Catalogue no. 41-20-0002
ISBN 978-0-660-77938-6

The importance of cultural continuity in foster care for the long-term mental health of Indigenous people in Canada

Release date: Novembre 18, 2025

Statistics Canada Statistique Canada

Canada

How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

Email at infostats@statcan.gc.ca

Telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following numbers:

- Statistical Information Service 1-800-263-1136
- National telecommunications device for the hearing impaired 1-800-363-7629
- Fax line 1-514-283-9350

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, the Agency has developed standards of service which its employees observe in serving its clients. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under "Contact us" > "Standards of service to the public."

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Published by authority of the Minister responsible for Statistics Canada

© His Majesty the King in Right of Canada, as represented by the Minister of Industry, 2025

Use of this publication is governed by the Statistics Canada Open Licence Agreement.

An HTML version is also available.

Cette publication est aussi disponible en français.

The importance of cultural continuity in foster care for the long-term mental health of Indigenous people in Canada

About the authors

This collaborative study was co-authored by Hyunji Lee, Paula Arriagada and the Congress of Aboriginal Peoples (CAP), and carried out as part of the Transformational Approach to Indigenous Data (TAID) with the goal of building Indigenous data capacity and improving the visibility of Indigenous People in Canada's National Statistics.

Introduction

Historically, Indigenous children and youth have been disproportionately placed in foster care in Canada,[1] often in non-Indigenous foster homes. This overrepresentation is rooted in colonial policies such as the residential school system and the Sixties Scoop—where many Indigenous children were taken from their families and placed predominantly in non-Indigenous foster or adoptive homes—and ongoing child welfare practices that have systematically separated Indigenous children from their families, culture and communities (Blackstock, 2007; Gough et al., 2005; Truth and Reconciliation Commission of Canada, 2015). Family separations through the child welfare system have significantly hindered the way in which needs are met for Indigenous children and youth by disrupting their cultural continuity (Quinn, 2022)—that is, by impacting their connection to family, culture, languages, land, kinship and community, all of which are essential to fostering a strong sense of belonging for Indigenous people (Liebenberg et al., 2019).

There is increasing emphasis on supporting foster placements for Indigenous children that are culturally-aligned with the values and traditions of Indigenous communities, including approaches such as kinship care and customary care.[2] While urging all levels of government to commit to reducing the number of Indigenous children in the child welfare system, the Truth and Reconciliation Commission (TRC) emphasized the critical role of cultural continuity within the child welfare system (Truth and Reconciliation Commission of Canada, 2015). Specifically, the TRC highlighted the importance of preserving and promoting Indigenous children's cultural identity, recognizing that separation from their cultural heritage can have lasting negative effects on their well-being. It thus called for action to ensure that Indigenous children are supported in ways that honour their cultural values and traditions, and that they are placed with families and communities that can maintain these connections.

While the importance of cultural continuity in foster care has been widely acknowledged, as noted by the TRC, there remains a lack of quantitative research examining how it influences the long-term well-being of Indigenous people who experienced care as children. This study addresses this gap by drawing on data from the 2022 Indigenous Peoples Survey (IPS) to examine the association between cultural continuity in foster care during childhood and mental health outcomes later in life. In this study, cultural continuity in foster care was measured by identifying whether at least one of the foster parents with whom the respondent had been placed as a child—or with whom they had spent the longest duration in cases of multiple placements—was Indigenous. That is, the placement of Indigenous children in Indigenous foster homes was used as a proxy for cultural continuity (for details, see the Definitions section).

Ensuring cultural continuity, by placing children in foster care with caregivers who share their cultural background, is widely regarded as essential for children's well-being (Brown et al., 2009). Particularly, research indicates that cultural continuity in foster care positively influences long-term mental health by helping children in care maintain familial ties and develop a strong sense of identity and community belonging (Hibbert et al., 2023). This sense of belonging may help mitigate feelings of dislocation often associated with foster care placements and enhance psychological well-being into adulthood. For Indigenous people, maintaining cultural ties within foster care settings is considered particularly beneficial, as belonging helps build resilience against societal challenges and discrimination (Filbert & Flynn, 2010).

1. Data from the 2021 Census show that Indigenous children accounted for 54% of foster children under the age of 15, even though they only made up 8% of the overall child population (Hahmann et al., 2024).
2. In the *Child, Youth, and Family Services Act*, customary care is defined as the "care and supervision of a First Nations, Inuk or Métis child by a person who is not the child's parent, according to the custom of the child's band or First Nations, Inuit or Métis community" (Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Sched. 1 | ontario.ca).

Building on the existing research described above, this study further examines the role of sense of belonging as a potential mediator between cultural continuity in foster care and mental health outcomes later in life. Specifically, this study explores how placing Indigenous children in Indigenous versus non-Indigenous foster homes is associated with having a strong sense of belonging later in life, which, in turn, could help explain differences in mental health outcomes.

Three dimensions of sense of belonging are explored in this study. The first is family ties; that is, kinship networks that form the foundation of belonging for Indigenous people (Simpson, 2017). Research has shown the benefits of kinship care, highlighting the role of family ties in supporting mental health (Hibbert et al., 2023; Winokur et al., 2014; Ziemann, 2019). When children are placed in kinship care or with foster families that share their cultural background, they are more likely to maintain strong connections with their extended family and community. Cultural continuity in foster care helps preserve shared values, language, and traditions, supporting ongoing connections to birth families (Brown et al., 2009).

The second dimension of belonging explored is a sense of belonging to the local community—a form of social connectedness that is considered an important determinant of health, particularly mental health (Fisher et al., 2015; Kitchen et al., 2012; Liebenberg et al., 2019; Sargent et al., 2002). For Indigenous people, community is integral to providing a sense of identity, cultural continuity and emotional well-being (Kirmayer & Valaskakis, 2009). A sense of community belonging fosters strong social support networks, and this collective support system is vital for fostering resilience against historical adversities and systemic inequities (Burack et al., 2024; Chandler & Lalonde, 2008; Liebenberg et al., 2019), including those experienced in childhood (Corrales et al., 2016; John-Henderson et al., 2020).

The final dimension of belonging examined is a sense of belonging to a shared Indigenous identity. Identification with one's cultural background reflects the extent to which individuals positively view and connect with their heritage and feel that it is a central aspect of their overall identity. Research has explored the role of cultural identity as a source of resilience (Fleming & Ledogar, 2008; LaFromboise et al., 2006) and has found that stronger Indigenous identification helps buffer the negative effects of adversity on health outcomes (John-Henderson et al., 2020) and protects against the intergenerational transmission of adverse childhood experiences (Edwards et al., 2024).

Even after the end of the Sixties Scoop, Indigenous children have continued to be disproportionately placed in non-Indigenous foster care,[3] often far from their families and communities. This geographical and cultural displacement leads to the loss of regular contact with family members and extended relatives, possibly contributing to adverse mental health outcomes. The separation from family can be particularly detrimental for Indigenous people, as it often disrupts not only familial bonds but also community belonging and cultural identity. Given the importance of family, community, and cultural belonging to mental well-being, culturally aligned placements in Indigenous foster homes may help mitigate the long-term psychological effects of family separation by fostering a strong sense of belonging, the dynamics of which are the focus of this study.

Specifically, this study addresses a set of related research questions in the following sequence. It begins by examining how the demographic characteristics of Indigenous people who experienced foster care in childhood vary, particularly in relation to placement in Indigenous foster homes. Building on this, the study then investigates whether childhood foster care history—whether in Indigenous or non-Indigenous homes, or no foster care experience—is associated with various mental health outcomes and outcomes across the three previously identified dimensions of belonging, both measured later in life. Finally, the study considers whether sense of belonging may help explain the relationship between placement in Indigenous versus non-Indigenous foster care and mental health outcomes.

3. According to the 2021 Census, slightly more than half of First Nations and Inuit children, and about three-fifths of Métis children in foster care, were living with non-Indigenous foster parents (Hahmann et al., 2024).

Data sources and methods

Data source

This study uses data from the 2022 Indigenous Peoples Survey (IPS), a national, voluntary post-censal survey of First Nations people living off reserve, Métis and Inuit, aged one year and older (as of April 27, 2022), living in private dwellings excluding those on Indian reserves and Indian settlements and in certain First Nations communities in Yukon and the Northwest Territories (NWT). The 2022 IPS is the sixth cycle of the survey, with the theme focused on families and children.[4]

For the purpose of this study, the population is restricted to Indigenous people aged 15 and older as of 2022. The unweighted sample includes 21,760 individuals, representing approximately 1,138,000 people in the Indigenous population when survey weights are applied.

Statistical methods

The first part of this paper uses descriptive statistics to examine the proportion of Indigenous people who experienced foster care in childhood, as well as the proportion of those who were placed in Indigenous foster homes. This is followed by an examination of how selected mental health outcomes and sense of belonging vary by foster care placement history. The results are presented for the total Indigenous population aged 15 and older (excluding those living on reserve) and for each Indigenous group separately, whenever possible.[5]

Hypothesis tests are conducted to determine whether each category of foster care placement history—overall foster care history, Indigenous foster care history, and non-Indigenous foster care history—differs significantly from the reference category of no foster care history.

To assess whether the three dimensions of sense of belonging may mediate the relationship between foster care placement history and self-rated mental health, a series of multivariate logistic regression analyses are conducted (Models 1, 2, and 3). Model 1 serves as the baseline specification and includes foster care placement history as the explanatory variable, along with age and gender, the most common confounders in health research. This model is used to assess whether there is a direct relationship between foster care placement history and self-rated mental health.

In Model 2, measures of sense of belonging are added to assess their association with self-rated mental health and to examine whether the association between foster care placement type and mental health changes from Model 1 after accounting for sense of belonging. Mediation by sense of belonging is suggested if the difference in childhood placement into Indigenous versus non-Indigenous foster homes is closely linked to sense of belonging, and if, upon adding sense of belonging in Model 2, this difference becomes smaller or no longer statistically significant—while sense of belonging shows a significant association with self-rated mental health.[6] Furthermore, the mediation effect of each sense of belonging pathway is assessed by estimating the indirect effect of Indigenous foster care placement on mental health through each mediator. Indirect effects are calculated by multiplying the effect of Indigenous foster care on that variable by the effect of the variable on mental health.[7] The combined indirect effect of all three sense of belonging pathways is also tested to evaluate their overall role in explaining the association between foster care placement type and mental health.

4. For more information about the survey design, target population, survey concepts and response rate, please see Surveys and statistical programs - Indigenous Peoples Survey (IPS).
5. The estimates for Métis with a history of Indigenous foster care placement were not reported in this study due to the small sample size (for details, see the Limitations section).
6. This analysis is based on the Baron and Kenny's approach, which is a simple method for exploring whether one factor helps explain the connection between two others. Specifically, it involves checking if the independent variable (e.g., placement of Indigenous versus non-Indigenous foster homes in this study) is linked to both the outcome (e.g., mental health) and the potential mediator (e.g., sense of belonging), and whether adding the mediator makes the original link weaker or disappear. If so, it suggests that the mediator may help explain how or why the connection exists (Baron & Kenny, 1986).
7. For this study, indirect effects are estimated as the product of the regression coefficient for the association between Indigenous foster care and each sense-of-belonging measure, and the coefficient for the association between each measure and mental health, following the product-of-coefficients approach with standard errors calculated using the delta method (MacKinnon et al., 2002; Sobel, 1982). Point estimates and standard errors of the component coefficients are obtained from regression models that incorporated bootstrap replicate weights with Fay's adjustment to account for the complex survey design.

Model 3 is used to assess whether the relationships observed in Model 2 remain after controlling for selected socioeconomic characteristics. Several socioeconomic characteristics—such as income, education, and employment status—are identified in the literature as important social determinants of mental health (National Collaborating Centre for Indigenous Health, 2017; Reading, 2015; Reading & Wien, 2009) and may also be associated with foster care placement history. To minimize potential multicollinearity among related variables, only selected variables were included in the model as controls.[8] Appendices A and B provide detailed descriptive statistics on these socioeconomic variables by foster care placement history. Note that the socioeconomic characteristics included in the model reflect present-day conditions, rather than those at the time of foster care placement.

The regression analyses are conducted separately for First Nations people living off reserve and Inuit. Due to the small sample size of Métis who were placed in Indigenous foster homes as children, regression analyses for this group are not conducted.

Findings

Childhood foster care placements—whether in Indigenous or non-Indigenous foster homes—vary by Indigenous identity, age, and geography

Table 1 presents the percentage of Indigenous people aged 15 and older with a history of foster care, as well as the percentage who had been placed in Indigenous foster homes, as opposed to non-Indigenous ones. The data were disaggregated by Indigenous identity, gender, age, and current place of residence.

8. For example, since the income variable is adjusted using the Market Basket Measure (MBM)—which reflects the cost of essentials like food, housing, and transportation—food security and housing stability, though important covariates, are excluded to avoid issues with multicollinearity with the income measure.

Table 1
Percentages of Indigenous people with foster care history and placement in Indigenous (versus non-Indigenous) foster homes among Indigenous people aged 15 and older, by selected demographic variables, 2022

	Total	Foster care history			Indigenous foster family[1]		
			95% confidence interval			95% confidence interval	
	Weighted sample size (n)	Percent	lower	upper	Percent	lower	upper
Indigenous identity							
Total Indigenous people	133,700	11.9	11.2	12.6	20.7	18.2	23.4
First Nations people living off reserve	87,170	15.5	14.5	16.7	22.1	18.9	25.6
First Nations people with Registered or Treaty Indian status	65,030	18.1	16.7	19.5	25.9	22.1	30.2
First Nations people without Registered or Treaty Indian status	22,150	11.0	9.4	12.8	10.1	5.9	16.8
Métis	41,670	8.0	7.1	8.9	10.7	7.5	14.9
Inuit	6,330	12.4	11.2	13.7	57.4	51.9	62.8
Gender							
Male+	53,890	10.2	9.3	11.2	19.8	16.1	24.0
Female+	79,810	13.3	12.3	14.3	21.4	18.2	25.0
Age group							
15 to 24	26,540	11.5	10.3	12.8	26.4	21.6	31.9
25 to 34	28,170	12.8	11.0	14.9	23.3	17.2	30.9
35 to 44	20,110	11.2	9.5	13.1	17.2	11.3	25.2
45 to 54	25,500	14.9	13.1	17.0	15.5	10.7	21.9
55+	33,370	10.3	9.3	11.3	20.1	16.1	24.7
Current place of residence							
Atlantic	6,000	6.4	4.9	8.4	19.8[E]	9.9	35.5
Quebec	14,330	10.6	8.7	12.8	27.0[E]	19.7	35.8
Ontario	29,290	10.4	8.9	12.1	12.7	8.2	19.1
Manitoba	18,530	14.5	12.3	17.0	28.4[E]	21.1	37.1
Saskatchewan	14,630	15.7	13.4	18.3	23.5[E]	16.6	32.2
Alberta	22,180	12.3	10.8	14.0	15.9	10.9	22.5
British Columbia	25,270	13.9	12.3	15.7	17.9	13.1	24.0
Territories	3,470	10.4	9.5	11.4	60.6	55.4	65.7
Current place of residence (population centre)							
Rural area	25,270	8.5	7.6	9.6	26.9	21.7	32.8
Urban area	108,430	13.0	12.2	13.9	19.2	16.5	22.3

[E] use with caution
1. Among respondents with foster care history.
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

In 2022, about one in eight (12%) Indigenous people aged 15 and older (excluding those living on reserve) reported having experienced foster care during their childhood (Table 1). More specifically, nearly one in six (16%) First Nations people living off reserve reported having been placed in foster care during childhood, including 18% among those with Registered or Treaty Indian status and 11% among those without. At the same time, 8% of Métis and 12% of Inuit reported having been placed in foster care as children.

The proportion of Indigenous people who reported having been placed in Indigenous foster homes during childhood differed significantly across identity groups. Among Inuit with a history of foster care, nearly 60% reported having been placed in Indigenous foster homes, indicating that more Inuit had been placed in Indigenous foster homes than in non-Indigenous ones during childhood. In contrast, 20% of First Nations people living off reserve with a history of foster care reported having been placed in Indigenous foster care, including 26% among those with Registered or Treaty Indian status and 10% among those without. Among Métis with a history of foster care placement as children, 11% reported having been placed in Indigenous foster homes. The lower proportion of Indigenous foster care placement among some groups, such as Métis, may highlight the need for Métis-specific child and family services, as recognized by the TRC (2015, p. 141).

A greater percentage of Indigenous women than Indigenous men reported having been placed in foster care during childhood (13% versus 10%). However, no significant gender difference was found in terms of placement in Indigenous compared to non-Indigenous foster homes.

There was little variation across age groups in the proportion of Indigenous people who reported having experienced foster care during childhood. The highest proportion was reported among those aged 45 to 54, at 15%, which may

reflect the impact of the Sixties Scoop at its peak. Aside from that, the percentages were consistent across age groups, ranging from 10% to 13%.

The results also show an upward trend in the placement of Indigenous children in Indigenous foster home over the past few decades. For instance, among those aged 15 to 24 with a history of foster care placement, about a quarter (26%) reported having been placed in Indigenous foster homes, compared to 16% for their counterparts aged 45 to 54.

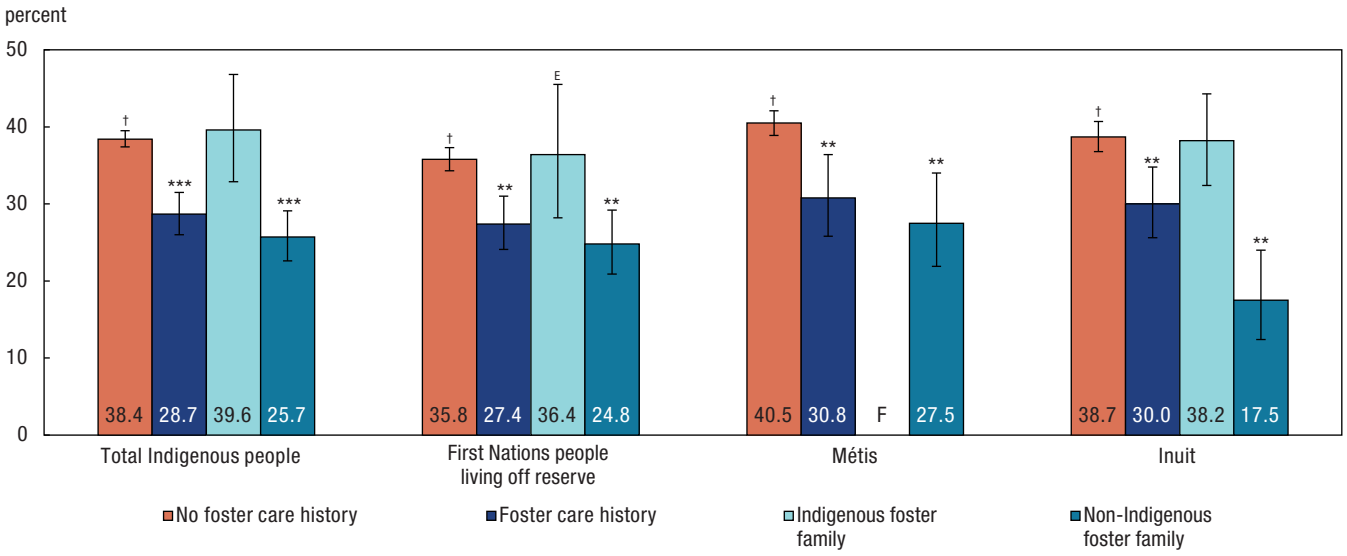
The percentage of Indigenous people aged 15 and older with a history of foster care varied by current place of residence. The highest percentages were found among those living in the Prairies and British Columbia, both at 14%. Additionally, urban Indigenous residents had a higher prevalence of overall foster care experiences than those living in rural areas. However, the patterns differ significantly when it comes to the rates of placement in Indigenous foster homes, compared to non-Indigenous foster homes. The highest rate of placement in an Indigenous foster home was observed in the Territories (61%), followed by Manitoba (28%[E]) and Quebec (27%[E]). Additionally, rural residents reported a significantly higher rate of foster care experience in Indigenous homes than urban residents, at 27% versus 19%. While caution is warranted as current place of residence does not necessarily reflect the location at the time of foster care placement, the differences may reflect regional variations in child welfare policies and the availability of Indigenous foster homes.

Indigenous people with a childhood history of foster care are less likely to report excellent or very good health compared to those without such a history

Consistent with existing research (Quinn, 2022), Indigenous people aged 15 and older with a childhood history of foster care were significantly less likely to report excellent or very good mental health than those without such history. As shown in Chart 1, 38% of Indigenous people without a foster care history reported excellent or very good mental health, compared to 29% of those with a foster care history.

A similar difference was observed across all Indigenous groups. The difference in the percentage of individuals reporting excellent or very good mental health between those with and without a childhood history of foster care was 10 percentage points for Métis (41% versus 31%), as well as nine percentage points for both Inuit (39% versus 30%) and First Nations people living off reserve (36% versus 27%). In addition, this disparity persisted among First Nations with and without Registered or Treaty Indian status. Among First Nations people with Registered Indian status, 36% (with foster care history) and 27% (without foster care history) reported excellent or very good mental health. Similarly, among those without Registered Indian status, 33% (with foster care history) and 24% (without foster care history) reported excellent or very good mental health.

Chart 1
Percentage of Indigenous people aged 15 and older reporting excellent or very good self-rated mental health, by foster care placement history and Indigenous identity, 2022



[E] use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)
** significantly different from reference category ($p < 0.01$)
*** significantly different from reference category ($p < 0.001$)
† reference category
Note: Error bars represent 95% confidence intervals.
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Indigenous people who were placed in Indigenous foster homes as children are more likely to report excellent or very good mental health

As seen in Chart 1, Indigenous people aged 15 and older who had been placed in Indigenous foster homes were significantly more likely to report excellent or very good self-rated mental health, compared with those placed in non-Indigenous foster homes (40% versus 26%).[9]

A similar difference was observed within each Indigenous group. Among First Nations people aged 15 and older living off reserve with a childhood history of foster care, 36%[E] of those placed in Indigenous foster homes, and 25% of those placed in non-Indigenous foster homes reported excellent or very good mental health. The difference was most notable for the Inuit population: 38% of Inuit who had been placed in Indigenous foster homes reported excellent or very good mental health, compared to only 18% of Inuit who had been placed in non-Indigenous foster homes.

The data for Métis with a history of Indigenous foster care placement was not reported in this study due to the small sample size (for details, see the Limitations section).

Mental health disabilities for Indigenous people are most prevalent among those who were placed in non-Indigenous foster homes during childhood

In addition to self-rated mental health, the 2022 IPS included other important indicators for assessing mental health, such as mental health-related disabilities, and mood and anxiety disorders (for the definitions of each mental health indicator, see the Definitions section).

[E] use with caution

9. While the hypothesis testing results presented in the charts and tables use individuals with no foster care history as the reference group for comparisons across all other groups, additional analyses were conducted to directly compare outcomes between individuals who were placed in Indigenous and non-Indigenous foster homes as children. In instances where such direct comparisons are presented in the text, the differences are statistically significant.

The results show that Indigenous people aged 15 and older with a history of foster care were significantly more likely to experience mental health-related disabilities, and mood and anxiety disorders later in life than those without such a history (Table 2). Specifically, when comparing three groups—those who had been placed in Indigenous foster homes, those who had been placed in non-Indigenous foster homes, and those with no foster care history—mental health-related disabilities and disorders were most prevalent among those who had been placed in non-Indigenous foster homes as children.

Table 2
Mental health outcomes (measured by various indicators) among Indigenous people aged 15 and older, by foster care placement history and Indigenous identity, 2022

	Total Indigenous people			First Nations people living off reserve			Métis			Inuit		
		95% confidence interval			95% confidence interval			95% confidence interval			95% confidence interval	
	Percent	lower	upper	Percent	lower	upper	Percent	lower	upper	Percent	lower	upper
Presence of a mental health-related disability												
Total	20.3	19.4	21.1	22.5	21.3	23.8	19.6	18.4	20.9	11.8	10.3	13.5
No foster care history†	18.9†	18.1	19.8	21.2†	19.9	22.5	18.4†	17.1	19.7	11.1†	9.5	12.8
Foster care history	30.2***	27.3	33.2	29.8***	26.4	33.6	34.0***	28.6	39.7	17.2*	12.3	23.5
Indigenous foster family	23.0	17.8	29.1	24.8E	18.4	32.5	F	F	F	8.4	5.4	13.0
Non-Indigenous foster family	32.7***	29.1	36.5	31.7***	27.4	36.3	34.8***	28.6	41.7	27.8E**	19.0	38.6
Presence of a mood disorder												
Total	24.1	23.2	25.0	26.0	24.8	27.3	23.3	22.0	24.6	18.1	16.4	20.0
No foster care history†	22.6†	21.8	23.6	24.6†	23.3	25.9	22.0†	20.7	23.4	17.4†	15.6	19.3
Foster care history	34.9***	32.0	37.8	33.9***	30.3	37.6	38.1***	32.9	43.6	23.3*	18.3	29.1
Indigenous foster family	25.9	20.5	32.1	25.8E	19.4	33.6	F	F	F	17.8	13.5	23.0
Non-Indigenous foster family	37.9***	34.2	41.7	37.1***	32.6	42.0	39.3***	32.8	46.3	28.4E*	20.2	38.3
Presence of an anxiety disorder												
Total	26.4	25.5	27.4	27.9	26.6	29.3	26.2	24.8	27.6	18.3	16.7	20.1
No foster care history†	25.2†	24.2	26.3	26.5†	25.1	27.9	25.3†	23.9	26.8	17.4†	15.7	19.2
Foster care history	35.5***	32.6	38.5	35.6***	31.9	39.5	36.1***	30.7	42.0	24.6**	19.9	30.0
Indigenous foster family	33.6*	27.6	40.3	35.5E*	28.2	43.6	F	F	F	19.7	14.8	25.6
Non-Indigenous foster family	37.5***	33.7	41.3	36.9***	32.2	41.8	37.9***	31.4	44.9	33.3E**	24.6	43.2

E use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)
** significantly different from reference category ($p < 0.01$)
*** significantly different from reference category ($p < 0.001$)
† reference category
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

For example, 30% of Indigenous people aged 15 and older with a history of foster care as children had a mental health-related disability; such disabilities were more prevalent among those who had been placed in non-Indigenous foster homes (33%) than those placed in Indigenous foster homes (23%). In comparison, 19% of Indigenous people without a foster care history had a mental health-related disability.

Among First Nations people living off reserve, mental health-related disabilities were most prevalent among those who had been placed in non-Indigenous foster homes (32%), followed by those who had been placed in Indigenous foster homes (25%E) and lowest among those with no foster care history (21%). Similarly, among Inuit, mental health-related disabilities were most prevalent for those who had been placed in non-Indigenous foster homes, at 28%E. The proportions for those with no foster care history and those placed in Indigenous homes were 11% and 8%, respectively. Among Métis, 35% of those who had been placed in non-Indigenous foster homes had a mental health-related disability, significantly higher than that of Métis with no history of foster care (18%). The result for Métis who reported having been placed in Indigenous foster homes was too small to report.

The prevalence of mood disorders also varied based on individuals' foster care history, with the highest prevalence observed among Indigenous people who had been placed in non-Indigenous foster homes during childhood, at 38%. In comparison, the prevalence was 26% among those who had been placed in Indigenous foster homes, and 23% among those with no foster care history. A similar pattern was observed across specific Indigenous groups. For example, for First Nations people living off reserve, mood disorders were the most prevalent among those who had been placed in non-Indigenous foster homes (37%), followed by those placed in Indigenous foster homes

(26%[E]), with the lowest prevalence among those with no foster history (25%). When examining First Nations people with and without Registered or Treaty Indian status, mood disorders were more prevalent among those without Registered Indian status who had been placed in non-Indigenous foster homes, at 43%[E]. For First Nations people with Registered Indian status, the highest prevalence was observed among those who had been placed in non-Indigenous foster homes (35%), followed by those placed in Indigenous foster homes, and the lowest prevalence among those who had no foster care experience (26%[E]).

In terms of anxiety disorders, Inuit aged 15 and older who had been placed in non-Indigenous foster homes exhibited a higher prevalence (33%[E]) compared to those placed in Indigenous foster homes (20%), a rate similar to that of those with no history of foster care placement (17%). In contrast, for First Nations people living off reserve, the relationship between foster care placement type and anxiety disorder prevalence was less pronounced, with minimal difference observed between those who had been placed in Indigenous versus non-Indigenous foster homes, at 36%[E] and 37%, respectively. However, regardless of placement type, First Nations people living off reserve with a history of foster care placements exhibited a higher prevalence of anxiety disorders at 36% compared to those without such a history (27%). For Métis, anxiety disorder was significantly more prevalent among those who had been placed in non-Indigenous foster homes (38%), compared to those with no foster care history (25%).

The results so far highlight consistent disparities in the prevalence of mental health-related disabilities and disorders based on foster care placement history. However, since it is unknown whether these conditions developed before or after foster care placement, these associations should be interpreted with caution and not assumed to be causal (for more details, see the Limitations section).

Indigenous people who were placed in non-Indigenous foster homes as children are less likely to report strong family ties, compared to those placed in Indigenous foster homes or those with no foster care history

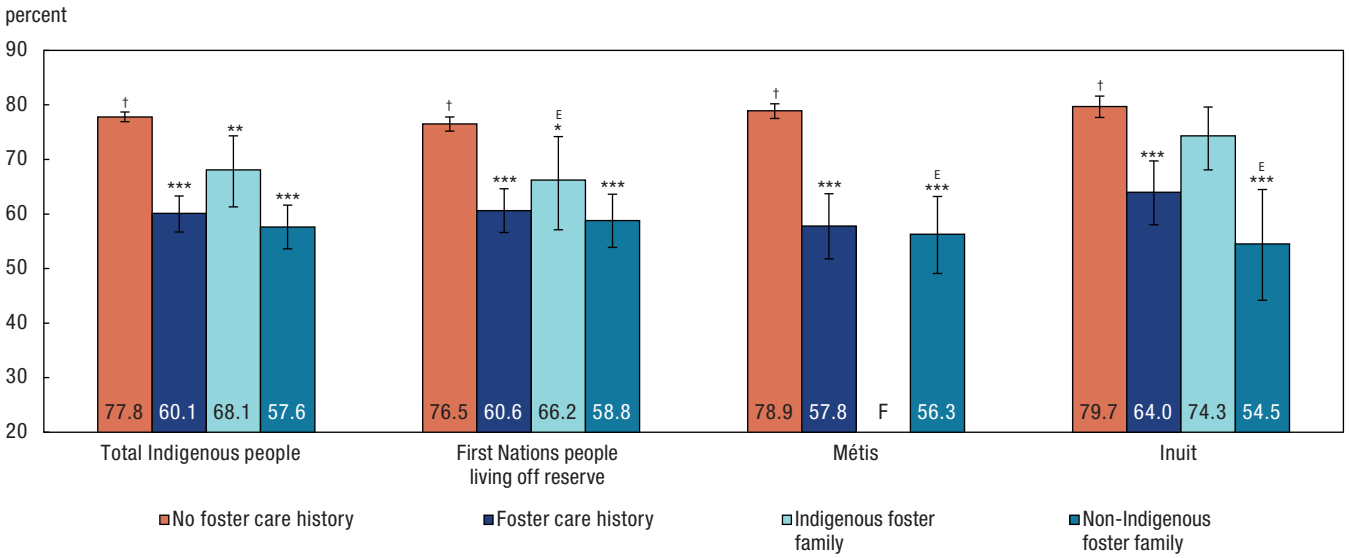
The results presented in the previous section indicated an association between the type of foster care placement during childhood and mental health outcomes later in life. The relatively better mental health outcomes reported by Indigenous people who had been placed in Indigenous foster homes, compared to those placed in non-Indigenous homes may be partly attributable to a stronger sense of belonging fostered by culturally aligned placements.

Belonging is a fundamental psychological need closely associated with well-being as it promotes feelings of connection, acceptance, and identity (Baumeister & Leary, 2017). Indigenous foster placements are more likely to support cultural identity, community ties, and affirmation of Indigenous worldviews—factors that can strengthen a sense of belonging, which may, in turn, help protect against psychological distress and marginalization in adulthood (Burack et al., 2024; Chandler & Lalonde, 2008; Kirmayer & Valaskakis, 2009). To explore this pathway, this study focused on three key dimensions of belonging: familial ties, a sense of belonging to the local community and identification of a shared Indigenous identity.

Among the three dimensions of belonging explored in this study, the first was family ties. Chart 2 shows that Indigenous people with a history of foster care were significantly less likely to report strong present-day[10] family ties between family members—such as siblings, parents, aunts and uncles, and cousins—at 60%, than those with no such history (78%). Specifically, the proportion of individuals reporting strong family ties was lower among those who had been placed in non-Indigenous foster homes (58%) compared to those placed in Indigenous foster homes (68%) as children.

10. It is important to note that the family ties considered in this study refer to present-day family relationships, rather than those existing at the time of foster care placement.

Chart 2
Strong family ties among Indigenous people aged 15 and older, by foster care placement history and Indigenous identity, 2022



[E] use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)
** significantly different from reference category ($p < 0.01$)
*** significantly different from reference category ($p < 0.001$)
† reference category
Note: Error bars represent 95% confidence intervals.
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Among First Nations people living off reserve, 59% of those who had been placed in non-Indigenous foster homes reported strong family ties, followed by 66%[E] of those who had been placed in Indigenous foster homes and 77% of those with no foster care history. Moreover, among First Nations people with Registered or Treaty Indian status, 60% of those who had been placed in non-Indigenous foster homes reported strong family ties, followed by 66%[E] of those placed in Indigenous foster homes, and 78% of those with no foster care history. Among First Nations people without Registered or Treaty Indian status, the percentage with strong family ties was also lowest for those with a history of placement in non-Indigenous foster homes, at 56%[E].

The difference in the strength of family ties was particularly pronounced among the Inuit population: nearly three-quarters (74%) of Inuit formerly placed in Indigenous foster homes reported having strong family ties, compared to just over half (55%[E]) of those placed in non-Indigenous foster homes. By comparison, 80% of Inuit with no foster care history reported strong family ties.

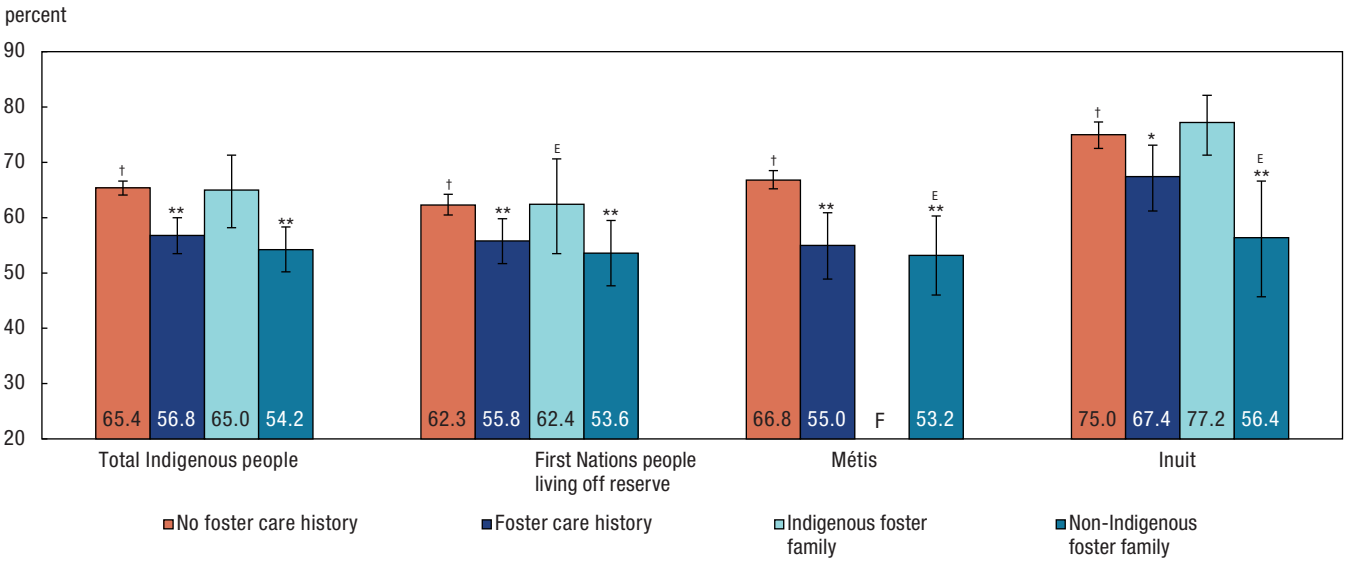
In summary, the results suggest that across Indigenous identity groups, foster care placement is associated with weaker present-day family ties; but cultural continuity within the foster care setting appears to help mitigate this effect.

Indigenous people who were placed in Indigenous foster homes as children are significantly more likely to report a strong sense of community belonging, compared to those placed in non-Indigenous foster homes

The second dimension of belonging explored was belonging to the local community. Chart 3 presents percentages of Indigenous people with a very strong or somewhat strong sense of belonging to their local community, by foster care placement history. The results affirm the link between cultural continuity in foster care and a sense of community belonging. Specifically, 65% of Indigenous people with no foster care history during childhood reported a strong sense of community belonging, compared to 57% of those with a foster care history. When examining the type of foster care placement, the results show that 54% of those who had been placed in non-Indigenous foster

care homes reported a strong sense of community belonging. In contrast, the proportion was significantly higher for those who had been placed in Indigenous foster care, at 65%, aligning closely with the percentage reported by those without a foster care history.

Chart 3
Strong sense of community belonging among Indigenous people aged 15 and older, by foster care placement history and Indigenous identity, 2022



[E] use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)
** significantly different from reference category ($p < 0.01$)
*** significantly different from reference category ($p < 0.001$)
† reference category
Note: Error bars represent 95% confidence intervals.
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Among First Nations people living off reserve, 62% of those who had been placed in Indigenous foster homes reported having a strong sense of community belonging, which was comparable to those without a foster care history (62%[E]). In contrast, this percentage was significantly lower among First Nations people living off reserve who had been placed in non-Indigenous foster homes, at 54%.[11] The results were similar for First Nations people with and without Registered or Treaty Indian status, considered separately. Among those with Registered Indian status, 63% of those who had been placed in Indigenous foster homes reported strong community belonging, compared to 54% of those placed in non-Indigenous foster homes as children. By comparison, 62% of those with no foster care history reported the same. Although the estimate for First Nations people without Registered Indian status who had been placed in Indigenous foster homes as children cannot be reported due to a small sample size, 52%[E] of those placed in non-Indigenous foster homes reported strong community belonging—significantly lower than those with no foster care history (63%).

The difference in sense of community belonging across foster care placement types was most pronounced among the Inuit population. More than three quarters of Inuit (77%) who had been placed in Indigenous foster homes reported a strong sense of community belonging, compared to 56% of those placed in non-Indigenous foster homes. This suggests that for Inuit, placement in non-Indigenous homes was more strongly associated with a loss of community—possibly due to the fact that many of these placements may have occurred outside Inuit Nunangat, away from familiar cultural and geographical surroundings.

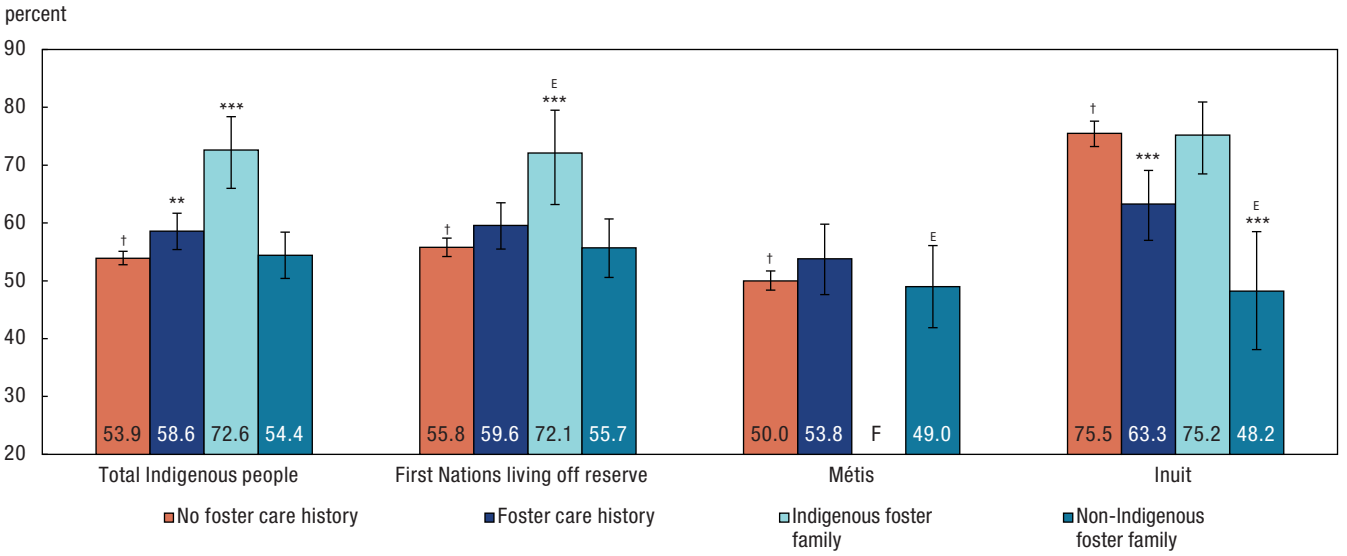
11. While the descriptive comparison in Chart 3 showed no statistically significant difference in the percentage reporting "Strong" belonging between Indigenous and non-Indigenous foster care among First Nations people living off reserve, the regression analysis used to estimate the mediation path (for details, see the Statistical methods section) modeled sense of belonging to the local community as an ordinal outcome across all three categories ("Strong", "No opinion," "Weak") and included age and gender as covariates. By assessing cumulative odds, adjusting for covariates, and drawing on the full outcome distribution, the regression revealed a statistically significant difference, with those who had been placed in Indigenous foster homes having 65% higher odds of reporting stronger belonging compared with those in non-Indigenous foster care (OR = 1.65, 95% CI: 1.13-2.42).

Indigenous people who were placed in Indigenous foster homes are significantly more likely to report a strong sense of belonging to a shared Indigenous identity, compared to those who were placed in non-Indigenous foster homes

The final dimension of belonging examined was Indigenous cultural identity. Overall, the results showed that Indigenous people who had been placed in Indigenous homes were significantly more likely to report a strong belonging to Indigenous identity than those who had been placed in non-Indigenous homes (Chart 4). For example, 72%[E] of First Nations people living off reserve with a history of placement in Indigenous foster care reported a strong sense of belonging to a shared Indigenous identity, compared to 56% of those with a history of placement in non-Indigenous foster care.[12] Among off-reserve First Nations people with Registered or Treaty Indian status, the gap was even wider, with 75%[E] of those placed in Indigenous foster homes reporting a strong sense of belonging to a shared Indigenous identity, compared to 57% of those placed in non-Indigenous homes.[13]

Similarly, Inuit who had been placed in Indigenous foster homes as children were far more likely to report a strong sense of belonging to a shared Indigenous identity than those who had been placed in non-Indigenous homes, at 75% and 48%[E], respectively.

Chart 4
Strong sense of belonging to a shared Indigenous identity among Indigenous people aged 15 and older, by foster care placement history and Indigenous identity, 2022



[E] use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)
** significantly different from reference category ($p < 0.01$)
*** significantly different from reference category ($p < 0.001$)
† reference category
Note: Error bars represent 95% confidence intervals.
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

However, among First Nations people living off reserve, the percentage of those reporting a strong sense of belonging to a shared Indigenous identity was higher among those with a history of Indigenous foster home placements (72%[E]) compared to those with no foster care history (56%). This may suggest that off-reserve First Nations people in general, particularly those who have never lived on a reserve, face challenges in maintaining

12. As with sense of belonging to the local community, the ordinal logistic regression with covariates indicated a significant difference; those who had been placed in Indigenous foster homes had twice the odds of strong belonging to a shared Indigenous identity, compared with those placed in non-Indigenous foster homes during childhood (OR = 2.06, 95% CI: 1.27-3.32).
13. The same descriptive and regression pattern was found for Status First Nations people living off reserve, with an even higher odds of reporting stronger belonging to a shared Indigenous identity (OR = 2.26, 95% CI: 1.36-3.74).

their Indigenous cultural identity.[14] Among Inuit, the percentage reporting a strong sense of belonging to a shared Indigenous identity was similar between those with a history of Indigenous foster homes placements and those with no foster care history (75% and 76%, respectively), while it was lower for those with a history of non-Indigenous foster homes (48%[E]). This may be related to the fact that, unlike the case for First Nations people living off reserve, most Inuit with no foster care experience, as well as Inuit with a history of Indigenous foster care placements, resided in Inuit Nunangat, where the preservation of their cultural identity is better supported.[15]

Among First Nations people living off reserve, sense of belonging partially mediates the positive relationship between Indigenous foster care placement and self-rated mental health

Tables 3 and 4 present odds ratios from logistic regression models examining self-rated mental health[16] among Indigenous individuals by foster care placement history. The models examine whether sense of belonging mediates this relationship and whether it is influenced by socioeconomic factors (for details, see the Data sources and methods section).

Table 3 presents the results for First Nations people living off reserve. Model 1 results from the baseline model (Model 1 in Table 3) show that after controlling for age and gender, First Nations people living off reserve who had been placed in Indigenous foster homes as children had nearly twice the odds (OR=1.91) of reporting excellent or very good mental health compared to those who had been placed in non-Indigenous foster homes. Additionally, First Nations people living off reserve with no foster care experience had 1.67 times the odds of reporting excellent or very good mental health compared to those who had been placed in non-Indigenous foster homes.

14. Among First Nations people living off reserve with no foster care history, a significant difference was found in terms of belonging to a shared cultural identity, with 74% of those who had ever lived on a reserve or in a First Nations community reporting strong cultural belonging, compared to 52% of those who had not. Given that the majority (73%) of First Nations people living off reserve with no foster care history reported not having lived on a reserve or in a First Nations community, this difference may suggest that First Nations people living off reserve, in general, may face challenges in maintaining their Indigenous cultural identity. In contrast, no significant difference was found among those who had been placed in Indigenous foster homes, regardless of whether they had lived on a reserve or not (74%[E] versus 70%[E]).
15. Among Inuit, 65% of those with no foster care history and 83% of those with a history of Indigenous foster care resided inside Inuit Nunangat. In contrast, only 26% of those with a history of non-Indigenous foster care placements resided in Inuit Nunangat. Additionally, in general, Inuit living in Inuit Nunangat were significantly more likely to report a strong sense of belonging to their shared Indigenous identity (86%), compared to Inuit living outside Inuit Nunangat (54%).
16. Among the mental health indicators discussed earlier, self-rated mental health was chosen as the dependent variable for the regression models for its practical and culturally sensitive nature. Unlike clinical diagnoses, it avoids culturally specific categories and potential biases related to unequal access to medical care, making it especially suitable for diverse populations, including Indigenous people.

Table 3
Odds ratios of excellent or very good self-rated mental health among First Nations people living off reserve, by selected characteristics, Canada, 2022

	Model 1 (base)			Model 2			Model 3		
		95% confidence interval			95% confidence interval			95% confidence interval	
	Odds ratio	lower	upper	Odds ratio	lower	upper	Odds ratio	lower	upper
Intercept	0.30***	0.23	0.39	0.13***	0.10	0.18	0.19***	0.12	0.29
Foster care experience									
No foster care experience	1.67***	1.31	2.12	1.47**	1.16	1.88	1.24	0.96	1.61
Foster care experience with Indigenous households	1.91**	1.21	3.03	1.69*	1.04	2.73	1.69*	1.04	2.76
Foster care experience with non-Indigenous households†	1.00†	1.00	1.00	1.00†	1.00	1.00	1.00†	1.00	1.00
Gender									
Male+†	1.00†	1.00	1.00	1.00†	1.00	1.00	1.00†	1.00	1.00
Female+	0.59***	0.52	0.66	0.58***	0.51	0.66	0.60***	0.52	0.69
Age group									
Under 35†	1.00†	1.00	1.00	1.00†	1.00	1.00	1.00†	1.00	1.00
35 to 54	1.52***	1.28	1.80	1.46***	1.23	1.73	1.30**	1.08	1.58
55+	2.46***	2.10	2.89	2.21***	1.88	2.6	2.19***	1.78	2.69
Family ties									
Strong	…	…	…	1.50***	1.28	1.78	1.45***	1.21	1.72
Weak or not applicable†	…	…	…	1.00†	1.00	1.00	1.00†	1.00	1.00
Sense of community belonging									
Strong	…	…	…	2.39***	2.00	2.85	2.37***	1.96	2.85
Weak†	…	…	…	1.00†	1.00	1.00	1.00†	1.00	1.00
No opinion	…	…	…	1.45*	1.06	1.97	1.39*	1.04	1.85
Sense of belonging to a shared Indigenous identity									
Strong	…	…	…	1.09	0.93	1.27	1.12	0.95	1.32
Weak†	…	…	…	1.00†	1.00	1.00	1.00†	1.00	1.00
No opinion	…	…	…	1.10	0.86	1.42	1.19	0.91	1.56
Registered or Treaty Indian status									
Without status†	…	…	…	…	…	…	1.00†	1.00	1.00
With status	…	…	…	…	…	…	1.25**	1.07	1.46
Experience living on reserve									
Ever lived on reserve	…	…	…	…	…	…	0.96	0.80	1.16
Never lived on reserve†	…	…	…	…	…	…	1.00†	1.00	1.00
Marital status									
Married or living common law†	…	…	…	…	…	…	1.00†	1.00	1.00
Never married	…	…	…	…	…	…	0.72***	0.60	0.85
Separated, divorced or widowed	…	…	…	…	…	…	0.75**	0.61	0.92
Current residence									
Rural area†	…	…	…	…	…	…	1.00†	1.00	1.00
Urban area	…	…	…	…	…	…	0.91	0.76	1.08
Labor force status									
Employed†	…	…	…	…	…	…	1.00†	1.00	1.00
Unemployed	…	…	…	…	…	…	0.78	0.57	1.06
Not in labour force	…	…	…	…	…	…	0.93	0.78	1.11
Postsecondary education									
No certificate, diploma or degree†	…	…	…	…	…	…	1.00†	1.00	1.00
Secondary school diploma or equivalency certificate	…	…	…	…	…	…	1.16	0.92	1.46
Postsecondary qualification including certificate, diploma or degree	…	…	…	…	…	…	1.34*	1.07	1.68
Adjusted Household income relative to Market Basket Measures									
First quartile	…	…	…	…	…	…	0.69***	0.55	0.85
Second quartile	…	…	…	…	…	…	0.73**	0.60	0.89
Third quartile	…	…	…	…	…	…	0.78*	0.65	0.94
Fourth quartile†	…	…	…	…	…	…	1.00†	1.00	1.00

... not applicable
* significantly different from reference category ($p < 0.05$)
** significantly different from reference category ($p < 0.01$)
*** significantly different from reference category ($p < 0.001$)
† reference category
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

In Model 2, the three sense of belonging variables were added, and two of the three showed strong associations with self-rated mental health. The results show that, after controlling for foster care placement history, age and gender, off-reserve First Nations people with strong family ties had 1.50 times the odds of rating their mental health as excellent or very good compared to those with weak family ties while those with a strong sense of community belonging had 2.39 times the odds of reporting excellent or very good mental health compared to those with weak community belonging. However, a sense of belonging to a shared Indigenous identity was not associated with self-rated mental health.

After controlling for these three sense of belonging variables, the odds of reporting excellent or very good mental health for those who had been placed in Indigenous foster homes, compared to those placed in non-Indigenous foster homes (reference group), decreased from 1.91 to 1.69 and the p-value increased. This change in the odds ratio and the p-value suggests that the initial positive effect of Indigenous foster care on mental health outcomes is explained partially by its role in fostering a strong sense of belonging. That is, when sense of belonging is accounted for, the independent effect of Indigenous foster care placement on mental health outcomes diminished, suggesting that sense of belonging may play a mediating role in this relationship.

Consistent with this pattern, mediation analysis for First Nations people living off reserve showed that the three sense of belonging variables together explained part of the differences in self-rated mental health between the two groups ($p < 0.01$): those who experienced Indigenous foster care during childhood were more likely to report excellent or very good mental health via stronger overall sense of belonging. Of the three mediators, community belonging appeared to be the only significant mediator of this association ($p < 0.01$). Neither family ties nor sense of belonging to a shared Indigenous identity significantly mediated this association, reflecting their limited associations with foster care placement types and mental health, respectively. These results highlight community belonging as the key factor connecting Indigenous foster care in childhood to better mental health later in life for First Nations people living off reserve.

First Nations people living off reserve placed in Indigenous foster homes as children have better self-rated mental health than those placed in non-Indigenous foster homes after controlling for socioeconomic factors

Several of the socioeconomic variables included as controls showed a significant association with self-rated mental health after accounting for the other variables in Model 3 in Table 3. These included Registered or Treaty Indian status, marital status, education, and household income.

After controlling for selected socioeconomic factors as well as sense of belonging, the odds ratio for Indigenous foster care, compared to non-Indigenous foster care, remained unchanged at 1.69. This suggests that socioeconomic factors, such as household income or education, did not influence the association between placement in Indigenous foster care during childhood and positive self-rated mental health later in life among First Nations people living off reserve.

However, the odds ratio of no foster care experience, compared to a history of non-Indigenous foster care, decreased to 1.24 and became insignificant after accounting for socioeconomic factors. This change suggests that the initial mental health advantage observed for First Nations people living off reserve with no foster care experience may have been driven by present-day socioeconomic factors rather than an inherent benefit of not being in foster care. In other words, differences in mental health outcomes between those formerly placed in non-Indigenous foster homes and those with no foster care experience may largely reflect underlying current socioeconomic disparities between the two groups.

Among Inuit, the positive association between Indigenous foster care and mental health is partly explained by sense of belonging

In the baseline model (Model 1 in Table 4), which adjusts for gender and age, Inuit who had been placed in Indigenous foster homes as children had more than three times the odds (OR=3.19) of reporting excellent or very good mental health than Inuit who had been placed in non-Indigenous foster homes.

Table 4
Odds ratios of excellent or very good self-rated mental health among Inuit, by selected characteristics, Canada, 2022

	Model 1 (base)			Model 2			Model 3		
		95% confidence interval			95% confidence interval			95% confidence interval	
	Odds ratio	lower	upper	Odds ratio	lower	upper	Odds ratio	lower	upper
Intercept	0.24***	0.15	0.37	0.08***	0.05	0.15	0.15***	0.08	0.29
Foster care experience									
No foster care experience	2.93***	1.92	4.48	2.11***	1.38	3.21	1.93**	1.26	2.97
Foster care experience with Indigenous households	3.19***	1.97	5.16	2.29***	1.41	3.72	1.90*	1.16	3.11
Foster care experience with non-Indigenous households†	1.00†	1.00	1.00	1.00†	1.00	1.00	1.00†	1.00	1.00
Gender									
Male+†	1.00†	1.00	1.00	1.00†	1.00	1.00	1.00†	1.00	1.00
Female+	0.54***	0.46	0.63	0.54***	0.47	0.63	0.53***	0.46	0.62
Age group									
Under 35†	1.00†	1.00	1.00	1.00†	1.00	1.00	1.00†	1.00	1.00
35 to 54	1.49***	1.24	1.77	1.45***	1.22	1.74	1.38**	1.14	1.66
55+	1.68***	1.39	2.03	1.56***	1.32	1.85	1.57***	1.28	1.93
Family ties									
Strong	…	…	…	1.84***	1.50	2.27	1.84***	1.50	2.27
Weak or not applicable†	…	…	…	1.00†	1.00	1.00	1.00†	1.00	1.00
Sense of community belonging									
Strong	…	…	…	2.09***	1.58	2.78	1.98***	1.46	2.70
Weak†	…	…	…	1.00†	1.00	1.00	1.00†	1.00	1.00
No opinion	…	…	…	1.24	0.86	1.78	1.23	0.85	1.79
Sense of belonging to a shared Indigenous identity									
Strong	…	…	…	1.41*	1.06	1.87	1.42*	1.05	1.93
Weak†	…	…	…	1.00†	1.00	1.00	1.00†	1.00	1.00
No opinion	…	…	…	1.38	0.92	2.07	1.39	0.90	2.15
Marital status									
Married or living common law†	…	…	…	…	…	…	1.00†	1.00	1.00
Never married	…	…	…	…	…	…	0.71***	0.59	0.84
Separated, divorced or widowed	…	…	…	…	…	…	0.82	0.61	1.09
Inuit region									
Inside Inuit Nunangat†	…	…	…	…	…	…	1.00†	1.00	1.00
Outside Inuit Nunangat	…	…	…	…	…	…	0.91	0.73	1.13
Labor force status									
Employed†	…	…	…	…	…	…	1.00†	1.00	1.00
Unemployed	…	…	…	…	…	…	0.73**	0.57	0.92
Not in labour force	…	…	…	…	…	…	0.85*	0.73	1.00
Postsecondary education									
No certificate, diploma or degree†	…	…	…	…	…	…	1.00†	1.00	1.00
Secondary school diploma or equivalency certificate	…	…	…	…	…	…	1.06	0.88	1.27
Postsecondary qualification including certificate, diploma or degree	…	…	…	…	…	…	0.94	0.79	1.12
Adjusted Household income relative to Market Basket Measures									
First quartile	…	…	…	…	…	…	0.97	0.76	1.23
Second quartile	…	…	…	…	…	…	0.67**	0.53	0.85
Third quartile	…	…	…	…	…	…	0.78*	0.62	0.99
Fourth quartile†	…	…	…	…	…	…	1.00†	1.00	1.00

* significantly different from reference category ($p < 0.05$)
** significantly different from reference category ($p < 0.01$)
*** significantly different from reference category ($p < 0.001$)
† reference category
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Model 2 shows that all three dimensions of sense of belonging were associated with better self-rated mental health even after controlling for the previously included variables (Table 4). Specifically, Inuit with a strong sense of community belonging had 2.09 times higher odds of reporting excellent or very good mental health compared to those with a weak sense of belonging (reference group), followed by those with strong family ties (1.84 times higher) and a strong sense of a shared Indigenous identity (1.41 times higher). These three types of sense of belonging remained significant even after accounting for socioeconomic factors (Model 3).

Notably, when adding sense of belonging variables to the analysis (Model 2 in Table 4), the odds ratio for reporting excellent or very good health among those in Indigenous foster care decreased from 3.19 to 2.29. These findings suggest that sense of belonging may have partially mediated the relationship between Indigenous foster care placements and mental health outcomes. Specifically, Indigenous foster home placements may have contributed to a strong sense of belonging, which in turn was positively associated with the likelihood of reporting positive mental health.

Reflecting this pattern, mediation analysis for Inuit showed that the three sense of belonging variables helped explain differences in self-rated mental health between those who had been placed in Indigenous foster care and those placed in non-Indigenous foster care. That is, Inuit with experiences of Indigenous foster care during childhood were more likely to report excellent or very good mental health later in life through stronger sense of belonging. Each of the three mediators—family ties ($p < 0.01$), community belonging ($p < 0.01$), and a sense of belonging to a shared Indigenous identity ($p < 0.05$)—made a distinct contribution to this association, suggesting the importance of multiple dimensions of belonging in understanding how childhood placement in Indigenous versus non-Indigenous foster care is associated with mental health outcomes later in life for Inuit. As such, the patterns of mediators for Inuit differed from First Nations people living off reserve, where only community belonging appeared to serve as a significant mediator; however, the basis for these differences remains unclear, warranting further investigation into these Indigenous group-specific pathways.

While sense of belonging and various socioeconomic factors play a role, they do not fully explain the positive relationship between Indigenous foster care and mental health among the Inuit population

Of the selected socioeconomic factors[17] that were included in the model as controls, several of them were significantly associated with self-rated mental health when adjusting for the remainder of the variables (Model 3 in Table 5). These included gender, age, marital status, labour force status, and household income. For example, unemployed Inuit had nearly 30% lower odds of reporting excellent or very good mental health (OR=0.73), compared to those employed. Education was not found to be associated with mental health outcomes for Inuit.

After accounting for selected socioeconomic factors and sense of belonging, Inuit who had been placed in Indigenous foster homes as children had 1.90 times the odds of reporting excellent or very good mental health, compared to those who had been placed in non-Indigenous foster homes. This represents a decrease from 2.29 in Model 2 and 3.19 in Model 1. While the positive relationship between Indigenous foster care and excellent or very good mental health weakened when controlling for socioeconomic factors and sense of belonging, it remained strong enough to be statistically significant. This suggests that socioeconomic factors and sense of belonging included in the analyses above alone cannot fully account for the association between Indigenous foster care placements and mental health outcomes. These findings highlight the importance of other aspects of cultural continuity, for example, sense of belonging to land or spirituality, or other resilience factors that Indigenous foster care provides, which were not fully explored or captured in this study (see the Limitations section below for details).

Discussion

This study explored the relationship between childhood foster care placements and mental health outcomes later in life among Indigenous peoples aged 15 and older, specifically examining the potential impact of being placed in Indigenous versus non-Indigenous foster homes. The findings provide important insights into how culturally aligned or non-aligned foster care placements, sense of belonging, and socioeconomic factors may interact to shape long-term mental health outcomes of Indigenous people.

Indigenous scholars and activists have long pointed out the need for a more culturally competent and community-centered approach to child welfare, one that is grounded in Indigenous values of interconnectedness, community care, and cultural continuity (Quinn, 2022; Truth and Reconciliation Commission of Canada, 2015). Research shows that without access to their cultural roots, Indigenous youth may struggle with a sense of fragmentation,

17. Descriptive statistics for the key socioeconomic variables, categorized by foster care placement history, for the regression analysis (Model 4 in Table 3) among Inuit are presented in Appendix B.

which impedes their emotional well-being and resilience (Chandler & Lalonde, 2008; Filbert & Flynn, 2010; Toombs et al., 2016). Other work also emphasizes that Indigenous approaches to social work and family care prioritize relationships—not just between individuals, but between people, land, and community—as essential for fostering the holistic well-being of Indigenous children and youth (Hart, 1999).

This study reaffirms the need for this culturally grounded approach to child welfare, by highlighting the importance of cultural continuity in foster care and its potential long-term effects on mental health. First, the study revealed that Indigenous people aged 15 and older with a history of foster care experienced poorer mental health outcomes later in life compared to those without such a history. Notably, among Indigenous people who had been placed in foster care as children, those placed in Indigenous foster homes reported better mental health outcomes later in life than those placed in non-Indigenous foster homes. These findings were consistent across various mental health indicators with the most significant disparities by foster care placement type observed among Inuit.

Furthermore, the study explored the role of sense of belonging as a potential mediator between cultural continuity in foster care—specifically, the placement of Indigenous children in Indigenous foster homes—and mental health outcomes later in life. The results showed that Indigenous people who had been placed in Indigenous foster homes as children were significantly more likely to report a strong sense of belonging to their families, communities, and shared Indigenous identity later in life, compared to those placed in non-Indigenous foster homes. These three dimensions of sense of belonging, in turn, were associated with better mental health outcomes later in life. While the sense of belonging did not fully explain the positive relationship between placement in Indigenous foster homes and better mental health, they accounted for a significant portion of this connection.

While this study focused on the placement of Indigenous children in Indigenous foster care as a proxy for cultural continuity, future research should aim to develop more nuanced measures of cultural continuity that reflect the unique histories, traditions, and identities of diverse Indigenous groups. These measures might include indicators such as the use of Indigenous languages, engagement in cultural practices within foster homes, or the cultural competency of foster caregivers regarding Indigenous traditions. The importance of these measures becomes evident when considered within Indigenous worldviews, which regard children as sacred and vital members of family and community, entrusted not only with care but also with the responsibility of carrying forward cultural traditions and values (Cajete, 2017; Fallon et al., 2021). For example, the Inuit concept of *Inuunguiniq*, meaning "the making of a human being," reflects a holistic approach to child development that is seen as a shared responsibility within the community (National Collaborating Centre for Indigenous Health, 2010). Furthermore, Métis kinship principles emphasize the care of all children and the safeguarding of cultural identity at both the individual and collective levels (Ball & Benoit-Jansson, 2023). These foundational concepts underscore why culturally specific, community-informed measures are essential for deepening our understanding of the role of cultural continuity in foster care.

In examining the concept of sense of belonging—particularly belonging to a shared Indigenous identity and culture—it is also crucial to recognize that it may differ across Indigenous groups. These variations are likely shaped by distinct historical, cultural and social contexts and can be observed regardless of foster care history. Urban Indigenous populations, for example, face unique challenges in accessing cultural practices, land, and traditions, which can create barriers to fostering a strong sense of belonging (Liebenberg et al., 2019). This study indeed found that, among First Nations people living off reserve, those with no history of foster care were less likely to report a strong sense of belonging to a shared Indigenous identity compared to those who had been placed in Indigenous foster homes. This pattern, however, was not observed among Inuit, the majority of whom lived in Inuit Nunangat. These differences highlight regional and group-specific variations that may be tied to cultural practices and kinship structures. Future research should therefore continue to explore Indigenous cultural and regional differences to better tailor child welfare services and support systems to the specific needs of Indigenous children and families.

While placements in Indigenous foster homes appear to contribute to better mental health outcomes later in life, they should not be viewed as a comprehensive or sufficient solution. As detailed in the appendix, Indigenous foster care placements do not consistently correlate with improved socioeconomic outcomes—such as higher educational attainment or household income—when compared to non-Indigenous foster care, despite consistently yielding better mental health outcomes. This disparity points to the need for investigation into potential differences in the allocation of resources, supports, and opportunities between Indigenous and non-Indigenous communities,

including within foster care systems (Blackstock, 2016; Layton, 2023). At the same time, the critical role of cultural continuity in foster care settings—demonstrated in this study as central to mental health—highlights the need for Indigenous-led family services that promote preventative care to support families. Foster care placement should be understood as a measure of last resort. Strengthening culturally grounded family services as a preventive measure is essential not only to addressing the overrepresentation of Indigenous children in the foster care system, but also to ensure that Indigenous children remain connected to their communities and cultures, as emphasized by the TRC (2015).

Limitations

This study is subject to certain limitations, the most notable being the lack of information about the circumstances surrounding foster care placement. Children and youth often come into care for adverse childhood experiences, such as poverty-related neglect, family violence or abuse. These experiences, along with the disruption of family, community and cultural connections associated with foster care placement, collectively shape mental health outcomes later in life. However, the IPS data do not include information on the reasons for placement, the timing of their entry into care, the duration of their stay, or the number of foster home transitions experienced. Each of these factors is important to understanding long-term mental health trajectories. To better understand the impact of Indigenous versus non-Indigenous foster home placement on mental health, it is essential that future research account for these factors.

The IPS data do not provide information regarding the onset of mental health conditions and disabilities, making it difficult to determine whether they developed prior to or following foster care placement. As a result, caution is needed when interpreting the findings. For instance, negative mental health outcomes among those formerly placed in foster homes as children cannot be solely attributed to the experience of foster care placement itself, as pre-existing conditions, if any, may have influenced both the placement decision and the outcomes. Similarly, the relatively positive mental health outcomes observed among those who had been placed in Indigenous foster homes as children cannot be attributed solely to cultural continuity within the foster care settings.

This study also has some limitations related to its design. The use of cross-sectional data to examine the relationship between childhood foster care placement and mental health outcomes later in life limits the ability to draw causal inferences, as all information was collected at a single point in time. The reliance on retrospective self-report of foster care history may introduce some potential for recall and reporting bias. A further limitation is that sense of belonging was measured in the present, rather than during the period of foster care. While current feelings of belonging may reflect earlier experiences, they could also be shaped by more recent life events, making it difficult to fully capture the influence of foster care placement. To improve causal interpretations and better understand the long-term effects of foster care placement, future research should employ longitudinal data that can capture changes and trajectories over time.

Furthermore, the indicators for sense of belonging—such as family ties, community belonging, and belonging to a shared Indigenous identity—explored in this study may not fully capture all the key dimensions of belonging that influence the well-being and mental health of Indigenous people, nor the full range of support that Indigenous foster care may offer in comparison with non-Indigenous foster care. For Indigenous communities, belonging encompasses a collective and intergenerational connection to kin, land, community, language and spirituality (Heid et al., 2022; Liebenberg et al., 2019; Lines et al., 2019). Disruption to these connections caused by family separations is known to significantly impact the mental health of the Indigenous population (Lines et al., 2019). Data that include a more comprehensive set of belonging indicators would provide a more in-depth understanding of the benefits of cultural connectivity in foster care settings.

Lastly, the analysis of Métis who had been placed in Indigenous foster homes as children was suppressed due to an insufficient sample size. This may be partly related to the historically limited access to Métis-specific child and family services, in comparison to services available for First Nations and Inuit communities, as noted by the TRC (TRC, p.141). Indeed, only a small fraction of Métis formerly in foster care reported having been placed in Indigenous foster homes (see Table 1). Nevertheless, a larger sample would help provide a better understanding of the experiences of Métis who aged out of foster care, as well as allow for breakdowns by geography or Registered or Treaty Indian status, which may reveal distinct patterns or stories.

Definitions

Indigenous identity: Indigenous identity refers to whether the person reported being First Nations (North American Indian), Métis or Inuk (Inuit); and/or being a Registered or Treaty Indian as defined by the Indian Act of Canada; and/or a member of a First Nation or Indian band.[18]

Foster care experience: A person is defined as having foster care experience if they responded to "yes" to the question regarding whether they had ever been placed in a foster home or in foster care at any time under the age of 18.[19]

Indigenous versus non-Indigenous foster care placements: A person is defined as having been placed in Indigenous foster care if one of their foster parents was Indigenous, that is, First Nations, Métis or Inuit. If the person had multiple foster placements, they were asked to consider the foster home where they stayed the longest. No information was collected regarding the alignment of the specific Indigenous identity between the foster parent(s) and the person.

Mental health-related disability: A person is defined as having a mental health-related disability if they reported being sometimes, often or always limited in their daily activities by an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, substance abuse, anorexia, etc. (regardless of the level of difficulty when experiencing this condition). Only long-term conditions that have lasted or are expected to last for six months or more are considered.

Mood disorder: A mood disorder includes conditions such as depression, bipolar disorder, mania or dysthymia. A person is defined as having a mood disorder if one or more of these conditions have been diagnosed by a health professional and are expected to last, or have already lasted, six months or more.

Anxiety disorder: An anxiety disorder includes conditions, such as phobia, obsessive-compulsive disorder or panic disorder. A person is defined as having an anxiety disorder if one or more of these conditions have been diagnosed by a health professional and are expected to last, or have already lasted, six months or more.

Family ties: A person is defined as having strong family ties if they answered 4 or 5 to either of the following two questions: (1) the strength of ties between members of their family (e.g., siblings, parents, aunts and uncles, and cousins) living in their city or community but in another household, and (2) the strength of ties between family members living outside their city or community. Both questions were measured on a scale from 1 to 5, where 1 represents very weak ties and 5 represents very strong ties. If a respondent answered, "not applicable," they were considered to have weak family ties, as this indicates an absence of family connections.

Sense of belonging to the local community: A person is defined as having a strong sense of belonging to the local community if they answered "very strong" or "somewhat strong" to the question asking them to describe their sense of belonging to their local community, which refers to the immediate surroundings where they currently live their everyday life. This definition of the local community was provided in the question to account for the fact that the concept of "community" may vary among Indigenous people.

Sense of belonging to a shared Indigenous identity: A person is defined as having a strong sense of belonging to a shared Indigenous identity if they answered "very strong" or somewhat strong" to the question asking them to describe their sense of belonging to people with the same Indigenous background as themselves.

Gender: Gender refers to an individual's personal and social identity as a man, woman or non-binary person (a person who is not exclusively a man or a woman). Due to the small size of the non-binary population, data were aggregated into a two-category gender variable to protect confidentiality. Individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.

18. It is possible to report both single and multiple responses to the Indigenous identity question on the IPS. The data presented for each group represent a combination of the single and multiple responses for First Nations people living off reserve, Métis, and Inuit.
19. One limitation of this study is the inclusion of respondents aged 15 to 17, given that survey question asked whether they had ever been in foster care before turning 18. For individuals in this age group, there remains the possibility of entering foster care after the survey was administered.

Rural area: Areas outside population centres of settlements of 1,000 or more inhabitants and a population density of fewer than 400 inhabitants per square kilometre.

Urban area: Areas with a population of at least 1,000 and a population density of 400 persons or more per square kilometre.

Adjusted household income relative to Market Basket Measure (MBM) thresholds: The household income variable used in the regression analyses in this study is adjusted according to the Market Basket Measure (MBM) thresholds for 2021. The MBM accounts for regional differences in living costs and represents the cost of a basket of food, clothing, shelter, transportation, and other essential items for a family of four (or a family of five in Nunavut), reflecting a modest, basic standard of living. The percentages presented in the tables (Appendices A and B) represent the relative percentages of the MBM threshold, i.e., the income level required to afford a specific set of essential goods and services that are necessary for a basic standard of living in a given region. To account for differences in income distribution, individuals are categorized into income quartiles based on MBM-adjusted household income, with quartiles calculated separately for each Indigenous group.

Appendix

Appendix A
Demographic and socioeconomic characteristics of First Nations people living off reserve aged 15 and older, by foster care placement history, 2022

	Total			No foster care history			Indigenous foster care			Non-Indigenous foster care		
		95% confidence interval			95% confidence interval			95% confidence interval			95% confidence interval	
	Percent	lower	upper	Percent	lower	upper	Percent	lower	upper	Percent	lower	upper
Registered Indian status												
Non-status	35.9	34.8	36.9	37.8	36.7	38.9	11.2	6.7	18.2	28.3	24.2	32.8
Status	64.1	63.1	65.2	62.2	61.1	63.3	88.8	81.8	93.3	71.7	67.2	75.8
Gender												
Male+	44.8	43.3	46.4	45.9	44.2	47.5	38.3[E]	30.1	47.1	40.5	35.8	45.4
Female+	55.2	53.6	56.7	54.1	52.5	55.8	61.7[E]	52.9	69.9	59.5	54.6	64.2
Age group												
Under 35	43.0	41.7	44.3	43.0	41.6	44.4	49.7[E]	41.0	58.5	40.4	35.8	45.3
35 to 54	30.8	29.6	32.1	30.3	28.9	31.6	28.8[E]	21.2	37.7	35.9	31.3	40.8
55+	26.2	25.2	27.1	26.7	25.7	27.8	21.5	16.1	28.2	23.7	20.4	27.3
Marital status												
Married or living common law	43.9	42.4	45.5	46.2	44.6	47.8	35.5[E]	28.1	43.7	31.0	26.9	35.5
Never married	43.0	41.5	44.5	41.1	39.6	42.7	51.0[E]	42.7	59.2	54.4	49.6	59.2
Separated, divorced or widowed	13.1	12.2	14.0	12.7	11.7	13.8	13.5	9.0	19.9	14.5	11.8	17.8
Current place of residence												
Rural area	22.9	21.7	24.1	24.1	22.7	25.5	18.5	13.2	25.3	15.5	12.6	19.0
Urban area	77.1	75.9	78.3	75.9	74.5	77.3	81.5	74.7	86.8	84.5	81.0	87.4
Labour force status												
Employed	57.5	56.0	59.0	59.8	58.2	61.4	38.0[E]	30.5	46.1	46.1	41.0	51.3
Unemployed	8.0	7.1	9.0	7.6	6.7	8.7	7.9	4.4	13.8	10.8	7.6	15.0
Not in labour force	34.5	33.1	35.9	32.5	31.1	34.0	54.2[E]	45.6	62.4	43.1	38.1	48.3
Postsecondary education												
No certificate, diploma or degree	16.8	15.7	18.0	15.1	13.9	16.3	22.1	16.0	29.7	27.6	23.1	32.7
Secondary school diploma or equivalency certificate	36.0	34.6	37.4	35.8	34.3	37.3	45.6[E]	37.4	53.9	36.5	31.8	41.5
Postsecondary qualification including certificate, diploma or degree	47.2	45.7	48.7	49.1	47.5	50.7	32.3[E]	24.6	41.2	35.9	31.2	40.8
Adjusted household income (% of Market Basket Measure)												
First quartile (1st cut-off)	155.5	151.9	163.5	169.1	163.5	175.4	115.8[E]	96.5	151.1	102.0	92.0	118.3
Second quartile (2nd cut-off, median)	269.4	264.8	275.6	283.2	275.2	295.8	180.6	135.7	257.7	195.0	168.9	214.7
Third quartile (3rd cut-off)	421.2	410.4	433.2	432.8	426.0	442.3	295.0[E]	227.1	347.1	353.6	326.3	366.9

[E] use with caution

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Appendix B
Demographic and socioeconomic characteristics of Inuit aged 15 and older, by foster care placement history, 2022

	Total			No foster care history			Indigenous foster care			Non-Indigenous foster care		
		95% confidence interval			95% confidence interval			95% confidence interval			95% confidence interval	
	Percent	lower	upper	Percent	lower	upper	Percent	lower	upper	Percent	lower	upper
Gender												
Male+	45.1	43.3	46.9	45.7	43.7	47.6	41.3	35.5	47.2	45.6[E]	36.2	55.4
Female+	54.9	53.1	56.7	54.3	52.4	56.3	58.7	52.8	64.5	54.4[E]	44.6	63.8
Age group												
Under 35	49.5	47.9	51.2	48.7	46.9	50.5	63.0	57.8	68.0	50.9[E]	41.3	60.4
35 to 54	29.4	27.9	30.8	29.6	28.1	31.2	23.7	19.4	28.7	32.6[E]	24.0	42.5
55+	21.1	19.9	22.4	21.7	20.4	23.1	13.2	10.3	16.8	16.5[E]	10.5	25.0
Marital status												
Married or living common law	47.9	46.0	49.8	48.8	46.8	50.8	44.0	38.2	49.9	42.0[E]	33.1	51.6
Never married	42.4	40.7	44.1	41.7	39.9	43.6	46.7	40.8	52.6	48.9[E]	39.4	58.5
Separated, divorced or widowed	9.7	8.4	11.2	9.5	8.1	11.0	9.3	6.6	13.0	9.1	4.3	17.9
Current place of residence												
Inside Inuit Nunangat	63.6	61.8	65.3	64.5	62.5	66.5	82.8	75.8	88.0	25.6	20.0	32.2
Outside Inuit Nunangat	36.4	34.7	38.2	35.5	33.5	37.5	17.2	12.0	24.2	74.4	67.8	80.0
Labour force status												
Employed	51.4	49.5	53.4	51.9	49.8	54.0	47.1	41.1	53.2	55.6[E]	45.1	65.5
Unemployed	9.9	8.7	11.3	9.6	8.1	11.2	11.3	8.5	15.0	15.0[E]	8.4	25.5
Not in labour force	38.6	36.7	40.6	38.5	36.3	40.8	41.6	35.3	48.1	29.4[E]	21.6	38.7
Postsecondary education												
No certificate, diploma or degree	34.8	33.4	36.4	34.3	32.7	36	53.3	47.6	58.8	19.2	13.5	26.6
Secondary school diploma or equivalency certificate	31.7	29.8	33.7	30.8	28.8	32.9	28.6	23.5	34.3	47.7[E]	37.4	58.3
Postsecondary qualification including certificate, diploma or degree	33.4	31.6	35.3	34.8	32.9	36.8	18.1	14.4	22.6	33.1[E]	24.7	42.7
Adjusted household income (% of Market Basket Measure)												
First quartile (1st cut-off)	95.3	90.0	99.5	97.3	91.3	103.8	78.4	61.5	83.0	126.5[E]	89.1	134.3
Second quartile (2nd cut-off, median)	190.7	180.2	201.8	195.1	187.3	209.9	156.1	129.4	171.3	207.8	156.0	272.3
Third quartile (3rd cut-off)	343.0	336.1	349.8	346.8	336.3	374.4	265.9	212.6	311.1	339.4[E]	236.3	519.3

[E] use with caution

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

References

Ball, J., & Benoit-Jansson, A. (2023). Promoting cultural connectedness through Indigenous-led child and family services: A critical review with a focus on Canada. *First Peoples Child & Family Review, 18*(1), 34–59.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173.

Baumeister, R. F., & Leary, M. R. (2017). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Interpersonal development* (pp. 57–89). Routledge.

Blackstock, C. (2007). Residential schools: Did they really close or just morph into child welfare. *Indigenous Law Journal, 6*(1), 71.

Blackstock, C. (2016). The Complainant: The Canadian Human Rights Case on First Nations Child Welfare. *McGill Law Journal, 62*(2), 285.

Brown, J. D., George, N., Sintzel, J., & Arnault, D. S. (2009). Benefits of cultural matching in foster care. *Children and Youth Services Review, 31*(9), 1019–1024.

Burack, J. A., Bombay, A., & Kirmayer, L. J. (2024). Cultural continuity, identity, and resilience among Indigenous youth: Honoring the legacies of Michael Chandler and Christopher Lalonde. *Transcultural Psychiatry, 61*(3), 301–312.

Cajete, G. A. (2017). Children, myth and storytelling: An Indigenous perspective. *Global Studies of Childhood, 7*(2), 113–130.

Chandler, M. J., & Lalonde, C. E. (2008). Cultural continuity as a protective factor against suicide in First Nations youth. *Horizons, 10*(1), 68–72.

Corrales, T., Waterford, M., Goodwin-Smith, I., Wood, L., Yourell, T., & Ho, C. (2016). Childhood adversity, sense of belonging and psychosocial outcomes in emerging adulthood: A test of mediated pathways. *Children and Youth Services Review, 63*, 110–119.

Edwards, K. M., Waterman, E. A., Mullet, N., Herrington, R., Cornelius, S., Hopfauf, S., Trujillo, P., Wheeler, L. A., & Deusch, A. R. (2024). Indigenous cultural identity protects against intergenerational transmission of ACEs among Indigenous caregivers and their children. *Journal of Racial and Ethnic Health Disparities, 11*(6), 3416–3426.

Fallon, B., Lefebvre, R., Trocmé, N., Richard, K., Hélie, S., Montgomery, H. M., Bennett, M., Joh-Carnella, N., Saint-Girons, M., & Filippelli, J. (2021). Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect, 2019.

Filbert, K. M., & Flynn, R. J. (2010). Developmental and cultural assets and resilient outcomes in First Nations young people in care: An initial test of an explanatory model. *Children and Youth Services Review, 32*(4), 560–564.

Fisher, L. B., Overholser, J. C., Ridley, J., Braden, A., & Rosoff, C. (2015). From the outside looking in: Sense of belonging, depression, and suicide risk. *Psychiatry, 78*(1), 29–41.

Fleming, J., & Ledogar, R. J. (2008). Resilience, an evolving concept: A review of literature relevant to Aboriginal research. *Pimatisiwin, 6*(2), 7.

Gough, P., Trocmé, N., Brown, I., Knoke, D., & Blackstock, C. (2005). Pathways to overrepresentation of Aboriginal children in care. *CECW Information Sheet, #23*E.

Hahmann, T., Lee, H., & Godin, S. (2024). Indigenous foster children living in private households: Rates and sociodemographic characteristics of foster children and their households. Statistics Canada. Catalogue no. 41-20-0002.

Hart, M. A. (1999). Seeking Minopimatasiwin (the good life): An Aboriginal approach to social work practice. *Native Social Work Journal*, 2(1): 91-112.

Heid, O., Khalid, M., Smith, H., Kim, K., Smith, S., Wekerle, C., Six Nations Youth Mental Wellness Committee, Bomberry, T., Hill, L. D., & General, D. A. (2022). Indigenous youth and resilience in Canada and the USA: a scoping review. *Adversity and Resilience Science, 3*(2), 113–147.

Hibbert, A., Thompson, A., Feng, J., Stonefish, T., & Fortin, J. (2023). Empowering Indigenous youth in care as they transition to adulthood. The Conference Board of Canada.

John-Henderson, N. A., Henderson-Matthews, B., Ollinger, S. R., Racine, J., Gordon, M. R., Higgins, A. A., Horn, W. C., Reevis, S. A., Running Wolf, J. A., & Grant, D. (2020). Adverse childhood experiences and immune system inflammation in adults residing on the blackfeet reservation: the moderating role of sense of belonging to the community. *Annals of Behavioral Medicine, 54*(2), 87–93.

Kirmayer, L. J., & Valaskakis, G. G. (2009). *Healing traditions: The mental health of Aboriginal peoples in Canada*. UBC press.

Kitchen, P., Williams, A., & Chowhan, J. (2012). Sense of community belonging and health in Canada: A regional analysis. *Social Indicators Research, 107*, 103–126.

LaFromboise, T. D., Hoyt, D. R., Oliver, L., & Whitbeck, L. B. (2006). Family, community, and school influences on resilience among American Indian adolescents in the upper Midwest. *Journal of Community Psychology, 34*(2), 193–209.

Layton, J. (2023). *First Nations Youth: Experiences and Outcomes in Secondary and Postsecondary Learning*. The Conference Board of Canada. Statistics Canada. Catalogue no. 81-599-X - No. 18.

Liebenberg, L., Wall, D., Wood, M., & Hutt-MacLeod, D. (2019). Spaces & places: Understanding sense of belonging and cultural engagement among Indigenous youth. *International Journal of Qualitative Methods, 18*, 1–10.

Lines, L., Yellowknives Dene First Nation Wellness Division, & Jardine, C. G. (2019). Connection to the land as a youth-identified social determinant of Indigenous Peoples' health. *BMC Public Health, 19*, 1–13.

MacKinnon, D. P., Lockwood, C. M., Hoffman, J. M., West, S. G., & Sheets, V. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological Methods, 7*(1), 83.

National Collaborating Centre for Indigenous Health. (2010). *Inunnguiniq: Caring for Children the Inuit Way*. University of Northern British Columbia: National Collaborating Centre for Indigenous Health.

National Collaborating Centre for Indigenous Health. (2017). *Employment as a social determinant of First Nations, Inuit and Métis health*. Prince George, BC: National Collaborating Centre for Indigenous Health.

Quinn, A. L. (2022). Experiences and well-being among Indigenous former youth in care within Canada. *Child Abuse & Neglect, 123*, 105395.

Reading, C. (2015). Structural determinants of Aboriginal peoples' health. In M. Greenwood, S. d. Leeuw, N. M. Lindsay & C. Reading (Eds.), *Determinants of Indigenous Peoples' health* (pp. 1–15)

Reading, C. L., & Wien, F. (2009). *Health inequalities and the social determinants of Aboriginal peoples' health*. National Collaborating Centre for Aboriginal Health Prince George, BC.

Sargent, J., Williams, R. A., Hagerty, B., Lynch-Sauer, J., & Hoyle, K. (2002). Sense of belonging as a buffer against depressive symptoms. *Journal of the American Psychiatric Nurses Association, 8*(4), 120–129.

Simpson, L. B. (2017). *As we have always done: Indigenous freedom through radical resistance*. University of Minnesota Press.

Sobel, M. E. (1982). Asymptotic confidence intervals for indirect effects in structural equation models. *Sociological Methodology, 13*, 290–312.

Toombs, E., Kowatch, K. R., & Mushquash, C. J. (2016). Resilience in Canadian Indigenous youth: A scoping review. *International Journal of Child and Adolescent Resilience, 4*(1), 4–32.

Truth and Reconciliation Commission of Canada. (2015). *Final Report of the Truth and Reconciliation Commission of Canada, Volume One: Summary: Honouring the Truth, Reconciling for the Future*. James Lorimer & Company.

Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well–being of children removed from the home for maltreatment. *Cochrane Database of Systematic Reviews, 28*(1).

Ziemann, M. J. (2019). *We don't know what to do with you: Changing the way we support the mental health of youth in and from care*. British Columbia: Canadian Mental Health Association.