Human Resources and Social Development Canada) to develop single-window service delivery options with respect to early childhood development.

4. Evaluation Findings – Design and Delivery

4.1 Design and Delivery of the EPFA in Quebec and Prince Edward Island

Finding 4: *The majority of FNCFS agencies in Quebec, and the Mi’kmaq Confederacy of Prince Edward Island are progressing towards effective prevention approaches that can reduce the presence of risk factors and take advantage of opportunities in communities.*

The case studies, site visits, interviews and surveys, document review as well as reviews of academic literature indicate that the majority of agencies in Quebec (11 out of 15 agencies), and the Mi’kmaq Confederacy of Prince Edward Island, are implementing effective prevention systems. In both Quebec and Prince Edward Island, the prevention approach for each agency has been designed to address risk factors for each community.

The EPFA frameworks in Quebec and Prince Edward Island recognize that prevention programs strengthen families and reduce the likelihood of child abuse and neglect. Prevention Services in Prince Edward Island and First-Line Services (as they are referred to in Quebec) are designed to work through clinical interventions, promotion, and prevention activities addressing key risk and protection factors to develop individual’s skills and abilities, increasing well-being of whole community, and putting the child first. Examples from literature of prevention program models include public awareness activities, parent education programs, skills-based curricula for children, home visitation programs, health care providers, social service agencies, school programs and other community programs. The literature states that: “Social problems are best treated by solutions that come from the local environment (Andrew, 2003, cited in Flashpohler et al. 2003: 39), with interventions that address both the psychosocial and socioeconomic determinants (Gagnier and Chamberland, 2000: 5), by actions that strengthen alliances and local capacity (Gagnier and Chamberland, 2000: 5), and by a shared responsibility for problems that does not only call on a response by government institutions but also a response by the entire community (Gagnier and Chamberland, 2000: 4).” FNCFS agencies in Quebec and Prince Edward Island are implementing prevention programs as described in the literature by working with families, parents, communities, and government to reduce the occurrence of risk factors. Some of the key elements of the design and delivery of the EPFA are discussed below:

- *The majority of agencies have effective partnerships in place with other service delivery agents to share expertise and resources in order to address multidimensional issues.*

The partnership and collaboration efforts made by the agencies are extensive in that they reach across the First Nations, off-reserve First Nations organizations, and non-First Nation service providers and organizations. The range of activities FNCFS agencies engage in with their partners include: improving client services; developing new protocols and procedures as a team; identifying potential clients; coordinating services provision to reduce duplication; sharing of services; and coordinating family and community events and special programs and services.

Partnerships and collaborations enable the pooling of resources and expertise to combat complex issues, such as social problems, that arise from interconnected risk factors. For example, violence is caused by many interconnected risk factors, including poverty, under education, overcrowded housing, and addictions. Effective partnering for the EPFA involves placing the right partner in the right place, thereby placing a qualified professional in a position where he or she is able to help address the appropriate risk factor. For example, a health professional can raise awareness of the risk factors that can harm a child from birth, a social worker can work with parents and youth, encouraging them to adopt healthy lifestyles and effective life skills and strategies, a teacher can lay the foundation for being productive and autonomous citizen by encouraging academic achievement, and a police officer can raise awareness about consequences of certain behaviours. All these stakeholders contribute to foster a thriving community whose members are responsible and healthy.

The more successful EPFA agencies have established a working method based on collaboration and partnership within their health and social services directorate. In this directorate, health and social services employees work together on an ongoing basis under the same leadership. Moreover, in successful agencies, partnership and collaboration are not confined to the health and social services branch; they extend to other services that are in contact with youth and families in order to improve prevention. For example, the Mi'kmaq Confederacy of Prince Edward Island has established numerous relationships that allow for the creation of reciprocal environments where various services are coordinated. Partner organizations include: 1) a national First Nation caring society; 2) numerous child and family off-reserve non-First Nation services, such as justice (legal aid, Royal Canadian Mounted Police, probation), schools, basic needs (job hunting, residential, food), emergency (shelter, family violence), medical (hospital, clinics), education (Prince Edward Island University), youth (group home, centre, justice); and 3) First Nations organizations (head start, daycare, women's shelter, school, health centre).

In Quebec, communities like the Kitigan Zibi First Nation, Mashteuiatsh First Nation and Gesgapegiag First Nation, have all established partnerships with schools, police, youth centres, health clinics, prisons and justice tribunals, woman's shelters, and other partners. This is the context in which the Kitigan Zibi prevention team set up a ski club in partnership with the University of Ottawa in order to prevent drop-outs and encourage success.

A best practice example from the Mashteuiatsh First Nation is the Aboriginal Shield Program, one of Royal Canadian Mounted Police's Drugs and Organized Crime Awareness Service's main initiatives. This is a youth focused program that provides substance abuse prevention strategies and healthy lifestyles coaching to Aboriginal youth and communities. Another illustrative example is in Gesgapegiag, where referrals are made to the Health Centre doctor trained in Family Conferencing. The doctor who works with families around sexual abuse issues and educates parents on the value of working with social workers and psychologists. All cases are reviewed at multi-disciplinary meetings, which include staff from the agency, the school, as well as medical and social services staff. These cross-functional teams are seen as critical to helping families become stronger.

- *The majority of agencies in Quebec and the Mi'kmaq Confederacy of Prince Edward Island have identified the prevention needs of the communities they support and have developed a range of support services for children, parents and families*

Agency staff in both Quebec and Prince Edward Island provide a range of services directly to children, parents and families. The broad categories of services offered that are reflective of the majority of agencies include: in-home support; recreational and extra-curricular programming; building community capacity; cultural education; support to children in care; and family group conferencing.

The Mi'kmaq Confederacy of Prince Edward Island designed the Prevention, Respect, Intervention, Development and Education (PRIDE) Program on the basis that children, families and communities benefit most from services that are sensitive to, and congruent with their cultural beliefs and traditional values. It takes a cultural approach to all of its activities and services by incorporating the seven teachings (e.g., wisdom, love, respect, bravery, honesty, humility, and truth)¹⁹ in all of their work with families.

In Quebec, the First Nations of Quebec and Labrador Health and Social Services Commission was put in charge of the roll-out of the EPFA. The first-line services package was introduced before the end of 2007; by the end of 2009, they held a province-wide FNCFS prevention gathering in Quebec City over a three-day period.²⁰ This included providing a guide for the assessment of community needs and a guide for developing action plans. The goal was to bring all Quebec First Nations onto this platform of service delivery. The community-based social development program was comprised of three phases unique to each First Nation: assess the needs and develop an action plan; implement the plan; and expand the first-line psychosocial services to the broader community.

In some of the agencies such as in Mashteuiatsh, Kitigan Zibi, Wendake and Gesgapegiag in Quebec, and in the Mi'kmaq Confederacy of Prince Edward Island, research findings on prevention approaches are studied prior to the implementation of subsequent activities. One of the challenges in determining which prevention activities to undertake lies in the correlation between the implemented activity and the risk to be mitigated. In other agencies, activities were developed without first determining whether these activities can help reduce local risks.

- *The majority of agencies have effective Management, Governance, Administration and Operations*

The management structures of FNCFS agencies in Prince Edward Island and the majority of agencies in Quebec have supported clear and distinct roles for staff members that provide each staff member a sense of autonomy and a specific target group to focus on (e.g., children and youth, parents, and families). The management structure provides for a clearly defined program area, enabling staff and management to exercise autonomous responsibility in the overall delivery of a complete package of programs and services. Other mechanisms, including business

¹⁹ For a graphical representation of the seven teachings, see <http://aboriginal.scdsb.edu.on.ca/sevengrandfather.php>

²⁰ FNQLHSSC website, under Social Services, First-Line Services. Accessed on June 15, 2013 at: <http://old.ccsspnql.com/eng/s-sociaux/s-premligne.htm>

plans, and policies and procedures, outline each of the agencies mandates, who their target populations are, principles and standards of practice, type of services and supports provided, and their approach to service and supports delivery.

The majority of agencies have built their prevention system based on the principles and objectives arising from the Tripartite Agreement. Each agency is responsible for developing its own prevention approach by developing and implementing a business plan that corresponds to the objectives of the Tripartite Agreement. The business plan is a requirement in order to receive EPFA funding. It is a rolling five-year document that outlines what activities the agency plans to undertake, what outcomes they hope to achieve and how they are going to measure these outcomes. The majority of agencies covered in this evaluation also produce annual reports. However, the annual reports do not necessarily reconcile with the objectives identified in the business plans and do not clearly demonstrate progress being made towards EPFA objectives. With respect to financial information, while maintenance costs are reported, expenditures on prevention activities are not reported.

As described in Section 1.2.2, the outcomes for the EPFA are included in the logic model for the Social Development Programs' Performance Measurement Strategy. However, the measurement of EPFA outcomes has not been undertaken by the program at Headquarters as there were difficulties in the consistent collection of all indicators across Canada. Documentary, literature and interview sources indicate that there is insufficient data regarding First Nations child welfare. 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 and has updated data collection instruments to consistently collect information on all outcomes. The information management system will allow the Department to house data collection instrument data, permit data verification and enable detailed analysis and reporting. The system will help to better assess needs and performance outcomes and is anticipated to increase program effectiveness. The first phase of this Information Management System rolled out in April 2013, and the second phase is anticipated to roll out in April 2014.

Program Delivery Challenges

The EPFA funding models for Quebec and Prince Edward Island were developed collaboratively with First Nations and provincial representatives, and are intended to reflect federal funding commitments that meet or exceed provincial funding for comparable funding elements. According to key informant interviews and the case studies, the multi-year funding provides for job and service security as well as some flexibility in how spending is allocated. However, the maintenance portion of the funding in the five-year agreement is based on costs from previous years and there is no mechanism to revise the costing model to accommodate additional financial pressures. Consequently, there is a risk that the models will become outdated, particularly with respect to salary increases, provincial changes to their service delivery models, and provincial cost pressures.

AANDC does allow, in exceptional circumstances, requests for additional maintenance funding. The uncertainty of whether or not the additional funding request will be approved can create stress for agency management. In Prince Edward Island, it was reported that funding concerns have led PRIDE to carefully plan expenditures and manage the flow of funding within the specific funding categories. Over the last five years, PRIDE has made only one request for extra funds, which was approved by AANDC.

In Quebec, the following program design challenges were articulated by respondents who participated in the case studies and site visits: need for consistent and better scheduled programs; improved system of communication between protection and prevention services; and the current limitations of in-home service provision.

It was mentioned that there was a need to have more consistent programs, that is not to say there was not enough programming, but rather that the timing of the sessions was sometimes inappropriate. The need to provide the programs in different timeslots to accommodate more clients was important since most clients have no means of travelling off the reserve for services. In one community, parents wanted to see more programming, even if a fee had to be charged (suggesting a monthly fee of twenty dollars), as they explained that there was nothing else happening for their children to participate in. Multiple respondents suggest that weekend services were needed.

Both prevention and protection staff and management in Gesgapegiag First Nation noted that there should be an improved system for communication between protection and prevention services. In the Mashteuiatsh First Nation, there was also a clear lesson learned in that protection and prevention services are best suited as separate entities (e.g., located in separate buildings so that parents are not confused on where the line is drawn); however, ensuring the two are well connected is imperative. In the Mashteuiatsh First Nation, the protection services were including EPFA services as part of family case conferences in order to better support families. In the Mashteuiatsh First Nation, the observation was made that in-home services were lacking and that it would be beneficial for a psycho-educational program like the EPFA to provide parental educational experiences in the home.

In both Quebec and Prince Edward Island, a program delivery challenge was also expressed due to limited office space, and lodging for employees in geographic isolated communities, which makes it challenging to provide additional programming and in some cases stable and consistent programming. The agencies work around this issue by collaborating with other service providers such as schools and by renting office space. For example, the PRIDE Program rents office space in Lennox Island from the Lennox Island Health Center. Programming is carried out on site or at the local elementary school. During the site visit at Scotchfort reserve (Abegweit First Nation) construction of the new Abegweit First Nation Community and Family Resource Center (funded by Atlantic Canada Opportunities Agency, Island Community Fund and Abegweit First Nation) was nearing completion. The PRIDE Program offices for Abegweit First Nation will be located in this new building.

Recommendations

It is recommended that AANDC:

1. Headquarters ensure that the expected outcomes and performance measures for the EPFA are clearly distinguished and articulated in the Social Development Performance Measurement Strategy.
2. Regional staff and Headquarters improve the monitoring and reporting of the EPFA by:
 - a. providing guidance and monitoring of the agencies' implementation of a results-based management approach that integrates planning, resources, activities and performance measurements to improve decision making, transparency, and accountability; and
 - b. ensuring that prevention activities are reported based on the expected outcomes for the EPFA, and that expenditures on prevention activities are tracked and reported.
3. Headquarters assess the costing models on a regular basis and revise as appropriate to ensure that they are not outdated.

5. What are the key factors that have facilitated or hindered the achievement of results?

The agencies that are effectively implementing the EPFA have the following common strengths:

- *Availability of qualified and experienced local staff*

In the agencies with an effective prevention system, service delivery relies on a culture of professionalism that guides everyone's work through a clear vision and objectives stated in a charter, a strict work schedule, results-based procedures and qualified staff.

The reduction of risk factors that contribute to neglect and abuse requires substantial expertise. Some agencies, such as those in Mashteuiatsh, Wendake, Wemontaci, Essipit and Kitigan Zibi in Quebec and in the Mi'kmaq Confederacy of Prince Edward Island, have trained and professional staff with expertise in prevention approaches.

Interviewees noted that the prevention caseworker is the central figure in service delivery and in communities where members know each other well, the perception people have of the caseworker is a determining factor in the success of service delivery. If community members feel that the prevention staff are professional and treat people with respect and compassion, they are more likely to engage in the prevention activities offered. In Mashteuiatsh, Kitigan Zibi, Wemontaci, Wendake, Abegweit, and Lennox Island, service users have a good perception of the staff and service offered. They have the impression that staff are there to help them and trust the staff because of their professionalism. For example, clients that were interviewed in Mashteuiatsh stated that they have a special relationship with EPFA staff and trust them because their relationship is professional and is based on respect and compassion. This notion of establishing trust with community members is especially important when the same agency is offering protection services as well as prevention services. In some cases, FNCFS agencies have separated their protection and prevention services in order to foster more trust in their prevention services.

- *Geographic location*

Most communities that have effectively implemented the EPFA have benefited from being located near an urban centre. The high level of education in these communities is, above all, the result of proximity to university institutions. Emulation of youth from close urban centres is also a significant motivating factor for young people and their parents. Some agencies in remote communities, such as Obedjiwan, have signed partnership agreements with the closest academic institutions, in order to develop expertise in prevention.

- *Support and leadership from band councils*

The support and leadership of band councils is also a determining factor for implementing a successful prevention system. In all the communities with a promising prevention system, support and encouragement from the band council were instrumental in the successful implementation of the EPFA.

Barriers to effective implementation of the EPFA

The key barrier to the effective implementation of the EPFA is a lack of expertise in prevention approaches, which leads to difficulties in designing an effective prevention system. According to interviewees, some of the main factors that contribute to a lack of expertise are:

- *Language spoken*

English-speaking communities in Quebec face the problem of finding prevention expertise in a predominantly French-speaking province.

- *Geographic remoteness*

Geographic remoteness tends to exacerbate the problem of availability of a local qualified workforce and office space and lodging for them.

- *Quebec Bill 21*

In Quebec, Bill 21 (a law that came into place in 2012) requires service providers to possess specific professional accreditations and related degrees. The two case studies as well as site visits reported that the implementation of Bill 21 on reserve has hampered the reach and impact of the program, particularly for communities that are far from the larger metropolises of the province.

According to EPFA staff in Quebec, the legislation does not serve to support the balance of needs in a First Nations setting. There is a strong desire among community members to access services with persons they know and feel comfortable with. However, because of the requirements of Bill 21, it is difficult to find First Nations personnel from the local community who are qualified. There is also a retention issue because staff who meet the requirements of Bill 21 often leave the community for better paying positions elsewhere.

Recommendations

It is recommended that AANDC:

4. Facilitate the creation of a mentoring network among the FNCFS agencies in order to increase their capacity by providing opportunities for sharing experiences and practical knowledge.

6. Evaluation Findings – Performance (Effectiveness/success)

Finding 5: *The majority of agencies in Quebec, and the Mi'kmaq Confederacy of Prince Edward Island have implemented the EPFA in a manner that is starting to yield results, which if continued may lead to the reduction of incidents of neglect and abuse.*

The EPFA has only recently been implemented in Quebec and Prince Edward Island. As a result, the evaluation has focused on gaining insight into the design and delivery of the programming. With reference to the outcomes for the EPFA, the implementation of the EPFA has demonstrated the following early results.

- **First Nation communities are aware of the prevention services and supports at their disposal**

Among all the agencies, the reduction of risk factors typically involves awareness/education activities. The education and awareness techniques used by successful agencies are quite varied so that they can reach as many members as possible. Some of the means used in these communities are radio, newspapers, brochures, ads, workshops and classroom courses, lectures, guest experts, websites and individual visits. The activities aim to increase the awareness of family members as well as community members on the activities they can undertake to better support families, in general and how they can be active participants in building solutions.

In Prince Edward Island, the interviews with the two chiefs and focus groups with community members and service providers demonstrated that all parties were aware of the services provided by PRIDE, and were satisfied with the services. Program details can be found at <http://www.mcpei.ca/node/356>.

In Quebec, some social workers involved in protection services stated there is a lack of knowledge about the EPFA among their clients (parents involved in the protection system). According to these interviewees, these parents could benefit from EPFA services as a prevention measure against having their children come into protection services, but these parents are not being reached. To improve collaboration between the two services, the First Nations of Quebec and Labrador Health and Social Services Commission is promoting the development of protocols between them. The majority of interviewees, however, as well as the case studies indicate that EPFA has built community awareness of the programming. In addition, according to the case studies, the consistent programming has been a surprise to parents and seen as critical to establishing credibility in the community and earning trust with clients.

- **First Nation community members are accessing prevention supports that respect cultural beliefs and traditional values**

In the communities covered by this evaluation, community members were generally aware of the local prevention system, but there is sometimes a lack of knowledge concerning the full range of services available. As a result, the extent to which families access family enhancement programming and at-risk children and youth engage in services differs depending on the community.

One of the key determining factors that influences the extent to which community members use the prevention services available to them is whether or not they have confidence in the EPFA staff. In some agencies, community members use the prevention services available to them because they respect and trust the staff due to their qualifications and professionalism, and also because of their ethical conduct in the community. Less successful agencies, however, face the issue of confidentiality (professionalism). This is a factor that discourages community members from using the services. In these communities, community members know the staff and do not have confidence in their expertise and/or do not trust them because according to them the staff member does not lead an exemplary lifestyle. For example, some community members questioned how they could ask an EPFA staff member for help if that person is not an upstanding member of the community.

The majority of communities reported a high participation rate in prevention programming by children. For example, several communities in Quebec reported that 80-90 percent of all school-aged children enrolled in their programming. However, the case studies and interviews found that there were concerns that the participation of parents could be improved. In speaking to some of these parents, it was clear that the parents' mindsets were focused more on the negative influences of other people's children than on the impact their own behavior could have on their children. In one community, there was the recognition that the connections with parents needed to be strengthened and an additional Family Support Worker was to be hired. Another community reported that although they had high participation rates in community-building activities, parents often do not know how to ask for help to improve their family dynamics and are not aware of their own needs in specific areas. Another community expressed concern that they were not reaching all of the families in need.

With respect to having access to culturally relevant services, all the lines of evidence demonstrate that the agencies in both Quebec and Prince Edward Island have implemented prevention activities that were respectful of the community's culture. For example, forest outings are offered so that youth can go fishing and hunting. These activities allow the youth to learn about Aboriginal culture and discover who they are. These outings are a way for these youth to not only socialize under the supervision of elders, but also to use ancestral traditions to find original solutions to current community problems.

- **First Nation communities maintain a suite of integrated prevention services**

The EPFA has enabled the provision of services to the communities that have worked to enhance and expand the "tool kits" for the community. The EPFA has allowed for services to become pro-active in regards to the ways in which families are benefiting from the services; these parents and families are engaging on a healing process, perhaps for the first time in their lives. In the case of some communities, interviewees observed that there is a paradigm shift in the community

in that reactionary methods are used less and less, because the service has evolved into a community solutions-based approach.

In these communities, a range of prevention activities are in place that have been designed to complement each other in order to prevent risk factors at the source. Interviewees reported that they had observed the parents becoming more aware through play and participating with their children in the programming and having a sense of responsibility for the child-centered programming, which was made available to their families. They also observed parents gaining an increased understanding of their cultural and spiritual traditions. One of the personnel said it was all worth it to see the importance that the EPFA brings to the minds of the community: it is all about generating healthy child and parent relationships and giving them the “Tools” to succeed.

Most community members who participated in the case studies and the site visits reported to the evaluation team that they prefer the services provided in their community because: (1) the services are provided quickly; (2) they are provided by a person with whom they share the same culture, who understands their challenges and who has compassion; and (3) the follow-up provided makes the services personalized.

- **First Nation children on reserve experience a more secure and stable family environment.**

In Prince Edward Island, all respondents recognized that the PRIDE program was helping to meet the needs of children and youth. Without the PRIDE, there would be no services on reserve that address prevention, given that the *Child Protection Act* does not have a prevention mandate, nor do any other provincial services.

At the time of the evaluation, there were two First Nation children in the care of the province. One child will age out in July 2013 and the other in two years. Further, since PRIDE has been in place no child on reserve has become a permanent ward of the province. Sixteen children were supported by PRIDE who may have otherwise gone into care. PRIDE has been working to identify the least intrusive supports within the community such as Aboriginal kinship homes.

In Quebec, all respondents recognized that the EPFA was helping to meet the needs of children and youth, while more work was needed to aid parents in their engagement in preventive measures. Without the EPFA, they stated that there would be no services on reserve that address prevention, given that the *Youth Protection Act* does not have a prevention mandate.

Although not generalizable to all communities in Quebec that have implemented the EPFA, the early results of EPFA implementation in the Gesgapegiag and Mashteuiatsh First Nations demonstrate that a reduction in the number of children placed in care is possible. In Gesgapegiag, there was a reduction in the number of children placed in foster homes from twelve in 2010 to four in 2012 (67 percent decrease). In Mashteuiatsh First Nation, there was a reduction in the number of children placed in foster homes from 63 in 2008 to 43 in 2012 (32 percent decrease).

7. Evaluation Findings – Other results

7.1 Unintended Outcomes

In Quebec, it was reported by several interviewees that the emphasis on reducing the number of reported incidents of neglect and abuse has in some cases contributed to caseworkers delaying the transfer of at risk children to foster homes in order to minimise the number of reported incidents of neglect and abuse. This unintended consequence sometimes happens in the three or four agencies in Quebec that are struggling to implement the EPFA and who also have a mandate for protection services. In these agencies, caseworkers find temporary ways to delay transfers to foster homes without first working to address the risk factors. As these agencies are struggling with the implementation of the prevention approach as well as with the dual mandate of prevention and protection, they move from one crisis to the next without being able to take adequate steps to prevent future crises. In these cases, it is crucial that protocols between protection and prevention services be developed and the reinforcement of prevention services through a community-based social development approach be made a priority.

8. Evaluation Findings - Efficiency and Economy

Finding 6: The majority of agencies in Quebec (11 out of 15 agencies), and the Mi'kmaq Confederacy of Prince Edward Island are implementing the EPFA in a cost-effective manner through extensive partnering and resource sharing; and effective management practices.

The evaluation was not able to fully assess efficiency and economy since the EPFA does not have detailed expenditure data. Therefore, it was not possible to fully assess the costs of the EPFA, including the agency costs per child or family served. However, it was possible to assess cost-effectiveness from a broader perspective by examining factors that can contribute to cost-effective programming such as partnering, and sound management practices.

Economy and efficiency was found largely through the extensive use of partnering with other service delivery agents. These collaborations not only help to provide a continuum of services, but they also lower costs because each partner contributes its own expertise and resources to the prevention activity.

With respect to management practices, agency staff in Quebec stated that they are determined to implement their respective prevention systems in an efficient and economical manner. For instance, they look for promotions to buy equipment and materials for their prevention activities. These comments were corroborated by external partners from the AANDC regional offices and the First Nations of Quebec and Labrador Health and Social Services Commission.

In Prince Edward Island, the case study found that the team oriented environment provides for efficient outputs because the management chain is horizontal rather than vertical. Without the red-tape of a vertical management structure, the staff are able to innovate within a team supportive environment.

In the Gesgapegiag First Nation, the EPFA uses a community-based social development approach where the EPFA-funded services are housed alongside protections services within a Health Centre, which is funded by the *Ministre de la Santé et des Services sociaux*. The case study found that there are significant cost savings in running the program in this fashion since the EPFA is provided with office space and access to other personnel who are located in the Health Centre (administrative, health care, and specialists) that would not be possible without the Health Centre budget and infrastructure. For group services, the two agencies access other buildings through collaborative relationships with other service providers.

Lastly, in assessing the cost-effectiveness of prevention programming, the academic literature observes that child abuse and neglect pose significant costs to society, not only in terms of the trauma caused to the maltreated individuals, but also in economic terms. Economic costs include the funds spent on child welfare services as well as the costs associated with addressing the consequences of abuse and neglect. Prevention programs that increase the well-being of children and families can greatly reduce these costs.

In considering the long-term benefits of positive child welfare outcomes, the Organisation for Economic Co-operation and Development states that there are clear policy advantages in investing in the well-being of disadvantaged children during early childhood, and that the “rates of return to skill formation for disadvantaged young children are higher because of the high long-term social costs, including crime, which can result from the negative developmental trajectories to which they are more vulnerable.”²¹ Moreover, the Organisation for Economic Co-operation and Development claims that if governments are serious about reducing inter-generational transmission of disadvantages and high social costs, “greater resources committed during early childhood will need to be heavily weighted towards the high-risk spectrum²² of early childhood.”²³

²¹ Organisation for Economic Co-operation and Development, *Doing it Better for Children: The Way Forward*, p.179. Available at: <http://www.oecd.org/els/familiesandchildren/43570597.pdf>.

²² This includes risks related to parental education levels, low income, parental absence, young mother, large family, parental mental illness and drug and alcohol dependence, social isolation, older siblings with problems, or parental benefit dependence.

²³ *Ibid*, p.180.

9. Conclusions and Recommendations

9.1 Conclusions

Relevance

A prevention focused approach is needed in light of the fact that First Nations, particularly children, are vulnerable to neglect and abuse and further, protection alone cannot resolve all the pressing social issues in First Nations communities across Quebec and Prince Edward Island, where risk factors (e.g. poverty; substandard and overcrowded housing; mental health problems and addictions; historical traumas) are prevalent. The evaluation notes that by itself, the EPFA has neither the authority nor the capacity to address all these issues directly. The EPFA is an integral approach in a continuum to address these challenges. As such, the EPFA continues to be needed and relevant.

There is strong alignment between the EPFA objectives and commitments made by the Government of Canada (e.g., past budgets, speeches, Cabinet directives, etc.). Budgets 2006 and 2010 and the 2011 Speech from the Throne confirm that the EPFA's objectives remain a key priority for the federal government. Departmental support for FNCFS EPFA as a priority is also evidenced by the financial support devoted to the FNCFS. Funding is provided for the delivery of protection and prevention services to support this commitment and, in compliance with this priority, AANDC, since 1998, has steadily increased funding to the provinces, Yukon and to more than 100 FNCFS agencies who are responsible, under provincial or territorial law, for the delivery of child and family services within their jurisdiction. So far, AANDC funding to these service providers has more than doubled over the 14 years, from \$238 million in 1998-1999 to approximately \$618 million in 2011-2012.

AANDC operates the FNCFS EPFA with the objective of funding the provision of child welfare services for First Nation children and families living on reserves that are culturally appropriate, that comply with provincial legislation and standards, and that are reasonably comparable with services provided off reserves in similar circumstances. The EPFA is consistent with the roles and responsibilities of the Government of Canada with respect to promoting and maintaining the welfare of the Aboriginal population.

Design and Delivery

All of the agencies in Quebec and Prince Edward Island recognize the crucial role prevention plays in reducing risks that contribute to social problems. The evaluation determined that the majority of agencies are progressing towards the effective implementation of the EPFA. The design and implementation of an effective prevention approach depends on several factors, such as availability of qualified and experienced local staff, extensive use of partnerships with other service delivery agents, proximity to an urban centre, and support and leadership from the Band Council.

Performance/Effectiveness

Community members are generally aware of the prevention activities that are available to them and the majority of communities reported a high participation rate in prevention programming by children. However, the case studies and interviews found that the participation of parents could be improved. With respect to having access to culturally relevant services, all the evidence demonstrates that agencies in both Quebec and Prince Edward Island have implemented prevention activities that are respectful of the community's culture. Overall, in communities where the approach is being successfully implemented, the first signs of transformation among parents and children are beginning to appear; parents are becoming increasingly responsible and children are gaining more confidence.

Efficiency / Economy

The majority of agencies in Quebec, and the Mi'kmaq Confederacy of Prince Edward Island are implementing the EPFA in a cost-effective manner. One of the key factors that has contributed to cost-effective implementation has been the extensive use of partnering with other service delivery agents. These collaborations help to provide a continuum of services and lower costs because each partner contributes its own expertise and resources. In cases where First Nation personnel do not have a full-spectrum of skills, partnerships enable the agency to obtain support from other qualified professionals.

Lastly, according to the literature, prevention programs that increase the well-being of children and families can reduce both the short-term and long-term cost of providing child welfare services.

9.2 Recommendations

It is recommended that AANDC:

1. Headquarters ensure that the expected outcomes and performance measures for the EPFA are clearly distinguished and articulated in the Social Development Performance Measurement Strategy.
2. Regional staff and Headquarters improve the monitoring and reporting of the EPFA by:
 - a. providing guidance and monitoring of the agencies' implementation of a results-based management approach that integrates planning, resources, activities and performance measurements to improve decision making, transparency, and accountability; and
 - b. ensuring that prevention activities are reported based on the expected outcomes for the EPFA, and that expenditures on prevention activities are tracked and reported.
3. Headquarters assess the costing models on a regular basis and revise as appropriate to ensure that they are not outdated.

4. Facilitate the creation of a mentoring network among the FNCFS agencies in order to increase their capacity by providing opportunities for sharing experiences and practical knowledge.

Annex A – Bibliography

- Albee, G.W. (1982). «The politics of nature and nurture», *American Journal of Community Psychology*, vol. 10, n° 1: 4-36.
- Albee, G.W. (1983). « Psychopathology, prevention and the just society », *Journal of Primary Prévention*, vol. 4, n° 2: 5-40.
- Albee, G.W. (1986). «Toward a just society: lessons from observations on the primary prévention of psychopathology », *American Psychologist*, vol. 41, n° 8: 891-898.
- Armitage, A. (1995). *Comparing the policy of Aboriginal assimilation: Australia, Canada and New Zealand*. Vancouver: University of British Columbia Press.
- Bennett, M., & Blackstock, C. (2002). *A literature review and annotated bibliography focusing on aspects of Aboriginal child welfare in Canada*. Ottawa: First Nations of Child and Family Caring Society of Canada.
- Brennan, Shannon (2011), « la victimisation avec violence chez les femmes autochtones dans les provinces canadiennes », *Juristat*, Statistique Canada.
- Collins, Dominique (2011). *La littératie financière chez les autochtones au Canada*, rapport de recherche, gouvernement du Canada.
- Chamberland, C, Nicole Dallaire, Sylvie Cameron, Lucie Frechette, Jacques Hébert et Jocelyn Lindsay (1993), « la prévention des problèmes sociaux: réalité québécoise », *Service social*, vol. 42, no 3, pp. 55-81.
- Commission de la santé et des services sociaux des premières nations du Québec et du Labrador (2011), *L'évaluation de l'implantation des services sociaux de première ligne dans quatre communautés des premières Nations du Québec*.
- ELIAS, M.J. (1987). « Establishing enduring prevention programs: advancing the legacy of Swampscott », *American Journal of Community Psychology*, vol. 15, n° 5: 539-553.
- Farris-Manning, C., & Zandstra, M. (2003). *Children in care in Canada: A summary of current issues and trends with recommendations for future research*. Child Welfare League of Canada, Ottawa. Site internet:
<http://cwrp.ca/sites/default/files/publications/en/ChildrenInCareMar2003Final.pdf>
- Fournier, S., & Crey, E. (1997). *Stolen from Our Embrace: The Abduction of First Nations Children*
- Kendall, P. et Kessler, R. (2002). The impact of childhood psychopathology interventions on subsequent substance abuse: Policy implementations, comments, and recommendations. *Journal of Clinical and Consulting Psychology*, 70, 1303–1306.
- Kirby, M.J.L. et Keon, W.J. (2004). *Santé mentale, maladie mentale et toxicomanie: Problèmes et options pour le Canada*. Extrait le 15 janvier 2008, (Travaux des comités - Sénat - Rapports; 38e Législature, 1er session).
- Kirmayer, L.J et al (2007), *le suicide chez les autochtones du Canada*, Fondation autochtone de guérison.
- JASON, L.A., R.E. HESS, R.D. FELNER et J.N. MORITSUGU (1987). *Prévention: Towards a Multidisciplinary Approach*. New York. Haworth
- Liddle, H.A., Rowe, C.L., Dakof, G.A., Ungaro, R.A. et Henderson, C.E. (2004). Early intervention for adolescent substance abuse: Pretreatment to posttreatment outcomes of a randomized clinical trial comparing multidimensional family therapy and peer group treatment. *Journal of Psychoactive Drugs*, 36(1), 49--63.

Macdonald, D. et Daniel Wilson (2013), *Poverty or prosperity. Indigenous Children in Canada*, Canadian Center for Policy Alternative.

Madeleine Dion Stout et Gregory Kipling (2003), *Peuples autochtones, résilience et séquelles du régime des pensionnats*,

Malatest, RA et associés (2004), la population autochtone et l'éducation postsecondaire, Fondation canadienne des bourses d'études du millénaire.

Miller, J.R. (1996). *Shingwauk's Vision: A History of Native Residential Schools*. University of Toronto Press.

Moodie, R. et Jenkins, R. (2005). I'm from the government and you want me to invest in mental health promotion. Well why should I. *Promotion and Education (Supplement 2)*, 37-41.

Morin, Nathalie (2011, *Familles et prévention du suicide en milieu autochtone*, Université du Québec à Montréal.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. *American Psychologist*, 58, 449-456.

Patton M.Q. (1997) *Utilization-Focused Evaluation. The New Century Text*, Third Edition, Sage Publications.

Reading, Jeff (2009). *Les déterminants sociaux de la santé chez les Autochtones: Approche fondée sur le parcours de vie*, Rapport présenté au parlement.

Sécurité nationale du Canada, centre de prévention du crime (2012), *Aperçu statistique des jeunes à risque et de la délinquance chez les jeunes au Canada*.

Sheirer M.A. (1994) Designing and Using Process Evaluation, in *Handbook of Pratical Program Evaluation*, Wholey J.S., Hatry H.P., Newcomer K.E. editors, Jossey-Bass Publishers, San Francisco: 40-68.

Tiechroeb, R. (1997). *Flowers on My Grave: How an Ojibway Boy's Death Helped Break the Silence on Child Abuse*. Toronto: Harper Collins Publishers Ltd.

Tourigny, M, Pascale Domond, Nico Trocmé, Bruno Sioui et Karine Baril (2007) « Les mauvais traitements envers les enfants autochtones signalés à la protection de la jeunesse du Québec: comparaison interculturelle », *First Peoples Child and Family Review*, Vol.3, N0 3, pp.84-102.