

Indian and Northern Affairs Canada

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**Evaluation of the First Nations
Child and Family Services Program**

**Project 06/07
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Executive Summary

The First Nations Child and Family Services (FNCFS) Program must be renewed by March 31, 2007, and a summative evaluation is required from Indian and Northern Affairs Canada (INAC) to support its renewal. The focus of evaluation research has been on ways to improve the Program and improve outcomes for First Nations children and their families. The program activity covered by this evaluation is up to and including the 2005-2006 fiscal year.

The objective of the FNCFS Program is to support culturally-appropriate prevention and protection services for Indian children and families residing on reserve, in accordance with the legislation and standards of the province or territory of residence. The anticipated result is a more secure and stable family environment for children on reserve.

Findings

There has been rapid escalation in the demand for child and family services for on-reserve First Nations populations, faster even than the growth in demand for services in other parts of the country, and Statistics Canada population projections suggest that this growth is likely to continue, other factors being equal. The number of children in care increased from 5,340 in 1996-1997 to 8,917 in 2005-2006, and program expenditures grew from \$193 million to \$417 million in the same period, far surpassing the annual growth rate for the Department's First Nations basic services envelope, which was capped at 2% in 1997-1998.

A 2005 report by the First Nations Child & Family Caring Society says that First Nations children are over-represented at every level of the child welfare decision making continuum, including reports to child welfare authorities, case substantiation rates, and admissions to protective care.

Researchers have said that higher rates of maltreatment substantiation and out-of-home placement appear to be related to the disproportionate presence of risk factors among Aboriginal families.

A program achievement has been the development of a large infrastructure of First Nations child and family service agencies as a means of providing culturally-relevant child and family services for on-reserve communities. By 2005-2006 there were 105 First Nations child and family service agencies, up from 30 when the FNCFS Program was introduced in 1991. These agencies provide child and family services to 75% of First Nations. Other First Nation communities receive services from provincially or territorially mandated agencies.

Although the program has met an increasing demand for services, it is not possible to say that it has achieved its objective of creating a more secure and stable environment for children on reserve, nor has it kept pace with a trend, both nationally and internationally, towards greater emphasis on early intervention and prevention.

The program's funding formula, Directive 20-1, has likely been a factor in increases in the number of children in care and Program expenditures because it has had the effect of steering agencies towards in-care options – foster care, group homes and institutional care because only these agency costs are fully reimbursed.

Academic literature suggests that a greater emphasis on prevention programming has the potential, over the long term, to improve outcomes for children and families and reduce the need for out-of-home placements, although there is, at the present time, little firm empirical evidence regarding net impacts or cost implications over the longer term.

Provinces and territories are moving towards a stronger emphasis on prevention and early intervention. Alberta is an example; the province has introduced a differential response model with promising early results. The model has a family enhancement stream as well a child protection stream, to reduce the necessity for child apprehensions.

There has also been preliminary research on differential response models in three U.S. states that suggests that there is potential for cost savings in future years.

For the FNCFS Program to achieve its objective of “contributing to a more secure and stable family environment for children on reserve”, it seems appropriate that it too should move towards a stronger emphasis on prevention, and its prevention approach should be directed broadly to communities as well as to children and families that have come to the attention of child and family service agencies.

The report proposes three incremental and mutually reinforcing approaches to FNCFS Program improvement, each one consistent with the differential response approach that has been supported by researchers:

Approach A: Resolve weaknesses in the current FNCFS Program funding formula, Program Directive 20-1, because in its current form, it discourages agencies from a differential response approach and encourages out-of-home child placements.

Approach B: Besides resolving weaknesses in Program Directive 20-, encourage First Nations communities to develop comprehensive community plans for involving other INAC social programs in child maltreatment prevention.

In addition to the FNCFS Program, other INAC social programs (i.e., Assisted Living, National Child Benefit Reinvestment, Family Violence Prevention, and Income Assistance) are all targeted to the same First Nations communities, and have a role to play in improving outcomes

for children and families, so their efforts should be coordinated and a performance indicator for all of them under INAC's new performance framework for social programs should be the rate of child maltreatment in on-reserve First Nation communities.

Approach C: In addition to approaches A and B, improve coordination of INAC social programs with those of other federal departments that are directed to First Nations on reserve, for example health and early childhood development programs. With greater coordination, and a stronger focus on the needs of individual communities, these programs could make a greater contribution to child maltreatment prevention, and could be part of a broader healthy community initiative.

Recommendations

It is recommended that Indian and Northern Affairs Canada:

1. clarify the department's hierarchy of policy objectives for the First Nations Child and Family Services Program, placing the well-being and safety of children at the top;
2. correct the weakness in the First Nations Child and Family Service Program's funding formula, which encourages out-of-home placements for children when least disruptive measures (in-home measures) would be more appropriate. Well-being and safety of children must be agencies' primary considerations in placement decisions;
3. improve coordination between the First Nations Child and Family Services Program and other Indian and Northern Affairs Canada social programs and make the rate of child maltreatment an outcome indicator for all the department's social programs;
4. improve coordination between First Nations Child and Family Services Program and other federal programs for on-reserve First Nations populations so the programs will together be more effective contributors to child maltreatment prevention;
5. define clear expected outcomes and outcome indicators for the First Nations Child and Family Services Program, with particular emphasis on prevention programming; and
6. with provinces/territories and First Nations agencies, clarify accountabilities for monitoring, measuring and reporting on effectiveness and outcomes of the First Nations Child and Family Services prevention and protection activities. First Nations must have timely information about child and family services provided to their communities, whoever the service provider, and Indian and Northern Affairs Canada must be able to report to Canadians on program performance and outcomes.

Section 1 - Introduction

Under the federal Policy on Transfer Payments, the terms and conditions for all federal transfer payment programs must be renewed every five years. At the present time, the First Nations Child and Family Services (FNCFS) Program is operating under an interim authority, which must be renewed by March 31, 2007. One condition for its renewal is the completion of a summative program evaluation. The program activity covered by this evaluation is up to and including the 2005-2006 fiscal year.

Background

In the late 1970s, increased demand for jurisdictional control over child welfare by First Nations leadership resulted in the first formal tripartite agreement governing provision of child and family services to First Nations. This agreement established First Nations agencies in Manitoba which the Province of Manitoba mandated, First Nations ran, and Indian and Northern Affairs Canada (INAC or the department) funded. First Nations agencies were established in several other provinces in the 1970s and 1980s, but in 1986, due to the *ad hoc* nature of the expansion, INAC placed a moratorium on further growth.¹

In 1990, the moratorium was lifted and a national program, the FNCFS Program, was established by the department. A program directive, Directive 20-1, defined how support would be provided to First Nations child and family service agencies for child and family services on reserve.

By 2005-2006, there were 105 First Nations child and family service agencies in eight provinces.

Total program expenditures grew from \$193 million in 1996-1997 to \$417 million in 2005-2006, far surpassing growth of the Department's First Nations basic services envelope, which was capped at 2% annually in 1997-1998. The result is that the department has reallocated resources from other programs in order to reimburse the costs of children in care.

In February 2005, the federal budget committed to stabilization funding of \$125 million over five years for the FNCFS Program, mainly to address the growing costs of maintenance funding for children in care. To access additional funds for fiscal year 2006-2007 – approximately \$25 million – the department is required to complete an evaluation and an internal audit of the program prior to March 31, 2007.

¹ Social Policy and Programs Branch at headquarters, Indian and Northern Affairs Canada. *First Nations Child and Family Services: National Program Manual*. Gatineau, May 2005, p. 4.

As well, to inform the renewal of INAC's social development policy, of which the FNCFS Program is a key component, the evaluation is to focus on the program's maintenance component, particularly on how to achieve better outcomes for First Nations children and ultimately, to control escalating program costs.

Section 2 - First Nations Child and Family Services

FNCFS Program Delivery

According to the program's terms and conditions, the objective of the First Nations Child and Family Care (FNCFS) Program is:

“to support culturally appropriate prevention and protection services for Indian children and families resident on reserve, in accordance with the legislation and standards of the province or territory of residence. The anticipated result is a...more secure and stable family environment for children on reserve.”²

INAC funding is provided to First Nations Child and Family Service agencies that are mandated by provinces to deliver child and family services in accordance with their child welfare legislation. The department requires that provinces: (a) provide operating oversight of First Nation child and family service agencies; and (b) ensure that the agencies meet minimum provincial operating standards.

Approximately 75% of First Nations receive child and family services from a First Nation child and family service provider. The proportion of First Nations that receive services from a First Nations service provider varies, for example 58% in British Columbia, 91% in Alberta, 94% in Saskatchewan, 98% in Manitoba, 83% in Ontario, and 90% in the Atlantic Region (all in New Brunswick and Nova Scotia). Other First Nation communities receive services from provincial or territorial governments or other agencies.

There are some major provincial/territorial variations.

In British Columbia, the level of services that can be provided by child and family service agencies is dependent on the designation level of their social workers, and only some of the 20 First Nations agencies are able to provide a full range of services. Other First Nation agencies get support from provincial service providers when needed.

In Alberta and Saskatchewan, a small proportion of First Nation communities get all their services from the provinces.

² Terms and conditions of the FNCFS Program provide for “contributions to support culturally-appropriate prevention and protection services for Indian children and families on reserve, approval of program authority to deliver social services and programs for period ending March 31, 2003,” approved September 2001 and later extended to March 31, 2007.

In Manitoba, the province has established four authorities to oversee child and family service provision and mandate agencies. Unlike in other jurisdictions, First Nation families can receive services from any mandated agency.

In Ontario, First Nation agencies are funded according to the province's funding formula rather than INAC's, and the provincial government is reimbursed for both protection and prevention services by the department in accordance with a 1965 federal-provincial memorandum of agreement.

In Quebec, First Nations child and family services are provided by 12 Tribal Councils and three First Nations, rather than child and family services agencies.

In New Brunswick, there is just one First Nation community that is served by a provincial government rather than a First Nations agency.

In Nova Scotia, there is just one First Nations agency, Micmac Child and Family Services, which provides services to all provincial residents normally resident on reserve.

In Prince Edward Island, INAC funds are provided to a Tribal Council which purchases child and family services from the province.

In Yukon, Nunavut, Northwest Territories and Newfoundland and Labrador, there are no First Nations child and family service agencies; services to First Nation communities are provided by provincial or territorial governments.

FNCFS Program Funding Structure

The program has three funding components:

- **Development** – to support the pre-planning, planning and start-up of new FNCFS agencies. In light of the program's objective to support culturally appropriate prevention and protection services, a success of the program has been the establishment of new agencies; the number of agencies has grown from 30 in 1991 to 105 in 2005-2006, and an additional 11 were in development at that time.
- **Maintenance** – to cover maintenance costs of FNCFS agencies, which are defined as "those [costs] that are directly related to maintaining a child in alternate care out of the parental home."³ Full costs of foster, group and institutional care are reimbursed in accordance with provincial rate structures; there is no INAC ceiling for maintenance funding.
- **Operations** – to support "all aspects of (FNCFS agency) operations not covered by the

³ Ibid., p. 15.

Maintenance or Development components.’’⁴ The level of funding to FNCFS agencies for operations is determined by formula (Program Directive 20-1).

There is an exception to the above. On March 31, 2006, seven First Nation agencies were receiving INAC funding according to a Flexible Funding Option for Maintenance costs (FFOM). The FFOM combines the agency’s operational funding allocation with a historically based estimate of maintenance requirements and transfers the total amount in the form of a flexible transfer payment, so that agencies can, in theory, reallocate maintenance savings to preventative services.

⁴ Social Policy and Programs Branch Headquarters, Indian and Northern Affairs Canada. *First Nations Child and Family Services – National Program Manual*. Gatineau, May 2005, p.13

Section 3 - Evaluation Approach

This section describes the evaluation approach and methodology.

Evaluation Assessment

Planning for the evaluation began in 2006-2007 with an evaluation assessment to identify key evaluation questions, availability of data to support the evaluation, and an evaluation approach. The evaluation assessment employed the following data collection methods:

- a literature review of child welfare and child-welfare funding examined issues relating to Aboriginal communities in Canada and abroad;
- a document review of program and policy documents;
- an assessment of program data quality and availability based on a review of program data, documentation and expert opinion;
- key informant interviews with 32 representatives from the department (n=12), First Nations Child and Family Services agencies (n=8), provincial child welfare authorities (n=10), the Assembly of First Nations and Treasury Board Secretariat (n=2); and
- a discussion group with several First Nations members of the FNCFS National Advisory Committee.

The assessment concluded:

- there is no systematically collected interim or longer-term outcome information for the FNCFS Program (e.g., reduction in maltreatment, etc.);
- departmental information collection has focused on collection of financial data;
- program objectives are broad and expected outcomes have not been defined, bringing into question the program's evaluability;
- problems with the program's funding formula and other factors affecting the number of children coming into care have been documented; and
- because the FNCFS Program is directly linked to provincial child welfare legislative requirements, the evaluation's emphasis should be on what is happening at the provincial level in terms of prevention, the link between prevention and protection, and outcomes for children.

It became evident that the evaluation approach should build on previous studies, and validate (or not) assumptions that were being made about the need for additional prevention programming. To meet evaluation timelines, it seemed evident that the evaluation should focus on key questions about the impact of prevention on maintenance.

Evaluation Objectives

In October 2006, the Departmental Audit and Evaluation Committee approved evaluation terms of reference and requested that the project be completed by January 31, 2007, to ensure results in time to inform the program renewal process.

The objective of the summative evaluation was therefore to explore and recommend program changes to help improve effectiveness in reducing the number of children coming into care and to improve outcomes for First Nations children and families. The focus was to identify alternative approaches to the current approach of the FNCFS Program.

The evaluation terms of reference identified the following specific questions:

- What are provinces doing regarding prevention/protection and what insights are there from studies or other documents (audits, evaluations, reviews, internal studies, etc) about strengths and weaknesses of their approaches?
- What does INAC's FNCFS Program consist of in each province?
- What does literature say about prevention programming, the interrelationship between prevention and protection programming, and in particular, about the impact of prevention spending on protection costs, number of children requiring care, and length of time children spend in care?
- Based on the research, what models are proposed for the FNCFS Program, taking account of the needs of First Nation communities and the geographic locations of many communities and their limited access to services?
- What prevention activities would be most appropriate, and who would be the appropriate providers of these activities?
- How much money would be required for the new model(s), and what proportions of it should be for prevention and protection?
- What period of time will it take for these increased investments in prevention to make a difference in the number of children coming into care, number of days in care, and maintenance costs, and what difference do we estimate this could make?

- If any of these models is adopted, what should monitoring activity consist of as implementation proceeds?

Evaluation Researchers

Research for this evaluation was done jointly by an evaluation research firm and in-house evaluators from INAC's Departmental Audit and Evaluation Branch. This report was written by INAC's Departmental Audit and Evaluation Branch.

Evaluation Methodology

The evaluation study itself was launched at the end of October 2006. Evaluation fieldwork was conducted in November and December 2006, with analysis and reporting in January 2007. The evaluation research builds on past studies, including the Wen:De report and the Joint National Policy Review. This avoided duplicating existing research about program performance.

The evaluation methodology comprised the following:

- **Literature review** – with two components: an examination of recent domestic and international academic literature (1996-2006) to explore the impact of prevention on child protection, and a diagnostic of the state of child protection, based on federal and provincial studies in the last five years;⁵
- **Document review** – an examination of program documents and data, and a review of provincial and territorial background documents obtained online or through contacts with each jurisdiction.
- **Interviews** – conducted in-person or by telephone with:
 - INAC headquarters and regional managers (total of 8 sessions with 25 individuals) directly involved with the FNCFS Program;
 - managers of other INAC social development programs (n=4);
 - representatives of most provincial and territorial departments responsible for child welfare (n=22) and a review of documentation provided to researchers by provinces/territories; and

⁵ Federal and provincial reviews included policy and program reviews, audits, evaluations, special inquiries, and Parliamentary Committee research.

- representatives of Human Resources and Social Development Canada (HRSDC) and Health Canada (n=5).

Evaluators visited regional offices and/or provincial ministries in Ontario, Manitoba, Quebec, and British Columbia.

- **Discussion groups** - There were three in-person or telephone meetings with program management, an evaluation advisory group which included INAC regional representatives and First Nations agencies, and academic experts (n=4).

Research Limitations

Limitations of the research approach were:

- the research focused on programming for First Nations communities delivered by First Nations Child and Family Service agencies, because these agencies are the main child and family service providers for First Nations communities.
- the research focused on the current demand for services and alternatives to the program's current funding approach that would be more likely to achieve its objectives; it did not explore the effectiveness of agencies or the impact of the services they offer, as agencies are mandated and monitored by provinces, according to provincial standards;
- some issues came to light during the research that were not examined as they were outside the project's terms of reference and timelines, for example, whether INAC or Health Canada should cover costs of non-insured health benefits, whether some HRSDC initiatives like the Special Allowance and Universal Child Care payments may provide additional incentives to bring children into care, and the adequacy of the effectiveness of child risk assessment.

Section 4 - Evaluation Findings

Literature Review

The review of literature provided useful insight on the operating context and challenges of child welfare programs:

- children with greater physical, developmental and behavioural challenges (e.g., Foetal Alcohol Syndrome) are increasingly prevalent in child welfare systems. Many have multiple disabilities and are likely to require higher-cost care options and to remain permanently in care;⁶
- among First Nations communities in particular, many researchers identified alcohol abuse as a major problem and one of the factors that has the most impacts on children, both in terms of the number of children taken away from parents and the number of children affected by a mother's drinking during pregnancy.⁷ Care for children affected by prenatal alcohol consumption is expensive and difficult to access from remote rural locations;
- changes in child welfare legislation and policies are believed to have affected the number of children in care and length of time spent in care. Swift and Callahan⁸ attributed increases in the number of children taken into care to changes in provincial child welfare legislation and policies, due to broadened definitions of children in need of protection and increased mandatory reporting for suspected cases of child abuse or neglect;

⁶ Fuchs, Don, Linda Burnside, Shelagh Marchenski and Andria Mudry. *Children with Disabilities. Receiving Services from Child Welfare Agencies in Manitoba*. October 2005. Retrieved January 30, 2005 from www.cccw-cepb.ca/Research/ResearchPCWDisabilities.shtml.

⁷ Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

⁸ Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

- Child and family service agencies rely heavily on informal networks of community-based professionals to provide support services to children in the fields of health, education, justice and social services.⁹ Remote and rural locations often lack infrastructure and support networks in the health, judicial, and education fields, and have limited voluntary sectors;¹⁰
- the availability of care options has the potential to affect the number of children in agency care, the length of time that children stay in care, and type of care that they receive;
- there is a shortage of foster homes and placement facilities in Canada. First Nations are even more constrained with respect to foster homes in their communities. Therefore, some agencies are more reliant on group and institutional placements to house children;
- children moving from care into other arrangements need ongoing support and the transition from care should be considered an extended period rather than a single break point.

Trocmé, Knoke, and Blackstock¹¹ noted that higher rates of maltreatment substantiation and out-of-home placement appeared to be related to the disproportionate presence of risk factors among Aboriginal families. They also note that factors that led to the over-representation of Aboriginal children in Canada's child welfare system are problems well beyond the child welfare system. They stated:

“While control of child welfare services to Aboriginal communities should help in the development of services that are more appropriately geared to the needs of Aboriginal children and families, a significant decrease in admission rates may not occur until resources are allocated to address social problems that undermine parents' abilities to care adequately for their children.”

⁹ Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

¹⁰ Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

¹¹ Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

Past FNCFS Program Studies

A number of past studies looked at the FNCFS Program and made recommendations for program changes.

Formative Evaluation of the FNCFS Program

In 1995, shortly after the program's establishment, INAC's Departmental Audit and Evaluation Branch completed a formative evaluation¹² which focused on short-term impacts and the effectiveness of Directive 20-1.

The study found that the FNCFS Program had accelerated the development of FNCFS agencies and afforded First Nations an opportunity to design and control their own child and family services.

However, it also found that accountability and reporting expectations had not been met, performance information collection had been inconsistent, and provincial monitoring had fallen short of expectations. A number of concerns about the funding formula were identified, in particular a lack of clarity regarding the scope of operational and maintenance funding.

The evaluation recommended consideration of block funding arrangements for agencies as an alternative to separate operations and maintenance budgets.

Joint National Policy Review

In June 2000, because of concerns expressed by First Nations service agencies, the department and the Assembly of First Nations (AFN) completed a national policy review of First Nations child and family services,¹³ with the objective of identifying how the FNCFS Program could be improved.

The review covered governance, legislation and standards, communications, and funding. It said the FNCFS Program funding formula was outdated and did not provide "adequate resources to allow FNCFS agencies to do legislated/targeted prevention, alternative programs and least

¹² Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

¹³ Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

disruptive measures for children at risk.” One of its 17 recommendations was “that INAC seek funding to support such programming as part of agency funding.” It also explored the definition of, and approach to, funding of maintenance costs. Some of the recommendations, such as increased flexibility in maintenance funding, were implemented with the renewal of the program in 2003.

Wen:De: We are Coming to the Light of the Day

This report was produced in 2005 by the First Nations Child and Family Service Caring Society of Canada, which conducts research on First Nations child and family service issues. INAC funded the research.

Over two years, a group of experts in First Nations child welfare, community development, economics, law, social work and management researched the incidence and social work response to reports of child maltreatment respecting First Nations children, prevention services, jurisdictional issues, extraordinary circumstances, management information services and small agencies. As well, there were twelve case studies of First Nations child and family service agencies. The study was to inform the development (by INAC) of three funding formula options to support policy and practice in First Nations child and family service agencies in Canada.

The report provided an analysis of data in the Canadian Incidence Study (CIS) of Reported Child Abuse and Neglect (1998 and 2003) published by Health Canada and the Public Health Agency of Canada.¹⁴ The CIS includes data on Aboriginal children who are taken into care. It established that Aboriginal children are more than twice as likely to be investigated than non-Aboriginal children and that of those investigated, cases involving Aboriginal children are more likely to be substantiated, more likely to require on-going child welfare services, and more than twice as likely to be brought to child welfare court.

Neglect, mostly in the form of physical neglect and failure to supervise, was identified as the principal reason why Aboriginal children were reported to child welfare authorities. Poverty, inadequate housing and parent substance abuse were found to be the main risk factors for child maltreatment and neglect, and the principle reason why Aboriginal children were reported to child welfare authorities.

The study concluded that First Nations child welfare agencies were under-funded, and that “*one should expect the cost of providing services to Aboriginal children to be significantly higher given that these cases involve a significantly higher rate of intervention at every point of contact.*”

¹⁴ Bennett, Maryln, Cindy Blackstock and Richard De La Ronde. *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada* (2nd ed.). The First National Research Site of the Centre of Excellence for Child Welfare and The First Nations Child and Family Caring Society of Canada, 2005, p. 37.

The three funding options proposed were:

- integrating recommendations of the National Policy Review into Directive 20-1;
- linking First Nations Child and Family Service agency funding to provincial child welfare funding levels; and
- a new First Nations-based funding model.

A literature review provided a list of best practices in prevention and least disruptive measures. The list included:

- interventions directed to the general population (primary prevention), including public education campaigns, resource material development or outreach and education programs related to building parenting capacity, building youth capacity, family support, foetal alcohol syndrome prevention, nutrition, and culture;
- prevention and least intrusive measures directed at high-risk families and youth (secondary prevention) including home visitation programs, early diagnostics for Fetal Alcohol Syndrome Disorder, support for children with special needs, education programs, workshops and support groups, day care, parent aid, community drop-in centres; and
- prevention activities directed at families where maltreatment has occurred (tertiary prevention) including respite services, family reunification services, culturally specific addiction recovery programs for parents, residential prenatal and postnatal program for adolescent mothers and independent living programs for youth leaving care.

Wen:De: The Journey Continues, a subsequent report specifically on the FNCFS Program funding formula, proposed a First Nations-based funding formula model but said the best option for the next few years would be “to make the necessary improvements in the existing formula while building a foundation to pursue this option in future years.”

Increasing FNCFS Agency Caseloads

FNCFS agency caseload growth has been rapid. Between 1996-1997 and 2005-2006:

- the on-reserve population of 0-18 year-olds increased from 143,787 to 159,999 (11.3%);
- the number of children in care increased from 5,340 to 8,917 (66.98%);
- the number of care days provided increased from 1,754,736 to 2,821,555 (60.8%) (Table 1); and
- the care rate, i.e. the percentage of the 0-18 year old population normally resident on reserve that is in the care of child and family service agencies, increased from 3.7% to 5.8% (Table 2).

Table 1 - FNCFS Total Annual Care Days (foster, group, institutional) ¹				
Year	Total Annual Care Days			
	Foster	Group Home	Institutional	Total
1996-1997	1,584,524	98,580	71,632	1,754,736
1997-1998	1,798,848	119,129	68,226	1,986,203
1998-1999	1,945,414	125,449	115,311	2,186,174
1999-2000	2,105,209	135,274	125,897	2,366,380
2000-2001	2,316,100	161,131	165,245	2,642,476
2001-2002	2,206,552	155,180	180,903	2,542,635
2002-2003	2,250,553	122,299	180,204	2,553,056
2003-2004	2,457,871	103,823	219,466	2,781,160
2004-2005	2,423,082	120,054	237,195	2,780,272
2005-2006	2,495,293	108,659	217,603	2,821,555
¹ Based on regional reporting each year on March 31. <i>Source:</i> Indian Affairs and Northern Affairs Canada data				

Table 2 - Children in care and 0-18 year old population on reserve			
Year	Total children in care National ¹	0-18 year-old population	Percentage of 0-18 year-old population (care rate)
1996-1997	5340	143787	3.71%
1997-1998	6220	148148	4.20%
1998-1999	7220	151461	4.77%
1999-2000	7762	154334	5.03%
2000-2001	87912	156460	5.62%
2001-2002	8094	157227	5.14%
2002-2003	8225	158405	5.19%
2003-2004	8846	159450	5.55%
2004-2005	8776	159791	5.49%
2005-2006	8917	159999	5.8%
¹ Based on regional reporting on March 31 of each year. ² INAC is reviewing data for 2000-2001 and this figure is subject to change <i>Source:</i> Indian Affairs and Northern Affairs Canada data, Lands and Trust Services, 0-18 year-old on-reserve population.			

Increasing Costs

Total program costs increased between 1996-1997 to 2005-2006, from about \$193M to \$417M (Table 3 and Figure 1).

Table 3 - Total FNCFS Program Expenditures - (in \$000's)			
Year	National unadjusted	Implicit price deflator¹	National adjusted
1996-1997	\$193,040.5	100	\$193,040.5
1997-1998	\$209,219.7	99.4	\$210,480.1
1998-1999	\$238,981.7	98.9	\$241,634.4
1999-2000	\$274,136.9	103.3	\$265,396.3
2000-2001	\$311,342.3	107.6	\$289,392.4
2001-2002	\$341,324.1	104.5	\$326,654.0
2002-2003	\$336,343.0	110.7	\$303,891.5
2003-2004	\$361,854.7	112.5	\$321,720.0
2004-2005	\$385,028.2	116.3	\$331,157.3
2005-2006	\$416,665.3	120.9	\$344,636.3
<i>Source:</i> Indian Affairs and Northern Affairs Canada data. ¹ Implicit price deflator for final quarter of fiscal year. <i>Source:</i> CANSIM II series V20805660.			

This has far surpassed the annual 2% growth rate of the Department's First Nations basic services envelope, which was capped in 1997-1998. INAC has covered the annual shortfall by transferring funds from other departmental programs.

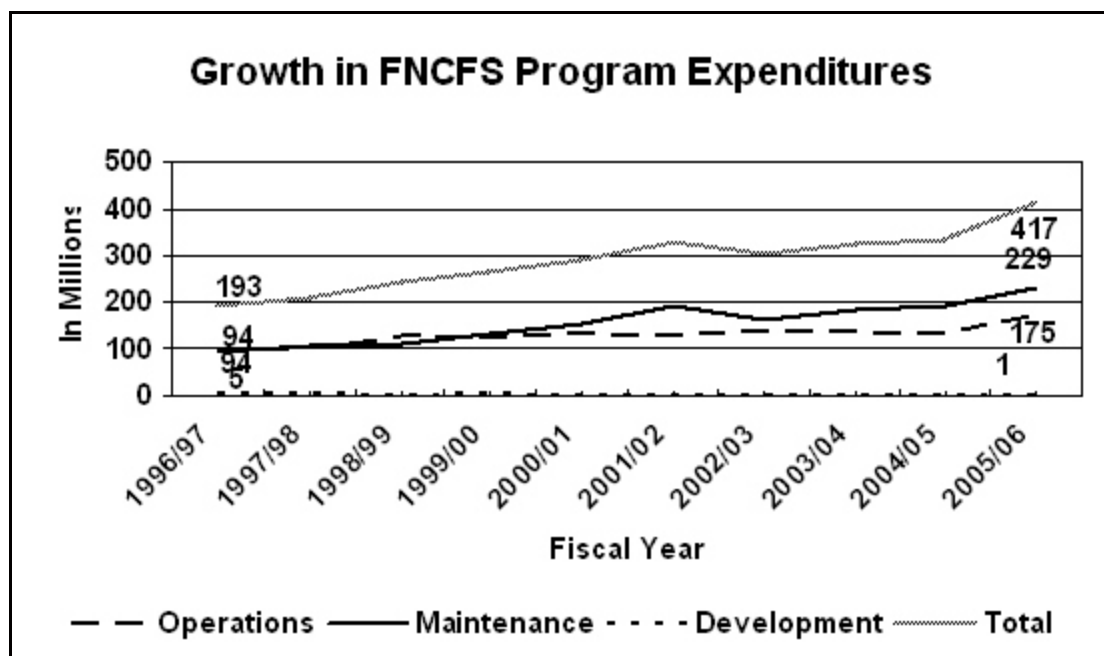


Figure 1

Increasing Provincial Maintenance Rates

Provinces increased their rates for maintenance from 1996-1997 to 2004-2005. For example, the average annual cost of foster home care for one child rose from \$15,162 to \$21,672, an increase of 42.9% and an annual growth rate of 4.6%.

The FNCFS Program reimburses actual costs of out-of-home (foster care, group home and institution) placements. Increases in provincial rate schedules are reflected in increased FNCFS expenditures.

Shortage of Foster Care Places

Foster care is the least expensive out-of-home care option, and the majority of children in care are in foster care.

However, there is limited capacity in First Nations communities to provide foster care or therapeutic foster care, with the result that higher cost alternatives like group homes are being established on reserves to keep children within their communities, or at least close by.

More Institutional Care Placements

Many provinces reported that alcohol and drug abuse, Fetal Alcohol Syndrome Disorder, and behavioral problems are increasingly prevalent among children (in addition to problems their parents may have). They said that children with complex and serious problems can overwhelm families, increasing demand for child and family services.

The total number of institutional care days tripled between 1996-1997 and 2005-2006 (Table 1). In 2004-2005, Alberta placements accounted for 54% of total annual institutional care days, Saskatchewan 30% and Quebec 11%. In Alberta, institutional care days represented 20% of total care days, while in Saskatchewan they represented 17% and 13% in Quebec.

Institutional placements, normally reserved for children with the most serious cognitive and behavioral problems, in 2004-2005 accounted for more than 8% of total annual care days paid for by the FNCFS Program.

Institutional care is by far the most expensive form of out-of-home care: in 2004-2005, the average cost for a year of care for one child was:

- \$21,672 in foster care;
- \$66,187 in a group home; and
- \$93,885 in institutional care.

Conclusions on Program Performance

The fact that the number of children in care since the FNCFS Program was created means that First Nations agencies have been responding to requests for help, which is one dimension of its mandate.

However, there has been a trend towards a much stronger emphasis on early intervention and prevention programming, and away from child apprehensions and placements outside the parental home, with the result that the FNCFS Program's funding structure is no longer in step with provincial and territorial approaches.

When the First Nations Child and Family Services Program was introduced, the orientation of provincial and territorial child and family service policies was towards child apprehension and placements outside the parental home. The program's funding to agencies was thus structured to support this type of activity; agencies' funding agreements provided for reimbursement of all maintenance expenditures, so that workers could make out-of-home placement decisions without concerns about resources.

Now, the only resources that agencies are able to access for early intervention and prevention work is from their limited operations budgets. Although not the only factor, this has likely contributed to the significant growth in the number of Aboriginal children in care, and also to the rapid growth of program costs.

The limited attention to prevention has put the program out-of-step with its prevention objective and has diminished its achievement of encouraging "a more secure and stable family environment for children on reserve."

For the program to make a significant difference in the rate of child maltreatment, there is a need to balance protection programming with prevention programming targeted to whole families and communities, not just children who have come to the attention of child welfare agencies. Such broader-scope prevention programming would be aimed at, over time, reducing the rate of child maltreatment.

Evaluators found that the capacity of FNCFS agencies to deliver services and to engage in prevention varies considerably, and the FNCFS Program provides little support for agency capacity development. In communities with strong leadership, ready community resources, strong FNCFS agency management and a community orientation towards social development, resources from various federal programs could be leveraged to create a support network for a differential response approach. In other communities, this was not the case, with the result that there is considerable variation in services provided by First Nations agencies.

Section 5 - The Role of Prevention

Since the 1990s, there has been a growing belief and a small but growing body of evidence that prevention programs can produce greater social and economic benefits than crisis services. In their research, evaluators sought information about links between prevention activities and changes in the incidence of child maltreatment or in the number of children in out-of-home care.

An issue paper on Australia and other countries¹⁵ about prevention of child abuse provides useful context for a discussion about options for improving INAC's First Nations Child and Family Services Program:

- current thinking of researchers is that the most effective child protection approach is to address family ills holistically and to resource services to support children and families so as to prevent the development or recurrence of child abuse or neglect;
- to effectively support families, a differentiated response¹⁶ is necessary, because it allows child protection workers to tailor their assessment process to perceived family needs and the level of risk to the child. A differentiated response requires a complex web of services and programs at the primary, secondary and tertiary levels of prevention;
- those working in prevention in different fields must recognize that the convergence of their approaches in targeting common risk and protective factors means that the results of their programs are likely to overlap;
- early intervention is a vital, cost-effective component of any holistic approach to preventing social ills or promoting social competence;
- when used as a preventative measure, early intervention approaches should incorporate both the promotion of health and wellbeing, and the prevention of social ills like child maltreatment; and
- crisis services addressing issues such as family violence are increasingly being complemented by services that build on family strengths (capacity building) and the creation of resiliency using a solution-focused approach; even investigation-driven child protection responses will fail without adequate family support and other prevention services.

¹⁵ Tomison, Adam M. "Preventing Child Abuse: Changes to Family Support in the 21st Century, *Australian Institute of Family Studies*, No. 17, Summer 2002.

¹⁶ Also called a differential response or alternate response in Canada.

In Canada and internationally, research suggests best prevention practices of Aboriginal child and family services are those that focus on community-wide development and integration of social, economic and family services with Aboriginal traditions specific to the community.

Child maltreatment literature defines three categories of prevention measures: primary (universal) measures; secondary (selective) measures, and tertiary (indicated) measures.

- Primary prevention measures are measures targeted to the general population or a generalized population of at-risk families, for example a program to discourage young women from drinking during pregnancy by providing information about foetal alcohol syndrome.
- Secondary prevention measures are measures targeted to families where children are presumed to be at risk, or to groups of individuals with specific known (or thought to be known) risk factors, for example parenting classes for young single mothers.
- Tertiary prevention measures are measures targeted to situations where child maltreatment has occurred, with a view to preventing its reoccurrence. Tertiary prevention measures could include counselling for parents while the child remains in the home, counselling for parents so the child can return to the home, anger management or substance abuse counselling for parents, support to foster parents, or counselling for an adopting family.

Provincial and Territorial Approaches

Evaluation researchers and departmental evaluation staff approached provincial and territorial child welfare departments to learn their viewpoints on promising approaches to child and family services and child maltreatment prevention. Much helpful information was provided.¹⁷

Interviews, studies and documents suggested a strong belief that an increased emphasis on prevention would halt, or even reverse, the rapid growth that most jurisdictions have experienced in the demand for child protection services, and have positive benefits for children and families.

¹⁷ Because of project timelines, it was not possible to validate these summaries with provincial and territorial officials.

British Columbia

Within the provincial delivery network, regions are largely free to tailor service delivery to their own needs. Beyond a core set of mandatory services, the Ministry of Children and Family Development does not dictate service delivery, so regions develop their own service delivery networks within allotted budgets. Instead, the Ministry requires that regions achieve established outcomes. As with the provincial offices, the Ministry requires that Designated First Nations Agencies (DFNAs) deliver only the core set of services, delegation level permitting.

This flexibility in service delivery, and the provisions under the *Child, Family and Community Service Act*, support the province's movement toward increased early intervention and preventive services. Some early intervention and preventive services that are provided provincially include family and youth counselors, 'kith and kin' care options, and family group conferencing.

Between 2001 and 2005, the Ministry saw a 15% decrease in the number of children taken into agency care, a sharp decline in the number of non-Aboriginal children coming into provincial care, and a slight increase in the number of Aboriginal children coming into Ministry care. As a result, Aboriginal children now represent 49% of all children taken into Ministry care.¹⁸ There is some question about these numbers, as INAC data indicates that the number of First Nations children in DFNA care dropped during the same period.¹⁹ A draft presentation titled "Aboriginal Children in Care Quarterly Report" (July 2006) showed, among other things, that the number of children under "Kith and Kin Agreements" (outside the FNCFS Program) increased considerably during the first two years after implementation, dropped significantly between March 2004 and March 2005, and then leveled off. No further trend analysis was offered. Projections for 2006-2007 forecast an increasing child population in British Columbia. The provincial government expected this increasing child population to put upward pressure on the child in care numbers and the demand for Ministry services.²⁰

The Ministry provides additional support services to off-reserve communities. To a lesser extent, it provides services to First Nations communities without reimbursement from the federal government. Services provided by the Ministry include early childhood development programming, treatment services, services for children with special needs, and migrant services. Nonetheless, the provincial government is moving toward increased service delivery coordination, province wide.

¹⁸ Ministry of Children and Family Development. Ministry of Children and Family Development 2006-2007 - 2008-2009 Service Plan. Victoria, 2006, p.12.

¹⁹ DIAND departmental data.

²⁰ Ministry of Children and Family Development. *Ministry of Children and Family Development - 2006-2007 - 2008-2009 Service Plan*. Victoria, 2006, p.11.8

Alberta

Between 1993 and 2001, the child welfare caseload in Alberta increased by approximately 78% and child welfare expenses increased by 200%.²¹ These circumstances prompted revisions to the province's *Child Welfare Act* and *Child*, and the *Youth and Family Enhancement Act* in 2004, and the introduction of the Alberta Response Model.²²

The objectives of the Alberta Response Model are to prevent vulnerable children from entering child protection by ensuring the availability of a comprehensive system of community-based supports and to promote a variety of care options to provide children and youth with safe, nurturing and permanent homes (Figure 2). The model provides early assessment and support services to low risk children/families and explores and utilizes options to prevent the need for child protection services.

According to the province, there have been measurable results.

From June 2001 to December 2005, child intervention caseloads in the province's child and family service agencies decreased by 18%, and from 2003-2004 to 2005-2006, adoptions and private guardianships increased by 50%.²³

In a conference presentation²⁴ in late 2006, two Alberta government representatives said the Alberta Response Model had reduced the number of children in out-of-home care by 10% over three years.

A 2006 Alberta report stated that 82.6% of children and youth who received prevention services one year had not required protection services the following year. As well, it reported that in the seven First Nations communities that received child and family services from the province and where the Alberta Response Model had been implemented, intervention caseload rates had declined by 10%, in contrast to a 4% increase in the caseloads of the 18 First Nations child and family service agencies that serve other First Nations communities.²⁵

²¹ *Alberta Response Model Summary*, presentation to INAC, June 15, 2006.

²² *Strengthening Families, Children and Youth: Report and Recommendations from the Child Welfare Act Review*, 2002.

²³ *Alberta Response Model Summary*, presentation to INAC, June 15, 2006, slides 14 and 18.

²⁴ Goodman, P, and R. Pickford. "Alberta Response Model: Improving Outcomes Through Values, Principles, Legislation and Improved Practice," Presentation to the World Forum: *Future Directions on Child Welfare*, Vancouver, November 2006.

²⁵ Government of Alberta. *Services to First Nations Children and Families: Alberta Children's Services Perspective*, May 2005, revised May 2006.

The province's information did not include specifics of the relationship between prevention/early intervention activities and the demand for child protection services, although a relationship was assumed, or evidence of reductions in the province's child and family service costs.

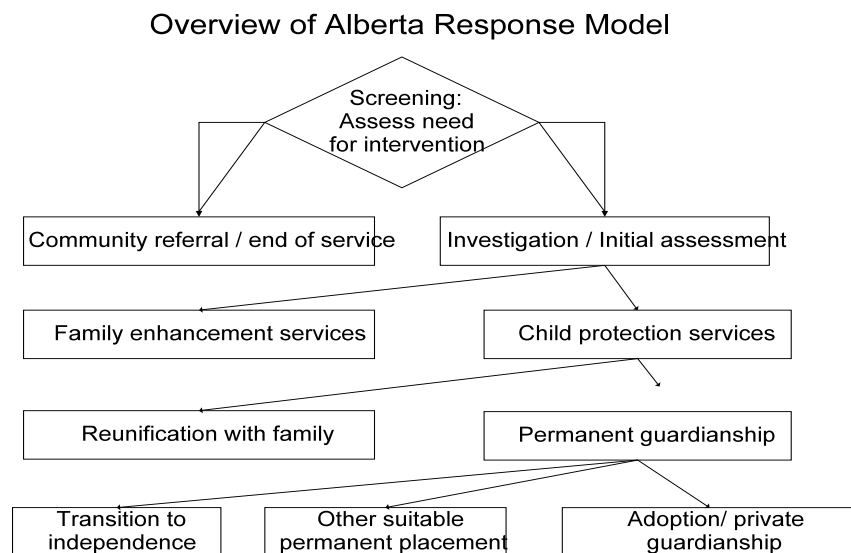


Figure 2

The Alberta Response Model's effectiveness is dependent on support services available through community and social services networks. Many of these "collateral services" were developed by the province and are delivered by the province under the umbrella of the Family and Community Support Services department.

Through a joint initiative with municipal governments, and governments of Métis settlements throughout Alberta, FCSS seeks to coordinate and support design and delivery of social support programming. It also supports community capacity building and community crisis management, and funds programs on an 80/20 provincial-municipal cost-share basis, governed by the *Family and Community Support Services Act* and its regulations. Programming varies between communities.

Saskatchewan

At the time of writing this report, the Province of Saskatchewan was conducting a review of its child welfare programming.

Through the Department of Community Resources and Employment (DCRE), provincial child and family services staff deliver two lines of services to off-reserve residents. The first involves programs to support at-risk children and their families in order to avoid child abuse and neglect, while the second involves the protection of children in immediate danger of abuse and neglect

and also the provision of resources for the care of children in ministerial custody.²⁶ A network of five regions, with 22 community-level offices, delivers most DCRE programs and services, including child and family services.²⁷

DCRE offers a range of collateral services to individuals living off-reserve. Included in the range of services are early childhood development and daycare services, services for people with disabilities, housing programs, and employment and income assistance services. In addition, regions receive funding earmarked for community-based organizations that provide family supports and other social services. Among the new collateral services and programs are the Cognitive Disability Strategy and programs supported by a recently enacted *Youth Detoxification Act*.

Manitoba

As a result of recommendations following the Aboriginal Justice Inquiry of 1988, Manitoba has significantly altered its child and family services programming. Currently, four child and family services authorities govern mandating, service delivery, and aspects of funding for child and family services agencies throughout the province.²⁸ These authorities are established under the *Child and Family Services Authorities Act* of 2002 and include two First Nations authorities (northern and southern), a Métis authority and a general authority governing operations of nine agencies. The mandate of these authorities is to provide culturally appropriate agency governance throughout the province but responsibility for child welfare ultimately remains with the Minister of Family Services and Housing.

Agencies mandated by any of the child and family services authorities may provide services to clients throughout the province. Clients are equally free to select any mandated agency from which to receive services. Unlike other provinces, agencies regularly deliver services both on- and off-reserve. To provide services to a range of clients living in rural-reserve and urban settings, some agencies operate main and satellite offices.

²⁶ *Saskatchewan Community Resources and Employment. 2005-2006 Annual Report*, Saskatchewan Community Resources and Employment Government of Saskatchewan, 2006, p.6.

²⁷ *Saskatchewan Community Resources and Employment. 2005-2006 Annual Report*, Saskatchewan Community Resources and Employment Government of Saskatchewan, 2006, p.5.

²⁸ From <http://www.aji-cwi.mb.ca/eng/general-background.html>, October 2006. Retrieved December 11, 2006.

The death of a young First Nations girl, who received services from one agency prior to moving back to a reserve, led to a review of Manitoba's child welfare system. Two reports were released in October 2006.²⁹

The reviews either explicitly or implicitly asserted a relationship between prevention activities and the need for protection. The report *Strengthen the Commitment*,³⁰ for example, stated that "there are numerous studies that indicate that investing in strengthening families and providing support and assistance in becoming better parents, will have long term financial benefits in terms of the cost avoidance of protection expenditures in the short term and youth and adult corrections expenditures in the long term."

Collectively, the reviews provided over 100 recommendations for improvements to the provincial child and family services system relating to a range of topics including increased prevention and community support, better services coordination, changes to the provincial information system, and changes to the provincial client intake system.

The reviews also recommended that the province study the Alberta Response Model for its applicability to Manitoba.

In terms of other supports for child and family services agencies, the provincial government, under the umbrella of the Healthy Child Manitoba, provides a range of child and family-centered supports to individuals living off-reserve. This interdepartmental body funds initiatives supporting positive child outcomes, coordinates government collateral services, increases community involvement in child-centered activities, and supports the development of child welfare policy. Not only does Healthy Child Manitoba directly fund services, but it also acts to coordinate available supports in communities.³¹

²⁹ Schibler, Billie and James H. Newton. (2006, September), "Honouring their Spirits," *The Child Death Review: A report to the Minister of Family Services & Housing*, Province of Manitoba Office of the Children's Advocate, which examined all deaths of children in contact with the child welfare system.

³⁰ Hardy, Michael, Billie Schibler and Irene Hamilton. (September 29, 2006). *Strengthen the Commitment, An External Review of the Child Welfare System, Family Services and Housing*, which examined processes associated with the transfer of child and family service case files between agencies, case-load management within the child and family service system, and other related issues.

³¹ Retrieved December 11, 2006, from <http://www.gov.mb.ca/healthychild/about/index.html>.

Ontario

In 2005, Ontario introduced a multi-year funding model for child welfare services as the basis for Children's Aid Society allocations,³² another variation of a differential response model, with incentives to keep children out of care – for example in kinship arrangements.

In 2006, the province's *Child and Family Services Act* and regulations underwent major amendments to strengthen provisions for Children's Aid Society consultation with First Nations when a First Nations child is taken into care. First Nations were given the right to send a representative to any hearing on placing a child.

A 1965 agreement, still in effect, states that all provincially-funded programs and services will be made available to all citizens of Ontario, including First Nations on- and off-reserve. Provincially-funded services include an Aboriginal Healing and Wellness Strategy (\$35M/yr), Children's Mental Health Services, Family Violence Prevention, and Early Years Centres, with a focus on raising healthy children.

Ontario's strategic plan for a flexible, sustainable and outcome-oriented service delivery model, *Child Welfare Transformation 2005*,³³ provided insights into a child welfare transformation currently underway in that province. It refers to a *Child Welfare Program Evaluation* in 2002-2003 that followed a number of years of sharp increases in the numbers of child welfare investigations and apprehensions, recommending increased emphasis on prevention and support services and funding formula changes. Two recent Auditor General of Ontario reports³⁴ noted, among many other findings, the following:

- despite major program changes since a 2000 audit, the province's program costs have doubled and more rigorous oversight is still needed;
- the introduction of a standardized risk assessment model (ORAM) in 1998 has had the effect of increasing the number of children deemed to be in need of protection;

³² Ministry of Children and Youth Services, June 9, 2005. *Guide to Child Welfare Multi-Year Funding Model — Results based planning and reporting*, Draft# 5.

³³ *Child Welfare Transformation 2005: A Strategic Plan for a Flexible, Sustainable and Outcome Oriented Service Delivery Model*, Ministry of Children and Youth Services, July 2005.

³⁴ *2006 Annual Report of the Office of the Auditor General of Ontario*, Ministry of Child and Youth Services, Child Welfare Program (www.auditor.on.ca); and *2006 Annual Report of the Office of the Auditor General of Ontario*, Ministry of Child and Youth Services, Children's Aid Societies (www.auditor.on.ca).

- Children's Aid Societies have continued to have significant discretion over choices between non-residential protection and protection in-care services for children, which has led to significant differences in the caseload growth of societies and practices for placements in more expensive settings; and
- the Ministry's plan to provide for differential responses for lower-risk cases by spring 2007 should employ strength-based assessments that consider participation in a child's protection by his or her relatives and community members.

Quebec

Quebec's approach to services for youth and families has focused on early intervention and prevention, as stated in the strategic plan for the Ministère de la Santé et des Services Sociaux (MSSS): « *Intervenir, de façon précoce, intensive et en continuité, le plus près possible des milieux de vie, afin de prévenir l'aggravation et la récurrence des problèmes d'adaptation sociale des jeunes et des familles* ».

Input from Quebec officials was delayed by an administrative mix-up in INAC, but it is understood that Quebec officials will provide considerable additional information relating to child and family services in that province.

Atlantic Provinces

Under its *Child, Youth and Family Services Act*, the Government of Newfoundland and Labrador delivers all child and family services; there are no First Nations agencies. The province has a network of family resource centres to provide support services to children and families; these services include family-based child care, literacy programs, and drop-in centres. Participation by families is voluntary, but there are some family referrals from the child and family services system. The Child, Youth and Family Services Department has an intervention services program for children and youth with developmental delays and difficulties. A range of provincial health services support these departmental services and social workers can integrate them into their child and family services case plans.

The Turner Review and Investigation³⁵ study examined circumstances surrounding the death of Zachary Andrew Turner. As a result of the study recommendations, one Child, Youth and Family Services office underwent review.

³⁵ Markesteyn, H. Peter and David C. Day. *Turner Review and Investigation*. Government of Newfoundland and Labrador, September 2006.

In 2004, Nova Scotia completed a review of its child and family services governance and business structure.³⁶ The reason for the review was the wish to move away from a mixed public/private child and family services delivery system. The review established a scoring system to rate the proposed governance structures and concluded that, within the context of review criteria, a Public Sector Line Department Model would best suit the province's needs.

Nova Scotia's *Children and Family Services Act* identifies a list of child and family services that agencies and offices are reasonably expected to provide and also establishes priorities for child and family services. Priorities include both the safety of children and maintaining the families' integrity. With support of their supervisors, social workers can integrate prevention programming and community resources into case plans.

In New Brunswick, the provincial government, First Nations communities and INAC are together developing a tripartite agreement framework relating to First Nations child and family services agencies. The province is looking at the increasing complexity of cases handled by both provincial and First Nations agencies, and considering the need for increased prevention and early intervention services, alternative dispute mechanisms, and kinship care models.

The Province of Prince Edward Island has recently invested in collateral services for children and families, including a Best Start program and other early childhood intervention programs.

Yukon

Passed in the 1980's, the *Yukon Children's Act* governs delivery of child and family services in the territory and is currently under review. The territorial government delivers all child and family services. The Yukon government seeks to involve First Nations representatives in child and family service case planning in two ways, through community involvement and by hiring First Nations social workers and staff. Case workers are directed to take account of First Nations cultures as they develop case plans.

To support an increasing territorial emphasis on prevention and early intervention, the Yukon government includes family support workers on child protection teams. The workers provide family supports with a view to reducing the incidence of child abuse and neglect.

³⁶ Nova Scotia Department of Community Services, report from Deloitte and Touche, Review of Child Welfare Services, Governance and Business Model, Final Report, June 2004.

Northwest Territories and Nunavut

The FNCFS Program does not operate in Nunavut and the Northwest Territories.

The Government of the Northwest Territories delivers all child and family services in that territory through a network of regional and community offices. Seven territorial authorities deliver child and family services through seven regional and 33 community offices. The Government of the Northwest Territories requires plan alignment with its territorial Integrated Services Delivery Model, a strategy for health and social services coordination throughout the territory. The government plans to move to a more integrated model of social services and health delivery, consistent with the movement toward greater service integration in the provinces.

Recent changes to the territorial legislation have placed a heightened emphasis on prevention and early intervention programming while increasingly recognizing the importance of community involvement and support for child and family services. To this end, the Government of the Northwest Territories has passed the *Aboriginal Custom Adoption Recognition Act* to recognize and document Aboriginal custom adoptions. It is also pilot testing a Child and Family Services Committee in one community where a volunteer committee is helping develop and oversee case plans for children and families in the community.

In Nunavut, child and family services are defined as child protection, and the Nunavut Government provides child and family services everywhere but Cape Dorset and Igloolik. For the purposes of service delivery, the territory is divided into three regions, each of which has a child protection supervisor and a network of social workers. It often falls to social workers and the child and family services more generally, to deliver services and funding for other programs and departments.

Provincial Approaches: Conclusion

Provinces have faced similar trends as the FNCFS Program with rising costs and increasing numbers of children in care but there has been a general shift in the approach to provision of child and family services.

Many provinces and territories are giving more emphasis to prevention measures with a view to reducing the need for child apprehensions (separation from the parental home). When apprehension is still necessary, the trend is towards placement with other family members or with other community members known and trusted by the child rather than in foster homes, group homes or institutions. Case plans increasingly include family and community members.

Impacts of Prevention

Studies showing that prevention has an economic benefit are preliminary but promising.

Studies of alternate response (also called differential response) in three U.S. states (Virginia, Missouri and Minnesota) published by the Institute of Applied Research in 2004 were attempts to determine the cost-effectiveness of prevention interventions. The researchers' hypothesis was that prevention reduces not just the cost of out-of-home care, but also costs elsewhere in the system, including justice, education and health. A key feature was the use of comparison groups to estimate net impacts (although the alternate response group was made up of families believed suitable for alternate response, a possible selection bias).

In terms of child safety, surveys showed that in Virginia, 51% of supervisors and 37% of workers thought child safety had improved, and most others believed that there had been no change. A much more extensive file review in Missouri showed that participation in alternate response had not compromised child safety.

In all three states, researchers found that family cooperation and satisfaction increased, and the incidence of families avoiding social workers fell. They also found that families in the experimental group accessed a wide range of services more quickly, including services not covered by the alternate response budget. Also, they found that the incidence of child maltreatment reoccurrence was lower in program groups, although differences were relatively small.

In Minnesota, researchers' preliminary analysis was that the initial stage of the alternate response approach had been more expensive than conventional services, but overall costs, including costs of services, eventually proved lower.³⁷

Overall, while it is difficult to establish a firm correlation between prevention and a reduction in the need for child protection services, the findings of the literature scan confirm a general move towards prevention activities in the field of child welfare. It is unlikely that strong empirical evidence of significant cost savings will be available until the move toward prevention services has been in place for a longer period of time and longitudinal studies of cost savings can be completed. Work in the United States suggests that prevention activities may result in a change in roughly five years and may be measurable within ten years.

³⁷ Institute of Applied Research, *Three Alternate Response Models*, St. Louis, MO, 2004, retrieved November 8, 2006 from <http://www.iaarstl.org>.

The literature scan focused on prevention in the field of child welfare, but there is a large body of research on prevention in other fields, in particular work done by Durlak and Wells³⁸ (1997) that examines mental illness prevention directed at children and youth. The work is significant because it demonstrates that mental illness prevention can have a positive effect on changing outcomes in different areas, including those most difficult to change, such as academic performance, and supports the idea in general that primary prevention can have positive outcomes for children.

In 2005,³⁹ the authors of a review of randomized and quasi-experimental evaluations of child welfare programs in Canada said they had been able to locate just 10 peer-reviewed impact evaluations published since 1995. They concluded that:

- some evaluations had important methodological weaknesses that produced findings of “very doubtful statistical significance or replicability;”
- interventions to prevent or treat sexual abuse seemed overrepresented compared to interventions directed at the forms of maltreatments with the highest incidence rates (neglect, exposure to domestic violence, physical abuse and emotional maltreatment), so there is a need for evaluation of a wider range of interventions;
- there is a need for implementation and evaluation of evidence-based practices and interventions; and
- the first order of business for Canadian child welfare researchers should be to increase the number of published impact evaluations.

Importance of Risk Assessments

Risk assessment tools, and the assessments themselves, are critical to effective decision-making about children by child welfare agencies, especially where alternate or differential response models are in place. An agency staff member must assess each child’s level of risk, and on that basis, decide whether he/she can stay in the home. The child’s safety is at issue, so decisions must be made by experienced workers and guided by proven tools.

³⁸ Durlak, J.A. and A.M. Wells. “Primary Prevention Mental Health Programs for Children and Adolescents: A Meta-Analytic Review,” *American Journal of Community Psychology*, 1997, 25, pp.115-152.

³⁹ Flynn, R.J, and D. Bouchard. “Randomized and Quasi-experimental Evaluations of Program Impact in Child Welfare in Canada: A Review,” *The Canadian Journal of Program Evaluation*, Vol. 20, No. 3, pp. 65-100.

In the literature, there were some criticisms of the efficacy of risk assessments. The concern is a tendency for working definitions of “risk” and “safety” to be influenced by the need for agencies to act very quickly because of perceived danger to children, rather than having a fixed, evidence-based definition.⁴⁰

The 2006 Annual Report of the Auditor General of Ontario included a review of the province’s Child Welfare Services Program. It underlined the importance of a provincial process to review Children Aid Societies’ compliance with risk assessment requirements to ensure placement decisions are appropriate.

⁴⁰ Gillingham, P. “Risk Assessment in Child Protection: Problem Rather than Solution,” *Australian Social Work*, Vol. 59, No. 1, March 2006, pp. 86-98.

Section 6 - Improving the FNCFS Program

Background

In the early stages of the project, evaluators developed a number of preliminary ideas about other models for the program and sought feedback from a number of child welfare experts, First Nations organizations and INAC managers.

There were discussions about the link between prevention and protection programming of First Nations agencies and other organizations, alternatives to Directive 20-1, and coordination mechanisms. These discussions led to a decision that proposals for improvement should focus on approaches to prevention. It became clear that the proposed approaches had to be flexible since each province and territory has a different child welfare system, and it is the provinces that mandate and oversee First Nations child and family service agencies. The discussion also pointed out that successful implementation of a new approach needs monitoring of outcomes and investments, and the importance of capacity building, in both agencies and INAC.

Approaches

There is growing awareness in INAC and First Nations of the importance of comprehensive community planning as a local governance tool to promote better integration of resources and programs at the community level.⁴¹ Such planning could be useful in coordinating child maltreatment prevention programming (and building healthy families) for First Nations communities and help communities to develop consensus on their needs, maximize benefits from federal programs, and reduce gaps in services.

Taking account of this, three approaches to improving the FNCFS Program were developed and are described in the following sections. Each approach involves a differential response approach, because the trend to this approach is a consistent theme in all the research. The approaches presented are incremental and mutually reinforcing.

⁴¹ The department has developed a strategy to support First Nations communities in developing and implementing Comprehensive Community Plans, and a number of activities have been taking place in several regional offices. In 2004, pilot projects began in the Atlantic and British Columbia regional offices to provide a regionally-based integrated approach to comprehensive community planning. Early indications are that First Nations communities that have completed comprehensive community plans or are in the planning process have drawn closer together, increasing accountability, improving governance, securing buy-in, and focusing direction.

First Approach: Increasing FNCFS Focus on Prevention

There is a trend towards one or another variation on the differential response approach to child and family services across provinces. As provinces increase their focus on prevention programming, it is important that First Nations agencies follow.

Changing the program's Directive 20-1 would be among the first steps, because it currently steers agencies towards the most disruptive and expensive care options – foster care, group homes, and institutional care.

This could be done by increasing to three the number of FNCFS Program funding streams to First Nations agencies (operations, prevention and maintenance), and ensuring the program provides adequate support for necessary prevention work by agencies. Making a distinction between operations and prevention funding to agencies would ensure that funds intended for prevention are used for that purpose and it would better support measurement of progress in the future.

Costs and Benefits of Increasing the FNCFS Program's Focus on Prevention

Evaluation researchers looked for information about implications of a differential response approach to child and family services for First Nations and found limited data on possible cost implications.

In general, academic literature seemed to confirm that a greater emphasis on prevention programming might, over time, reduce the cost of out-of-home child placements. A study of alternate response in three American states (Missouri, Minnesota, and Virginia) also suggested that initial phases of differential response may actually cost more than the conventional approach to child protection but the potential exists for cost savings in future years.

It is difficult to estimate costs of a differential response approach for First Nations agencies. First Nations agencies' programming varies from one province and territory to another. Also, it was beyond the scope of the evaluation to explore with individual provinces and territories estimates for how much it would cost to implement differential response for First Nations in their respective jurisdictions.

Wen:De Study

Wen:De proposed many modifications to the current funding formula (Directive 20-1) and provides detailed cost projections for each. The report estimates that to implement all proposed reforms, total costs are approximately \$109.3 million - \$22.9 million for the pools of proposed initiatives and \$86.4 million for annual funding needs. The total includes, among other items, funding for:

- an inflation adjustment to allow for annual cost of living increases (estimated \$24.8 million annually to restore FNCFS agencies funding to 1995 levels);

- prevention and least disruptive measures;
- adjustments to funding for small agencies and to address remoteness factors;
- increases to each agency's operations base amount (from \$143,000 per annum to \$308,751); and
- management information systems, capital costs, extraordinary costs (e.g., suicide epidemics), liability costs (insurance), research, and evaluation activities.

Specifically in reference to prevention, least disruptive measures, and community development, the research states that in Year 1, additional spending on these measures would be about \$35 million, rising to \$62 million two years later, to \$66 million by year 5 and peaking at \$69.5 million in year 7.⁴²

The authors estimate that savings in terms of reduced maintenance expenditures will take time to materialize; after about 42 years, they will exceed the costs of the program in present value terms. If a lower rate of discount is used, 3.5% rather than 8%, savings from these programs would be larger in present value terms and expenditures on wellness, prevention, and least disruptive measures, would pay for themselves within 28 years.

The Wen:De report includes a brief economic cost-benefit study of a handful of the West Region Child and Family Services agency's programs. For three programs it estimates cost saving ratios of 6:1, 13:1, 60:1 for every dollar spent in prevention programs. The authors recognized that one should use these ratios with caution. Another method presented in the report takes an aggregate view of the dollars saved by not putting children into care and produces an estimate of over \$1.5 million in annual savings for an agency.

One caveat is that estimates are based on an agency that can rely on a substantive human resource base and has an operational infrastructure in place, as opposed to many agencies that do not have the capacity to carry out such preventive initiatives within their existing funding levels. Another issue seems to be with some of the assumptions. For example, the authors estimate that "another \$63 million in savings is expected to materialize in the future from the prevention of Foetal Alcohol Syndrome/Effects afflicted children due to their mothers maintaining sobriety during a pregnancy" as the result of a three-ay retreat program. This estimate does not mention what success rate is expected from this program in helping mothers maintain their sobriety.

⁴² Wen:De figures are based on a few assumptions. New staff positions for child welfare workers will be determined based on 0.4% of child population and resource workers 0.2%. The ratios are based on INAC's assumption of 6% children in care and 1 worker for every 20 children in care. Calculations are also based on the assumption that the total annual cost for maintaining a child in formal care is \$20,000 (based on one agency's rates).

INAC Preliminary Cost Estimates for a Differential Response Approach

In 2006, an estimate by INAC of what the costs might be for implementation of a differential response model, in particular a family enhancement program, by Alberta First Nations agencies suggested the incremental costs would be \$11.8 million annually. These calculations were based on the estimate of 6% of children in care. Prevention funding was at 13.6% of the 1998 benchmark formula based on prevention worker salaries in Alberta, training at 3.5% of salaries, benefits at 8%, and excluding the purchase of services.

If incremental costs for Alberta are estimated at \$11.8 million annually, this represents approximately \$6,000 per child in care (2005-2006). Extrapolating from this, based on 8,917 First Nations children in care nationally, the cost for implementing comparable prevention programming across Canada could be \$53.5 million annually.

The evaluation research noted that not all FNCFS agencies are positioned to offer the full differential response model. Capacity is also uneven across Canada and smaller remote agencies face significant challenges. Therefore, in the early years of implementation, the cost of providing prevention funding may be somewhat less but balanced to some extent by the need for expenditures on capacity building for the differential response approach to service delivery.

It is also important to note that there is a shortage of qualified community workers and much of the increased spending could find its way into increased salaries and the cost of inputs rather than increased services. Alberta in particular has a shortage of supply in many fields of employment. Therefore, it would be important to phase in funding over time. Also, increased prevention spending requires appropriate planning and coordination of services to ensure proper integration of federal programming and jurisdictional initiatives.

Second Approach: Coordination of INAC Social Programs - (Healthy Communities Initiative approach)

The FNCFS Program is one of five programs in INAC's social development envelope, all of which have the potential to improve the well-being of the same individuals, families and communities. The other programs are: the Assisted Living Program, the National Child Benefit Reinvestment Program, the Income Support Program, and the Family Violence Prevention Program. Together, they accounted for annual INAC expenditures of approximately \$1.28 billion in 2005-2006.

- **Family Violence Prevention Program** – covers the cost of shelters and supports about 350 prevention projects each year. The program's terms and conditions allow funding for projects which promote a reduction in family violence and support a more secure environment for families on reserve through promotion and public awareness, education campaigns, conferences, workshops, stress and anger management seminars, counseling, training, support groups, and community needs assessments.

- **Assisted Living Program** – is one component of the Continuing Care Framework, which refers to a range of medical and social services for individuals who do not have, or have lost, the capacity for self-care. The program supports in-home care to more intensive levels of care. It can also cover foster care/family support care homes that provide supervision and care in a family-like setting for adults who are unable to live on their own.
- **National Child Benefit Reinvestment Program** – its objectives are to prevent and reduce the depth of poverty and promote attachment to the work force. Funding is provided for projects in five areas: child nutrition, child care, support for parents, home to work transition, and cultural enrichment.
- **Income Support Program** – its objective is to support training and employment services that will lead to participation in the labour market.

It is possible that, with better coordination, these programs could be used more strategically to support families and help them address the issues most often associated with child maltreatment. The National Child Benefit Reinvestment Program can support initiatives to help children or support home visits and the Assisted Living Program can help families avoid or manage crises. The Family Violence Prevention Program can support workshops about child abuse and neglect, and Income Support and Economic Participation can help parents get on their feet.

The time is opportune because the five INAC social programs will also soon undergo renewal of their program authorities. This presents an ideal opportunity to consider how INAC can maximize benefits for First Nations communities, specifically children and their families, and would be consistent with a social development policy vision now being developed by the department.

The draft vision now being considered is: “Healthy, safe and sustainable First Nations communities by way of an inclusive, holistic and culturally-based social development system that promotes control and jurisdiction.” Its proposed long term goals are:

- healthy communities;
- comprehensive and integrated services;
- social equity;
- First Nations jurisdiction and control;
- community social development capacity; and
- high standards, and mutual accountability.

One performance indicator for all five programs in INAC’s new performance framework for social programs should be the rate of child maltreatment in on-reserve First Nations communities.

Third Approach: Better Coordination with Other Federal Programs for First Nations Residents on Reserve

This approach would build on the previous two.

Although INAC social programs are important, they are far from the only federal programs for First Nations who live on reserve. Other major programs are offered by Health Canada (HC), Human Resources and Social Development Canada (HRSDC), and to some extent, Justice Canada (DOJ) and Public Safety and Emergency Preparedness Canada (PSEPC).

The Government of Canada's Aboriginal Horizontal Framework⁴³ lists programs and services delivered by the federal government to First Nations, Inuit, and Métis individuals throughout Canada. During the 2004-2005 fiscal year, expenditures on all 360 programs totaled approximately \$8 billion. Of this amount, the federal government spends a significant amount⁴⁴ for on- and off-reserve programming targeted to children and families (time did not allow evaluators to narrow their focus to on-reserve programming). Programs which directly contribute to healthy families and communities are offered in the areas of health promotion, early learning and childcare, social support and community well-being, and community safety and justice, and may reduce some of the root causes of maltreatment (Table 4).

Various community organizations and agencies on reserve can access these programs to leverage funds to provide integrated services.

In some cases, existing programs are intended to work together or coordinate efforts towards a common initiative. For example, in 2002, the Government announced the Federal Strategy on Early Childhood Development (ECD) for First Nations and Other Aboriginal Children. The strategy involved several departments and programs, and provided \$320 million over five years to:

- improve and expand existing federal ECD programs and intensify efforts to address Foetal Alcohol Syndrome Disorder in First Nations communities;
- build ECD capacity and networks;
- advance research and knowledge; and
- work towards better integration of federal ECD programs and services.

⁴³ Government of Canada, *Aboriginal Horizontal Framework*, November 2005, http://www.tbs-sct.gc.ca/aaps-aapd/pdf/pooverview_e.pdf, Retrieved January 2007.

⁴⁴ Note: Table 4 roughly estimates approximately \$1.6 billion (including \$800 million for supplementary health benefits) is spent on programs that target children and families on- and off-reserve. The evaluation did not undertake a comprehensive inventory so it is possible that other relevant programs may exist.

Programs such as the Canada Prenatal Nutrition Program, now under the Public Health Agency of Canada (PHAC), the Aboriginal Head Start on Reserve (a joint program with INAC), the Foetal Alcohol Syndrome Disorder Program; and the Maternal Child Health Program could also be key elements of a coordinated portfolio of primary prevention activities within a differential response model.

Table 4 - Aboriginal Horizontal Framework: Programs for Children and Families 2004-2005			
Strategic outcome area	Programs	Department	Expenditures (in \$000)
Improved health of Aboriginal people (includes family and child health)	Canada Prenatal Nutrition Program	PHAC	31,543
	Canada Prenatal Nutrition Program	HC	8,977
	Early Learning and Childcare: Aboriginal Head Start On Reserve	HC	41,574
	Community Action Program for Children	PHAC	53,126
Supplementary health benefits	Non-Insured Health Benefits Program	HC	797,537
Mental health and addictions	Foetal Alcohol Syndrome Disorder	PHAC	390
	Foetal Alcohol Syndrome Disorder	HC	10,788
	Brighter Futures	HC	24,636
	National Native Alcohol and Drug Abuse Residential Treatment Program	HC	44,715
	Youth Solvent Abuse Program	HC	12,073
	Youth Suicide Prevention Program	HC	493
Social support and community well-being / neglect	Assisted Living	INAC	81,256
	Income Assistance - Special needs	INAC	30,049
	Child and Family Services	INAC	385,098
	National Child Benefit Re-investment	INAC	51,426
Early childhood development	Early Childhood Development	INAC	735
	Special Education Program	INAC	102,835
Community safety justice, crime prevention	Family Violence Prevention	INAC	17,543
	National Crime Prevention Strategy: First Nations Crime Prevention	PSEPC	235
	Aboriginal Justice Strategy	DOJ	7,800
Others	Aboriginal Human Resources Development Strategy: Disabilities Programming component	HRSDC	3,500
Source: Government of Canada, Aboriginal Horizontal Framework, November 2005, http://www.tbs-sct.gc.ca/aaps-aapd/pdf/poverview_e.pdf , retrieved January 2007.			

Because many programs also support First Nations individuals or families, they could be part of a network of support services and programs to reduce child maltreatment. Pursuing this coordination would require senior management commitment. The following section briefly describes some relevant programs offered by key federal departments.

Human Resources and Social Development Canada

A Human Resources and Social Development Canada (HRSDC) program that could strengthen the differential response model is the Aboriginal Human Resources Development Strategy (AHRDS), which provides job training opportunities for Aboriginal people (on and off reserve).

One of the factors identified by many researchers as contributing to child maltreatment is poverty and unemployment. A link between FNCFS agencies and the local AHRDS Agreement could be an important collateral service, for example, by helping parents of children who have come to the attention of the FNCFS agency to get job and skills training.

Health Canada and the Public Health Agency of Canada

Important in the portfolio of prevention services is health programming. The most obvious link is with programs of Health Canada (HC) and the Public Health Agency of Canada (PHAC). Health Canada's children and youth programming has as its goal "to collectively improve the cultural, emotional, intellectual and physical growth and development of First Nations and Inuit infants, children and youth."⁴⁵

The following are some key programs that promote healthy communities and the prevention of child maltreatment.

- **Non-Insured Health Benefits (NIHB) Program**— is a program with just under \$1 billion to address medical needs. Many cases that come to the attention of FNCFS agencies involve complex special needs and require attention to medical needs. In some instances, INAC has covered such costs for children in care where NIHB has refused.
- **Aboriginal Head Start (AHS) on reserve** – projects operate in about 300 First Nations communities serving over 7,000 First Nations children and families on reserve. Key objectives include:
 - to support the spiritual, emotional, intellectual, and physical growth and development of each First Nations child;
 - to recognize and support parents/guardians as the primary teachers and caregivers of their children;
 - to recognize and support the role of the extended family in teaching and caring for their children; and
 - to include the broader First Nations community as part of the community program from the initial planning stages through development and implementation to evaluation.

⁴⁵ Health Canada, *Report on Plans and Priorities*, 2006-2007.

AHS addresses the nutritional, social, health, and psychological needs of children. Components include culture, education, health, nutrition, social support, and parental involvement.

- **The Canada Prenatal Nutrition Program (CPNP)** - provides long-term funding to community groups to develop or enhance programs for vulnerable pregnant women. Through a community development approach, the CPNP aims to reduce the incidence of unhealthy birth weights, improve the health of both infant and mother and encourage breastfeeding. CPNP enhances access to services and strengthens intersectional collaboration to support the needs of at-risk pregnant women. As a comprehensive program, the services provided include food supplementations, nutritional counseling, support, education, referral and counselling on health and lifestyle issues. The program is not Aboriginal specific.
- **The Brighter Futures Program** - assists First Nations and Inuit communities in developing community-based approaches to health programs. The goal of the program is to improve the quality of, and access to, culturally-sensitive wellness services in the community. These services will, in turn, help create healthy family and community environments, which support child development. While the program is intended specifically for First Nations and Inuit children from ages 0-6, it is recognized that children's needs cannot be separated from those of their families and community. Brighter Futures funds a number of program areas that directly and indirectly support child development. There are a number of components to Brighter Futures: community mental health, child development, injury prevention, healthy babies, and development of parenting skills.
- **The Community Action Program for Children (CAPC)** - provides long-term funding to community coalitions to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk.⁴⁶ It recognizes that communities have the ability to identify and respond to the needs of children and places a strong emphasis on partnerships and community capacity building. CAPC targets children living in low income families, children living in teenage-parent families, children experiencing developmental delays, social, emotional or behavioral problems, and abused and neglected children. The program is not Aboriginal specific.

⁴⁶ A full description of the CAPC Program can be found on the PHAC website, http://www.phac-aspc.gc.ca/dca-dea/programs-mes/capc_goals.

Justice Canada

- **The Aboriginal Justice Strategy** - provides funding, some of which is cost-shared with provinces and territories, to community-based justice programs aimed at reducing the rates of crime and incarceration among Aboriginal people, assisting Aboriginal people to assume greater responsibility for the administration of justice within their communities, and making the mainstream justice system more sensitive to the needs and cultures of Aboriginal communities. Projects that address domestic violence issues could help alleviate child maltreatment.

Through this third approach, senior managers at INAC would dedicate staff to supporting a healthy community initiative, designed to explore, develop and maintain relationships with other government departments and agencies and with First Nations to promote linkages among federal programs and services that could serve to support implementation of the differential response model. Support for the links between the FNCFS Program and other federal programming would be at the national, regional and community levels.

Performance Monitoring

There is little information about the impacts or effectiveness of the FNCFS Program, in particular information about the outcomes for children and families of FNCFS-funded services.

Nor is there clarity on the accountabilities of provinces/territories and First Nations agencies for monitoring, measuring and reporting on the effectiveness and outcomes of the prevention and protection activities provided to on-reserve First Nations communities.

Provisions for monitoring, measuring and reporting require greater attention. Efforts to improve accountability could focus on the:

- \$30,000 for evaluation that is provided to each FNCFS agency by the FNCFS Program every third year;
- agreements between provincial governments and INAC on the provision of child and family services to First Nations on reserve; and
- funding agreements between First Nations child and family service agencies and INAC.

There is a need for defining expected outcomes and outcome indicators for the FNCFS Program, with particular emphasis on the effectiveness of risk assessments and prevention programming.

There is also a need for clarifying the accountabilities of the provinces, territories and First Nations agencies with respect to monitoring, measuring and reporting on the effectiveness and outcomes of FNCFS prevention and protection services.

First Nations must have timely information about child and family services provided to their communities, whoever the service provider, and INAC must be able to report to Canadians on program performance and outcomes.

Section 7 - Conclusions and Recommendations

Conclusions

Based on the evaluation research, this section presents conclusions about the continued relevance and success of, and alternative for improvement to, the First Nations Child and Family Services (FNCFS) Program.

Relevance

There has been rapid escalation in the demand for child and family services for on-reserve First Nations populations, faster even than the growth in demand for services in other parts of the country, and Statistics Canada population projections suggest that this growth is likely to continue, other factors being equal. The number of children in care increased from 5,340 to 8,917 from 1996-97 to 2005-2006, and program expenditures grew from \$193 million to \$417 million in the same period, far surpassing growth of the Department's First Nations basic services envelope, which was capped at 2% annually in 1997-1998.

A 2005 report by the First Nations Child & Family Caring Society says that First Nations children are over-represented at every level of the child welfare decision-making continuum, including reports to child welfare, case substantiation rates, and admissions to child welfare care.

Researchers have said that higher rates of maltreatment substantiation and out-of-home placement appear to be related to the disproportionate presence of risk factors among Aboriginal families.

Success

The FNCFS Program objective is "to support culturally appropriate prevention and protection services for Indian children and families, in accordance with the legislation and standards of the province or territory of residence. The anticipated result is a more secure and stable family environment for children on reserve."

A program achievement has been the development of First Nations child and family service agencies as a means of providing culturally relevant child and family services for on-reserve communities. By 2005-2006 there were 105 First Nations child and family service agencies, up from 30 when the FNCFS Program was introduced in 1991. These agencies provide child and family services to 75% of First Nations.

Although the program has met an increasing demand for services, it is not possible to say that it has achieved its objective of creating a more secure and stable environment for children on reserve, nor has it kept pace with a trend, both nationally and internationally, towards greater emphasis on early intervention and prevention.

The program's funding formula, Directive 20-1, has likely been a factor in increases in the number of children in care and program expenditures because it has had the effect of steering agencies towards in-care options – foster care, group homes and institutional care – because only these agency costs are fully reimbursed.

Alternatives

Academic literature suggests that a greater emphasis on prevention programming has the potential, over the long term, to improve outcomes for children and families and reduce the need for out-of-home placements, although there is presently little firm empirical evidence regarding net impacts or cost implications over the longer term.

Provinces and territories are moving towards a stronger emphasis on prevention and early intervention; Alberta is an example. The province has introduced a differential response model with promising early results. The model has a family enhancement stream as well a child protection stream, to reduce the necessity for child apprehensions.

There has also been preliminary research on differential response models in three U.S. states suggesting that there is potential for cost savings in future years.

For the FNCFS Program to achieve its objective of “contributing to a...more secure and stable family environment for children on reserve,” it seems appropriate that it too should move towards a stronger emphasis on prevention, and its prevention approach should be directed broadly to communities as well as to children and families that have come to the attention of child and family service agencies.

The report proposes three incremental and mutually reinforcing approaches to FNCFS Program improvement, each one consistent with the differential response approach that has been supported by researchers:

Approach A: Resolve weaknesses in the current FNCFS funding formula, Program Directive 20-1, because in its current form, it discourages agencies from a differential response approach and encourages out-of-home child placements.

Approach B: Besides resolving weaknesses in Program Directive 20-1, encourage First Nations communities to develop comprehensive community plans for involving other INAC social programs in child maltreatment prevention. The five INAC programs (the FNCFS Program, the Assisted Living Program, the National Child Benefit Reinvestment Program, the Family Violence Prevention Program, and the Income Assistance Program) all target the same First Nations communities, and they all have a role to play in improving outcomes for children and

families, so their efforts should be coordinated and a performance indicator for all of them under INAC's new performance framework for social programs should be the rate of child maltreatment in on-reserve First Nation communities.

Approach C: In addition to approaches A and B, improve coordination of INAC social programs with those of other federal departments that are directed to First Nations on reserve, for example health and early childhood development programs. With greater coordination and a stronger focus on the needs of individual communities, these programs could make a greater contribution to child maltreatment prevention, and could be part of a broader healthy community initiative.

Recommendations

It is recommended that Indian and Northern Affairs Canada:

1. clarify the departments hierarchy of policy objectives for the First Nations Child and Family Services Program, placing the well-being and safety of children at the top;
2. correct the weakness in the First Nations Child and Family Service Program's funding formula, which encourages out-of-home placements for children when least disruptive measures (in-home measures) would be more appropriate. The well-being and safety of children must be the agencies' primary considerations in placement decisions;
3. improve coordination between the First Nations Child and Family Services Program and other INAC social programs and make the rate of child maltreatment an outcome indicator for all the department's social programs;
4. improve coordination between the First Nations Child and Family Services Program and other federal programs for on-reserve First Nations populations so the programs will together be more effective contributors to child maltreatment prevention;
5. define clear expected outcomes and outcome indicators for the First Nations Child and Family Services Program, with particular emphasis on prevention programming; and
6. with provinces/territories and First Nations agencies, clarify accountabilities for monitoring, measuring and reporting on effectiveness and outcomes of the First Nations Child and Family Services prevention and protection activities. First Nations must have timely information about child and family services provided to their communities, whoever the service provider, and INAC must be able to report to Canadians on program performance and outcomes.

Action Plan

Action Plan

Project Title: Evaluation of the First Nations Child and Family Services Program
Region or Sector: Social Policy and Programs Branch

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Recommendations	Actions	Responsible Manager (Title)	Planned Implementation Date
<p>1. It is recommended that Indian and Northern Affairs Canada clarify the departments hierarchy of policy objectives for the First Nations Child and Family Services Program, placing the well-being and safety of children at the top.</p>	<p>a) INAC will seek approval to update FNCFS policy authorities with policy objectives that reflect the need to ensure the well-being and safety of First Nation children within the context of provincial legislation.</p> <p>b) Once policy authorities are approved, the policy objective will be incorporated into the larger Social Policy Development Framework, the FNCFS National and Regional Policy Manuals, and the Results-based Management Accountability Framework.</p> <p>c) INAC will communicate the approved objectives to regions, First Nations and provinces/territories and ensure that this is also reflected on the website.</p>	<p>Director General, Social Policy and Programs Branch with support from Regional Director Generals</p>	<p>April 30, 2007</p> <p>December 31, 2007</p> <p>January 31, 2008</p>

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Project Title: Evaluation of the First Nations Child and Family Services Program
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Recommendations	Actions	Responsible Manager (Title)	Planned Implementation Date
<p>2. It is recommended that Indian and Northern Affairs Canada correct the weakness in the First Nations Child and Family Service Program's funding formula, which encourages out-of-home placements for children when least disruptive measures (in-home measures) would be more appropriate. The well-being and safety of children must be the agencies' primary considerations in placement decisions.</p>	<p>a) INAC will seek approval to update policy authorities that include kinship care and post adoption subsidies and a revised funding formula consisting of three funding streams (operations, prevention and maintenance) to enable First Nation agencies to provide prevention services.</p> <p>b) INAC will implement, upon approval by Treasury Board, new authorities into expanded terms and conditions, the National and Regional Program Manuals, and the Performance Measurement Strategy.</p> <p>c) INAC will work with provinces and First Nations to ensure a coordinated implementation of enhanced prevention measures via the Tripartite (First Nations/provinces/Canada) Accountability Frameworks.</p> <p>d) INAC will negotiate block funding agreements for the new investments that will incorporate the three funding streams.</p>	<p>Director General, Social Policy and Programs Branch with support from Regional Director Generals</p>	<p>March 31, 2007</p> <p>December 31, 2007</p> <p>June 30, 2008</p> <p>April 30, 2008</p>

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Recommendations	Actions	Responsible Manager (Title)	Planned Implementation Date
<p>3. It is recommended that Indian and Northern Affairs Canada improve coordination between the First Nations Child and Family Services Program and other INAC social programs and make the rate of child maltreatment an outcome indicator for all the department's social programs.</p>	<p>a) INAC and regions will determine through research the linkages and opportunities for improved coordination between the FNCFS Program and other INAC social programs (eg. Family Violence Prevention; Early Childhood Development, Income Assistance). Coordination will be a key component of the Social Development Framework which will be renovated next year.</p>	<p>Director General, Social Policy and Programs Branch with support from Regional Director Generals</p>	<p>October 31, 2007</p>
	<p>b) INAC will develop an action plan to improve coordination based upon the results of research.</p>		<p>December 31, 2007</p>
	<p>c) INAC will include the rate of child maltreatment as an outcome indicator, where appropriate, in the RMAF for the FNCFS Program as well as all the social development programs.</p>		<p>December 31, 2007</p>
	<p>d) INAC will encourage First Nations to participate in the 2008 Canadian Incidence Study.</p>		<p>March 31, 2008</p>
	<p>e) INAC will require that agencies submit a business plan that takes into account the need to interact with different social program areas.</p>		<p>April 30, 2008</p>

Action Plan

Project Title: Evaluation of the First Nations Child and Family Services Program
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Recommendations	Actions	Responsible Manager (Title)	Planned Implementation Date
<p>4. It is recommended that Indian and Northern Affairs Canada improve coordination between the First Nations Child and Family Services Program and other federal programs for on-reserve First Nations populations so the programs will together be more effective contributors to child maltreatment prevention.</p>	<p>a) INAC will put in place a mechanism to determine the linkages and opportunities for improved coordination between the FNCFS Program and other related federal programs and then develop an action plan.</p> <p>b) INAC and regions will build upon existing working groups or committees with other federal programs to improve coordination between the FNCFS Program and other federal programs.</p> <p>c) INAC will require that agencies submit a business plan that takes into account the different federal program areas.</p>	<p>Director General, Social Policy and Programs Branch with support from Regional Director Generals</p>	<p>September 30, 2007</p> <p>October 31, 2007</p> <p>April 30, 2008</p>

Action Plan

Project Title: Evaluation of the First Nations Child and Family Services Program
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Recommendations	Actions	Responsible Manager (Title)	Planned Implementation Date
<p>5. It is recommended that Indian and Northern Affairs Canada define clear expected outcomes and outcome indicators for the First Nations Child and Family Services Program, with particular emphasis on prevention programming.</p>	<p>a) Headquarters will develop a comprehensive performance measurement strategy for the FNCFS Program with clear expected outcomes and outcome indicators, including prevention activities.</p>	<p>Director General, Social Policy and Programs Branch with support from Regional Director Generals and Director General, Corporate Information Management Directorate</p>	<p>December 31, 2007</p>
	<p>b) INAC will ensure that the data collection processes and instruments include expected outcomes and outcome indicators with a particular emphasis on prevention.</p>		<p>January 31, 2008</p>
	<p>c) INAC will ensure that these are reflected in funding agreements and tripartite frameworks.</p>		<p>January 31, 2008</p>

Action Plan

Project Title: Evaluation of the First Nations Child and Family Services Program
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Recommendations	Actions	Responsible Manager (Title)	Planned Implementation Date
<p>6. It is recommended that Indian and Northern Affairs Canada with provinces/territories and First Nations agencies, clarify accountabilities for monitoring, measuring and reporting on effectiveness and outcomes of the First Nations Child and Family Services prevention and protection activities. First Nations must have timely information about child and family services provided to their communities, whoever the service provider, and INAC must be able to report to Canadians on program performance and outcomes.</p>	<p>a) INAC will initiate discussions with its partners – provinces/territories and First Nation agencies (particularly those without tripartite agreements) – to clarify accountabilities for monitoring, measuring and reporting on the outputs, outcomes and costs of FNCFS-supported activities, including provinces' responsibility for monitoring First Nation agencies' adherence to provincial/territorial standards.</p> <p>b) INAC's tripartite agreements with provinces/territories and First Nations agencies, and its funding agreements with First Nations agencies, will clearly reflect these accountabilities.</p> <p>c) INAC will initiate discussions with provinces/territories and FNCFS agencies to assess the effectiveness of agencies and outcomes for children and families of FNCFS-supported services.</p>	<p>Director General, Social Policy and Programs Branch with support from Regional Director Generals and Director General, Corporate Information Management Directorate</p>	<p>December 30, 2007</p> <p>January 31, 2008</p> <p>March 31, 2008</p>