



Funding First Nations child and family services (FNCFS): A performance budget approach to well-being



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July 31, 2020

Jonathan Thompson
Director, Social Development
Assembly of First Nations
55 Metcalfe Street, Suite 1600
Ottawa, ON K1P 6L5

Dear Mr. Thompson,

Pursuant to contract no. 20-00513-001, the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa is pleased to submit the report: *Funding First Nations child and family services (FNCFS): A performance budget approach to well-being*.

We trust that this report meets the expectations set out in the terms of reference for this project.

We are grateful for the support of the Assembly of First Nations, the National Advisory Committee, and the First Nations Child and Family Caring Society, as well as to our consulting experts. We especially wish to thank the First Nations child and family services agencies, their leadership, and their staff for their exceptional work.

Yours sincerely,

A handwritten signature in blue ink that reads "Kevin Page". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kevin Page
President & CEO

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Funding First Nations child and family services (FNCFS): A performance budget approach to well-being

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This report was prepared under the supervision of Kevin Page, President & CEO of the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa.

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We are indebted to the members of the consultative working group and to the National Advisory Committee (NAC) who served as advisors throughout this project.

We wish to recognize the efforts of Statistics Canada's Centre for Indigenous Statistics and Partnerships, Social, Health and Labour Statistics Field, for clarifying availability and applicability of data.



Dedication

This report is dedicated to First Nations children and their futures and to John Loxley, Ph.D., FRSC. Dr. Loxley was a professor of economics at the University of Manitoba. A scholar, teacher and advisor in international finance, international development and community economic development, Dr. Loxley was also highly regarded for his work on Indigenous economic development and the funding of First Nations child and family services. Dr. Loxley passed away in July 2020 and his collaboration on this report would prove to be among his final research projects. The authors wish to recognize Prof. Loxley's life and career and dedicate this report in his memory. John Loxley's contribution will carry on in the lives of the First Nations children that he held so dear.

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Glossary of Acronyms

AFN	Assembly of First Nations
CFS	Child and Family Services
CHRT	Canadian Human Rights Tribunal
CIC	Children in Care
FNCFS	First Nations Child and Family Services
FNIGC	First Nations Information Governance Centre
FNIHB	First Nations and Inuit Health Branch
IFSD	Institute of Fiscal Studies and Democracy
INAC	Indigenous and Northern Affairs Canada
ISC	Indigenous Services Canada
NAC	National Advisory Committee
TBS	Treasury Board of Canada Secretariat

Glossary of Definitions

Assembly of First Nations (AFN)

National body that advocates on behalf of First Nations in Canada.

Child and Family Services (CFS)

Services provided by governmental or non-governmental organizations to support the well-being of children and their families.

Canadian Human Rights Tribunal (CHRT)

Tribunal mandated to apply the Canadian Human Rights Act and hears cases related to discrimination.

First Nations Child and Family Services (FNCFS)

Indigenous Services Canada (ISC) program that funds prevention and protection services with the aim of supporting the safety and well-being of First Nations children and families living on-reserve.

First Nations Information Governance Centre (FNIGC)

Non-profit organization that receives its mandate from the AFN's Chiefs in Assembly. Working with its regional partners, FNIGC conducts data-gathering initiatives to put together culturally relevant portraits of the lives of First Nations peoples and their communities.

First Nations and Inuit Health Branch (FNIHB)

A branch of Indigenous Services Canada (ISC) responsible for health care and related services in First Nations and Inuit communities.

Institute of Fiscal Studies and Democracy (IFSD)

Canadian research institute in public finance and state institutions at the University of Ottawa.

Indigenous Services Canada (ISC)

Government of Canada department responsible for supporting self-determination of Indigenous peoples, as well improving access to services for Indigenous communities. Formerly, Indigenous and Northern Affairs Canada (INAC).

Indigenous and Northern Affairs Canada (INAC)

See Indigenous Services Canada (ISC).

National Advisory Committee (NAC)

Mandated to assist in reforming FNCFS policies and programs on-reserve by supporting First Nations leaders and agencies, as well as the Minister of ISC. The NAC is comprised of a national Chair, three representatives of the federal government, one representative of the AFN, one representative of the Caring Society, ten regional representatives (one from each AFN region), one youth representative, and one Elder(s) representative.

Treasury Board of Canada Secretariat (TBS)

Advises the Treasury Board committee of ministers with regards to how the government spends money on programs and services, and how public money is managed.

Executive Summary

Introduction

With the endorsement of the National Advisory Committee (NAC), the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa was asked by the Assembly of First Nations (AFN) and the Caring Society to define a **funding approach** and **performance measurement framework** for First Nations child and family services, with funding support from Indigenous Services Canada (ISC).

The purpose of this project is to present stakeholders with a funding **structure**; a means of developing **evidence** to understand the well-being of children, families and communities; and a range of scenarios to **cost** the proposed approach. There are four parts to this work:

- 1. Expenditure analysis and funding impacts:** Defining the existing baseline of FNCFS program allocations, expenditures and their impacts, including CHRT-mandated funding.
- 2. Performance framework:** Defining a measurable future state from which to build a funding approach for thriving children.
- 3. Funding approaches:** Identifying and analyzing approaches to funding that support improved outcomes for children.
- 4. Transition plan:** Defining approaches and considerations in moving to a new system of performance and funding focused on thriving children.

Context for change

Supporting the well-being of First Nations children, families, and communities is the principal goal of this work. The current state is a challenging point of departure, with disparities in poverty, access to potable water flowing from a tap, health outcomes, the effects of intergenerational trauma, food sovereignty, safe and suitable housing, and broadband connectivity. Well-being is holistic and connected to an individual's environment and their community. Fostering well-being means considering the many contextual factors and considerations that shape children, families, and communities.

An Act respecting First Nations, Inuit, Métis children, youth and families, commits to reconciliation, substantive equality, and the well-being of

Indigenous children, youth, and families. Read through the lens of its preamble, the Act is an opportunity to restructure and resource First Nations child and family services (FNCFS) to deliver better results for children, families and communities with commitment to substantive equality, a culturally informed approach and the best interests of the child.

There is an opportunity to address the challenges associated to the protection system that the Canadian Human Rights Tribunal (CHRT) found to be discriminatory and underfunded in its rulings. A child's contact with the protection system has long-term consequences and increases their likelihood of interacting with social services such as the welfare system, the criminal justice system etc. later in life. These systems are corrective measures, often addressing downstream effects of risks that had the potential for mitigation. Independently costly to run, these systems are designed as final backstops to social challenges rather than addressing the *causes of the causes*. The current system invests in reactionary measures rather than proactive ones, that end up being more costly and less effective (see The cost of doing nothing).

This project seeks to reset the structure, funding, and governance of the current FNCFS system to mitigate and address the causes of contact with the protection system.

Phase 2 approach

This work is developed from the ground-up, with collaboration and insight from FNCFS agencies, First Nations, and experts. Twelve in-depth case studies, a survey on FNCFS expenditures, three expert roundtables, and supplementary research and analysis from Canada and the United States, form the foundation of this work.

The existing funding gaps in the FNCFS system were well-defined by the Phase 1 project, [*Enabling First Nations Children to Thrive*](#). With the participation of 76% of FNCFS agencies, gaps in funding for prevention, poverty, information technology, and capital were identified.

This project (Phase 2) builds on the findings from Phase 1. With the goal of holistic well-being, Phase 2 proposes a performance framework (Measuring to Thrive) and a need-based block funding approach (Table 1).

BLOCK FUNDING APPROACH:

Resources are allocated based on a combination of previous financial data (to fund maintenance and protection) and need (e.g. population size, geography, poverty level, etc.).

Funds are provided for general purposes identified under terms and conditions in a contribution agreement or a statute. Service providers have flexibility to adjust allocations (e.g. operations and capital, protection and prevention).

The capacity to “carry forward” money (ability to move monies forward if not spent, in a current year, like the 10-year grant) and access to emergency funding, as provided, are consistent and additive to a block funding approach.

Emergency funds would be available should a service provider—due to an exceptional increase in service demands (e.g. protection requests, an increase in health-related issues)—be unable to meet the needs of their communities with pre-defined revenues.

In the proposed approach, risk is managed to empower service providers to act in the best interest of children, families, and communities.

TABLE 1: Current state and proposed future state comparison of the FNCFS program.

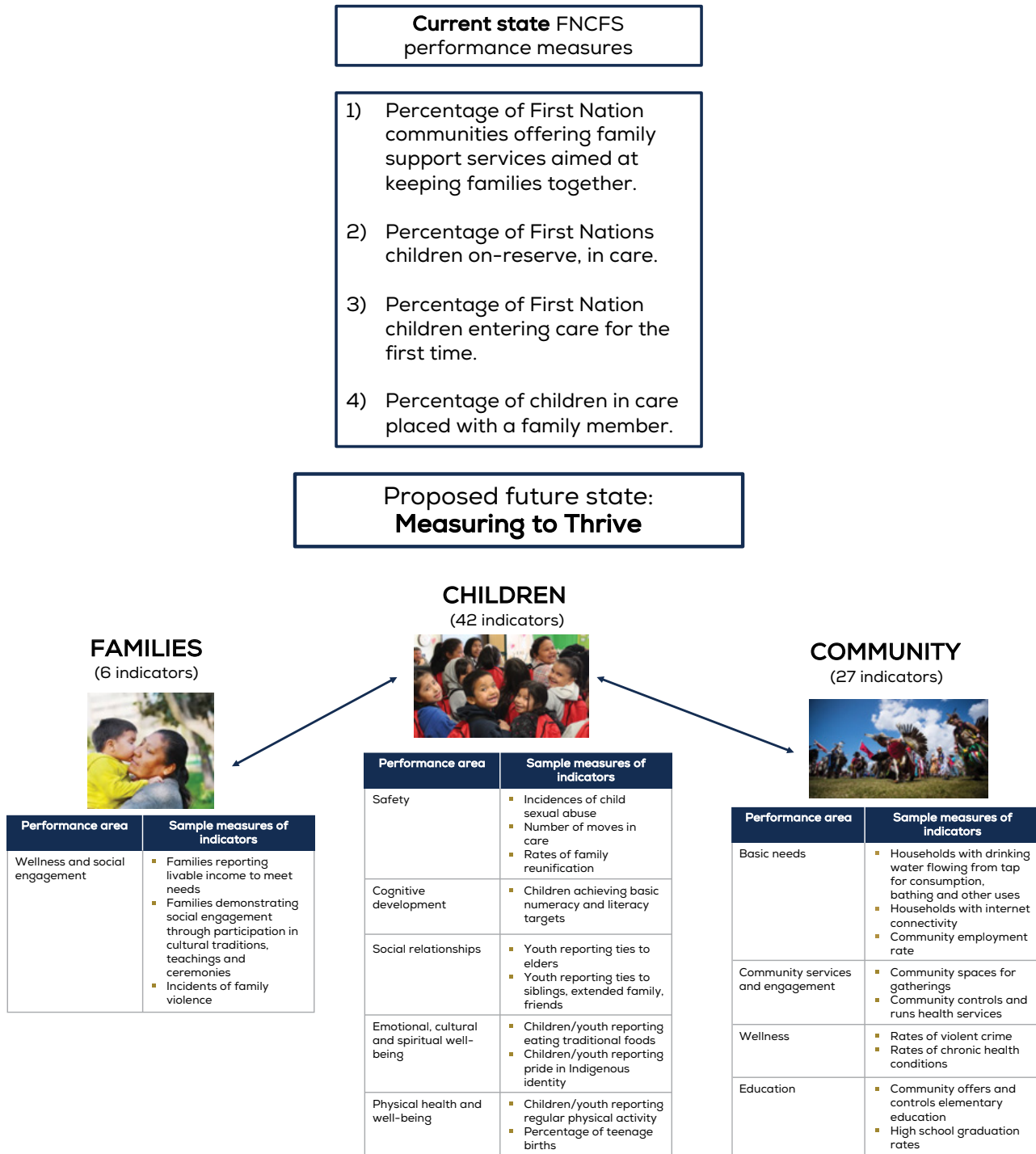
Current state	Proposed future state
<ul style="list-style-type: none"> ▪ Funding driven by children in care 	<ul style="list-style-type: none"> ▪ Funding driven by indicators of well-being
<ul style="list-style-type: none"> ▪ Top-down; formula-based funding with ad-hoc supplements 	<ul style="list-style-type: none"> ▪ Bottom-up budgeting complemented by need and performance components
<ul style="list-style-type: none"> ▪ Mixed governance model 	<ul style="list-style-type: none"> ▪ First Nation control (<i>An Act respecting First Nations, Inuit and Métis children</i>)

Performance framework

The Measuring to Thrive framework marks a departure from the current state of performance measurement for the FNCFS program. From four output-based measures focused on protection, to seventy-five indicators that capture the well-being of a child, their family, and their community environment (Figure 1). Understanding a child’s environment is integral to their well-being. How can a child be well if their housing is not safe and

secure? If potable water is not readily available? If the effects of trauma and addictions impact their communities? Measuring to Thrive connects children, families, and communities to capture a holistic vision of well-being. Thriving First Nations children need thriving First Nations communities.

FIGURE 1: Current state and proposed future state comparison of performance measures.

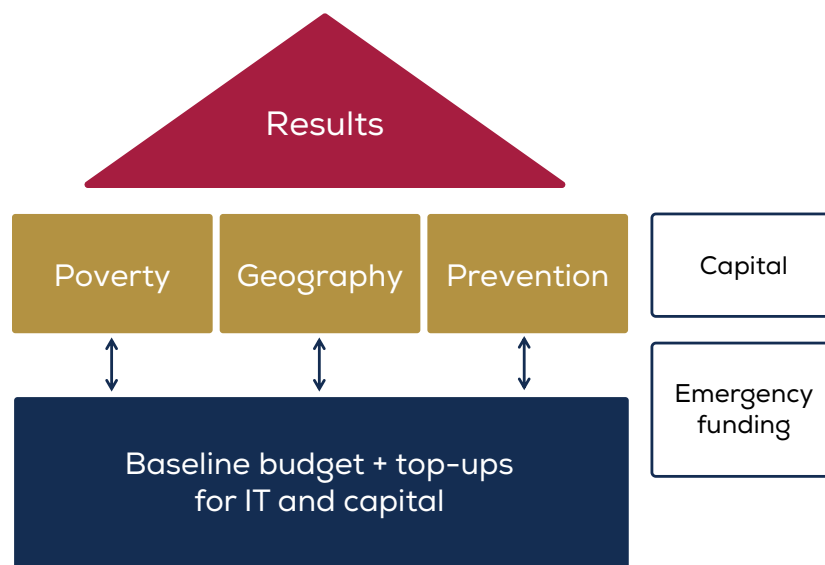


The approach in *Measuring to Thrive* is a manifestation of the Treasury Board of Canada Secretariat’s Policy on Results and *Guide to Departments on the Management and Reporting of Horizontal Initiatives*.¹ By collecting data on the *causes of the causes* that inform well-being, the measurement framework is a results-based tool to plan, monitor, and assess the performance of policies and programs, against the goal of thriving First Nations children, families, and communities. The horizontal view adopted in the framework is an expression of the interrelated criteria of wellness.² This type of integrated performance framework could be considered by provinces and unaffiliated First Nations to capture and track well-being in communities.

Funding approach

To deliver on the desired goal expressed in *Measuring to Thrive*, a funding approach that is informed by need with latitude for service providers to act in the best interests of those they serve is necessary. A bottom-up funding approach was designed as a block transferred budget with components addressing gaps in need, including prevention, poverty, geography, IT, capital, with supplements for the shift to a results-focused approach (Figure 2).

FIGURE 2: Proposed funding approach overview.



¹ Treasury Board of Canada Secretariat, “Guide to Departments on the Management and Reporting of Horizontal Initiatives,” *Government of Canada*, updated May 17, 2018, <https://www.canada.ca/en/government/system/finances/horizontal-initiatives-database/guide-departments-management-reporting-horizontal-initiatives.html>.

² A cloud-based application for data collection, tracking, and reporting has been developed by IFSD for use by FNCFS agencies and First Nations.

The funding approach is connected to the Measuring to Thrive framework and is intended to provide FNCFS agencies with the resources necessary to deliver the programs and services needed for thriving First Nations children, families, and communities. The approach is consistent with the Act that commits to fiscal arrangements to support the delivery of FNCFS to secure long-term positive outcomes,³ as well as the efforts on devolved fiscal relations for First Nations.

Spending implications

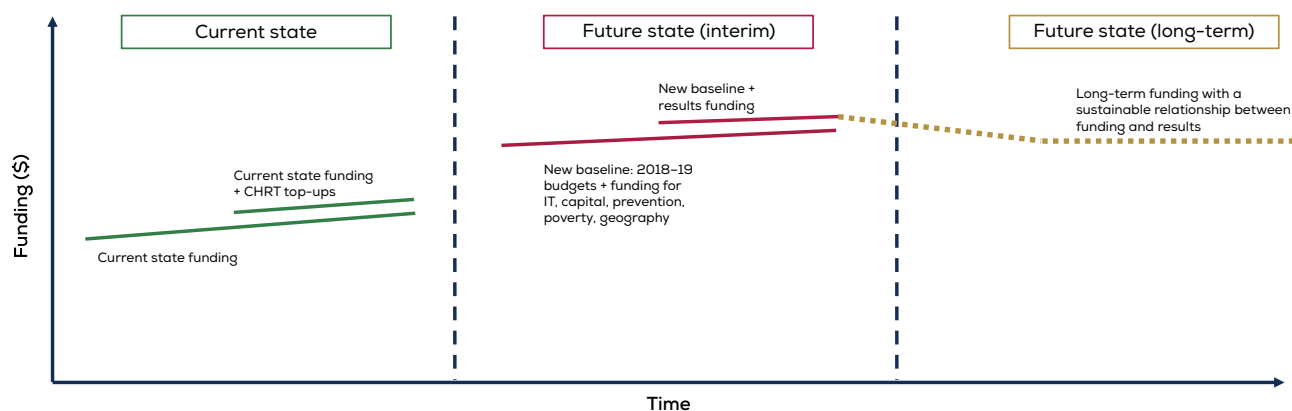
Children, families and communities have needs. Some may need more support than others for various reasons. Professionals and communities should have the tools, resources, and flexibility with which to employ them to address the *causes of the causes* of need. The choice of tools should not have adverse fiscal consequences, when accountable decisions are made for the well-being of children, families and communities.

Working to improve well-being means increasing resources to prevention services, while maintaining support for protection services. Over the long-term, we expect the relationship between spending and results to change (Figure 3). There is well-established research that demonstrates the long-term benefits of early investment in child well-being, including better health, social and cognitive development, and even parental benefits. This and other research support a business case⁴ for significant investment in prevention to mitigate potential negative downstream effects such as incarceration, homelessness, and lost opportunities, which can result in significant financial and social costs.

³ *An Act respecting First Nations, Inuit and Métis children, youth and families*, c. 24, s. 20 (2)(c), last modified July 14, 2020, <https://laws.justice.gc.ca/eng/acts/F-11.73/page-1.html>.

⁴ A business case provides a justification for undertaking a project with relevant supporting evidence.

FIGURE 3: Modelling an adjustment to current state funding to achieve long-term goals, with a sustainable relationship between funding and results.



For the 2018–19 fiscal year, FNCFS agencies reported total expenditures of approximately \$1.7B (through the IFSD survey) which may include supplementary funding from CHRT-mandated payments.

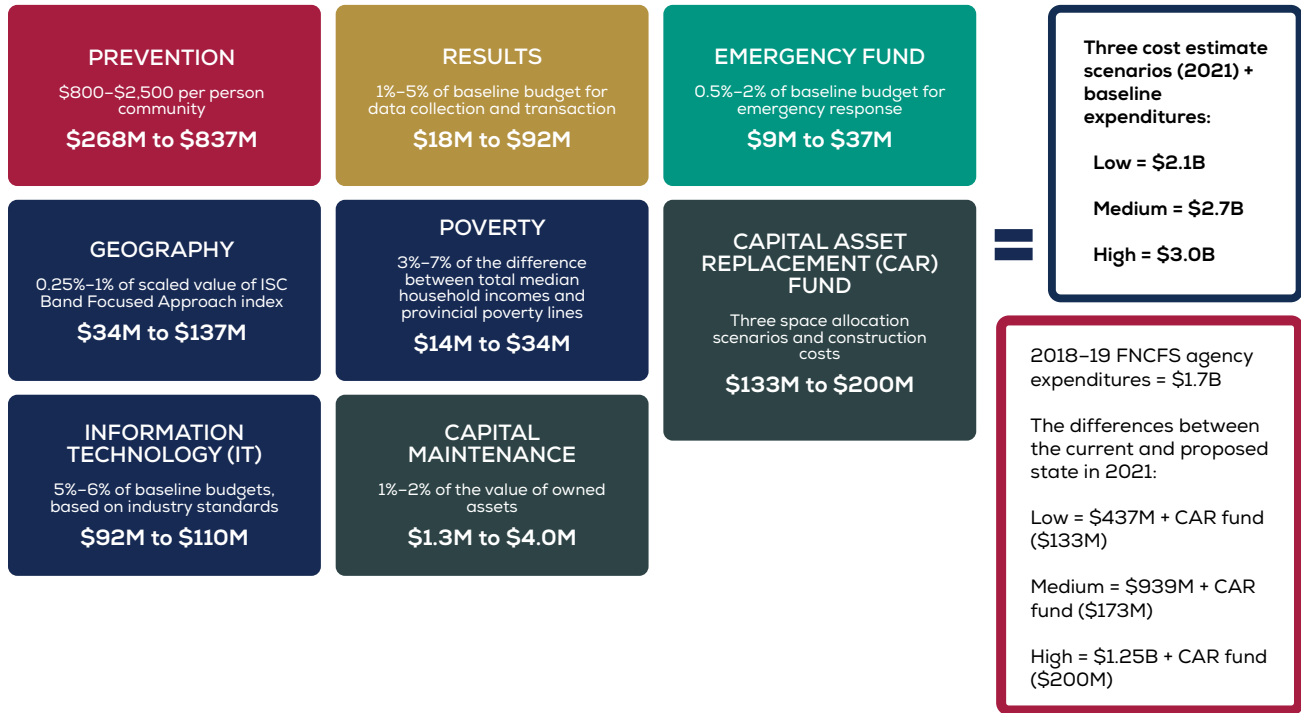
With 2018–19 FNCFS expenditures as a baseline, the approach adjusts the baseline budget by adding components to reflect the First Nations served, to support the Measuring to Thrive performance framework, grown by the standard factors of inflation and population (Table 2).

TABLE 2: Funding approach components and their applications.

Component	Quantification
Results	<ul style="list-style-type: none"> Funding to support goals in the Measuring to Thrive framework. Percentage of baseline budget.
Prevention	<ul style="list-style-type: none"> Per capita allocation, \$800, \$2,000 or \$2,500 by population on-reserve.
Geography	<ul style="list-style-type: none"> Factor increase to baseline budget, using ISC’s weighted remoteness quotient.
Poverty	<ul style="list-style-type: none"> Household basis; relative to provincial poverty line; Census 2016 data.
Capital	<ul style="list-style-type: none"> Percentage (e.g. 2%) of total value of capital assets for capital maintenance. Application-based fund for major capital projects, e.g. new building, extensive renovation, etc.
IT	<ul style="list-style-type: none"> Percentage top-up to baseline budget of 5% to 6% based on industry standards for not-for-profit service organizations.
Emergency funding	<ul style="list-style-type: none"> Percentage top-up to baseline budget to address unanticipated circumstances related to CFS, that affect demand for an agency’s core services.

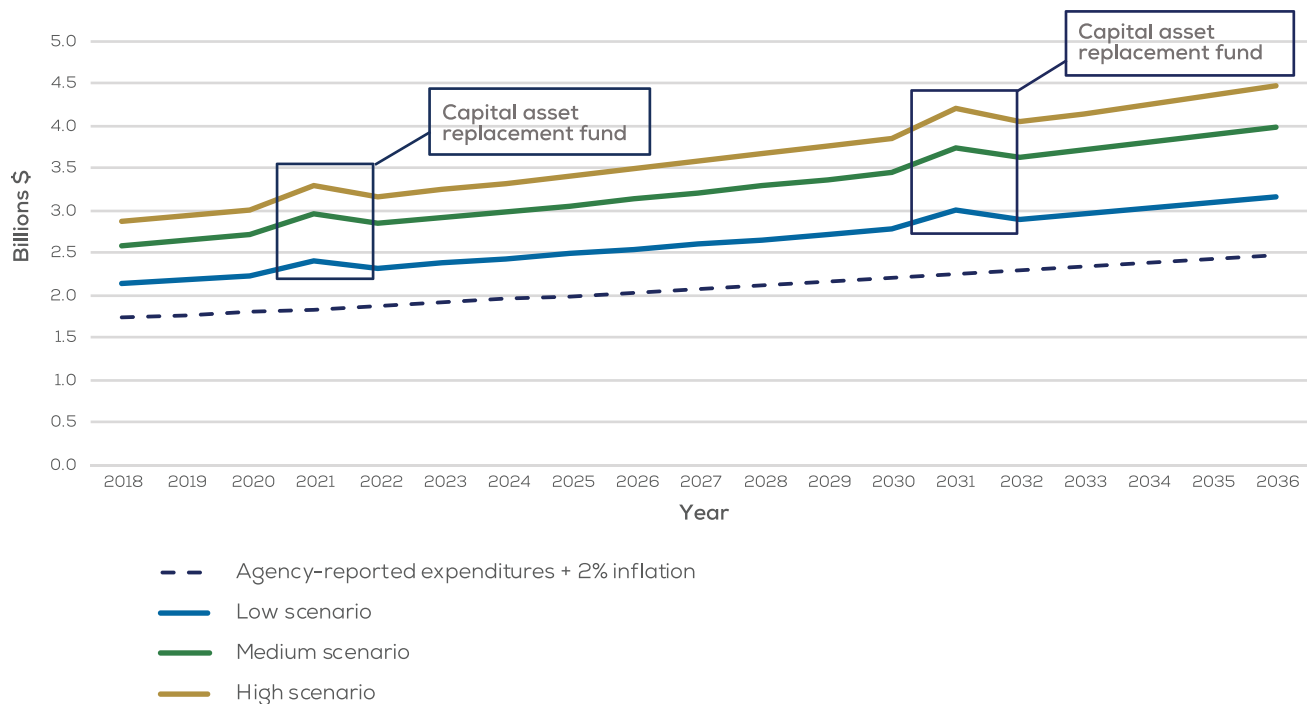
To model the funding approach, three scenarios are proposed, based on low, medium and high points in the ranges associated to each of the cost factors (Figure 4).

FIGURE 4: Cost estimate overview of the proposed funding approach.



The proposed funding approach represents an increase in overall system costs between \$437M and \$1.25B in 2021, depending on the selected scenario, plus capital asset replacement fund investments (Figure 5).

FIGURE 5: Total estimated system costs (low, medium and high scenarios), 2018–2036 (with Statistics Canada’s constant population scenario and 2% inflation).



The performance framework and funding approach are directionally consistent with the Act, seek to address CHRT findings, and propose a way forward focused on the well-being of First Nations children, families, and communities.

Challenges

Change is difficult. Transitioning to a bottom-up funding approach and performance framework informed by the lived realities of First Nations children, families and communities will impact existing practices. It will take great effort to shift the system from one focused on protection to one focused on well-being, which includes child safety. This transition from a protection-based fee-for-service model to a block funding approach that supports both protection and prevention will require a new system structure, a results-focused performance framework, and related governance practices.

Data availability, access, and collection will take time to develop. There will be challenges along the way. Shifting from the current to future state system will require an openness to collaboration, in-course adjustments, unforeseen challenges, data-driven approaches, and learning.

To support the transition from the current to future state, a First Nations-led secretariat is proposed. With a dual mandate to support data collection and analysis and operations, the secretariat will be a resource for FNCFS agencies and First Nations.

Resourcing for substantive equality in outcomes will require investment. The new funding and performance architectures represent fundamental changes to the way FNCFS is funded, as well as its accounting for results through the Measuring to Thrive framework, and accountability is reoriented to a dual dynamic between ISC and FNCFS agencies and First Nations.

Recommendations

Pursuant to the findings in this report, the following four recommendations are made:

- 1.** Adopt a results framework for the well-being of children, families, and communities, such as the Measuring to Thrive framework.
- 2.** Budget for results with a block funding approach that addresses gaps and is linked to the results framework.
 - a.** Undertake a full assessment of current capital stock.
- 3.** Establish a non-political First Nations policy and practice secretariat to support First Nations and FNCFS agencies to transition to First Nations governance.
- 4.** Establish a group of FNCFS agencies and First Nations willing to be early adopters of the new performance and funding approach to model implementation.

Introduction

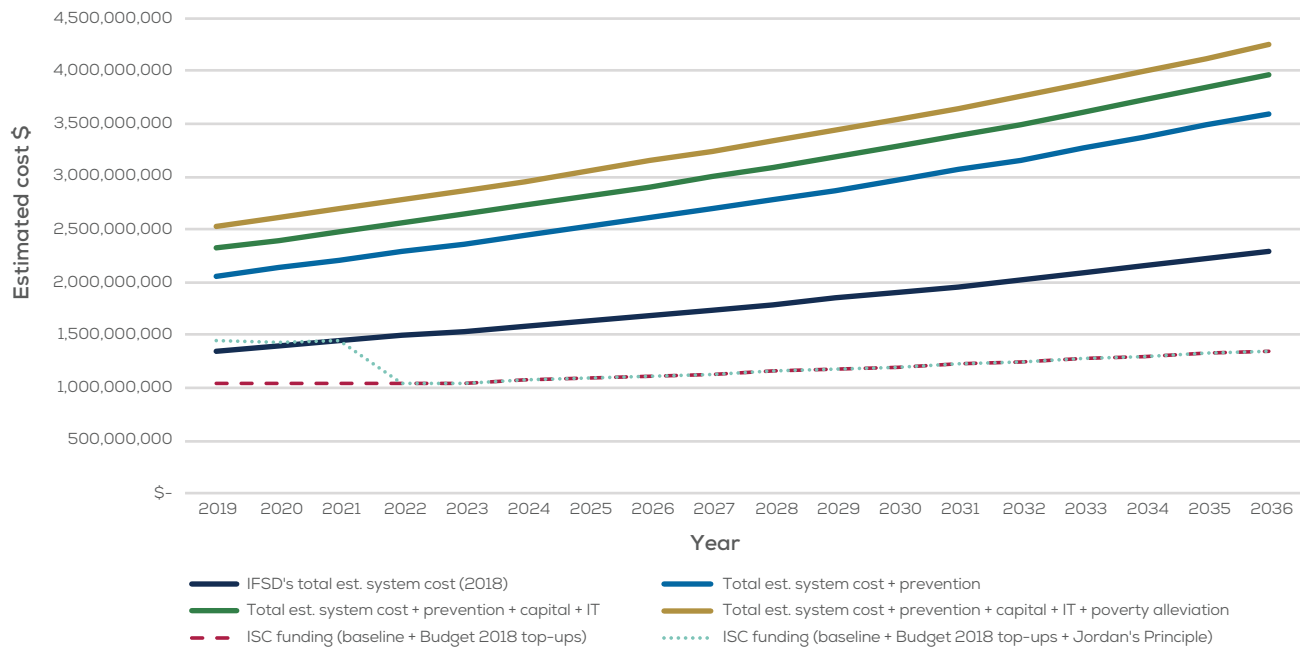
Context

With the endorsement of the National Advisory Committee (NAC), the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa was asked by the Assembly of First Nations (AFN) and the Caring Society to define a **funding approach** and **performance measurement framework** for First Nations child and family services, with funding support from Indigenous Services Canada (ISC).

This report (Phase 2) builds on the findings and recommendations of IFSD's Phase 1 report, *Enabling First Nations Children to Thrive*. Accepted by NAC in February 2019, the Phase 1 report was produced as a response to Canadian Human Rights Tribunal (CHRT) (2018) orders 408, 418 and 421, related to the discriminatory funding approach applied by Canada for First Nations child and family services (FNCFS) agencies. The report highlighted funding shortfalls in prevention, capital and IT, as well as contextual and funding structure challenges.

With the participation of 76% of FNCFS agencies, IFSD was able to construct a bottom-up portrait of expenditures, expenditure relationships, and gaps in FNCFS agency operating budgets. The representative data sample demonstrated a near perfect correlation between the number of children in care and the size of an agency's total budget. The existing funding structure has shaped the system. Funding is principally linked to protective services (with exception to the supplementary CHRT-mandated funding). The strength of the relationship between the number of children in care and agency budgets made it a reliable means of estimating the total cost of the FNCFS system, based on the average annual cost of a child in care estimated at \$63,000. The total system cost was estimated and projected out to 2036, with various combinations of assumptions (see Figure 6).

FIGURE 6: Phase 1 First Nations child and family services cost estimate scenarios.



The data suggested that expenditure patterns did not follow provincial lines, and that spending, and outcomes were not meaningfully shaped by funding formulas. The characteristic that most shaped agency expenditures was the year-round road accessibility of the First Nations served by the agency. If an agency served at least one First Nation without year-round road access, its budget was twice that of its peers, and travel costs were five times as high.

Phase 1 analysis developed the first known national baselines of the FNCFS program through agencies' actual expenditures.

Using the baselines from Phase 1, this report proposes an alternative funding structure and performance framework to redefine FNCFS through holistic well-being. IFSD's role was to find the optimal and sustainable combination of inputs and outputs to deliver desired outcomes. This required contributions from FNCFS agencies and experts, First Nations, and other data and analysis.

The purpose of this project is to present stakeholders with a funding **structure**; a means of developing **evidence** to understand the well-being of First Nations children, families and communities; and a range of scenarios to **cost** the proposed approach. There are four parts to the Phase 2 project:

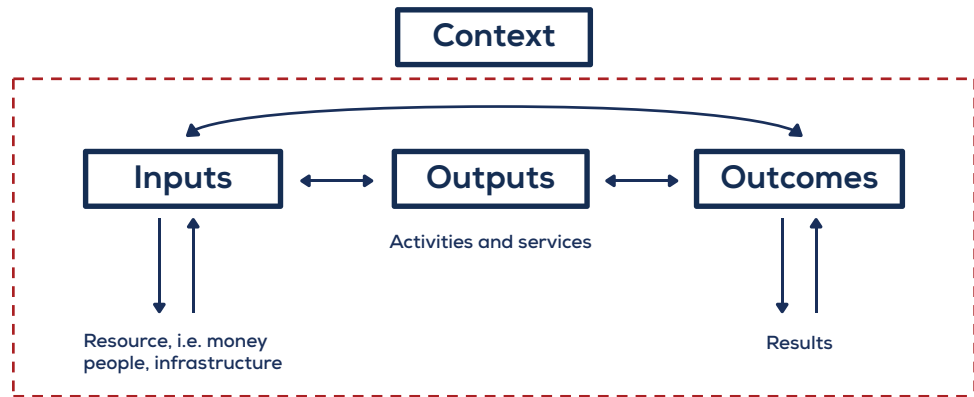
- 1. Expenditure analysis and funding impacts:** Defining the existing baseline of FNCFS program allocations, expenditures and their impacts, including CHRT-mandated funding.
- 2. Performance framework:** Defining a measurable future state from which to build a funding approach for thriving children.
- 3. Funding approaches:** Identifying and analyzing approaches to funding that support improved outcomes for children.
- 4. Transition plan:** Defining approaches and considerations in moving to a new system of performance and funding focused on thriving children.

This work was undertaken with consideration of a changing federal context. The pre-amble of *An Act respecting First Nations, Inuit and Métis children, youth and families* commits the federal government to “engaging with Indigenous peoples and provincial governments to support a comprehensive reform of child and family services that are provided in relation to Indigenous children”. There is an opportunity to leverage these legislative commitments to reset the course on FNCFS, reorienting funding and performance to a holistic vision of well-being.

The proposed funding approach responds to the requirement in the Act to determine fiscal arrangements that address long-term positive outcomes, substantive equality, and needs. Designed and built from the bottom-up, this funding approach and performance measurement framework capture a critical mix of resources and structures for thriving First Nation children, families, and communities, as expressed by those working and living in communities.

Effective program design, implementation, and delivery requires an explicit connection among resources (inputs), activities (outputs) and results (outcomes). This is a complex undertaking that required data, contributions from FNCFS agencies and other experts, as well as cost-benefit analysis. Changes in inputs will translate into changes in activities with impacts on results (all informed by context) (Figure 7). The challenge is optimizing inputs and activities for sustainable, positive results. More inputs do not automatically translate into better outcomes.

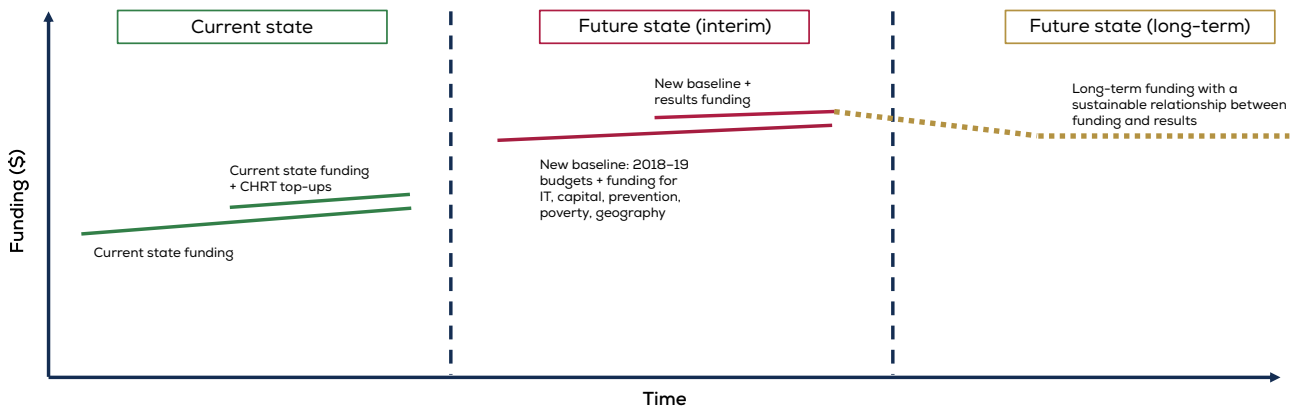
FIGURE 7: Standard performance framework overview.



This work is about changing the funding structure (*how money moves*), aligning performance measurement to desired outcomes (*evidence for decision-making*) and supporting the change through governance (*operational support and accountability*), to support well-being.

In the short-term, the approach requires an increase and redirection of resources to prevention and well-being services. It does not mean reducing the need for child and family services and protective services. Over the long-term, it is expected that the relationship between spending and results will change, with less investment generating positive, more sustainable outcomes (see Figure 8).

FIGURE 8: Modelling an adjustment to current state funding to achieve long-term goals, with a sustainable relationship between funding and results.



Our approach

IFSD's approach to this project is collaborative and informed by OCAP® principles. As an affiliate of the University of Ottawa, IFSD is guided by ethical research guidelines respecting Indigenous Peoples and complies with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans in all of its work.

This report and its findings are informed by the contributions of FNCFS agencies, First Nations, experts, and secondary sources of data. Twelve in-depth case studies, a survey on FNCFS expenditures, three expert roundtables, and supplementary research and analysis form the foundation of this work.

As is its usual practice, IFSD updated its stakeholders monthly on the project's progress with email notices and full updates posted to the FNCFS project website.⁵

All information shared during this project has the consent and participation of participating FNCFS agencies and communities. Any financial data shared through the FNCFS survey has been aggregated and anonymized to protect the privacy of agencies and the communities they serve. In addition to its regular updates to NAC and monthly updates to stakeholders, IFSD participated in joint update meetings with AFN, Caring Society and ISC.

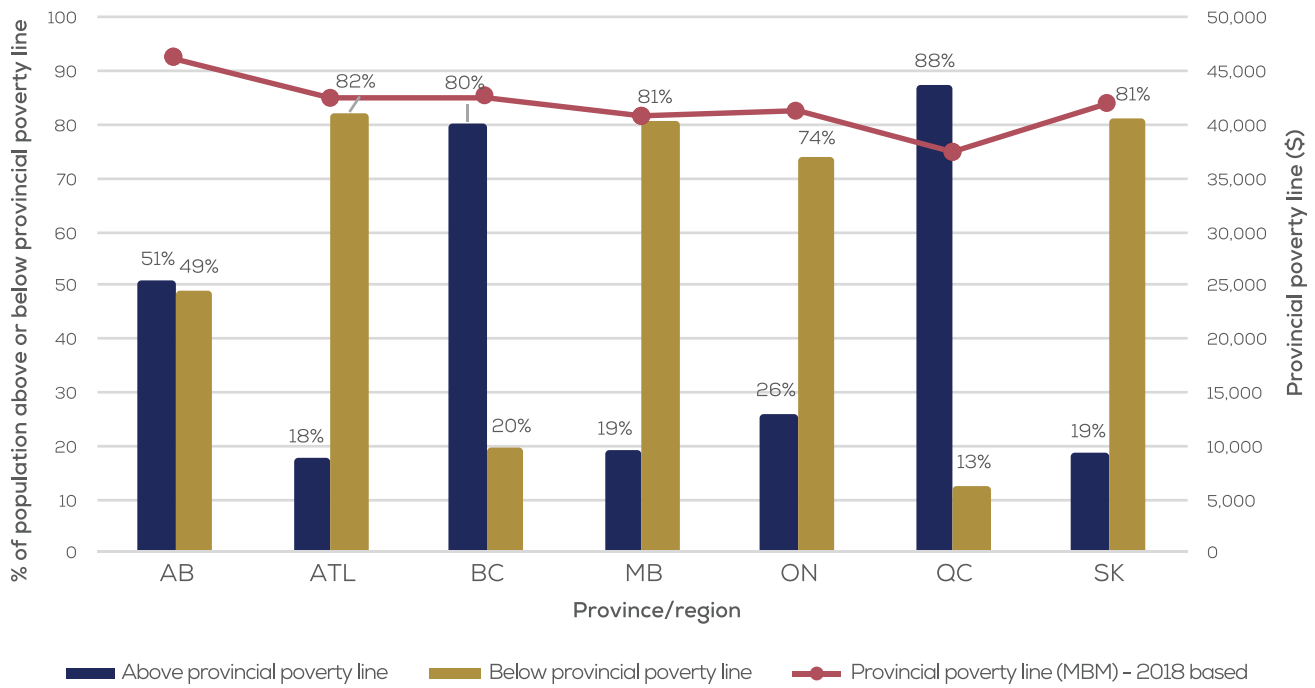
The current state

Supporting the well-being of First Nations children, families, and communities is the principal goal of this work. The current state is a challenging one.

The majority (60%) of First Nations on-reserve have total median household incomes below their respective provincial poverty lines (see Figure 9 and [Appendix A](#)).

⁵ FNCFS project website: www.ifsd.ca/fncfs.

FIGURE 9: Total median household incomes on-reserve, relative to provincial poverty lines (n=591).



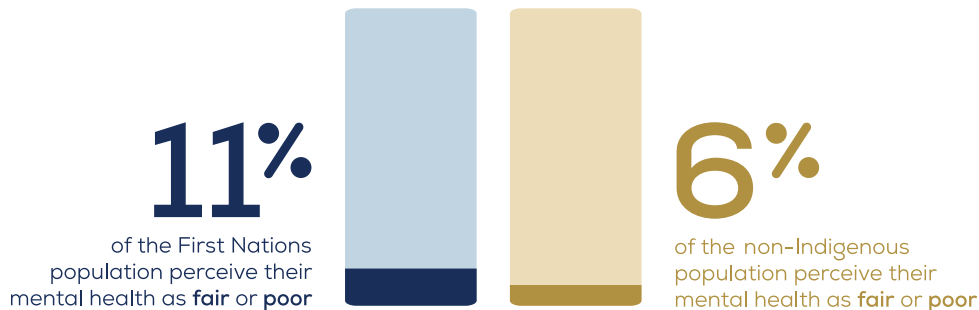
Source: Statistics Canada, 2016 Census and “Report on the second comprehensive review of the Market Basket Measure.”

First Nations report poorer perceived mental and physical health than the non-Indigenous population (see Figures 10A and 10B and [Appendix B](#)).

FIGURE 10A: Disparity in perceived health between First Nations peoples and the non-Indigenous population in Canada (age-standardized rate, 2011–2014).



FIGURE 10B: Disparity in perceived mental health between First Nations peoples and the non-Indigenous population in Canada (age-standardized rate, 2011–2014).



Source: Statistics Canada, Table: 13-10-0099-01 Health indicator profile, by Aboriginal identity and sex, age-standardized rate, four year estimates.

Nearly three-quarters of dwellings on-reserve are in need of repair (see Figure 11 and [Appendix C](#)).

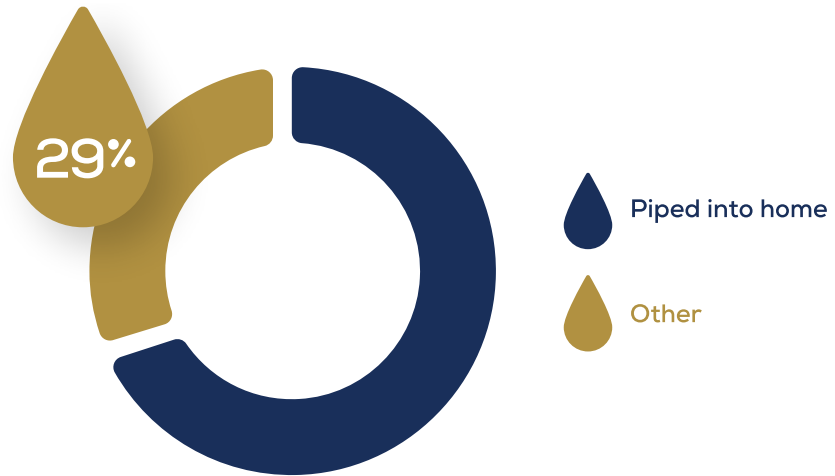
FIGURE 11: Statistics Canada estimates of dwellings in need of repair (Census 2016).



Source: Statistics Canada, 2016 Census, Catalogue no. 98-400-X2016164.

Twenty-nine percent of First Nations do not have water piped to their households (see Figure 12 and [Appendix D](#)).

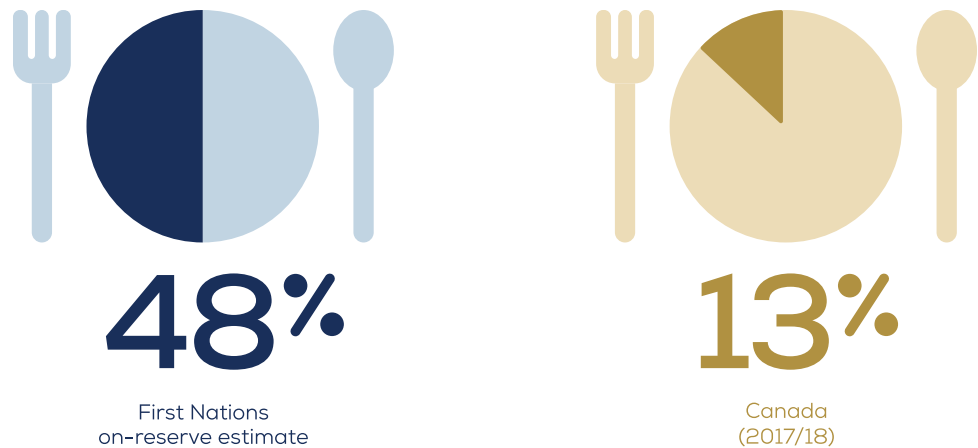
FIGURE 12: Regional Health Survey estimates of main water supply in First Nations households (RHS 2015–2016).



Source: First Nations Information Governance Centre (FNIGC), “National Report of the First Nations Regional Health Survey Phase 3: Volume One,” (March 2018): 32.

Nearly 50% of First Nations on-reserve report food insecurity (see Figure 13 and [Appendix E](#)).

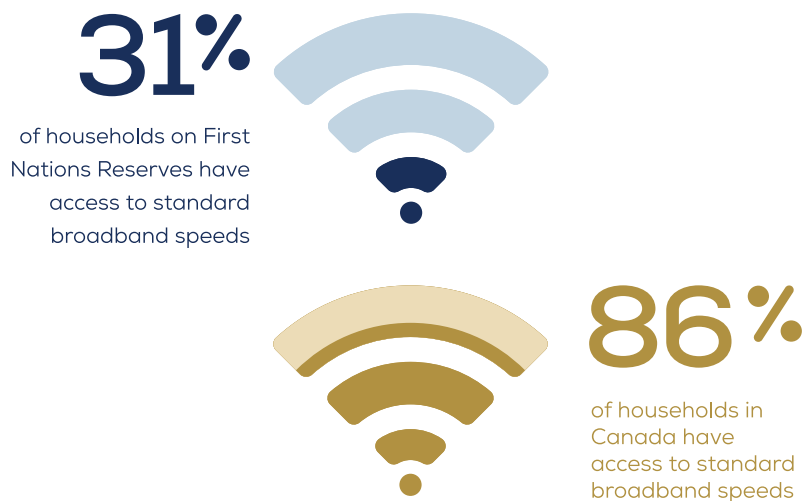
FIGURE 13: FNFNES and Statistics Canada estimates of prevalence of food insecurity.



Sources: First Nations on-reserve estimate: First Nations Food, Nutrition and Environment Study (FNFNES), November 2019, “Draft Comprehensive Technical Report”; Canada: Statistics Canada, Household food security by living arrangement, Table 13-10-0385-01.

Nationally, less than one-third (31%) of households on-reserve have access to standard broadband speeds (see Figure 14 and [Appendix F](#)).

FIGURE 14: Percentage of households with access to government-standard broadband speeds (50/10/unlimited).

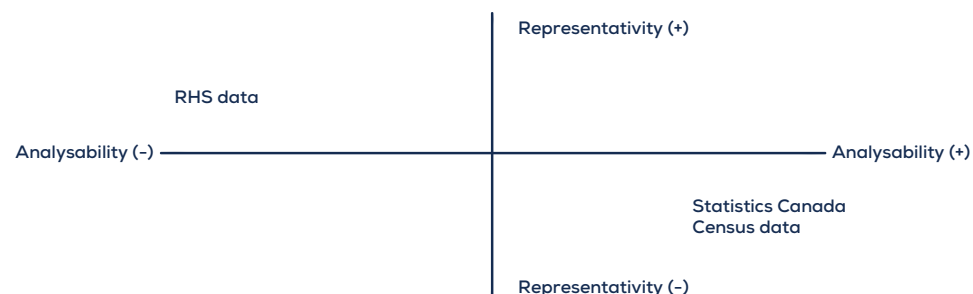


Source: Canadian Radio-television and Telecommunications Commission, “Communications Monitoring Report 2019.”

These characteristics indicate an inequitable point of departure for many First Nations living on-reserve. Service gaps and a reduced network of voluntary supports can compound impacts (see [Appendix G](#)). The holistic well-being of First Nations children and families means also supporting the well-being of communities.

There are limitations in availability and granularity of data consistently available for First Nations communities. There are existing gaps in data. Publicly accessible data tends to be available (e.g. housing, access to potable water, broadband access, etc.) but aggregated, which limits its applicability for decision-support in specific domains. Granular data may be available at the level of the individual agency or First Nation, but is not always readily available, comparable or consistently captured (i.e. loss of time series) (see Figure 15).

FIGURE 15: Representativity and analyzability of data sources.



The cost of doing nothing

First Nations child and family services (FNCFS) do not exist in a vacuum. Programs and services are delivered in often complex environments, with the realities of poverty and intergenerational trauma impacting approaches and results. To promote the well-being of children, families, and communities, a holistic approach is needed. This approach is different than the protection-focused system currently in place.

The most commonly cited source of contact for Indigenous children is neglect.⁶ Neglect is often connected to contextual risks, e.g. poverty, limited housing, etc. that can be mitigated. These risks should be mitigated for good reason. Phase 1 of IFSD's research, *Enabling First Nations Children to Thrive*, found that children in care (CIC) is an exceedingly strong predictor of agency budget and overall system cost. Contact with the protection system is known to increase lifelong vulnerabilities for individuals, with broader societal implications. The Midwest Study (United States) has demonstrated that former foster care youth have worse outcomes in nearly every measured outcome (when compared to youth without contact with the foster system), including a higher likelihood of experiencing homelessness; higher levels of unemployment; a higher likelihood of incarceration; higher rates of mental and physical illness; as well as hampered educational attainment.⁷

A child's contact with the protection system has long-term consequences and increases their likelihood of interacting with social services such as the welfare system, the criminal justice system etc. later in life. These systems are corrective measures, often addressing downstream effects of risks that had the potential for mitigation. Independently costly to run, these systems are designed as final backstops to social challenges rather than addressing the *causes of the causes*. The current system invests in reactionary measures rather than proactive ones, that ends up being more costly and less effective.

When the potential downstream costs associated with a child's contact with the protection system, the true costs extend beyond the singular child to issues such as homelessness, incarceration, substance misuse, etc. Mitigating the risks associated to protection can have longer-term benefits to the individual and their community. The cost of staying the

⁶ Nico Trocmé et al., "Differentiating Between Child Protection and Family Support in the Canadian Child Welfare System's Response to Intimate Partner Violence, Corporal Punishment, and Child Neglect," *Int J of Psychology* 48, no. 2, (2013): 130-131.

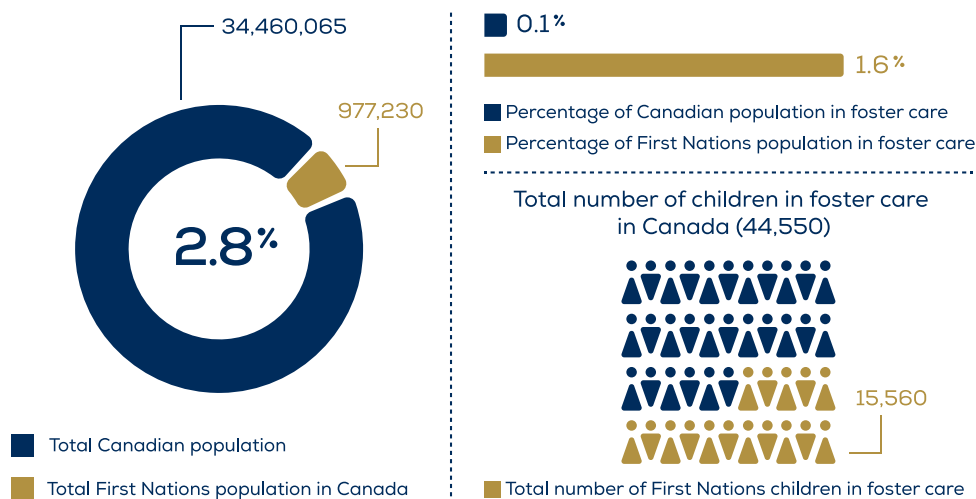
⁷ Mark E. Courtney et al., "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26," (Chicago, IL: Chapin Hall at the University of Chicago, 2011): 1-117; James Heckman, "There's more to gain by taking a comprehensive approach to early childhood development," *The Heckman Equation*, (2016).

course is higher fiscally and socially than reducing risk factors through targeted interventions in the early years of a child’s life.

Costs associated to contact with the protection system are not all linear. Based on existing research (see Figure 17), inferences of costs associated to contact with protective services (across the general population on an annual basis) include: direct costs (of operating the FNCFS system) and indirect costs (downstream challenges associated to contact with the protection system), and potential cost avoidances (costs that could be mitigated by addressing inequitable points of departure in many First Nation communities). This is an illustration and not meant to be an exhaustive list of associated costs. Nor is this meant to represent the experiences of all First Nations children in contact with the protection system. The general case is represented, based on existing research that suggests the costs and challenges associated to protection can be substantive for individuals and communities.

First Nations represent approximately 3% of Canada’s total population but make up 1.6% of all children in care (relative to 0.1% of the general population). First Nations children are overrepresented relative to their demographic weight of the population (Figure 16).

FIGURE 16: Statistics Canada’s estimates of First Nations children in care.

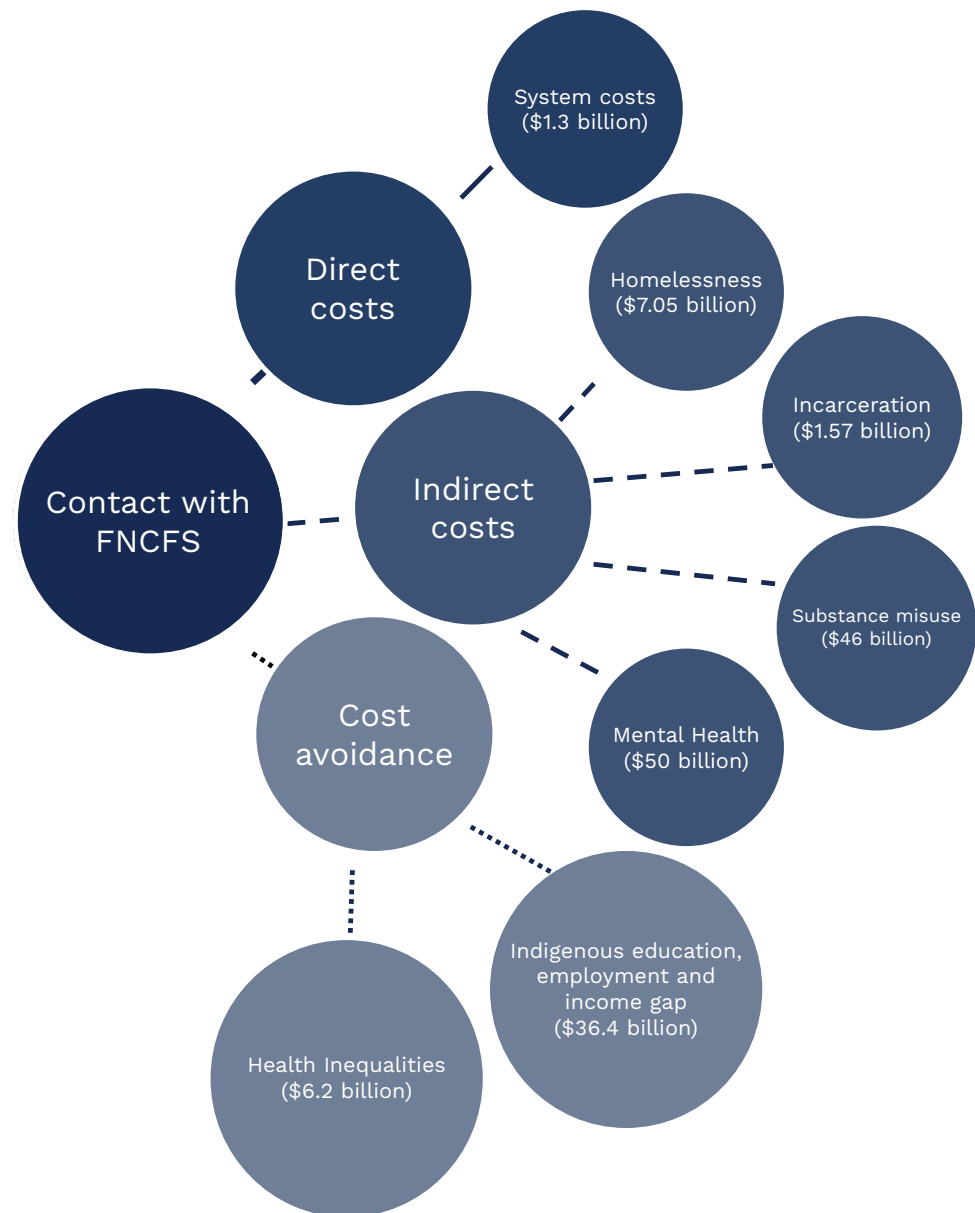


Source: Statistics Canada, “Data Products, 2016 Census,” January 3, 2018.

A FNCFS system that emphasizes the well-being of children, families and communities would invest early to mitigate risks rather than paying for corrective measures later on. The costs of inaction can be summarized in four categories: 1) Homelessness and Socio-Economic Health Disparities; 2) Mental Health Issues and Substance Misuse; 3) Contact with corrective services/incarceration; and 4) Educational attainment and lost opportunity costs (Table 3).

The current FNCFS system is largely driven by protection and maintenance, where service providers are reimbursed in a fee-for-service model. The model restricts funding uses, often beyond costs associated to the delivery of protective services. Relying solely on protective services drives a range of costs that are direct, indirect, and avoidance in nature. Agency professionals have long recognized this challenge and seek ways of working around the system to deliver needed programming on the ground that mitigates risk for children.

FIGURE 17: Inferred annual costs associated with contact with the protection system across the general population.⁸



There are known prevention-focused models that emphasize early intervention that suggest upfront investment yields better results over the long-term. Realizing the financial savings to the public treasury would require a shift from the current protection-based approach to one that is focused on well-being. This would require a fundamental change in program goals/orientation and in funding approach. However, such a change would enable communities and service providers to redirect funding to address the root causes of a child's contact with protective services.

The CHRT rulings and *An Act respecting First Nations, Inuit and Métis children, youth and families*, provide an important opportunity to reset a system that has neglected, disadvantaged and discriminated against children for decades. An approach that aims to realize better outcomes for children and families does not eliminate the need for protective services, but rather, shifts (and enhances) resources and program activities towards the root causes of contact with the protection system. Children, their families and the nation's public finances would all be beneficiaries of this fundamental change in strategy.

⁸ System costs: IFSD, "Enabling First Nations Children to Thrive," (2018): 9.

Homelessness: Canadian Alliance to End Homelessness, "The State of Homelessness in Canada 2016," Canadian Observatory on Homelessness Press, Paper #12, (2016): 60.

Incarceration: Office of the Parliamentary Budget Officer, "Update on Costs of Incarceration," Government of Canada, (2018): 7.

Substance misuse: Canadian Center on Substance Use and Addiction & University of Victoria, "Canadian Substance Use Costs and Harms 2015-2017," (2020): 1-4.

Mental health: Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada," (2013): 1.

Indigenous education, employment and income gap: Social Determinants Science Integration Directorate Public Health Agency of Canada, "The Direct Economic Burden of Socioeconomic Health Inequalities in Canada: An Analysis of Health Care Costs by Income Level," Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice 36, no. 6 (2016).

Health inequalities: Diana Kulik et al., "Homeless youth's overwhelming health burden—A review of the literature," Paediatric Child Health 16, no. 6, (2011): 44.

TABLE 3: Downstream costs associated to contact with the protection system.

Social challenges	Disproportionate impact of the social challenge within Indigenous communities	Relationship between social challenge and child welfare services	Overall magnitude of the problem and associated costs in Canada
<p>Homelessness and Socio-Economic Health Disparities</p>	<ul style="list-style-type: none"> Indigenous Peoples account for 28–34% of the homeless population, compared to their demographic weight of 4.3% of the general population.⁹ Indigenous peoples use emergency shelters at a rate 11x higher than non-Indigenous peoples.¹⁰ 	<ul style="list-style-type: none"> In North America, homeless individuals are between 10–40 times more likely to have been involved with child welfare services (CWS).¹¹ A 2017 study published by the Canadian Observatory on Homelessness found that almost 60% of youth who had experienced homelessness had been in contact with child protection services during their lives. Thus, “youth experiencing homelessness are 193 times more likely to have been involved with the CWS than the general public.”¹² A study of homeless youth in BC reported that 46% of all participants and 70% of Indigenous participants had been a part of the CWS.¹³ Furthermore, those that are more likely to experience early vs late onset of homelessness (before 25) are more likely to be Indigenous, have not finished high school and had been involved in the CWS. Without a Home study uncovered that while a high percentage of youth first became homelessness before they were 16 (40%), young people with a history of being in foster care or group homes were almost twice as likely to experience early homelessness as those who were not in care (52.5% vs. 27%).¹⁴ Many of the Midwest Study (United States) participants (individuals who had previously interacted with the foster care system) at age 26 still experienced repeated episodes of homelessness (14.5%) or couch surfing (24.5%); 35% of participants who reported couch surfing, reported at least four episodes. Further, one third of the young adults who had been homeless had been homeless for at least a month.¹⁵ 	<ul style="list-style-type: none"> Over 235,000 Canadians experience homelessness, and on any given night there are 35,000 who are homeless.¹⁶ In 2013, the estimated cost of homelessness in Canada was \$7.05 billion.¹⁷ The average monthly cost of housing someone in a shelter bed was \$1,932.¹⁸ In a Canadian study, it was found that homeless populations visit the emergency department on average 2.1 times per year for an annual cost of \$1,464 per person. Comparatively, the cost for the non-homeless population was 13% the cost for homeless participants. Further, when admitted to the hospital the annual cost of hospitalization for homeless persons was \$2,495 per year, as compared to \$524 per year for the housed population.¹⁹ In 2005, 74% of homeless youth in BC reported having at least one chronic medical condition.²⁰ A Canadian study showed that 22.9% of prisoners were homeless at the time of being incarcerated. Furthermore, there is a high likelihood of becoming homeless following discharge (32.2% of respondents).²¹ Examining the annual cost homeless people with mental illnesses generate for society, a study found that (excluding medications) the costs per person were \$56,000 per year in Canada’s 3 largest cities, and approximately \$30 000 in smaller cities like Moncton, New Brunswick.²² Socio-economic health inequalities carry a heavy economic burden estimated at least \$6.2 billion annually. Further, Canadians in the lowest income group account for 60% of this cost (\$3.7 billion).²³

Footnotes for table can be found on page 18

Social challenges	Disproportionate impact of the social challenge within Indigenous communities	Relationship between social challenge and child welfare services	Overall magnitude of the problem and associated costs in Canada
<p>Mental Health Issues and Substance Misuse</p>	<ul style="list-style-type: none"> ■ Due to contextual factors, including colonialism and more difficult access to health services, First Nations and Inuit communities experience significantly higher rates of mental health challenges as compared to the general population.²⁴ ■ Much of the data analysis has focused on the higher rates of suicide within the Indigenous population. ■ Statistics Canada found that between 2011 and 2016, the suicide rate among First Nations people was three times higher than among the non-Indigenous population. Furthermore, the suicide rate was around twice as high for First Nations people living on reserve than among those living off reserve.²⁵ ■ Among Indigenous peoples, suicide rates and disparities were highest for youth and young adults (15–24 years).²⁶ ■ In 2017, the House of Commons Standing Committee on Indigenous and Northern Affairs found that levels of psychological distress for First Nations adults living on reserve is generally higher than the general Canadian population (40% as compared to 33%).²⁷ 	<ul style="list-style-type: none"> ■ When looking specifically at young Indigenous people who struggle with addiction, a study of two cities in BC found that 65% of the youth had been involved in the CWS, and that many of these individuals experienced negative health outcomes.²⁸ 	<ul style="list-style-type: none"> ■ A 2020 study by the Mental Health Commission of Canada found that the cost from mental health problems and illnesses to the Canadian economy is at least \$50 billion per year.²⁹ ■ Estimated cost of substance abuse in Canada in 2017 was \$46.0 billion; lost productivity costs accounted for \$20.0 billion, health care costs accounted for \$13.1 billion, criminal justice costs accounted for \$9.2 billion and other direct costs accounted for \$3.6 billion.³⁰

Footnotes for table can be found on page 18

Social challenges	Disproportionate impact of the social challenge within Indigenous communities	Relationship between social challenge and child welfare services	Overall magnitude of the problem and associated costs in Canada
<p>Contact with corrective services/incarceration</p> <ul style="list-style-type: none"> ■ In 2016, Indigenous peoples represented approximately 5% of the overall Canadian population, but 23.1% of the total offender population.³¹ ■ In 2019, Indigenous women accounted for 41.4% of all federally incarcerated women.³² ■ Since 2010, the population of white inmates has decreased by 23.5%, whereas the Indigenous population has increased by 52.1%.³³ ■ Research shows that Indigenous offenders are less likely to receive parole, and more likely to have parole revoked for minor infractions.³⁴ ■ Indigenous offenders account for a disproportionate number of self-inflicted injuries (52% of all incidents) and 39% of all incidents of attempted suicide over the past 10 years.³⁵ 	<ul style="list-style-type: none"> ■ A 2001 study conducted by the AFN, Correctional Service Canada and Department of Justice, demonstrated Aboriginal inmates had a more extensive history within the CWS. ■ The study found that 48% of Aboriginal inmates were placed for adoption by the province (relative to 11% of non-Indigenous inmates), further, 82% of Indigenous inmates were placed in foster care (relative to 63% of non-Indigenous inmates).³⁶ ■ The cyclical nature of involvement in these systems is highlighted by a study of gang affiliation which found that a key pathway into gang life is multiple out-of-home placements in child welfare and correctional facilities. Of 41 youth in the Prince Albert gang project, 31 had spent most of their childhood and adolescence in child welfare and youth justice facilities.³⁷ 	<ul style="list-style-type: none"> ■ The average cost of incarceration per inmate in 2016–2017 was \$114,587/year or \$314/day (96% of costs are associated with custody).³⁸ ■ The total operating expenses associated with custody in 2016–2017 was \$1.57 billion.³⁹ 	

Footnotes for table can be found on page 18

Social challenges Educational attainment and lost opportunity costs	Disproportionate impact of the social challenge within Indigenous communities	Relationship between social challenge and child welfare services	Overall magnitude of the problem and associated costs in Canada
<ul style="list-style-type: none"> Based on the 2016 census, 92% of non-Indigenous young adults (20–24) have at least a high school certificate; 75% of First Nations adults living off reserve have completed high school; and 48% of First Nations young adults living on reserve have completed high school.⁴⁰ A pilot microsimulation study done in collaboration of the Canadian Centre for Statistics and Statistics Canada demonstrated that by eliminating the education gap between Indigenous and non-Indigenous people in Saskatchewan, one could reduce the number of people who come into contact with the criminal justice system. They found that if the current educational attainment gap is left unaddressed the number of contacts with police would increase by 27% between 2011 and 2036 (this would result from a 58% increase in the number of Indigenous peoples coming into contact with the police, and a 14% decrease in non-Indigenous populations contact with the police). However, a 25% progressive reduction in the education gap between 2011 and 2036 would result in only a 25% increase in the number of people coming into contact with police; a 50% progressive reduction would result in a 22% increase; and a 100% progressive reduction would result in a 17% increase.⁴¹ 	<ul style="list-style-type: none"> A study in BC suggested that only 51% of youth in care graduated six years after starting grade 8, compared to 89% of the general population of youth. The educational attainment gaps persisted in Midwest study participants, even at the age of 26. When compared to data from the National Longitudinal Study of Adolescent Health (Add Health), Midwest Study (United States) participants were three times more likely to not have a high school diploma or GED. Add Health participants were also six times more likely to have a post-secondary degree, and nine times more likely to have a degree from a four-year school.⁴² Furthermore, at age 26, only 46% of Midwest study participants were currently employed, compared to 80% of the Add Health study participants.⁴³ Of Midwest Study participants who did have employment income, the median annual earnings of their group were over \$18,000 lower than the Add Health peers.⁴⁴ 	<ul style="list-style-type: none"> A report by the Centre for the Study of Living Standards estimated, if the Indigenous education attainment gap and related gaps for employment rates and income by level of employment were closed, Canada's GDP would be \$36.4 billion greater.⁴⁵ 	

Footnotes for table can be found on page 18

FOOTNOTES FOR TABLE 3

- ⁹ ESDCS, 2016 cited in Stephen Gaetz, et al., “The State of Homelessness in Canada 2016,” *Canadian Observatory on Homelessness Press*, Paper #12, (2016): 50.
- ¹⁰ Nick Falvo, “The Use of Homeless Shelters by Indigenous Peoples in Canada,” *Homeless Hub*, November 28, 2019, <https://www.homelesshub.ca/blog/use-homeless-shelters-indigenous-peoples-canada>.
- ¹¹ Reinhard Krausz, “British Columbia Health of the Homeless Survey Report,” University of British Columbia, (2011): 42.
- ¹² Naomi Nichols et al., “Child Welfare and Youth Homelessness in Canada: A Proposal for Action,” Toronto: *Canadian Observatory on Homelessness Press*, (2017): 3.
- ¹³ Reinhard Krausz, “British Columbia Health of the Homeless Survey Report,” University of British Columbia, (2011): 42.
- ¹⁴ Naomi Nichols et al., “Child Welfare and Youth Homelessness in Canada: A Proposal for Action,” *Canadian Observatory on Homelessness Press*, (Toronto, 2017): 16.
- ¹⁵ Mark E. Courtney et al., “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26,” (Chicago, IL: Chapin Hall at the University of Chicago, 2011): 12.
- ¹⁶ CMHA, “New study highlights cost of homelessness,” last updated August 11, 2017, <https://ontario.cmha.ca/news/new-study-highlights-cost-of-homelessness/>.
- ¹⁷ Stephen Gaetz, Erin Dej, Tim Richter and Melanie Redman,, “The State of Homelessness in Canada 2016,” *Canadian Observatory on Homelessness Press*, Paper #12, (2016): 60.
- ¹⁸ Stephen Gaetz, Jesse Donaldson, Tim Richter, and Tanya Gulliver, “The State of Homelessness in Canada 2013,” *Canadian Observatory on Homelessness Press*, Paper #4, (2013): 32.
- ¹⁹ Stephen Gaetz, “The Real Cost of Homelessness,” *The Canadian Homelessness Research Network Press*, (2012): 9.
- ²⁰ Diana Kulik et al., “Homeless youth’s overwhelming health burden—A review of the literature,” *Paediatric Child Health* 16, no. 6, (2011): 44.
- ²¹ Kellen et al., cited in Stephen Gaetz, “The Real Cost of Homelessness,” *The Canadian Homelessness Research Network Press*, (2012): 10.
- ²² E. Latimer et al., “Costs of service for homeless people with mental illness in 5 Canadian cities: a large prospective follow-up study,” *CMAJ Open* 5:3, 2017: 576–585.
- ²³ Public Health Agency of Canada, Social Determinants and Science Integration Directorate, “The Direct Economic Burden of Socioeconomic Health Inequalities in Canada: An Analysis of Health Care Costs by Income Level,” *Health Promotion and Chronic Disease Prevention in Canada*, 36:6, (June 2016): 118.
- ²⁴ Norah Kiellan and Tonina Simeone, “Current Issues in Mental Health in Canada: The Mental Health of First Nations and Inuit Communities,” *The Library of Parliament*, (January 2014): 5.
- ²⁵ Statistics Canada, “Suicide among First Nations people, Métis and Inuit (2011–2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC),” *The Daily*, June 28, 2019, <https://www150.statcan.gc.ca/n1/daily-quotidien/190628/dq190628c-eng.htm>.
- ²⁶ Statistics Canada, “Suicide among First Nations people, Métis and Inuit (2011–2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC),” *The Daily*, June 28, 2019, <https://www150.statcan.gc.ca/n1/daily-quotidien/190628/dq190628c-eng.htm>.
- ²⁷ Standing Committee on Indigenous and Northern Affairs, “Breaking Point: Suicide Crisis in Indigenous Communities,” *House of Commons Canada*, (June 2017): 28.
- ²⁸ Adam F. Clarkson et al., “The Cedar Project: Negative health outcomes associated with involvement in the child welfare system among young Indigenous people who use injection and non-injection drugs in two Canadian cities,” *Canadian Journal of Public Health* 106, no. 5, (October 2015): e265–e270.
- ²⁹ Mental Health Commission of Canada, “Making the Case for Investing in Mental Health in Canada,” (2013): 1.
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- ³¹ Office of the Correctional Investigator, “2018–2019: Annual Report,” (June 2019): 64.
- ³² Office of the Correctional Investigator, “2018–2019: Annual Report,” (June 2019): 64.

- ³³ Office of the Correctional Investigator, “2018–2019: Annual Report,” (June 2019): 65.
- ³⁴ Office of the Correctional Investigator, “2018–2019: Annual Report,” (June 2019): 65.
- ³⁵ Office of the Correctional Investigator, “2018–2019: Annual Report,” (June 2019): 65.
- ³⁶ Shelley Trevehan et al., “The Effect of Family Disruption on Aboriginal and Non-Aboriginal Inmates,” Assembly of First Nations, Correctional Service Canada & Department of Justice Canada, (2001): 21.
- ³⁷ Mark Totten, “Preventing Aboriginal Youth Gang Involvement in Canada: A Gendered Approach,” *Aboriginal Policy Research Consortium International* (2010): 262.
- ³⁸ Office of the Parliamentary Budget Officer, “Update on Costs of Incarceration,” *Government of Canada*, (2018): 1.
- ³⁹ Office of the Parliamentary Budget Officer, “Update on Costs of Incarceration,” *Government of Canada*, (2018): 7.
- ⁴⁰ John Richards, “Census 2016: Where is the discussion about Indigenous education?,” *The Globe and Mail*, December 13, 2017, <https://www.theglobeandmail.com/opinion/census-2016-where-is-the-discussion-about-indigenous-education/article3713434/>.
- ⁴¹ Yvan Clermont et al., “Future contacts with the criminal justice system in Saskatchewan: A microsimulation study,” *Statistics Canada*, September 19, 2019, <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00014-eng.htm>.
- ⁴² Mark Courtney et al., “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26,” (Chicago, IL: Chapin Hall at the University of Chicago, 2011): 20–21.
- ⁴³ Mark Courtney et al., “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26,” (Chicago, IL: Chapin Hall at the University of Chicago, 2011): 28.
- ⁴⁴ Mark Courtney et al., “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26,” (Chicago, IL: Chapin Hall at the University of Chicago, 2011): 36.
- ⁴⁵ Social Determinants Science Integration Directorate Public Health Agency of Canada, “The Direct Economic Burden of Socioeconomic Health Inequalities in Canada: An Analysis of Health Care Costs by Income Level,” *Health Promotion and Chronic Disease Prevention in Canada : Research, Policy and Practice* 36, no. 6 (2016).

Part I: Indigenous Services Canada (ISC) Expenditure and Outcome Analysis

Introduction

As part of the Phase 2 research project, IFSD asked ISC to provide historical information on resources, programming, and results associated to the department's mandate and functions. This request was made to establish an understanding of the current state of financial information, particularly as it related to results and outcomes for First Nations children, families, and communities. The analysis undertaken on this data was not designed to provide an assessment of the practices of ISC but rather to ensure that design considerations would be novel and additive and not simply replicate past practices.

Publicly available data, e.g. public accounts, estimates, on ISC's expenditures was aggregated and did not have the detail necessary for the intended portrait. Accordingly, a request for information was submitted to the Deputy Minister of ISC on August 26, 2019 ([Appendix H](#)). In September 2019, ISC provided a list of FNCFS agencies in a PDF document. IFSD worked with NAC regional representatives and phoned the agencies on the list to confirm they aligned to the desired sample population of agencies.⁴⁶ Certain agencies notified IFSD that they did not belong in the sample because they did not receive federal funding. The final sample was determined to be 112 FNCFS agencies.

The request for information submitted at the end of August 2019 remained outstanding in October 2019. The office of the Chief Financial, Results and Delivery Officer (CFRDO) assumed a coordinating role for the request in October 2019. IFSD and the CFRDO's team met on several occasions to ensure IFSD's request was clear and that the data would be fairly interpreted. With the CFRDO's office coordinating the request, an Information Sharing Agreement was developed and executed in March 2020, that covered elements such as privacy and data security. All outstanding data in IFSD's original request (if it was available) was transferred in March 2020 following the signature of the agreement.

ISC provided IFSD with spending information for fiscal years 2014–15 to 2018–19 and projected spending for fiscal years 2020–21 to 2022–23.

⁴⁶ In this project, agencies include both delegated and non-delegated agencies serving communities on First Nations reserves who receive federal funding for their protection and/or prevention activities. This excludes agencies that are exclusively provincially funded.

Comprehensive program expenditure and performance information were provided in machine readable format. The purpose of defining the current expenditure baseline was to connect resources with results, a purpose for which this data did not appear to be designed.

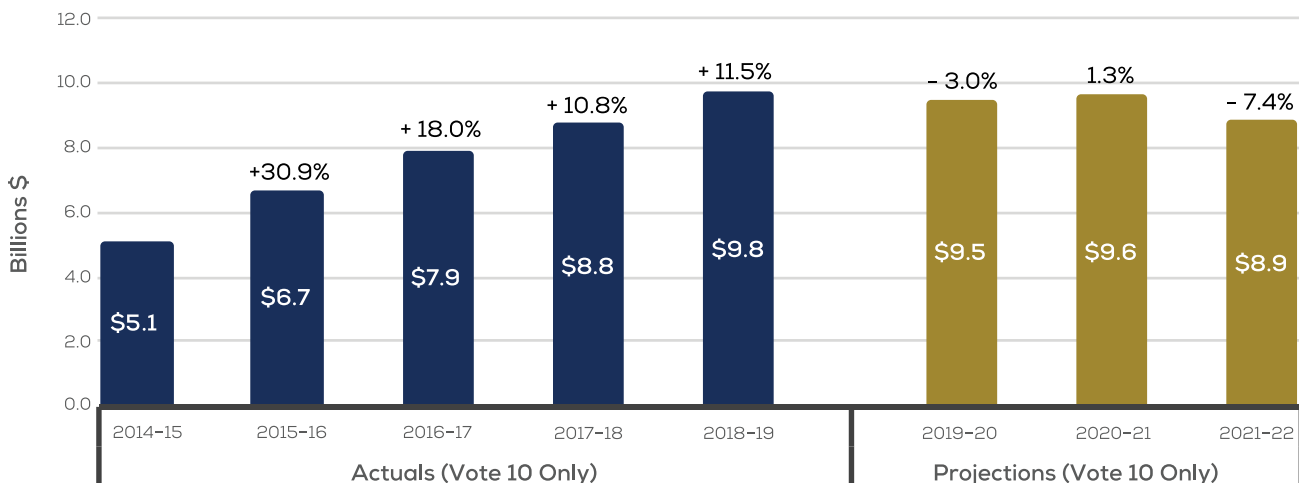
ISC's current expenditures

IFSD is accountable for analysis associated to ISC's data published in this report. All data provided by ISC is only shared in aggregate and non-identifiable formats. IFSD has taken its best efforts to consult with ISC for clarification and information associated to the data provided, as required.

Analysis of the data provided by ISC for fiscal years 2014–15 to 2018–19 is presented below by program, funding approach, and other clustering. Analysis of ISC expenditures on a per capita basis was not undertaken given that the expenditures could not be reconciled clearly to the population those dollars were intended to target. The data provides a baseline spending portrait to understand expenditure areas and the ways in which funding flows.

Since 2014–15, ISC's departmental spending⁴⁷ has increased. Prior to 2015, health and related funding resided outside of ISC (hence the approximately 31% increase in overall spending in 2015–16) (see Figure 18 and Figure 19). After 2019, overall expenditures are projected to decrease.

FIGURE 18: Total ISC spending by fiscal year with projected spending.

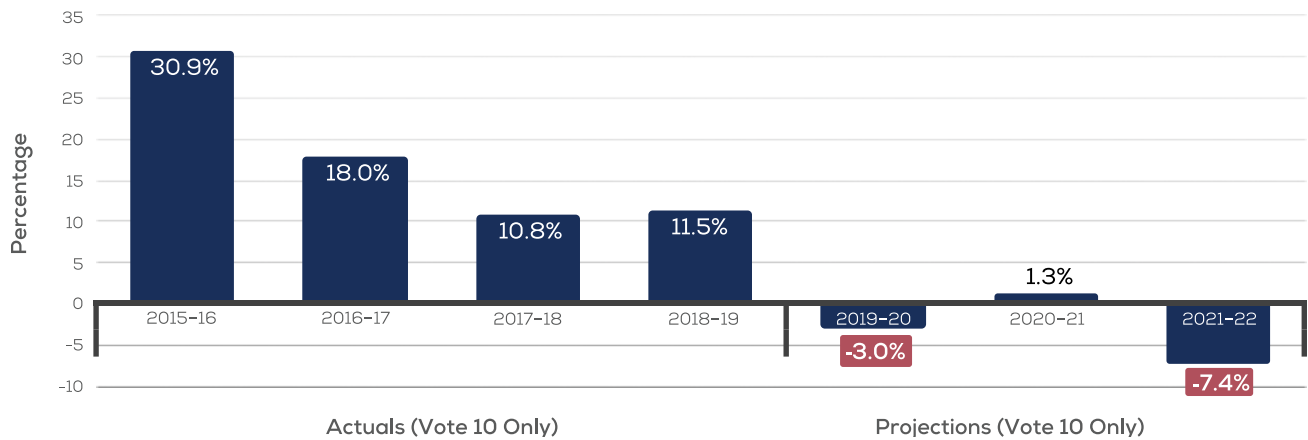


Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

Note: FNIHB for fiscal year 2014–15 is not included.

⁴⁷ Departmental spending includes grants and contributions, i.e. funding associated to program expenditures appropriated in 'vote 10' by Parliament. These expenditures do not include the department's internal operating expenditures appropriated in 'vote 1.'

FIGURE 19: Year-over-year percentage change for total ISC spending.

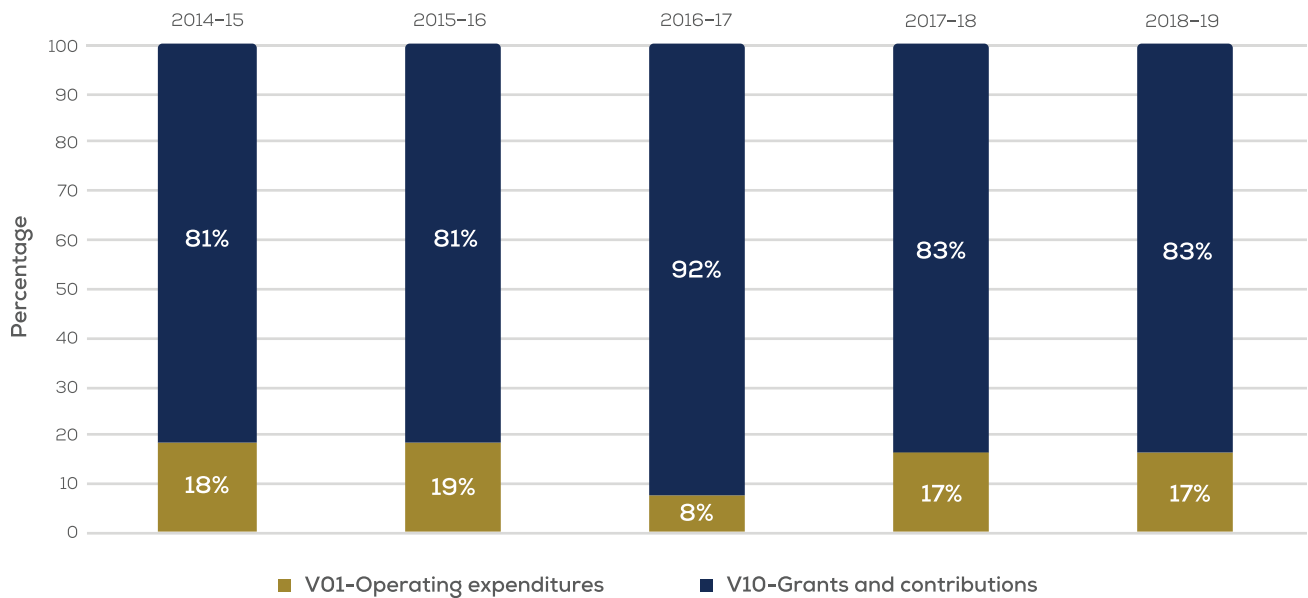


Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

Note: First Nations Inuit Health Branch (FNIHB) expenditures excluded in fiscal year 2014–15, which explains the 31% increase in fiscal year 2015–16.

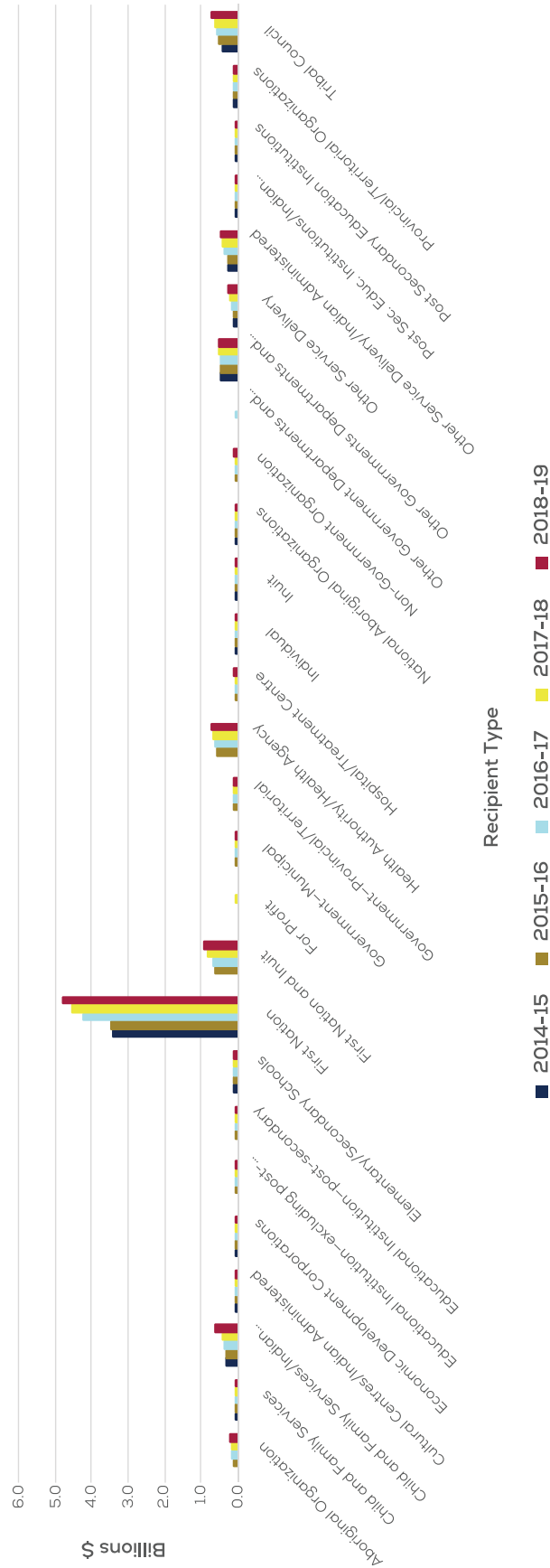
On a percentage basis, the majority of ISC’s expenditures are allocated to grants and contributions (vote 10), i.e. transfers to recipients. Less than 20% of ISC’s total costs are allocated to operating expenditures (vote 1) (see Figure 20).

FIGURE 20: Percentage of Vote 1 and Vote 10 total spending by fiscal year.



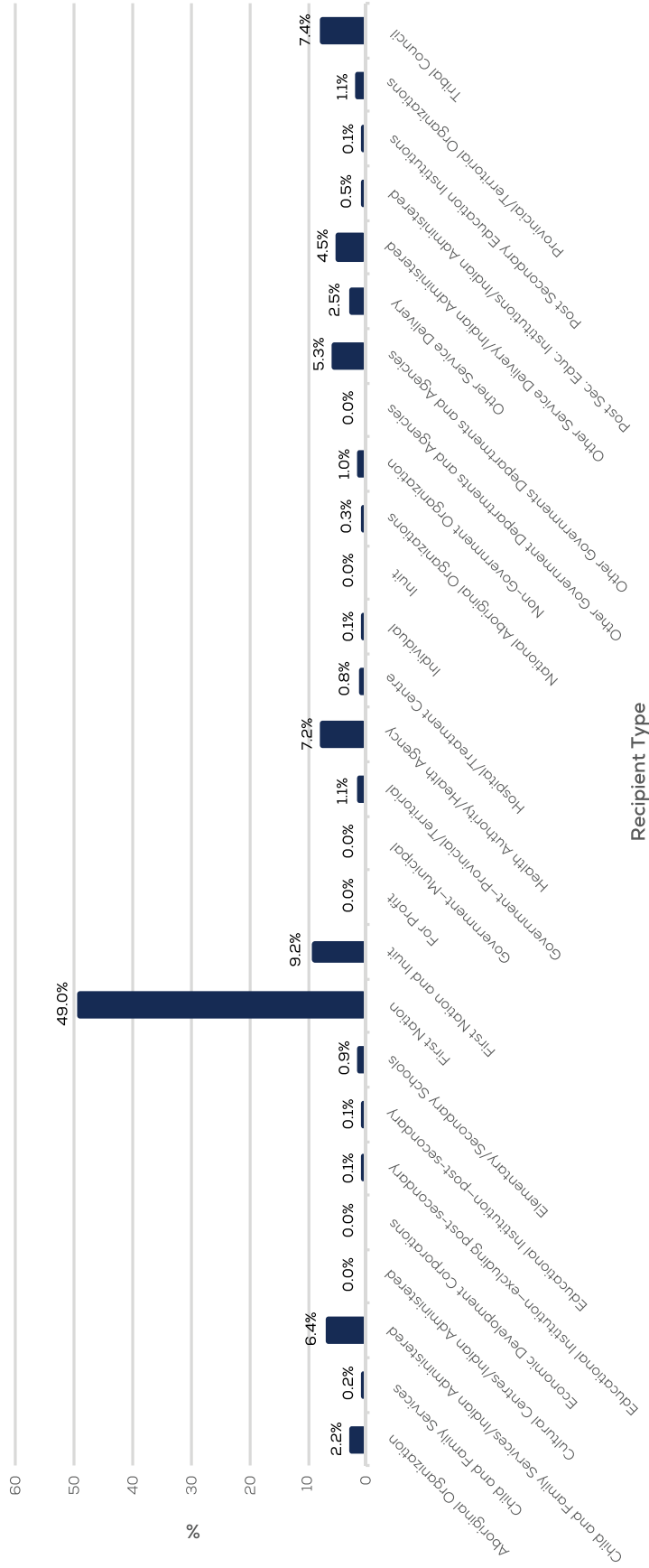
This expenditure pattern is consistent with ISC’s role allocating funding for service delivery to various recipients (rather than delivering the services itself). The majority of recipients of ISC funding are First Nations and First Nations and Inuit (see Figure 21), with nearly half of all spending allocated to First Nations in fiscal year 2018–19 (see Figure 22).

FIGURE 21: Total spending by recipient type by fiscal year.



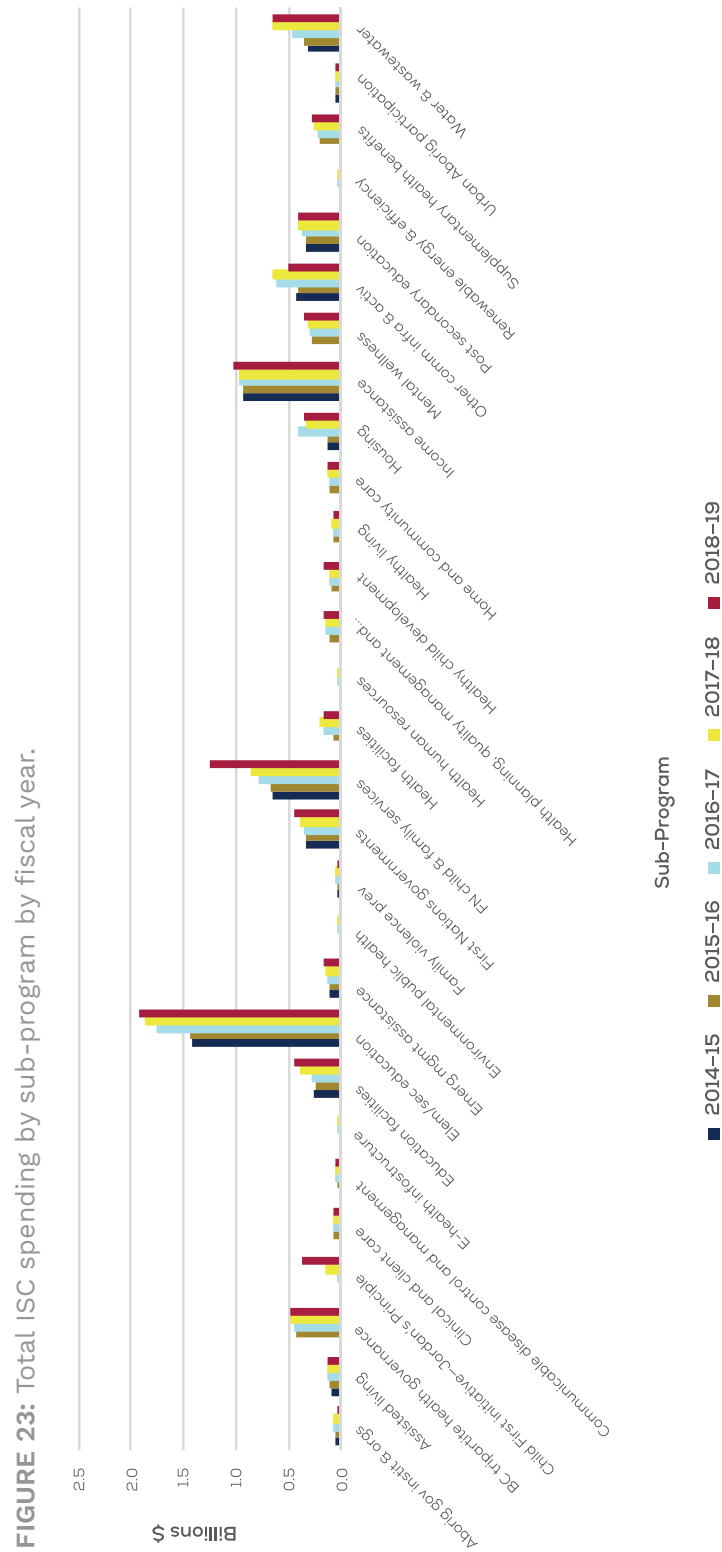
Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

FIGURE 22: Distribution of total ISC spending by recipient type, 2018–19.



Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

Current First Nations recipient spending is focused on: infrastructure capacity and development; education; social development; and government and institutions of government (see Figure 23).



Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

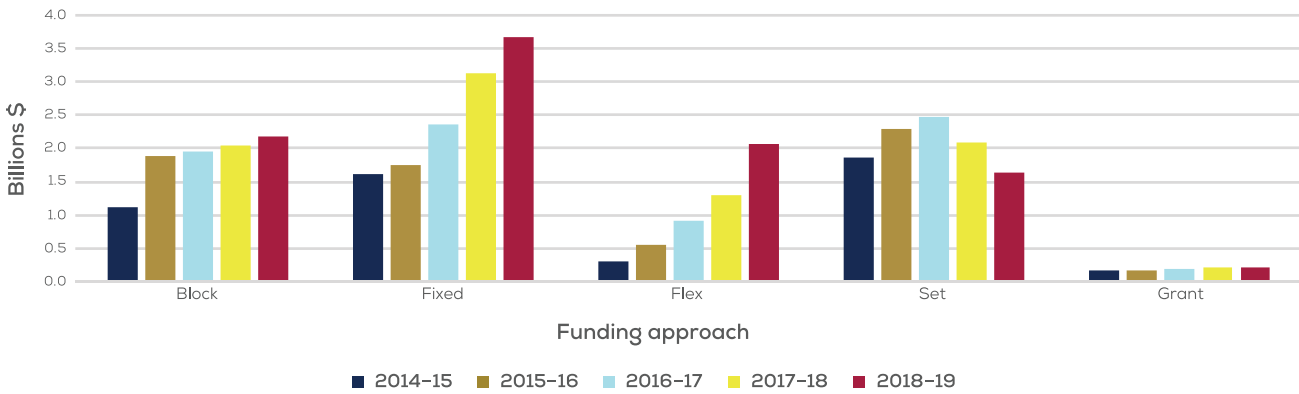
The conditions attached to funding can be just as important as the amount of the allocation (see Table 4). Since 2014–15, set and fixed funding have decreased, as flex funding increased between 2017–18 and 2018–19 (see Figure 24). Fixed funding remains the approach governing the largest funding amount. This suggests that most funding uses are pre-determined with limited latitude for recipients.

TABLE 4: Overview of funding contribution approaches.⁴⁸

Contribution approach	Description
Grant	<ul style="list-style-type: none"> ▪ Transfer payment based on agreement. ▪ Must report on results, but not required to account for spending. ▪ Recipient must meet “eligibility and other entitlement” criteria. ▪ Duration is flexible.
Set	<ul style="list-style-type: none"> ▪ Funds used for a defined purpose. ▪ Any unused funds must be returned at the end of the fiscal year (no carry forward option). ▪ Note: this approach has been limited since April 1, 2018 and used only as needed, e.g. risk management.
Fixed	<ul style="list-style-type: none"> ▪ Funds determined by reliable estimates (annual basis). ▪ Carry forwards are possible; cost-overruns are the responsibility of the recipient. ▪ Approach applied to a defined purpose or program and must be (re)issued annually.
Flexible	<ul style="list-style-type: none"> ▪ Funds can be reallocated between cost categories within a program area. ▪ Carry forwards are possible, as long as the agreement is not in its final year. ▪ Requisite capacity and relationship with department are required for this minimum two-year agreement.
Block	<ul style="list-style-type: none"> ▪ Funds are moveable between a block of programs (so long as objectives are achieved). ▪ Unspent funds can be kept and used within the same program block. ▪ Recipient must meet “readiness assessment criteria,” for this contribution.

⁴⁸ Indigenous and Northern Affairs Canada, “Funding approaches,” *Government of Canada*, updated April 16, 2018, <https://www.aadnc-aandc.gc.ca/eng/1322746046651/1322746652148?undefined>.

FIGURE 24: Total ISC spending by funding approach by fiscal year.

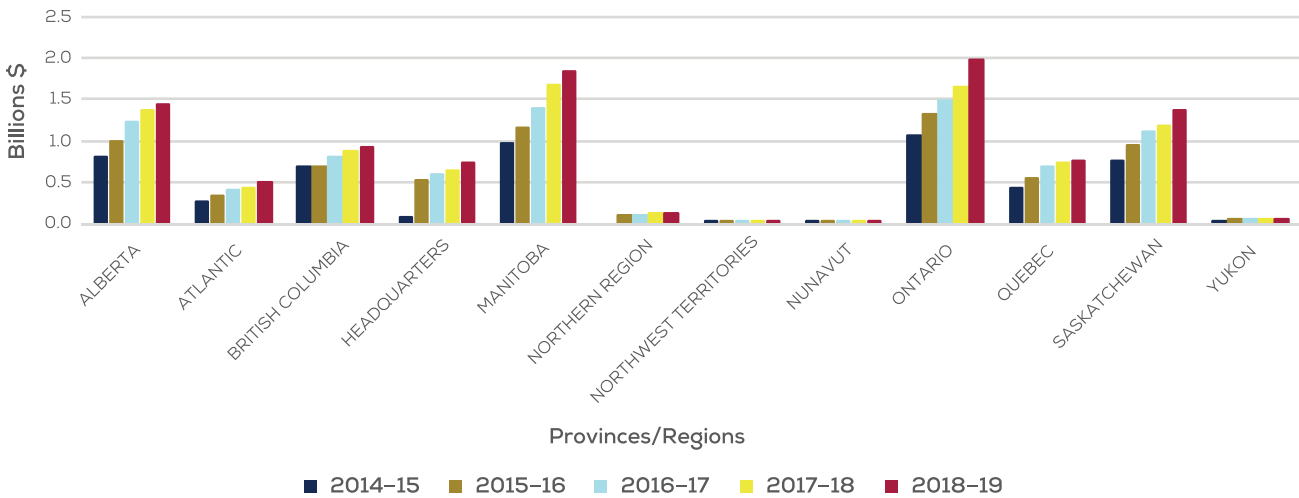


Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

Notes: Undefined funding approaches are excluded.

On a provincial and regional basis, ISC’s expenditures have increased, with Manitoba, Ontario, Alberta and Saskatchewan, receiving the highest total investments, between fiscal years 2014–15 and 2018–19 (see Figure 25). The regional variances may be attributable to different geographic/remoteness contexts, poverty, and related contextual factors that tend to be captured in the Community Well-Being Index.⁴⁹

FIGURE 25: Total ISC spending by region by fiscal year.

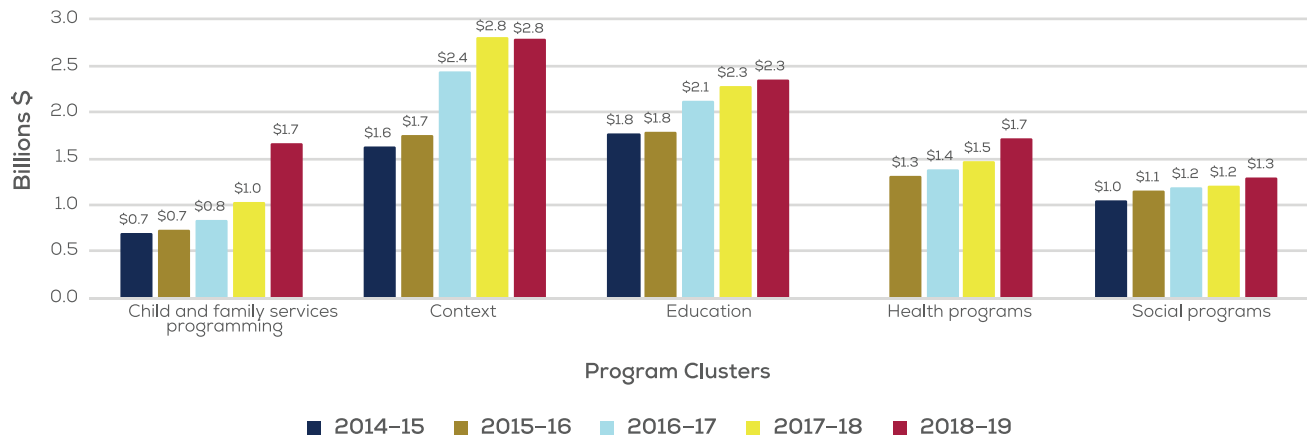


Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

⁴⁹ The Community Well-Being Index tracks the wellness of First Nations communities across four indicators: education, labour force activity, income and housing. The data comes from the Census and the National Household Survey. See Indigenous Services Canada, “Community Well-Being Index,” *Government of Canada*, updated May 24, 2019, <https://www.sac-isc.gc.ca/eng/1100100016579/1557319653695>.

To help to understand spending trends, IFSD developed policy clusters (child and family services programming; context; education; health programs; social programs, see [Appendix I](#) for definitions) (Figure 26). The data suggests that overall ISC spending across program areas has been consistent, with exception to the increases in child and family services and health spending.

FIGURE 26: Total ISC spending by cluster by fiscal year.



Sources: Indigenous Services Canada (ISC), Institute of Fiscal Studies and Democracy (IFSD).

The significant 48% increase in FNCFS program spending in 2018-19 is attributed to the CHRT-mandated payments (the FNCFS program spending is projected to decrease by 9% in 2019-20) (see Figure 27). Case study analysis suggests that the CHRT payments have had immediate impacts on programming and operations. The supplementary investments, however, are one-time payments and not guaranteed beyond the next fiscal year. This reality puts progress on prevention programming and practices at risk.

PIIKANI CHILD AND FAMILY SERVICES ALBERTA

Piikani CFS serves a significant on-reserve population. With the supplementary funding from CHRT, it has bolstered its prevention services and prevention-focused approach. Piikani CFS's shift in focus is a testament to the impact of funding when paired with latitude for action on the ground.

Context

Piikani Child and Family Services (CFS) was established through a negotiated tripartite agreement in 1999–2000 and was delegated in 2001. From a small team of five staff, it has grown to 22. All staff serving in Piikani are Blackfoot, which helps to reduce turnover.

Piikani CFS serves the Piikani Nation. For over five years, the community was under third-party management with major debt. There were no homes built between 1995 to the mid-2000s, which is telling of the challenges, as most of its membership resides on reserve. Economic opportunity and development remain a challenge without external capital investment. While the community has worked to manage its financial challenges, the community-level trauma of residential schools within 10 km of the reserve remains, and is expressed in various forms, namely through addictions.

Piikani CFS has adopted a prevention-focused approach to its care with resources acquired through the Canadian Human Rights Tribunal (CHRT) rulings on First Nations child and family services.

Programming

Piikani CFS has leveraged supplementary funding from CHRT to develop its prevention programming and associated tools (in 2018, funding was just over \$1 million). In the last two years, there has been a downward trend of the number of children in care in the agency with the prevention funding increase. Permanent placements in foster care have also decreased as kinship care increases.

While children in care numbers have decreased and kinship arrangements increased, it remains a challenge to find foster parents and kinship arrangements on-reserve. There is a resource gap in housing and other areas, which limits the ability of homes to meet the provincial foster home standards required. This reality is a function of the broader contextual challenges that Piikani Nation must manage.

Bolstered with supplementary resources, Piikani CFS has worked to address the *causes of the causes* of contact with the protection system, e.g. poverty. Given the trends in protection placements, Piikani CFS considers the approach to be successful. Prevention funding allows for increased flexibility in approaches to support children in families (instead of always reverting to protection to unlock funding).

One of its prevention focused programs, has been the development of a Piikani cultural connection application. The app was designed to promote cultural connections and continuity for children, especially for those living with foster families off-reserve. A cultural conduit, the app is a point of access to Piikani's culture, language and history.

Prevention programming increases have highlighted capital needs, especially to support programming and to continue to house all staff in a single building.

Governance

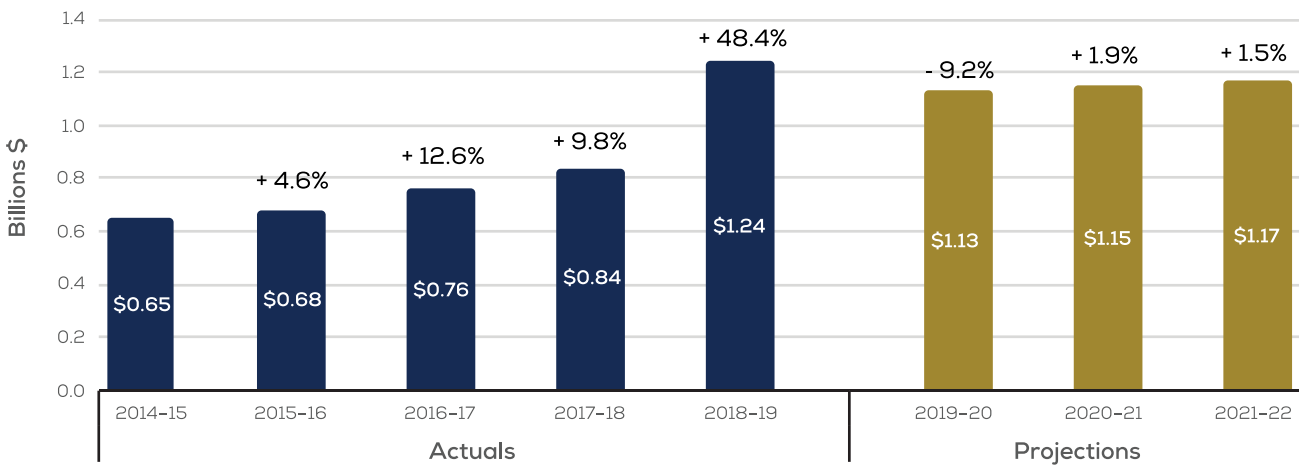
Piikani CFS is incorporated, an arrangement that supports Piikani CFS' independence. Governed by a board of directors with representation from the Band Council, Piikani CFS follows Alberta's provincial CFS laws. All data is collected and controlled by the Province of Alberta (Piikani CFS has had to request its own data). Data is protection-focused, with limited data on prevention (if any).

Lessons and Considerations

Even in the short-term, supplementary CHRT funding has had impacts on refocusing resources and activities from protection to prevention. Piikani CFS has altered the orientation of its organization, to focus in a meaningful way, on prevention and the *causes of the causes* of protection.

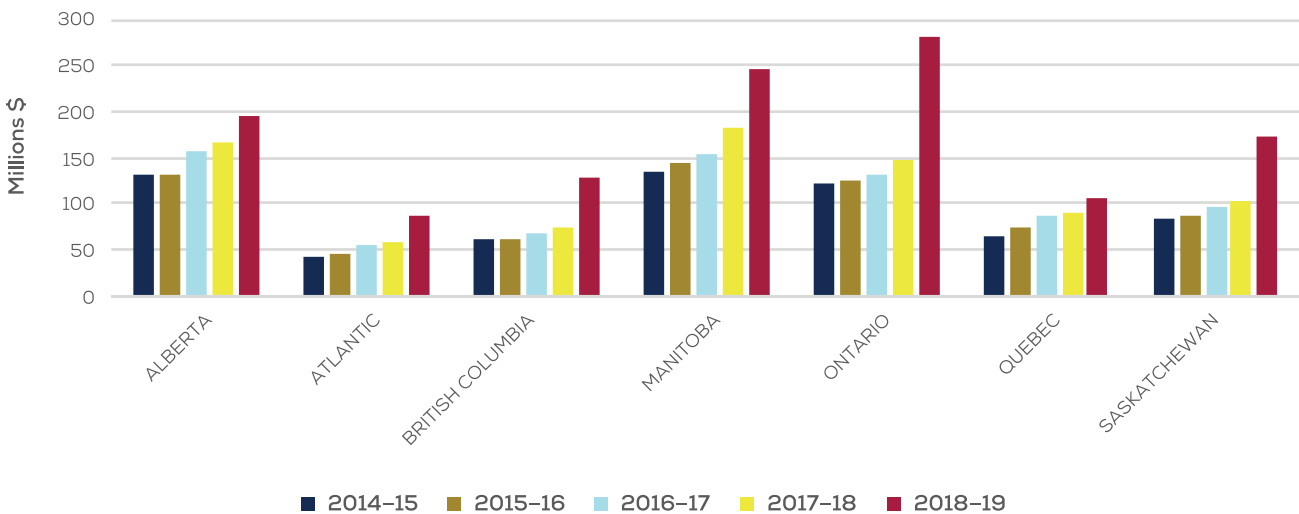
The crucial lesson from this experience is the expediency with which funding changes can influence activities and operations on the ground. Piikani CFS's work in shifting its practice to focus increasingly on prevention with supplementary funding, is a testament to the impact of funding when paired with latitude for action on the ground.

FIGURE 27: FNCFS spending by fiscal year with projected spending.



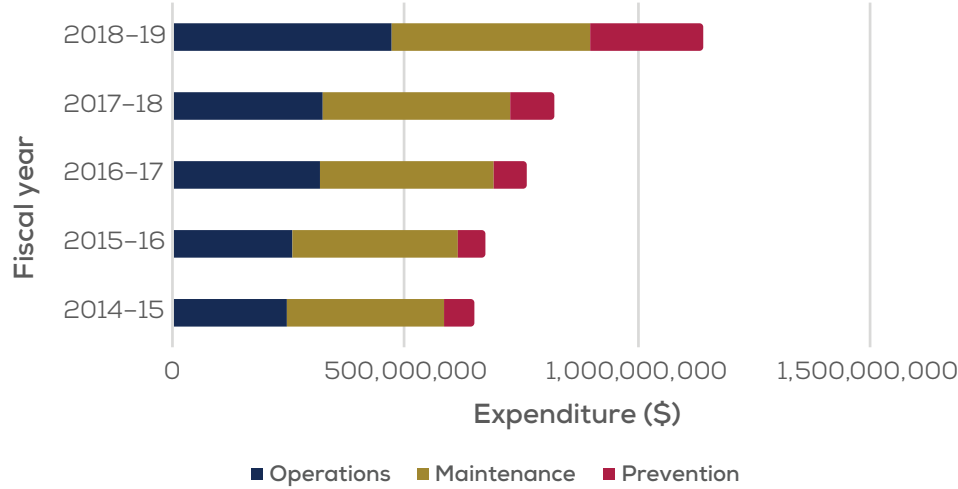
On a provincial and regional basis, similar trends for the FNCFS program are exhibited (see Figure 28). Total funding generally increases on an incremental basis, with a significant increase in fiscal year 2018–19 for all provinces and regions with exception to Quebec, which exhibits a smaller comparative increase relative to fiscal year 2017–18.

FIGURE 28: FNCFS spending by province/region by fiscal year.



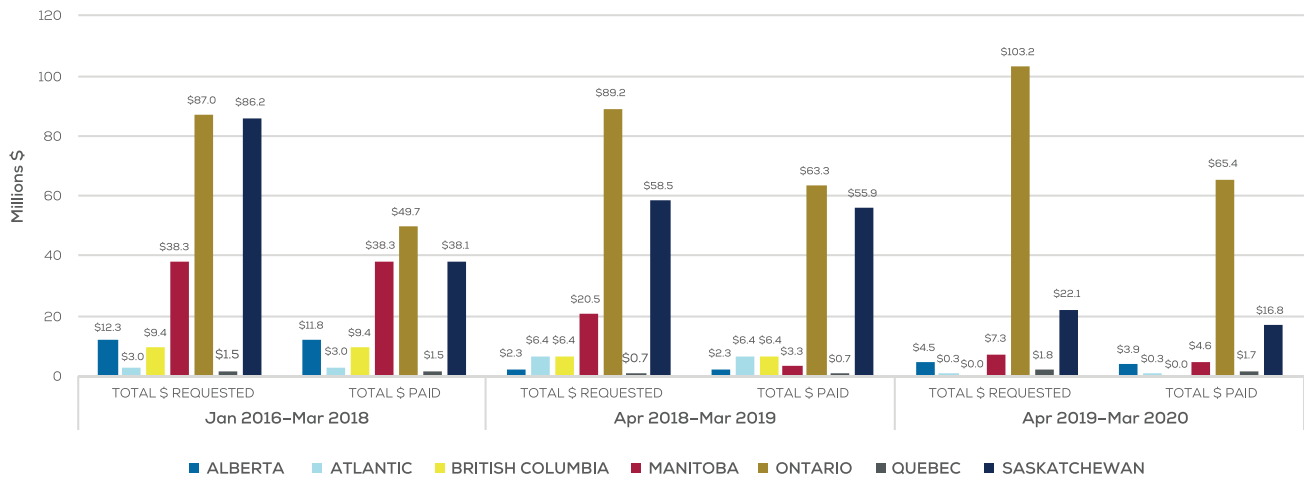
FNCFS program-level data was provided separately to IFSD in October 2019. This data is used for illustrative purposes only, as there are some minor differences with the program data and the ISC provided dataset (see Figure 29). The program information is useful in depicting the shift in allocations between maintenance (payments for children in care), protection and prevention from fiscal year 2014–15 to 2018–19. Relative to the other fiscal years, overall spending increased in 2018–19, notably in prevention.

FIGURE 29: Total FNCFS spending by category by fiscal year.



CHRT-related spending is captured at the program level by ISC but is not separately coded. The supplementary funding mandated by CHRT was application-based and transferred to recipients through the FNCFS program. For a portrait of requested CHRT spending, IFSD obtained a breakdown prepared by program specialists in ISC. Most CHRT-related requests came from Ontario and Saskatchewan. A subset of the requested funds was provided to recipients. This breakdown is illustrative only (see Figure 30).

FIGURE 30: CHRT funding—overview.



Results-focused evaluations of the impact of CHRT spending are not available through ISC. The framework used to capture applications of CHRT spending was input-focused, limiting understanding of the short-term impacts of the supplementary investments. IFSD attempted to supplement the data gap on CHRT spending to FNCFS agencies through

its 2019 FNCFS survey (see Application of the approach). For those agencies that requested and received CHRT funding, most applied funds to salary top-ups (to align to provincial salary scales), prevention programming, operating, and capital needs.

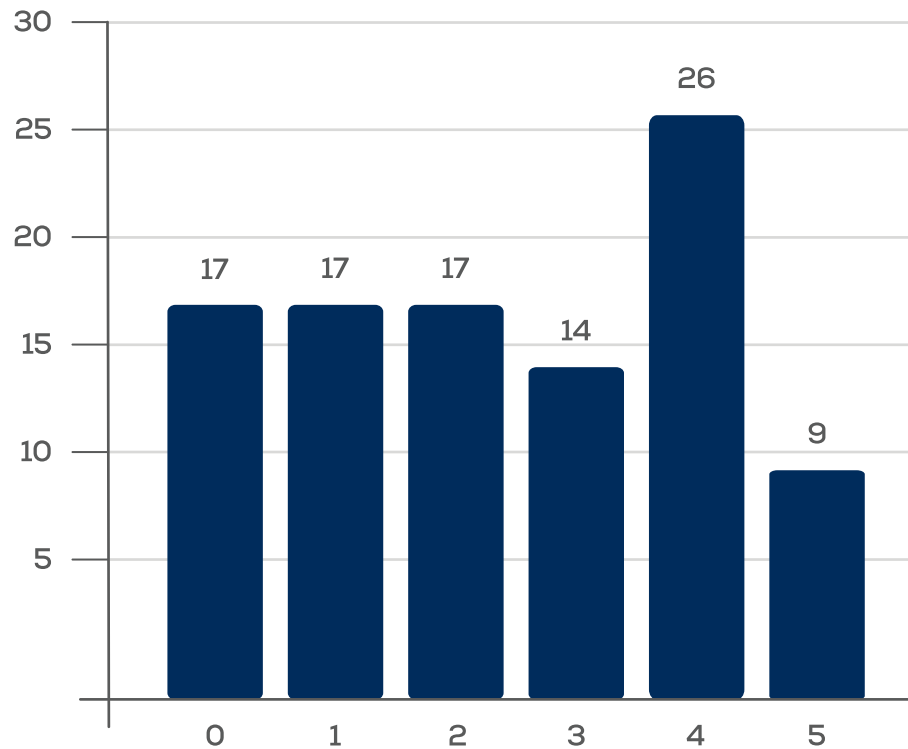
A well-formed public sector performance architecture will connect data through inputs (i.e. resources), outputs (i.e. program activities) and outcomes (i.e. results for stakeholders). Most tracking associated to ISC's program is based on inputs and outputs in an architecture that aligns to programs and aggregated at a national level. However, the current data architecture does not connect *results* at the level of First Nations with resource allocation. For example, four performance indicators are associated to the FNCFS program. All four are focused on inputs and outputs:

1. Percentage of First Nation communities offering family support services aimed at keeping families together.
2. Percentage of First Nations children on-reserve, in care.
3. Percentage of First Nation children entering care for the first time.
4. Percentage of children in care placed with a family member.

Across all programming activities, ISC tracks 115 separate indicators between fiscal years 2014–15 and 2018–19. Over this period of time, 10 of the 115 performance indicators (approximately 8.6%) had five years of continuously recorded data. As depicted in Figure 31, approximately 35% of indicators have four or more years of data. In contrast, just over half (51%) of indicators have two years or less of recorded data. Among indicators, there are instances (approximately, 20%) where there is a gap between one or more years between recorded data points. Half of those indicators missing data, exhibit a gap of two or more years.

FIGURE 31: Chart 1: ISC outcomes data by number of data points (%).

Percent (%)



Approximately half of the indicators (49%) had associated measures. For instance, one measure on water and water systems tracked: “% of on-reserve public water systems financially supported by Indigenous Services Canada that have low risk ratings”. The remaining fifty-eight indicators had targets that were to be determined, not applicable, or blank.

The financial data provided by ISC allowed for a number of observations. It provided a better understanding of the amount of funding, the approach through which funding was allocated, and offered clarity on recipient type. There are limitations to the data and opportunities to improve the connection between resource allocation and results. The lack of continuity in indicators and data collection limits analysis beyond the aggregate level of the program. Outcomes cannot be tied to recipients, regions, rural v. urban areas, etc. to improve resource application.

An alternative approach to performance

This report proposes an alternative approach to performance measurement, rooted in Treasury Board policy. The current policy and its predecessor, the Policy on Management, Resources and Results Structures, has been implemented in an uneven manner across Government of Canada departments. It often appears that reporting on results is oriented towards external reporting to Parliament, rather than for the purposes of managing to outcomes. Implementing a results-focused framework for linking expenditures to outcomes (not only inputs and outputs), requires departmental commitment in that it requires the performance architecture and information to support the department's allocation of resources and the management of results.

In the public sector, linking resources and results can be challenging due to actors often conflating attribution of performance outcomes with reporting on results. For instance, Environment Canada measures the weather daily but is not accountable for the forecast. Measuring results does not imply a direct accountability for the outcome. Instead, results measurement is about generating evidence for improved decision-making.

While the implementation of results policy has been uneven across the Government of Canada, there are federal initiatives with a results framework that connect outcomes and expenditures, with an evidence-driven approach. The National Crime Prevention Strategy (NCPS), within the National Crime Prevention Centre, invests in crime prevention strategies by targeting the risk factors that lead to criminal activity. The initiative is premised on early intervention to reduce crime by addressing risk factors. The program's structure allows programming dollars to be allocated to the initiatives that work. This ability to directly align funding to practices is not always an option.

To assess its results, the NCPS logic model⁵⁰ defines results-oriented indicators, such as increasing the sense of security of users of facilities and reducing hate-motivated crime in community facilities. These targets are examples of how to define programmatic outcomes, by identifying the long-term intention of the investment and linking resources and results through evaluation.

⁵⁰ Public Safety Canada, "2017–2018 Evaluation of the National Crime Prevention Strategy," last modified September 20, 2018, <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2017-18-rprt-vltn-ncps/index-en.aspx#a01>.

To apply the principles of results-oriented measurement to FNCFS, the Measuring to Thrive framework was developed in consultation with agency leadership and experts to build an evidence-focused understanding of the holistic well-being of children, families and their communities. This framework will help to define two-way accountability between the federal government as funder and the agency as service provider. As with the cases of New Zealand and Scotland⁵¹ who have published well-being budgets and regularly track progress, performance-based budgeting requires a focus on results rather than only inputs and outputs.

⁵¹ Helaina Gaspard and Emily Woolner, “Budgeting for Well-Being,” *Policy Magazine* 2020, <https://policymagazine.ca/budgeting-for-well-being/>.

Part II: Measuring to Thrive performance framework

Introduction

As a new and improved performance framework, Measuring to Thrive⁵² will offer perspective on the well-being of First Nations children, families, and communities (see Figure 32), in keeping with the legislatively defined principles of **substantive equality**, the **best interests of the child**, and a **culturally-informed approach**. The intent of Measuring to Thrive is to provide FNCFS agencies with a portrait of the people they serve and the context in which they operate to support enhanced decision-making and eventually, to better inform funding approaches (see [Appendix J](#) for the full framework).⁵³

What you measure, you manage. This framework is a tool to promote better understanding of community in order to ensure an agency has the resources required to meet the needs of the people it serves. Measuring to Thrive is a vision to promote better results for children; it is not about measuring an agency's individual performance.

⁵² Agency leadership and experts convened for a roundtable on February 21, 2020 in Ottawa at the Institute of Fiscal Studies and Democracy (IFSD), to refine a measurement framework based on the work of First Nations child and family services (FNCFS) agency leadership in 2018.

⁵³ The [Children's Health and Well-being Measure \(CHWM\)](#) is a 62 multiple choice question survey, with three open ended questions to help to assess the spiritual, emotional, physical and mental health of Indigenous children. Administered via tablet in five First Nations communities in Ontario, the survey results have helped to develop community portraits of children's wellness and the delivery of services and resources of children in need. Focused exclusively on children's health and wellness the CHWM was not designed to assess child, family and community holistic well-being.

KW'UMUT LELUM BRITISH COLUMBIA

The dashboard agency: It's about outcomes, not about band-aids.

A focus on outcomes must be accompanied by clear lines of accountability, requisite human capital, IT and data resources.

Context

Kw'umut Lelum serves nine First Nations in British Columbia. With populations below 2,000 per community, close collaboration and engagement is facilitated. Working closely with band councils, Kw'umut Lelum works to address service gaps and not duplicate services in its communities.

The agency's appreciation for relevant data focused at the level of the child and their community, supports the development of needs-based programs built from the bottom-up. In the last two years, Kw'umut Lelum has undergone organizational shifts to build and integrate a new outcomes-focused data system. From budgets to programs, Kw'umut Lelum is building real-time portraits of its communities, their needs and what works for them.

Operating

Kw'umut Lelum had a substantive shift in its operations in 2018, with prevention funding that changed internal structures and practices. From the hiring of prevention workers for each First Nation served, to the development of a data team, the agency finally had the resources to orient its practice toward holistic well-being.

The way Kw'umut Lelum frames its challenges is rooted in a life-cycle perspective. When considering access to services, it is not only about counting which services are there and which are not, but also about barriers to access and the appropriateness of those services for communities. This nuance is an important one. Connecting context to inputs, outputs and outcomes, from the ground-up, facilitates a different way of delivering a mandate.

To build this perspective, Kw'umut Lelum began collecting quantitative and qualitative data in an integrated database. This approach helps the agency track the progress of an individual child and also understand how they, their family and community are faring together. Linking contextual information about

communities to the experiences of the individual paints a clearer portrait of the ways in which services, environment and resource allocation interact.

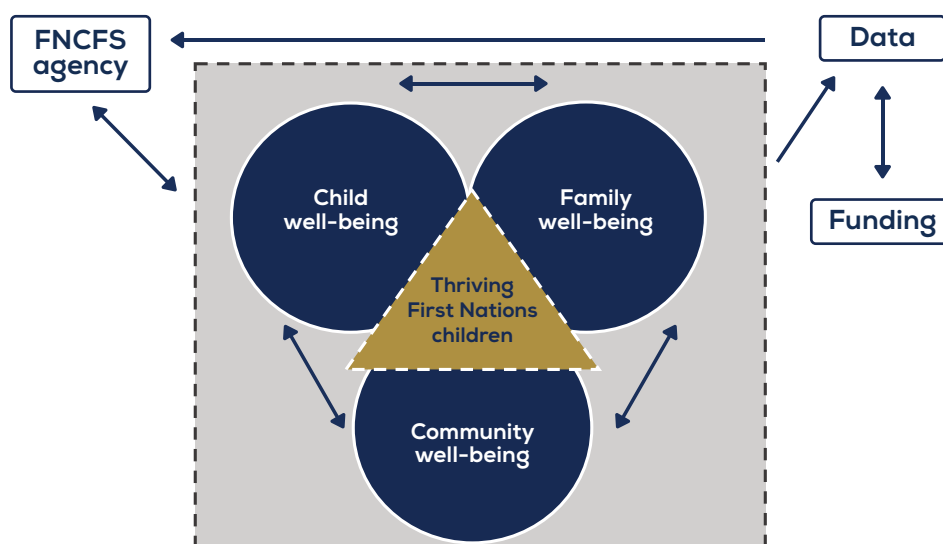
The evidence generated from the data is very useful for budget and resource planning. With an enriched perspective, budgets can be aligned to need, and verified through consultations and regular assessments with chiefs and communities. Budget allocations, especially on well-being and prevention matters are determined with input from the senior management team, the board of directors, and community consultations.

Kw'umut Lelum has three points of accountability in its organization: to their board of directors, to band management, and to the communities and their front-line staff. The system of accountability promotes cross-collaboration, connections to and knowledge of communities.

Lessons and Considerations

Change such as the type Kw'umut Lelum has introduced in the last two years does not come easily. Organizational change needs confidence building leadership and a cohesive senior team. Change may not suit everyone equally and some staff may choose to leave. Agencies should be prepared with a well communicated plan to deliver the change and be open to adjusting in-course to meet unexpected circumstances.

FIGURE 32: Measuring to Thrive framework's holistic conception of well-being.

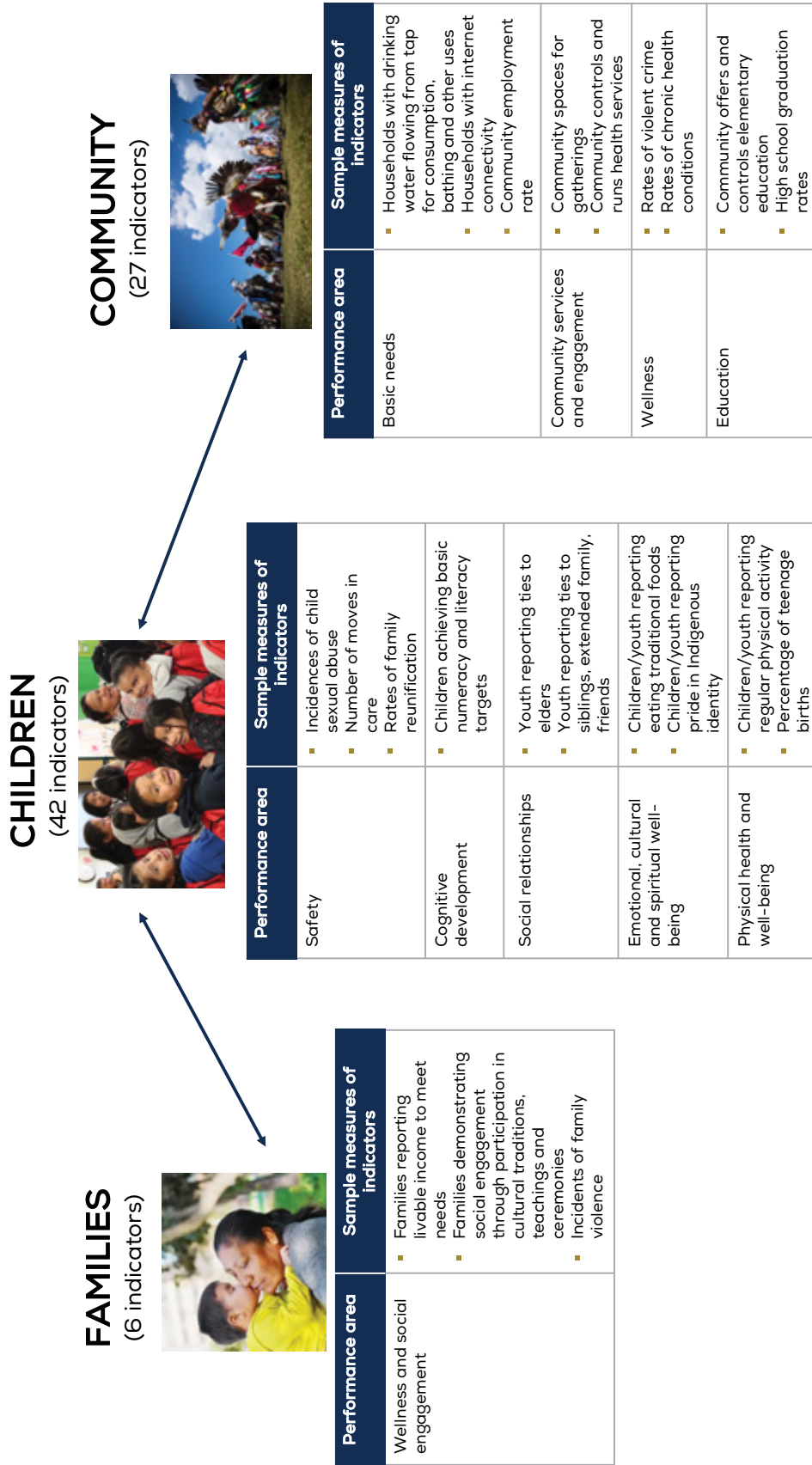


WHAT WE HEARD

1. Context matters: The experiences and needs of individual agencies and their communities differ, e.g. urban, rural, remote, etc. ***The measurement framework must abstract to a common collective vision of well-being.***
2. Culture is key: Culture, language and land are crucial elements of belonging. Opportunities for children and families to connect with their community are important. ***The measurement framework must be read through the lens of individual cultural practices, traditions and languages.***
3. Safety is an element of well-being: Safety is not an independent goal of FNCFS, it is an important element of overall child well-being. ***Safety must be a measure within child well-being.***
4. Measuring what matters: FNCFS agencies recognize the value of collecting and using their own meaningful data for improved decision-making and funding approaches. ***Measuring what matters will take time and will require a period of testing and adjustment to refine the approach.***
5. Capacity requirements: Agencies require internal capacity and support to leverage data collection and analysis that reflects them. ***A third-party independent and trusted custodian of the data should be established to support this need, along with resources internal to agencies.***

The vision in Measuring to Thrive is expressed through three interrelated elements: the well-being of communities, families and children. Measuring to Thrive is meant to be read in the spirit of holistic well-being. As such, it is meant to be informed by the unique cultural practices, traditions and Indigenous languages integral to thriving First Nations and their communities (see Figure 33).

FIGURE 33: Measuring to Thrive framework overview.



The vision in Measuring to Thrive is meant to be universal. No matter where you reside, there can be agreement on the highest order elements that indicate thriving communities, families and children. While Measuring to Thrive is a common expression of well-being, individual agencies will deliver their mandates in the best interests of the communities they serve. This means that remote, rural, urban, large and small agencies may have differing needs and approaches to their practice, but may find unity in the pursuit of well-being for thriving children, families and communities.

Ideally, the Measuring to Thrive framework receives strong and broad-based support and is used in part or in full as a common tool for data development and tracking among federally funded FNCFS agencies. As proposed and agreed during the roundtable, it would be imperative for FNCFS agencies and for their communities to have any data collected through this framework transferred to a neutral, reliable and trusted third-party who would be a custodian of the data. This data would belong to FNCFS agencies and their communities. An institution such as the First Nations Information Governance Centre (FNIGC) could be leveraged or an agency similar in style to the University of Chicago's Chapin Hall, could be established in Canada to securely house, analyze and support FNCFS agencies in the collection and application of their data. Over time, as increased amounts of data are collected and analyzed, the data's predictive value would improve making it a helpful planning tool.

In the current state of FNCFS, there is a lack of alignment between social policy and financial resources. Social policy research and FNCFS agencies have repeatedly emphasized the importance of prevention-focused approaches to care that empower children, families and communities, rather than focusing on protection. Approaches taken by FNCFS agencies in pursuit of the well-being of their communities are numerous. There are, however, established gaps in their regular funding in areas such as prevention, capital and information technology. Poverty is a critical gap to address and was used euphemistically to capture the challenging contexts in which many FNCFS agencies operate. Such challenges include limited housing and housing in need of major repairs, access to potable water from the tap, access to broadband, etc.

FNCFS agencies do not operate in a vacuum but are influenced by the realities of the communities they serve. Ensuring that financial resources are aligned to the realities of their circumstances is necessary to support the well-being of communities. Achieving alignment between policy and resources requires people, processes and data to deliver operations and promote accountability.

As active organizations in a network of services in their communities, FNCFS agency activities are ideally focused on investing in people and collaborating to support the development of capable human beings. Inter-relationship is paramount, as individuals are wholly well with a sense of community.

In the Measuring to Thrive framework, **community** is a network of belonging and support; **family** is a collection of people who may have blood relations that support each other almost every day; **child** is a young person on a journey to adulthood.

CARRIER SEKANI FAMILY SERVICES BRITISH COLUMBIA

Empower your staff to deliver the best programming, informed by your own data, evidence and cultural approach, to build a trusted organization focused on well-being. Scale matters. Large and sophisticated agencies have the resources for such activities as research and communications that drive results and community connectedness. No matter an organization's size, its growth has to be paired with change management and resources in IT infrastructure, human resources, and capital assets.

Context

Carrier Sekani Family Services (CSFS), is a large prevention-focused organization serving eleven First Nations from three offices in and around Prince George, Vanderhoof, and Burns Lake, as well as Health Centres on-reserve in north central British Columbia. The agency's life cycle model (from cradle to grave), informed by its own research, extends across health and social programs and services. From intensive family preservation to telehealth initiatives, CSFS has empowered its staff to innovate, try, fail, and succeed, in support of the people and communities they serve.

Operations and Programs

Working cohesively as an organization, CSFS seeks to design its services to strengthen capacity in communities, and to support the development of happy and healthy children and families. There is no 'wrong door' in at CSFS. Staff are well connected and freely collaborate within the organization. An individual or family in need of support will find a wrap-around approach to services.

Strong leadership, research and policy are pillars of CSFS's integrated approach. Senior executives are credited with creating an environment that empowers staff, making them feel accountable for the organization and its outcomes. Managers run business lines in the organization, with latitude to solve problems and innovate to meet community needs. The organization has developed a Terms of Reference, unique to each First Nation, outlining its process for integrated care meetings.

CSFS's over 200 staff are regularly convened for meetings (typically, virtually), in which updates are shared and ideas discussed. Complex care clients/patients are reviewed at monthly integrated care meetings. The regular contact and awareness reinforce the integral role staff play in the operation. Staff retention is high.

CSFS's research program is a defining element of the agency. Current research in health, psychology, social services, etc. is paired with internal data and evidence to build policies and programs that support outcomes. Staff value the relationship they describe as 'symbiotic' with the research team, as they engage in 'true collaboration,' in their work. The research team maintains connection to community through a Research Advisory Board made up of knowledge holders from each member nation.

There are direct linkages between research and programming at CSFS. Programs such as, the Intensive Family Preservation Program are informed by research on traditional child rearing and traditional laws. The youth program, Walk Tall, was shaped by research and findings from the Youth Suicide Project. Following ten years of research, the Family Law Program was established to support families. Mediators associated to this program are trained through a specialized course, delivered in partnership with the University of Northern British Columbia for which university course credits are earned.

An in-house curriculum, "Our Way," was developed define a culturally informed approach to services, specific to the eleven First Nations CSFS serves. The approach has become very popular in the organization and even outside of it, with paid training.

The emphasis on data, evidence and evaluation is built-in to new initiatives and programs. Services are accredited with the highest recommendation possible in audits. For example, Youth Services, a relatively new department is building in community consultations and evaluations with participating members into their practice from the outset. This work encourages in-course corrections by adjusting practices to meet needs.

This theme of informed, accountable and empowered staff extends across the agency. There is a focus on care with social workers carrying an average of eight cases. This changes the dynamic of care, with social workers able to focus on people instead of paperwork. The agency's vision is core to staff retention; the organization doesn't just respond to crises; they work with families to build better futures. Staff feel valued, contribute ideas, engage in research, build programs and policies from the ground-up.

Outward Facing Connections

Serving eleven communities and a large staff, CSFS has built a Communications Team that runs social media accounts, a YouTube page and contests. The team helps to share stories and practices for well-being in the communities. They share information, promote events, and encourage awareness of CSFS.

The community engagement goes beyond a one-way transfer of information to focus on development. CSFS contracts the Nicola Valley Institute of Technology to run customized training programs. With training funded by CSFS, community members can pursue human resource training and social work training and work for the agency. CSFS's presence in communities is constant, and not exclusively associated to protection problems. By investing in communities, CSFS benefits from their engagement and trust.

Conscious that service offerings differ in community and in cities, CSFS is working to foster a similar continuum of services. Programming tends to be more extensive in communities, while many members are moving into urban centres. The continuity of service is important to CSFS, and they are extending their capacities to meet their community members wherever they reside. Infrastructure, such as CSFS's electronic medical record, provides real time access to the same information throughout the territory, helping staff to support patients wherever they are accessing services.

In the last two years, CSFS has expanded its programming offerings with funding from CHRT rulings. The growth while exciting, highlighted the importance of pairing change with requisite IT infrastructure, human resources, and capital assets. Responding to the concerns of managers who had lengthy hiring waits and a need for space, was critical to sustaining morale in changing circumstances.

Lessons and Considerations

Major growth can be exciting and challenging. When circumstances change, it is imperative that staff are supported and are actively engaged in change management. Technical, human and infrastructure resources should be commensurate to mandate and grow/change with priorities.

Research, data and evidence can be powerful tools to inform and enhance policies and programming. While not all agencies will have a research directorate, emulating program-level evaluation practices, data tracking and in-course adjustments can yield benefits by capturing and applying learnings in future decisions.

A cohesive and high-functioning organization is built on trust and the contributions of its members. CSFS has nurtured an environment that creates a supportive space for staff to innovate, with accountability for outcomes.

Applying the framework

On a quarterly basis, data on the indicators in the Measuring to Thrive framework would be collected. Data will come from various sources, including case files from the agency, as well as external publicly accessible data, e.g. Regional Health Survey, Statistics Canada, etc. Any data to complete the framework will not identify individuals. Measuring to Thrive is designed to collect information in aggregate to protect the privacy of individuals.

As the agency completes the framework, the data would be accessed by the third-party custodian (i.e. First Nations-led secretariat) responsible for scrubbing and analyzing the data. On a quarterly basis, researchers from the third-party will meet with agency leadership to discuss the analysis and potential applications on the ground.

Transitioning to a data collection and monitoring system that supports FNCFS agencies is not expected to be seamless. There will be a period of transition where testing and further refinement will be essential. It is expected that in order to get to the best possible version of Measuring to Thrive, revisions through use will be necessary. Testing the framework is the only way to ensure it reliably reflects the realities of FNCFS agencies and their communities.

FNCFS agencies have an opportunity to leverage the information (data); heart (stories); and resource needs (funding) of their communities to support them. There are four parts to the Measuring to Thrive framework:

1. Support improved decision-making by collecting relevant data aligned to a common vision;
2. Ensure data is good quality and connected to the realities and stories on the ground;
3. Ensure agencies have the capacity and support required to collect and analyze the data;
4. Inform resource allocation moving forward to promote a results-focused approach and allocative efficiency.

Taken together, the parts of the Measuring to Thrive framework can encourage a culture of accomplishment within FNCFS agencies wherein measurement is a tool to promote holistic well-being, supported through requisite resources.

Supporting software

FNCFS agencies will have their own case management systems to track their activities. Often, the data collected in these systems aligns to provincial requirements for child and family services and may not connect to overall holistic well-being of the child, family and community. IFSD has collaborated with software developers to build a complementary tool for FNCFS agencies to collect data and track their progress in alignment to the Measuring to Thrive framework (see the Measuring to Thrive software application details below).

There are other software providers, such as RedMane Technology,⁵⁴ that can offer agencies cloud-based solutions to data collection and integration with case management tools. A Chicago-based company, RedMane has offices in Vancouver and works with several FNCFS agencies across Canada. Its self-described expertise are in social service-oriented tools, including the mCase platform,⁵⁵ with capacity for systems integration, and off-the-shelf software implementation.

⁵⁴ See RedMane Technology's website, <https://www.redmane.com/>.

⁵⁵ See RedMane Technology's mCase platform, <https://www.redmane.com/mcase/>.

FNCFS agencies will have options and resources on how best to pursue their data collection and analysis in connection to the Measuring to Thrive framework.

Consistent, national data collection is possible. The United States and Australia—both federations with state-level governments involved in the provision of social policy—have national data collection practices on children in contact with the protection system, their experiences in care, and their transition out of care. Australia’s data is principally an aggregation of child-level data, with additional sources. The United States has different databases, associated to the child’s contact with the protection system. The Adoption and Foster Care Statistics (AFCARS) database collects information on care placement and adoptions. States are required to provide the information twice a year. Data for the National Child Abuse and Neglect Data System (NCANDS) database is voluntary for states, whereas information for the National Youth Transition database is collected through a mandated state-administered survey (see Table 5). The practice of regular, national data collection on child protection is possible, even in federal states. A national authority is often integral in defining the requirement or in orchestrating the aggregation.

TABLE 5: National data collection in child welfare in the United States and Australia.

Jurisdiction	Primary data sources	Data collected	Data custodian
United States	<i>Adoption and Foster Care Statistics (AFCARS)</i> : Collects information from Title IV-E agencies ⁵⁶	Case-level information on children in foster care ⁵⁷	United States Children's Bureau
	<i>National Child Abuse and Neglect Data System (NCANDS)</i> : Data are submitted voluntarily by the states	Child welfare outcomes and characteristics of child maltreatment ⁵⁸	
	<i>National Youth in Transition survey</i> : States administer the survey to cohorts of youth at ages 17, 19 and 21 ⁵⁹	Outcomes of youth currently in or recently aged out of foster care	
Australia	<i>Child Protection National Minimum Data Set/National Child Protection Data Collection</i> : Extracted from state and territory child protection administrative data sets ⁶⁰	Information on ⁶¹ : <ul style="list-style-type: none"> ▪ belonging and identity ▪ care planning ▪ connection to family, culture and community ▪ education ▪ health ▪ participation in decisions ▪ safety, stability and security of children and young people in care ▪ social and recreational needs ▪ training and support for careers ▪ transition from care 	Australian Institute of Health and Welfare
	<i>National survey of children in out-of-home care</i> : Data are collected by the state/territory departments ⁶²		

⁵⁶ National Child Abuse and Neglect Data System, "Adoption and Foster Care Statistics (AFCARS)," accessed on July 27, 2020, <https://cwoutcomes.acf.hhs.gov/cwodatasite/methodology>.

⁵⁷ Children's Bureau An Office of the Administration for Children and Families, "Adoption & Foster Care Statistics," updated October 24, 2019, <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars>.

⁵⁸ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, "Child Maltreatment 2018," accessed on July 27, 2020, <https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf#page=10>.

⁵⁹ National Youth in Transition Database, "Highlights from the NYTD Survey: Outcomes reported by young people at ages 17, 19, and 21 (Cohort 2)," Data Brief #7, (November 2019), https://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_7.pdf.

⁶⁰ Australian Institute of Health and Welfare, "Child Protection Australia 2018–19," Child welfare series, no. 72, cat. No. CWS 74, (Canberra: AIHW, 2020), <https://www.aihw.gov.au/getmedia/3a25c195-e30a-4f10-a052-adbfd56d6d45/aihw-cws-74.pdf.aspx?inline=true>.

⁶¹ Child Family Community Australia, "Children in Care: CFCA Resource Sheet," Australian Government, updated September 2018, <https://aifs.gov.au/cfca/publications/children-care>.

⁶² Australian Institute of Health and Welfare, "National survey of children in out-of-home care 2018," Australian Government, updated March 1, 2020, <https://www.aihw.gov.au/about-our-data/our-data-collections/national-survey-children-out-of-home-care-2015-1>.

“MEASURING TO THRIVE” SOFTWARE APPLICATION

To deliver on results-focused outcomes for thriving children a web-based online system is being developed to capture outcome data from each CFS agency and to report the collected results. The current working name for this performance framework is “Measuring to Thrive”. **It is important to note that all elements of the system are customizable, including branding. The IFSD logo was merely included as a placeholder in this mock-up.**

Technical Architecture

The solution is entirely “cloud-based” and designed and built to run on the Microsoft Azure cloud platform. All critical elements such as the application, web and database servers are located in Canadian data centres.

Database Technology

The system is built using the Microsoft Cosmos DB service (MS-SQL). The database can be easily configured to scale up and down to maximize cost efficiencies while still allowing for performance growth as demands require.

Application Server Technology

The application uses modern open-source technologies (Node.js) and is configured to only permit authenticated encrypted connections (HTTPS exclusively).

Application Analytics and Monitoring

The system leverages Azure’s sophisticated Monitoring and Alerting features to provide administrators with relevant and timely information regarding the system’s health and performance. All data gathered is automatically anonymized in a manner that preserves user privacy.

Identity & Access Management

The system permits an authorized user to login leveraging a Microsoft or Google ID or another email account of their choosing. The underlying technology uses Azure Active Directory B2C (AAD B2C)—a cloud-based identity and access management solution that can scale to hundreds of millions of identities.

Data Residency

All core application code as well as all sensitive application data and reported outcomes are stored exclusively on Canadian servers.

Data Model Overview

Agencies

There are 100+ First Nation Child and Family Services agencies in Canada. One record will exist for each agency and will contain descriptive information such as Agency Name, Address, etc. Each agency can have multiple user identities associated with it for secure login and data entry purposes. Agency records are setup and maintained by the system operator—not individual agencies.

Users

Each agency may have more than one individual who is permitted to login and view, enter or edit appropriate outcome data for an agency’s communities. Each user will have a unique identity linked to an authoritative third-party provider such as a Microsoft or Google ID or a user selected email address linked to an Azure Active Directory B2C Local Account.

Bands

For the purposes of this performance reporting system each First Nation corresponds to a federally recognized Band—each of which has a unique Band Number. Each Band can be associated with one or more Reserves (Communities). Band records are setup and maintained by the system operator not individual agencies.

Reserves

For the purposes of this performance reporting system each community corresponds to a federally recognized Reserve—each of which has a unique Reserve Number. Each Reserve is associated with a Band. Each agency is responsible for one or more reserves (communities). Data entry (input) will occur at the reserve level of granularity. Reserve records are setup and maintained by the system operator not individual agencies.

Key Performance Indicators and Hierarchy

Indicators are grouped into a hierarchy illustrated below.

Component	Description
Strategic outcome	Broad but distinct societal areas of focus to achieve the strategic outcome.
Performance areas	The lenses through which progress on strategic outcomes can be understood.

As an example: The overarching goal is “*Enabling First Nations Children to Thrive*”.

The overarching goal is made up of three Strategic Outcomes: Child and Youth Well-being, Family Well-being, and Community Well-being.

As a further example, the Child and Youth Well-being Strategic Outcome consists of five Performance Areas: Safety; Cognitive development; Social relationships; Emotional, cultural and spiritual well-being; Physical health and well-being

The Safety Performance Area breaks down to distinct Indicators:

- Number of serious injuries or deaths; Recurrence of child protection concerns after ongoing protection services; Child abuse (excluding sexual abuse); Child sexual abuse; Rate of family reunification; Timeliness of customary care; Percentage of children with kin and/or Indigenous families within their community; Quality of caregiver and youth relationship; Regular opportunities for relational connections to community; Out of home placement rate; Number of moves in care

KPI Definitions & Effective Dates

The system defines the Indicator name, data types, formula, description, etc. Since the Indicators in use will likely need to evolve over time, indicators include effective dates to dictate when they go live in the system and when they are retired from use. The data entry interfaces as well as reporting leverage effective dates to filter for relevant Indicators.

Periods

It has been decided that Government of Canada (GoC) financial years and fiscal quarters will be the basis of the application's calendar. GoC fiscal quarters are defined as: Q1 = April–June; Q2 = July–September; Q3 = October–December; Q4 = January–March.

Outcomes (Indicator Data)

Outcomes are the measurements of KPIs that are entered into the system. This is the most granular level of data in the application.

- Indicators for Child and Youth Well-being and Family Well-being will be reported by each agency for each reserve they serve on a quarterly basis.
- Indicators for Community Well-being will be entered by the system operator for each reserve on an annual basis using authoritative data from sources such as Statistics Canada, ISC, or other sources.

Record Level Security

All data entry and reporting in the system is filtered and secured such that only relevant data is visible/accessible to users based on their roles. In particular, it should be noted an agency user is only able to see the Bands and Reserves they serve and not the Bands and Reserves of other agencies.

Roles

The system envisions different roles for Agency and System Operator personnel with each having access to different privileges, capabilities and visibility over data. It is possible for a single user identity to have more than one role assigned. Specifically, while Agency staff will typically only have the “User” role assigned, System Operator personnel may have either “Administrator”, or “Data Manager”, or both “Administrator” and “Data Manager” assigned.

Administrator Role

The role of Administrator is assigned to System Operator personnel. This role will manage the general application settings and branding, updating the KPI definitions and associated hierarchy and maintaining text elements such as the help files, Terms of Use, etc.

Data Manager Role

The role of Data Manager is assigned to System Operator personnel. This role has three primary functions:

1. Create or edit Agency records and manage Agency License Keys for user onboarding;
2. Create or edit Band and Reserve records;
3. Enter or Edit Community Well-being data as required. Also, occasionally enter or edit Child and Youth Well-being & Family Well-being Outcomes data as required to support Agency personnel.

User Role

The role of User is assigned to an Agency User associated with a specific Agency. Each user will have a unique login that permits them to:

1. View/Enter/Edit data for Child and Youth Well-being as well as Family Well-being outcomes for each of their agency's reserves.
2. View/Select and export historical outcomes data for their reserves (including Child and Youth Well-being, Family Well-being as well as Community Well-being) for presentation or further analysis using tools such as Microsoft Excel.

User Interface/Experience (UI/UX)

The system is developed to support modern desktop browsers. The nature of the performance reporting system is "information dense". As such, the application is designed/optimized to be accessed primarily via desktop-grade web browsers. While the application can work with mobile devices, such as tablets, the experience may be suboptimal.

English or French User Experience

The application permits any user to operate the system in English or French and dynamically switch between the languages via a toggle.

Dynamic filters

The application is very "data dense" and thus the UI employs a series of filters to allow selection of a subset of Agencies, Bands, Reserves, Indicators and Outcomes, in addition to "Time-based" filters for desired periods, to efficiently isolate desired historical records as required.

Screenshots

The screenshots shown below illustrate the initial mockup of a user’s experience of Outcomes both as a Detailed List view and a Reserve View. Please note the data shown is only a placeholder—not actual outcomes.

Reserve #	Reserve Name	Band #	Band Name	Period	Strategic Objectives	Performance Area	Indicator	Value
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Recurrence of maltreatment	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Serious injuries/deaths	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Recurrence of child protection concerns after on...	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Non-accidental child injury	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Child sexual abuse	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Out of home placement rate	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Number of moves in care	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Timeliness of family reunification	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Timeliness of adoptions	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Percentage of children placed with kin and/or ind...	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Quality of caregiver and youth relationship	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Recurrence of maltreatment	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Serious injuries/deaths	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Recurrence of child protection concerns after on...	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Non-accidental child injury	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Child sexual abuse	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Out of home placement rate	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Number of moves in care	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Timeliness of family reunification	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Timeliness of adoptions	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Percentage of children placed with kin and/or ind...	0.0
4002	SCOTCHFORT 4	1	Abegweit	2020-Q2	Child & Youth Well-being	Safety	Quality of caregiver and youth relationship	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q3	Child & Youth Well-being	Safety	Recurrence of maltreatment	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q3	Child & Youth Well-being	Safety	Serious injuries/deaths	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q3	Child & Youth Well-being	Safety	Recurrence of child protection concerns after on...	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q3	Child & Youth Well-being	Safety	Non-accidental child injury	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q3	Child & Youth Well-being	Safety	Child sexual abuse	0.0
4001	ROCKY POINT 3	1	Abegweit	2020-Q3	Child & Youth Well-being	Safety	Out of home placement rate	0.0

Outcome Hierarchy	Period	Value	Goal	Period -1	Value	Goal	Period -2	Value	Goal
Child & Youth Well-being									
Safety									
Number of serious injuries or deaths	2020-Q2	0.0	0.0	2019-Q1	0.0	0.0	2019-Q4	0.0	0.0
Recurrence of child protection concerns after ongoing protection services	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Child abuse (including sexual abuse)	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Child sexual abuse	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Rate of family reunification	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Timeliness of customary care	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of children with kin and/or indigenous families within their community	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Quality of caregiver and youth relationship	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Regular opportunities for relational connections to community	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Out of home placement rate	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Number of moves in care	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Cognitive Development									
Percentage of children (0-5) participating in funding early childhood education programming	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of children (0-5) achieving basic numeracy and literacy targets	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of children exhibiting positive attitude towards learning	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of children (0-5) achieving basic numeracy and literacy targets	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of children (0-5) exhibiting positive attitude towards learning	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of youth (0-12) able to access elementary school education in their community	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of youth (14-18) able to access high school education in their community	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of children/youth reporting parental engagement in learning/education	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of youth (14-18) who intend to pursue post-secondary education	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Social Relationships									
Percentage of youth reporting positive relationships with parent or caregiver	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of youth reporting positive relationships with siblings, extended family and/or friends	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of youth reporting ties to elders in the community	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0
Percentage of youth participating in extracurricular activities within the community	2020-Q2	0.0	0.0	2020-Q1	0.0	0.0	2019-Q4	0.0	0.0

Building well-being into performance

While the concept of well-being has received increasing attention from scholars and practitioners, both from states and international organizations, the issue of citizen well-being originally gained momentum during the 1970s. The child well-being indicator movement grew out of the broader recognition of social indicators of well-being. As a result, in 1979, UNICEF launched the State of the World's Children reports and the World Bank published a World Atlas on the Child. That year, Child Trends was established by the Foundation for Child Development to monitor child well-being. The OECD also started producing reports on family demography and education during this time.

The importance of measuring and tracking child well-being in particular is clearly articulated in the relevant literature as being imperative to ensuring thriving futures, both for individual children and for society as a whole. As reported by the World Health Organization (WHO), “The early child period is considered to be the most important developmental phase throughout the lifespan (...) What happens to the child in the early years is critical for the child’s developmental trajectory and life course.”⁶³

Originally, the intent of child well-being indicators was to monitor children’s survival⁶⁴ and to protect children from the most severe and pressing risks to safety. Hence, these national social indicator systems focused on sounding alarms to focus attention upon pressing problems that needed to be rectified and included very few positive indicators.

Over time, the concept of child well-being expanded to address a broader range of competencies.⁶⁵ In recent decades, a theoretical shift has occurred in understanding the development of children’s needs and behaviours and how to support optimal development.⁶⁶

⁶³ World Health Organization, “Social determinants of health: Early child development”, World Health Organization, (2019), https://www.who.int/social_determinants/themes/earlychilddevelopment/en/.

⁶⁴ Asher Ben-Arieh, “The child indicators movement: Past, present, and future,” *Child Indicators Research* 1, no. 1 (2008): 3–16.

⁶⁵ D. S. Rychen, and Salganik, L. H. (Eds.), “Key Competencies for a Successful Life and a Well-Functioning Society,” (Ashland, OH: Hogrefe and Huber Publishers: 2003).

⁶⁶ Reed W. Larson, “Toward a psychology of positive youth development,” *American psychologist* 55, no. 1 (2000): 170; Richard M. Lerner and Peter L. Benson, “Developmental assets and asset-building communities: Implications for research, policy, and practice,” Vol. 1, *Springer Science & Business Media*, (2003); Richard M. Lerner and Laurence Steinberg, “The scientific study of adolescent development,” *Handbook of adolescent psychology* 2 (2004): 1–12; Peter L. Benson and Peter C. Scales, “The definition and preliminary measurement of thriving in adolescence,” *The Journal of Positive Psychology* 4, no. 1 (2009): 85–104; Peter C. Scales, Peter L. Benson and Eugene C. Roehlkepartain, “Adolescent thriving: The role of sparks, relationships, and empowerment,” *Journal of youth and adolescence* 40, no. 3 (2011): 263–277.

This new conceptual approach is explicitly strengths-based, focusing on cultivating children’s assets, positive relationships, beliefs, morals, behaviours, and capacities to give children the resources they need to grow successfully across the life course.

There has also been a shift from an adult perspective on child well-being towards a child-focused perspective, with broad acceptance for children’s subjective perspectives on their own well-being and for children as reporters as a preferred method of assessing their well-being. In the future, children will likely be increasingly active participants in measuring and monitoring their well-being.⁶⁷ Positive indicators have been used to describe the competencies, skills, behaviours, and qualities, as well as the relationships and social connections, which foster healthy development across the domains of a child’s life.

THE HUMAN DEVELOPMENT ECOSYSTEM

Inherent in the relationship between individual and collective well-being is the concept of a human development ecosystem. Urie Bronfenbrenner, founder of the US federal program Head Start and one of the world’s leading scholars on the impact of public policy on child development, has called this interdependence of individuals and societies the “Ecosystem of Human Development”.⁶⁸ As a reflection of this multidimensional approach to child welfare, many theoretical approaches to family and community well-being have since adopted Bronfenbrenner’s Ecological Systems Theory as a underlying basis for intervention.

According to this theory, child development is comprised of four layers of systems which interact in complex ways and can both affect and be affected by an individual child. Later, Bronfenbrenner added a fifth dimension comprising an element of time. In this conception, the microsystems in a developing child’s life (family, school, peers) are proximal contexts which directly influence an individual child and their development. In other words, these are “activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics”⁶⁹ at the innermost level. These microsystems, however, are nested and affected by broader contexts (exo- and macrosystems).

⁶⁷ Asher Ben-Arieh, “The child indicators movement: Past, present, and future,” *Child Indicators Research* 1, no. 1 (2008): 3–16.

⁶⁸ Urie Bronfenbrenner, “Ecological systems theory,” *Annals of child development*, 6, (1989): 187–249; Urie Bronfenbrenner, “Developmental ecology through space and time: A future perspective” (1995) cited in P. Moen & G. H. Elder, Jr., (Eds.), “Examining lives in context: Perspectives on the ecology of human development,” (Washington, DC: American Psychological Association): 619–647.

⁶⁹ Bronfenbrenner, (1979): 22.

Bronfenbrenner’s approach emphasizes the influence of complex relationships within various levels in the environment on a child’s development. In the practice of child and family services, these insights reflect the importance of a holistic approach to well-being that includes consideration of a child’s context. As a result of these insights, Bronfenbrenner has been described as a pioneer in the study of child and youth care.⁷⁰

As documented in an OECD report⁷¹ on child welfare, there are two prominent strands in the literature on child well-being. The “developmentalist perspective,” emphasizes the detrimental effects of costly outcomes, using indicators such as sickness and poverty. The “child rights perspective,” by contrast, tends to focus on positive or strength-based measures of child well-being.

CHILD WELL-BEING TODAY: THE SHIFT TOWARDS PREVENTION AND EARLY INTERVENTION

According to the United States’ Children’s Bureau, in the last fifty years there has been an increased focus on prevention services in child welfare. The change in approach recognizes the contextual factors that impact a child’s well-being and the important roles that communities, intervention services, and others play in child safety and wellness.⁷² In the 1990s, the United States began funding family support services more intensively to help reduce abuse and neglect. From counselling to in-home assistance programs, the funding recognized the value of prevention-focused interventions for children, families and communities.⁷³ The downstream social and financial costs of contact with the protection system outweigh the costs of early intervention (see The cost of doing nothing).

⁷⁰ Jacqueline Barnes, Ilan Barry Katz, Jill E. Korbin, and Margaret O’Brien, *Children and families in communities: Theory, research, policy and practice*, Vol. 10, John Wiley & Sons, 2006; Larry K. Brendtro, “The vision of Urie Bronfenbrenner: Adults who are crazy about kids,” *Reclaiming children and youth* 15, no. 3 (2006): 162; M. Cole (1979), *Preface*, in U. Bronfenbrenner, *The Ecology of human development: Experiments by nature and design*, Cambridge, MA: Harvard University Press; Phyllis Moen, Glen H. Elder Jr., and Kurt Lüscher, *Examining lives in context: Perspectives on the ecology of human development*, American Psychological Association, (1995): 1–11; Alan R. Pence, Conclusion, in A. R. Pence (Ed.), *Ecological research with children and families: From concepts to methodology*, Teachers College Press, (1988): 222–226; Richard M. Lerner, Foreword, in U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development*, Thousand Oaks, CA: Sage, (2005): ix–xxvi.

⁷¹ OECD, “Chapter 2: Comparative child well-being across the OECD” in *Doing Better for Children*, (2009), <https://www.oecd.org/social/family/43570328.pdf>, p. 24.

⁷² United States Children’s Bureau, “Child Maltreatment Prevention: Past, Present, and Future,” *Issue Brief* July 2017, accessed on July 27, 2020 https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf.

⁷³ United States Children’s Bureau, “Child Maltreatment Prevention: Past, Present, and Future,” *Issue Brief* July 2017, accessed on July 27, 2020 https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf.

INDIGENOUS PERSPECTIVES ON WELL-BEING

Insofar as First Nations child well-being is discussed within the context of health, social determinants of health are often mentioned. Social determinants of health refer to the living and working conditions which exert an influence over health outcomes. Oftentimes, these relate to an individual's place in society, such as income, education or employment. Other examples of social determinants of health for First Nations adults living in First Nations communities in Canada include community wellness, education, labour force characteristics, personal health practices, health services, culture, and the physical environment.

Similarly, the framework proposed by Finlay, Hardy, Morris, and Nagy (2009) suggest that, in Canada, Aboriginal status, early life, education, employment and working conditions, food security, health care services, housing, income and its distribution, social safety net, social exclusion, as well as unemployment and employment security are identified as social determinants of health.⁷⁴ Other determinants of health among First Nations peoples include colonization, globalization, migration, cultural continuity, access, territory, poverty, self-determination, disempowerment, and a lack of control over one's destiny.⁷⁵

According to the Cultural Framework developed by the First Nations Information Governance Centre (FNIGC), health and well-being in a First Nations context can be defined comprehensively as the total health of the total person in the total environment. FNIGC references work by traditional teacher, Jim Dumont (2005), who defines total health as: "all aspects and components of health and well-being seen as integrally interconnected with one another within an inclusive, inter-related and interactive web of life and living." The total person encompasses "all dimensions of personhood—understood to be body, mind, heart and spirit." Total environment refers to "a healthy connection and relationship with the living environment—this being constituted of the land and the natural, cultural, structural/material, political, historical, behavioural, community, family and everyday living environment."⁷⁶

⁷⁴ Judy Finlay, et al., "Mamow Ki-ken-da-ma-win: A Partnership Approach to Child, Youth, Family and Community Well-being", *International Journal of Mental Health and Addiction* 8, no. 2, (December 30, 2009): 245–257.

⁷⁵ Judy Finlay et al., 2009; Darcy Hallett, Michael J. Chandler, and Christopher E. Lalonde, «Aboriginal language knowledge and youth suicide,» *Cognitive Development* 22, no. 3 (2007): 392; Malcolm King, Alexandra Smith, and Michael Gracey, «Indigenous health part 2: the underlying causes of the health gap,» *The Lancet* 374, no. 9683 (2009): 76–85; Chantelle AM Richmond, and Nancy A. Ross, «The determinants of First Nation and Inuit health: A critical population health approach,» *Health & place* 15, no. 2 (2009): 403–411.

⁷⁶ First Nations Information Governance Centre, "National Report of the First Nations Regional Health Survey Phase 3: Volume Two", (2018): 8, https://fnigc.ca/sites/default/files/docs/fnigc_rhs_phase_3_volume_two_en_final_screen.pdf.

According to McCubbin et al. (2013),⁷⁷ Indigenous well-being denotes a relational perspective which emphasizes ‘the collective’ over ‘the individual’ as a distinct entity. Hence it is closely tied to culture and spirituality, as well as to social and emotional, physical, subjective and economic well-being.⁷⁸

In Canada, FNIGC has conducted the Regional Health Survey (RHS) of Aboriginal populations since 1997. The RHS collects information of on-reserve and northern First Nations communities based on Western and traditional understandings of health and well-being.⁷⁹ The Government of Canada also employs the Community Well-Being Index, which measures socio-economic well-being for individual communities across Canada. It includes 4 components: education, labour force activity, income and housing.⁸⁰

For an overview of well-being initiatives in Australia, Canada, New Zealand, and the United States, see [Appendix K](#). A review of the approaches suggests commonality among Indigenous peoples in holistic perceptions of health and well-being. There are, however, differences in the framing and approaches that individual countries adopt when engaging on Indigenous health.

⁷⁷ Laurie D. McCubbin et al., “Relational well-being: An indigenous perspective and measure,” *Family Relations: An Interdisciplinary Journal of Applied Family Studies* 62, no. 2, (March 4, 2013): 354–365.

⁷⁸ Simon Colquhoun and Alfred Michael Dockery, “The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples,” (2012); Cynthia Ganesharajah, *Indigenous health and wellbeing: the importance of country*, Native Title Research Unit, Australian Institute for Aboriginal and Torres Strait Islander Studies, 2009; Romy Greiner et al., *Wellbeing of Traditional Owners: conceptual and methodological approach*, No. 416-2016-26218. 2005; Vicki Grieves, “Indigenous Well-Being in Australian Government Policy Contexts,” *AlterNative: An International Journal of Indigenous Peoples* 3, no. 1, (June 1, 2006): 4–25; Erika Bockstael and Krushii Watene, “Indigenous peoples and the capability approach: taking stock,” *Oxford Development Studies* 44, no. 3 (July 2016): 265–270; Jon C. Altman, “Economic development and Indigenous Australia: contestations over property, institutions and ideology,” *Australian Journal of Agricultural and Resource Economics* 48, no. 3 (September 20, 2004). Ricardo Godoy et al., “The effect of market economies on the well-being of indigenous peoples and on their use of renewable natural resources,” *Annual Review of Anthropology*, 34 (November 25, 2005): 121–138.

⁷⁹ FNIGC, “Our work. About RHS,” accessed July 17, 2020, <https://fnigc.ca/our-work/regional-health-survey/about-rhs.html>.

⁸⁰ Indigenous Services Canada, “Community Well-Being Index,” accessed July 27, 2020, <https://www.sac-isc.gc.ca/eng/1100100016579/1557319653695>.

Performance budgeting and performance measurement

Performance measurement frameworks underpin a well-functioning performance-based budgeting system. A well-articulated performance measurement framework aligns desired outcomes to resources, to evaluate the impact of a program in achieving these results over time.

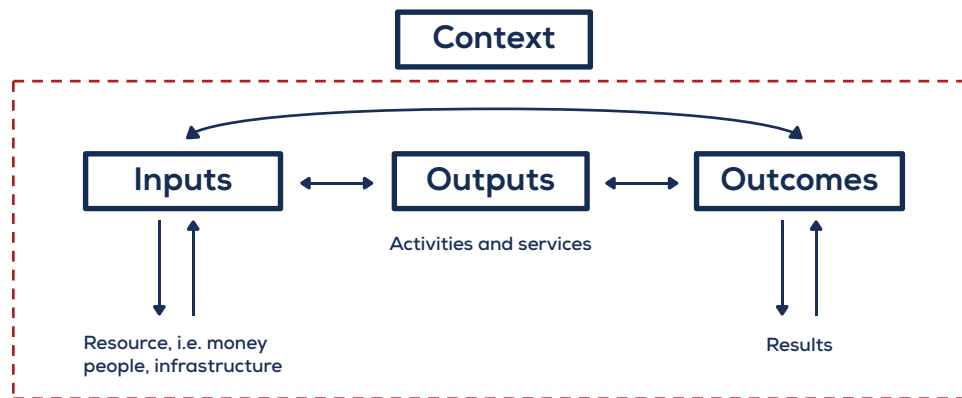
Effective management requires an explicit connection among resources (inputs), activities (outputs) and results (outcomes). IFSD's role is to find the optimal and sustainable combination of inputs and outputs to deliver desired outcomes. This is a complex undertaking that requires data, contributions from FNCFS agencies and other experts, as well as cost-benefit analysis.

An effective performance measure framework will maintain a clear connection between structures, incentives, and results-tracking. Although the implementation of a performance measurement framework for a large-scale program can be administratively challenging, it is undoubtedly a crucial component of sound financial management and clear accountability. Changes in inputs will translate into changes in activities with impacts on results, all of which are informed by context (see Figure 34).

A performance framework is a means through which to establish accountability and conduct regular evaluations and reviews of performance to ensure that resources and funding are optimally allocated and aligned towards the realization of the desired strategic outcome. If there is a well-functioning governance and management system supporting the FNCFS performance measurement framework then an evidence-based answer to the fundamental question of the progress in the welfare of First Nations children may be ascertained.

FNCFS, like any service, does not occur in a vacuum. First Nations children often have disadvantaged points of departure (housing, poverty, health, etc.). Recognizing these contextual realities and resourcing (in human, financial, and infrastructure terms) to mitigate them, is necessary to support FNCFS agencies in their work. Simply throwing money at the system will not necessarily generate better results for children, families and communities.

FIGURE 34: Standard performance framework overview.



Based on the literature on child welfare at the individual, familial, and community levels, many experts and practitioners now recognize the multiple dimensions of child well-being rooted in social ecosystems, as well as the importance of utilizing results-based frameworks to promote these attributes. Building from this research detailed earlier in this section, the performance measurement framework is intended to provide a measurable outcome-based framework that will underpin a results-focused FNCFS funding approach across Canada.

The long-term and medium-term outcomes and results are captured at the top of the performance measurement framework by the 'thriving First Nations children' outcome with child well-being, family well-being and community well-being sub-strategic outcomes.

The performance elements and programs supporting each sub-strategic outcome are the basis for linking activities, budgetary inputs and short-term performance indicators with the long-term and medium-term outcomes at the strategic and sub-strategic outcome level.

Thus, the performance measurement framework is the means by which we are able to link short-term resource allocations with long-term performance outcomes and better understand the current state along with the progress being made towards the attainment of the long-term outcomes being sought.

The challenge is optimizing inputs and activities for sustainable, positive results. More inputs do not automatically translate into better outcomes. Some of the key definitions inherent to the performance measurement framework are illustrated in the figure below.

PERFORMANCE MEASUREMENT IN CHILD WELFARE

The long-term strategic outcome being sought is thriving First Nations children. This strategic outcome is broken down into three sub-strategic outcomes that

represent broader but distinct societal areas of focus that will help to achieve the strategic outcome. The three areas of focus are child well-being, family well-being and community well-being (see Figure 35) Sub-strategic objectives associated with the four areas of focus are detailed in Table 6.

FIGURE 35: Strategy map overview of the Measuring to Thrive framework.

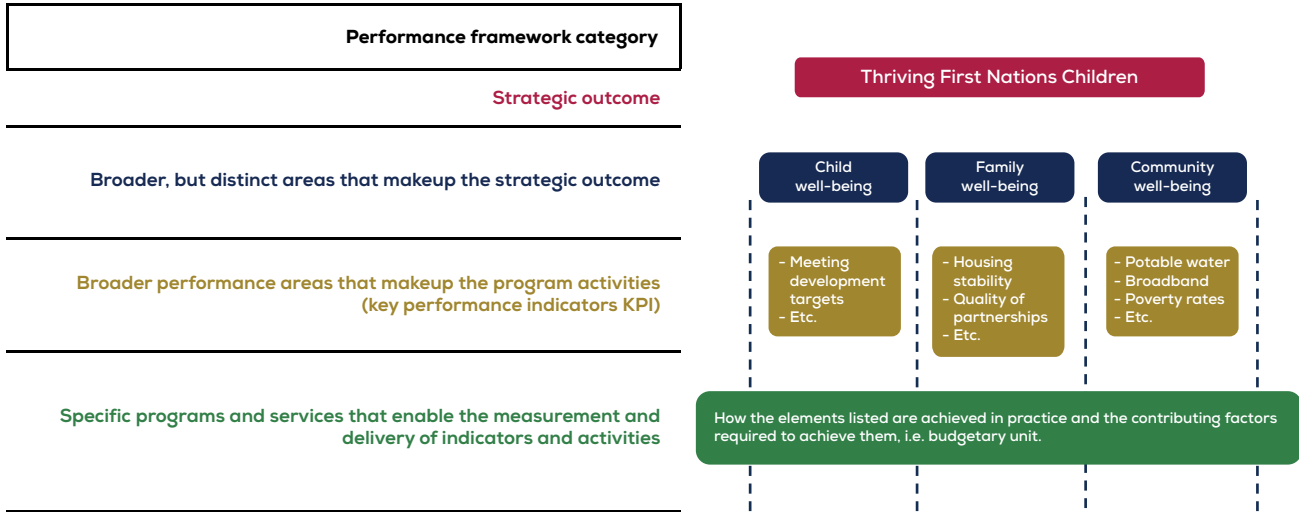


TABLE 6: Strategic outcome definitions of the Measuring to Thrive framework.

Strategic outcome	Definition
<p>Child well-being</p>	<p>Purpose: Children reach their full developmental potential and have a sense of hope, belonging, purpose and meaning.</p> <p>Definition: Child well-being is a multi-dimensional concept that is influenced by a child’s interaction with the environment. It includes cognitive, social, psychological/emotional, cultural/spiritual and physical development and wellness. These interdependent components provide the foundation for a child to reach their full developmental potential and for children to feel positive about life and have a sense of hope, belonging, purpose and meaning.</p> <hr/> <p>Purpose: Child safety, a crucial component of child well-being. Children are protected from harm and achieve permanency in their living situation.</p> <p>Definition: Protecting children from harm and abuse will always be at the core of an agency’s mandate. While it is preferable to preserve the family unit, this is not always an option for some children. An agency must not only be equipped to respond to these cases, but also ensure that children achieve permanency in their living situation as swiftly as possible to avoid further disruption. Child safety refers to preventing and responding to cases of child maltreatment (including physical abuse, sexual abuse, physical neglect, emotional maltreatment and exposure to domestic violence). For children placed in out-of-home care, this also includes permanency and stability in their new living arrangement.</p>

<p>Family well-being</p>	<p>Purpose: Families enjoy a safe, stable environment in which to foster healthy familial relationships.</p> <p>Definition: Family well-being is a relational concept, referring to the interactions between family members but also affected by the larger environments in which parents and children exist. Within the family unit, well-being comprises family self-sufficiency, meaning the labour force participation of caregivers and the ability of the family to meet basic needs, and family health and social factors, meaning the mental and physical well-being of caregivers and family protective factors.</p>
<p>Community well-being</p>	<p>Purpose: Reliable public infrastructure, access to basic needs, and resources and services to foster safe, stable, thriving communities.</p> <p>Definition: Community well-being is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for the fulfilment of their full potential.</p> <p>This dimension of well-being is determined by a community's access to basic needs (potable water, access to suitable housing, broadband connectivity, the presence of community infrastructure, and overall community poverty level). In addition to these aspects, community well-being is also affected by health and social services provision among band councils and community agencies, as well as by broader indications of public safety and community health, such as rates of suicide, rates of illicit drug use, rates of heavy drinking, BMI rates, rates of chronic conditions, and rates of violent crime.</p>

DATA COLLECTION

The successful implementation of a performance measurement strategy requires routine collection of data both at baseline and over time. Data can be administrative (e.g. it is already collected through program files), primary performance data (e.g. specialized for the individual program), or secondary data (e.g. data that applies to the program but has been collected but for other purposes). It is also important to identify:

- The frequency of data collection (how often will it be collected?);
- The responsibility for data collection (who is responsible?);
- Baseline information (what is the current state?);
- Targets (what is the goal?), and;
- Timelines (when does the data need to be collected?).

Building a system for results means building-in data for better decision-making and the ability to adjust practices for mid-course corrections. Data is a tool for agencies and communities to improve planning and resource allocation. In order for data to be an effective tool for informed decision-making, the following requirements are necessary:

- Data collected must be relevant to mandate and desired outcomes;
- Analysis must include context/point of departure;
- Agencies will be assessed against themselves;

- Data richness and applications for predictability will improve with time;
- Data handling must follow OCAP principles, and;
- Only aggregate data is shared publicly.

As will be expanded in the discussion of the application of the framework, the issue of concern in this report is not the lack of data collected on First Nations in Canada (indeed it is the case that many First Nations groups are extensively surveyed) but rather that the quality of data, mainly in terms of granularity, does not allow for sufficient performance measurement at the level of the child welfare agency. As the majority of this data information cannot be analyzed at the level of individual First Nations communities, it does not enable strategic planning and results-tracking over time.

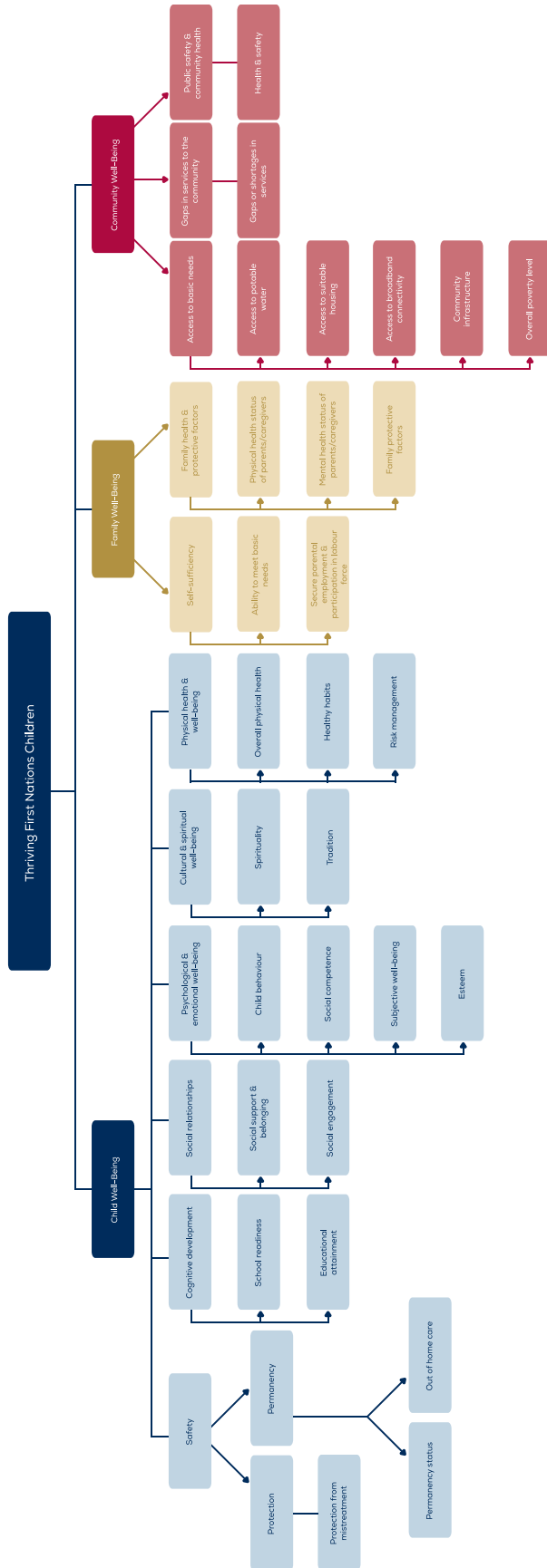
Performance framework justification

Achieving the strategic outcome of *Enabling First Nations Children to Thrive* is built on three sub-strategic outcomes: child well-being, family well-being and community well-being (see Figure 36). These sub-strategic outcomes are divided into performance areas, and each performance area consists of proposed measures and indicators to evaluate progress in performance areas. Performance areas, measures and indicators have all been developed with aforementioned theoretical and Indigenous perspectives of well-being in mind. The following section provides a justification for these components of a performance framework that is focused on thriving First Nations children (see Table 7).

TABLE 7: Strategy map components.

Component	Description
Strategic outcome	The overarching goal, to which all activities contribute. It is measurable and represents an end-state or maintenance of an end-state.
Sub-strategic outcomes	Broader but distinct societal areas of focus to achieve the strategic outcome.
Performance areas	The lenses through which progress on sub-strategic outcomes can be understood.
Measures	Means of assessing progress in performance areas.
Indicators	The variables measured. They can be qualitative or quantitative, and should be valid, reliable, affordable, available and relevant.
Activities	The actions or processes undertaken to achieve outcomes. It includes the “how” of achieving outcomes, such as targeted programs or direct front-line services.
Inputs	The resources required (both financial and non-financial) to support activities.

FIGURE 36: Mapping the Measuring to Thrive framework.



SUB-STRATEGIC OUTCOME: CHILD WELL-BEING

Child well-being is a multifaceted concept, for which there is no consensus on measurement. Depending on contextual factors such as family, community, and socio-political considerations, child well-being requires consideration of multiple dimensions influenced by a child's environment.⁸¹

To improve well-being, it must be understood through a holistic lens. Pollard and Lee⁸² cite Columbo's (1986) definition of child well-being as a useful one: "A multidimensional construct incorporating mental/psychological, physical, and social dimensions." The definition is useful as it encapsulates several spheres of influence on a child's and adolescent's well-being at individual and environmental levels. In line with the multi-dimensional approach to defining child well-being, Asher Ben-Arieh, notes that child well-being encompasses quality of life in a broad sense. It refers to a child's economic conditions, peer relations, political rights, and opportunities for development. Most studies focus on certain aspects of children's well-being, often emphasizing social and cultural variations. Thus, any attempts to grasp well-being in its entirety must use indicators on a variety of aspects of well-being.⁸³

Consistent in the literature on measuring child well-being is the need to conceptualize and develop indicators that focus on strengths as opposed to deficits, as this is how "we discover the core elements of well-being that enable children to flourish and thrive."⁸⁴ In a literature review on child well-being and how it is studied, Amerijckx and Humblet⁸⁵ understand the multidimensional nature of child well-being across 5 axes:

- Positive vs. negative (e.g. strengths-based approaches as opposed to deficit-based approaches to conceptualizing child well-being)
- Objective vs. subjective (e.g. others' perceptions of child well-being, as opposed to the child's perception of their own well-being)
- State vs. process (e.g. child's well-being in present day, versus well-being over a longer period of time/lifetime/life trajectory; also referred to as the "developmentalist" vs. the "child rights" perspectives)

⁸¹ Gaëlle Amerijckx and Perrine Claire Humblet, "Child Well-Being: What Does It Mean?," *Children & society* 28, no. 5, (2014): 404–415; Jonathan Bradshaw, Petra Hoelscher, and Dominic Richardson, "Comparing child well-being in OECD countries: Concepts and methods," (2007): 1–117; Simon Chapple and Dominic Richardson, "Doing better for children," vol. 168 (OECD, 2009): 1–192; Elizabeth L. Pollard and Patrice D. Lee, "Child Well-being: A Systematic Review of the Literature," *Social Indicators Research* 61, no. 1, (January 2003): 59–78.

⁸² Pollard and Lee, "Child Well-being: A Systematic Review of the Literature."

⁸³ Asher Ben-Arieh and Ivar Frønes, "Indicators of Children's Well being: What should be Measured and Why?," *Social Indicators Research* 84, no. 3 (December 2007): 249–250.

⁸⁴ Pollard and Lee, "Child Well-being: A Systematic Review of the Literature."

⁸⁵ Amerijckx and Humblet, "Child Well-Being: What Does It Mean?."

- Material vs. spiritual (e.g. well-being in terms of financial, health, educational and family resources or lack thereof, as opposed to non-material aspects of well-being)
- Individual vs. community (e.g. the extent to which a collective group matters for an individual's well-being)

The dimensions of child well-being are interdependent; growth in one area is highly dependent on well-being in other areas, and all of it is connected to the well-being of their family and community. If we were to direct our attention to the individual, however, what does a thriving child look like? What contributes to child well-being in the here and now, and what is important to ensuring children grow into thriving adults? Based on a review of academic and grey literature, five dimensions have been identified as essential for child well-being:

1. Safety
2. Cognitive development
3. Social relationships
4. Emotional, cultural and spiritual well-being
5. Physical health and well-being

The following review defines each dimension of child well-being, key measures and indicators to evaluate progress in each dimension, and evidence to support why these matter for child well-being.

SAFETY

Ensuring that children are safe, especially those who face immediate threat to their health and safety, will always be at the core of a child welfare agency's mandate. Child abuse and neglect (also referred to as child maltreatment in the literature) is generally defined by the Canadian Child Welfare Research Portal as "acts of commission or omission by a parent or other caregiver that result in harm, potential for harms, or threat of harm to a child," and includes "physical abuse, sexual abuse, physical neglect, emotional maltreatment and exposure to domestic violence."⁸⁶

⁸⁶ Canadian Child Welfare Research Portal, "Child Abuse & Neglect," accessed July 27, 2020, <https://cwrp.ca/child-abuse-neglect>.

Abuse in the early years of life can have detrimental effects on future health and well-being and can disrupt early brain development.⁸⁷ As the WHO notes, “maltreated children are at increased risk for behavioural, physical and mental health problems, such as: perpetrating or being a victim of violence, depression, smoking, obesity, high-risk sexual behaviours, unintended pregnancy, and alcohol and drug misuse” in adulthood.⁸⁸ These consequences may extend into further health problems, such as chronic disease and sexually transmitted infections.⁸⁹ Poor outcomes resulting from child maltreatment also present major costs to society.

Upholding the rights of children and promoting their well-being across the life course is essential to ensuring that they thrive. Child safety, which includes preventing and responding to cases of child maltreatment, as well as achieving permanency, safety and stability for children who have been placed in out-of-home care, is a fundamental component of child well-being. In this performance framework, the concept of child safety has been divided into two key dimensions:

1. Protection
2. Permanency

The following review examines key measures and indicators that should be used to evaluate progress in each dimension, and evidence to support why these matter in order for children to thrive.

PROTECTION

Measure: Protection from all forms of maltreatment

Central to the work of a child welfare agency is to protect children from harm and abuse. The Canadian Child Welfare Research Portal identifies five primary forms of maltreatment: physical abuse, sexual abuse, physical neglect, emotional maltreatment and exposure to domestic violence.⁹⁰ The indicators for this measure include:

- Recurrence of maltreatment
- Recurrence of child protection concerns in a family after ongoing protections services were provided
- Serious injuries/deaths
- Non-accidental child injury
- Child sexual abuse

⁸⁷ World Health Organization, “Child maltreatment,” June 8 2020, <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>.

⁸⁸ World Health Organization, “Child maltreatment.”

⁸⁹ World Health Organization, “Child maltreatment.”

⁹⁰ Canadian Child Welfare Research Portal, “Child Abuse & Neglect.”

Why these indicators matter

Children who have been maltreated are at increased risk of recurrence of maltreatment.⁹¹ Research has found that compared to children who had not been previously maltreated, children who had been were nearly six times more likely to experience it again.⁹²

While any case of maltreatment is serious, there is consensus in the literature that chronic maltreatment is associated with more negative outcomes.⁹³ In a prospective study examining outcomes of chronic child maltreatment, researchers found that the number of maltreatment reports predicted negative childhood outcomes in a linear fashion. In other words, the more often a child was maltreated, the greater the number of negative outcomes later in life. Chronic maltreatment may be especially alarming for outcomes related to suicidal behaviour. The same study found that “suicide attempts before age 18 showed the largest proportionate increase with repeated maltreatment.”⁹⁴ The recurrence of child protection concerns in a family after ongoing protections services were provided is not only important to protect the well-being of children and prevent chronic abuse; it is also an indicator of how effective child welfare services are at preventing maltreatment.⁹⁵

As Jaffee and Maikovich-Fong⁹⁶ summarize, compared to both non-maltreated children and children experiencing transitory maltreatment, those who have experienced chronic maltreatment exhibit more behavioural issues. Compared to non-maltreated children, chronically maltreated children have more difficulties with peers, aggressive, delinquent and withdrawn behaviour, internalizing symptoms, and decreased prosocial behaviour. Compared to children experiencing transitory maltreatment, they show more externalizing problems, lower

⁹¹ Nick Hindley, Paul G Ramchandani, and David PH Jones, “Risk factors for recurrence of maltreatment: a systematic review,” *Archives of disease in childhood* 91, no. 9 (2006).

⁹² Hindley, Ramchandani, and Jones, “Risk factors for recurrence of maltreatment: a systematic review.”

⁹³ Ann S. Masten and Margaret O’Dougherty Wright, “Cumulative risk and protection models of child maltreatment,” *Journal of Aggression, Maltreatment & Trauma* 2, no. 1 (1998): 7–30; M. Jonson-Reid, P. L. Kohl, and B. Drake, “Child and adult outcomes of chronic child maltreatment,” *Pediatrics* 129, no. 5 (May 2012): 839–845; Diane DePanfilis and Susan J Zuravin, “Epidemiology of child maltreatment recurrences,” *Social service review* 73, no. 2 (1999); Oliver G White, Nick Hindley, and David PH Jones, “Risk factors for child maltreatment recurrence: An updated systematic review,” *Medicine, Science and the Law* 55, no. 4 (October 2015): 259–277.

⁹⁴ Jonson-Reid, Kohl, and Drake, “Child and adult outcomes of chronic child maltreatment.”

⁹⁵ Hindley, Ramchandani, and Jones, “Risk factors for child maltreatment recurrence: An updated systematic review.”

⁹⁶ Sara R. Jaffee and Andrea Kohn Maikovich-Fong, “Effects of chronic maltreatment and maltreatment timing on children’s behavior and cognitive abilities,” *Journal of Child Psychology and Psychiatry* 52, no. 2 (2011): 184–194.

levels of ego resilience, higher rates of juvenile offending, increased levels of anxious and depressed behaviours, increased levels of aggressive behaviours, depression, and symptoms of post-traumatic stress, as well as decreased levels of interpersonal and coping skills.

Leading researchers in the field of child development have found that exposure to strong, frequent and/or prolonged adversity, such as chronic abuse, parental substance abuse, or exposure to violence, can elicit a toxic stress response. This type of stress can have a profound effect on the architecture of the developing brain, which “can have potentially permanent effects on a range of important functions such as regulating stress physiology, learning new skills, and developing the capacity to make healthy adaptations to future adversity.”⁹⁷

Though rare, serious injuries and deaths are an important indicator to prevent these tragedies from occurring in the future and to evaluate whether the child welfare system is appropriately responding to cases of maltreatment. Research in this area of child welfare has shown that previous reports of child maltreatment is a risk factor for child deaths,⁹⁸ further substantiating indicators of recurrence as an important measure of child safety.

In summary, protecting the safety and rights of children is at the core of a child welfare agency’s work. Indicators highlight the importance and effectiveness of an agency’s ability to prevent subsequent cases of maltreatment from occurring, which have a major impact on a child’s ability to thrive in the present and in the future.

Measure: Emergency mental health

Another important measure to consider when it comes to protecting children is providing effective services when they may be a harm to themselves. Emergency mental health refers to when children are in crises and are at risk of harming themselves in any way, or contemplate, attempt, or commit suicide. The indicators for this measure include:

- Suicidal ideation
- Suicide attempts
- Suicide rate
- Self-harm related behaviour

⁹⁷ Jack P Shonkoff et al., “The lifelong effects of early childhood adversity and toxic stress,” *Pediatrics* 129, no. 1 (January 2012): e232–e246.

⁹⁸ Melissa Jonson-Reid, Toni Chance, and Brett Drake, “Risk of Death Among Children Reported for Nonfatal Maltreatment,” *Child Maltreatment* 12, no. 1 (February 1, 2007): 86–95.

Why these indicators matter

The rate of suicide among First Nations people is three times higher than the rate among non-Indigenous people.⁹⁹ The suicide rate among First Nations living on-reserve have been found to be twice as high as those living off-reserve, and the highest rates are among youth aged 15 to 24 compared to other age groups.¹⁰⁰

Risk factors for youth suicide include socio-economic disadvantage, parental psychopathology such as depression and substance use disorders, family history of suicidal behaviour, parental discord and separation, a history of physical and/or sexual abuse during childhood, and dysfunctional parent-child relationships.¹⁰¹ Furthermore, suicidal behaviour within families, personality traits such as low self-esteem, external locus of control and hopelessness, and mental health disorders such as affective disorder, substance abuse and antisocial behaviours are considered risk factors for youth suicide.¹⁰² From an Indigenous perspective, a review of the literature found that depression, having a friend attempt or commit suicide, substance or alcohol abuse, having a psychiatric disorder and experiencing childhood abuse were the strongest predictors of attempting suicide.¹⁰³

The impacts of multigenerational trauma stemming from negative experiences in the residential school system have been associated with a history of suicidal thoughts and attempts.¹⁰⁴ Furthermore, given the contextual challenges facing First Nations communities, including poverty and intergenerational trauma, First Nations children coming into contact with the child welfare system are likely exposed to one or even several of these risk factors. Implementing effective services that promote mental health among Indigenous children more generally and in crises is integral to their safety and ability to thrive.

⁹⁹ Mohan Kumar and Michael Tjepkema, "Suicide among First Nations people, Métis and Inuit (2011–2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC)," *Statistics Canada* (June 28, 2019), <https://www150.statcan.gc.ca/n1/en/pub/99-011-x/99-011-x2019001-eng.pdf?st=r08g1Ngf>.

¹⁰⁰ Mohan Kumar and Michael Tjepkema, *Suicide among First Nations people, Métis and Inuit (2011–2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC)*.

¹⁰¹ Annette L. Beautrais, "Risk Factors for Suicide and Attempted Suicide among Young People," *Australian & New Zealand Journal of Psychiatry* 34, no. 3 (June 1 2000): 420–436.

¹⁰² Beautrais, "Risk Factors for Suicide and Attempted Suicide among Young People."

¹⁰³ Henry G Harder et al., "Indigenous youth suicide: a systematic review of the literature," *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 10, no. 1 (2012): 125–142.

¹⁰⁴ B. Elias et al., "Trauma and suicide behaviour histories among a Canadian indigenous population: an empirical exploration of the potential role of Canada's residential school system," *Soc Sci Med* 74, no. 10 (May 2012): 1560–1569.

PERMANENCY

Measure: Permanency status

In situations where children require out-of-home care, the primary goal is for them to eventually be reunified with their families, although this is not always possible. In any case, achieving a permanent or stable living situation is important for healthy child development and well-being. The indicators to assess performance for this measure include:

- Out-of-home placement rate
- Number of moves in care
- Timeliness of successful family reunification or adoption

Why these indicators matter

A stable and permanent living situation is essential for healthy development and establishing more secure and strong relationships with caregivers, which in turn impact a child's ability to thrive. As Trocmé and colleagues note, "a stable placement experience can assist children in out-of-home care to develop and maintain family, peer, and community relationships while separated from their families."¹⁰⁵ Stability promotes fewer school changes and thus stronger relationships with peers, as well as more consistent access to community services and activities.¹⁰⁶

Multiple moves in care are associated with various negative outcomes among children. Instability may elicit a toxic stress response, which can result in developmental delays and behaviour problems. In turn, this can propagate a negative cycle of displacement and worsening attachment disorders.¹⁰⁷ Children who experience ongoing separation from both their biological and foster families may develop an inability to form trusting relationships with adults, which can lead to "persistent rage, chronic depression, asocial and antisocial behaviour, low self-concept, and chronic dependency."¹⁰⁸ It is not surprising that unstable placements in foster care, characterized by placement frequency and episodic foster care, have been associated with increased rates of mental health service utilization.¹⁰⁹

¹⁰⁵ Nico Trocmé et al., "National Child Welfare Outcomes Indicator Matrix (NOM)," *Centres of Excellence for Children's Well-Being: Child Welfare*, (June 2009): 1–8.

¹⁰⁶ Joseph M. Price et al., "Effects of a foster parent training intervention on placement changes of children in foster care," *Child Maltreatment* 13, no. 1 (February 1 2008): 64–75.

¹⁰⁷ Yvon Gauthier, Gilles Fortin, and Gloria Jéliu, "Clinical Application of Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care," *Infant Mental Health Journal* 25, no. 4 (July 1, 2004).

¹⁰⁸ Gauthier, Fortin, and Jéliu, "Clinical Application of Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care."

¹⁰⁹ David M. Rubin et al., "Placement Stability and Mental Health Costs for Children in Foster Care," *Pediatrics* 113, no. 5 (May 2004): 1336–1341.

As Trocmé and colleagues¹¹⁰ describe, the out-of-home placement rate is not necessarily a negative indicator, as some children may need to be removed from their living situation to ensure their safety. However, at an aggregate level, the out-of-home placement rate can indicate the effectiveness of preventative child welfare services and the well-being of children in the community as a whole.

In summary, as a last resort, children may need to be removed from their homes to address cases of chronic child maltreatment. Measuring the child welfare system's ability to achieve permanency in their living situation is important for the well-being of the child and future outcomes.

Measure: Out-of-home care

In addition to achieving stability in a child's living situation, it is also important to consider the characteristics of the living situation and their impact on child well-being. The indicators for this measure include:

- Children placed with kin and/or Indigenous families in their community
- Quality of caregiver and youth relationship

Why these indicators matter

In the event that children must be removed from their homes and families, placing them with “kin” is the preferred option in many jurisdictions. According to the Canadian Child Welfare Research Portal, kinship care refers to “children placed out-of-home in the care of extended family, individuals emotionally connected to the child, or in a family of similar religious or ethno-cultural background.”¹¹¹ Compared to foster children, children in kinship care have displayed better outcomes with respect to behavioural development and mental health functioning.¹¹²

Kinship care has become increasingly popular as it promotes continuity and connection to a child's culture and community. This may buffer the traumatic experience of being separated from one's parents by offering a sense of familiarity and belonging with extended family.¹¹³ This has been regarded as especially important in the Indigenous context given

¹¹⁰ Nico Trocmé et al., *National Child Welfare Outcomes Indicator Matrix (NOM)* (Centre of Excellence for Child Welfare, 2009).

¹¹¹ Canadian Child Welfare Research Portal, “Kinship Care,” accessed July 27 2020, <https://cwrp.ca/kinship-care>.

¹¹² Marc Winokur, Amy Holtan, and Deborah Valentine, “Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment,” *Cochrane Database of Systematic Reviews*, no. 1 (January 21 2009).

¹¹³ Pamela Gough, “Kinship care,” *Centre of Excellence for Child Welfare*, Faculty of Social Work, University of Toronto (Toronto, ON, 2006): 1–4.

the policies and practices that have used child removal as a tool for assimilation in the past. In a First Nations community in Manitoba, one study found that kinship care provided a link between culture and traditions, promoted a child's connection with their caregiver and community (which enhanced the connection to their culture and ability to speak their Indigenous language), and participants reported improved school performance and fewer behavioural issues.¹¹⁴ Studies have also suggested an association between kinship care and placement stability, i.e. fewer moves in care.¹¹⁵

To understand the well-being of children who have been removed from their homes, it is also important to understand the quality of their relationships with their caregivers. Establishing secure, trusting and positive relationships with their caregiver is essential for healthy development, impacting outcomes across the life course.

COGNITIVE DEVELOPMENT

Cognitive development refers to “the construction of thought processes, including remembering, problem solving, and decision-making, from childhood through adolescence to adulthood.”¹¹⁶ Healthy cognitive development is important for a child's trajectory, and is often measured in relation to educational outcomes.

Measure: School readiness

Among children approaching school age, one important measure of development is school readiness. According to Engle and Black, school readiness is defined as “a broad set of skills that affect children's ability to learn in school: physical health, motor skills, self-care, emotional and behavioural regulation, social skills, communication skills, pre-academic skills, attention, and curiosity and motivation to learn.”¹¹⁷ Based on this definition, healthy growth in all dimensions of well-being are important for school readiness. The indicators of language and cognition to measure academic school readiness are chosen in accordance with

¹¹⁴ Alexandra Wright, Diane Hiebert-Murphy, Janet Mirwaldt, and George Muswaggon, “Factors that contribute to positive outcomes in the Awasis Pimicikamak Cree Nation kinship care program,” accessed on July 27, 2020, <https://cwrp.ca/sites/default/files/publications/en/AwasisFinalReport.pdf>.

¹¹⁵ Gary S Cuddeback, “Kinship family foster care: A methodological and substantive synthesis of research,” *Children and youth services review* 26, no. 7 (2004): 623–639; Gretchen Perry, Martin Daly, and Jennifer Kotler, “Placement stability in kinship and non-kin foster care: A Canadian study,” *Children and Youth Services Review* 34, no. 2 (February 2012): 460–465; Winokur, Holtan, and Valentine, “Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment.”

¹¹⁶ Encyclopedia of Children's Health, “Cognitive Development,” accessed July 27, 2020, <http://www.healthofchildren.com/C/Cognitive-Development.html>.

¹¹⁷ Patrice L. Engle and Maureen M. Black, “The Effect of Poverty on Child Development and Educational Outcomes,” *Annals of the New York Academy of Sciences* 1136, no. 1 (2008): 243–256.

Brownell et al.,¹¹⁸ that “the types of skills assessed in this domain are the strongest predictors of subsequent school performance and educational attainment”. It is important to note, however, that there are several non-cognitive indicators of school readiness; these are conceptualized in other dimensions of child well-being in the performance framework.

Helpful indicators include:

- Basic literacy score;
- Basic numeracy score;
- Interest in literacy and numeracy score;
- Advanced literacy score;
- The number of 3 and 4-year-olds participating in funded early years education

Why these indicators matter

Gaps in school readiness at school entry are indicative of suboptimal development and characterized by the child’s socioeconomic environment. For example, children of mothers with low educational attainment made up 32% of children entering school lacking printing and writing skills, as opposed to 8% of children with mothers who had a bachelor’s degree or higher.¹¹⁹ Similar gaps are also seen in proficiency in literacy and math, and disadvantaged children are also more likely to exhibit behavioural problems.¹²⁰ What is more, these gaps tend to widen as opposed to shrink as the child proceeds through formal schooling and are predictive of future school performance and educational attainment.¹²¹ Heckman’s work suggests that, “most of the gaps at age 18 that help to explain gaps in adult outcomes are present at age five.”¹²²

Participation in early childhood education is a well-evidenced intervention to enhance school readiness, especially among children from disadvantaged backgrounds. Ensuring that children are better prepared when entering school aims to improve educational achievement—a key factor in social mobility and escaping poverty.¹²³ As Shonkoff states, “high quality early childhood programs designed to

¹¹⁸ Marni D. Brownell et al., “A population-based analysis of factors that predict early language and cognitive development,” *Early Childhood Research Quarterly* 35 (2016): 6–18.

¹¹⁹ Lynn A Karoly, M Rebecca Kilburn, and Jill S Cannon, *Early childhood interventions: Proven results, future promise* (Rand Corporation, 2005).

¹²⁰ Karoly, Kilburn, and Cannon, *Early childhood interventions: Proven results, future promise*.

¹²¹ Engle and Black, “The Effect of Poverty on Child Development and Educational Outcomes.”

¹²² James J. Heckman, “Schools, Skills, and Synapses,” *Econ Inq* 46, no. 3 (Jun 2008): 289.

¹²³ Engle and Black, “The Effect of Poverty on Child Development and Educational Outcomes.”

produce positive effects on educational achievement and later work-force participation offer an important, unrecognized infrastructure for addressing the stress-related roots of social class disparities in health.”¹²⁴

Measure: Educational attainment

Another important measure of cognitive development from childhood into adolescence is educational attainment. Indicators chosen for this measure include:

- Literacy and numeracy test scores (middle childhood)
- Positive attitudes towards learning/school
- Youth who intend on going to post-secondary school (e.g. trades, university, college)

Why these indicators matter

Educational attainment is important for child well-being, particularly in the context of a child’s socio-economic trajectory. Literacy and numeracy scores tell us how well the child is performing in school and are a gauge of cognitive functioning.¹²⁵ Academic success also has a reciprocal effect on a child’s attitude towards learning (often referred to as academic self-concept).¹²⁶ Learning begets learning, and academic achievement and motivation to learn are key factors to a high level of educational attainment.

This is important, as educational attainment often translates into levels of skill and ability in society, which are linked to a host of outcomes in adulthood.¹²⁷ More obvious impacts of low education are reduced rates of employment and earnings. Failure to complete high school is linked to higher rates of welfare dependency and criminality.¹²⁸ Educational attainment is also a determinant of participation in the Canadian labour market, especially for Indigenous people.¹²⁹ For example, in 2009, 82% of adults aged 25 to 64 with post-secondary qualifications were employed,

¹²⁴ J. P. Shonkoff, W. T. Boyce, and B. S. McEwen, “Neuroscience, molecular biology, and the childhood roots of health disparities: building a new framework for health promotion and disease prevention,” *Jama* 301, no. 21 (Jun 3 2009): 754.

¹²⁵ Nico Trocmé et al., *National Child Welfare Outcomes Indicator Matrix (NOM)* (Centre of Excellence for Child Welfare, 2009).

¹²⁶ Frédéric Guay, Herbert W Marsh, and Michel Boivin, “Academic self-concept and academic achievement: Developmental perspectives on their causal ordering,” *Journal of educational psychology* 95, no. 1 (2003): 124–136.

¹²⁷ James J. Heckman, “Schools, Skills, and Synapses,” *Econ Inq* 46, no. 3 (Jun 2008): 289.

¹²⁸ Karoly, Kilburn, and Cannon, *Early childhood interventions: Proven results, future promise*.

¹²⁹ Melisa Brittain and Cindy Blackstock, *First Nations child poverty: A Literature Review and Analysis* (First Nations Children’s Action Research and Education Service, 2015): 1–175; Statistics Canada, “Aboriginal people and the labour market,” updated March 16, 2017, <https://www150.statcan.gc.ca/n1/daily-quotidien/170316/dq170316d-eng.htm>.

compared to 55% of those with less than a high school education.¹³⁰ Indeed, employment rates are higher for Indigenous people with post-secondary credentials.¹³¹

PSYCHOLOGICAL AND EMOTIONAL WELL-BEING

Psychological and emotional well-being in childhood includes the ability to self-regulate emotions; healthy self-esteem, which is affected by the presence of optimism, hope, resilience and looking to the future; as well as their own perceptions of their mental health and well-being. According to the WHO, “mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”¹³² Promoting psychological health and well-being in childhood is an important pathway to good mental health in adulthood.

Measure: Child behaviour

Child behaviour is a good measure of how children are faring psychologically and emotionally, particularly with respect to self-regulation. Indicators chosen for this measure include:

- Anxious and fearful behaviour
- Aggressive behaviour
- Hyperactivity and inattentive behaviour

Why these indicators matter

As Trocmé describes, “abused and neglected children are at high risk of developing emotional and behavioural problems at home, school, and in the community,” and experience decreased placement stability.¹³³ This lack of stability may only reinforce behavioural and emotional problems. Therefore, child behaviour is an important measure to monitor in the context of children who are in contact with the child welfare system so that they can be referred to appropriate early intervention services.

Behavioural issues among children are associated with socioeconomic disadvantage and have been linked to worse outcomes in adulthood. For example, research has found an association between attention deficit

¹³⁰ Statistics Canada, “Educational Attainment and Employment: Canada in an International Context,” (February 2012), <https://www150.statcan.gc.ca/n1/en/pub/81-599-x/81-599-x2012008-eng.pdf?st=bfdP0Wao>.

¹³¹ Karen Kelly-Scott and Kristina Smith, *Aboriginal peoples: Fact sheet for Canada*, Statistics Canada, 2015, accessed July 27, 2020, <https://www150.statcan.gc.ca/n1/en/pub/89-656-x/89-656-x2015001-eng.pdf?st=7uLuA-8L>.

¹³² World Health Organization, “Mental Health: Strengthening our Response,” 2018, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

¹³³ Nico Trocmé et al., *National Child Welfare Outcomes Indicator Matrix (NOM)* (Centre of Excellence for Child Welfare, 2009).

problems and poor labour outcomes in adulthood, such as lower rates of employment, lower earnings and worse jobs.¹³⁴ Conduct disorders in childhood, which include antisocial behaviours such as disobedience, tantrums, fighting, destructiveness, lying and stealing, increase the likelihood of violence, criminality, poor relationships, and poor mental health.¹³⁵

This incurs significant societal costs as well.¹³⁶ Scott and colleagues¹³⁷ found costs for individuals with conduct disorder in childhood to be 10 times higher than for those with no problems, the bulk of which were associated with criminality, extra educational support, out of home care and state benefits. Another study examining physical health in adulthood among children who displayed childhood aggression found a direct and positive link to the use of medical services, “as well as medical visits due to lifestyle-related illnesses and injuries, with indirect paths through educational attainment.”¹³⁸

Measure: Social competence

There are varying definitions of social competence, but it can generally be described as “involving the personal knowledge and skills which persons develop in order to deal effectively with life’s many choices, challenges and opportunities.”¹³⁹ More specifically, it involves the quality of interactions and relationships. Indicators chosen for this measure include:

- Communication skills
- Prosocial and helping behaviour
- Social intelligence

¹³⁴ Martin Knapp et al., “Economic outcomes in adulthood and their associations with antisocial conduct, attention deficit and anxiety problems in childhood,” *Journal of mental health policy and economics* 14, no. 3 (2011): 137–47.

¹³⁵ Jonathan Hill and Barbara Maughan, *Conduct disorders in childhood and adolescence* (Cambridge University Press, 2001).

¹³⁶ Stephen Scott et al., “Financial cost of social exclusion: follow up study of antisocial children into adulthood,” *Bmj* 323, no. 7306 (Jul 2001): 191–195; Renee Romeo, Martin Knapp, and Stephen Scott, “Economic cost of severe antisocial behaviour in children—and who pays it,” *British Journal of Psychiatry* 188, no. 6 (2006): 547–53.

¹³⁷ Stephen Scott et al., “Financial cost of social exclusion: follow up study of antisocial children into adulthood,” *Bmj* 323, no. 7306 (Jul 2001): 191–195.

¹³⁸ E. Temcheff et al., “Predicting adult physical health outcomes from childhood aggression, social withdrawal and likeability: a 30-year prospective, longitudinal study,” *Int J Behav Med* 18, no. 1 (Mar 2011).

¹³⁹ Heejeong Sophia Han and Kristen Mary Kemple, “Components of Social Competence and Strategies of Support: Considering What to Teach and How,” *Early Childhood Education Journal* 34, no. 3 (2006): 241–46.

Why these indicators matter

While skills related to achievement outcomes in school are undoubtedly important for future success, James Heckman, a Nobel Laureate in Economics, argues that equal attention must be paid to the development of noncognitive skills that are relevant for participation in the workforce and in society, which include those such as socioemotional regulation, personality factors, motivation, perseverance, and the capacity to collaborate with others.¹⁴⁰

This was demonstrated in Heckman’s research on the General Education Development (GED) testing program in the United States, which is a series of cognitive tests that high school dropouts can take to determine if they meet the minimum academic standard of high-school graduates. They found that although they have similar test scores to regular high school graduates, GED recipients have earnings that compare to high school dropouts.¹⁴¹ Heckman and his colleagues conclude that “the GED surplus of cognitive skills is not outweighed by the GED deficit in noncognitive skills.”¹⁴²

The importance of noncognitive skills for success in adulthood is bolstered by Heckman and others’ work in the field of early childhood intervention among disadvantaged children. Take, for instance, the Perry Preschool Project, which aimed to improve intellectual and social development among African American children at risk for school failure. Upon initial follow-up, the program was considered a failure as it did not appear to boost IQ compared to non-participating children. However, they did have higher achievement test scores, and upon follow-up at age 40, participating children had higher rates of high school graduation, higher earnings, higher percentages of home ownership, lower rates of welfare assistance, fewer out-of-wedlock births and fewer arrests compared to non-participating children.¹⁴³ Heckman attributes many of these differences to the development of noncognitive skills in these programs, contributing to social success.

¹⁴⁰ James J. Heckman, “Skill Formation and the Economics of Investing in Disadvantaged Children,” *Science* 312, no. 5782 (2006): 1900–1902.

¹⁴¹ James J Heckman and Yona Rubinstein, “The importance of noncognitive skills: Lessons from the GED testing program,” *American Economic Review* 91, no. 2 (2001): 145–149.

¹⁴² James J Heckman, Jora Stixrud, and Sergio Urzua, “The Effects of Cognitive and Noncognitive Abilities on Labor Market Outcomes and Social Behavior,” *Journal of Labor Economics* 24, no. 3 (2006): 411–482.

¹⁴³ James J. Heckman, “Skill Formation and the Economics of Investing in Disadvantaged Children,” *Science* 312, no. 5782 (2006): 1900–1902.

As Denham¹⁴⁴ concludes, in the context of academic outcomes, there is a strong body of evidence linking social-emotional competence to improved attitudes towards school and higher educational achievement. By contrast, those who have not developed in this area have weaker relations with peers and teachers. This decreases interest in school and persists into later years of learning, which can lead to dropping out.

Measure: Subjective well-being

Subjective well-being among children has emerged as an important measure, which has largely stemmed from the United Nations Convention on the Rights of the Child, in which children are assured rights as individuals, and that their views are important and must be taken into consideration.¹⁴⁵ Indicators chosen for this measure include:

- Self-reported happiness/life satisfaction
- Self-reported mental health

Why these indicators matter

Indicators like self-reported happiness and mental health distinguish the concept of “well-becoming” into adulthood from “well-being” among children in the present. In light of the recognition that children’s rights are human rights, it is important to study and understand well-being from the child’s experience and perspective. Huebner and colleagues¹⁴⁶ describe life satisfaction as “a person’s subjective, global evaluation of the positivity of her/his life as a whole or with specific life domains,” that can “encompass judgements ranging from very negative to neutral to very positive.”

These indicators may complement understanding of other indicators important to child well-being. While there is a large body of evidence highlighting associations between life satisfaction and well-being outcomes among adults, the extent to which this is relevant for children is still being studied. Emerging research has found life satisfaction to be a mediating factor on how stressful life events influence parenting behaviour and problem behaviour among adolescents.¹⁴⁷

¹⁴⁴ Susanne A. Denham, “Social-Emotional Competence as Support for School Readiness: What Is It and How Do We Assess It?,” *Early Education and Development* 17, no. 1 (2006): 57–89.

¹⁴⁵ Asher Ben-Arieh, “Where Are the Children? Children’s Role in Measuring and Monitoring Their Well-Being,” *Social Indicators Research* 74, no. 3 (December 2005): 573–596.

¹⁴⁶ E. Scott Huebner, Shannon M. Suldo, and Robert F. Valois, “Children’s Life Satisfaction,” in *What Do Children Need to Flourish? Conceptualizing and Measuring Indicators of Positive Development*, ed. Kristin Anderson Moore and Laura H. Lippman (Boston, MA: Springer US, 2005): 41.

¹⁴⁷ E. Scott Huebner, Shannon M. Suldo, and Robert F. Valois, “Children’s Life Satisfaction,” in *What Do Children Need to Flourish? Conceptualizing and Measuring Indicators of Positive Development*, ed. Kristin Anderson Moore and Laura H. Lippman (Boston, MA: Springer US, 2005): 41.

Measure: Esteem

Esteem is an important part of psychological and emotional well-being. Many components of esteem are captured in the First Nations Mental Wellness Continuum Framework, where mental wellness is defined as:

...a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: PURPOSE in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing; HOPE for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of BELONGING and connectedness within their families, to community, and to culture; and finally a sense of MEANING and an understanding of how their lives and those of their families and communities are part of creation and a rich history.¹⁴⁸

As Dumont and Provost note, “research has shown that individuals with high self-esteem or a high feeling of control will adopt active coping strategies focused on problems, whereas individuals with low self-esteem will adopt passive-avoidant coping styles focused on emotions.”¹⁴⁹ Low self-esteem has been associated with mental health issues such as anxiety and depression.¹⁵⁰ Indicators chosen for this measure include:

- Sense of purpose
- Optimism and hope
- Resilience
- Confidence
- Agency

Why these indicators matter

Fostering resilience among disadvantaged children is a complementary approach to mitigating risk factors to promote well-being. In practical terms, it will never be possible to remove all risks; therefore, cultivating psychological resilience and coping strategies offers a strengths-based method to navigating stress and adversity, in turn promoting better outcomes.¹⁵¹

¹⁴⁸ Health Canada, “First Nations Mental Wellness Continuum Framework: Summary Report,” (Health Canada, Assembly of First Nations Ottawa, ON, 2015).

¹⁴⁹ Michelle Dumont and Marc A. Provost, “Resilience in Adolescents: Protective Role of Social Support, Coping Strategies, Self-Esteem, and Social Activities on Experience of Stress and Depression,” *Journal of youth and adolescence* 28, no. 3, (1999): 343–363.

¹⁵⁰ Dumont and Provost, “Resilience in Adolescents: Protective Role of Social Support, Coping Strategies, Self-Esteem, and Social Activities on Experience of Stress and Depression.”

¹⁵¹ John Harvey and Paul H. Delfabbro, “Psychological resilience in disadvantaged youth: A critical overview,” *Australian Psychologist* 39, no. 1 (2011).

Scholars have recognized the importance of these indicators given the effects of intergenerational trauma on mental health among Indigenous peoples. For example, self-esteem and optimism are important protective factors for depressive symptomology among Aboriginal youth;¹⁵² a desire to contribute to one's community and believing in one's self have also been found to improve mental health among Indigenous youth.¹⁵³

SOCIAL RELATIONSHIPS

Social relationships in both early childhood and adolescence are widely regarded as one of the most important factors for healthy development and well-being in childhood through to adolescence. In the earliest years of life, it is argued that the quality of relationships and parenting carries the heaviest weight among the factors that drive healthy development.¹⁵⁴ Establishing warm, secure and responsive relationships with caregivers are key to establishing a child's confidence to play, socialize and explore their environment, which is what propels development.¹⁵⁵

Measure: Social support and belonging

As defined by Cohen, "social support refers to a social network's provision of psychological and material resources intended to benefit an individual's ability to cope with stress."¹⁵⁶ This is especially important for the well-being of vulnerable children that face many different adversities in life. Indicators chosen for this measure include:

- Youth who report positive relations with their parents
- Youth who report 5 or more close friends
- Youth who report positive relations with siblings and extended family
- Youth who report positive relations with non-family adults
- Youth who report strong ties with elders in the community

Why these indicators matter

As children progress into adolescence, strong social relationships continue to be an important protective factor as individuals navigate major developmental changes. Strong social relationships, or lack thereof, have been tied to several aspects of well-being. For example, in

¹⁵² Megan E. Ames et al., "The Protective Role of Optimism and Self-esteem on Depressive Symptom Pathways Among Canadian Aboriginal Youth," *Journal of Youth and Adolescence* 44, no. 1 (2015): 142–52.

¹⁵³ Joanna Petrusek MacDonald et al., "A review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth," *International Journal of Circumpolar Health* 72, no. 1 (2013).

¹⁵⁴ James J Heckman, "The Economics of Inequality: The Value of Early Childhood Education," *American Educator* 35, no. 1 (2011).

¹⁵⁵ Lori G Irwin, Arjumand Siddiqi, and Glyde Hertzman, "Early child development: a powerful equalizer" (Human Early Learning Partnership (HELP) Vancouver, BC, 2007).

¹⁵⁶ Sheldon Cohen, "Social Relationships and Health," *The American Psychologist* 59, no. 8 (2004): 676–684.

a population-based study on young Canadian adolescents, Gadermann¹⁵⁷ and colleagues found that social relationships such as belongingness with peers and adults at school and connection with adults at home were the strongest predictors of life satisfaction. Research has also found positive associations between social relationships and physical and psychological well-being by promoting healthier lifestyles, better self-esteem, and a greater sense of purpose and internal locus of control.¹⁵⁸

Social support can also act as a protective factor when it comes to the impact of stress on health, as supportive, responsive relationships have been found to be a major factor in preventing the effects of toxic stress on the developing brain.¹⁵⁹ Dumont and Provost¹⁶⁰ summarize research on how this may apply to preadolescents and adolescents, noting a link between low social support satisfaction and mental health issues such as anxiety, depression, sleep disturbances, and interpersonal sensitivity. When faced with adversity and instability, social support and positive relationships with parents can act as a buffer against poor outcomes,¹⁶¹ and attachment to parents are associated with psychological well-being particularly in adolescence.¹⁶² Socially isolated people have been found to have higher mortality rates, are more likely to commit suicide, have higher rates of tuberculosis, accidents and psychiatric disorders.¹⁶³

Social support has also been found to moderate the relationship between socioeconomic status and academic performance. Malecki and Demaray¹⁶⁴ found that socioeconomic status and support from parents,

¹⁵⁷ Anne M. Gadermann et al., “A Population-Based Study of Children’s Well-Being and Health: The Relative Importance of Social Relationships, Health-Related Activities, and Income,” *Journal of Happiness Studies* 17, no. 5 (2016): 1847–1872.

¹⁵⁸ Peggy A. Thoits, “Mechanisms Linking Social Ties and Support to Physical and Mental Health,” *Journal of Health and Social Behavior* 52, no. 2 (2011): 145–61.

¹⁵⁹ “Toxic Stress,” Harvard University, n.d., accessed July 27, 2020, <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>; Michelle Dumont and Marc A. Provost, “Resilience in Adolescents: Protective Role of Social Support, Coping Strategies, Self-Esteem, and Social Activities on Experience of Stress and Depression,” *Journal of youth and adolescence* 28, no. 3, (1999): 343–363.

¹⁶⁰ Michelle Dumont and Marc A. Provost, “Resilience in Adolescents: Protective Role of Social Support, Coping Strategies, Self-Esteem, and Social Activities on Experience of Stress and Depression,” *Journal of youth and adolescence* 28, no. 3, (1999): 343–363.

¹⁶¹ Heather Sandstrom and Sandra Huerta, “The Negative Effects of Instability on Child Development: A Research Synthesis,” *Urban Institute*, (2013).

¹⁶² Shyamala Nada Raja, Rob McGee, and Warren R. Stanton, “Perceived attachments to parents and peers and psychological well-being in adolescence,” *Journal of Youth and Adolescence* 21, no. 4 (1992): 471–485.

¹⁶³ James S. House, Karl R. Landis, and Debra Umberson, “Social relationships and health,” *Science* 241, no. 4865 (1988): 540–545.

¹⁶⁴ Christine Kerres Malecki and Michelle Kilpatrick Demaray, “Social Support as a Buffer in the Relationship between Socioeconomic Status and Academic Performance,” *School Psychology Quarterly* 21, no. 4 (2006): 375–395.

teachers, classmates, close friends and the school was significantly associated with grade point average.

Measure: Social engagement

Related to social engagement, Cohen defines social integration as “participation in a broad range of social relationships,”¹⁶⁵ which includes both behavioural and cognitive components. Indicators chosen for this measure include:

- Youth who report some involvement, participation or contribution within the community
- Youth who participate in extracurricular activities

Why these indicators matter

Participation in social activities is important for developing social competence and skills and is linked with fewer behavioural problems and higher self-esteem.¹⁶⁶

In the Indigenous context, a review by MacDonald found that community and culture were cited as the most common protective factors for mental health among Indigenous youth, which included things like healthy relationships with family and community members.¹⁶⁷

CULTURAL AND SPIRITUAL WELL-BEING

It has been recognized by Indigenous scholars, practitioners, and the Pan American Health Organization that solutions to persisting health and socioeconomic inequities among Indigenous peoples must go beyond the social determinants of health to include Indigenous knowledges and ways of being. This includes language, culture, spirituality, connection to the land, and self-determination.¹⁶⁸ Indigenous children are born into a history of colonialism and attempts of forced assimilation, which is considered to be at the root of widespread health and socioeconomic disparities. The impacts of these policies and practices has resulted in intergenerational trauma and a loss of culture and language among

¹⁶⁵ Sheldon Cohen, “Social Relationships and Health,” *The American Psychologist* 59, no. 8 (2004): 676–684.

¹⁶⁶ Michelle Dumont and Marc A. Provost, “Resilience in Adolescents: Protective Role of Social Support, Coping Strategies, Self-Esteem, and Social Activities on Experience of Stress and Depression,” *Journal of youth and adolescence* 28, no. 3, (1999): 343–363.

¹⁶⁷ Joanna Petrusek MacDonald et al., “A review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth,” *International Journal of Circumpolar Health* 72, no. 1 (2013).

¹⁶⁸ Margo Lianne Greenwood and Sarah Naomi de Leeuw, “Social determinants of health and the future well-being of Aboriginal children in Canada,” *Paediatrics & Child Health* 17, no. 7 (August 2012): 381–384; Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas, “Just Societies: Health Equity and Dignified Lives,” PAHO (Washington, D.C., 2019).

Indigenous communities.¹⁶⁹ As King and colleagues note, “the definition of indigeneity is...inherently social....[and] being isolated from aspects of this identity is widely understood to have a negative effect on Indigenous health.”¹⁷⁰ As such, culture has become an important determinant of Indigenous well-being, and experts emphasize that it must be at the core of all efforts to improve well-being among children.

Measure: Spirituality

Spirituality is a broad term and has not been generally defined from an Indigenous perspective. Fleming and Ledogar¹⁷¹ discuss Indigenous spirituality through the lens of two conceptual frameworks. The first is enculturation, which involves “the degree of integration *within* a culture”; the second, is cultural spiritual orientations, “which distinguishes between cultural and spiritual *orientations* and tribal spiritual *beliefs*”. Indicators chosen for this measure include:

- Sense of belonging to cultural group
- Pride in Indigenous identity
- Sense of connection to the land
- Participation in spiritual practice/knowledge/ceremony

Why these indicators matter

While considered an important dimension of child well-being more generally, expert academics, practitioners and agencies have stressed the importance of cultural and spiritual well-being among First Nations children. One of the effects of colonial policies and practices of assimilation that First Nations children are born into is “the systemic devaluing of Indigenous identity,” as well as the loss of a connection to the land—a core element of Indigenous culture and spirituality.¹⁷² The importance of restoring the connection to one’s Indigenous culture and identity is emphasized in relation to mental health outcomes and resilience.¹⁷³ In a study examining suicide rates among First Nations

¹⁶⁹ Margo Lianne Greenwood and Sarah Naomi de Leeuw, “Social determinants of health and the future well-being of Aboriginal children in Canada,” *Paediatrics & Child Health* 17, no. 7 (August 2012): 381–384.

¹⁷⁰ Malcolm King, Alexandra Smith, and Michael Gracey, “Indigenous health part 2: the underlying causes of the health gap,” *Lancet* 374, no. 9683 (Jul 4 2009): 77.

¹⁷¹ John Fleming and Robert J. Ledogar, “Resilience and Indigenous Spirituality: A Literature Review,” *Pimatisiwin* 6, no. 2 (Summer 2008): 47–64.

¹⁷² Malcolm King, Alexandra Smith, and Michael Gracey, “Indigenous health part 2: the underlying causes of the health gap,” *Lancet* 374, no. 9683 (Jul 4 2009): 77.

¹⁷³ Mohan Kumar and Tjepkema, “Suicide among First Nations people, Métis and Inuit (2011–2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC),” Last modified July 27, 2020; Lisa Wexler, “The importance of identity, history, and culture in the well-being of indigenous youth,” *The Journal of the History of Childhood and Youth* 2, no. 2 (2009): 267–76.

youth in British Columbia, researchers¹⁷⁴ found that among communities where cultural continuity was preserved through avenues such as securing land claims, were self-governing, had band-administered education, police, fire and health services as well as cultural facilities within the community had lower suicide rates than communities where these factors were less present. This is an interesting strengths-based example where in-group variability was examined (and not just compared to the non-Indigenous population). Other studies have yielded similar results, with Indigenous spirituality acting as a protective factor against alcohol abuse and suicide.¹⁷⁵

Measure: Tradition

Passing tradition on to Indigenous children is another component recognized as important for cultural identity and well-being. Indicators chosen for this measure include:

- Speaks traditional language
- Eats traditional foods

Why these indicators matter

Language is considered to be at the core of identity and how culture is passed down from generation to generation. Available statistics indicate that young children are learning to speak their heritage language as a second language.¹⁷⁶ Although they have persisted through colonization, preservation of Aboriginal languages is of particular importance as they are not spoken anywhere else in the world.¹⁷⁷ Though there is limited research on the association between knowledge of traditional Indigenous language and health outcomes, one study found that First Nations who had high levels of language knowledge had significantly lower rates of suicide than those with lower levels and for non-Indigenous youth. In fact, “youth suicide rates effectively dropped to zero in those few communities in which at least half of the band members reported a conversational knowledge of their own “Native” language.”¹⁷⁸ Researchers identified language as the strongest cultural continuity factor contributing to this difference.

¹⁷⁴ Michael J. Chandler and Christopher Lalonde, “Cultural Continuity as a Hedge against Suicide in Canada’s First Nations,” *Transcultural Psychiatry* 35, no. 2 (1998): 191–219.

¹⁷⁵ Fleming and Ledogar, “Resilience and Indigenous Spirituality: A Literature Review.”

¹⁷⁶ Statistics Canada, “Census in Brief: The Aboriginal languages of First Nations people, Métis and Inuit.” Last modified April 3, 2019, <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016022/98-200-x2016022-eng.cfm>.

¹⁷⁷ Malcolm King, Alexandra Smith, and Michael Gracey, “Indigenous health part 2: the underlying causes of the health gap,” *Lancet* 374, no. 9683 (Jul 2009): 76–64.

¹⁷⁸ Darcy Hallett, Michael J. Chandler, and Christopher E. Lalonde, “Aboriginal language knowledge and youth suicide,” *Cognitive Development* 22, no. 3 (2007): 392.

Traditional foods are also tied to Indigenous culture and connection to the land and are relied upon for well-being. One of the many effects of colonization is poor nutrition habits that have been passed down through generations. As Wilton Littlechild,¹⁷⁹ a Cree Nation Chief, describes, this stems from the residential school system where food was inadequate or used as a means of punishment. Furthermore, loss of land and access to traditional foods has meant that healthy food choices, especially among rural and isolated First Nations, are expensive and often unavailable.¹⁸⁰ This has, in part, led to disproportionately high rates of chronic diseases related to lifestyle factors such as type 2 diabetes and obesity.¹⁸¹ As Mclvor and Napoleon¹⁸² note, traditional food gathering not only promotes a healthier diet, but also more exercise and a connection to one's Indigenous identity.

PHYSICAL HEALTH AND WELL-BEING

Physical health and well-being constitute another important pillar supporting development in other dimensions and overall child well-being. Physical health does not equate to merely the absence of illness and disease; it goes beyond this definition to include the presence of healthy habits and behaviours that promote well-being now and in the future. This includes good maternal health and parenting knowledge for a healthy start in the earliest years of life, eating a healthy diet, being physically active, having a good sleeping routine, and reducing participation in risky behaviour as a child progresses into their adolescent and teenage years.

Measure: Overall physical health

Ensuring a healthy start in life lays the foundation for health and well-being across the life course. This measure aims to capture factors that promote healthy growth and development in the early years, which can have implications for health across the life course. The indicators chosen for this measure include:

- Low birth weight
- Breastfed for at least 6 months
- Children living with a disability or chronic illness

¹⁷⁹ Wilton Littlechild, "Indigenous peoples must look to the past to nourish our children," *The Globe and Mail* April 19, 2018, <https://www.theglobeandmail.com/opinion/article-indigenous-peoples-must-look-to-the-past-to-nourish-our-children/>.

¹⁸⁰ Wilton Littlechild, "Indigenous peoples must look to the past to nourish our children."

¹⁸¹ Onowa Mclvor and Art Napoleon, "Language and culture as protective factors for at-risk communities," *International Journal of Indigenous Health* 5, no. 1 (2009): 6–25.

¹⁸² Mclvor and Napoleon, "Language and culture as protective factors for at-risk communities."

Why these indicators matter

In addition to adequate nourishment and uptake of antenatal care services, maternal health status and health behaviours influence development in utero. Low birthweight is also an important indicator of maternal health status and poverty.¹⁸³ Risk factors for low birthweight include smoking, alcohol or drug use during pregnancy, infection during pregnancy, insufficient weight gain during pregnancy, and young or older maternal age.¹⁸⁴ Low birthweight has been associated with a number of poor outcomes, including cognitive and language development impairments, decreased academic achievement, and increased risk of chronic illnesses later in life.¹⁸⁵ It is important to monitor maternal health status and behaviours that influence healthy physical development of children to identify opportunities for early intervention.

Also critical to health in infancy is exclusive breastfeeding, which is not only important for nourishment, but also for protection against infection, cognitive development and developing a secure attachment to the child's primary caregiver.¹⁸⁶ Adequate maternal and child nutrition before and after birth is influential in promoting physical growth and brain development, which has consequences for language-cognitive and social-emotional development, and ultimately, for future health and socioeconomic outcomes.

In addition to maternal health status and behaviours, another important indicator of overall physical health and well-being of children is the presence of a disability or chronic illness. As Kim and colleagues summarize, "children with chronic health conditions often experience pain, fatigue, and emotional distress and other problems that may affect their well-being."¹⁸⁷ An epidemiologic survey of 3,294 children in Ontario found that children with both chronic illness and associated disability

¹⁸³ Clare L. Cutland et al., "Low birth weight: Case definition & guidelines for data collection, analysis, and presentation of maternal immunization safety data," *Vaccine* 35, no. 48 Pt A (2017): 6492–6500.

¹⁸⁴ Stanford Children's Health, "Low Birth Weight," n.d., accessed on July 27, 2020, <https://www.stanfordchildrens.org/en/topic/default?id=low-birthweight-90-P02382>.

¹⁸⁵ Cutland et al., "Low birth weight: Case definition & guidelines for data collection, analysis, and presentation of maternal immunization safety data."

¹⁸⁶ Lori G. Irwin, Arjuman Siddiqi and Clyde Hertzman, "Early child development: a powerful equalizer," *World Health Organization*, (2007), http://www.who.int/social_determinants/resources/ecd_kn_report_07_2007.pdf; Ruth A Lawrence, "Supporting breastfeeding/early childhood social and emotion development," *Breastfeeding* (2008); J. W. Anderson, B. M. Johnstone, and D. T. Remley, "Breast-feeding and cognitive development: a meta-analysis," *Am J Clin Nutr* 70, no. 4 (October, 1999): 525–35; Cesar G Victora et al., "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect," *The Lancet* 387, no. 10017 (2016): 475–90.

¹⁸⁷ Jiseon Kim et al., "Symptoms and quality of life indicators among children with chronic medical conditions," *Disability and health journal* 7, no. 1 (2014): 96–104.

were at three times greater risk of experiencing psychiatric disorders.¹⁸⁸ Learning and behavioural disabilities have been associated with a higher risk of school difficulties, criminality, higher medical needs, difficulty establishing emotional relationships, and employment challenges as adults.¹⁸⁹ Therefore, providing accessible, effective and timely support for children experiencing disability or chronic illness is important to promote well-being.

Measure: Healthy habits

Establishing healthy habits is important for growth and development. Moreover, reinforcing a healthy lifestyle in childhood and adolescence increases the likelihood that these behaviours will continue into adulthood. The importance of measuring healthy habits in the context of child well-being has been primarily explored among adolescents, as this is a time when children are gaining more independence and autonomy in their lifestyle choices.¹⁹⁰ The indicators chosen for this measure include:

- Eating habits
- Level of physical activity
- Sleep habits

Why these indicators matter

Healthy habits, which include things such as levels of exercise, a healthy diet and sleep hygiene, lay an important foundation for development among children, as well as for future outcomes in adulthood. Establishing patterns of regular physical activity and a healthy diet are important for preventing obesity and chronic illnesses such as type 2 diabetes and promoting healthy body image.

Measure: Risk management

Preventing and managing risky behaviours among children and adolescents is very important as this may influence many different domains of well-being. The indicators chosen for this measure include:

- Teenage birth rate
- Percentage who report using illicit drugs in the last month
- Percentage who report binge drinking in the last month
- Smoking in the last month

¹⁸⁸ David Cadman et al., “Chronic Illness, Disability, and Mental and Social Well-Being: Findings of the Ontario Child Health Study,” *Pediatrics* 79, no. 5 (1987): 805–813.

¹⁸⁹ Alex Wright, Diane Hiebert-Murphy, and Gwen Gosek, “Supporting aboriginal children and youth with learning and/or behavioural disabilities in the care of aboriginal child welfare agencies,” *Faculty of Social Work*, University of Manitoba, (2005).

¹⁹⁰ Kathleen Mullan Harris, Rosalind Berkowitz King, and Penny Gordon-Larsen, “Healthy Habits among Adolescents: Sleep, Exercise, Diet, and Body Image,” in *What Do Children Need to Flourish? Conceptualizing and Measuring Indicators of Positive Development*, ed. Kristin Anderson Moore and Laura H. Lippman (Boston, MA: Springer US, 2005).

Why these indicators matter

Early prevention of risky behaviour such as alcohol, tobacco and illicit drug use or unprotected sex is important, as these problem behaviours can manifest in youth and extend into adulthood. For example, a study of 727 Indigenous adolescents in the United States found that those who began drinking at an earlier age (i.e. 11–13 years old) were at a much greater risk of developing problem drinking than those who started later.¹⁹¹ Adolescence is a time when risky behaviours tend to occur at the same time and are associated with “increased risk of poor educational attainment, future morbidity and premature mortality.”¹⁹² This is true of the Indigenous context as well, where high rates of binge drinking among adolescents “has been identified as a leading cause of adolescent morbidity and mortality consequent to violence, falls, suicide, drowning, motor vehicle accidents, and risky sexual behaviour.”¹⁹³

SUB-STRATEGIC OUTCOME: FAMILY WELL-BEING

As stated above, there is a vast literature documenting the integral relationship between child well-being and family well-being. As summarized by Newland (2015), many studies have demonstrated child well-being as being predicated on family well-being and parenting quality.¹⁹⁴ Throughout the relevant literature, family well-being denotes that a family has the capacity to care for children and fulfill their basic developmental, health, educational, social, cultural, spiritual, and housing needs. Similarly, Newland (2015) defines family well-being as a relational concept, referring to the interactions between family members but also affected by the larger environments in which parents and children exist. Within this research, family well-being comprises two sub-components: Family Self-Sufficiency (parental employment and a family’s ability to meet basic needs) and Family Health and Protective Factors (parental mental and physical well-being and family protective factors).

¹⁹¹ Jacob E. Cheadle and Les B. Whitbeck, “Alcohol Use Trajectories and Problem Drinking Over the Course of Adolescence: A Study of North American Indigenous Youth and Their Caretakers,” *Journal of Health and Social Behavior* 52, no. 2 (2011): 228–45.

¹⁹² R.R. Kipping et al., “Multiple risk behaviour in adolescence,” *Journal of Public Health* 34, no. suppl_1 (2012): i1–i2.

¹⁹³ Sherry H. Stewart et al., “Hopelessness and Excessive Drinking among Aboriginal Adolescents: The Mediating Roles of Depressive Symptoms and Drinking to Cope,” *Depression research and treatment* (2011).

¹⁹⁴ Kieran McKeown, Jonathan Pratschke and Trutz Haase, “Family Well-Being: What Makes A Difference?” (October 2003); Lisa A. Newland, “Supportive family contexts: promoting child well-being and resilience,” *Early Child Development and Care* 184, no. 9–10 (2014): 1336–1346; Yvonne Rafferty, Kenneth W Griffin and Dimitra Robokos, “Maternal depression and parental distress among families in the Early Head Start Research and Evaluation Project: Risk factors within the family setting,” *Infant Mental Health J.* 31, no. 5, (September 2010): 543–569; Lori A. Roggman, Lisa K. Boyce and Mark S. Innocenti, *Developmental parenting: A guide for early childhood practitioners* (Baltimore: Paul H. Brookes Publishing, 2008).

SELF-SUFFICIENCY

Families' overall level of self-sufficiency is typically measured in terms of economic resources. This aspect of family life is frequently cited as a crucial determinant of child thriving. The indicators selected as the measures of this indicator include:

- Secure parental employment and labour force participation, and;
- Ability to meet basic needs, including transportation, housing and utilities, food, clothing, childcare and other necessary expenses.

Self-sufficiency is among the most cited factors in the literature on family well-being. Many studies have found that low parental income and economic hardships cause increased economic pressure in families, which adversely impacts parental mental health, conflict between parents/caregivers, parent-child interactions and parenting practices, as well as cognitive, academic, and socioemotional outcomes in children. Indeed, when parents are lacking the skills and resources necessary to be self-sufficient, they are more likely to struggle to provide adequate support and educational assistance for their children.¹⁹⁵ Families in chronic and persistent poverty are especially prone to challenges with self-sufficiency and may require additional support to reach this objective.¹⁹⁶ In the context of First Nations, risks to self-sufficiency are often more pronounced than in the rest of Canada. For many First Nations households, life choices can be severely compromised by high food costs, poor availability of healthy food, low income, and/or high housing and heating costs.

FAMILY HEALTH AND PROTECTIVE FACTORS

In addition to the immediate financial needs captured in the self-sufficiency component, there is the equally important consideration of health status of parents and/or caregivers, as well as the degree of protective factors within the family unit. As a result, we have classified the measures in this sub-strategic outcome as follows.

- Physical health status of parents or caregivers;
- Mental health status of parents or caregivers, and;
- Family protective factors.

¹⁹⁵ Erik Jacobson, "Examining Reading Comprehension in Adult Literacy," *Adult Basic Education and Literacy Journal* 5, no. 3 (2011): 132–140; Jacqueline Lynch, "Print literacy engagement of parents from low-income backgrounds: Implications for adult and family literacy programs," *Journal of Adolescent & Adult Literacy* 52, no. 6 (2009): 509–521.

¹⁹⁶ Diana D. Coyl, Lori A. Roggman, and Lisa A. Newland, "Stress, maternal depression, and negative mother–infant interactions in relation to infant attachment," *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health* 23, no. 1–2 (2002): 145–163; Yvonne Rafferty, Kenneth W Griffin and Dimitra Robokos, "Maternal depression and parental distress among families in the Early Head Start Research and Evaluation Project: Risk factors within the family setting," *Infant Ment Health J.* 31, no. 5, (September 2010): 543–569.

Parental physical and mental health

Parental mental and physical health are necessary conditions for maintaining a stable and positive family environment. Parents who are suffering from poor mental health will likely have a negative impact on the entire family system, including co-parents, children, as well as other networks outside of the family such as work and social support systems.¹⁹⁷ Mental health disorders, combined with the daily challenges of parenting, can cause parents to feel overwhelmed by the demands of everyday life. Moreover, parents suffering from subclinical mental health issues (e.g. distress, mild depression, anxiety, stress, fatigue, somatic symptoms) rarely seek treatment for their conditions.¹⁹⁸ Under these conditions, parents have been found more likely to resort to inappropriate coping devices, such as avoidance or drug/alcohol use, as a way of managing the challenges in their lives.¹⁹⁹

These persistent conditions of heightened levels of stress, combined with low levels of social support, are particularly problematic for families.²⁰⁰ Conversely, when parents use appropriate emotion regulation, stress management, and support-seeking strategies, they tend to exhibit more positive physical and mental health, decision making, job performance and stability, parenting skills, and social relationships.²⁰¹ Markers of positive parental mental health, including life satisfaction, positive mood, and efficacy, are related to better individual and family

¹⁹⁷ Lisa A. Newland, Diana D. Coyl, and Harry Freeman, “Predicting preschoolers’ attachment security from fathers’ involvement, internal working models, and use of social support,” *Early Child Development and Care* 178, no. 7–8 (2008): 785–801; Michael J. Mackenzie et al., “Spanking and child development across the first decade of life,” *Pediatrics* 132, no. 5 (2013): e1118–e1125; Donald, Sawyer, John A. Gale and David Lambert, “Rural and Frontier Mental and Behavioral Health Care: Barriers, Effective Policy Strategies, Best Practices,” Waite Park, MN: *National Association of Rural Mental Health*. (2006).

¹⁹⁸ Rebecca Giallo et al., “Psychological distress of fathers attending an Australian early parenting service for early parenting difficulties,” *Clinical Psychologist* 17, no. 2 (2013): 46–55.

¹⁹⁹ Joanne Nicholson, Elaine M. Sweeney and Jeffrey L. Geller, “Focus on women: mothers with mental illness: I. The competing demands of parenting and living with mental illness,” *Psychiatric Services* 49, no. 5 (1998): 635–642.

²⁰⁰ Diana D. Coyl, Lisa A. Newland and Harry Freeman, “Predicting preschoolers’ attachment security from parenting behaviours, parents’ attachment relationships and their use of social support,” *Early Child Development and Care* 180, no. 4 (2010): 499–512.

²⁰¹ Diana D. Coyl, Lori A. Roggman, and Lisa A. Newland, “Stress, maternal depression, and negative mother–infant interactions in relation to infant attachment,” *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health* 23, no. 1–2 (2002): 145–163; Carolyn A. McCarty and Robert J. McMahon, “Mediators of the relation between maternal depressive symptoms and child internalizing and disruptive behavior disorders,” *Journal of family psychology* 17, no. 4 (2003): 545; Delphine Nelis et al., “Measuring individual differences in emotion regulation: The Emotion Regulation Profile–Revised (ERP–R),” *Psychologica Belgica* (2011); Lisa A. Newland, “Supportive family contexts: promoting child well-being and resilience,” *Early Child Development and Care* 184, no. 9–10 (2014): 1336–1346.

functioning.²⁰² It is essential that parents who have mental health issues be treated properly if they are to be self-sufficient and resilient.²⁰³

Parental physical health is an equally important component of family well-being which impacts parent–child interactions and child well-being.²⁰⁴ Parental health behaviours and management strategies are related to parental mental health and family functioning (e.g. family interactions, outcomes, roles, self-sufficiency, and parent involvement), all of which impact children’s life outcomes.²⁰⁵ Finally, parents also serve as “the primary gatekeepers of their children’s health”, therefore making choices about their child’s healthcare, nutrition, physical activity, mental healthcare, and physical and emotional environments.²⁰⁶

Family protective factors

The last component of family well-being in this research is family protective factors, which consist of family resilience, social connections, knowledge of parent and child development, concrete support in times of need, and developmental parenting and attachment. Many child welfare and family support systems have emphasized the importance of protective factors in preventing negative outcomes for children. These factors can mitigate risk and promote healthy development of children and families such as strengths that help buffer and support families at risk. These risk factors include stressful conditions such as maternal psychiatric disorders, family violence, persistent poverty, and substance use. Increasing the strength of protective factors is an effective prevention and intervention strategy to offset risk exposure and promote enduring gains.²⁰⁷

²⁰² Diana D. Coyl, Lori A. Roggman, and Lisa A. Newland, “Stress, maternal depression, and negative mother–infant interactions in relation to infant attachment,” *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health* 23, no. 1–2 (2002): 145–163.

²⁰³ Lisa A. Newland, “Supportive family contexts: promoting child well-being and resilience,” *Early Child Development and Care* 184, no. 9–10 (2014): 1336–1346; Joanne Nicholson, Elaine M. Sweeney and Jeffrey L. Geller, “Focus on women: mothers with mental illness: I. The competing demands of parenting and living with mental illness,” *Psychiatric Services* 49, no. 5 (1998): 635–642.

²⁰⁴ Anne Case and Christina Paxson, “Parental behavior and child health,” *Health affairs* 21, no. 2 (2002): 164–178.

²⁰⁵ Rebecca Giallo et al., “Psychological distress of fathers attending an Australian early parenting service for early parenting difficulties,”; Rhona Hogg et al., “Parenting support for families with young children—a public health, user-focused study undertaken in a semi-rural area of Scotland,” *Journal of clinical nursing* 22, no. 7–8 (2013): 1140–1150; Newland, 2014; Kristina Ziegart, “Maintaining families’ well-being in everyday life.” *International Journal of Qualitative Studies on Health and Well-Being* 6, no. 2, (May 2011).

²⁰⁶ Case & Paxson, (2002): 164.

²⁰⁷ Joan E. Zweben et al., “Enhancing family protective factors in residential treatment for substance use disorders,” *Child welfare* 94, no. 5, (2015): 145–166.

Strengthening Families™, developed by the Center for the Study of Social Policy (CSSP), identifies five protective factors: (1) parental resilience; (2) social connections; (3) Knowledge of parent and child development; (4) Concrete support in times of need; and (5) social and emotional competence of children. Many child welfare systems have used the CSSP framework to develop strength-based intervention initiatives.²⁰⁸ Strengthening Families is a research-informed approach to improve family well-being, enhance child development, and reduce the likelihood of child abuse and neglect.²⁰⁹ This framework is widely used as an intervention in many child welfare agencies to reduce child maltreatment and foster positive relationships between parents and children.

According to the CSSP:

Protective factors act as a counterweight to risk factors. They buffer the impact of what the researchers call “toxic stress”. Risk factors, it turns out, are not very predictive of future events. And we cannot get to good outcomes for children only by focusing on reducing risk. The protective factors in the Strengthening Families framework both protect against risk and promote positive outcomes.²¹⁰

Strengthening Families is also consistent with the shift in the child welfare sector from a protection to a prevention-based system in its emphasis on a changed relationship with parents. As summarized by the CSSP:

Programs and service providers in these systems sometimes see parents as irrelevant to their work, or worse, as obstacles to achieving the outcomes we all want for children. But we know that children grow up in families, not programs—and we cannot achieve good outcomes for children without engaging their parents as partners.²¹¹

Finally, Strengthening Families is aligned with developmental science and emphasizes the importance of nurturing and responsive relationships in the critical period of early childhood. The CSSP clearly references the

²⁰⁸ Charlyn Harper Browne, “The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper,” *Washington, DC: Center for the Study of Social Policy*, (2014); Child Welfare Information Gateway, “Protective Factors Approaches in Child Welfare,” (2014).

²⁰⁹ Center for the Study of Social Policy (CSSP), “Strengthening families. A protective factors framework,” Accessed on July 27, 2020, <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>.

²¹⁰ Center for the Study of Social Policy (CSSP), “Strengthening Families 101,” (2018), <https://cssp.org/resource/strengtheningfamilies101/>.

²¹¹ Center for the Study of Social Policy (CSSP), “Strengthening Families 101,” (2018), <https://cssp.org/resource/strengtheningfamilies101/>.

effects of traumatic experiences in children, which can “carry into the rest of a young person’s life.”²¹²

Parental resilience refers to the ability of parents to manage stress (either parental or general life stressors) and for the parents and the family to function well when faced with challenges, adversity, and trauma. According to the CSSP, it has been frequently demonstrated that how parents respond to stressors is more significant to determining the outcomes for themselves and for their children than the stressor itself.²¹³

Second, social connections refer to parents’ constructive and supportive relationships with family members, friends, neighbours, co-workers, community members, and service providers, which provide emotional, informational, and spiritual support. These connections have been associated with positive parental mood, positive perceptions and responsiveness of parents towards children, as well as parental satisfaction, sense of competence, and reduced anger, anxiety and depression.

Third, knowledge of parenting and child development, simply an adequate understanding of child development and parenting strategies that support physical, cognitive, language, social and emotional development, contribute to emotionally available parents and caregivers who recognize and respond to the needs of children, and who interact with them in an affectionate, sensitive, and nurturing manner. This type of care allows children to develop a bond of secure attachment towards their parents or caregivers and, in turn, to develop a sense of trust, safety, self-confidence, and security.²¹⁴

Fourth, concrete support in times of need refers to strategies and resources which parents can utilize during exceptionally trying times, such as job losses, home foreclosure, acute poverty (e.g. inability to pay for basic necessities), substance abuse, or other family trauma. As summarized by the CSSP, when parents are able and willing to navigate through and access health care and social service resources offered in their community, they are taking a critical step towards improving their circumstances and “learning to better manage stress and function well.”²¹⁵

²¹² Center for the Study of Social Policy (CSSP), “Strengthening Families 101,” (2018), <https://cssp.org/resource/strengtheningfamilies101/>.

²¹³ Center for the Study of Social Policy (CSSP), “Strengthening families. A protective factors framework,” Accessed on July 27, 2020, <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>.

²¹⁴ Center for the Study of Social Policy (CSSP), “Strengthening families. A protective factors framework,” Accessed on July 27, 2020, <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>.

²¹⁵ Center for the Study of Social Policy (CSSP), “Strengthening families. A protective factors framework,” Accessed on July 27, 2020, <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>.

Finally, developmental parenting, a term coined by Roggman et al.,²¹⁶ encompasses a set of parenting practices meant to be developmentally appropriate and adjusted as children’s needs and skills change. Roggman and others have found that developmental parenting includes four key components: affection, responsiveness, encouragement, and teaching.²¹⁷ More recently, Newland expanded that list to include engagement, appropriate discipline, and supportive co-parenting.²¹⁸ In general, developmental parenting is described as responsive and sensitive to children’s needs in order to foster positive attachment relationships with parents and caregivers in infancy and early childhood, which are a crucial conditions to facilitate of child well-being.²¹⁹ Indeed, both the quality of parenting and the quality of parent–child relationships are extremely important for children’s well-being.²²⁰ High-quality parenting is characterized as being developmentally appropriate, consistently with a child’s needs, and adjusted as those needs change in order to foster well-being.²²¹

SUB-STRATEGIC OUTCOME: COMMUNITY WELL-BEING

Community well-being is the broadest domain of well-being utilized in this research project, encompassing many contextual factors which can enable or constrain a child’s thriving. Poverty has known impacts on development, a matter highlighted in Phase 1.²²²

As Liebenberg and Hutt-Macleod attest, “Reducing the number of children in care will depend in large part on providing families and communities the resources required to heal so that they are better

²¹⁶ Lori A. Roggman, Lisa K. Boyce and Mark S. Innocenti, *Developmental parenting: A guide for early childhood practitioners* (Baltimore: Paul H. Brookes Publishing, 2008).

²¹⁷ Lori A. Roggman, Lisa K. Boyce and Mark S. Innocenti, *Developmental parenting: A guide for early childhood practitioners* (Baltimore: Paul H. Brookes Publishing, 2008).

²¹⁸ Lisa A. Newland, “Supportive family contexts: Promoting child well-being and resilience,” *Early Child Development and Care* 184, 9–10, (2014): 1336–1346.

²¹⁹ Mari Broberg, “Young children’s well-being in Finnish stepfamilies,” *Early Child Development & Care* 182,3/4, (February 22, 2012): 401–415; Michael J. Lawler, Phillip R. Shaver and Gail S. Goodman “Toward relationship-based child welfare services” *Children and Youth Services Review* 33, no. 3, (March 2011): 473–480; Tim McDougall, “Mental health problems in childhood and adolescence” *Nursing Standard* 26, no. 14, (2011): 48–56.

²²⁰ Lisa A. Newland, “Supportive family contexts: Promoting child well-being and resilience,” *Early Child Development and Care* 184, 9–10, (2014): 1336–1346.

²²¹ Catherine S. Tamis-LeMonda et al., “Fathers and mothers at play with their 2- and 3-year-olds: Contributions to language and cognitive development,” *Child development* 75, no. 6 (2004): 1806–1820; Rebecca P. Newland et al., “The family model stress and maternal psychological symptoms: Mediated pathways from economic hardship to parenting,” *Journal of Family Psychology* 27, no. 1 (2013): 96; Roggman et al. (2008).

²²² IFSD, “Enabling First Nations Children to Thrive,” (2018), http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf.

able to care for children.”²²³ However, the importance of community well-being denotes a focus beyond simply reducing the number of children in care. Rather, a community focus shifts the objective towards promoting substantive equality and wellness for children, families, and communities to have a chance for healthy development. As Bronfenbrenner explained, “Children don’t grow up in programs. They grow up in families and in communities.”²²⁴

The community capacity-building framework proposed by Liebenberg and Hutt-Macleod (2017) demonstrates how development at the community level is critical to well-being in general, including that of children.

The definition of community well-being employed in this research is derived from the University of Minnesota’s Earl E. Bakken Center for Spirituality & Healing, as “the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfill their potential.”²²⁵ While the factors inherent in community well-being in an Indigenous context are numerous, for the purposes of this research, these have been limited to three sub-components. The components of community well-being are as follows:

- A community’s access to basic needs;
- The gaps in service provision to communities, and;
- Public safety and community health.

ACCESS TO BASIC NEEDS

Access to basic needs in a community will comprise five key indicators: access to potable water, access to suitable housing, access to broadband connectivity, proximity and presence of community infrastructure, and overall poverty level. These components have been included in numerous studies and surveys documenting Indigenous well-being in Canada.

Access to potable water

Firstly, access to potable water is widely recognized as a fundamental condition for human health, and the lack of access to safe drinking water and adequate sanitation is one of the greatest threats facing vulnerable populations in the world. Indigenous teachings in particular demonstrate

²²³ Linda Liebenberg and Daphne Hutt-Macleod, “Community development approaches in response to neoliberalism,” *The Routledge Handbook of Global Child Welfare* (2017): 47.

²²⁴ Center for the Study of Social Policy, “Strengthening Families 101,” (2018), <https://cssp.org/resource/strengtheningfamilies101/>.

²²⁵ University of Minnesota, Early E. Bakken Center for Spirituality and Healing, “What is community well-being?” Accessed on July 27, 2020, <https://www.takingcharge.csh.umn.edu/enhance-your-well-being/community/what-community-well-being>.

that water has various meanings and uses for people including a “...home for living beings, a life-enriching cleansing agent, an element of interconnection, and a symbol of both strength and softness.”²²⁶ As documented by Sanderson, the meaning attached to water among First Nations is that of being: “life; ...sacred; ...power; ...our first medicine; and, water connects all things.”²²⁷

In Canada, providing safe drinking water to First Nations on reserves is a significant issue. As Bharadwaj and Bradford note, many reserve communities in Canada live with long-term drinking water advisories and high-risk water systems, and experience health and water quality below that of non-reserve populations.²²⁸ The Government of Canada’s federal department of Indigenous Services Canada provides data on long-term drinking water advisories in First Nations communities, which refer to water advisories which have been in effect for more than 12 months.²²⁹ As of July 27, 2020, there were 30 short-term drinking water advisories and 61 long-term drinking water advisories on public systems on reserves.

The Parliamentary Budget Officer in Canada has estimated that the government would have to invest a minimum of \$3.2 billion in capital investment to bring First Nations water systems up to the standards of comparable non-Indigenous communities in order to eliminate boil-water advisories.²³⁰ When this estimate was released in 2017, it was found that the government was spending only 70 per cent of what is needed to end boil water advisories on First Nations Reserves within five years.

Access to suitable housing

Access to suitable housing is an equally important basic need. According to Statistics Canada, ‘housing suitability’ refers to whether a private household is living in suitable accommodations according to the National

²²⁶ Lalita Bharadwaj and Lori Bradford, “Indigenous Water Poverty: Impacts Beyond Physical Health”, in Heather Exner-Pirot, Bente Norbye and Lorana Butler (eds.), “Northern and Indigenous Health and Health Care,” (Saskatoon, Saskatchewan: University of Saskatchewan, 2018).

²²⁷ Cheryl Darlene Sanderson, “Nipiy Wasekimew/Clear Water: The Meaning of Water from the Words of the Elders—The Interconnections of Health, Education, Law and the Environment,” (Burnaby, BC, Faculty of Education, Simon Fraser University, 2004), 93.

²²⁸ Lalita Bharadwaj and Lori Bradford, “Indigenous Water Poverty: Impacts Beyond Physical Health”, in Heather Exner-Pirot, Bente Norbye and Lorana Butler (eds.), “Northern and Indigenous Health and Health Care,” (Saskatoon, Saskatchewan: University of Saskatchewan, 2018). Available from: openpress.usask.ca/northernhealthcare.

²²⁹ Indigenous Services Canada, “Ending long-term drinking water advisories,” last modified February 17, 2020, <https://www.sac-isc.gc.ca/eng/1506514143353/1533317130660>.

²³⁰ Parliamentary Budget Officer, “Budget sufficiency for First Nations Water and Wastewater Infrastructure,” (December 7, 2017), https://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/2017/FN%20Water/FN_Water_EN.pdf.

Occupancy Standard (NOS); that is, whether the dwelling has enough bedrooms for the size and composition of the household.²³¹ Statistics Canada has recently devoted greater attention to measuring housing needs in Canada through the new Canadian Housing Survey in 2018. Access to suitable housing can also be determined through the core housing need metric developed by the Canada Mortgage Housing Corporation (CMHC).

According to the CMHC,²³² core housing need is a situation in which:

1. Major repairs are required and residents do not have the means to move to a good unit in their community;
2. There are not enough bedrooms for the residents, and they do not have the means to move, and;
3. The current home costs more than the residents can afford, and they do not have the means to make a move or find an available affordable home in their community.

As defined by the CMHC,²³³ a household is defined as:

- Its housing is unacceptable (does not meet one or more of the adequacy, suitability or affordability standards), and;
- Acceptable alternative housing in the community would cost 30% or more of its before-tax income.

Affordable, stable housing in a safe, supportive neighbourhood is essential for a healthy family life.²³⁴ There is a substantial body of research linking adequate housing to indicators of human health.²³⁵ Recent guidelines released by the WHO, for instance, highlights that improved housing conditions lead to better standards of health and overall well-being.²³⁶

²³¹ Statistics Canada, “Housing suitability,” *Census of Population*, 2016, last modified January 3, 2019, Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/households-menage029-eng.cfm>.

²³² Canada Mortgage Housing Corporation (CMHC), (2019), “Understanding core housing need”. Retrieved from: <https://www.cmhc-schl.gc.ca/en/data-and-research/core-housing-need>.

²³³ Canada Mortgage Housing Corporation (CMHC), (2019), “Understanding core housing need”. Retrieved from: <https://www.cmhc-schl.gc.ca/en/data-and-research/core-housing-need>.

²³⁴ Kevin James Swick and Reginald D. Williams, “An analysis of Bronfenbrenner’s bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress,” *Early childhood education journal* 33, no. 5 (2006): 371–378.

²³⁵ Xavier Bonnefoy, “Inadequate housing and health: an overview,” *International Journal of Environment and Pollution* 30, 3/4 (2007): 411–429; Lauren Taylor, “Health policy brief. Housing and Health: An Overview of the Literature,” *Health Affairs*, June 7, 2018, <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>.

²³⁶ United Nations, “Better housing means better health and well-being, stress new WHO guidelines,” *UN News*, November 27, 2018, <https://news.un.org/en/story/2018/11/1026811>.

In this report, the WHO demonstrates that a healthy home is one that provides a safe, comfortable and hygienic environment, as well as a psychological sense of home through a feeling of belonging, security, and privacy.

In Canada Indigenous People are far less likely than non-Indigenous Peoples to live in such a home, particularly those living on reserves.²³⁷ According to recent data, approximately 20% of Indigenous People lived in a dwelling in need of major repairs in 2016, and 18.3% of Indigenous People lived in housing that was crowded.²³⁸

Families experiencing homelessness often report a loss of parental control, and are more likely to experience domestic or community violence and an increase in fear and anxiety.²³⁹ Poor housing has also been linked to the spread and chronic occurrence of viruses and bacteria²⁴⁰, and the increased prevalence of unintentional injuries.²⁴¹ Moreover, housing instability is associated with decreased family engagement in children's early school-related activities and poor early school attendance, and children who experience homelessness during their infancy, toddler, or preschool years tend to have poorer early academic outcomes overall.²⁴² Housing improvements linked with improved health include renovations, relocation, and energy efficiency projects.

Access to broadband

Broadband connectivity has been associated with numerous community benefits and has been recognized as a pressing issue for Aboriginal communities.²⁴³ According to Benkler, internet connectivity is necessary infrastructure to contribute to “high and sustainable economic growth

²³⁷ Statistics Canada, “Census in brief: The housing conditions of Aboriginal people in Canada,” October 25, 2017, <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016021/98-200-x2016021-eng.cfm>.

²³⁸ Statistics Canada, “Census in brief: The housing conditions of Aboriginal people in Canada,” October 25, 2017, <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016021/98-200-x2016021-eng.cfm>.

²³⁹ Kevin James Swick and Reginald D. Williams, “An analysis of Bronfenbrenner’s bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress,” *Early childhood education journal* 33, no. 5 (2006): 371–378.

²⁴⁰ James Krieger and Donna L. Higgins, “Housing and health: time again for public health action,” *American journal of public health* 92, no. 5 (2002): 758–768.

²⁴¹ Dawn Lee Garzon, “Contributing factors to preschool unintentional injury,” *Journal of pediatric nursing* 20, no. 6 (2005): 441–447.

²⁴² Fantuzzo, John, et al., “A population-based inquiry of homeless episode characteristics and early educational well-being,” *Children and Youth Services Review* 35, no. 6 (2013): 966–972.

²⁴³ Rob McMahon et al., “Putting the ‘last-mile’ first: Re-framing broadband development in First Nations and Inuit communities,” *Centre for Policy Research on Science and Technology (CPROST)*, Simon Fraser University, (December 3, 2010), <http://www.sfu.ca/cprost/tacs.html>.

and to core aspects of human development.”²⁴⁴ As acknowledged by the Government of Canada, broadband is “a critical tool for Aboriginal people as broadband infrastructure can improve health and safety, increase social well-being and provide economic development opportunities and growth for Aboriginal communities”.²⁴⁵ Today, only about 24% of households in Indigenous communities have access to broadband connections of 50/10 Mbps.²⁴⁶ As a result of these recognized benefits, since early 2011, Indigenous Services Canada (formerly, Indian and Northern Affairs Canada (INAC)) was developing an Aboriginal connectivity strategy, while other federal departments including Industry Canada are creating a comprehensive National Digital Strategy. In some cases, broadband infrastructure has been framed as a component of indigenous self-determination.²⁴⁷ There is general consensus that broadband infrastructure is an integral component of a thriving community, from a tool for cultural preservation and language learning to service delivery in health care and education.²⁴⁸

Presence of community infrastructure

The inclusion of the presence and proximity of community infrastructure is consistent with the definition of community well-being developed by the Earl E. Bakken Center for Spirituality & Healing as being based on three factors: Connectedness (e.g. social support, civic engagement), livability (e.g. housing, transport), and equity (e.g. basic needs are met, equality of opportunity).²⁴⁹

²⁴⁴ Yochai Benkler, *Berkman Centre for Internet & Society at Harvard University*, (2010).

²⁴⁵ Indigenous Services Canada, “Connectivity and Partnerships,” *Government of Canada*, accessed on July 27, 2020, <https://www.sac-isc.gc.ca/eng/1343229993175/1533643807551>.

²⁴⁶ Innovation, Science and Economic Development Canada, “High-Speed Access for All: Canada’s Connectivity Strategy,” *Government of Canada*, accessed on July 27, 2020, https://www.ic.gc.ca/eic/site/139.nsf/eng/h_00002.html.

²⁴⁷ Javier Mignone and Heather Henley, “Impact of information and communication technology on social capital in aboriginal communities in Canada,” *Journal of Information, Information Technology, and Organizations* 4, (2009): 127–145.

²⁴⁸ Cynthia J. Alexander et al., “Inuit cyberspace: The struggle for access for Inuit Qaujimagatuqangit.” *Journal of Canadian Studies* 43, no. 2, (December 22, 2009): 220–249; Susan O’Donnell et al., “Information and communication technologies (ICT) and remote and rural First Nations communities: An overview,” Paper presented at the Canadian Communication Association annual conference, Montréal, QC, (June, 2010), <http://nparc.cisti-icist.nrc-cnrc.gc.ca/npsi/ctrl?action=shwart&index=an&req=157037333&lang=en>; Susan O’Donnell et al., “Information and communication technologies to support health and wellness in remote and rural first nations communities: Literature review,” (Fredericton, NB: *National Research Council*, 2010); David Falconer, “Rural and remote broadband access: Public policy issues,” *Journal of Policy Engagement* 1, no. 3, (2009): 15–20; Centre for the Study of Living Standards, “The contribution of broadband to the economic development of first nations in Canada,” Accessed on July 27, 2020: <http://www.csls.ca/reports/csls2013-04.pdf>.

²⁴⁹ University of Minnesota, Early E. Bakken Center for Spirituality and Healing, “What is community well-being?” Accessed on July 27, 2020, <https://www.takingcharge.csh.umn.edu/enhance-your-well-being/community/what-community-well-being>.

The Earl E. Bakken Center for Spirituality & Healing makes reference to numerous studies showing the positive effects of community spaces and services for community well-being, including transportation systems, health and social service centres, public safety and emergency services, parks, recreation, and arts centers, and government and legal institutions. Research shows that community infrastructure is essential to fostering services, facilities, and networks which increase quality of life and reducing poverty.²⁵⁰ Investments in many Indigenous communities in hard and soft infrastructure are necessary to promote quality of life for community members. This can also help to attract people to the community and can act as a disincentive to out-migration.²⁵¹

Community infrastructure is also significant to the degree that it promotes safety and security among neighbourhoods which, in turn, promote safety within families.²⁵² Safe neighbourhoods contain resources which support family activities and community health and connections, including parks, sidewalks or walking paths, libraries, and community centers.²⁵³ Neighbourhood safety can create opportunities for children to learn social customs, develop feelings of confidence in their communities, and build interpersonal relationships with peers.²⁵⁴

Poverty

Overall poverty is included as a component of community well-being. According to Gustavsson and MacEachron, “there is little disagreement about the association of poverty with child welfare involvement.”²⁵⁵ The negative effects of poverty are often complex and self-reinforcing:

children can be hungry, be living in substandard housing or be homeless, be unsupervised while a parent works or is meeting

²⁵⁰ Laurel Rothman, “Strong Neighbourhoods Task Force Research Product Two: The Role of Community Infrastructure in Building Strong Neighbourhoods,” *Service Association of Toronto*, (February 14, 2005), <http://3cities.neighbourhoodchange.ca/files/2011/05/2005-Strong-Nhoods-TF-Role-of-Community-Infrastructure-in-Strong-Nhoods.pdf>.

²⁵¹ National Aboriginal Economic Development Board, “Recommendations on northern infrastructure to support economic development,” (January 2016), <http://www.naedb-cndea.com/reports/recommendations-on-northern-infrastructure.pdf>.

²⁵² National Center on Parent, Family, and Community Engagement (NCPFCE), “Family well-being,” (2013).

²⁵³ Mary Kay Kenney, “Child, family, and neighborhood associations with parent and peer interactive play during early childhood,” *Maternal and Child Health Journal* 16, no. 1, (April 2012): 88–101; Sharon Kingston et al., “Parent Involvement in education as a moderator of family and neighborhood socioeconomic context on school readiness among young children,” *Journal of Community Psychology* 41, no. 3, (February 25, 2013): 265–276.

²⁵⁴ Martha Boethel, “Readiness: School, Family, & Community Connections,” *National Center for Family & Community Connections with Schools*, (2004).

²⁵⁵ Nora Gustavsson and Ann E. MacEachron, “Poverty and Child Welfare, 101 Years Later,” *Social Work* 55, no. 3, (July 2010): 279–280.

other responsibilities, be truant from failing schools, lack medical care, or have a caretaker with untreated mental illness or substance abuse.²⁵⁶

Parental or familial experiences of poverty have been associated with numerous detrimental effects to child well-being, including emotional and behavioral problems as well as further disruptions in schools and to friendships. Poverty is also associated with poor early childhood development and is a risk factor for family breakdown, both of which have been linked to poor educational performance in children. Moreover, economically distressed areas often experience higher reports of child maltreatment, correlated with inadequate housing and single parenthood.²⁵⁷ Finally, community poverty has also been linked to health disparities and language development in children.²⁵⁸

Community connections and cultural safety

Consideration of community connections and cultural safety to assess social cohesiveness and cultural attachment are important elements of community well-being. Cultural safety refers to social environments and practices which recognize, respect, and honour diverse cultural identities.²⁵⁹ A measurement of cultural safety is important given that the harmful effects of racism and colonialism experienced by people from non-dominant cultures can affect stress levels, health status, and even life expectancy.²⁶⁰ As Czyzewski notes, colonialism can be understood as a social determinant of health among Aboriginal populations.²⁶¹ Cultural safety also refers to an approach to service delivery that respectfully engages families to select the most individually appropriate path to well-being.²⁶² The prevalence and use of traditional languages within a First Nation will be used as a proxy to determine cultural connections within a community.

²⁵⁶ Nora Gustavsson and Ann E. MacEachron, “Poverty and Child Welfare, 101 Years Later,” *Social Work* 55, no. 3, (July 2010): 279–280.

²⁵⁷ Nora Gustavsson and Ann E. MacEachron, “Poverty and Child Welfare, 101 Years Later,” *Social Work* 55, no. 3, (July 2010): 279–280; Brenda D. Smith, Emma Sophia Kay and Tracy D. Pressley, “Child maltreatment in rural southern counties: Another perspective on race, poverty and child welfare,” *Child Abuse and Neglect* 80, (2018): 52–61.

²⁵⁸ Caitlin A Farrell et al., “Community Poverty and Child Abuse Fatalities in the United States,” *Pediatrics* 139, no. 5, (2017): 2.

²⁵⁹ Robyn Williams, “Cultural Safety—What Does It Mean for Our Work Practice?,” *Australian and New Zealand Journal of Public Health* 23, no. 2, (1999): 213–214.

²⁶⁰ David H. Chae et al., “Discrimination, Racial Bias, and Telomere Length in African American Men,” *American Journal of Preventive Medicine* 46, no. 2: 103–11.

²⁶¹ Karina Czyzewski, “Colonialism as a Broader Social Determinant of Health,” *The International Indigenous Policy Journal* 2, no. 1 2(1), Chapter 3 “Social Determinants of Health Among First Nations, Inuit, and Métis,” *Journal of Obstetrics and Gynaecology Canada* 35, no. 6, (June 2013): S13–S23.

²⁶² Jessica Ball, “Supporting Young Indigenous Children’s Language Development in Canada: A Review of Research on Needs and Promising Practices,” *Canadian Modern Language Review/La Revue Canadienne Des Langues Vivantes* 66, no. 1: 19–47.

Applications

Successful implementation of a performance framework depends on relevant, timely and high-quality data. The following section examines the current state of data on First Nations in Canada, where gaps in data exist, and what is needed to support a performance framework that focuses on a future state of thriving First Nations children.

DATA ON FIRST NATIONS IN CANADA: CURRENT STATE

While there is a vast amount of information collected on First Nations, it is largely uncoordinated and carried out in a piecemeal fashion across various federal departments, agencies, regions and organizations by both Indigenous and non-Indigenous groups (see Table 8).²⁶³ Oftentimes, data is not collected frequently enough to be used for planning and operations, nor is it sufficient to answer relevant questions due to gaps in coverage for First Nations living on-reserve (for example, Statistics Canada's Aboriginal Peoples Survey only collects data from First Nations living off reserve, Métis and Inuit). Some surveys fail to separate First Nations identity from the general population, with inconsistency in how Indigenous identity is defined (e.g. self-identified, Status Indian, etc.). Certain efforts have also been critiqued for using culturally inappropriate indicators²⁶⁴ and focusing on secondary issues (e.g. disease prevalence) as opposed to root causes of ill-health and well-being.²⁶⁵ Furthermore, First Nations communities are often unable to use this data for planning purposes as it is aggregated to provincial and national levels.

There have been some efforts to address these challenges. For example, the First Nations Information and Governance Centre (FNIGC) was established in 2010, and works mainly to develop and administer national First Nations surveys in collaboration with Regional Partners.²⁶⁶ One of their larger initiatives is the First Nations Regional Health Survey (RHS), which gathers information on health and well-being from over 250 First Nations communities. The RHS has filled important data gaps for First Nations peoples living on reserve and in northern communities, and as a First Nations-led initiative, includes culturally appropriate indicators on a holistic set of outcomes. FNIGC also houses the First Nations Data Centre, which

²⁶³ Shelley Trevethan, "Strengthening the Availability of First Nations Data," (January 30, 2019), https://www.afn.ca/wp-content/uploads/2019/05/NCR-11176060-v1-STRENGTHENING_THE_AVAILABILITY_OF_FIRST_NATIONS_DATA-MAR_25_2019-FINAL_E.pdf.

²⁶⁴ Trevethan, *Strengthening the availability of First Nations data*.

²⁶⁵ Kate McBride, "Data Resources and Challenges for First Nations Communities: Document Review and Position Paper," *The Alberta First Nations Information and Governance Centre*, accessed on July 27, 2020.

²⁶⁶ First Nations Information Governance Centre, "Frequently Asked Questions," accessed on July 27, 2020, <https://fnigc.ca/about-fnigc/frequently-asked-questions.html>.

provides data access to researchers, policymakers and other stakeholders on a pay-per-use basis. Census data can offer broad coverage of certain indicators at the level of the individual First Nation but may not always be considered representative.

TABLE 8: Available data and application considerations for the Measuring to Thrive framework.

Data source	Types of data collected	Limitations for FNCFS purposes
Statistics Canada	<p><i>Census</i></p> <ul style="list-style-type: none"> ▪ Demographic and family characteristics ▪ Education, labour and income outcomes ▪ Household and dwelling information ▪ Language, mobility and migration 	<ul style="list-style-type: none"> ▪ Aggregated to give national level overview ▪ Conducted every 5 years ▪ Indigenous indicator self-identified ▪ Indicators are not always culturally relevant
First Nations Information and Governance Centre (FNIGC)	<p><i>Regional Health Survey (RHS)</i></p> <ul style="list-style-type: none"> ▪ Health, well-being and social determinants on children, youth and adults <p><i>Early Childhood, Education and Employment Survey (REEES)</i></p> <ul style="list-style-type: none"> ▪ Early childhood education and development ▪ Youth employment and education ▪ Adult employment and education ▪ Labour-market conditions <p><i>Community Survey</i></p> <ul style="list-style-type: none"> ▪ Environment ▪ Shelter, infrastructure and housing ▪ Food security and employment ▪ Early childhood development and education ▪ Health and social services ▪ First Nations identity ▪ Justice and safety ▪ First Nations governance 	<ul style="list-style-type: none"> ▪ Administered to only a sample of First Nations communities and/or sample of the population ▪ RHS and REEES data aggregated to give national level overview (and cannot always be disaggregated to community level) ▪ Some communities cannot access data due to confidentiality concerns ▪ No clear timeline for further data collection and reporting
Indigenous Services Canada (ISC)	<ul style="list-style-type: none"> ▪ Broadband connectivity profiles ▪ Boil water advisories ▪ Population and profile data on individual First Nations 	<ul style="list-style-type: none"> ▪ Can be difficult to access ▪ Data can be outdated (e.g. most recent publicly available data from ISC on connectivity in First Nations communities is from 2013) ▪ No aggregation of data

ANALYZING THE GAPS: WHAT IS MISSING?

Among the most significant challenges to the success of this project are the gaps in high-quality data pertaining to First Nation communities. To align what data currently exists to what is required for supporting a FNCFS performance framework, two dimensions of data source quality were considered: accessibility of data and granularity of data (see Figure 37).

Data accessibility, as the name suggests, refers to the ability to access or retrieve the data stored in a database. Publicly accessible (e.g. housing, access to potable water), data tends to be aggregated, which limits its applicability for decision-support in specific domains. Conversely, granular data refers to the degree of detail and specificity of data, in this case whether data can be divided into First Nations and family units. As data is more subdivided, it is more granular. Granular data can be aggregated or disaggregated to allow for different scopes of analysis. If data is not granular, it becomes very difficult to analyze clearly. Granular data may be available at the level of the individual agency or First Nation, but is not always readily available, comparable or consistently captured (i.e. loss of time series).

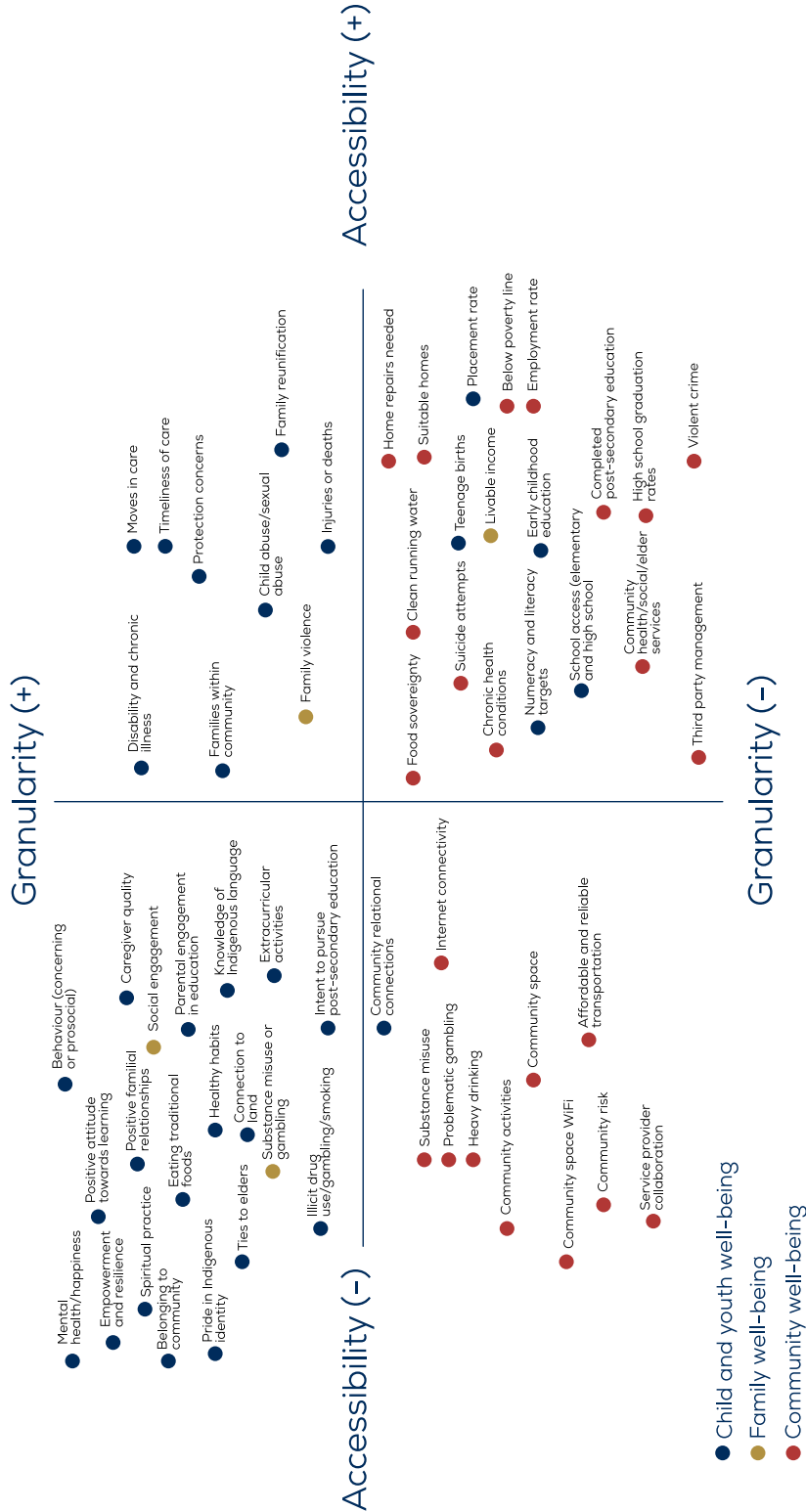
In the current state, there is limited consistent information and data available on the overall performance of the FNCFS system. What is known, is that the system is underfunded, the system incentivizes the placement of First Nations children in protection, and there is no commonly used results-focused framework. One of the immediate priorities with respect to transition to an alternative funding approach, is the adoption of a commonly supported and used performance framework rooted in the goal of thriving First Nations children, families and communities.

The draft diagram below plots the indicators from the performance framework based on their current-state accessibility and granularity. Several indicators are accessible but insufficiently granular (bottom right quadrant). This suggests that while there is aggregate data at the level of a First Nation, a province or region, the data may not have the necessary detail to measure the indicator defined in the performance framework. For instance, there may be data at the level of the First Nation on alcohol and drug misuse, but that data may not be available for the individual child. Even though individual data will not be shared, it is a useful internal metric for agency decision-support and planning for the child and family. The mismatch between accessibility and granularity is not insurmountable. It will require agency action with requisite resources.

The upper right quadrant is both accessible and sufficiently granular. Most of this data relates to child safety, as it is expected that agencies already collect this information at the level of the individual child for their case files. It is anticipated that while this data will not be made public at the level of the individual, the aggregated data can be a reliable source of information to assess overall outcomes for children and families in a community. Some community level data is also included, as it can be accessed from public sources at the level of the First Nation. Such data includes housing suitability and access to potable water to fulfill certain indicators. The two community well-being indicators

related to infrastructure and health and social services in the bottom left corner are deemed both insufficiently granular and insufficiently accessible because the data does not tend to exist. It would be up to individual communities or agencies to collect or produce this data.

FIGURE 37: Overview of data accessibility and granularity associated to Measuring to Thrive indicators.



FEASIBILITY AND CRITICALITY OF DATA COLLECTION

Given the large gaps that exist, analysis was undertaken to determine the feasibility of obtaining data, and the criticality of it to understand progress to achieving sub-strategic and strategic objectives. This was evaluated using the following criteria:

TABLE 9: Defining feasibility of access and criticality of data for the Measuring to Thrive framework.

Feasibility		Criticality
1	Easy to access: Data source is already publicly available or very core to agency mandate AND is available at the sufficient level of granularity to fulfil the indicator.	Data is imperative to assessing whether or not the sub-strategic and strategic outcomes are being achieved.
2	Somewhat easy to access: Data is likely not publicly available but close enough to agency mandate that they could reasonably collect it.	Data is somewhat essential to assessing whether or not the sub-strategic and strategic outcomes are being achieved.
3	Difficult to access: Data is not collected by agency and outside of agency mandate, would require external cooperation.	Data is not essential to assessing whether or not the sub-strategic and strategic outcomes are being achieved.

In this configuration, a *Feasible* coding (green) applies to data that is already being captured or an agency could easily collect the data. A *Somewhat Feasible* coding (yellow) describes data that may not exist publicly, nor is it likely being captured by agencies, but of which a request falls within an agency's mandate and the data could be feasibly collected by an agency. Finally, a *Difficult* coding (red) indicates some challenge in accessing the data as it falls outside of a typical agency's mandate and may require collaboration with a third party to capture the information (see Table 9).

Determining the criticality of collecting data on a particular indicator was based on findings from the literature on what is needed to ensure child well-being. Consideration was also given to whether the indicator measured the child's immediate health and safety or well-being more generally, whereby ones related to safety took precedence.

CHILD WELL-BEING

Child well-being is a multi-dimensional concept, and data is required from several different areas in order to holistically understand how a child is faring. In terms of feasibility, the majority of indicators were categorized as somewhat easy to access, meaning that social workers could likely collect this information through assessments with the child

and family. This is with the exception of indicators related to school performance, such as numeracy and literacy scores. In cases like these, there may be opportunities for collaboration with external entities on a community-by-community basis. For example, agencies may collaborate with school boards to collect information on educational achievement outcomes and behavioural issues in the classroom. Likewise, if early intervention programs such as Aboriginal Head Start On-Reserve are delivered within an agency's community, there may be potential to share data on maternal health and early childhood development outcomes.

The child well-being sub-strategic program is the most comprehensive of the four sub-strategic programs and consists of cognitive development, social relationships, psychological & emotional well-being, cultural & spiritual well-being and physical health and well-being performance elements. Cognitive development is supported by school readiness and educational attainment programs. Social relationships is supported by social support & belonging and social engagement programs. Psychological and emotional well-being is supported by child behaviour, social competence, subjective well-being and esteem programs. Cultural and spiritual well-being is supported by spirituality and tradition programs. Physical health and well-being are supported by overall physical health, healthy habits and risk management programs.

FAMILY WELL-BEING

The family well-being sub-strategic outcome consists of self-sufficiency and family health & protective factors performance elements. Self-sufficiency is made up of ability to meet basic needs programs and secure parental employment and participation in labour force programs. Family health and protective factors are made up of physical health of parents/caregivers programs, mental health of parents/caregivers programs and family protective factors programs.

In terms of feasibility, most of these indicators are somewhat easy to access, meaning that social workers could reasonably collect this information through assessments with the child and family. Some indicators referring to family health and protective factors, such as illicit drug use, and symptoms of anxiety and depression and thoughts of suicide and self-harm among caregivers, are presumably feasible to be collected by the agency (and to some extent are already being collected) as these are central to the mandate of agencies and critical to achieving sub-strategic and strategic outcomes.

COMMUNITY WELL-BEING

The community well-being sub-strategic outcome consists of access to basic needs, gaps in services to the community and public safety & community health performance elements. Access to basic needs

has a heavy focus on community infrastructure and looks at access to potable water, suitable housing, broadband connectivity and community infrastructure. It also looks at programs that address the overall poverty level. Gaps in services to the community is made up of programs that seek to address gaps or shortages in services. Public safety and community health consist of health & safety and educational attainment programs.

In terms of feasibility, most of these indicators qualify as relatively easy to access, with the exception of community infrastructure and public safety and community health indicators, as these will require collaboration with external organizations are not within the core mandate of child welfare agencies.

CONNECTION TO THE MEASURING TO THRIVE FRAMEWORK

It is clear that there are several gaps and challenges to utilizing First Nations data more broadly and at the level required by FNCFS agencies. The need to create a more coordinated and standardized approach to managing First Nations data to support an FNCFS performance framework raises the question of which entities and institutional relationships can be developed to collect and store this data. To that end, the example of Chapin Hall at the University of Chicago provides a useful parallel.

Chapin Hall, an independent organization affiliated with and located on the campus of the University of Chicago, engages in extensive partnerships with communities to share information and data on performance indicators of child welfare agencies. Chapin Hall serves as a steward of administrative data from a number of public agencies regularly. These data are used with the express permission of the source agency; for purposes approved by the source agency; and to benefit the source agency and the individuals and families the source agency serves.

One example of a key partnership is with the state of Tennessee, which introduced performance-based contracting (PBC) in child welfare to promote timely permanency for children in 2006. In this model, providers are financially incented to promote the permanent placement of children and are benchmarked against their own performance. The state pays for a result and bills providers that do not meet their agreed targets. Underpinning Tennessee's PBC model is data collected by providers and aggregated by Chapin Hall, which provides expertise on data analysis and performance, as well as in evaluating results and adjusting the program as needed.

Through its frequent use of high-quality reliable data and working partnerships across sectors, systems, and programs, Chapin Hall advances evidenced-based policy and funding solutions to address the complex needs of children, families, and communities. A First Nations-led secretariat is proposed to support First Nations and agencies to transition to a future state with a results approach focused on child, family, and community well-being.

Availability of data needed to benchmark and evaluate if outcomes among First Nations children are improving is scarce, and much of it will need to be collected by FNCFS agencies and providers. It is recognized that collection, analysis and management of the data will require an institutional capacity that is not currently present among all FNCFS agencies. Adequate funding for establishing this infrastructure, stakeholder buy-in and ownership over all aspects of performance measurement and strategic planning will be essential. Allowing communities to define their own success, establishing a positive, no-fault culture around measurement and tying it to an opportunity to improve (as opposed to viewing it as an assessment of performance) must also be integrated.

Connection to the Government of Canada's Expenditure Management Architecture

The Treasury Board of Canada Secretariat has set many standards and requirements for evaluation in the federal government, including the *Policy on Results* (2016)²⁶⁷ and the *Directive on Results* (2016),²⁶⁸ the latter of which contains Mandatory Procedures for Evaluations and Standards for Evaluation. The *Policy* replaced three Treasury Board policies, including the *Policy on Evaluation*. TBS continues to demonstrate functional leadership in implementing, using and developing evaluation practices across the federal government. This *Policy on Results* in particular is intended to allow the federal government to move towards performance-informed budgeting in the future.²⁶⁹

²⁶⁷ Treasury Board of Canada Secretariat, "Policy on Results," July 1, 2016, <https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=31300>.

²⁶⁸ Treasury Board of Canada Secretariat, "Directive on Results," (July 1, 2016), <https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=31306>.

²⁶⁹ Derek Armstrong, "Performance (-informed) Budgeting in the Government of Canada," Treasury Board of Canada Secretariat, October 2018, <https://fmi.ca/wp-content/uploads/2019/04/en-presentation-derek-armstrong-to-fmi-oct-25-pd.pdf>.

Prior to this, the Secretariat had established a guiding document on performance measurement strategies in the federal government.²⁷⁰ As explained in this guide, performance measurement is a results-based management tool used to plan, monitor, and assess the performance of policies and programs in relation to their progress against explicit benchmarks and goals. In general, the purposes of performance measurement are two-fold: first, to support ongoing program monitoring, and second, to support and facilitate effective evaluation. More specifically, performance measurement allows governments and evaluators to:

1. Monitor and assess program effectiveness;
2. Evaluate the economy and efficiency of programs to determine the value of results in relation to expenditures;
3. Enhance accountability and transparency in the delivery and spending on programs, and;
4. Facilitate strategic program planning to improve its effectiveness and achieve intended results.²⁷¹

ELEMENTS OF THE *HORIZONTAL INITIATIVES GUIDE*

The complexity and breadth of the system-wide approach to FNCFS is evident when considering the contextual influences on well-being. Adhering with the guidance set out in the *Guide to Departments on the Management and Reporting of Horizontal Initiatives* would be beneficial with respect to achieving a successful outcome.

The *Horizontal Initiatives Guide* promotes the management and reporting on horizontal initiatives by:

- Clarifying the definition of a horizontal initiative
- Outlining appropriate governance (First Nations-led)
- Describing the roles and responsibilities of lead and partner departments and agencies
- Setting out the process for their management and reporting
- Prescribing reporting requirements for Parliament and to TBS

²⁷⁰ Treasury Board of Canada Secretariat, “Supporting effective evaluations: A guide to developing performance measurement strategies,” September 29, 2010, <https://www.canada.ca/en/treasury-board-secretariat/services/audit-evaluation/centre-excellence-evaluation/guide-developing-performance-measurement-strategies.html>.

²⁷¹ Treasury Board of Canada Secretariat, “Supporting effective evaluations: A guide to developing performance measurement strategies,” September 29, 2010, <https://www.canada.ca/en/treasury-board-secretariat/services/audit-evaluation/centre-excellence-evaluation/guide-developing-performance-measurement-strategies.html>.

1. Does FNCFS meet the criteria for a horizontal initiative?

The performance measurement framework Measuring to Thrive meets the definition of a horizontal initiative. The performance measurement framework is holistic as it seeks to address the root causes in the system that have prevented First Nations children from thriving. This performance measurement framework covers protection, mental health, physical health, education and infrastructure to name a few of the areas of focus. The funding associated to meet the goals of this framework will implicate ISC and other departments.

2. Appropriate governance for the FNCFS performance measurement framework

Having established that the Measuring to Thrive framework meets the definition of a horizontal initiative it is important to outline appropriate governance. The following steps should be taken as part of the roadmap towards the implementation of the framework:

- a.** The appointment of a senior-level First Nation oversight committee
 - i.** Responsible for data collection, monitoring of indicators and spending, resolution of disputes, timing of meetings and agenda, liaison and ongoing reporting and engagement with key stakeholders and central agencies, communication strategies etc.
- b.** Establish appropriate subordinate bodies for the sub-strategic outcomes
- c.** Ensure governance deals with simple issues and roadblocks
- d.** Ensure that the oversight committee reports high-risk, high-impact issues to the First Nations-led secretariat and/or other appropriate body

The establishment of appropriate and effective governance is critical towards success of this horizontal initiative.

3. Establish the roles and responsibilities of lead and partner departments and agencies

Building off the need for appropriate governance it is important that the roles and responsibilities of the lead and all partner agencies/entities are clearly identified to ensure that there is system-wide coordination and synergies with all the moving parts of the performance measurement framework. Alignment and a system-wide view of the effectiveness and efficiency (i.e. value-for-money) of the totality of operations will demonstrate fiscal probity and stewardship with respect to Measuring to Thrive.

4. *Setting out the Process for the Management and Reporting of the Horizontal Initiative*

In order to be successful, the process for managing and reporting of this horizontal initiative requires a shared understanding of:

- The outcomes anticipated
- The indicators of success
- The activities required
- The capacities needed for execution

This shared understanding underscores the importance of ensuring there is accountability for data collection, analysis and reporting. The FNCFS performance measurement framework is horizontal and measures progress in strength-based approaches and overcoming contextual barriers. Given the current data gap in understanding system-wide performance, the initial priority must be to establish a baseline of performance and financial data in the current state. This will help to clearly identify the scope of the challenge as well as being able to identify a medium-term to long-term performance roadmap that will help to measure and report on the success of the funding formula and the performance measurement framework moving forward. First Nations are best positioned to gather, analyze and report on data relevant to well-being.

5. *Prescribing Reporting Requirements for Parliament and to TBS*

Given the importance of the FNCFS funding approach and performance measurement framework it is critical that the oversight committee establish clear evaluation and reporting requirements to Parliament to be able to provide an evidence-based and transparent evaluation of what has been successfully achieved and what gaps remain. Regular reporting and evaluations on performance and the resources allocated to realize this performance will provide a high-quality evidence-based assessment on the progress towards the Vision of *Enabling First Nations Children to Thrive*.

DETAILED CHECKLIST BASED ON THE HORIZONTAL INITIATIVES GUIDANCE DOCUMENT

For a detailed checklist that applies the guidance in the *Guide to Departments on the Management and Reporting of Horizontal Initiatives* to the FNCFS performance measurement framework, see [Appendix L](#). The purpose is to provide a quality assurance best practice checklist for the implementation of the renewed FNCFS system.

Part III: Funding approach

Introduction

The idea of using public money to solve public problems has a long history. As Schick (1966) explains, “Budgeting always has been conceived as a process for systematically relating the expenditure of funds to the accomplishment of planned objectives.”²⁷² OECD research suggests that performance budgeting has been practiced in many different countries since the 1960s, but was adopted more widely by OECD countries beginning in the 1990s.²⁷³ Among OECD countries, impetus for adopting performance budgeting practices include: a financial crisis, growing pressure to reduce public expenditure, or a change in political administration.²⁷⁴

Performance budgeting changes often accompany other reforms, instigated by other events. Denmark and Sweden introduced performance budgeting following spending control policies in reaction to the economic crises of the 1980s and 1990s. Nearly a decade later in South Korea, the rapid deterioration of public finances after the Asian financial crisis triggered ambitious wide-ranging reform of the budget process. The United Kingdom’s changes in 1997 included public sector management reforms and changes to the budget process.²⁷⁵ Performance budgeting requirements can be codified in legislation, established through formal policy guidelines, or use a mix of both.

Performance budgeting

One of the most popular definitions of performance budgeting comes from Schick’s writings in the OECD. Distinguishing between a broad (standard) definition and a strict (limited) definition of performance budgeting, Schick explains that:

Broadly defined, a performance budget is any budget that presents information on what agencies have done or expect to do with the money provided to them. Strictly defined, a

²⁷² Allen Schick, “The Road to PPB: The Stages of Budget Reform,” *Public Administration Review* 26, no. 4 (1966): 244.

²⁷³ OECD, “OECD good practices for performance budgeting,” last modified May 10, 2019, <https://doi.org/10.1787/c90b0305-en>.

²⁷⁴ OECD, “OECD good practices for performance budgeting,” last modified May 10, 2019, <https://doi.org/10.1787/c90b0305-en>.

²⁷⁵ Austria also implemented ‘Gender Budgeting’ as part of its comprehensive performance budgeting reforms in 2009 and 2013.

performance budget is only a budget that explicitly links each increment in resources to an increment in outputs or other results. The broad concept views budgeting in presentational terms, the strict version views it in terms of allocations. Many governments satisfy the broad definition, few satisfy the strict definition.²⁷⁶

More recently, according to Page (2016), performance budgeting is a term that describes how performance information (on outputs and outcomes) is used in the budget process. It is a form of budgeting that relates funds allocated to measurable results. Resources can be related to results in a direct or indirect manner.

Governments use performance information (management & budgeting) for four reasons

- Improve decision making in budget process (allocation)
- Improve efficiency
- Achieve savings (fiscal prudence)
- Improve transparency and accountability²⁷⁷

According to the OECD, performance budgeting is:

The systematic use of performance information to inform budget decisions, either as a direct input to budget allocation decisions or as contextual information to inform budget planning, and to instil greater transparency and accountability throughout the budget process, by providing information to legislators and the public on the purposes of spending and the results achieved.²⁷⁸

Typically, adopting a performance budgeting approach, “implies a shift in the focus of budgeting, away from management of inputs and towards a focus on the results of spending and the achievement of policy objectives.”²⁷⁹

Performance budgeting takes a wide variety of forms, which the OECD classifies as presentational, performance informed, managerial and

²⁷⁶ Allen Schick, “The performing state: Reflection on an idea whose time has come but whose implementation has not,” *OECD Journal on Budgeting* 3, no. 2 (2003): 72–95.

²⁷⁷ Kevin Page, “Performance Budgeting & Legislative Budget Offices,” (presentation, World Bank GN-PBOs, Washington DC, June 6–9, 2016).

²⁷⁸ OECD, “OECD best practices for performance budgeting,” *OECD Public Governance Committee Working Party of Senior Budget Officials* (November 23, 2018), [https://one.oecd.org/document/GOV/PGC/SBO\(2018\)7/en/pdf](https://one.oecd.org/document/GOV/PGC/SBO(2018)7/en/pdf).

²⁷⁹ OECD, “OECD best practices for performance budgeting,” *OECD Public Governance Committee Working Party of Senior Budget Officials* (November 23, 2018), [https://one.oecd.org/document/GOV/PGC/SBO\(2018\)7/en/pdf](https://one.oecd.org/document/GOV/PGC/SBO(2018)7/en/pdf).

direct. In this classification, each form of performance budgeting represents a progressively stronger link between performance measurement and budgetary decision making. The 2018 survey results showed that countries were more or less equally divided between the first three approaches. None reported using “direct” performance budgeting, which directly links budget allocations to performance measures. This highlights the inherent limitations of such a technocratic approach, given the political nature of the budget, as well as the many conceptual and practical problems in relating resource allocations and outcomes in the public sector.

The approaches to performance budgeting classified by the OECD are as follows²⁸⁰ (see Table 10: *Summary of approaches to performance budgeting*):

1. Presentational performance budgeting: budget document and outputs, outcomes and performance indicators are presented separately. The approach may be useful to demonstrate alignment of spending to declared priorities, but tracking is a challenge because performance and spending data are not connected.
2. Performance-informed budgeting: budget document is presented on a program basis, linking expenditures to programme performance. This is the most commonly adopted approach among OECD countries.
3. Managerial performance budgeting: organizational approaches to performance budgeting changes are tracked, to focus on managerial impact.
4. Direct performance budgeting: spending and results are directly linked in reporting. The approach clearly demonstrates how resource allocation impacted performance.

²⁸⁰ OECD, “OECD best practices for performance budgeting,” *OECD Public Governance Committee Working Party of Senior Budget Officials* (November 23, 2018): 7–8, [https://one.oecd.org/document/GOV/PGC/SBO\(2018\)7/en/pdf](https://one.oecd.org/document/GOV/PGC/SBO(2018)7/en/pdf).

TABLE 10: Summary of OECD approaches to performance budgeting.²⁸¹

Type of performance budgeting	Main purposes in the budget process	Link between performance information and funding	Planned or actual performance
Presentational	Accountability and public discussion of policies.	No Link: The information does not play a role in spending decisions.	Performance Targets and/or Performance Results
Performance-informed budgeting	Planning and/or Accountability. The weight given to performance information depends on particular circumstances.	Indirect Link: There is no automatic linkage between performance and funding levels.	Performance Targets and/or Performance Results
Managerial performance budgeting	Planning and/or Accountability. The weight given to performance information depends on particular circumstances.	Indirect Link: There is no automatic linkage between performance and funding levels.	Performance Targets and/or Performance Results
Direct performance budgeting	Resource Allocation and Accountability.	Direct Link: Explicit link between budget allocations to units of performance.	Performance Results

Performance budgeting is an integral component of a transparent and accountable public sector. It is also an important companion to what is the more popular practice of political budgeting; that is the collection of government revenue and the expenditure of such sums against the spending priorities of a given public entity. The OECD describes this as a ‘performance ecosystem’.²⁸² Performance budgeting can be viewed as a passive reporting process to meet statutory or regulatory obligations (e.g. parliamentary appropriations) or decision support that is part of the broader fiscal ecosystem of a government and its constituent parts.

²⁸¹ OECD, “OECD best practices for performance budgeting”, *OECD Public Governance Committee Working Party of Senior Budget Officials*, (2018); OECD, “OECD good practices for performance budgeting,” last modified May 10, 2019, <https://doi.org/10.1787/c90b0305-en>; Kevin Page, “Performance Budgeting & Legislative Budget Offices,” (presentation, World Bank GN-PBOs, Washington DC, June 6–9, 2016).

²⁸² OECD, “OECD best practices for performance budgeting,” (2018).

The budgetary system of a government begins with the political platform of the winning party in a general election and culminates with the Public Accounts. For performance budgeting and performance management systems to be successful, they must be seen as integral to a range of financial and operational elements of a government's budgetary system, including:

- Strategic planning at both national and sector levels;
- Medium-term budget frameworks;
- Spending reviews;
- Individual performance appraisal, as part of human resource management;
- Performance-based contracting and payment systems;
- Ex-ante and ex-post programme evaluation, and;
- Performance audit.²⁸³

Effectively, this means that the process by which funding is initially allocated, re-allocated and, potentially, cut, must be integrate performance information as part of the decision-support criteria of government.

Performance budgeting in health and social services

Performance budgeting approaches have been applied to many policy areas in the health and social services sector in the past few decades. The following will provide a brief discussion of these applications to post-secondary education in advanced economies (Australia, Canada, and the United States (US)) and in the health sector for developing economies.

POST-SECONDARY EDUCATION

Outcomes-based funding, or performance-based funding, is broadly defined as the linking of public funding (either from the national or subnational government) for post-secondary and tertiary institutions to institutional performance based on identified outcomes.²⁸⁴ Higher education outcomes-based funding, particularly in the US, has seen two basic phases. The first phase, implemented in Tennessee in the late 1970s, tied additional funding to specific student outcomes such as graduation rates. This contrasted with enrollment being the sole

²⁸³ OECD, "OECD best practices for performance budgeting," (2018).

²⁸⁴ Mary B. Ziskin et al., "Outcomes-Based Funding: Current Status, Promising Practices and Emerging Trends," *Higher Education Quality Council of Ontario*, 2014, <http://www.heqco.ca/SiteCollectionDocuments/Outcomes-Based%20Funding%20ENG.pdf>.

driver of funding. Throughout the 1990's, similar practices spread to other US states as part of a broader political drive towards public sector accountability to taxpayers.

The second phase, implemented in recent years, has seen much tighter integration of funding, operations and stakeholder outcomes. The Council of Ontario Universities provides an overview of performance-based funding (PBF) in post-secondary education and presents three basic types of PBF:²⁸⁵

1. *Output/outcomes-based funding formulas (or payment for results):* This model links funding formulas to outputs such as increasing the number of students who attain credit and degree completion milestones.
2. *Performance set-asides:* This model allocates a percentage of higher education funding for PBF where funds may be drawn from either the base funding or from additional sources. Institutions compete for shares of the performance fund by producing results that meet or exceed certain targets.
3. *Performance contracts:* This model involves agreements between states and individual institutions in which a certain level of funding or a regulatory provision is guaranteed if the institution meets specific goals.

Ontario

The Wynne government introduced more conditions to post-secondary funding, and increasingly tied the funding of Ontario colleges and universities to performance outcomes. In 2019, the new Ford government announced in its first budget that the small proportion of post-secondary funding that had been linked to institutional performance in recent years, namely 1.4% for universities and 1.2% for colleges, would increase to up to 60% in the next 5 years. The first year of the new agreements will reportedly tie 25% of funding to these outcomes, and this will rise annually until 2024–25.²⁸⁶ While graduation and employment rates are already used to gauge performance,²⁸⁷ the extent of the change would be quite significant for institutions that had seen little change in their operating model for decades.

²⁸⁵ Council of Ontario Universities, "Performance-based funding." (December 2013), <https://cou.ca/wp-content/uploads/2013/12/COU-Background-Paper-Performance-Based-Funding.pdf>.

²⁸⁶ CBC, "Funding for Ontario colleges and universities to be tied to 'performance outcomes,'" April 11, 2019, <https://www.cbc.ca/news/canada/toronto/ontario-colleges-university-performance-funding-budget-1.5094751>.

²⁸⁷ CBC, "Funding for Ontario colleges and universities to be tied to 'performance outcomes,'" April 11, 2019, <https://www.cbc.ca/news/canada/toronto/ontario-colleges-university-performance-funding-budget-1.5094751>; CBC 2019, "How the Ford government will decide on university, college funding," <https://www.cbc.ca/news/canada/toronto/ontario-doug-ford-university-college-post-secondary-grants-1.5121844>.

United States

Performance funding for post-secondary institutions is widely adopted in the US. In fact, such approaches are currently in place in approximately 40 US states.²⁸⁸ There are a number of common performance indicators that aid in the development of benchmarks and performance evaluation across organizations:

- Course completion or achieving a certain threshold number of credit hours;
- Successful transfers to other institutions;
- The number of degrees awarded;
- Premiums for low-income students; and
- Premiums for production of STEM degrees.

With its first year of operation in 2011–2012, Tennessee is the first state to base 100% of higher education funding on course completion and other performance indicators. Tennessee is a leading adopter of performance budgeting for post-secondary institutions but its lead is being followed by other US states.

Australia

In 2019, in response to the recommendations of an expert panel for performance-based funding,²⁸⁹ the Government of Australia announced the implementation of PBF to university funding from the Commonwealth Grant Scheme (CGS).²⁹⁰ Beginning in 2020, funding for bachelor-level institutions would grow with population growth in the 18–64-year-old age bracket, contingent on universities meeting specified performance targets.

In 2020, the amount of PBF (1.36% of CGS funding, in line with population growth), more than \$80 million per year, would be added to a university's maximum basic grant amount. According to the Department of Education, Skills and Employment, universities will continue to be able to access CGS funding of around \$7 billion per year without any reference to their performance, and more than \$17 billion per year in funding for higher education and research in total. The government of

²⁸⁸ TV Ontario, "Evaluating Performance-based Funding," October 3, 2019, <https://www.tvo.org/video/evaluating-performance-based-funding>.

²⁸⁹ Government of Australia, Department of Education, Skills and Employment, "Final report for performance-based funding for the Commonwealth Grant Scheme," June 2019, https://docs.education.gov.au/system/files/doc/other/ed19-0134_-_he_performance-based_funding_review_acc.pdf.

²⁹⁰ Government of Australia, Department of Education, Skills and Employment, "The future of Australian universities focuses on achievement," October 2, 2019, <https://ministers.education.gov.au/tehan/future-australian-universities-focuses-achievement>.

Australia has announced that it will continue to ensure the PBF model is fit for purpose, with reviews scheduled in 2020 and 2023.²⁹¹

The Australian approach is relatively limited when compared to that of Tennessee. It will be useful to see if Australia's very gradual approach leads to the type of outcome-based budgeting and the accompanying results that performance budgeting aims to achieve.

HEALTH IN DEVELOPING CONTEXTS

PBF, or pay-for-performance (P4P) is also applied to health financing, according to the World Health Organization²⁹². Often targeted to low- and middle-income countries, P4P is defined as fee-for-service-conditional-on-quality, where health providers are, at least partially, funded on the basis of meeting performance targets. More specifically, the WHO, defines the model as follows:

- Incentives are directed only to providers, not beneficiaries;
- Awards are purely financial; and
- Payment depends explicitly on the degree to which providers achieve certain pre-established verified performance indicators.²⁹³

Performance-based financing conditions payment for performance on output indicators and adjusted by quality measures. Design of performance budget model are adapted to be country specific but they tend to explicitly link financing to results based on the delivery of select reproductive, maternal, newborn, and child health, usually with formal verification. Operating models tend to feature autonomy, strengthened accountability, and empowered frontline providers and facility managers.

The WHO has identified a number of lessons from the implementation of performance budgeting models. The causes of poor performance are often complex. Performance budgeting must be part of a larger transformation, as it alone will not generate outcomes. The existing service delivery structure will influence how providers respond to incentives in a new budgeting system.²⁹⁴

²⁹¹ Government of Australia, Department of Education, Skills and Employment, "The future of Australian universities focuses on achievement," October 2, 2019, <https://ministers.education.gov.au/tehan/future-australian-universities-focuses-achievement>.

²⁹² WHO, "Performance-based financing," accessed on July 27, 2020, https://www.who.int/health_financing/topics/performance-based-financing/en/.

²⁹³ WHO, "Performance-based financing as an instrument to introduce strategic purchasing to move towards universal health coverage". Accessed on July 27, 2020, https://www.who.int/health_financing/topics/performance-based-financing/universal-health-coverage/en/.

²⁹⁴ WHO, "Main lessons on performance-based financing (PBF) programmes to date," accessed on July 27, 2020, http://www9.who.int/health_financing/topics/performance-based-financing/lessons/en/.

PERFORMANCE FUNDING IN CHILD WELFARE

Much like performance budgeting in post-secondary education, the United States has been an innovator in performance funding for child welfare and family services. The change first occurred at the state level (and was therefore varied from one state jurisdiction to the other).

The change was the result of three factors; one fiscal change and two shifts in the provision of child welfare services. Many US states have constitutional amendments requiring balanced budgets. This has forced difficult rationing of resources and the integration of funding allocation and results. On the child welfare and family services side, the rapid growth in privatization child and family services, and second, federal government accountability efforts.

At the state level, particularly in the late 1980s and 1990s, many state and local governments began to respond to rising numbers of children in foster care and concern over the costs of child welfare service. At the same time, there was increasing pressure to meet federal performance standards under the Child and Family Service Review (CFSR) process established under the Adoption and Safe Families Act (ASFA).²⁹⁵ The ASFA in 1997 explicitly established outcome expectations with respect to the delivery of child welfare services in the areas of child safety, timely permanency, and well-being.²⁹⁶

These changes drove fiscal reforms in child welfare, from traditional fee-for-service payment arrangements towards managed care by child welfare authorities. Prior to this shift, most contracts were largely fee-for-service arrangements, in which the provider was paid by the state or county for delivering specific services; similar to much of the Canadian FNCFS system. While fiscal pressures, in Canada, are not dominant features of the funding environment, there are similar drivers of change including: concerns over (culturally relevant) performance standards, the number of children in foster care and the long-term consequences (and costs) of a system that does not drive results for First Nations children and families.

²⁹⁵ Quality Improvement Center on the Privatization of Child Welfare Services, “Examples of Performance based contracting in child welfare services”, *Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) on behalf of the Children’s Bureau, US Department of Health and Human Services*, 2009, <https://www.fox.temple.edu/cms/wp-content/uploads/2012/09/Performance-Based-Contracts-in-Child-Welfare.pdf>.

²⁹⁶ *An Act to promote the adoption of children in foster care*, Public Law 105-89, November 19, 1997, <https://www.govinfo.gov/content/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf>.

Funding approach

The current steady-state funding model for FNCFS is a fee-for-service model, in which agencies are reimbursed for maintenance costs for children in protective services. The principle driver in the current model is children in care. Given the nature of the funding model, there is a near perfect correlation between the size of an FNCFS agency's budget and the number of children in care. As the number of children in care increases, so too does an agency's budget. While this approach may provide regularity and predictability of funding for specific services (i.e. maintenance), it is rigid and limits the ability of agencies to address the needs of the people they serve without engaging the protection system.

Following various rulings of the Canadian Human Rights Tribunal (CHRT) that found the FNCFS system to be discriminatory and inadequately funded, the current model has been supplemented by Tribunal mandated funding for retroactive payments, as well as wellness/prevention focused programming. The funding structure itself, however, has remained intact, with exception to the supplementary CHRT-mandated funding. For many, the supplementary CHRT funding has enabled the development of new programming and services tracks, the renovation of buildings, and hiring new staff. These are positive developments from the increased funding, but the funding is short-term in focus and does not solve the underlying challenge of the system.

To work toward the well-being of children, families and communities, an alternative funding approach that recognizes the need for flexible applications of funding and that addresses funding gaps is necessary. Children, families and communities have needs. Some may need more support than others for various reasons. Professionals and communities should have the tools and resources necessary to address the *causes of the causes* of need (e.g. poverty, intergenerational trauma, etc.). The choice of tools or means of delivering on this mandate should not have adverse fiscal consequences, when accountable decisions are made for the well-being of children, families and communities.

The pre-ambles of *An Act respecting First Nations, Inuit and Métis children, youth and families* commits the federal government to “to engaging with Indigenous peoples and provincial governments to support a comprehensive reform of child and family services that are provided in relation to Indigenous children.”²⁹⁷

²⁹⁷ Government of Canada, “An Act respecting First Nations, Inuit and Métis children, youth and families,” *Justice Laws Website*, Date modified: June 26, 2020, <https://laws.justice.gc.ca/eng/acts/F-11.73/index.html>.

Informed by its work with FNCFS agencies, community leaders, experts, and stakeholders, IFSD is presenting a funding architecture to reform the funding structure for FNCFS, to promote thriving First Nations children, families and communities. The funding approach is designed to address gaps identified by the CHRT and FNCFS agencies, while aligning the approach to commonly held goals of well-being. The goals, defined in the Measuring to Thrive framework, align to the three core principles that frame *An Act respecting First Nations, Inuit and Métis children, youth and families* (section 9): acting in the best interest of the child; substantive equality of services; the importance of cultural continuity.

Affirming the right to self-governance (section 18(1)), the Act provides a platform for those interested Indigenous governing bodies to assume jurisdiction in child and family services. Whether through an existing FNCFS agency or through the development of an alternative structure, the planning, delivery, and ongoing assessment of child and family services requires resources. Section 20(2) of the Act requires a coordination agreement to exercise the jurisdiction. The federal Minister responsible for the Act, the province, and the Indigenous governing authority, are required to coordinate, among other matters, “fiscal arrangements, relating to the provision of child and family services by the Indigenous governing body, that are sustainable, needs-based and consistent with the principle of substantive equality in order to secure long-term positive outcomes for Indigenous children, families and communities and to support the capacity of the Indigenous group, community or people to exercise the legislative authority effectively” (Section 20 (2)(c)).

The proposed funding approach responds to the Act’s commitment to determine fiscal arrangements that address long-term positive outcomes, substantive equality, and needs. Designed and built from the bottom-up, this funding approach captures a critical mix of resources and structures for thriving First Nation children, families, and communities, as expressed by those working on the ground.

SPLATSIN BRITISH COLUMBIA

“A commonsense approach to care.”

Splatsin is an important case study given that it is the only FNCFS agency with full jurisdiction. This case highlights the utility of flexibility in operations for achieving desired results. While Splatsin achieves its operational flexibility from the Splatsin First Nation’s (formerly Spallumcheen First Nation) jurisdiction and bylaw for child and family services, others could use block funding, i.e. funding with flexibility in use/application, to achieve similar latitude in decision-making.

Context

Splatsin Stsmamlt Services (formerly the Spallumcheen Child Welfare Program) is an organization of Talkstaltn neglmucw (social workers) and family support workers who are responsible for carrying out the community’s stsmamlt (child) and family service program. Currently, they are the only First Nation child and family services (FNCFS) agency with full jurisdiction, i.e. child and family services (including protection) in the First Nation.

Splatsin is the most southern tribe of the Secwépemc Nation, the largest Interior Salish speaking First Nation in Canada whose aboriginal territory stretches from the BC/Alberta border near the Yellowhead Pass to the plateau west of the Fraser River, southeast to the Arrow Lakes and to the upper reaches of the Columbia River.

The Splatsin First Nation’s bylaw governing child and family services, extend to any member of the band anywhere in the world (*A By-Law for the Care of Our Indian Children: Spallumcheen Indian Band By-Law #3*).²⁹⁸ Jurisdiction was negotiated in 1980, following much effort and demonstrations known as the “Indian Child Caravan.” The Splatsin people were no longer willing to accept the high rates of removal of their children from their community by the state. The chief at the time, Chief Christian, who had himself experienced the challenges associated to being in care, led the negotiations and was instrumental in asserting jurisdiction.

“We lay awake at night thinking about how we can do things better. How do we know we’re doing better?”

The community’s jurisdiction in child and family services confers flexibility in programming approaches to meet the needs of the community.

Splatsin First Nation—Overview

Splatsin First Nation’s history was described as challenging by members of the community. The reserve has been segregated by hydro and rail projects, which displaced members of the community. There is a difficult history with the ramifications of residential schools and the racism experienced by community members. Substance misuse challenges, especially, alcoholism, have burdened the community. When young people from Splatsin find success outside of the First Nation, often they tend not to return.

²⁹⁸ The bylaw asserts self-determination and jurisdiction and defines practices for child and family services interventions in Splatsin First Nation.

Splatsin understands the relationship between positive economic development and the benefits that it can bring to its people. Splatsin has recently liaised with the University of Victoria for entrepreneurial training for the First Nation to create a tourism event on-reserve. With many tourists and tour buses traveling through the area, Splatsin is working with the community to create industry close to home. The tourism event would include a visit to the community centre with dancing, drumming, and art; a general authentic experience for the visitor. For the agency, the initiative is an opportunity to assist in providing the community purpose, meaning and practical skills.

Programmatic and operational considerations

Splatsin adopts a “common sense approach” to child and family services. Their mandate, equal parts protection and family preservation, is guided by the needs of their community. Operating under their own law, Splatsin has the latitude and flexibility to manage its child and family services program based on the best interests of the child and family. Seeing as they are not aligned to any laws or procedures other than their own, Splatsin can make decisions to address the *causes of the causes* of contact with the protection system (e.g. poverty, parents in need of modelling/support, food security, housing, etc.) in their work. For many staff, this encourages creativity and innovation in their work. Further to this, workers consistently facilitate family visits and family involvement in community events. The comprehensive “wrap-around family support” programming that is offered is a cornerstone of the program and an integral element to addressing the multi-generational effects of the Canadian residential schooling system and the Sixties Scoop. The unique practices of the Splatsin program were developed to address the multi-factorial nature of historical and continued settler-colonial traumas.

With 12 full-time equivalent staff, Splatsin considers its role to be a supporting one for the community. The protection process in the community does not use mainstream assessment tools; rather it relies on knowledge of the family and its unique circumstance (a benefit of being a small and engaged agency). When a call is placed to the agency, Splatsin staff evaluate and propose one of four courses of action: no action or referral, support services, a voluntary care agreement or the removal of the child. Unique to Splatsin, the Band Council (as defined in the bylaw), will be contacted by the program immediately in the rare case of a removal; once Council is notified a “hearing” involving the family, program staff and Council occurs within seven days. At that time Council either concurs with the removal plan or alternate arrangements are made to ensure protection of the child and support of the family. The Band Council can by law, direct the agency’s actions in child and family services, although in practice the program and Band Council typically come to consensus and agree with each action plan.

If a child is in care, Splatsin manages the case, as kinship arrangements are not supported at this time (to mitigate risks of unknown or unspoken traumas within families). Splatsin makes every attempt to place children with extended family but believes that it is good practice to remain attached to the child and extended family to ensure all are getting the support they need.

Splatsin spends significant effort and resources identifying foster parents, working with them, and keeping close account of how the child is doing in his/her respective placement. For instance, a Splatsin social worker may accompany foster parents to medical assessments. The regular interface between child, social worker and foster parent is only achievable due to the small case load of Splatsin social workers.

To maintain constant and regular connections to family and the community, if a child is in care, Splatsin, if able, practices a co-parenting approach. In this model, through prior agreement, the child has regular and ongoing contact with their biological parents and community while in care, e.g. weekend visits, special events.

Splatsin, while at times not ‘popular’ in the community, is perceived to be a reliable and trusted organization. Beyond its child and family services work, the agency contributes actively to after-school and summer programs, which serves as prevention-style programming without naming it as such. Splatsin helps to build a safe and nurturing environment for children and youth, that is open to all children (not only those involved in child and family services). Serving a small community, Splatsin staff have come to know their people well and share a vision for building a stronger community.

Governance

Splatsin’s governance arrangement is particular to the Splatsin legislation. The Splatsin Band Council acts as a board of directors with decision making authority on individual cases and has input regarding the agency’s operations. The Band Council can approve or reject a voluntary care agreement or the removal of a child. Although it is not common that the Band Council overrides the Splatsin program’s recommendation, it is possible. At times, the Band Council offers contributions or ideas on the management of cases. These suggestions can be additive, if there is community knowledge the agency may not have.

To enable jurisdiction, the Band Council carries a substantive liability insurance policy, as it is legally accountable for Splatsin children in care.

Lessons and considerations

Jurisdiction in child and family services can increase flexibility in operations but also results in ultimate legal accountability for children in care.

Splatsin’s governance arrangement has the potential for complications with the involvement of Band Council in decision-making. For some, this is a testament to community care, but it also risks political interference or complexities, if for instance, a Band Council member’s family was involved (which in these situations the Council member must declare conflict and recuse themselves from proceeding). While the approach may work in Splatsin, it may not be universally applicable, as it is dependent on the judgement and discretion of Band Councillors and compliance to the By-law and the program’s policy and procedures. The role of the agency director is central in this approach and requires dispassionate professionalism. The agency director must have the confidence and respect of the community but must also maintain their professional obligations.

Splatsin’s approach in its small community is informed by on-the-ground perspectives for needs-based decision-making. Block funding as a mechanism could offer similar decision-making latitude to agencies without jurisdiction or those seeking jurisdiction.

WHAT WE HEARD

There is general consensus on the funding approach architecture by the expert roundtable.²⁹⁹ The approach is designed to close gaps and provide agencies with the flexibility required to meet the needs of those they serve.

1. You cannot have the same quantum and structure of resources and expect different results.
2. Data and good governance can promote accountability. Build capacity to **convert data into evidence** for better decision-making.
3. A funding model should focus on **holistic well-being** and break-down silos between operating entities in a community, e.g. CFS, health.

Funding foundations

Any funding approach should have a desired goal or defined purpose. In this case, the proposed funding approach is intended to promote thriving First Nation children, families and communities. Whether through an existing FNCFS agency or in support of a band council repatriating its jurisdiction in CFS, this funding approach is designed to align to the desired goals defined in the Measuring to Thrive framework.

Moving from the current state to the proposed future state means shifting the basis on which funding is allocated, how need is defined, and the source of governance and control (see Table 11).

TABLE 11: Current state and proposed future state comparison of the FNCFS program.

Current state	Proposed future state
<ul style="list-style-type: none"> ▪ Funding driven by children in care 	<ul style="list-style-type: none"> ▪ Funding driven by indicators of well-being
<ul style="list-style-type: none"> ▪ Top-down; formula-based funding with ad-hoc supplements 	<ul style="list-style-type: none"> ▪ Bottom-up budgeting complemented by need and performance components
<ul style="list-style-type: none"> ▪ Mixed governance model 	<ul style="list-style-type: none"> ▪ First Nation control (<i>An Act respecting First Nations, Inuit and Métis children</i>)

²⁹⁹ On April 15, 2020, practitioners and experts convened to review and debate an alternative funding approach for First Nations child and family services. This approach is informed by agencies and the communities they serve. The funding approach architecture is designed to address gaps identified in Phase 1, *Enabling First Nations Children to Thrive*, and reflects the lessons from case studies for this work.

Changing a funding approach will not by itself, immediately change the system or the results it delivers. Short-term changes however, have resulted from agencies who were able to quickly capitalize on the CHRT funds. The transition process will be gradual and will require agencies and communities to adapt to changing practices. Shifting from the current state to the proposed funding approach will require collaboration and in-course adjustments, to address unforeseen challenges. Stakeholders will learn from one another, as the proposed data-driven approach supports an enhanced planning and accountability environment.

As this work is informed by agency participation, feedback, and their own evidence, we can have confidence in the bottom-up budgeting approach informed by Phase 1. Through the contribution of 76% of FNCFS agencies, *Enabling First Nations Children to Thrive* had the necessary representative data to identify and scope the gaps in the existing system. Agencies identified prevention, geography/remoteness, capital, and IT as principal funding gaps. Framing these gaps is poverty and related issues such as housing shortages and quality, access to potable, etc. To build a funding approach that responds to the needs of agencies, their mandates, and crucially, the people they serve, the Phase 1 gaps are built-in to the proposed funding approach.

TABLE 12: Funding approach components.

Factor	Definition
Poverty	Capturing household poverty (relative to provincial poverty line) on-reserve; euphemistic capture of inequity on-reserve.
Prevention	Per capita by total community population (not only children, 0–18 years); three potential per capita rates based on existing models.
Geography	Road access and proximity to service centre; 2x budget increase when at least one community does not have year-round road access.
Capital	Variance in need of fixed assets among agencies to deliver on community mandates; general need for investment.
IT	Substantive gaps in the hardware and software used by agencies; need for investment to raise overall functionality and extend capacity.
Results	Funding to close gaps identified in the Measuring to Thrive framework.

Identifying and closing funding gaps are critical steps in working toward the goal of thriving children, families and communities. How funding moves to recipients is just as important as the amount of resources. In the current state, funding is closely aligned to specific activities. In the proposed funding approach, service providers would be funded in a block. This means that their total budget would be clearly defined at

the start of the fiscal year to facilitate planning and resource allocation (see Table 12). The total block would grow at least by standard growth factors (i.e. population (for prevention) + inflation) every year. After five years, the entire funding approach would be evaluated and revisited to ensure that agencies can deliver on their mandates to meet the needs of children, families and communities.

Agencies will not be alone in this journey. Stakeholders proposed the establishment of a secretariat to support agencies in their transition to the proposed funding approach. With differentiated needs and points of departure, the secretariat will be designed as with a dual mandate as an evidence developing centre and a centre for operational/organizational support. Staff will help agencies identify challenges and remedies for operating matters, and will assist with the development and training of a core data team, as needed. Alternatively, the agency can pay the secretariat an annual fee to outsource its data collection and monitoring work.

At the five-year mark, agencies, with the support of the secretariat, can determine if the measurement framework demonstrates the need for further investment. The secretariat will support measurement and monitoring for agencies and service providers on a regular basis, from the start of the alternative funding approach.

OVERVIEW OF FUNDING APPROACHES

There are two main types of funding:

1. Prospective: service delivery agencies receive payments to deliver services;
2. Retrospective: service delivery agencies are reimbursed for specific activities.

Within these two main funding types, various mechanisms exist to deliver resources to agencies. For child and family services, commonly identified mechanisms include: fee-for-service; block funding; and performance-based contracts (a variant of block funding).

The difference between the two clusters of mechanisms is the way the funding transfer is calculated. In the fee-for-service model, the allocation is retrospective. Revenue and cash flow are the same, since the rules by which the service provider is transferred money is about process, not about outcomes. With a fee-for-service model, the unit cost of service is unknown as it depends on the number of cases, making revenue unknown because revenue is driven by unit cost. Fee-for-service can limit service providers in the effectiveness of

their services. The funding mechanism does not offer an incentive to perform better. Instead, it creates a tension between meeting needs and improving services.

Block funding and the performance-based contracting approach are prospective, separating revenue and cash-flow. While the total revenue allocation (or total budget) is known at the beginning of the fiscal year, the way the revenue flows to recipients can differ. For instance, with performance-based contracting, revenue flow is determined by the terms of a contract. With block approaches, the service provider has the freedom to set the number of units and unit cost, enabling them to adjust practices to work within their revenue. In block approaches, service providers bear the risk of operating within defined revenue parameters. However, they benefit from the flexibility of delivery on their terms. This funding approach can incentivize improved outcomes and efficiency (assuming adequate funding).

As with any policy question, there are trade-offs in funding mechanisms. Resource guarantees and flexibility in delivery vary among the two funding types (and their associated mechanisms) (see Figure 38).

TABLE 13: Funding mechanism descriptions.

Funding mechanism	Case study	Description
Fee-for-Service	Current funding mechanism for FNCFS	Required resources are provided by payment for specific activities by unit cost or by population served. Funding may be consistent but there is limited flexibility in delivery as reimbursement is defined for specific allowable activities.
Block Funding	West Region's Child and Family Services Center block pilot funding program	Resources are allocated based on a combination of previous financial data and need. A set funding amount is allocated, leaving the service provider to determine its best uses. While flexibility in approach is promoted, the service provider bears the risk of operating within the set funding amount.
Performance-based contracting (variant of block funding)	State of Tennessee child welfare program	Resources are disbursed by achieving pre-established goals. Goals are defined through a service provider's past performance. This approach promotes flexibility in delivery but requires the service provider to meet expectations to receive funding.

Retrospective funding approaches (e.g. fee-for-service), tend to offer better resource guarantees (as funded activities are clearly defined), but tend to limit flexibility in delivery (since fundable activities can be restricted). Prospective approaches (e.g. block funding, performance-based contracting) by contrast, tend to offer greater flexibility in delivery (as service providers can allocate resources as needed), but service providers are required to work within established resource parameters (supplementary resources may not be guaranteed) (see Table 13).

FIGURE 38: Trade-offs in resource risk and flexibility in achieving outcomes.



There is no perfect approach to funding social policy, but there are acceptable trade-offs that support FNCFS agencies in best serving their children, families and communities. Identifying the critical mix of resources required and leveraging lessons from other cases and jurisdictions has informed the approach proposed here. As a new approach is implemented, collaboration between Canada, First Nations, and NAC will be essential to assess progress and adjust the approach as required.

BLOCK FUNDING APPROACH

Resources are allocated based on a combination of previous financial data (to fund maintenance and protection) and need (e.g. population size, geography, poverty level, etc.).

Funds are provided for general purposes identified under terms and conditions in a contribution agreement or a statute. Service providers have flexibility to adjust allocations (e.g. operations and capital; protection and prevention).

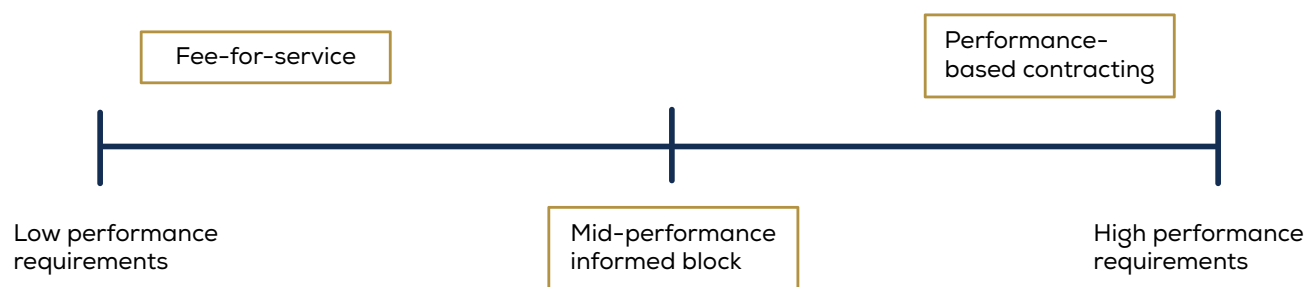
The capacity to “carry forward” money (ability to move monies forward if not spent, in a current year, like the 10-year grant) and access to emergency funding, as provided, are consistent and additive to a block funding approach.

Emergency funds would be available should a service provider—due to an exceptional increase in service demands (e.g. protection requests, an increase in health-related issues)—be unable to meet the needs of their communities with their pre-defined revenues.

In the proposed approach, risk is managed to empower service providers to act in the best interest of children, families, and communities.

The proposed funding approach integrates a block transfer of funds with allocation based on population, need, and budget top-ups. The block approach is distinct from the fee-for-service model currently in place, and the performance-based contracting approach, well-defined by the case of Tennessee. If these two funding approaches were considered on a performance continuum (see Figure 39), Tennessee would be on the high-end of performance, where funding is contingent on the delivery of predetermined results. The performance-based contracting approach uses both a carrot and stick approach to encourage results: if the service provider performs well and efficiently, it can keep the money it saves (carrot); but if the service provider does not deliver on its agreed-upon targets, their budget is reduced (stick). At the other end of the spectrum is the current state, fee-for-service model, without a performance framework. This approach allocates funding for specific activities, without consideration of overall results.

FIGURE 39: Funding mechanisms on a performance continuum.



The proposed funding approach sits at the performance midpoint between performance-based contracting and a fee-for-service model. It is designed as a multi-year (five year) block transfer, allocated annually to agencies. The results-focused program is intended to maximize flexibility in delivery and to meet needs in communities.

The proposed funding approach would guarantee a baseline amount of funding for service providers, which would serve to fund protection and maintenance. This funding floor would be set based on 2018–19 budgets with top-ups for funding gaps. Transferred as a block, service providers would be required to work within defined revenue parameters, allocating resources to best meet the needs of their communities. As service providers, agencies would bear the risk of ensuring funding is well allocated to achieve desired results. They would also benefit from being able to run their organizations to support the well-being of those they serve, however that may be best achieved.

In the current fee-for-service funding arrangement, the federal government as funder is exposed to the risk of an increase in the number of children in care, since that is the means through which services are funded. In principle, the service provider is not incentivized to alter their approach to a more efficient one because they would risk losing their funding. In this environment, agencies spend time working around the system, rather than having a system that works for them and those they serve. In the proposed model, the number of children in care is no longer driving budgets. Service providers would receive their revenues in a known block, guaranteed. If they do not spend all of the money in their block in one fiscal year, they can redirect funds to improve performance, e.g. increase prevention measures). The federal government would act as insurer of last resort, with emergency funds available should an agency—due to an exceptional increase in service demands (e.g. protection requests, an increase in health-related issues)—be unable to meet the needs of their communities with their pre-defined revenues. In the proposed approach, risk is managed to empower service providers.

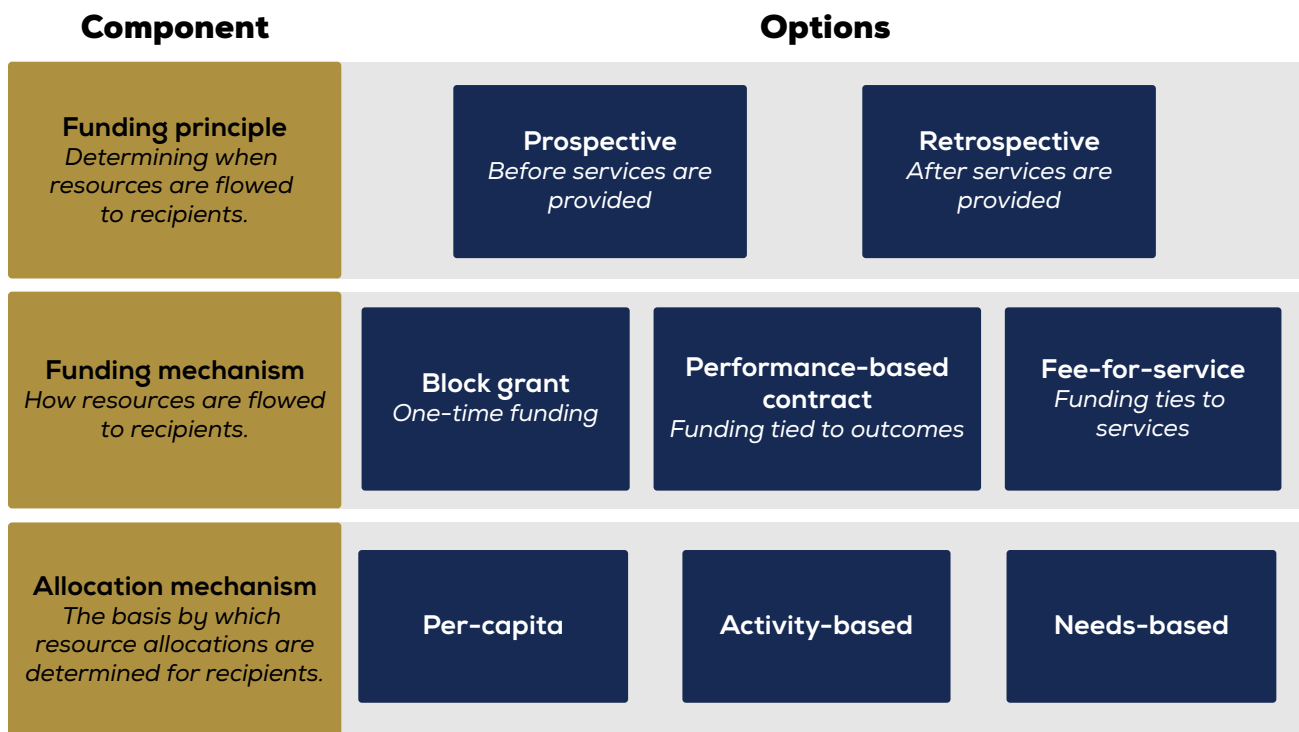
The risk sharing rate would be assessed on a case-by-case basis. Overages associated to demonstrated increases in demand (for specific services, e.g. protection) would be covered in full. With increased demonstrated need, e.g. higher than usual number of children in care, service providers would be eligible to have any budget overages covered by an emergency fund. The emergency fund is for exogenous factors, outside of the control of the service provider. The emergency fund will not cover operational matters, e.g. mismanagement, poor use of funds, etc.

Building a funding approach

A new funding approach to FNCFS will require consideration of the funding principle, the funding mechanism and the allocation mechanism. Combinations of options are possible and require consideration based on the desired results for the funding system (see Figure 40).

FIGURE 40: Overview of funding component options.

Funding approach for FNCFS agencies



In the current state of FNCFS, there is a lack of alignment between social policy and financial resources. Social policy research and FNCFS agencies have repeatedly emphasized the importance of prevention-

focused approaches to care that empower children, families and communities, rather than focusing on apprehension. Approaches taken by FNCFS agencies in pursuit of the well-being of their communities are numerous. Achieving alignment between policy and resources requires people, processes and data to deliver operations and promote accountability.

FNCFS agencies do not operate in a vacuum but are influenced by the realities of the communities they serve. Ensuring that financial resources are aligned to the realities of their circumstances is necessary to support the well-being of communities.

Funding architecture

This approach should be read holistically. The individual parts alone are not sufficient to contribute to an FNCFS system that promotes thriving children, families, and communities. The current funding approach is not working and can be replaced with a future-focused results driven approach that empowers those delivering services in communities.

At the five-year mark, the Measuring to Thrive framework and the funding approach will be reviewed in full. This first review will help to determine if funding levels are sufficient and if any adjustments are necessary to meet the goals of the framework. At the ten-year mark, the framework will have collected a sufficient amount of data and converted it into evidence to determine if the overall structure of funding and measurement supports better results for children, families, and communities. The baseline budget contains protection funding, a core element of FNCFS agency activity.

A two-step process is proposed to achieve an alternative funding approach:

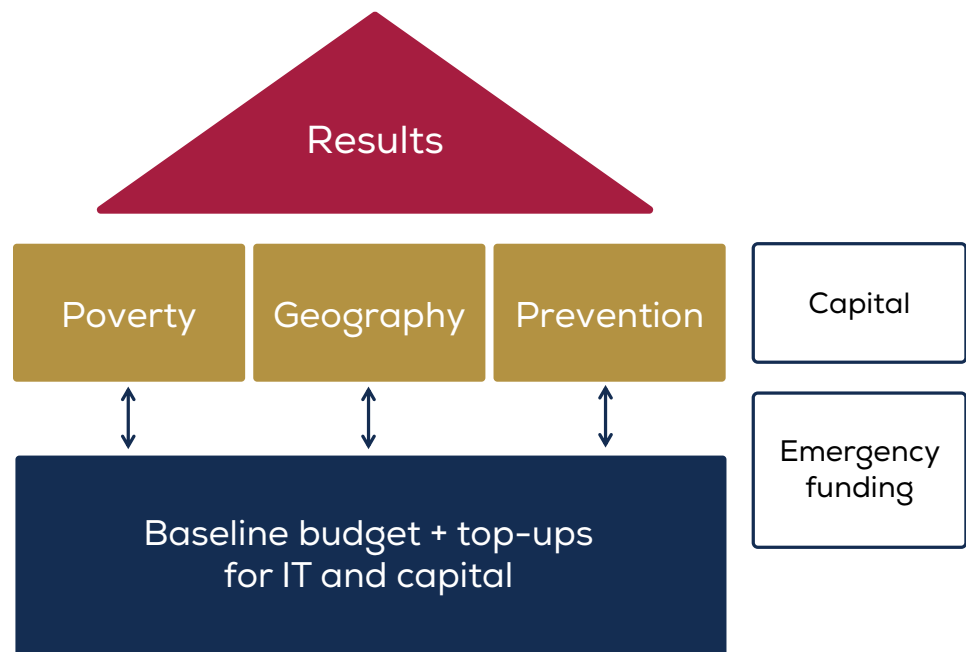
- 1. Interim:** Input based; adjustments for gaps in poverty, geography and prevention, with baseline budget top-ups for capital, IT and results. Designed to support FNCFS agencies as they transition from the current state to a future state focused on thriving First Nations children, families and communities.
- 2. Long-term:** Results-based top-up on the current baseline to drive substantive equality in services and outcomes; budget baseline variance among agencies connected to community, family and child well-being, captured through a measurement framework. Designed to reflect realities on the ground.

Working to improve well-being means allocating additional resources to prevention and well-being services (rather than just protection). It does not imply a reduction in need for child and family services. With the needs-based supplement, a budget should not shrink unless need decreases or population numbers change substantively.

For the proposed funding approach, IFSD recommends a block approach to funding, with a combination of allocation approaches meant to capture needs on the ground, based on demographic and economic changes. Standard growth factors, i.e. inflation and population, will be applied to the overall approach.

The funding approach is premised on an architecture that will be described below (see Figure 41). For each of the funding components, i.e. poverty, geography, capital, information technology (IT), and prevention, a range of cost estimates will be presented. As with any cost estimation or modelling exercise, there is no single answer, but a variety of scenarios that stakeholders may wish to consider as they negotiate within the parameters of the funding architecture. The most important element is the needs-based architecture built from the bottom-up based on the contributions of agencies. The architecture should be treated as a whole, although there are scales or ranges of approaches possible within each of the components that create the whole.

FIGURE 41: Proposed funding approach overview.



The baseline of the approach is FNCFS agencies' total reported expenditures for 2018–19 in the FNCFS survey (see [Appendix M](#) for the questionnaire). The budgets are considered sufficiently representative of actual agency expenditures, which covers protection and maintenance (as the current model is a fee-for-service approach) with requisite CHRT-enabled additions to support the development of various programming and capital needs, e.g. prevention, programming space, etc. The baseline is the budget component notionally allocated to protection and maintenance costs. With the full budget transferred as a block, the service provider will have latitude to allocate resources as appropriate.

The baseline expenditures increase by inflation every fiscal year. The supplementary funding is added to the inflation-adjusted baseline each fiscal year. Since the supplements are calculated on the baseline expenditure, they are also growing with inflation.

INFORMATION TECHNOLOGY (IT)

There is substantial variance in the hardware, software and technical capacities of FNCFS agencies. To propel those agencies that are excelling with various uses of technology, and to support those that require a refresh, an investment of 5–6% of an agency's total baseline budget is recommended. The range represents the industry standard for IT-related expenditures in not-for-profit service organizations, based on Phase 1 research.³⁰⁰

CAPITAL

A range of capital needs were expressed among FNCFS agencies in Phase 1. For some, entirely new buildings were required as existing ones were derelict or unusable for child and family-focused programming. Others required retrofits or more space to develop specific types of wellness-oriented programming. For others still, fleets of vehicles are required to transport children and families for visits, appointments, and related services.

Beyond the variance in capital needs, it is important to recognize the particularities of property on-reserve. An agency may be a part of a band council organization, a tribal council, or an independent organization operating on-reserve. Some agencies have offices in urban centres, even if they primarily serve clients on-reserve, while others will have at least one office in every First Nation community served. With the

³⁰⁰ IFSD (2018), *Enabling First Nations Children to Thrive*, 2018, 97–101, http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf.

variety of organizational arrangements, capital project funding can be an opportunity and a tangle of jurisdictions and politics.

Beyond the various capital needs for child and family services programming, **there is a broader infrastructure needs-assessment required among First Nations communities.** With the results-based funding structure for the FNCFS program proposed in this approach, a needs-based mechanism to allocate funding for the lifecycle costs of capital assets that includes both the initial capital disbursement, ongoing maintenance expenditures, future recapitalization and capital asset replacement outlays, is proposed.

To support need and the best interests of children, families and communities, a two-track approach to capital funding for FNCFS is recommended.

Track one: For agencies that own their assets, an annual capital maintenance is proposed in the range of 1% to 2% of the value of the assets (e.g. building), based on Treasury Board standards. This supplement is to ensure agencies have funds available for basic asset maintenance to extend the useable life of the asset. If an agency rents their facilities or if they are owned/operated by a band council or property manager, the maintenance of the asset is assumed to be at the owner's expense. An assessment of existing agency assets is required to determine the accurate value of capital maintenance funding.

Track two: A capital asset replacement fund should be established. It is suggested that this fund be appropriated by Parliament exclusively for capital projects for child and family services (i.e. ring-fenced funding). This will enable agencies to apply for funding, or to collaborate with band council or tribal council partners for major capital projects, such as buildings, wellness programming centres, etc.

There are three estimates for the value of the capital fund, based on findings from Phase 1.³⁰¹ The estimates are representative of the cost to rebuild a main office structure for FNCFS agencies using Altus Group (2018) construction costs on a square footage basis. The space requirements are estimated in three ways:

Scenario 1: Full-time equivalent (FTE) space requirements, per Government of Canada space allocations for employees, with average for non-responding agencies;

³⁰¹ IFSD (2018), *Enabling First Nations Children to Thrive*, 2018, 94–97, http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf.

Scenario 2: Agency estimated square footage of main office, with FTE equivalents (#1) for non-responding agencies;

Scenario 3: Agency estimated square footage of main office, with average square footage for non-responding agencies.

The range of the estimates for capital asset replacement fund in 2021 is \$133M and \$200M. Such an application-based fund could be funded every decade with service providers making the case for replacement or augmentation of their facilities based on a template, such as is presented in [Appendix N](#). The amount of the once-a-decade capital fund is currently notional but could be better substantiated after the capital asset review.

To roughly estimate the value of capital maintenance needs, a percentage of the value of the capital asset fund is calculated between 1% and 2%. This calculation is illustrative, to book an estimated cost of capital maintenance until a needs assessment is undertaken.

The new results-based funding structure for the FNCFS program requires an appropriate mechanism to allocate funding for the lifecycle costs of capital assets that includes both the initial capital disbursement, ongoing maintenance expenditures and any future recapitalization outlays.

Effective capital asset investment strategies make better use of assets through alignment with strategic goals and all relevant business drivers during decision-making processes. This section will outline the preferred mechanism for capital allocation funding that will support the renewed FNCFS performance measurement framework.

A capital asset must meet all of the following criteria:

- Has been acquired, constructed, developed or bettered with the intention of being used on a continuing basis (not just in the year of acquisition).
- Is held for use in the production, supply or rental of goods and services, for administrative, academic or research purposes.
- Is not intended for sale in the ordinary course of operations.
- Is usually repaired and not replaced, when damaged.
- Has a useful life expectancy extending over 1 year under normal use.
- Is valued at an amount greater than a materiality threshold that is established on an organization by organization basis. For example, the Directive on Accounting Standards: GC 3150 Tangible Capital Assets dictates that all assets with a per-item cost greater than \$10,000 must be capitalized.

Life-cycle cost refers to all the costs associated with an initiative over its life cycle, which would be the costs from initial conception until the end the program or the disposal of the asset. There are generally four phases in life-cycle costing, which are described differently depending on whether the project is an asset or a program.

An asset's life-cycle cost has the following four phases:³⁰²

1. **Planning:** This phase is composed of defining requirements, selecting options and planning, which can include research, design and prototyping.
2. **Acquisition:** This phase is composed of acquiring a capital asset or improving an existing capital asset. The phase could also include coordination and support activities, such as those performed by the project management office.
3. **Sustainment and operations:** This phase continues throughout the asset's useful life.
4. **Disposal and remediation:** This phase includes clean-up costs which would be subtracted from the residual value of the asset.

FNCFS CAPITAL ASSETS

The capital asset base of FNCFS agencies can effectively be broken down into two primary asset classes (buildings and vehicles) that effectively serve three distinct needs, as well as a catch all other asset category that would capture any unforeseen capital needs that may arise in the future. The following lists these needs:

- Vehicles: Protection and other transportation needs
- Building: Programming office space needs
- Building: Administration office space needs
- Other

With respect to the renewed funding model, it is proposed that the maintenance for these asset classes will also be included in the capital top-up for capital expenditures. Effectively, this means that the lifecycle cost for FNCFS assets will be accounted for in the capital allocation funding mechanism.

It should be noted that some agencies lease their facilities, rather than own. It is assumed that, in the case of leased facilities, landlords would

³⁰² Treasury Board of Canada Secretariat, "Guide to Cost Estimating," last updated June 4, 2019, <https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32600§ion=html>.

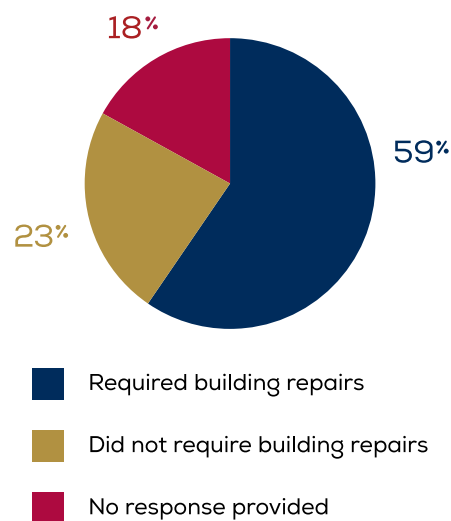
be accountable for lifecycle capital budgeting which would avoid the need for additional facilities funding for such agencies.

Phase 1 findings: Capital

As part of its Phase 1 survey, IFSD attempted to better understand the nature and condition of the assets underlying agency operations.

The survey of 104 FNCFS agencies found that most agencies rented their office space. In terms of the condition of the assets, the following chart summarizes the survey response results, with nearly 60% reporting a need for repairs (see Figure 42):

FIGURE 42: Building repair requirements among agencies (2017–18).



In addition, during the course of the Phase 1 workshops, agencies expressed concerns with respect to the suitability of their facilities with respect to a transition towards a greater focus on prevention-based programming.

Given the lack of data and evidence around the capital asset base of FNCFS agencies, IFSD attempted to estimate the aggregate building (main office) replacement values for the FNCFS agencies utilizing three scenarios as a means to quantify a one-time capital top-up.

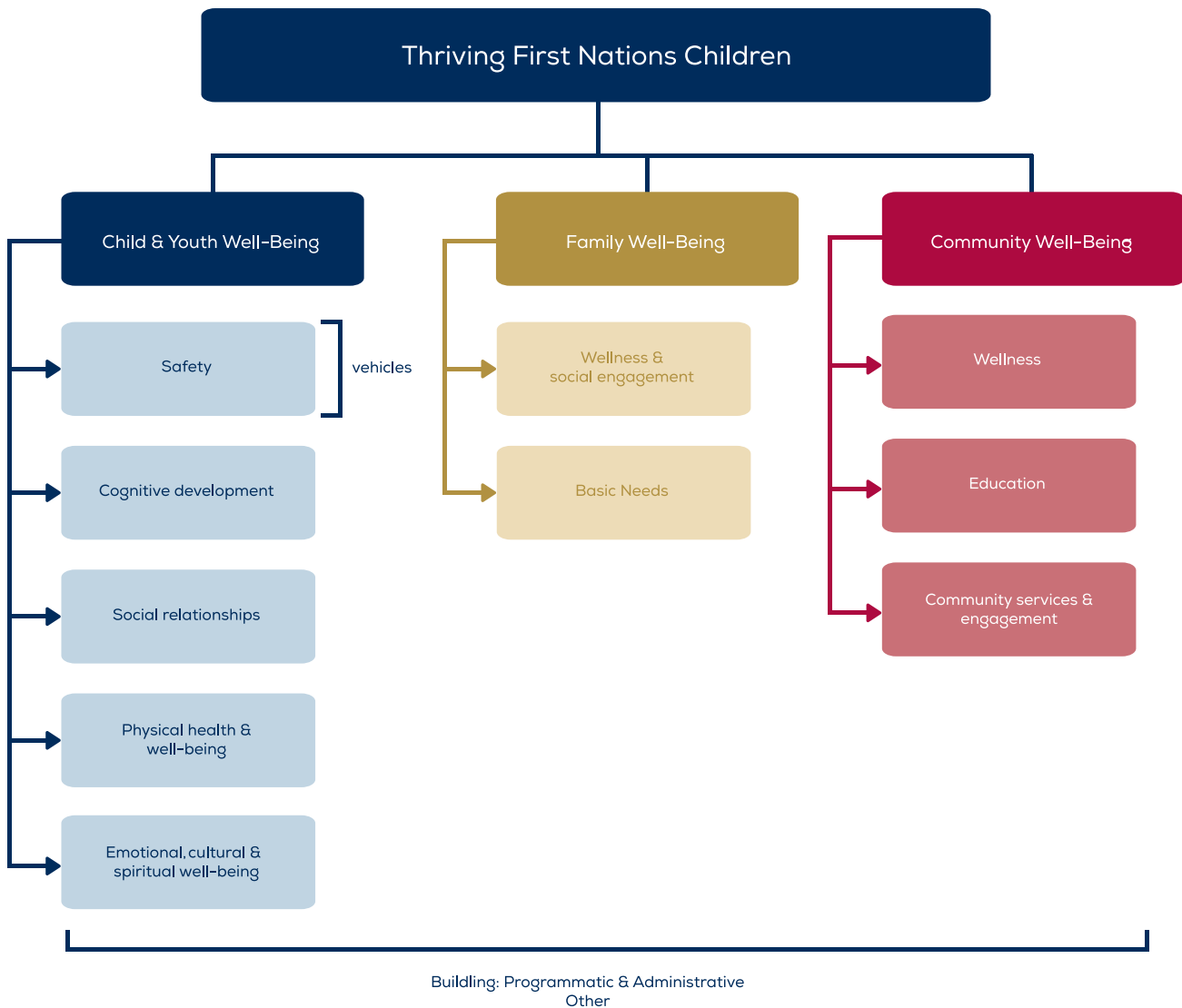
Once the required space allocation was determined, the cost for construction and fit-out was applied to each of the office space scenarios using the 2018 Canadian Cost Guide (Altus Group) with median construction costs for commercial, Class B office building, under five stories with surface parking and related Class B interior fit out costs. Regional indices were applied to estimate costs for each metropolitan area.

The building replacement value was then calculated for each scenario. The aggregate building replacement value ranged from approximately \$117M under Scenario 1 to \$175M in Scenario 3. With a larger sample of agencies for this work, the estimates were adjusted using the publicly available data. An average capital replacement cost per agency was estimated for each scenario, and then multiplied by 112 for adjustment to the current sample ((Scenario (\$)/104 (number of agencies in Phase1))*112).

Alignment of FNCFS Asset Classes to the Renewed FNCFS Performance Measurement Framework

The high-level performance measurement framework for FNCFS is as follows (see Figure 43):

FIGURE 43: Alignment of FNCFS asset classes to the Measuring to Thrive framework.



The alignment of the asset classes to the performance measurement framework is relatively straightforward.

The vehicles are aligned to the Child and Youth Well-Being sub-objective and specifically to the Protection measure that is part of the Safety performance area. The vehicles are used to transport children and youth at risk into protective custody and other prevention activities. The service level component is to ensure that there is an adequate number of vehicles to cover the population and geographic area of the FNCFS agency in question and that the vehicles are in satisfactory working condition so that no children or youth are at risk of harm.

The building is needed to ensure that there is sufficient office space for both the administrative staff and the programmatic office staff and their programmatic service requirements. The service level component is to simply ensure that the building is in good condition. Typically, a Facility Condition Index (FCI) is used to assess the condition of the building.

As FNCFS transitions towards the new funding model and performance measurement framework it is highly recommended that FNCFS agencies review their holistic capital needs as they move towards providing more prevention-oriented programming relative to protection programming. As such, a one-time review of the adequacy of capital needs (building, vehicle and other) is highly recommended to provide an objective evidence-based data foundation with respect to the condition, service levels and needs from the capital infrastructure in order to realize the outcomes from the new Thriving Children performance measurement framework. The benefit of this needs analysis is that *it does not build off historic activity*; instead, it is aligned to the *future outcomes* and direction of FNCFS programming as it transitions to the new performance measurement framework.

With respect to vehicles, in the future it is hoped that there would be a reduced need for protection services as FNCFS agencies start to reap the benefits from an increased emphasis on prevention programmatic services that address the root causes preventing First Nations children from thriving.

The other asset category is a catch all category in the event that any other assets that meet the definition of a capital are required in order to realize Thriving Children outcomes in the future.

Need-based considerations in determining the appropriate capital allocation mechanism

The ideal approach is to ensure that the capital allocation mechanism is aligned to the needs underlying the Thriving Children performance

measurement framework. The linkage between capital assets/capital outlays and how their performance will contribute towards the realization of the Thriving Children strategic outcomes is central towards the renewed FNCFS performance-based funding model.

As noted earlier, the two asset classes serve three primary needs of the Thriving Children performance measurement framework. Specifically, the buildings are needed to provide office space for programmatic services and the administrative function. The vehicles are used for protection, prevention, and other services for First Nations children.

Principal needs-based considerations are as outlined in the following table (see Table 14):

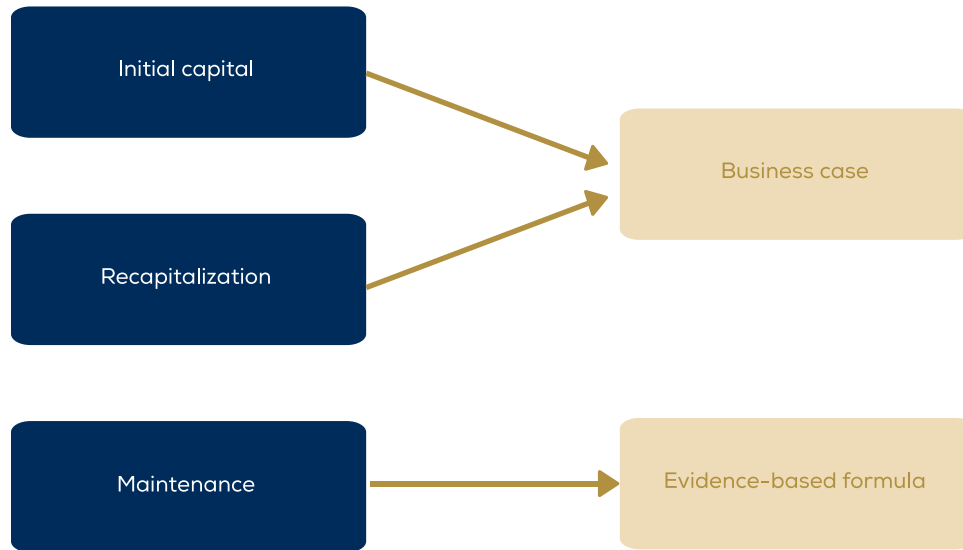
TABLE 14: Need-based considerations in determining capital asset type and allocation.

Capital asset type	Need-based considerations
Building	<ul style="list-style-type: none"> ▪ A one-time review of the adequacy of spacing might be required to reflect the transition towards an increased emphasis on prevention over protective programming ▪ Office space required for prevention programmatic services that are sufficient to meet the prevention needs of the population of children being served in the community ▪ Office space required for protection programmatic services that is sufficient to meet the protection needs of the population of children based on the prevalence of abuse and violence in the local community ▪ Office space required for administrative space that meets the needs of the administrative staff
Vehicle	<ul style="list-style-type: none"> ▪ The appropriate vehicle fleet size to meet the protection, prevention and other needs of the FNCFS community ▪ Key factors that would influence the protection, prevention and other needs include the average annual number of children in protection, the geographic size and remoteness of the local community
Other	<ul style="list-style-type: none"> ▪ Any other capital request would need to be clearly tied into the outcomes articulated in the child and youth well-being, family well-being and community well-being Thriving Children performance measurement framework

The proposed capital allocation funding mechanism

As noted, the annual capital allocation funding mechanism needs to provide for the lifecycle costs of the capital asset that includes the initial capital outlay, annual maintenance as well as any future recapitalization outlays. The recommended capital allocation mechanism for outlays is as follows (see Figure 44):

FIGURE 44: Proposed capital allocation funding approach.



As noted in the diagram there are two means by which FNCFS agencies are allocated funding for capital. These two means are necessary to reflect the fundamental difference in nature between periodic capital spending and annual maintenance operations spending.

A business case³⁰³ will be required for the purchase of a new building (or major upgrade to an existing building), new vehicle or other asset purchase. These are major capital purchases and as such FNCFS agencies will be required to complete a business case to justify the initial capital outlay as well as any expected future recapitalization, if applicable. The business case will need to articulate the justification for the capital purchase by clearly articulating the service level contributions from the asset towards realizing the child/youth well-being, family well-being and community well-being outcomes. An annual capital fund will need to be established from which FNCFS agencies will be able to access capital requirements once the business case has been completed, reviewed and approved.

An annual evidence-based formula will be utilized to provide for the annual operating maintenance costs for buildings, vehicles and other capital assets. The annual maintenance capital top-up will have to reflect generally accepted benchmarks and best practices for buildings as well as vehicles.

³⁰³ A business case provides a justification for undertaking a project with relevant supporting evidence.

Building maintenance best practice benchmark

According to the Treasury Board Secretariat (TBS),

The informal rule of thumb is that a minimum 2% of what it would cost to rebuild an asset is what should be invested annually for its maintenance and repair. Assuming that a built asset will last about 50 years, an additional 2% should be invested in capital projects that renew the life of the asset. The rule of thumb for a minimum level of annual investment to maintain real property in good condition is therefore thought to be 2% of replacement value.³⁰⁴

As mentioned, this is a “rule of thumb,” and TBS states that asset recapitalization rates should be determined for individual assets, taking into account risk. Accounting practices vary by municipality, and several reports stress the importance of standardizing the calculation of replacement values. This is a complicating factor in consistent determination of asset recapitalization rates.

The Canadian Infrastructure Report Card states that the capital reinvestment rate for buildings should range from 1.7–2.5%. A report on Department of Defense infrastructure states that “consistent with the *Canada First* Defence Strategy and TBS targets, the Department has committed to a yearly recapitalization rate of 2.5% of realty replacement cost,” with an additional “2% for maintenance and repair.”³⁰⁵

However, a 2002 report for the City of Ottawa surveyed a variety of municipalities and found that, while there was consensus around a roughly 2% number for major repairs and maintenance (plus 2% for ancillary minor repairs and maintenance), “none of the organizations canvassed have been successful in establishing a rate at this level.”³⁰⁶

For FNCFS agencies, it would therefore be reasonable to have an annual building maintenance funding allocation capital of 2% of the building replacement value that reflects the majority position of the industry standards.

³⁰⁴ Treasury Board of Canada Secretariat, “Guide to the Management of Real Property,” <https://www.canada.ca/en/treasury-board-secretariat/services/federal-real-property-management/guide-management-real-property.html>.

³⁰⁵ Office of the Auditor General of Canada Government of Canada, “Chapter 5—Real Property—National Defence,” October 23, 2012, https://www.oag-bvg.gc.ca/internet/English/parl_oag_201210_05_e_37349.html#d2ref.

³⁰⁶ The City of Ottawa, “Best Practices Guide Planning Re-investment in Real Property CONTRIBUTION RATE STUDY CRG File 02-165,” https://app06.ottawa.ca/calendar/ottawa/citycouncil/csedc/2004/09-21/ACS2004-CRS-RPR-0023_CAM%20Strategy%20For%20Bldg%20%20Park%20Assets_Annex%20A.pdf.

Vehicle maintenance best practice benchmark

The maintenance vehicle costs proposed in this report are based on the Corporate Fleet Services Annual report—2019 that was mandated by TBS as part of the National Joint Council Rates and Allowances guidelines.³⁰⁷

The following table indicates Canadian average expenses by cost component as calculated in the current study, in dollars per kilometre, before rounding up to the nearest half-cent (see Table 15):

TABLE 15: Vehicle-associated costs.

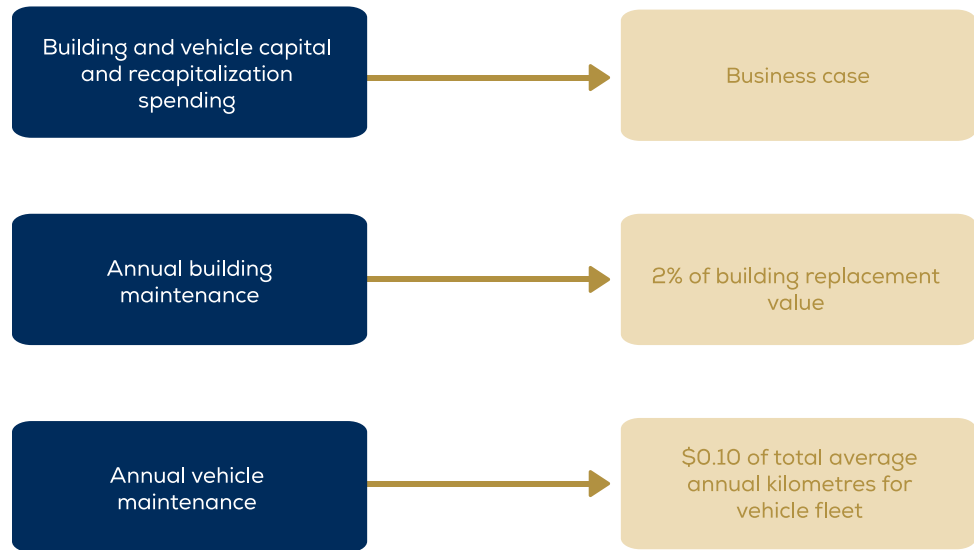
Cost component	Cost (dollars/km)
Depreciation	\$0.188
Interest	\$0.017
Acquisition Sales Tax	\$0.039
Registration	\$0.007
Insurance	\$0.082
Fuel	\$0.111
Preventative Maintenance	\$0.049
Repairs	\$0.018
Tires	\$0.013
Miscellaneous	\$0.007
Maintenance Sales Tax	\$0.011

The methodology underlying the report classifies preventative maintenance, repairs, tires, miscellaneous expenses and maintenance sales tax as the key variable components of vehicle maintenance. The total of these components is \$0.098 per kilometre.

For FNCFS agencies, it would therefore be appropriate to round up and allocate \$0.10 per average annual kilometres travelled to provide for the annual vehicle maintenance funding allocation.

Based on the analysis above, the following is the preferred capital funding allocation mechanism to complement the FNCFS funding model (see Figure 45):

³⁰⁷ Corporate Fleet Services, “Reimbursement for Business Use of Personal Vehicles Model Year 2019,” (November 2018), <https://www.njc-cnm.gc.ca/s3/d711/en>.

FIGURE 45: Preferred capital funding allocation approach.

With respect to establishing the appropriate amount for the annual capital fund, the challenge is that there is inadequate high-quality data available to provide an evidence-based assessment of the annual capital fund for the needs of the FNCFS agencies. As previously mentioned, a capital needs assessment is highly recommended to provide the evidence base with respect to the capital requirements that are aligned to the new Thriving Children performance measurement framework.

As noted, capital is made up of buildings and vehicles. Buildings typically have a 25–30 year life cycle and vehicles typically have an average useful life of 8 years.

Proposed transition funding allocation mechanism

It would be ideal to apply the preferred capital funding allocation mechanism from day one. However, this will not be possible as many FNCFS agencies do not have accurate and objective data that would support the building replacement value in calculating the annual building maintenance.

In addition, there has not been a proper needs analysis completed that would identify the building, vehicle and any other capital needs of FNCFS agencies as they transition towards the new performance measurement and funding framework. It is highly recommended that such a needs analysis be undertaken in order to provide evidence-based support for the preferred capital allocation lifecycle costs that consist of both capital and maintenance outlays.

As a result, there is a need to establish a reasonable basis for allocating capital in the interim until such a point that a capital needs analysis is completed.

In order to determine a reasonable interim basis for allocating capital, the IFSD performed a limited outreach survey to a select number of FNCFS agencies to estimate their percentage of annual expenditures allocated to capital asset maintenance. In addition, the IFSD reviewed the underlying Phase 1 data on total budget amounts and repairs and maintenance expenditures (excluding IT related costs). The purpose of the outreach and review of the Phase 1 data was to try and better understand the actual maintenance outlays of FNCFS agencies that would help to inform the interim basis for allocating capital in the new funding model.

The results of the survey and review of Phase 1 data underscored the high variability and unpredictability of the data with respect to building maintenance expenditures.

This variability highlights the unpredictability of the expenditures given that the qualitative feedback received by the IFSD noted that many agencies are typically underfunded with respect to capital maintenance expenditures but then in any given fiscal year these expenditures might be significantly higher as they perform a catch-up to try and remediate the underfunding of prior years.

Accordingly, there are two options available to allocate building maintenance on an interim basis prior to the completion of a capital needs analysis:

1. Allocate building maintenance on a percentage of the total operating budget.
2. Allocate building maintenance based on the 2% industry standard that is applied to the best estimate building replacement value estimated by IFSD in the Phase 1 Enabling Children to Thrive Report.

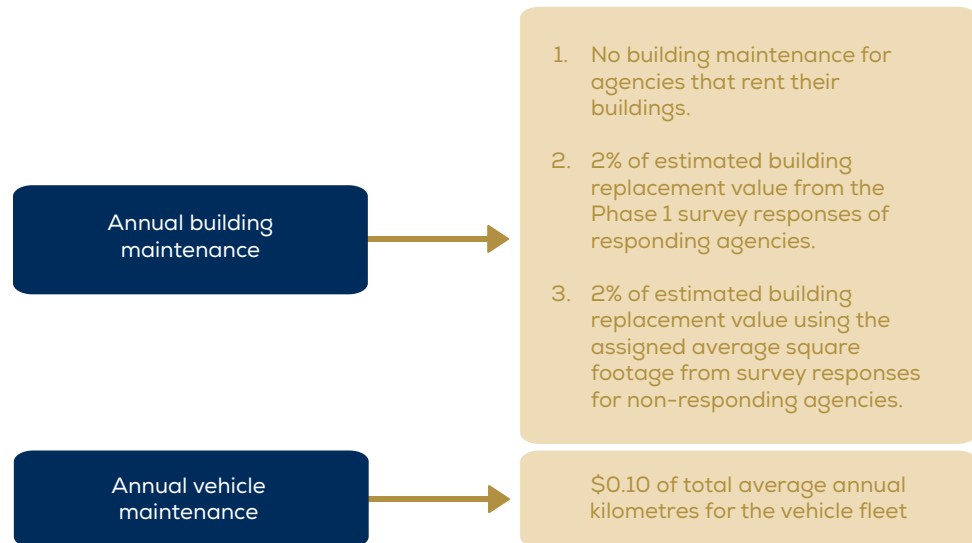
IFSD would recommend option 2 as it best approximates a fair and representative building maintenance allocation from the industry benchmarking best practice research.

Vehicle maintenance can utilize the preferred capital allocation mechanism. The average annual kilometres is easily established by dividing the odometer reading of the total kilometres by the age of the car. The average annual kilometres would then apply a rate of \$0.10 per kilometre to allocate annual vehicle maintenance. For example, in 2020 if

an FNCFS agency had a 2017 vehicle with an odometer reading of 80,000 kilometres this would translate into 20,000 average annual kilometres. The annual vehicle maintenance for this vehicle would be \$2,000 calculated at \$0.10 of the 20,000 average annual kilometres.

The following is the proposed interim basis to allocate annual building and vehicle maintenance for FNCFS agencies (see Figure 46):

FIGURE 46: Allocation of annual building and vehicle maintenance.



The process to implement the capital allocation funding mechanism

1. Establish the capital asset replacement fund valued between \$133M–\$200M.
2. Obtain Parliamentary approval for the capital asset replacement fund.
3. Formalize the business case process to access capital asset replacement fund.
4. Apply the recommended building replacement value model to determine interim annual building maintenance allocation for FNCFS agencies that own their buildings.
5. Each FNCFS agency to provide inventory of vehicle fleet with the age of each vehicle and the total kilometre odometer ready to determine annual vehicle maintenance allocation.
6. FNCFS capital needs analysis to be initiated to establish capital needs requirements in support of the renewed FNCFS Measuring to Thrive performance framework.

Framework for completing capital purchase business cases

Business cases will be required to justify capital expenditures for initial capital outlays and any future recapitalization. As noted, these expenditures are typically for buildings and the office space needed to provide administrative, protection and prevention services as well as the vehicles needed in order to provide protection services by transporting First Nations children from their place of residence to a safe and secure environment.

It is recognized that as the FNCFS community transitions to a new funding model with the increased emphasis on prevention programmatic services that the existing office space might be insufficient and that additional capital outlays might be required.

Vehicle replacements would be expected periodically as the existing vehicle fleet for an agency ages and reaches a point where the purchase of a new vehicle is more cost effective than maintaining the older vehicle.

IFSD has developed a capital request form template modelled on TBS's business case template form.³⁰⁸ A simplified version of the TBS business case template offers guidance on the information and evidence typically required to complete an independent assurance and review of capital purchases ([Appendix N](#)).

POVERTY

Poverty was used euphemistically to capture the challenging contexts in which many FNCFS agencies operate. Such challenges include limited housing and housing in need of major repairs, access to potable water from the tap, access to broadband, etc. Addressing this gap is one way of enhancing an agency's ability to address the basic needs, e.g. first and last month's rent, diapers and other necessities, that have been sources of neglect and the entry of children into care. Various agencies have expressed challenges stemming from poverty that could have been mitigated with adequate flexible funding, rather than placing the child in care.

³⁰⁸ Treasury Board of Canada Secretariat, Government of Canada, "Business Case Template," accessed on July 27, 2020, <https://www.canada.ca/en/treasury-board-secretariat/services/information-technology-project-management/project-management/business-case-template.html>.

**YORKTON CHILD AND FAMILY SERVICES
(YELLOW THUNDERBIRD LODGE)
SASKATCHEWAN**

This case is a useful example of the implications of a mismatch between agency mandate and funding. Funding is a tool that can enable and constrain activities. Reliable and consistent funding sources are crucial for planning, program and policy development. In the context of a child and family, a missed opportunity for early and constructive intervention may result in more problematic and costly cases in the future.

Context

At the service of fourteen First Nations, Yellow Thunderbird Lodge (Yorkton Child and Family Services), is a large agency serving a large population in often challenging environments. An agency focused on prevention, finds itself having to place children in protection to unlock funding to manage addressable problems.

Operating

Poverty, low income, high unemployment and limited educational attainment contribute to complex programming environments with ramifications for communities. Yellow Thunderbird's approach attempts to address the results of these contexts, e.g. child hunger, neglect, but cannot consistently access the resources needed through child and family services. The agency attempts to offer interventions and supports without apprehension, but often finds no other means of unlocking resources. With a lack of housing and overcrowding in many of its communities, bed bugs and cockroaches become problematic. There have been instances where children have been placed in protection in order to unlock funding to fumigate.

"ISC is keeping our children at risk." The funding that does flow has limited flexibility in uses and applications. If the agency does ask for special funding, the approvals and steps required take time, and when a response is eventually provided, it is often too late to intervene meaningfully for the children at risk. Response times tend to far exceed established timelines. There are struggles with shifts in interpretations of claims, making special requests for funding gambles. The result is inconsistent funding which makes planning a challenge.

Lessons and considerations

Funding is a tool that can enable and constrain activities. Reliable and consistent funding sources are crucial for planning, program and policy development. When working to serve communities with complex challenges, staff on the ground are often best placed to respond in the best interests of the child and family. Actively working to foster prevention-focused services is a challenge when funding flows reliably for protection.

The community or communities served by an agency were assessed separately, as poverty levels can differ. Not every agency will receive a supplement for poverty, if the median household incomes of the communities served are above their provincial poverty line. While being at the poverty line does not imply a living wage, it is one metric to ensure that basic needs can be provided when faced with more substantive levels of community-level poverty.

The value of the poverty supplement was calculated on a household basis by First Nation. Using Statistics Canada Census 2016 data,³⁰⁹ the difference between the total median household income of a First Nation and their provincial poverty line³¹⁰ was calculated. For First Nations with total median household incomes at or above their respective provincial poverty lines, a value of \$0 was assigned. That difference was then multiplied by the number of dwellings on-reserve to obtain an estimate of the cost to close the poverty gap on a household basis in the First Nation. The cost to close the poverty gap at an agency level was calculated by tabulating the differences between total median household incomes and the provincial poverty line for all First Nations served by the agency.³¹¹ To allocate the poverty supplement to FNCFS agency budgets, a range of 3% to 5% of the agency-level cost to close the poverty gap was modelled.

To model a hypothetical poverty calculation, consider the case of Agency Y.

Agency Y serves First Nations A and B. Total median household incomes on-reserve are \$20,000 for First Nation A and \$25,000 for First Nation B. There are 500 households in First Nation A and 1,000 households in First Nation B. The provincial poverty line is \$30,000.

To determine the poverty supplement for Agency Y, the following calculations are made:

³⁰⁹ IFSD recognizes that not all First Nations participate in the Census. If no 2016 Census data was available for a First Nation served by a FNCFS agency, an average total median household income and average number of residences were assigned to estimate if a poverty supplement would be applied.

³¹⁰ Provincial poverty lines are based on the mixed basket measure (MBM) for individual provinces, in regions with populations below 30,000. Poverty is calculated at the household level, using median income. Source: Statistics Canada <https://www150.statcan.gc.ca/n1/pub/75f0002m/75f0002m2020002-eng.htm>.

³¹¹ The cost to raise all First Nations across Canada to their respective provincial poverty lines would cost roughly half a billion dollars (\$494M). Debates on the merits of a universal basic income or guaranteed income supplement have been ongoing and will not be resolved through child and family services.

Difference between total median household income and provincial poverty line

First Nation A: $\$30,000 - \$20,000 = \$10,000$

First Nation B: $\$30,000 - \$25,000 = \$5,000$

Difference between total median household income and provincial poverty line x number of households

$\$10,000 * 500 = \$5,000,000$

$\$5,000 * 1,000 = \$5,000,000$

Tabulated estimate to close poverty gap for First Nations served by Agency Y

$\$5,000,000 + \$5,000,000 = \$10,000,000$

Value of poverty supplement for Agency Y (modelled at 3%, 5% and 7%)

$\$10,000,000 * 3\% = \$300,000$

$\$10,000,000 * 5\% = \$500,000$

$\$10,000,000 * 7\% = \$700,000$

PREVENTION

There is broad consensus on the importance of wellness programming. The rationale behind funding prevention or early intervention programs is that it is more effective and less costly to address the conditions that lead to social problems later in life, rather than waiting for these problems to arise and having to invest in programs to mitigate their impacts on individuals and communities.

MI'KMAQ CHILD AND FAMILY SERVICES PRINCE EDWARD ISLAND

Prevention starts with knowing the people that you serve.

MCFS provides a useful “control” to learn about the value of prevention services in the context of child and family well-being. The case demonstrate that programming is not only about children, but about their parents, families and communities. Defining and tracking well-being is essential to better understanding how children, families and communities are faring. Simply staying out of protection does not equate to well-being.

Context

Mi'kmaq Child and Family Services (MCFS) is a prevention-focused agency established in 2007. With the province of Prince Edward Island covering protection services, MCFS is mandated to deliver

prevention services to two First Nations on the island. Prevention activities include supporting families when a child protection worker is present, ensuring just treatment during apprehensions, working with families in contact with the protection system, and delivering programming to meet a variety of community needs.

With a prevention-only mandate, the organization highlights the sobering challenges of finding what works in communities that struggle with poverty, trauma, and history.

Programming

Prevention starts with knowing the people that you serve.

MCFS staff have offices in community and work formally and informally to keep a pulse on happenings whether or not there are protection concerns. Prevention work is rooted in empirical research that is tailored to meet the needs of a community. For instance, MCFS has evolved its programming to include resources for safe practices for children online, parenting workshops, etc. The flexibility of MCFS's approach is essential to delivering responsive and timely programming to meet needs.

From dropping in at home to running group sessions, MCFS has built trust with its communities over time. Building trust and confidence takes time. Building the program from scratch required time and patience so that community members were comfortable to seek out the agency for support (rather than the agency reaching out to them). Such trust can be fragile and can be easily disrupted by changes in politics or other events.

With a prevention mandate, MCFS's experience demonstrates that protection or prevention alone cannot change a community. Child and family services is not only about children, but about their parents, families and communities. When parental, familial or community level trauma exists, it may be normalized or silenced as a coping mechanism. Prevention programming must then extend beyond the child to build an environment that promotes their well-being. *There is contention between struggles within the community and a desire to keep children in their homes. If a family or community is unhealthy, what good does it do to keep the child in it?*

Demonstrating that an increase in prevention dollars leads to a reduction in protection cases may be positive, but just because is not entering protection, it does not imply their well-being. Qualifying well-being and defining baselines that include families and

communities, is essential to understanding the mix of resources and programming needed to support holistic wellness in communities.

Governance

Band Councils can influence the operations of agencies, especially if funding flows through them. In some instances, the withholding of funds or decisions can be tacit tools to constrain or inform the operations and decisions of entities, such as FNCFS agencies.

As Band Councils control most operations and activities on reserve, they can also shape perspectives of services through the provision or withholding of various incentives. The politics on-reserve can at times be challenging.

Resource struggles may become more of a reality with *An Act respecting First Nations, Inuit and Métis children, youth and families* in effect. Band Councils may consider agencies a challenge to their opportunity to access and share resources destined for child and family services.

There is considerable evidence to support that from both a social and economic standpoint the rate of return of these programs is high. James Heckman, a scholar who researches how to redress childhood inequality, views start at birth interventions as achieving the best economic and social gains. Heckman concludes that early childhood programs can break the cycle of poverty for multiple generations, and that investing in high-quality early childhood education not only helps disadvantaged children but also delivers better outcomes for society.³¹²

A more recent 2020 study, that looks at the benefits of social programs in the US found that, when accounting for “fiscal externalities” (the indirect ways programs affect the government’s budget, arising from how programs change the choices that participants made) many social programs are ultimately profitable for taxpayers.³¹³ These findings are echoed in the Canadian context, with a report by the Mental Health Commission of Canada finding that return on investment ratios are between \$1.80 to \$17.07 for every dollar invested in parent education and family support programs which improve the outcomes for people living with mental illnesses.³¹⁴

³¹² James J Heckman, “The Economics of Inequality: The Value of Early Childhood Education,” *American Educator* 35, no. 1 (2011).

³¹³ Seema Jayachandran, “Social Programs Can Sometimes Turn a Profit for Taxpayers,” *The New York Times*, July 10, 2020, <https://www.nytimes.com/2020/07/10/business/social-programs-profit.html?referringSource=articleShare>.

³¹⁴ Mental Health Commission of Canada, “Making the Case for Investing in Mental Health in Canada,” (2010): 22.

**THE CHILD AND FAMILY ALL NATIONS COORDINATED
RESPONSE NETWORK (ANCR)
WINNIPEG, MANITOBA**

ANCR has the ability to focus resources and support on a case at the initial point of contact with the child and family. Their funding approach provides flexibility to enable this approach.

The Child and Family All Nations Coordinated Response Network (ANCR) is responsible for all intake and emergency child and family services in Winnipeg, including providing after-hours intake services for twenty agencies. Governed by a board of directors (with membership appointed by Manitoba's four child welfare authorities), ANCR is a provincially incorporated not-for-profit agency, dedicated to serving All Nations in the city.

Fully provincially funded, ANCR receives its funding quarterly.³¹⁵ *The nature of its funding allows the flexible application of resources to areas of need, especially for preventive services.* ANCR can focus resources and support on a case at the initial point of contact with the child and family. In 2018–19, family support services cost roughly \$530,000. The model is sustainable financially because ANCR will not typically provide the services for as lengthy a period as other agencies. With a total budget of approximately \$15 million, ANCR's main expense category is *salaries and benefits* for nearly 200 staff members (a mix of full-time and part-time). This costs structure is consistent with ANCR being a service-based organization.

ANCR's role as a service provider is unique, as it can, at once, intervene for preventive services, apprehend when necessary for protection, and refer a case to a more appropriate agency to ensure the child and family are receiving the best available care. Early intervention approaches have demonstrated success, when considering that over 75% of the over 450 families per year that receive early intervention supports do not go any further in the protection system.

As Winnipeg's Indigenous population continues to grow, agencies like ANCR will play a central role in providing urban-based culturally appropriate services, while working with children and families to connect them to the most relevant long-term solution.

³¹⁵ ANCR's funding has not been adjusted, e.g. for inflation, cost of living, etc. since 2007. The only funding changes have been through program changes.

To support agencies to collaborate with other partners in the band council, tribal council, or community, and to foster the development of child and family services focused wellness programming, a prevention supplement on a per capita basis will be applied. For each person in the communities served by the agency, a \$800, \$2,000 or \$2,500 per capita investment will be applied to their budget. These per capita amounts represent a spectrum of actual programming, based on Phase 1 research.³¹⁶ Agencies such as Mashteuitsch have developed high levels of coordination and collaboration on their prevention programming, linking child and family services to health and wellness.

**KANIKANAPIT—MILUELINIUN MAHK MAMU MILUE LIMUN
(MASHTEUITSCH)
QUEBEC**

The importance of structure to manage contextual realities.

The clear distinction in roles between elected community leadership and agency management and professionals supports a results-oriented culture based on data, evidence and evaluation.

Context

With a fused mandate of health and social services, *Kanikanapit—Milueliniun mahk mamu miluelimun*, emphasizes well-being and ensuring that the First Nation it serves is thriving. In 2008, a major mental health crisis forced a shift in thinking in health and social services. With high suicide and protection rates, the organization and its community made a strategic decision to focus on prevention. Since that time, protection cases have decreased, and multi-disciplinary prevention programming has extended to elders, families, and the community at large. Social workers, the physician, dietician, healthy lifestyle coordinator, etc. collaborate to build and deliver holistic wellness focused programming.

Operations

The centre benefits from a professional band council organization in which there is a separation between elected and bureaucratic officials. With regular election cycles, the stability of the professional bureaucracy at the band council promotes continuity and expertise. This structure enables directors, such as the director of the health and social services centre, to manage

³¹⁶ IFSD, *Enabling First Nations Children to Thrive*, 2018, 89–94, http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf.

their portfolio and liaise with other directors with limited political interference.

Data and evidence play a critical role in demonstrating relevance and generating operational independence from elected officials. The centre's data system is aligned to its program architecture. This allows the centre to track client uptake and changing needs across health and social services. Paired with the evaluation of its programs, the centre has a real-time understanding of happenings in the community, with the ability to respond to address needs.

To maintain the culture of strategic planning and performance for improved community outcomes, the centre invests in its staff. Latitude in action and decision-making comes from competent and reliable staff. Maintaining and developing the talents of high-performers, is integral to the success of the centre. Engaging staff in planning and strategic decision-making, offers a sense of empowerment and accountability for outcomes. Especially in challenging circumstances or moments of major change, a committed and reliable team can work to manage change.

Lessons and considerations

Politics is an inescapable contextual reality. While politics can enable action, they may also constrain it. Service providers can mediate contextual challenges with evidence for planning, programming, and decision-making. Building tools and practices for the collection and analysis of relevant, informative, data is an important first step for existing and new service providers.

Breaking down programming silos with collaborative program development for prevention activities can help to improve scope, the resource base, and uptake in the community. Collective action for holistic well-being is more likely to yield community-level sustainable benefits than siloed actions.

GEOGRAPHY

The location of communities served by agencies impact costs, human resource pools, and service delivery. Phase 1 and Phase 2 analysis indicated that an agency that serves at least one community without year-round road access has a budget about twice the size of those serving communities with year-round road access. In child and family services, remoteness has been regularly identified as an issue but has not been consistently addressed. Analysis of agency budgets suggests that remoteness is being tacitly compensated (those that are more

remote or serve First Nations not accessible by road tend to have larger overall budgets). However, the allocations appear arbitrary in that the statistical connection between agency budgets and their associated remoteness score, in ISC's Band Focused Approach³¹⁷ is relatively low.

AWASIS MANITOBA

"It's not just what we see as not being there."

Poverty coupled with remoteness is not just an economic condition but one that pervades all aspects of family and community life. Without more and flexible resources, child and family services are forced to focus on crisis response rather than better long-term outcomes for children and families.

Context

Following the lobbying efforts of Northern Manitoba Chiefs, Awasis was established in 1983. The original intention of delivering FNCFS through Awasis, was to eventually, devolve the services to First Nations for community-level delivery. While some First Nations have established their own agencies, Awasis remains the primary conduit of service delivery for eleven First Nations, especially in remote First Nations in Northern Manitoba. Often, the agency's staff is the only regular service in the community. Staff are "always in crisis management mode," trying to be many things to many people in underserved areas. This reality focuses the agency's efforts on crisis response instead of being able to focus on the rebuilding of communities.

Operations and Programming

An observer can easily see markers of poverty such as, housing shortages, a lack of infrastructure. A holistic view of poverty, however, is about what cannot always be 'seen.' Poverty, as described by Awasis, is "not just what we see as *not* being there." Emotional, spiritual, mental, and physical impoverishment are challenges in community healing that not may be readily visible and influence the agency's work.

³¹⁷ ISC's Band Focused Approach uses the same data as Statistics Canada's Remoteness Index. ISC's approach is more nuanced as it cross-references and adds the band name and number. In some cases, a remoteness score weighted by band population is calculated when the band is comprised of more than one Census sub-division (CSD). If however, one CSD contains multiple bands, each band retains its own remoteness score.

Awasis's operations are shaped by its context. With the majority of First Nations served in remote areas, the agency often lacks basic infrastructure to undertake its work. Information technology (IT) infrastructure and broadband connectivity do not always exist. This can make contact with different resources nearly impossible. *"We want to do great things, but we also need the tools to enable us to do them."* A tool as basic as internet access for Skype can be revolutionary for a community.

Staffing is also a challenge, as employees can be difficult to retain in remote areas. Often, staff can be early in their careers and while well-intentioned, they may not have the experience necessary to address the complex challenges in Awasis's communities. The ideal would be to have staff and resources to invest heavily upstream, instead of repairing downstream.

To rebuild communities, Awasis emphasizes a 'two-eyed' approach: Western skills and technologies, paired with traditional knowledge, language and cultural practices. The approach combines the best of both to build capacity and resiliency in communities.

Capacity and resiliency take time and resources to build. The Family Enhancement Program is connected to the approach. Designed to support families, the program addresses the causes of contact with the protection system, and will reconnect children with their community (if they are in care). The Elders Council is a new addition to support planning, program development and delivery, especially in family enhancement. Elders on the council are selected by their respective communities and will even intervene in moments of crisis as trusted community members. Especially when staff are not regularly present in remote or difficult to access communities, Elders play a supporting role.

Lessons and considerations

Agencies and communities confront a variety of challenges, that can be amplified or complexified by their context. Remote and isolated communities require supplementary resources to deliver programming due to limited complementary services and infrastructure gaps.

A holistic conception of poverty, beyond what can be 'seen', is a point of departure to reconceptualize the scope and breadth of early intervention and investment. Community-focused and dedicated to capacity and resiliency building, ensuring there is a resource base for prevention can support longer-term change.

In the proposed funding approach, remoteness is compensated in the baseline expenditure for consistency and clarity in the allocation. Professor John Loxley (University of Manitoba) led analysis for this project on existing approaches for compensating remoteness, e.g. NAN remoteness exercise, Statistics Canada's Remoteness Index, etc. ([Appendix O](#)). The assessment considers the suitability of various approaches and remoteness compensation practices in the United States and Australia, for application to FNCFS. For national applicability, Loxley concludes that ISC's Band Focused Approach or Statistics Canada's Remoteness Index would be the most reliable scales for determining remoteness. The amount of compensation, however, would be arbitrary, as no reliable standard exists.

Agency remoteness was assigned using the scores in ISC's Band Focused Approach. For agencies serving more than one First Nation, the remoteness score was determined by weighting all associated First Nations scores by population (Census 2016 population data was used for consistency with the dataset). A compensation scale for remoteness was developed by IFSD using three scales to provide different options for the remoteness budget adjustment and a polynomial profile to ensure that the scale remains progressive. The scales change the relative importance of remoteness in terms of budget needs. As the scale increases, those agencies that serve more remote communities receive proportionally more funds for remoteness than the less remote agencies.

Three options are provided as available data does not provide enough information to help us choose a specific scale:

Original remoteness index to the power 1.1: original remoteness index^{1.1}
 Original remoteness index to the power 1.2: original remoteness index^{1.2}
 Original remoteness index to the power 1.3: original remoteness index^{1.3}

There are three scales and three reference points. Each scale provides a different range of budget adjustments. In total, there are nine options for remoteness budget adjustment.

To define the supplementary funding allocation for remoteness, the agency with the lowest remoteness index (considered the least remote agency) was set as the reference point against which all other remoteness was measured.

Formula:

$$\text{Ratio} = \frac{\text{Agency's Remoteness Index}}{\text{Remoteness Index of the Reference Point}}$$

Remoteness compensation (dollars) was calculated relative to the reference point using three factors: 0.25%, 0.5% and 1%. The factor is multiplied by the ratio calculated from the equation above. That percentage is the percentage increase of the agency's budget to compensate for remoteness relative to its total reported expenditures.

To illustrate, we use the case of Agency Z:

Remoteness score: 0.5

Total budget: \$10M

Remoteness index of the reference point: 0.06

Ratio = $0.5/0.06$

Ratio = 8.3

Note: Agency Z is 8.3X more remote (on a population weighted basis) than the reference point agency.

Compensation based on three arbitrary factors multiplied by the Ratio:

Scenario A, 0.25% of reference: $0.25 \times 8.3 = 2.1\%$

Scenario B, 0.5% of reference: $0.5 \times 8.3 = 4.15\%$

Scenario C, 1.0% of reference: $1 \times 8.3 = 8.3\%$

The values of the three remoteness compensation scenarios for Agency Z's \$10M budget are:

Scenario A: $\$10,000,000 \times 2.1\% = \$210,000$

Scenario B: $\$10,000,000 \times 4.15\% = \$415,000$

Scenario C: $\$10,000,000 \times 8.3\% = \$830,000$

Thus, Agency Z's remoteness compensation is suggested to range from \$210,000 to \$830,000, based on the assumptions used.

Case studies and consulting experts raised a number of considerations related to geography. While some agencies and the communities they serve may be within commutable distance to a service centre by road, those roads may be dangerous (e.g. not maintained), or accessible in a limited way based on weather. When service access is at risk or the ability for children in care to return to their communities for visits, there must be consideration given to agencies in these situations. Furthermore, public transit is limited, if available at all to those working or residing on-reserve. It will be necessary to consider and respond to these realities or equip agencies with the resources and flexibility to find solutions.

When it comes to FNCFS, attention tends to be focused on-reserve (Canada funds FNCFS on-reserve only and in the Yukon). Demographically, however, Indigenous peoples are the fastest growing group in the country, and they tend to reside in urban centres. There is a cost to delivering services in urban centres, e.g. rent tends to be more expensive (Toronto, Vancouver), staff salaries may have to be higher to be more competitive, etc. This is a reality for agencies such as Native Child and Family Services in Toronto, who are regularly faced with climbing costs because of their location.

NATIVE CHILD AND FAMILY SERVICES TORONTO, ONTARIO

Funding diversification for the liberty to practice.

Funding diversification provides latitude for practice. Funding mechanisms are also important. The opportunity for a block-funding approach in FNCFS would promote cohesive responses to child and family services, reducing the siloed billing practices in place. With the growth in urban Indigenous populations there is a case to revisit how urban agencies and agencies serving urban communities are being resourced to deliver on their mandates.

Context

From one main office and 18 satellite offices and with 285 staff, NCFS delivers culturally-informed child and family services, including prevention and protection, to Indigenous Peoples in Toronto, those passing through Toronto, and across Canada.

With a history of prevention, Native Child and Family Services had to work for 18 years for a protection mandate from the Province of Ontario. Originally established as a prevention organization in Toronto, NCFS learned early on that its funding sources had to be diverse, to build their practice culturally-informed practice.

Operations and programming

NCFS is a service delivery organization (with registered charity status). Their core funding comes from their role as a service provider. Other organizations pay them to deliver services because they're good at what they do, e.g. the Early ON (formerly 'early years') is delivered by NCFS.

The organization actively seeks to demonstrate the impact of its service model for funders and for its own internal planning.

NCFS's program evaluation model is connected to program development. Its initiatives and programs are grounded in best practices and existing literature, informed by Indigenous well-being. Once the program is delivered, clients are surveyed, regular follow-ups are undertaken, and services are adjusted based on these findings.

NCFS's structure requires and enables creativity. The funding structure from multiple sources enables NCFS to work through the prevention angle, finding resources to deliver in the best interests of the child, and to build its practice with long-term vision. For instance, NCFS's board of directors encouraged the agency to buy, not rent its space. Owning space provides the liberty to practice in a culturally relevant way. From smudging on-site, to building lodges, owning space meant a freedom to practice in the best interests of the children and family served, without being beholden to government check boxes.

While core funding is stable, resources to build responsive, bottom-up programming is dependent on securing funding from grants and donors. Senior leadership is responsive and regularly seeks out 10%–15% of their overall funding to ensure needs-based programming can be developed and delivered.

Operating as an urban agency, NCFS is faced with the challenges of housing shortages and homelessness, mental health and addictions. To address the challenges, the agency breaks down operational silos by leveraging resources to address a broad-spectrum of programs and services, rather than distinguishing between protection and prevention, and their respective funding sources.

The urban environment can be a draw for staff, but also imposes constraints. The cost of living in Toronto can reduce the relative competitiveness of salaries, and can increase the cost of doing business from real estate to parking (limiting the practicality of needed vehicle fleets). While NCFS is not constrained by funding streams and protection-focused fee-for-service budgeting, its funding diversification requires it to be a competitive leader in child and family services.

As urban Indigenous populations increase, so too will the demand for Indigenous-focused services. Prior to CHRT funding, NCFS was not a regular recipient of federal funding (beyond program funding for the delivery of the urban Aboriginal Head Start program). As

demographics shift, the reality that Indigenous People may have a connection to a band or reserve, may have multiple, or may not have any at all and will still seek out services will have to be addressed.

Lessons and considerations

Define your core functions and deliver them well.

Funding diversification provides latitude for practice. While not all service providers will have NCFS's diverse resource base, the lesson that funding mechanisms influence activities is important. The opportunity for a block-funding approach in FNCFS would promote cohesive responses to child and family services, reducing the siloed billing practices in place.

Urban Indigenous populations are growing and will require culturally informed services. Resourcing these activities is a constant challenge. As the CHRT highlighted discriminatory practices in federal underfunding of FNCFS, there is a case to revisit how urban agencies and agencies serving urban communities are being resourced to deliver on their mandates.

Access to service tools, such as broadband were also considered. Communities closer to urban centres may be more likely to have access to reliable broadband with workable download and upload speeds. There are many however, who do not have regular or reliable access. Broadband is not only a tool for connectivity, but a conduit for expanded opportunities for services and programming. From telemedicine, to consultations with experts such as nutritionists and psychologists, broadband represents an opportunity to build existing capacity and to scale services as required. As with any tool, broadband can be a useful addition if agencies and communities have connections to providers to leverage the connectivity.

RESULTS FUNDING

The Measuring to Thrive framework represents a set of trackable indicators that guide the goal of thriving First Nations children, families and communities. The framework is a tool to help to identify need. Used as a program performance tool, Measuring to Thrive will guide relevant data collection to better understand realities of communities and eventually, to support and anticipate their needs. The federal government committed in the preamble of *An Act respecting First*

Nations, Inuit, and Métis children, youth and families, to funding FNCFS consistent with the principle of substantive equality.

It is expected that a two-year transition period will be necessary for a fully functional framework. In that period, the secretariat will work closely with agencies to determine what data is already available, what data will have to be collected and how, and in what way need should be monitored and quantified. Data from reliable sources, e.g. Statistics Canada, will be leveraged to populate the Measuring to Thrive framework wherever possible, especially for community-level indicators. Working with the secretariat, agencies can leverage the data as evidence for decision-making to determine the types of intervention necessary, e.g. budgetary top-up, access to organizational support, etc.

The utility of the framework is that it can help individual agencies identify where they have need or if they are operating well within the parameters of their budget. In public finance, more money is not always the answer. More effective and efficient application of resources in a well-designed program can yield results. FNCFS agencies will have to establish performance targets to align their activities to desired results.

Results funding will be allocated to agencies as a percentage of their baseline expenditures. The supplement is modelled at 1%, 3% and 5% of total 2018–19 expenditures. The value of the top-up is anticipated to support hiring one or more staff. Complemented by supplements in IT and supported by the secretariat, FNCFS agencies are expected to be sufficiently resourced to transition to capturing data through the Measuring to Thrive framework.

EMERGENCY FUNDING

FNCFS is an essential service, that must continue to operate in regular and crisis situations. Emergency situations tend to increase demand on social services such as child and family services ([Appendix P](#)). The funding will be available to support responses to unanticipated circumstances related to CFS, that affect demand for an agency's core services. This could be a suicide crisis in a community or support to respond to a natural disaster or pandemic, in so far as the expenditures are directly linked to child and family services. Dakota Ojibway Child and Family Services in Manitoba has a well-developed emergency response plan.

DAKOTA OJIBWAY CHILD AND FAMILY SERVICES MANITOBA

“At no time will children be left at risk.”

Key Lessons Learned from DOCFS’ emergency response:

- 1. Be prepared: a business continuity plan/emergency plan that includes communication with band councils and tribal councils can determine and pre-plan how you will collaborate and collectively face an emergency.*
- 2. Empower staff: crisis situations are fluid and require changing responses. Staff should have input in planning, clear direction and latitude to act in the best interest of the children, families and communities they serve.*
- 3. Have access to financial resources: to procure goods and services, money is necessary. There’s much uncertainty in a crisis and having reserve funds (or access to funds) is crucial for expeditious action and response.*
- 4. Connect: work closely and ongoingly with your communities and leadership to respond to the needs of children, families and communities.*

“At no time will children be left at risk.”

Dakota Ojibway Child and Family Services (DOCFS) is not a novice when it comes to emergency response. From floods, to ice storms, to now, a pandemic, the agency has responded to protect the most vulnerable in the eight First Nations communities it serves. An integral component of a broader Tribal Council structure, DOCFS works collaboratively with other organizations (e.g. health, education) and community-based offices. Daily directors’ calls and constant contact coordinate actions and response to changing circumstances across the Tribal Council.

DOCFS wants kids and families to be healthy and safe. Emergencies don’t stop this drive; they amplify it. CFS is an essential service, and DOCFS remains available 24/7 during a crisis (as it would in regular times). As concerns for the safety and well-being of children and families can increase during emergencies, DOCFS’ actions in emergency response extend beyond the physical safety of children, and includes food security, supplies and educational resources.

Be prepared

DOCFS' business continuity plan (BCP), which serves as a roadmap for the agency's action in a crisis to fulfil its core mandate and maintain (at least) their basic operations.

In one half-day, DOCFS' entire business continuity plan (BCP) apparatus can be mobilized, as staff are pre-briefed and familiar with their responsibilities. Staff have pre-assigned roles and areas of action for which they are responsible in an emergency. This enables the organization to keep a measure of consistency when faced with unexpected crises.

DOCFS' model is premised on strong linkages to the eight communities that it serves. With trust between DOCFS and its community offices and employees, the agency depends on the local First Nation's collaboration and support to understand need on the ground, and to ensure an appropriate response. Each of the eight communities served have their own emergency operating plans for local-level actions. From back-up staffing plans to operating plans, each community has a pre-planned approach to managing CFS when in crisis response mode.

There are plans in place, but staff members are expected to solve problems and find solutions.

Empowered leadership; empowered people

As emergency response ramps up, there is significant pressure on senior management to orchestrate the initial response. For example, senior staff worked from 8am to 11pm to define and implement the initial crisis management approach to COVID-19.

Senior leadership and the DOCFS board encourage flexibility in crisis response. They are known to create space for employees' ideas to respond to community needs. Emergencies are fluid and DOCFS staff must adjust its actions accordingly and in real time.

Various ad-hoc teams emerge in crises to address changing needs. For example, in the response to COVID-19, a holistic wellness team was created to develop resources for the distribution of reliable information and to connect people with the services they need. This small team of six people leverages outside resources, such as extra physicians and mental health experts, and develops their own tools to support the overall pandemic response.

The main concern among communities is food security. Families can be big and as communities enter lock-down, not everyone

can access needed supplies in time. DOCFS stepped in as a procurer of essential food items and supplies for delivery through local community offices. The items are distributed without cost to recipients in need through the local office. In an emergency situation, DOCFS will assist any community member in need (although their child focus is primarily, children in care). This initiative, orchestrated in conjunction with community-based staff, demonstrates the importance of connectivity and trust between agencies and people, especially in a time of emergency response.

To mobilize the required resources, an agency needs ready money.

Always have ready money

DOCFS emphasizes the importance of advocacy for their agency. From the Tribal Council's Chief to ISC to outside resources, DOCFS advocates to 'anyone who will listen,' to ensure their organization and children in care have what they need. Building a reserve fund and practicing active resource-development are ongoing. This helps to ensure that when a crisis hits, there is some flex in the budget.

When faced with a crisis, there is the added stress of uncertainty and delay in cost recovery. Until a state of emergency is enacted by the Tribal Council, resources commensurate to an emergency will not flow. In the context of COVID-19, ISC has indicated that agencies can keep track of costs associated to the pandemic response.

The fact remains however, that agencies and communities need ready money to act and respond in an emergency. For instance, at DOCFS, expenses for COVID-19 have been paid through expense accounts, cheques, corporate credit cards and personal credit cards. When it comes to major expenses, the executive director checks with ISC regional staff for the approval of the expense in advance, to mitigate any uncertainty of reimbursement. From basic food supplies, to educational resources for children in care, staff overtime, IT supplements, and beyond, agencies must be able to maintain their core operations to keep children and families safe, while supporting an emergency response. Unexpected circumstances can require unexpected resources.

As an alternative funding approach for CFS is being developed, options for emergency funding are being considered. Combinations of funding mechanisms are being explored to propose tools to respond to immediate needs, as well as to address the underlying challenges that influence crisis management. DOCFS is a helpful example of a well-coordinated agency that leverages resources beyond its organization to respond in a timely and decisive manner in the face of emergencies.

With the proposed block funding approach, agencies will operate within predefined revenue parameters, with a supplement to achieve the results defined in the Measuring to Thrive framework. Should demand for its services change due to exogenous factors, however, agencies will have recourse to supplementary funding. This funding is like an insurance policy triggered if factors external to the organization change. Such factors include, increase in the number of protection demands, increase in the number of prevention services requests, etc.

This insurance funding is distinct from the needs-based supplement to achieve results. Results-focused funding is designed to support an agency's performance to help it sustain or enhance its program and service offerings. The insurance for increased demand, by contrast, is funding to address changes to baseline operating requirements. Should this increased demand last longer than one fiscal year, the agency may require a revision to its baseline budget. This makes relevant data collection crucial for service providers, as it links to its overall organization, activities, and funding alignment. Relevant data can be analyzed as useful evidence for better decision-making.

There are two proposed options to manage emergency funding. One option is to have an annual supplement between 0.5% and 2% to agencies' baseline budget. It would be incumbent upon agencies to manage this funding, building their own emergency reserves when the funding is not needed. Should a top-up be applied to agencies' budgets, there would be no further recourse to the federal funder for emergency provisions in child and family services (unless there were exceptional circumstances, unmanageable with regular funding).

The second option is to establish an emergency fund. This fund would be appropriated exclusively to respond to changes in demand and emergencies, with funding ring-fenced within the department. In order to trigger the release of funds, a set of criteria defined in legislation would have to be met. Similar to legislation in various jurisdictions ([Appendix Q](#)), emergency provisions are triggered for instance, when a disaster is declared. Once declared, resources would flow to the parties in need to fulfill their mandates.

To determine the amount of money allocated to the emergency fund, whether appropriated by statutory or non-statutory means, various models exist. Jurisdictions such as Mexico, appropriate a portion (0.4%) of the country's annual total budget to disaster relief and prevention funds. The state of Utah determines the allocation to its disaster funds relative to other state appropriations. Other states, such as North Dakota and California appropriate a set amount of money every one or two fiscal years for disaster relief. The value of the emergency fund is proposed to range from 0.5% to 2% of FNCFS agency baseline expenditures.

The emergency fund would have to be created, and preferably, defined in legislation. The emergency fund's appropriation could be covered by statute, where Parliament would only approve the expenditure by vote once. After which time, e.g. five years, ten years, the money in the fund would automatically be appropriated, without requiring another parliamentary vote. Alternatively, the emergency fund could be endowed by non-statutory means. This would require Parliament to appropriate the value of the fund annually. In principle, if the fund is covered in legislation, there may be few reasons for Parliament to refuse the expenditure. There is however, the risk that the appropriation is not approved and the emergency fund may not have the requisite resources.

SECRETARIAT

The secretariat will be designed as a First Nations-led dual-mandate organization. As the trusted third-party among stakeholders, the secretariat would be a neutral expert organization governed by a board of directors. The secretariat would be a centre for best practices, operational support and results-funding allocation.

As an independent data and operations-focused organization, the secretariat would be well positioned to lead annual data collection on interim progress with the proposed funding approach, even during transition. The secretariat should lead assessments on funding applications and interim results. The CHRT-mandated supplementary payments suggest that change in programming and operating practices are possible, even within a fiscal year. To this end, the secretariat could support national data collection efforts on how resource allocation and programming have changed with the new funding approach.

These annual evaluations are distinct from the data to be collected for the Measuring to Thrive framework, as it will be operational in nature. Annual evaluations will be designed to assess funding impact in the short-term, in preparation for a medium-term evaluation of the funding approach at the three-year mark of transition. Then, at year five, a full evaluation of the funding approach and the results tracked in the Measuring to Thrive framework will be undertaken.

The full external evaluation at year five of the proposed funding approach will assess the connection between resources and results. Has the change in funding structure supported better results for children and families? Have allocated resources been commensurate to achieving desired outcomes? Has the Measuring to Thrive framework effectively captured changing realities for First Nations? These and other questions should be addressed as the full funding approach and its associated resource profile are reconsidered in connection to long-term goals.

Funding for the secretariat is estimated at \$3M per year (grown with inflation), to support operations (see the Transition section for a full discussion of the secretariat).

Application of the funding approach

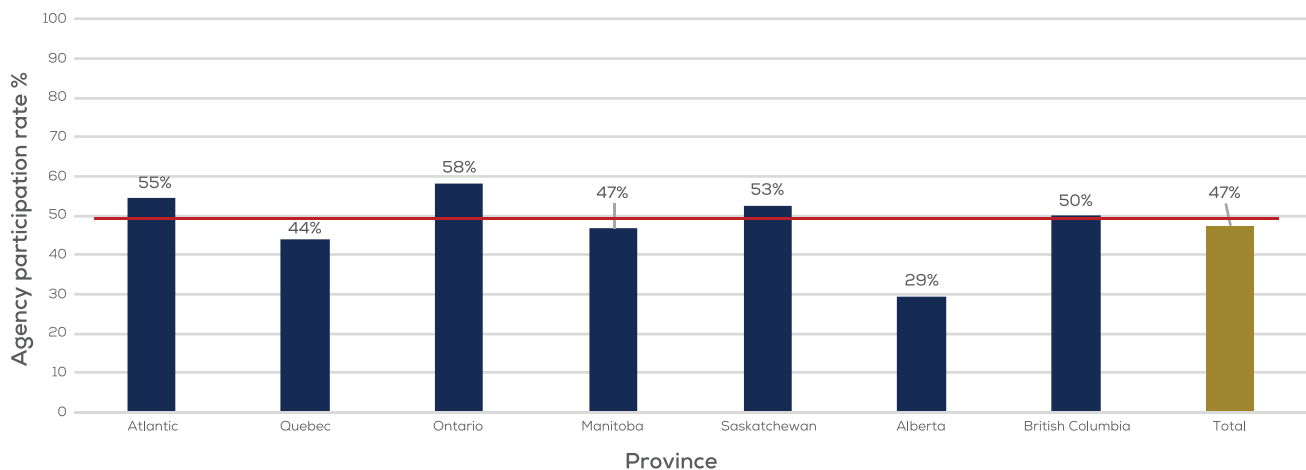
The proposed estimates of agency funding levels were developed using 2018–19 FNCFS agency reported expenditures and informed by industry standards.

As with any estimation exercise, there is no single estimate, rather a range of estimates dependent on various combinations of scenarios.

FNCFS SURVEY³¹⁸

In fall 2019, a seven-question survey was released to FNCFS agencies ([Appendix M](#)). The survey was designed to capture expenditure and revenue information, CHRT funding requests, and performance measurement practices for fiscal year 2018–19. The survey was released as a fillable PDF to agency directors with an accompanying explanatory note on the survey and its application. Of the 112 FNCFS agencies on IFSD’s list, 53 completed the survey, an overall 47% response rate (see Figure 47).

FIGURE 47: Agency survey participation rate by province (n=112).



Note: Atlantic includes New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland.

³¹⁸ All FNCFS agency-associated data in this section’s figures are from IFSD’s 2019 FNCFS survey.

The participating agencies are generally representative of the broader sample population across population clusters (Figure 48), geographic zone³¹⁹ (Figure 49), and road accessibility of all First Nations served (Figure 50).

FIGURE 48: Percentage of FNCFS agencies by on-reserve population cluster, ISC 2018 population data (n=112).

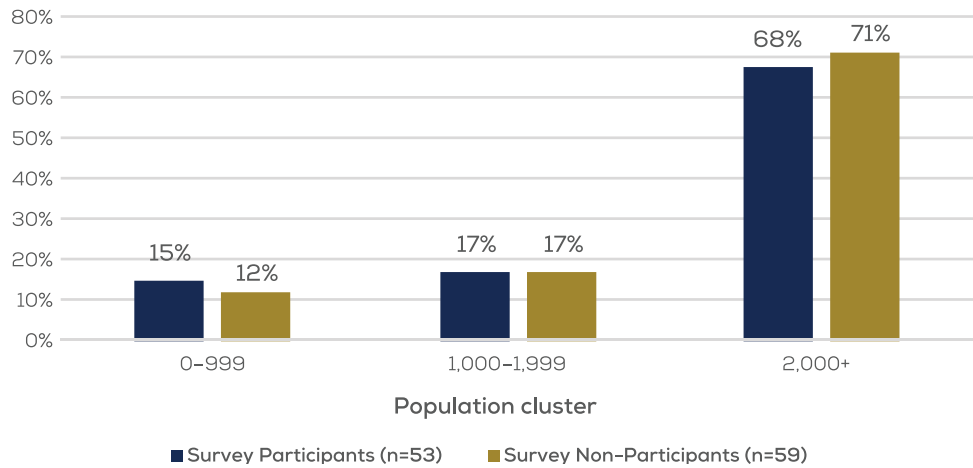
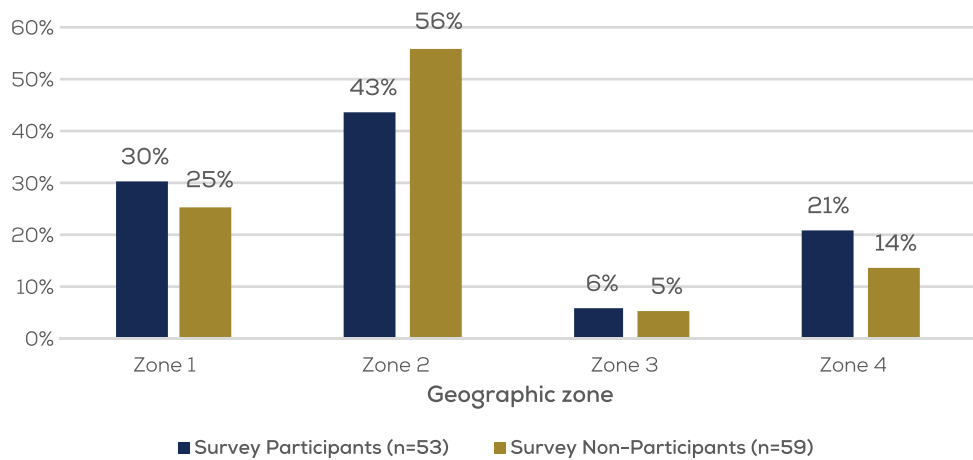


FIGURE 49: Percentage of FNCFS agencies by geographic zone (n=112).



³¹⁹ Geographic zone refers to a First Nation's distance to a service centre and associated mode(s) of transportation.

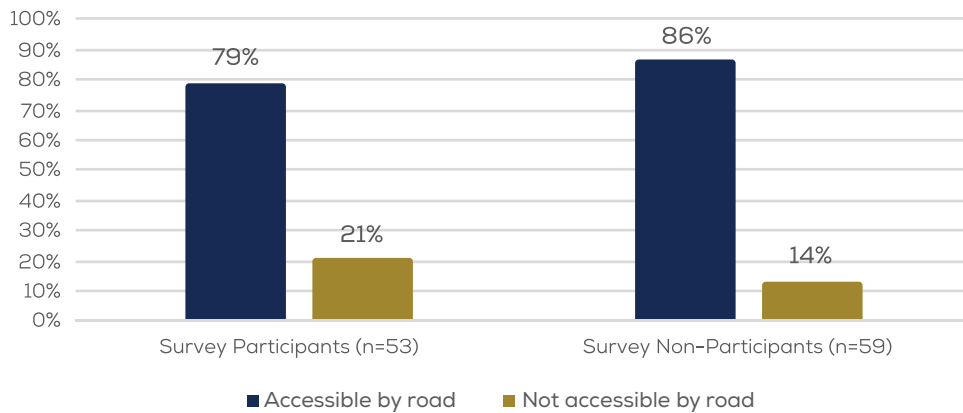
Zone 1: First Nations located within 50 km of a service centre.

Zone 2: First Nations located between 50–350 km of a service centre.

Zone 3: First Nations located over 350 km from a service centre.

Zone 4: First Nations with air, rail or boat access to service centre.

FIGURE 50: Percentage of FNCFS agencies by survey participation and road accessibility (n=112).

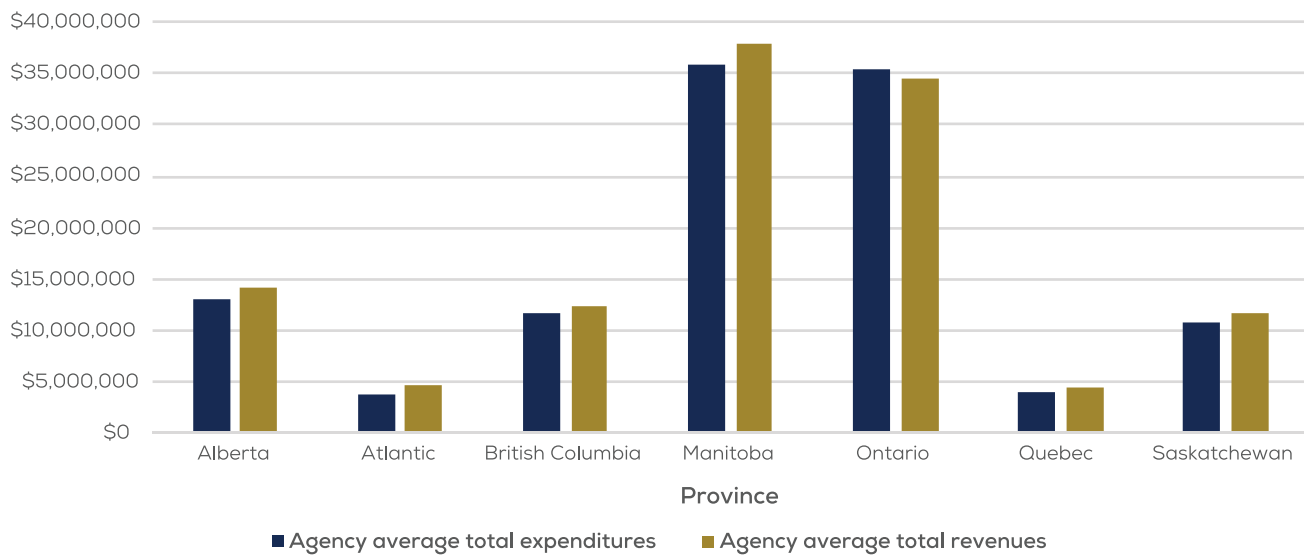


Responding FNCFS agencies reported average expenditures of \$15M and average revenues of \$16M (Table 16). The slightly higher revenues may be explained by the CHRT-supplementary payments or unspent revenues at the time of reporting. Manitoba and Ontario FNCFS agencies reported the highest overall revenues and expenditures (Figure 51). The size of the population served and the geographic profiles of the First Nations served may help to explain the higher average revenues and expenditures.

TABLE 16: Overview of FNCFS survey findings.

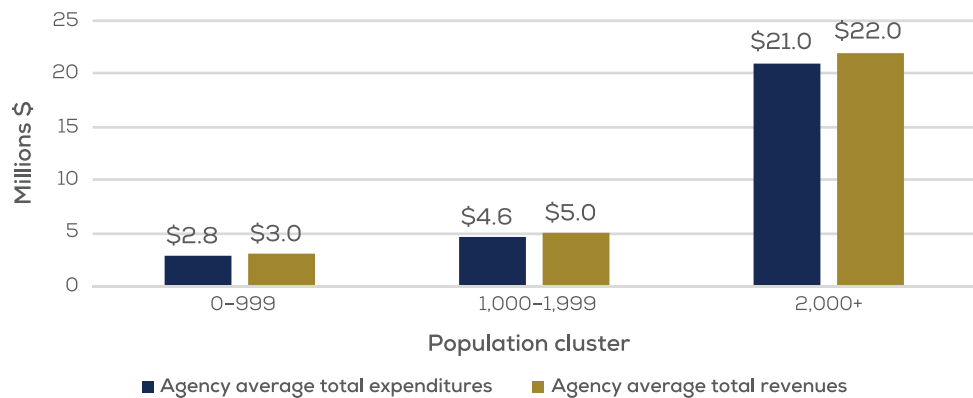
Total number of survey responses	57
Total number of useable survey responses	53
Average expenditure (n=53)	\$15,462,653
Average revenue (n=53)	\$16,217,900

FIGURE 51: Agency average total expenditures and revenues by province/region (n=53).



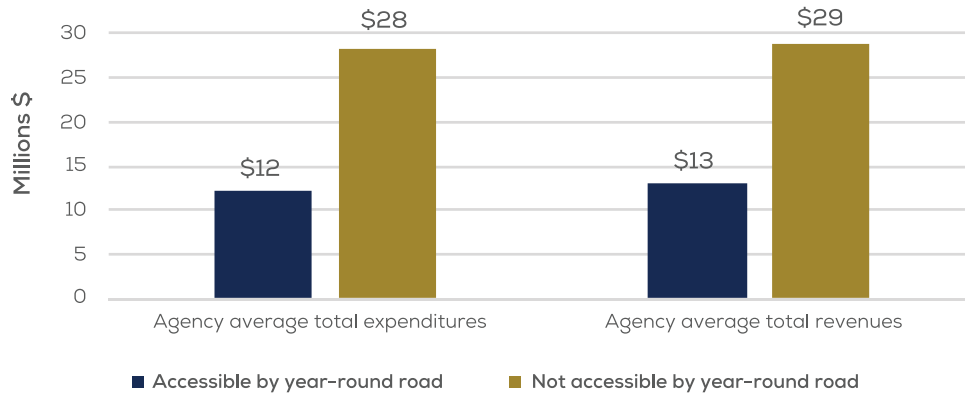
Greater variance in average agency budgets is displayed when the data is sorted by population cluster (Figure 52). Agencies serving larger total populations report larger average total expenditures and revenues.

FIGURE 52: Agency average total expenditures and revenues by on-reserve population cluster, ISC population 2018 (n=53).



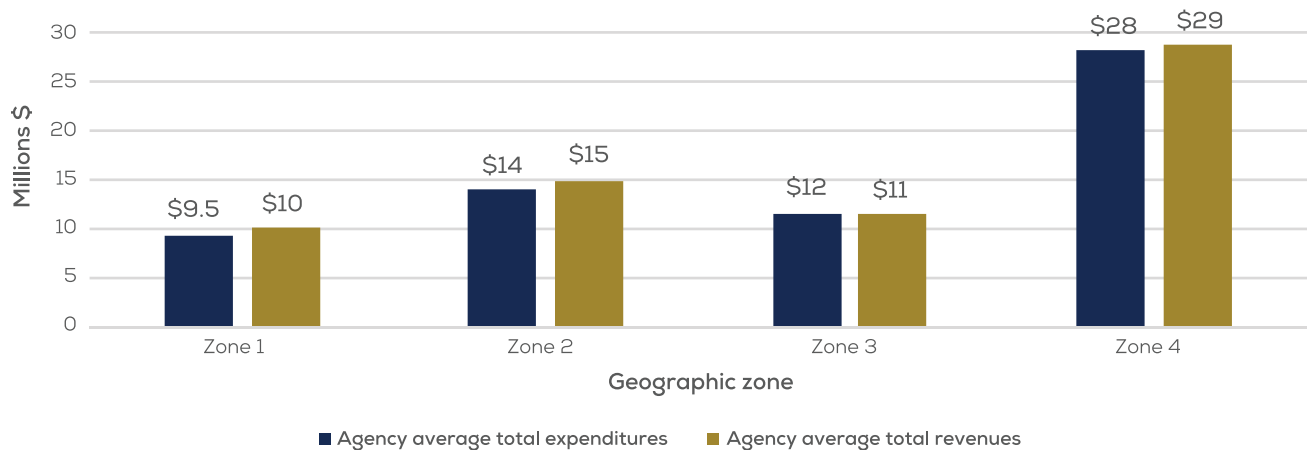
Agencies serving at least one First Nation without year-round road access report expenditures and revenues at least twice as high as those agencies serving First Nations with year-round road access (Figure 53).

FIGURE 53: Average agency total expenditures and revenues by road accessibility (n=53).



When sorted by the most distant geographic zone³²⁰ of the First Nations served, agency average expenditures and revenues are highest for zone 4, consistent with the findings on road accessibility (Figure 54).

FIGURE 54: Average agency total expenditures and revenues by geographic zone (n=53).

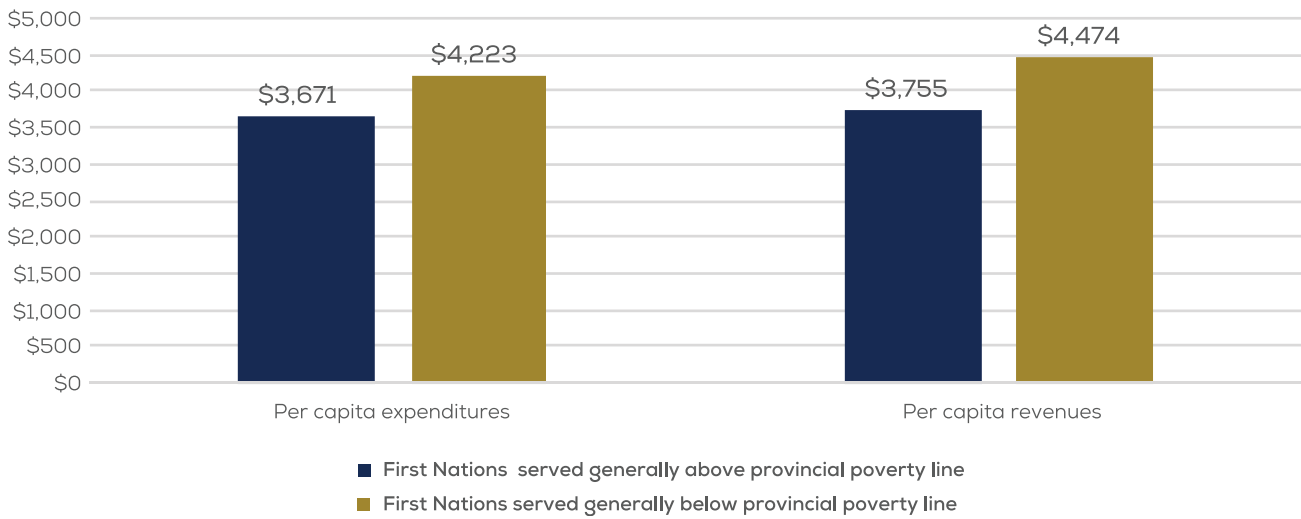


On a per capita basis, agencies serving First Nations generally below their respective provincial poverty lines report higher revenues and expenditures than those above their respective provincial poverty lines (Figure 55). Possible explanations may include higher numbers of children in care (as poverty and neglect are a cause of contact with protective services) and the geographic location of agencies (the more remote, the costlier to deliver services).

³²⁰ Geographic zone refers to a First Nation’s distance to a service centre and associated mode(s) of transportation.

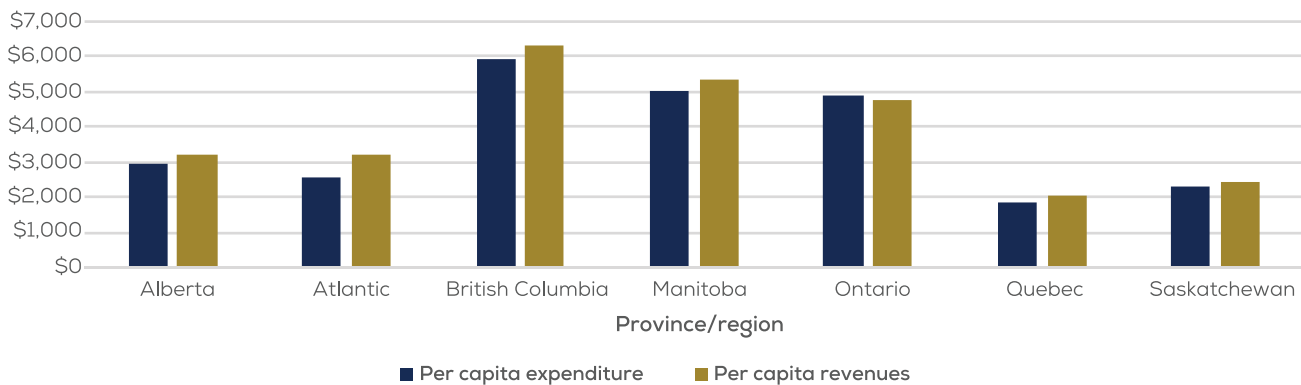
- Zone 1: First Nations located within 50 km of a service centre.
- Zone 2: First Nations located between 50–350 km of a service centre.
- Zone 3: First Nations located over 350 km from a service centre.
- Zone 4: First Nations with air, rail or boat access to service centre.

FIGURE 55: Average per capita expenditures and revenues by poverty level (n=52).



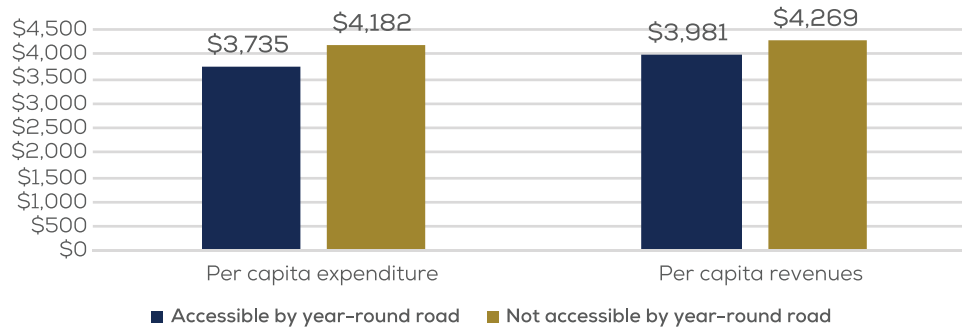
British Columbia’s FNCFS agencies have the highest and Quebec’s the lowest per capita expenditures and revenues when compared to their peers (Figure 56).

FIGURE 56: Average agency per capita expenditures and revenues by province/region (n=53).



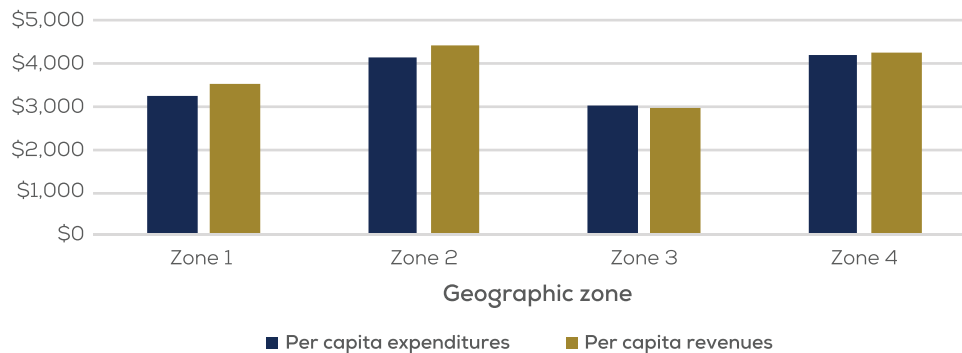
Consistent with previous findings on road accessibility, per capita expenditures and revenues for FNCFS agencies serving at least one First Nation without year-round road access are slightly higher than those accessible by year-round road (Figure 57).

FIGURE 57: Agency average per capita expenditures and revenues by year-round road accessibility (n=53).



By geographic zone³²¹, the highest per capita expenditures are exhibited by zone 4, whereas the highest per capita revenues are in zone 2 (Figure 58). FNCFS agencies with their most remote agency in zone 3 exhibit the lowest per capita expenditures.

FIGURE 58: Average agency per capita expenditures and revenues by geographic zone (n=53).



The majority (81%) of FNCFS agencies requested CHRT-mandated funding (Figure 59). Of the requesting agencies, those in British Columbia, Manitoba and Ontario reported receiving the supplementary funding (Figure 60).

³²¹ Geographic zone refers to a First Nation's distance to a service centre and associated mode(s) of transportation.

Zone 1: First Nations located within 50 km of a service centre.

Zone 2: First Nations located between 50–350 km of a service centre.

Zone 3: First Nations located over 350 km from a service centre.

Zone 4: First Nations with air, rail or boat access to service centre.

FIGURE 59: Percentage of FNCFS agencies requesting CHRT funding (n=52).

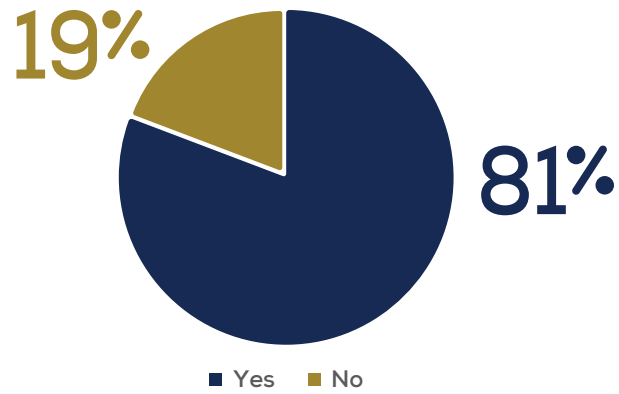
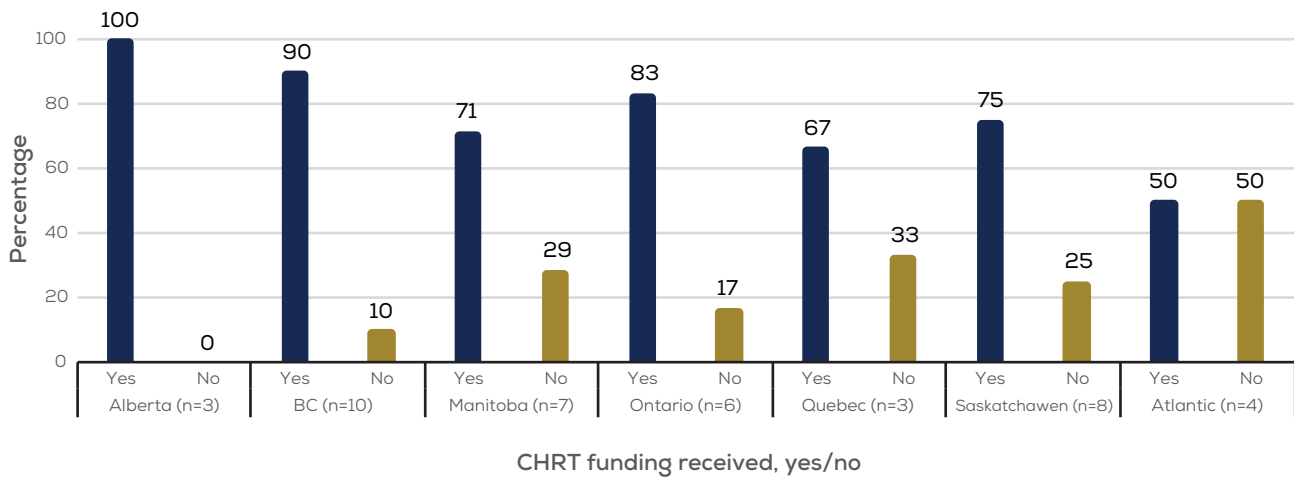


FIGURE 60: Percentage of agencies that received CHRT funding, by province (n=41).



There is a slight variance between the intended CHRT funding applications and the actual ones (Figure 61). Most of the CHRT funding was applied to capital and operating costs among agencies, with several others reporting program and prevention applications (Figure 62).

FIGURE 61: Proposed applications of CHRT funding, percentage basis, multiple responses possible (n=42).

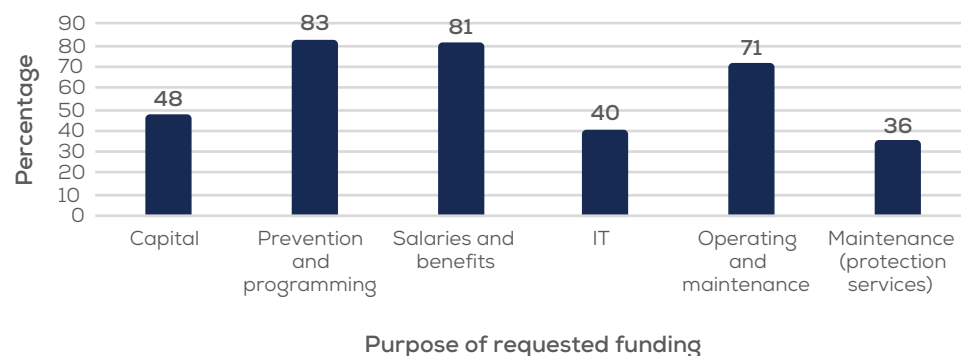
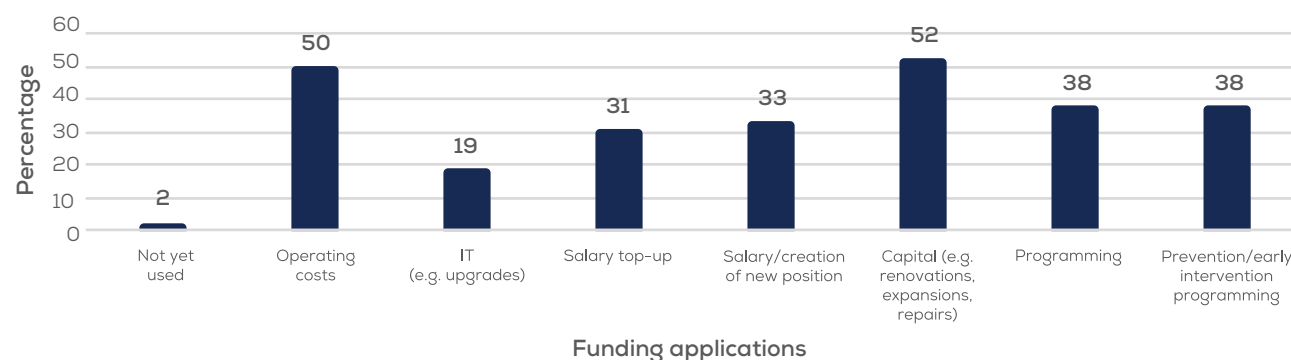


FIGURE 62: Actual applications of CHRT funding (more than one response possible) (n=42).



Over three-quarters of FNCFS agencies report collecting data at the program-level and approximately two-thirds on spending. The data is most frequently applied to budgeting and program development, and funding requests.

Funding approach scenarios

The proposed funding approach is designed to address identified gaps in FNCFS agency operations clearly. An agency or recipient should be able to easily understand the contributing components of their funding allocation. With 2018–19 FNCFS expenditures as a baseline, the approach adjusts the baseline budget by adding components to reflect the First Nations served and to support the Measuring to Thrive performance framework (Table 17).

The current expenditure baseline likely includes expenditures across funding components. The implementation of the funding approach will require an assessment of current capital stock, i.e. structures and vehicle fleets, existing IT infrastructure, to ensure there are adequate provisions and not an overcompensation for pre-existing expenditures on these budgetary components.

TABLE 17: Funding approach components and their applications.

Component	Quantification
Results	<ul style="list-style-type: none"> Funding to support goals in the Measuring to Thrive framework. Percentage of baseline budget.
Prevention	<ul style="list-style-type: none"> Per capita allocation, \$800, \$2,000 or \$2,500 by population on-reserve.
Geography	<ul style="list-style-type: none"> Factor increase to baseline budget, using ISC's weighted remoteness quotient.
Poverty	<ul style="list-style-type: none"> Household basis; relative to provincial poverty line; Census 2016 data.
Capital	<ul style="list-style-type: none"> Percentage (e.g. 2%) of total value of capital assets. Application-based fund for major capital projects, e.g. new building, extensive renovation, etc.
IT	<ul style="list-style-type: none"> Percentage top-up to baseline budget of 5% to 6% based on industry standards for not-for-profit service organizations.
Emergency funding	<ul style="list-style-type: none"> Percentage top-up to baseline budget to address unanticipated circumstances related to CFS, that affect demand for an agency's core services.

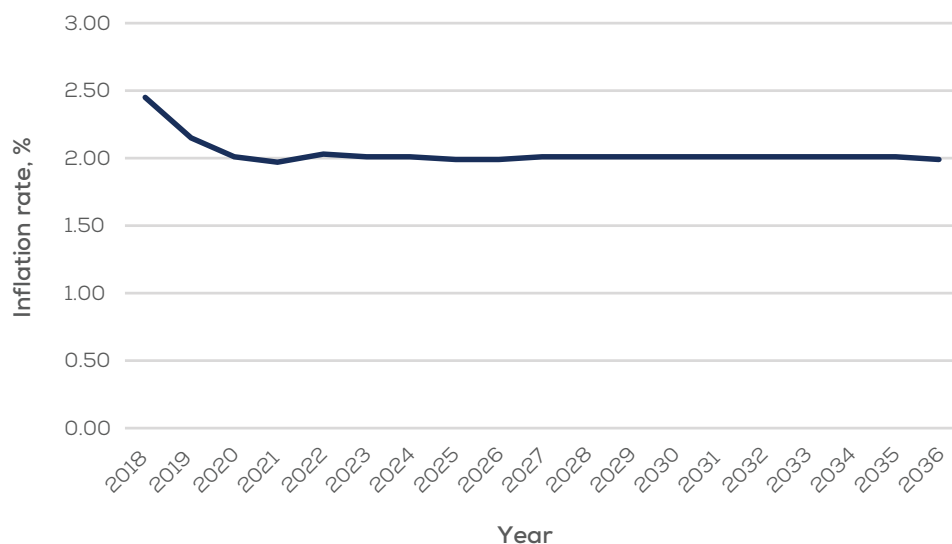
To model the funding approach, three scenarios are proposed, based on low, medium and high points in the ranges associated to each of the cost factors. To estimate the total system cost into the future, standard growth factors of inflation and population are applied. A standard 2% inflation is used (Figure 63) and Statistics Canada's constant population scenario³²² (for projections) are applied to the estimates.

The funding approach is premised on an existing baseline to cover protection and maintenance costs associated to safety. For new and emerging agencies, a different mix of resources may be required to support the needs of their communities. If no previous data on protection is available, estimates on the proportion of children that may have contact with the protection system can be estimated using findings from Phase 1.³²³ Building from the proportion of the population served estimated to require protection services, the average cost per child in care of \$63,000 could be applied to estimate a new agency's baseline budget for protection and maintenance activities.

³²² The constant population scenario assumes that the probability of giving birth estimated in 2011 remains constant among Indigenous Peoples until 2036. There are other population projection scenarios. The second scenario has birth rates converging moderately to reach half of the general population rate by 2036. The third scenario assumes complete convergence with the general population's birth rate by 2036. The constant scenario is adopted in this work for cost-estimating purposes. For more information: <https://www150.statcan.gc.ca/n1/pub/91-552-x/2015001/section06-eng.htm>.

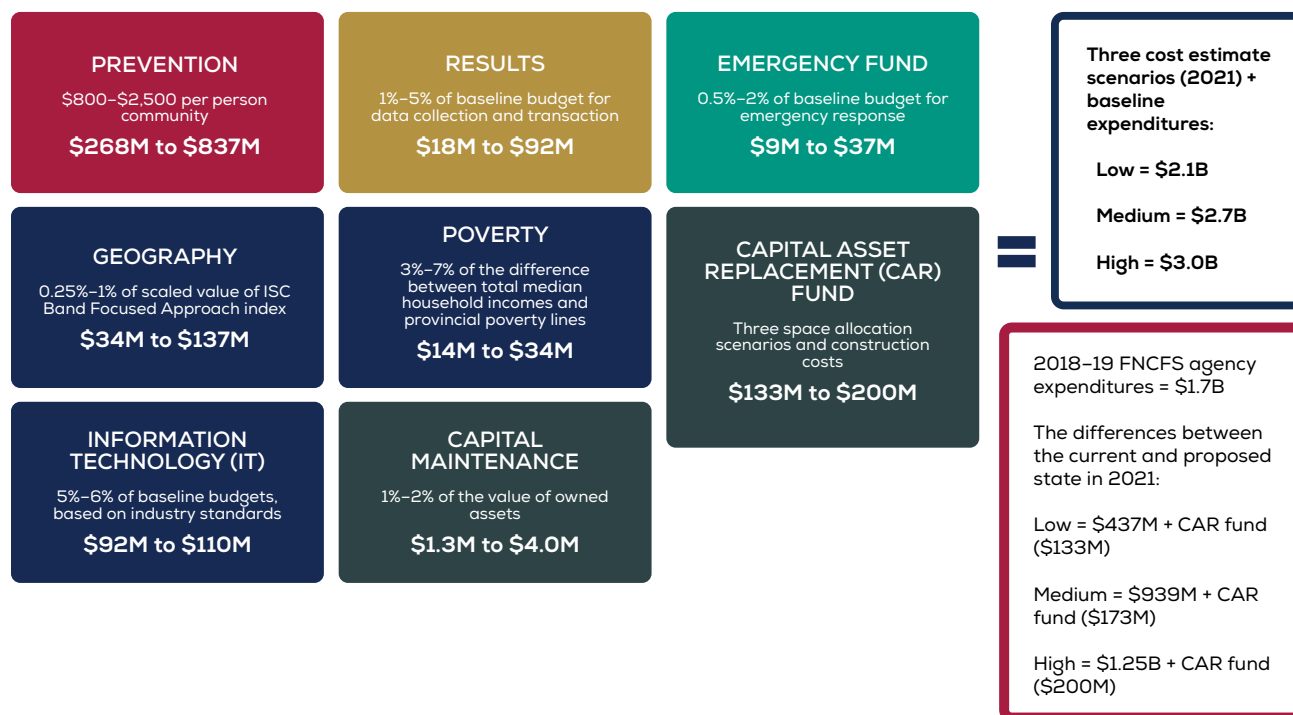
³²³ IFSD, *Enabling First Nations Children to Thrive*, 2018, p. 63, Table 6 and p. 67, Table 9, http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf.

FIGURE 63: IFSD inflation forecast (2018–2036).



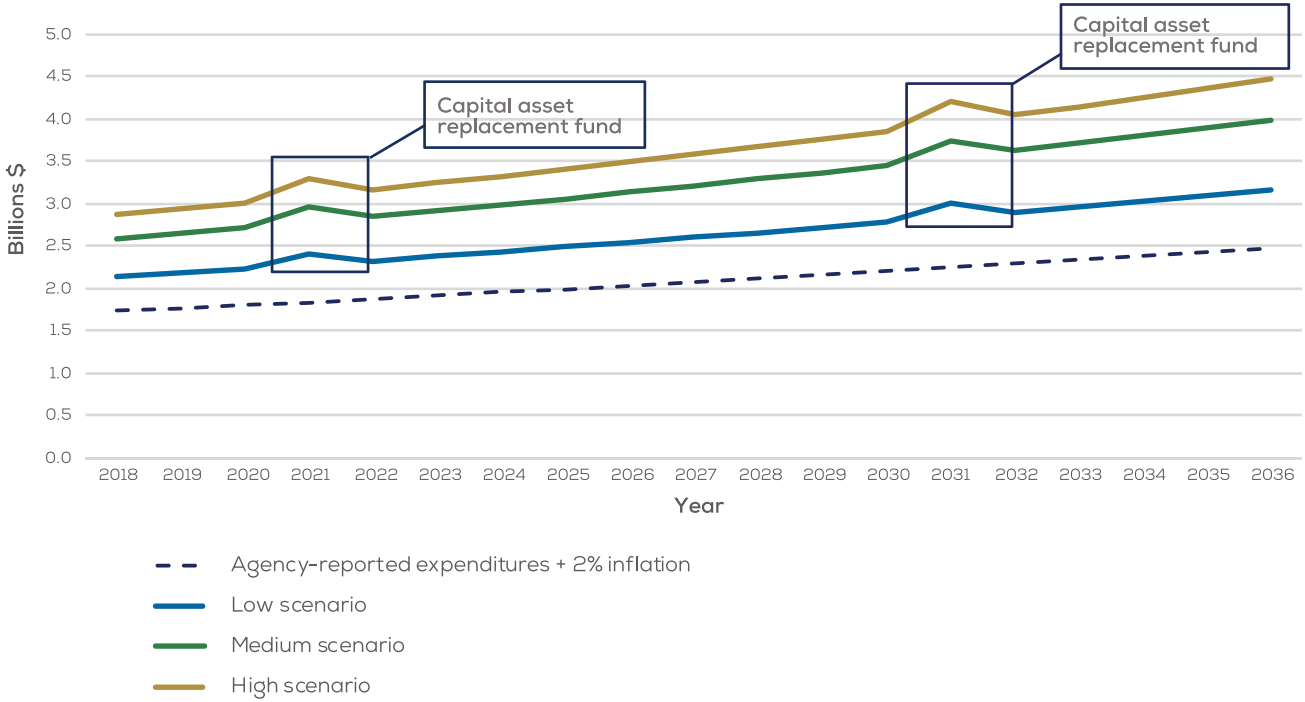
The proposed approach is modelled for 2021 using the constant population scenarios (Figure 64). The proposed funding approach represents an increase in overall system costs between \$437M and \$1.25B in 2021, depending on the selected scenario, plus capital asset replacement fund investments.

FIGURE 64: Cost estimate overview of the proposed funding approach.



The estimates are then projected out to 2036 with inflation and population (constant population scenario) as growth factors (Figure 65).

FIGURE 65: Total estimated system costs (low, medium and high scenarios), 2018–2036 (with Statistics Canada’s constant population scenario and 2% inflation).



The performance framework and funding approach are directionally consistent with the Act, seek to address CHRT findings, and propose a way forward focused on the well-being of First Nations children, families, and communities.

Part IV: Transition

Introduction

IFSD's December 2018 report *Enabling First Nations Children to Thrive*, focused a great deal of analysis on the current state of operations, governance and funding for First Nations child and family services. The Phase 2 effort has focused on a future-state design based on desired outcomes, measurement and a new approach to funding. Designing the future state has been a bottom-up collaborative effort with First Nations agencies and the communities they serve. The exercise has been augmented by case studies from First Nations wise practices and international comparative analysis.

However, success in achieving a future-state vision for the benefit of First Nations children, families and communities can only be implemented with *change* and *transition* management strategies that are built on: credible strategies and plans, effective communications, phased/gated approaches, leadership and on-going support.

MANAGING CHANGE AND TRANSITION

The literature on organizational change and transition tends to coalesce around the idea that change is difficult. The US Department of Health and Human Services, Administration for Children and Families defines organizational change as “changes in child welfare agency policies, procedures, and practices resulting from the implementation of the Systems of Care initiative.”³²⁴ Implementing this kind of change can be difficult for an individual or a small enterprise, but the larger the organization gets, the more difficult change is to successfully realize. This is largely due to what Romanelli and Tushman discuss as the grounded inertia that develops in large organizations that becomes engrained over years and becomes extremely difficult to break free.

Understanding change is one of the keys to realizing successful transitions. Gray separates two types of change: incremental and discontinuous. The former occurs during periods of relative stability and slowly over time, while the latter occurs in a state of disequilibrium, often involving radical changes. With discontinuous change the organization leader is paramount but cannot do it alone and the executive team at the top needs to be central as well for successful

³²⁴ US Department of Health and Human Services, “Systems and Organizational Change Resulting from the Implementation of Systems of Care,” (November 2010): 32.

large-scale change. Discontinuous change requires innovative approaches to the development of people by linking people's motivation and skills to the change agenda.³²⁵ It is important to understand these different types of change as Romanelli and Tushman argue for successful meaningful change to occur it must be sufficiently radical to break the grounded inertia of organizations.³²⁶

While managing change is very difficult, there are generally some key points the literature agrees are part of an approach for successful transition. These can broadly be summarized as having a clear plan/strategy, good communication, using a gradual or phased in approach, the importance of good leadership, and planning for and adapting to the unforeseen.

CLEAR PLAN/STRATEGY

For any kind of change to be successful there must be a clear, coherent and communicable plan for what the change is and what it will entail. Sirkin, Keenan and Jack contend that while change is indeed difficult, the real challenges usually stem from disagreements on what goals/results the change is seeking to realize.³²⁷ Therefore, the most important starting point is having broad-based buy-in and agreement on what the change is seeking to accomplish and how this will be accomplished/measured.

Change cannot be seen as something where a policy is simply implemented and the outcome is improved results—it takes a comprehensive plan/approach to enable an environment conducive to success. Ostroff suggests that a plan usually has three major phases: identify performance objectives; set priorities; and roll out the program. He suggests engaging stakeholders ahead of time at workshops and discussing transition by asking questions such as: “Does the process have any redundant steps? Are there handoffs that should be eliminated? Are there steps that should be added? Which ones should be automated?”³²⁸ It helps to have some tangible results that can be achieved early to point to success for continued buy-in even if it is not the ultimate goal. He also suggests it is important to “sow the seeds

³²⁵ Jo Ellen Gray, “Discontinuous Change: Leading Organizational Transformation,” *Academy of Management Perspectives* 9, no. 2 (1995): 77–80.

³²⁶ Elaina Romanelli and Michael Tushman, “Organizational Transformation as Punctuated Equilibrium,” *The Academy of Management Journal* 37, no. 5 (October 1994): 1141–1166.

³²⁷ Harold L. Sirkin, Perry Keenan, and Alan Jackson, “The Hard Side of Change Management,” *Harvard Business Review*, October 1, 2005, <https://hbr.org/2005/10/the-hard-side-of-change-management>.

³²⁸ Frank Ostroff, “Change Management in Government,” *Harvard Business Review*, May 1, 2006, <https://hbr.org/2006/05/change-management-in-government>.

of change in fertile grounds.”³²⁹ Start with top performers, those most willing to adopt changes and those positioned most well for success so they can set an example and pull others along showing how it is done and that it is both possible and worthwhile.

One of the biggest challenges to improvements in organizations as laid out by Johnson and Austin is the lack of evidence-based organization culture within various public and social services agencies. These authors lay out three main strategies for doing so: “(a) agency-university partnerships to identify the data to support evidence-based practice, (b) staff training (in the agencies and on campuses) that features problem-based learning approaches to support the introduction and utilization of evidence-based practice, and (c) the modification of agency cultures to support and sustain evidence-based practice.”³³⁰

All of these various experiences and approaches outline the absolute importance of beginning with a clear plan that is broadly agreed on with end goals in mind. While the process is an important part of the change, it is only with the goal of producing results and this must be where the focus lays.

COMMUNICATION

Realizing successful organizational change is difficult, and this is largely because it is complex and is often done against forces of organizational inertia. Baines argues that the type of systemic organizational change that is discussed here cannot be treated as an apolitical set of policy tools, but instead effective communication must be utilized to ensure those affected by the change will realize the broader implications of the proposed transition.³³¹ Changes in funding approaches have been used throughout the OECD in a variety of sectors masked in the cloak of performance or productivity but often with the main goals targeted at cutting spending in one way or another. Nelson argues that one of the keys to success for transitioning to program-based budgeting for the City of Indian Well was actually using this change to promote transparency and accountability. Beyond achieving other goals, by having funding tied to clearly stated metrics and making the information publicly available, the entire process was demystified, and residents and policymakers welcomed the shift rather than resisting it.³³²

³²⁹ Frank Ostroff, “Change Management in Government,” *Harvard Business Review*, May 1, 2006, <https://hbr.org/2006/05/change-management-in-government>.

³³⁰ Michelle Johnson and Michael J. Austin, “Evidence-Based Practice in the Social Services,” *Administration in Social Work* 30, no. 3 (September 25, 2006): 75–104.

³³¹ Donna Baines, “Pro-Market, Non-Market: The Dual Nature of Organizational Change in Social Services Delivery,” *Critical Social Policy* 24, no. 1 (February 1, 2004): 5–29.

³³² Kristen Nelson, “Transitioning to Program-Based Budgeting,” *Alliance for Innovation*, August 2017, <https://www.transformgov.org/articles/transitioning-program-based-budgeting>.

Communication is the first key to successful change outlined by Kezar as she says it is important to begin by mobilizing, which she suggests includes; “develop initial awareness of the need for change (data); create vision; galvanize support for change through discussion; mobilize leadership and collective action.”³³³ This communication is key to winning over stakeholders. Ostroff concludes there will be many stakeholders and theoretically you need to speak to and convince all of them, but to be effective you should focus your energy and resources on the biggest, most important, most directly implicated ones who can act as leaders in pulling in the rest. His findings suggest that usually around one quarter of stakeholders will be receptive to change, one quarter resistant and about half on the fence.³³⁴ Thus, while beginning with a sound strategy and plan is the most important first step, effectively communicating this plan becomes just as important for successful transition.

PHASED-IN APPROACH

Intense occupational stress has a clear negative correlation to organizational change. The more stressed organizations are in general, the less willing they will be to change and hence less successful they will be at effectively implementing changes.³³⁵ Newman looks at the case of ex-Soviet countries following the end of the Cold War. Communism disappeared quickly, but it took time for new mechanisms to take hold in its place as there were so many structural and foundational changes going on around the entire system which inhibited effective change happening quickly. These major changes are what she refers to as institutional upheaval, characterized by fundamental change to norms, values, and assumptions underlying economic activity. Major changes like this are difficult to accomplish until the institutional context becomes predictable and stable which must include a “social consensus [...] about the new values, norms, and assumptions that will underpin economic activity.”³³⁶

Successful change must be sufficiently radical to break away from organizational inertia. Romanelli and Tushman found “supportive results [which] showed that (1) a large majority of organizational transformations were accomplished via rapid and discontinuous change over most or all domains of organizational activity, [and] (2) small changes in strategies,

³³³ Adrianna Kezar, “Bottom-Up and Top-Down Change,” 1, <https://www.usf.edu/atle/steer/events/change-theory-handouts.pdf>.

³³⁴ Ostroff, “Change Management in Government.”

³³⁵ Maria Vakola and Ioannis Nikolaou, “Attitudes towards Organizational Change: What Is the Role of Employees’ Stress and Commitment?,” *Employee Relations* 27, no. 2 (January 1, 2005): 160–74.

³³⁶ Karen Newman, “Organizational Transformation during Institutional Upheaval,” *The Academy of Management Review* 25, no. 3 (July 2000): 616.

structures, and power distributions did not accumulate to produce fundamental transformations.”³³⁷ Each step of the change process must be something that is proactively planned for and managed. This means creating readiness within the organization, not simply waiting for change to be welcomed with open and ready arms.

Part of the gauging of readiness is assessing how much change the organization is ready for and how quickly. This should also be an ongoing assessment with constant monitoring as the change is implemented. The Council of Ontario Universities suggests this should often take a phased-in approach that, for PBF for example, sees a smaller percentage of funding being tied to performance at first that grows over time. Other cases have used a ‘learning year’ where you can work with providers to model what the new approach would have looked like had it been implemented. Another method has been a funding protection mechanism so that in any individual case funding can only shift by a limited amount in any given year. It can be beneficial to have user-friendly modeling tools to allow providers to estimate and plan for changes in funding.³³⁸

For the City of Los Angeles’ transition to performance-based budgeting this took the form of a phased in approach along with pilot programs for two city departments. As the program develops and depending on political realities as it progresses these two departments can be used as blueprints for expansion. The plan consists of seven performance-based budget elements, and for the phased-in approach only the first two will be implemented with the following five left as options for future planning. The two were 1- redefining the city’s organization structure around outcomes and 2- creation of a performance measurement process. The two pilot projects implement all seven budget elements to show what that would look like in practice to make broader decisions about the final five steps moving forward. They foresee needing a dedicated full-time equivalent (FTE) position as well as existing positions throughout departments to help with the ongoing transition process.³³⁹

Looking at the United Kingdom National Health Service, McNulty and Fergie ask, ‘do large scale changes work?’ What they found was fairly complex as trying to change everything at once often does not work and

³³⁷ Elaina Romanelli and Michael Tushman, “Organizational Transformation as Punctuated Equilibrium,” *The Academy of Management Journal* 37, no. 5 (October 1994): 1141.

³³⁸ Council of Ontario Universities, “Performance-Based Funding,” December 2013, <https://www.deslibris.ca/ID/241617>.

³³⁹ Harvey Rose Associates, LLC, “Blueprint for a Transition to Performance-Based Budgeting for the City of Los Angeles (Los Angeles, CA) | Government Innovators Network,” (2011), <https://www.innovations.harvard.edu/opex/reports/blueprint-transition-performance-based-budgeting-city-los-angeles-los-angeles-ca>.

can have adverse consequences. Meanwhile incremental change can be held back by the existing parts of the organization which are still working in the old ways. Ultimately incremental change is seen as best when it is done in a way to have change in blocks sufficient enough to break organizational inertia, without trying to force through too much at once and creating unproductive stress.³⁴⁰

LEADERSHIP/SUPPORT

Strong and competent leadership starting from the top is a key success factor for effective organizational change. In a public sector context, Hornstein posits that this means political support from upper levels of government first, but also important is effective leadership throughout the rank and file as well. This leadership must foster creativity, partnerships and empowerment.³⁴¹ Tams argues successful change starts at the top—the CEO must be fully invested and a champion of the change. Ramanelli and Tushman had findings that similarly demonstrated successful transformations were heavily influenced by CEOs.³⁴² Leadership is key to institutionalizing the change and ensuring it is meaningful and lasting. To do so Kezar suggests leaders must “disseminate results; review; commit; persist.”³⁴³

The Council of Ontario Universities have also found that beyond leadership at the top, it is important to provide transitional support at the ground level for successful change to be realized.³⁴⁴ To do so Lawler and Foster argue data should be managed by a party outside of the providers as providers might lack skills, technology, methodology etc. to do so and it can add an extra burden during transition. It is important and necessary to lay out strict guidelines for the program relating to monitoring, reporting etc. However, once implemented having flexibility and latitude is important for keeping the end goals in sight rather than focusing on the process. Acknowledge perverse incentives and try to account for them.³⁴⁵

³⁴⁰ Terry McNulty and Ewan Ferlie, “Process Transformation: Limitations to Radical Organizational Change within Public Service Organizations,” *Organization Studies* 25, no. 8 (October 1, 2004): 1389–1412.

³⁴¹ Henry Hornstein, “Successes and Potential Obstacles to Change Management in the Public Service,” (November/December 2010).

³⁴² Romanelli and Tushman, “Organizational Transformation as Punctuated Equilibrium.”

³⁴³ Kezar, “Bottom-Up and Top-Down Change,” 1.

³⁴⁴ Council of Ontario Universities, *Performance-Based Funding*.

³⁴⁵ Patrick Lawler and Jessica Foster, “Making Performance-Based Contracting Work for Kids and Families,” *Community Development Investment Review*, (April 2013): 142, <https://www.frbsf.org/community-development/files/making-success-work-kids-families.pdf>.

PLAN FOR CHALLENGES

Organizational change is often centred on some form of funding approach. When actors within the organization hear of change the first thing they will consider is ‘am I going to lose funding/resources as part of this change?’ Therefore, it is important to be open about these types of challenges and part of this will be the possibility of unforeseen costs in the implementation process of change. The Council of Ontario Universities reports that one of the gaps that exists in transition literature is the degree of unexpected costs associated with data tracking, developing learning capacity, initiatives to import performance and results evaluations.³⁴⁶ Some states have used a “stop-gap” or “stop-loss” mechanism for the first year of transition to ensure that no providers are less well-off due to change implementation and any unforeseen costs which helps create a soft landing.³⁴⁷ Similarly the Ontario Ministry of Advanced Education and Skills Development suggests that, as transition can be so costly colleges should receive one-time funding for restructuring costs associated with new funding formulas.³⁴⁸

There will inevitably be many challenges and concerns, and any resistance to change must be listened to and effectively addressed, argues Hornstein, not ignored.³⁴⁹ No one will be under any illusions that any attempt at change will be perfect either with the new policy or with the transition process. It will be beneficial to all to openly address any perceived weaknesses, perverse incentives, extra costs, additional efforts required etc. in order work toward solutions collectively. Rather than have issues build up quietly and fester, developing responses to them head on will maximize successful change and transition.

Finally, the literature highlights two important considerations: formal organizational structure depicting how the plan ought to look like, and the informal organization design, how it actually looks in practice. This basically suggests that a perfect plan can be drawn up with an expert communication strategy for an ideally phased in approach, but in practice the transition will be met with unexpected challenges. It is important to keep the ‘ideal’ version plan in mind, while remaining flexible and having contingencies built in throughout. Keys to a successful approach for doing so include developing an administrative system for delegating duties, establishing oversight mechanisms and using metrics to report on performance.³⁵⁰

³⁴⁶ Council of Ontario Universities, *Performance-Based Funding*.

³⁴⁷ Janice Friedel et al., *Performance-Based Funding: The National Landscape*, 2013.

³⁴⁸ Ontario Ministry of Advanced Education and Skills Development, “College Funding Model Reform Consultation Summary: What We Heard,” July 2016, 21.

³⁴⁹ Henry Hornstein, “Successes and Potential Obstacles to Change Management in the Public Service,” (November/December 2010).

³⁵⁰ OpenStax, “Organizational Structures and Design,” in *Principles of Management* (OpenStax, 2019), <https://opentextbc.ca/principlesofmanagementopenstax/chapter/organizational-structures-and-design/>.

Considerations for FNCFS transition strategy

A review of the key success factors for the effective management of change provides some guidance for the transition strategy for a new performance framework, approach to measurement and funding models for FNCFS. Credible strategies and plans, effective communications, phased/gated approaches, leadership and on-going support will all be key components to a successful implementation. However, any approach to transition would have to be done in the context of First Nations needs and aspirations. It will be incumbent on First Nations' leadership and child welfare professionals to take the lead on transition and to integrate the findings of transition management research with their own wise practices and traditions.

Transition to the proposed future state is rooted in the vision expressed in the *Measuring to Thrive* framework. This approach emphasizes holistic well-being through children, families, and their communities. The focus on results is a departure from the current state that is segmented by activity streams (i.e. maintenance, protection, prevention). In the *Measuring to Thrive* vision, holistic well-being is pursued by recognizing need and contextual realities are not neatly segmented into policy areas. Instead, they must be understood and addressed as interconnected elements informing outcomes.

Funding approaches incentivize action. The current FNCFS system is driven by protection, with agency budgets correlating near perfectly with the number of children in care. It stands to reason that changing funding parameters would influence operations, programming, governance, and eventually, results. On an interim basis, there is evidence of such change with the supplementary investments from the CHRT ruling. Many agencies are enhancing prevention programming, building their staff teams, and developing evaluation and quality assurance practices. Elements of a future state have emerged from the CHRT exercise.

Transitioning from the current state to the proposed future state will require changes in performance measurement, funding practices, and governance. The future state represents a significant change in practice for agencies, First Nations and ISC. Built from the bottom-up with attention to need and realities on the ground, the proposed future state is informed by practice and lived experiences.

While the transition from the current to the future state will not happen overnight, there are contextual factors that will enable change. The CHRT's initial and subsequent rulings have driven change on an interim basis by increasing funding and requiring system reform. Complementing the openings provided by the CHRT are the legislatively defined

principles of substantive equality, a culturally informed approach, and the best interests of the child encapsulated in *An Act respecting First Nations, Inuit and Métis children*, on which to build change in the provision of child and family services. With the current context enabling change, First Nations, FNCFS agencies, ISC, and provincial governments have an important opportunity to take decisive action to chart a path forward for thriving First Nations children, families, and communities, rooted in holistic well-being.

TABLE 18: Transition considerations for FNCFS.

		Immediate action (3–6 months)	Short-term action (6–9 months)	Medium-term action (9–12 months)	Long-term action (1 year +)
Organization	Agency Type 1	<ul style="list-style-type: none"> Engage First Nations served Select team (or prepare to hire staff if required) to implement Measuring to Thrive framework Collect past 5–7 years of expenditure and program data for review and preparation for transition 	<ul style="list-style-type: none"> Consider serving as transition pilot agency Identify capital assets (for recommended needs assessment) Mock-up internal assessment of new funding approach, i.e. estimate new budget Determine data availability and requirements for Measuring to Thrive data needs Review human resource plans and necessary changes for new funding approach 	<ul style="list-style-type: none"> Begin regular data collection for Measuring to Thrive framework Prepare for fiscal year with new funding arrangement and reporting structure Note challenges in transition Collaborate with secretariat 	<ul style="list-style-type: none"> Note and suggest changes to Measuring to Thrive framework Support other agencies and First Nations transitioning to new approach Collaborate with secretariat
	Agency Type 2	<ul style="list-style-type: none"> Engage First Nations served Plan hiring for Measuring to Thrive framework integration Identify needs (human resources, contextual factors) to support transition Begin collecting expenditure and program data for review 	<ul style="list-style-type: none"> Consider serving as transition pilot agency Mock-up internal assessment of new funding approach, i.e. estimate new budget Determine data availability and requirements for Measuring to Thrive data needs Review human resource plans and necessary changes for new funding approach 	<ul style="list-style-type: none"> Identify capital assets (for recommended needs assessment) Prepare for fiscal year with new funding arrangement and reporting structure Note challenges in transition Collaborate with secretariat 	<ul style="list-style-type: none"> Begin regular data collection for Measuring to Thrive framework Note and suggest changes to Measuring to Thrive framework Collaborate with secretariat

		Immediate action (3–6 months)	Short-term action (6–9 months)	Medium-term action (9–12 months)	Long-term action (1 year +)
Organization	Agency Type 3	<ul style="list-style-type: none"> Begin collecting expenditure and program data for review 	<ul style="list-style-type: none"> Engage First Nations served Identify needs (human resources, contextual factors) to support transition Collaborate with secretariat 	<ul style="list-style-type: none"> Mock-up internal assessment of new funding approach, i.e. estimate new budget Determine data availability and requirements for Measuring to Thrive data needs Review human resource plans and necessary changes for new funding approach Collaborate with secretariat 	<ul style="list-style-type: none"> Identify capital assets (for recommended needs assessment) Prepare for fiscal year with new funding arrangement and reporting structure
	Agency Type 4	<ul style="list-style-type: none"> Begin collecting expenditure and program data for review 	<ul style="list-style-type: none"> Engage First Nations served Identify needs (human resources, contextual factors) to support transition 	<ul style="list-style-type: none"> Mock-up internal assessment of new funding approach, i.e. estimate new budget Collaborate with secretariat 	<ul style="list-style-type: none"> Review human resource plans and necessary changes for new funding approach Prepare for fiscal year with new funding arrangement and reporting structure Identify capital assets (for recommended needs) Collaborate with secretariat
	ISC	<ul style="list-style-type: none"> Launch capital needs assessment Define recommendation for funding approach change Explore data architecture change for FNCFS within the department 	<ul style="list-style-type: none"> Support recommendation for funding approach change through cabinet Office of the Chief Financial, Results, and Delivery Officer and FNCFS program teams to guide architecture change within department Reset internal practices to align to new funding structure; adjust HR structure as needed Work collaboratively with pilot FNCFS agencies to implement new funding approach 	<ul style="list-style-type: none"> Prepare for interim evaluation of funding approach and data collection practices Liaise with pilot FNCFS agencies on interim progress of results framework and data collection Prepare for transition to new funding approach for first fiscal year 	<ul style="list-style-type: none"> Evaluate funding approach and results framework
	Secretariat	<ul style="list-style-type: none"> ISC to fund establishment of secretariat NAC as board of directors, to hire executive director of secretariat 	<ul style="list-style-type: none"> Engage with NAC as feedback mechanism/ advisory board Hire staff Define work plan for supporting agencies and First Nations 	<ul style="list-style-type: none"> Work collaboratively with pilot FNCFS agencies to monitor Measuring to Thrive framework results Engage in operational support activities 	<ul style="list-style-type: none"> Adjust activities as needed Receive and assess initial/draft results from Measuring to Thrive framework

Linkages to the performance framework

As a new and improved performance framework, Measuring to Thrive will offer perspective on the well-being of First Nations children, families, and communities, in keeping with the principles of **substantive equality**, the **best interests of the child**, and a **culturally-informed approach**.

The Measuring to Thrive framework is intended to connect evidence, to funding, and outcome assessment. Designed to initially define a baseline for First Nations and FNCFS agencies, the framework will pinpoint challenge areas, and offer an evidence-focused means of readjusting their plans and priorities. The framework is intended to define two-way accountability between the federal government as funder and the agency as service provider.

This approach aligns to the Treasury Board's policy on results and marks a significant change from current practices. Rather than reporting on inputs, such as the number of children in care or the number of times a child moves in care, the framework will focus on how children, families and communities are faring through contextually-relevant and culturally informed indicators. Rather than collecting information and reporting on program basis (and largely on inputs), the Measuring to Thrive framework captures information at the level of the individual child, family and community and aggregates the findings to understand overall well-being.

Adapting to this performance approach will require major reform within ISC's approach to program management. Performance indicators and programs would no longer be understood in silos, but as an integrated whole. For FNCFS agencies and First Nations, there would be requirements to adopt data collection practices, connecting qualitative and quantitative information from various sources. FNCFS agencies and First Nations would not be alone in this journey. Through the consultation process, NAC and the project working group, it is recognized that some agencies and First Nations already collect and analyze their own data and may be prepared to adapt to the new approach with ease. Others, however, will require additional support and resources. A First Nation-led secretariat, with a mandate for data collection, analysis and operational support, will be a critical source of information, analytical tools and knowledge, available to work with agencies and First Nations in transitioning to this new approach.

Service delivery

FNCFS protective and prevention services are primarily delivered by agencies with varying mandates and levels of delegation (for interventions and removal). Jurisdictions governing CFS tend to define

functions and parameters of service delivery in legislation.³⁵¹ Agency staff tend to be social work professionals with the skills and training for the specialized care at times needed by children, families, and communities.

There are existing networks of practice in social work, provincial legislation, and codes of ethics that help to guide actions and decisions. At the provincial level, Colleges of Social Workers are the regulatory bodies that govern the profession, with other associations engaging in advocacy. For instance, in British Columbia, the British Columbia College of Social Workers (BCCSW) oversees the practice of social work, through an entry to practice exam, regulations (standards of practice and a code of ethics), a Continuing Professional Development Programs and processing complaints against Registered Social Workers.³⁵² The British Columbia Association of Social Workers (BCASW) supports members, works to strengthen social work practices, and advocates for social justice. At a national level, the Canadian Association of Social Workers (CASW) has a Code of Ethics and guidelines for ethical practice. CASW also assesses the credentials of social workers trained abroad, and offers professional development opportunities, and resources for social workers, among other responsibilities.³⁵³

One of the primary aims behind the professionalization of social and health services is improving the quality of care received by clients, for this reason different measures including clinical guidelines are implemented.³⁵⁴ Broadly, research demonstrates that properly developed evidence based guidelines minimises potential harms.³⁵⁵ Researchers have also demonstrated the benefits of evidence-based practice (EBP) within Child Welfare Services, and how social workers could implement an EBP framework.³⁵⁶

In the United States (US), there is a history of partnerships between the US Children’s Bureau, state child welfare agencies and schools of social work within public and private universities. These partnerships

³⁵¹ See for instance, *Ontario’s Child, Youth and Family Services Act*; *Saskatchewan’s The Child and Family Services Act*; *Alberta’s Child, Youth and Family Enhancement Act*; and *British Columbia’s Child, Family and Community Services Act*.

³⁵² BC College of Social Workers, “A Summary of the Differences Between Membership with the BCASW and Registration with the BCCSW,” accessed on August 12, 2020, <https://bccsw.ca/wp-content/uploads/2019/06/Chart-of-BCASW-and-BCCSW-May-28-2019.pdf>.

³⁵³ CASW, “What we do,” accessed on August 11, 2020, <https://www.casw-acts.ca/en/about-casw/what-we-do>.

³⁵⁴ Steven Woolf, “Potential benefits, limitations, and harms of clinical guidelines,” *BMJ*, vol 318, (February 20, 1999): 527.

³⁵⁵ Steven Woolf, “Potential benefits, limitations, and harms of clinical guidelines.” (1999): 527.

³⁵⁶ Richard Barth, “The Move to Evidence-Based Practice : How Well Does it Fit Child Welfare Services?,” *Journal of Public Child Welfare* 2, vol. 2 (2008): 145–171.

have led to the development and professionalization of public child welfare services.³⁵⁷ The federal government has committed to increasing the number of social workers within public child welfare services. The underlying belief is that employing more qualified social workers will improve service delivery.³⁵⁸ When assessing the US approach, research has found that “children whose caseworker held a social work degree were more likely to have their situations investigated, to have their abuse substantiated, to be placed in the home of a relative, to have fewer moves during foster care, to experience more visits with family while in care, and to be placed in adoptive homes.”³⁵⁹ A 2012 study found that social workers reported knowing more about community resources, and felt more skilled at creating service plans than their non-social worker counterparts. The same study found that within agencies, retention rates after three years were significantly higher for social workers than for non-social workers.³⁶⁰

The benefits of professional delivery of CFS are established, but not free of bias. Research demonstrates the influence of racial bias in professional decision-making. One study suggests that “race is a primary determinant of the difference in decision-making outcomes among child welfare professionals and collaborating systems.”³⁶¹ Furthermore, families of colour express the need to have people who look like them representing their voices in child welfare decision-making.³⁶² Some social work associations, such as the National Indian Child Welfare Association (NICWA), focus on representing racialized communities. NICWA’s programming centres around structural risks and strengthening the holistic well-being of American Indian/Alaska Native children in the US.³⁶³

³⁵⁷ Maria Scannapieco, Rebecca L. Hegar, Kelli Connell-Carrick, “Professionalization in public child welfare: Historical context and workplace outcomes for social workers and non-social workers,” *Children and Youth Services Review*, 34, (2012): 2170.

³⁵⁸ Maria Scannapieco, Rebecca L. Hegar, Kelli Connell-Carrick, “Professionalization in public child welfare: Historical context and workplace outcomes for social workers and non-social workers,” *Children and Youth Services Review*, 34, (2012): 2171.

³⁵⁹ Barbee et al., (2009) cited in Maria Scannapieco, Rebecca L. Hegar, Kelli Connell-Carrick, “Professionalization in public child welfare: Historical context and workplace outcomes for social workers and non-social workers,” *Children and Youth Services Review*, 34, (2012): 2172.

³⁶⁰ Maria Scannapieco, Rebecca L. Hegar, Kelli Connell-Carrick, “Professionalization in public child welfare: Historical context and workplace outcomes for social workers and non-social workers,” *Children and Youth Services Review*, 34, (2012): 2174–2176.

³⁶¹ Keva Miller, Katharine Cahn, E. Roberto Orellana, “Dynamics that contribute to racial disproportionality and disparity: Perspectives from child welfare professionals, community partners, and families,” *Children and Youth Services Review*, no. 34, (2012): 2202.

³⁶² Keva Miller, Katharine Cahn, E. Roberto Orellana, “Dynamics that contribute to racial disproportionality and disparity: Perspectives from child welfare professionals, community partners, and families,” (2012): 2206.

³⁶³ NICWA, “Our Work,” accessed on August 11, 2020, <https://www.nicwa.org/our-work/>.

Scholars also point to valuing different forms of knowledge and expertise as crucial elements of successful community empowerment work.³⁶⁴ This approach emphasizes the value of experienced local people in providing CFS. There are also studies that highlight the success of community approaches in child welfare.³⁶⁵ David Este, among others, has written on the value of cultural competency within the social work field.³⁶⁶ He notes that most theoretical approaches and practice models are Eurocentric, and hence deny the social and cultural experiences of racialized groups.³⁶⁷ An approach centered around cultural competency recognizes that the values, beliefs and norms of the community receiving services must be taken into account.³⁶⁸ The Canadian Association of Social Workers national code of ethics endorses emphasizing cultural competency at the individual and organizational level.³⁶⁹

Given the realities of racial disparities within the social services sector,³⁷⁰ and the overrepresentation of Indigenous children within the child welfare system; it is critical that best practices in child and family services be adapted to the Indigenous communities they are serving. A community building approach in the context of FNCFS, would help advance the principle of cultural continuity as elaborated in *An Act respecting First Nations, Inuit and Métis children, youth and families*.

There are several Canadian educational institutions that deliver social work programs that emphasize bringing together different forms of expertise to ensure that Indigenous communities are served by culturally competent professional social workers. For instance, the Faculty of Social Work within the University of Manitoba offers a Master of Social Work—Indigenous Knowledges Program.³⁷¹ This program ensures that social work education, as well as practice skills are rooted in Indigenous

³⁶⁴ Brown et. al., 2002 cited in Alexandra Wright, “A Review of Best Practices in Child Welfare,” accessed on August 11, 2020, page 16, <http://www.phoenixsinclairinquiry.ca/exhibits/exhibit42.pdf>.

³⁶⁵ Alexandra Wright, “A Review of Best Practices in Child Welfare,” accessed on August 11, 2020, page 17, <http://www.phoenixsinclairinquiry.ca/exhibits/exhibit42.pdf>.

³⁶⁶ David Este, “Cultural Competency and Social Work Practice in Canada: A Retrospective Examination,” *Canadian Social Work Review* 24, no. 1, (2007): 94.

³⁶⁷ David Este, “Cultural Competency and Social Work Practice in Canada: A Retrospective Examination.”

³⁶⁸ David Este, “Cultural Competency and Social Work Practice in Canada: A Retrospective Examination,” 94.

³⁶⁹ David Este, “Cultural Competency and Social Work Practice in Canada: A Retrospective Examination,” 94.

³⁷⁰ Keva Miller, Kathatine Cahn, E. Roberto Orellana, “Dynamics that contribute to racial disproportionality and disparity: Perspectives from child welfare professionals, community partners, and families,” 2201–2207.

³⁷¹ University of Manitoba, “MSW-IK Program,” *Faculty of Social Work*, accessed on August 11, 2020, https://umanitoba.ca/faculties/social_work/programs/fort_garry/943.html.

ways of knowing and being. One of the objectives of the program is “[t]o maintain a close connection with Indigenous communities and agencies in the delivery of the program.”³⁷² Laurentian University also has an accredited degree in Indigenous Social Work (which can lead to registration and licensing from the provincial social work body). The program includes two field education placements and focuses on Anishnaabe traditional teachings.³⁷³

Other institutions, like Yellowhead Tribal College and the University nuhelot’jine thaiyots’j nistameyimâkanak Blue Quills, also use educative approaches to ensure the cultural competence of community social workers.³⁷⁴ The Yellowhead Tribal College was established by the Yellowhead Tribal Council and operates in Treaty 6 territory to serve its four member nations. The college offers an Indigenous Social Work Diploma. The program is founded on Indigenous knowledge that also examines Western concepts and approaches.³⁷⁵

As agencies and First Nations continue to engage in and explore the delivery of FNCFS, professional practice to support children, families and communities, legal liability for practice, and the centrality of cultural context should be carefully considered.

Funding practices

The proposed changes to the funding architecture are intended to enhance practice on the ground, through sustainable, reliable, flexible and consistent funding. The approach would also benefit the federal government as funder, by enabling a longer-term planning horizon, with the allocation and reporting of public funding tied to results. Effective outcomes for First Nations children, families, and communities are not incompatible with sound public finance practices and are, in fact, underscored in the business case for the proposed approach. Case studies will highlight the benefits of new funding approaches as well as the strategic consideration of transition to a future state.

³⁷² University of Manitoba, “MSW-IK Program,” Faculty of Social Work, accessed on August 11, 2020, https://umanitoba.ca/faculties/social_work/programs/fort_garry/943.html.

³⁷³ Laurentian University, “Indigenous Social Work,” accessed on August 11, 2020, <https://laurentian.ca/program/Indigenous-social-work>.

³⁷⁴ University nuhelot’jine thaiyots’j nistameyimâkanak Blue Quills, “Diploma of Social Work,” accessed on August 11, 2020, <http://www.bluequills.ca/social-work/>.

³⁷⁵ Yellowhead Tribal College, “Indigenous Social Work Diploma,” accessed on August 11, 2020, <https://ytced.ab.ca/programs-courses/programs/indigenous-social-work/>.

West Region Child and Family Services (WRCFS) block pilot in the early 1990s, offers important lessons on transition, the value of leveraging internal data for planning and practice development, and the importance of addressing the *causes of the causes* in child and family services for better results and improved alignment of resources to outcomes.

Existing funding policies and guidelines impeded WRCFS from delivering services that could mitigate risk to children, and, where children did come into care, promote cultural and relationship permanency for the children. Based on the analysis that WRCFS had done on children in care and historical spending patterns, WRCFS believed that it was feasible to move to a block fund. It was the Agency's position that with the ability to be more flexible, there were some immediate savings that could be realized in maintenance spending, thereby leaving funds that could be diverted for prevention/alternative programs and services without additional funds.

While there were risks involved, the Agency's analysis and risk mitigation strategies indicated that the benefits of capping maintenance were greater than the risks. The WRCFS pilot project began in fiscal year 92/93. Initially to run for one year, the pilot project was renewed on an annual basis until fiscal year 10/11.

The first and second quarter of the first fiscal year were devoted primarily to transitioning the Agency operations and staffing to what was envisioned as possible under a block funding arrangement. During the first six months of this first year, the Agency collected, reviewed, and analyzed data about the children in care and the costs of child maintenance in prior years.

The block fund allowed the Agency to expand the definition of children-in-care to include children *in need* of care, and so provide robust family support services aimed at keeping children in their own home. Without the flexibility offered by the block funding, such family support services would not have been possible.

It was one of the key advantages of block funding that the Agency was able to provide services to address child safety concerns without having to place the child in formal out of home care. With the provision of the various community prevention and regional programs, as well as individual supports provided to a family and/or child, the Agency was able to reduce the children in care through reunification back with family, reducing the length of time a child spent in out of home care, and/or avoiding placement in care in the first instance.

With the move to block funding of maintenance, WRCFS agreed to cap maintenance and manage child maintenance expenditures within a set block of money. The agency succeeded in diverting funds to alternative preventive programs and services, with a determination to ensure child safety was upheld.

To achieve the change in practice, considerable changes in attitude, policy, and practice at all levels of the agency were required. Equally, or perhaps more, critical to success was the need to have community engagement and support in making this shift (see [Appendix R](#) for a more detailed assessment of the WRCFS experience).

Lessons from Tennessee

The State of Tennessee's approach to child welfare is premised on the goal of timely permanency for children (either through family reunification or adoption). By reducing the length of stay of a child in care, there are improved outcomes for the child and lower associated costs.

To achieve the goal of permanency, Tennessee adopted a performance-based contracting (PBC) model. In this model, providers are financially incented to promote the permanent placement of children and are benchmarked against their own performance. The state pays for a result and bills providers that do not meet their agreed targets.

There are three core components to the PBC model:

1. Reduce the length of stay of a child in care;
2. Increase rates of permanency;
3. Reduce rates of re-entry of children into the protection system.

Since its initial implementation in 2006, Tennessee's PBC model has proven to be cost-neutral for the state and has promoted a reduction in the number of children in care.

Tennessee's child welfare system is comprised of state-run apprehension services supplemented by a network of providers. The providers undertake all maintenance, placement, family-support and care services post-apprehension or contact with the child welfare system.

To help to ease the transition process, Tennessee paid providers a higher per diem rate per child to help the providers adapt to the change. Once transition was complete, per diems were standardized.

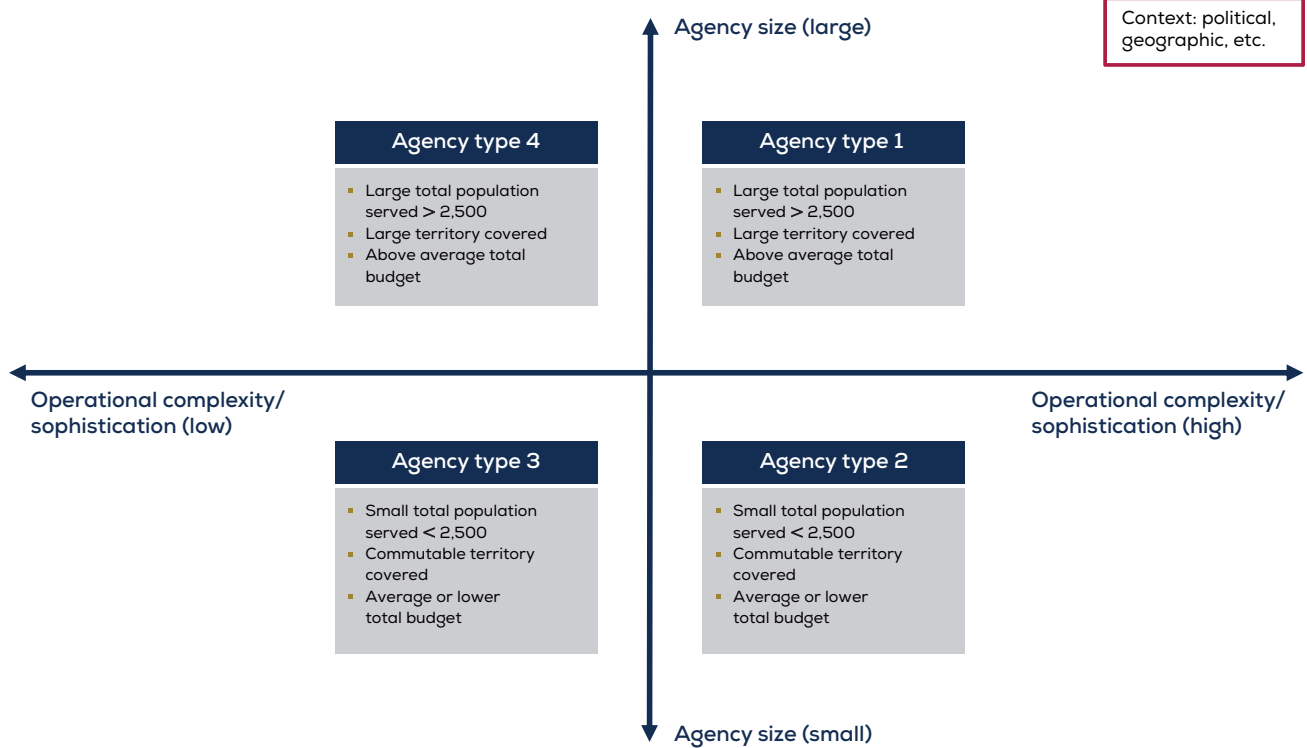
Operating, programming and capital considerations

The foremost concern of any agency in transition will be to the well-being of the children, families and communities in need of their support. Agencies and First Nations have different points of departure based on their individual contexts, geographies, political realities, etc. Transition would be informed by these realities, with the experiences of each agency and First Nation different than that of others.

Agency size, budget, and mandate complexity inform activities and approaches. Consistently, FNCFS agencies have demonstrated adaptability to changing circumstances in communities and in resource/funding changes. This adaptability is informed by the scale and circumstances of the agency. This suggests that: operational sophistication/complexity and agency size and/or mandate complexity appear to be primary factors in managing change. Operational consistency, i.e. knowing your 'business' and having existing policies, practices and procedures, can help to navigate change. Agency complexity, i.e. having a multi-faceted mandate or serving a large population, will inform the resources required to manage change.

Recognizing that there are different points of departure, an agency's **size** (based on the total population served) and its **operational complexity** will shape its management of transition. Based on the series of case studies developed for this report, four typologies of agencies are identified (Figure 66).

FIGURE 66: Agency typologies based on size and operational complexity.



An agency may have one or all of the characteristics in the category. The typologies are meant to be illustrative and not exhaustive, to capture core considerations in transition. Large agencies tend to have above average total budgets, which means higher numbers of staff, and typically, a degree of operational flexibility, owing to scale, to reallocate resources based on changing circumstances. Furthermore, large agencies tend to bring various services in-house for cost-savings and efficiency. From finance and human resource expertise, to quality assurance departments, large agencies tend to exhibit operational independence. By contrast, small agencies will have a higher fixed cost of doing business, as their expenses cannot be spread across a larger population. To this end, some smaller agencies have expressed the utility of leveraging back-office supports from their band councils. From human resource support to space, small agencies may not need or have the flexibility in their budgets to acquire a complete suite of internal structures and services.

Transition for large and small agencies must be clearly defined in financial, performance and governance terms. It is expected, however, that any change in funding approach and performance framework would require notice, clear information, consultation, and a phased approach. Agencies and First Nations cannot be expected to change courses instantly on child and family services, but as the cases of WRCFS and the State of Tennessee suggest, transition with appropriate pre-planning, data, and leadership can be successful.

While the way large and small agencies may manage their operations and manage changes may differ, there are common lessons from the case studies that are universally applicable. Resources and time are necessary to undertake impact analyses and plan the human, financial, and governance implications of changing a funding approach and performance structure. Unforeseen challenges, such as the COVID-19 pandemic, natural disasters, or mental health crises, can impact planning. While these challenges cannot always be foreseen, strategies for risk management and resiliency building can be additive for agencies and First Nations. As the case of DOCFS demonstrates, an emergency plan for the mobilization of human and financial resources can be applicable to various emergency and unanticipated situations.

In normal and exceptional times, agency staff are essential to delivering mandates and navigating complex circumstances. Carrier Sekani Family Services (CSFS) has empowered its staff to innovate, test, fail and succeed in their programming and services. While not all agencies will be large enough to sustain a communications department, CSFS depends on outreach across various platforms to engage communities and staff in agency activities. During transition, regular, consistent and clear communication with staff and First Nations will be essential. When faced with their own internal changes, Mashteuitsch engaged staff in regular planning sessions. Their working groups that required the integration and collaboration of various sectors and departments, carried into the new organizational model.

Leadership is an essential component of operational success and transition. Agencies that have competent, respected leaders tend to build cohesive staff teams. The culture the leader helps to instill in the organization can motivate and encourage staff. Executive directors seldom promote their own work. Their staff however, are quick to remind that their leadership style is a decisive factor for the agency's culture.

Transitioning to a model that leverages data and evidence for decision-making requires leadership and vision. Kw'umut Lelum's experience demonstrated that a *focus on outcomes must be accompanied by clear lines of accountability, requisite human capital, IT and data resources*. The agency's appreciation for relevant data focused at the level of the child and their community, supports the development of needs-based programs built from the bottom-up. From budgets to programs, Kw'umut Lelum is building real-time portraits of its communities, their needs and what works for them, through an outcomes-focused data system.

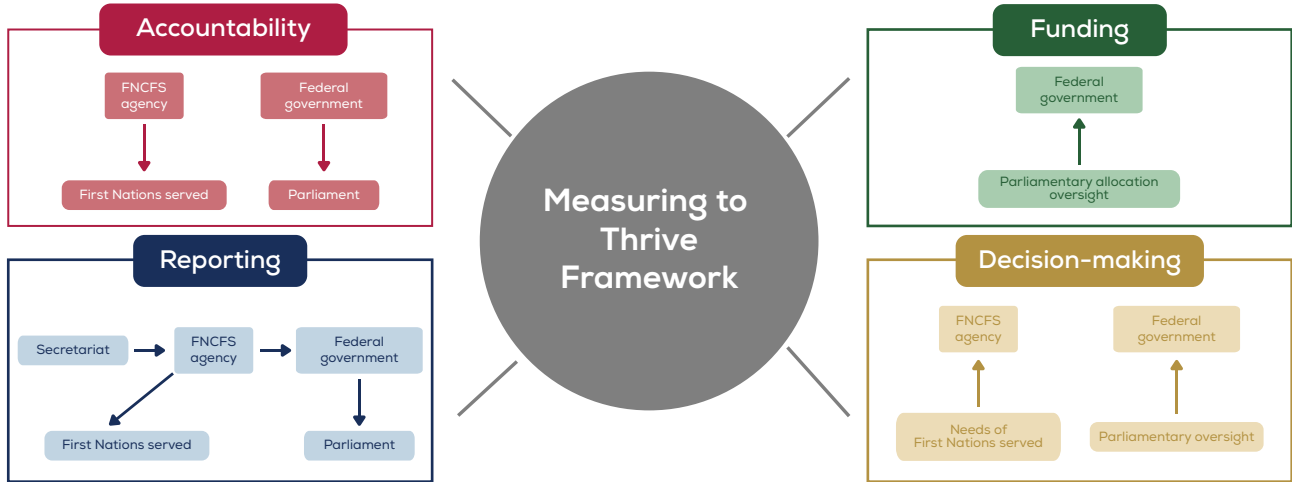
Governance

Transitioning to a bottom-up funding approach and performance framework informed by the lived realities of First Nations children, families and communities, will impact existing governance and accountability practices (Figure 67).

For the federal government, accountabilities for funding and its associated reporting obligations to Parliament will remain consistent. What will change are internal linkages among results for children, families, and communities, and funding for FNCFS. The FNCFS program will no longer be siloed, but understood horizontally with connections between the core elements of the framework.

In the current state, most First Nations and FNCFS agencies follow provincial child welfare laws, especially, for protective services. The majority (if not all) funding for FNCFS on-reserve comes from the federal government. Ontario’s agencies are an outlier, with funding governed by the Ontario 1965 Agreement. While provinces are not expected to be immediately impacted by funding and performance framework changes, they may benefit from leveraging the integrated approach.

FIGURE 67: Governance overview.



The engagement of First Nations and band councils in transition is inextricably linked to its success. Various case study agencies identified practices and approaches to engage First Nations, particularly during times of change. WRCFS, for instance, introduced regular briefings on its block pilot and built community-based teams, to support prevention activities.

NOGDAWINDAMIN ONTARIO

Nurture your community; plant the seed of wellness.

Nogdawindamin is a large agency, with strong reporting and evaluation practices, that focuses on prevention across policy areas. The agency demonstrates a professional approach to administration, with strong leadership. Its data-driven approach is an integral component of its model. Engaging with communities is essential for sustainability, programming relevance, and for building trust in the organization.

Context

Established in 1990 as a prevention-focused service organization, Nogdawindamin expanded in 2017 to become a fully provincially designated First Nation child and family services (FNCFS) (Society) agency. Culture informed its founding, with grandmothers rallying to put forth a community-focused vision of wellness by strengthening families through their communities.

The tradition of strong community engagement continues today. Nogdawindamin has grown its practice to leverage the knowledge of elders and community leaders to support the seven First Nations it serves.

Nogdawindamin has worked to close service gaps in child welfare by deterring families from entering the child protection system. Their prevention-focused approach extends beyond child and family services and includes neo-natal care, children's mental health, and cultural programming. The agency has a large quality assurance department that employs 12 staff, it is performance-focused with interval reporting, program-level data, and regular impact and outcome assessments.

Nogdawindamin's success can be characterized by:

1. Professional planning and administration;
2. Community engagement;
3. Space for action (non-interference).

Nogdawindamin in brief

Nogdawindamin's mandate extends across a large geographic area to reach the seven First Nations it serves. The differentiated contexts of these communities require different approaches and considerations in the provision of prevention and protective services.

Programming

Culture as a moral compass

Nogdawindamin considers itself a support organization for communities, as they work to develop their programming. Communities engage on their terms, with some prepared to take on substantive roles, and other's smaller ones. While some First Nations-run their programs, others prefer Nogdawindamin to run them as they do not have the capacity. In its approach to program development, Nogdawindamin works directly with communities to understand needs and takes a collaborative approach to assist to build their capacity.

In Nogdawindamin, culture is considered a tool to help the organization walk with people, to let them know that the agency is there and available anytime they might need help. The approach is about empowering children and families by giving them options, tools, and support.

The Anishnaabe Audziwin Cultural Service Team and Elder Council exemplify the approach. The team intervenes by self-referral or referral by a worker and performs a variety of roles from supporting in times of crisis to ceremonies. Initially established in September 2009, with three employees and a \$250,000 budget, the program today has grown to 33 employees and a \$2.5 million budget. The program's growth reflects the community uptake of the approach. Similarly, the Elder Council is composed of a team of elders who work across 600 km to support and provide guidance as needed.

Jurisdiction and self-determination are carefully guarded by Nogdawindamin. Resources from CHRT (and other sources) have supported Nogdawindamin's prevention-focused approach to care. With the extra resources, Nogdawindamin can stretch conceptions of risk and foster care prevention, to work in the best interest of the child. The trust of communities is high, which enables the approach.

The challenge, however, is that the current funding approach is piecemeal and must sometimes be renegotiated and reinterpreted as staff change in government departments.

Operating

Nogdawindamin has built a quality assurance department for its organization. The team plays an integral role by supporting organizational cohesiveness, using data to ensure programs and

policies are meeting needs, aligning to budgets, and informing short-, medium- and long-term planning.

Data is collected from programs and activities for internal use and analysis to improve policy, planning, and program development. Just as the agency has two parts to its mandate, the quality assurance department has two branches:

1. Prevention: focused on impact assessment and ongoing alignment on service objectives and outcomes.
2. Protection: focused on compliance, auditing, and the application of pre-existing policies.

The focus on data and alignment of activities to organizational goals has facilitated the linkage between expenditures and services. Nogdawindamin regularly leverages the alignment of its charter of accounts to program activities to substantiate its expenditures and disputes on resources with funders. When it comes to protection, children in care undergo quarterly, multi-service assessments to better identify services and supports required for children. Through the process of reviewing and auditing psychotropic medication, enhanced and specialized services have been developed. The result has been a reduction in the prescription of psychotropic medications for children.

Information technology (IT) planning has been central to the organization's growth. As Nogdawindamin expanded, it consciously ensured its hardware and software grew in tandem to meet needs and integrate into operations.

Governance

Nogdawindamin's operations are the responsibility of the Executive Director and nearly 355 hundred staff. The Executive Director maintains regular governance and accountability practices with the First Nations served. Quarterly reports are shared with communities that include service updates and details related to child welfare and well-being. Assist's in the role of regional gatherings for collaboration on services. There is a regular collaboration with First Nation communities and departments of the North Shore Tribal Council, e.g. health, social, etc. to leverage resources and build stronger programming.

The board of directors that oversees Nogdawindamin's activities has played an important role at critical moments for the organization. When Nogdawindamin wanted to assume child welfare designation, the board required that a substantive

prevention budget be maintained to approve the protection mandate. There is always at least one member of the board of directors with a 25-year corporate memory, to help to guide the organization in its decision-making. All directors serve two-year terms and can be re-elected. Board members are appointed and are from the North Shore First Nation Communities and have Indigenous life experiences, which along with their corporate and community knowledge, is instrumental in navigating community politics.

As a result of Nogdawindamin's mandate coming from the communities, the agency has benefited from, a natural trust that affords space for action, without political interference from elected officials. Politicians trust administrators and their competencies at Nogdawindamin and recognize that the burden of accountability for the well-being of children in care resides with the organization.

Lessons and considerations

Nogdawindamin is a large agency, that serves seven communities, with culture as its moral compass, and a budget reflective of its scope and mandate. The robustness of its internal operations would be difficult to replicate without the scale and staff.

The lessons to take away from Nogdawindamin—irrespective of agency or community size—are threefold:

1. A professional administration, with strong leadership dedicated to responsive planning, is crucial for meeting challenges and addressing changes. Data is a crucial component of the approach, with a clear conception of what happens financially and operationally in the organization.
2. Engaging communities is essential for sustainability and the relevance of programming and support. Fostering well-being starts with understanding the people you serve and meeting them on their terms.
3. The space for action is expanded through confidence building. Trust in the organization and its people is essential, especially in matters as personal as child and family services.

The politics of any community can influence its operations. Band councils have different laws and electoral practices, with some changing every two years and others every four years. This can sometimes make it challenging to reconcile faster moving political cycles with medium-term oriented change management strategies. The frequency

of political change and associated decisions can alter relationships and perspectives on various programs and services on-reserve, including FNCFS. While there are agencies that have exhibited strong working relationships with their band councils, other agencies have expressed negative impacts from band council politics, for various reasons, e.g. mistrust of protective services, interest in managing finances, etc. There is a spectrum of relationships between First Nations, band councils, and FNCFS agencies. With *An Act respecting First Nations, Inuit and Métis children* in force, First Nations, band councils, and FNCFS agencies are entering a new dynamic phase of their relationships. In the context of this report, the focus remains on substantive equality, the best interests of the child, and a culturally-informed approach, to support holistic well-being.

Transition support: First Nations-led secretariat

The secretariat will be designed as a First Nations-led dual-mandate organization with responsibilities for data collection, analysis and operational support. It is proposed that such a secretariat be funded by ISC for the benefit of FNCFS agencies and communities.

As the trusted third-party among stakeholders, the secretariat would be a neutral expert organization governed by a board of directors. The secretariat would serve FNCFS agencies and First Nations. Independent from government, the secretariat will not play an advocacy role but rather one focused on evidence generation and operational support (e.g. programming, offering drafting support for child and family services laws for First Nations, etc.)

The secretariat would be a centre for best practices and operational support. With two main branches of activity: 1) data/evidence and 2) operations and programming, the secretariat will serve as a centre of excellence for First Nations and FNCFS agencies in Canada.

Leveraging the proven model and experience of the Center for State Child Welfare Data which resides in Chapin Hall at the University of Chicago, the secretariat will work with service providers to turn data into evidence and to support operational matters. Rather than simply transposing the US approach, a First Nations-led secretariat would be informed by practice and lived experiences of Canadian First Nations and the practitioners that support them.

The secretariat will have an executive director that oversees operations, a director of evidence for child and family services, and a director for operational supports and programming. Each director will have three to

five staff, with the addition of extra research and analysis support should it be necessary. Should the secretariat be affiliated to an existing entity such as the FNIGC or a university, it could leverage the existing overhead services (e.g. IT services, accommodations, libraries, etc.). It is proposed that a budget of \$3 million per annum be set aside for the secretariat and funding provided by ISC.

The board of directors for the secretariat could be NAC or a sub-committee of NAC, with one agency/practitioner representative from each region, one representative from AFN, one representative from the Caring Society, and one from ISC. The board of directors would ensure the transparent operation of the secretariat and fulfillment of its mandate. It would be expected that the board convene quarterly to review progress, practices, and support the executive director in the discharge of their mandate.

DATA AND EVIDENCE

The secretariat would be responsible for supporting the application of the Measuring to Thrive framework. Agencies and their communities will have differing approaches and desired means of achieving the commonly defined goals of well-being. The secretariat will be positioned to support agencies who wish to build their data monitoring and reporting capacities, as well as to support those who have data that needs to be turned into evidence for decision-making. Working directly with agency staff to understand context and current matters, it is expected that a collaborative working relationship would be developed. Agencies would be collaborating with known partners in the secretariat.

It is recognized that agencies have different case management tools and data collection methods in place. The secretariat's role will be to help agencies determine what exists, what can be used, and what changes to data collection practices would best work for them. The Measuring to Thrive framework is about agencies and communities journeying together toward the *North Star* of well-being. It is anticipated that service providers will set their own internal targets relative to the overall Measuring to Thrive framework. Paths and approaches may differ, but all are striving for the same destination.

OPERATIONAL SUPPORTS AND PROGRAMMING

The purpose of this branch would be to support a service provider's internal operations and programming practices.

As an operational resource, the secretariat staff would serve as a 'tiger team' for agencies who need or desire organizational expertise. From

process improvement to job advertisements, the operational side of this unit will be available free of charge for agencies. Especially in the early years of funding approach transition, it is expected that the secretariat will be a crucial resource. For this reason, former agency leadership and experts in management would be helpful resources that the secretariat may wish to retain for the benefit of agencies.

The secretariat will work to develop an inventory of programs and practices that agencies across the country can leverage for their own organizations. From prevention program toolkits to staff training practices, the secretariat would collect the best approaches available, quantify the resources required (human, financial, capital), and would work with agencies who wish to adapt, adopt or implement them. This growing inventory would be a platform for agencies to connect with each other and to learn from each other's experiences. With a well-developed online platform, agencies and First Nations can collaborate and exchange with ease.

Similar to the Center for State Child Welfare Data at Chapin Hall at the University of Chicago, data experts would work with agencies to unpack the trends of the information they are collecting and determine ways of applying the findings to enhance their decision-making.

The information shared by agencies in the 2019 FNCFS survey, indicated that most of the CHRT funding received were applied to prevention programming, capital investments, and salaries and benefits. With the funding supplements for prevention, capital, IT, poverty, and geography now built-in to the funding approach, it is expected that agencies should have the resources they need to discharge their mandates and do more work focused on well-being. With the overall growth of the budget with inflation and population, an agency's revenue parameters will be known and defined to enable an agency to allocate its resources how it sees fit. Agencies will also be able to keep any unused revenue and reapply it to other initiatives or future fiscal years. There should be enough room in the budget to support an agency in the delivery of their mandate and to close known gaps in funding.

The results funding applied to agency budgets would supplement efforts, offer some resources to build or launch a new program, or to serve as one of several contributors to an agency's initiative. **The results top-up is not designed to be a replacement for the core budget.** This funding is for special projects or initiatives to help an agency achieve the goals in the Measuring to Thrive framework. The evidence generated through the agency's data collection and liaison activities with the secretariat can support these activities.

For the first five years of the new funding approach, as agency's transition to block funding, and engage in data collection, a 1% to 5% results top-up to agency total budgets is recommended. This funding supplement would be designed to support agencies as they build data collection and evidence analysis capacity and develop new programming and initiatives to support them in achieving the results of the Measuring to Thrive framework. These additional resources are consistent with *An Act respecting First Nations, Inuit and Métis children, youth and families* to enable service providers to deliver on the core principles of the legislation: to act in the best interest of the child, to promote substantive equality, and to foster cultural continuity.

At the five-year mark, the funding approach will be reviewed in full.³⁷⁶ With data collection associated to the Measuring to Thrive framework, agencies, communities, and stakeholders will have generated evidence to trace the impact of funding on outcomes for children, families and communities. With such evidence in hand, the nature of the results funding can be revisited on an informed basis.

SECRETARIAT STRUCTURE AND GOVERNANCE

The secretariat would join a network of organizations that provide various operational and data supports at national and regional levels to First Nations and supporting organizations (Table 18).

From child and family services to health and social supports, the organizations offer different combinations of programming, governing and data capacity, funded principally by the federal and/or provincial governments. The First Nations Health Authority (FNHA) in British Columbia is an organization without direct peers, as it is accountable for distributing funding for health services to First Nations in the province.

³⁷⁶ A five-year cycle was chosen for the full evaluation to provide a runway for implementation of the new approach. The five-year period is regularly adopted as it crosses standard political cycles (with elections every four years).

TABLE 19: Regional First Nations supporting organizations.

Organization	Mandate	Stakeholders/clients	Governance	Funding source(s)
Manitoba Southern First Nations Network of Care	Mandated by First Nations in Southern Manitoba and through <i>The Child and Family Services Authorities Act (CFSAA)</i> . Along with the three other Child and Family Services (CFS) Authorities, they are responsible for the “establishment and management of a province-wide service delivery system. This includes ensuring that services are delivered to Southern First Nation Citizens throughout the province, as well as people who choose the Southern Network.” ³⁷⁷	Ten member FNCFS agencies. ³⁷⁸	Overseen by a Board of Directors comprised of eight members. ³⁷⁹ Operations are run by the CEO and Management Team. ³⁸⁰	Manitoba provincial government. ³⁸¹ Project funding from Indigenous Services Canada, ³⁸² and certain initiatives, including “Restore the Sacred Bond,” are funded through private investors. ³⁸³
First Nations of Northern Manitoba Child and Family Services Authority	Supporting and empowering FNCFS agencies in Northern Manitoba with the overarching aim of enhancing family well-being. ³⁸⁴	Seven member FNCFS agencies.	Governed by a board of directors comprised of ten members from the areas that each of the seven agencies serve. Operations are run by the CEO. ³⁸⁵	Principally funded by the Province of Manitoba, as well as they special project funding from ISC.
British Columbia First Nations Directors Forum	To address child and family services issues that impact First Nations communities. ³⁸⁶	British Columbia’s FNCFS agencies.	The organization is composed of Executive Directors of British Columbia’s FNCFS agencies. ³⁸⁷	Funding is provided by the BC Ministry of Children and Family Development (MCFD). ³⁸⁸ Technical support is provided by the Caring for First Nation Children Society.
Saskatchewan First Nations Family and Community Institute (SFNFI)	A non-profit organization formed in June 2007, to build capacity within organizations serving child and family services based on First Nation values. ³⁸⁹	Professional services provided to their members comprised of sixteen of the seventeen FNCFS Agencies in Saskatchewan. The institute also works closely with First Nations Group Homes in Saskatchewan. ³⁹⁰	Overseen by a Board of Directors comprised of nine members (6 representing the 17 First Nations CFS Agencies in Saskatchewan and 3 from other disciplines). ³⁹¹ The organization’s staff support program and service delivery. Along with providing training and support, SFNFI undertakes research, has working groups on different issues, including income assistance and prevention. ³⁹²	SFNFI receives funding from the Saskatchewan Ministry of Social Services and Indigenous Services Canada. ³⁹³

Organization	Mandate	Stakeholders/clients	Governance	Funding source(s)
First Nations of Quebec and Labrador Health and Social Services Commission	A not-for-profit organization that aims to support the First Nations of Quebec in planning and delivering culturally appropriate and preventive health and social services programs (they act as a technical advisor). ³⁹⁴ Their services fall into four categories: accompaniment, training, tools, and information management. ³⁹⁵	FNQLHSSC works regularly with First Nations political authorities and regional organizations. Additionally, they work with representatives from the federal and provincial government. They are also called to address the media as part of their mandate, to help educate audiences on the experiences of First Nations in Quebec. ³⁹⁶	Governed by a Board of Directors composed of seven members who are elected by their General Assembly. The Board of Directors must be ratified by the Assembly of First Nations of Quebec-Labrador (AFNQL).	Federal departments including ISC and Employment and Social Development Canada, with other funds from the Government of Quebec, as well as private partners. ³⁹⁷

³⁷⁷ Southern First Nations Network of Care, "About the Southern First Nations Network of Care," accessed on July 16, 2020, <https://www.southernnetwork.org/site/about>.

³⁷⁸ Southern First Nations Network of Care, "Our Member Agencies," accessed on July 16, 2020, <https://www.southernnetwork.org/site/member-agencies-child-family-services-manitoba-ontario>.

³⁷⁹ Southern First Nations Network of Care, "Board of Directors," accessed on July 16, 2020, <https://www.southernnetwork.org/site/board-of-directors#top>.

³⁸⁰ Southern First Nations Network of Care, "Executive & Management," accessed on July 16, 2020, <https://www.southernnetwork.org/site/executive-management>.

³⁸¹ Manitoba Government, *The Child and Family Services Authorities Act (CFSAA)*, s. 24(d), <https://web2.gov.mb.ca/bills/37-3/b035e.php>.

³⁸² Southern First Nations Network of Care, "Annual Report 2018–2019," (2018): 64.

³⁸³ Restoring the Sacred Bond Initiative, "Investors," accessed on July 20, 2020, <https://www.restoringthesacredbond.ca/site/investors>.

³⁸⁴ First Nations of Northern Manitoba Child and Family Services Authority, "About Us," accessed on July 16, 2020, https://www.northernauthority.ca/about_us.php.

³⁸⁵ First Nations of Northern Manitoba Child and Family Services Authority, "Board of Directors," accessed on July 16, 2020, <https://www.northernauthority.ca/board.php>.

³⁸⁶ First Nations in BC Knowledge Network, "First Nations Directors Forum," accessed on July 16, 2020, <https://fnbc.info/org/first-nations-directors-forum>.

³⁸⁷ First Nations in BC Knowledge Network, "First Nations Directors Forum," accessed on July 16, 2020, <https://fnbc.info/org/first-nations-directors-forum>.

³⁸⁸ First Nations in BC Knowledge Network, "First Nations Directors Forum," accessed on July 16, 2020, <https://fnbc.info/org/first-nations-directors-forum>.

³⁸⁹ Saskatchewan First Nations Family and Community Institute, "Annual Report 2019–2020," (2020), 2.

³⁹⁰ Saskatchewan First Nations Family and Community Institute (SFNFCI), "Members," accessed on July 21, 2020, <http://www.sfnfci.ca/pages/members.html>.

³⁹¹ Saskatchewan First Nations Family and Community Institute, "Board of Directors," accessed on July 16, 2020, <http://www.sfnfci.ca/pages/board-of-directors.html>.

³⁹² Saskatchewan First Nations Family and Community Institute, "Annual Report 2019–2020," (2020).

³⁹³ See 2019–2020 financial statements in annual report.

³⁹⁴ FNQLHSSC, "A service offer for you," accessed on May 20, 2020, <https://services.cssspnql.com/en>.

³⁹⁵ FNQLHSSC, "2016–2017 Annual Report," page 7, https://www.cssspnql.com/docs/default-document-library/rap_annuel_aga_2017_eng_web.pdf?sfvrsn=2.

³⁹⁶ FNQLHSSC, "2016–2017 Annual Report," page 12, https://www.cssspnql.com/docs/default-document-library/rap_annuel_aga_2017_eng_web.pdf?sfvrsn=2.

³⁹⁷ FNQLHSSC, "2018–19 annual report," <https://files.cssspnql.com/index.php/s/c9lhxo43NNH86JN>.

Across the dimensions of stakeholders/clients; mandate; governance; and funding source, existing organizations provide services focused on programming, operating and practice supports, with elements of advocacy in their work. Organizations including FNQLHSSC, Southern First Nations Network of Care, First Nations of Northern Manitoba CFS Authority, BC Directors Forum, SFNFCI, play integral roles in their regions in the provision of programming and operating support.

The secretariat is intended to solely focus on data collection and analysis for evidence generation, and operational support to FNCFS agencies and First Nations. A small and focused organization, the secretariat should be seen to be a neutral organization, of modest scale, that complements the work of existing FNCFS entities.

With the new measurement framework, the secretariat is intended to play a specific role linking data collection and analysis to programming and operating supports. It is at this area of intersection that the secretariat can play an additive role. The national scope of the organization reflects the findings from the Phase 1 report that provincial borders and funding approaches did not have significant bearing on the activities and results the organization. Contextual factors such as geography, poverty, etc. had more influential roles, and exhibit similar results across the country.

It is recommended that the secretariat be established as soon as the alternative funding and performance approach are approved. This will ensure the secretariat is in place to support agencies as they transition their funding and operations.

The way forward

The new funding and performance architectures represent fundamental changes to the way FNCFS is funded, as well as its accounting for results through the Measuring to Thrive framework, and accountability is reoriented to a dual dynamic between ISC and FNCFS agencies and First Nations.

Should First Nations, FNCFS agencies, and their associated organizations such as AFN and Caring Society agree to the new approach, they may begin advocacy efforts. If there is agreement within ISC, the proposal may be brought forth to cabinet. Should there be political will from the Prime Minister, there are opportunities to expedite the consideration and approval of the approach.

Implementing new funding and performance structures for FNCFS will require a series of steps within the federal apparatus. While the steps are being described at the ministerial and cabinet levels, there are public service roles in ISC and central agencies to support those steps with impartial analysis and recommendations. The general steps are as follows:

1. ISC's Minister and Deputy Minister must bring forward a Memorandum to Cabinet (MC) outlining the required policy, program, funding, and legislative considerations associated to the new architecture. The MC must receive the attestation of ISC's Chief Financial Officer.
2. The MC would first be considered by Cabinet Committee on Operations for scheduling and coordination purposes. The schedule may include inter-departmental meetings that involve ISC officials and their central agency counterparts.
3. The MC would be then be submitted to a policy committee of Cabinet (i.e. Cabinet Committee on Reconciliation) for policy approval to seek a Committee Recommendation (CR). It would then be considered by the Prime Minister and Finance Minister for funding approval (i.e. funding note or Budget).
4. The CR and funding note would then prepare the MC for consideration by full Cabinet.
5. With Cabinet approval, an announcement of the policy, program and funding shifts may occur.
6. Treasury Board approval of the changes to program structures and authorities (i.e. the right of the department to move funding between activities) is required. This may trigger consequential changes within ISC to accommodate the new program structure and its associated performance framework.
7. Any additional funding increase would have to be included in an appropriations bill, via the Estimates process, subject to parliamentary approval. At this stage, there may be additional considerations by parliamentary committee (e.g. Standing Committees on Indigenous and Northern Affairs, Finance). Supply bills go through the same process as other government bills in the Senate with one exception, they are not customarily sent to committee for study.³⁹⁸

³⁹⁸ Senate of Canada, "Procedural Notes, Number 15," last updated June 4, 2019, <https://sencanada.ca/en/about/procedural-references/notes/n15/>.

8. Once the appropriations have been approved, funding will move from the Consolidated Revenue Fund to the fiscal framework and to the reference levels of ISC, subject to the authorities granted by Treasury Board and approved by Parliament.

The length of time for this process could be many months following a typical schedule of an unfunded MC or it could be a matter of several weeks, when associated to a Budget '2-pager' and related announcement. The timing is heavily dependent on the prioritization of the proposal by the Prime Minister and Cabinet. It should be considered that in a minority parliament context, legislative change and financial appropriations are not always granted, and in some instances, can be considered matters of confidence.

Lessons from West Region Child and Family Services' block funding pilot

The new approach will require adaptation and implementation among FNCFS agencies. As the experiences with the WRCFS and State of Tennessee suggest, transition requires credible strategies and plans, effective communications, phased/gated approaches, leadership and on-going support.

Beginning in 1990, WRCFS began looking at the feasibility of options to provide services more in keeping with the cultural context and the values, mission, and goals and objectives of the Agency. The Agency began compiling/collecting data to take a proactive and predictive approach to the possible implementation of block funding. To determine the feasibility of the Agency moving to a block funding of maintenance, it was essential to look at the profiles and prior spending of children in care. The Agency reviewed child in care data for the prior three years. There was some data from earlier years, but it was not robust and/or reliable. A spreadsheet was developed that could collect data about every child in care, and the costs related to their care. The agency expended substantial effort in developing plans, leveraging its internal data, and liaising with its communities.

West Region anticipated full transition to the block would require up to three years. Throughout the transition period, WRCFS identified and addressed procedures and program policies that required adjustment to meet the new approach. The organizational shift required changes at operational levels, such as finance, and practice levels, such as programming and service delivery.

To transition its PBC model into practice in 2006, Tennessee consulted with its existing networks of providers on the new funding approach. The state then selected its top-5 performing providers to serve as test cases for the transition. Tennessee made it clear that PBC was non-negotiable and that it would be the state's new approach to child welfare. All providers would be required to move to the model during a four-year phase-in or no longer be eligible to contract with the state.

A critical ingredient in this process was leadership at both the state and provider levels. When PBC became the new normal for Tennessee, providers were given notice that they would have up to four years to transition to the new system. At the outset, the state spent a year dialoguing, consulting and engaging with providers to prepare them for the new funding model. This was not easy, as it would require a complete shift in mindset for the providers. The state knew the approach was final; there was no going back as PBC was court mandated. Those providers that made the shift early on grasped the potential of the approach and are continuing to thrive.

The shift in the child welfare program structure was gradual. The incremental transition allowed different types of agencies to prepare and join the new system at a time appropriate for them within the four-year transition period. This was important because the providers in Tennessee's network come in a variety of sizes and levels of technological and service sophistication. Most of the providers are not-for-profit, with approximately one-third established as private for-profit entities. There is not one single typical provider-type in the network. Tennessee does, however, have specific baseline requirements for providers to be considered for the network, which take the form of service provision, certain capital requirements, etc.

The heterogeneity of the providers was reflected in the performance model: Tennessee's providers would be benchmarked against themselves. To determine how a provider's performance would be assessed, the state considered the provider's performance from the three years prior to its transition to PBC. As the program progressed, the data available for benchmarking increased, and Tennessee could reassess performance targets for providers on a two-year basis. *The state was not asking providers for the impossible, they were just asking that the provider beat their own track records.* This would enable each provider to reflect their unique context in the baseline that would serve as the departure point for performance measurement under the new approach.

It is anticipated that the transition from the current to future states should take approximately five years. Once the federal apparatus has

integrated the changes, agencies willing and able to begin transition will be invited to do so. As in the case of Tennessee, the early adapters offer lessons and practice models to those that follow. Moving first toward the change will require a solid understanding of organizational practices and processes, regular communication and engagement with First Nations, and motivated leadership and staff to support the transition. It is expected that agencies transitioning first will benefit from supplementary supports from the secretariat.

FNCFS agencies and First Nations will have different points of departure. As described in earlier sections of this chapter, there are various considerations and risks to mitigate. With appropriate planning and an expectation to address unforeseen challenges, the transition—while it may not be easy—will benefit generations to come.

Part V: Assessments of need for First Nations unaffiliated to a FNCFS agency

Introduction

It is estimated that 170 First Nations are unaffiliated to a FNCFS agency, most of which are in British Columbia. Approximately 60% of First Nations unaffiliated to a FNCFS agency have total median household incomes above their respective provincial poverty lines (Figure 68). The populations of unaffiliated First Nations tend to be small, with the majority (62%) of 2019 populations below 500 people on-reserve (Figure 69).

FIGURE 68: Percentage of First Nations above/below their respective provincial poverty lines (Census 2016).

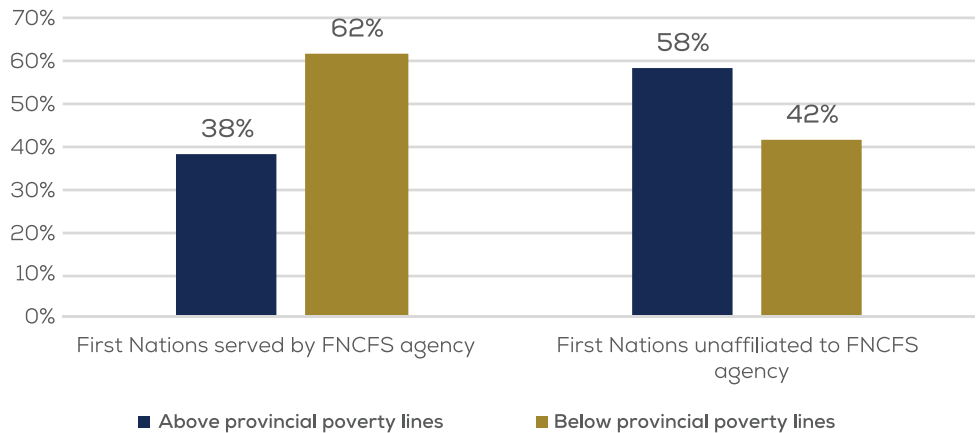
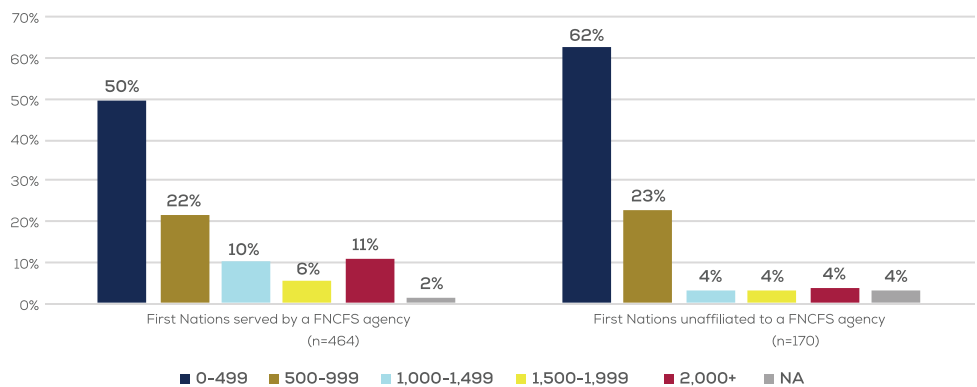
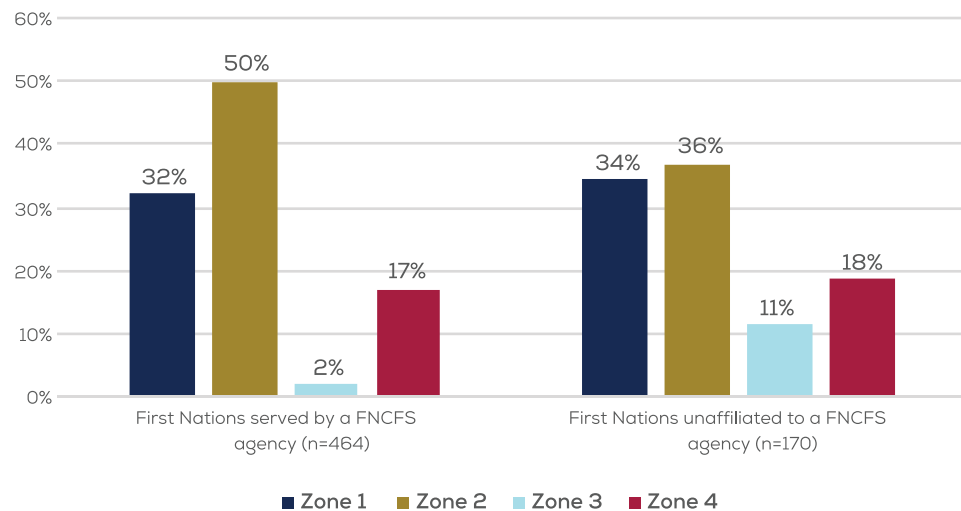


FIGURE 69: Distribution of First Nations by 2019 ISC on-reserve population by cluster.



The majority of First Nations served and unaffiliated to a FNCFS agency reside in geographic zones³⁹⁹ 1 and 2. There are similar proportions of affiliated and unaffiliated First Nations in zone 4 (Figure 70).

FIGURE 70: Distribution of First Nations by geographic zone.



Prevention services in CFS, as with health, should be community-level initiatives. Promoting wellness is not the work of a single entity or organization, but a community expression of how they care for their own members. For some First Nations, this means working with a delegated or undelegated FNCFS agency. For others, this vision includes various program streams run by the community. The provision of CFS is not about band councils versus FNCFS agencies (although, it is recognized that these challenges exist in various communities).

As with any service, there is variability in need based on the distinct and desired approach of each First Nation. Some unaffiliated First Nations are contemplating jurisdiction in protection the context of the *An Act respecting First Nations, Inuit and Métis children, youth and families*, while others prefer to focus exclusively on prevention services with protection provided by the province. Variability in provincial CFS laws may also influence a First Nation's approach. British Columbia has various levels of delegation associated to prevention and protection services, offering a range of levels at which First Nations may choose to engage. Quebec commonly fuses health and social service provision in communities, encouraging an integrated approach among services.

³⁹⁹ Geographic zone refers to a First Nation's distance to a service centre and associated mode(s) of transportation.

Zone 1: First Nations located within 50 km of a service centre.

Zone 2: First Nations located between 50–350 km of a service centre.

Zone 3: First Nations located over 350 km from a service centre.

Zone 4: First Nations with air, rail or boat access to service centre.

Need-assessment

There is sufficient variability in the desired approaches of unaffiliated First Nations to warrant a need-assessment tool. This tool could take the form of a survey for those First Nations seeking supplementary funding to grow their CFS-focused activities. While federal resources have not typically been directed to unaffiliated First Nations for CFS, there is an opportunity for targeted investments. Such investments would be consistent with the view that CFS is about the well-being of children, families and communities, and not exclusively protection.

As detailed in the cases of unaffiliated First Nations below, efforts on CFS vary based on resources and community structures. In the case of Esquimalt, CFS-focused programming is a challenge to design and develop as their current resource mix does not allow for such targeted programming. Prevention programming in Esquimalt is focused broadly on wellness. By contrast, First Nation W (anonymized at the request of the First Nation), has rebalanced resources to develop housing-oriented programming in support of CFS.

With the variance in current programming and resourcing among unaffiliated First Nations, a detailed need-assessment could support informed resource allocation. By developing a better understanding of current state practices and contexts, federal funding could be allocated on a case-by-case basis to respond to the variety and changing circumstances of unaffiliated First Nations. While the contexts and needs of First Nations served by a FNCFS agency are similarly dynamic, it is the agency's responsibility to ensure community connections and responsive programming suitable to the needs of communities served.

With circumstances favouring CFS reform, it is advisable to undertake a need-assessment survey of unaffiliated First Nations with the following components:

1. Context:
 - a. Tell us about your community and the people you serve.
 - b. Tell us about what child and family services focused services and programming work well and which work less well.
 - c. What do you think your community needs to be better meet the needs of children and families?
2. Organization overview:
 - a. Tell us about your governance structure.
 - b. Are there one or more organizations involved with children and families?
 - c. How do organizations work together?

3. Programming overview:
 - a. Tell us about the programs and services provided by your community.
 - b. How do you align resources (human, financial, infrastructure) to your programming priorities?
 - c. Are there program gaps or future directions/considerations for programs and services?

4. Resources and allocation:
 - a. Do you have the resources (human, financial, infrastructure) necessary to provide programming for child and family services?
 - b. Has your community requested CHRT-mandated funding for prevention or other programming?
 - i. If yes, was it received?
 - ii. If not, why?

5. Data and performance:
 - a. How does your community make programming decisions?
 - b. How does your community determine what programming works?

6. Other considerations:
 - a. Challenges/obstacles faced or overcome by your community
 - b. Wise practices to share

Building from these six questions, a mix of quantitative and qualitative data would be collected. Assuming a participation rate of at least 50% of unaffiliated First Nations, representative of the broader group of 170 First Nations, the data returned could be analyzed and returned to First Nations for further consultation. To determine how best to build a course forward should be an exercise specific to individual First Nations.

ESQUIMALT NATION BRITISH COLUMBIA

Governance Structure and Resources

Esquimalt Nation has a small population with 171 residents on-reserve,⁴⁰⁰ near Victoria, British Columbia (BC). An urban Nation, Esquimalt occupies 44-acres on southern Vancouver Island and is a member of the Coast Salish language group. The Nation is adjacent to the Songhees Nation, the Township of Esquimalt, and the Town of View Royal, and is in close proximity to the City of Victoria. Located near an urban centre, members benefit from access to transport, walkability, and various provincial services.

Even with its proximal location, employment is a concern for the community. With housing shortages and the by-products of intergenerational trauma, cyclical challenges of poverty and welfare are even more pronounced.

Governed by a Chief and a Council (comprised of five members), monthly meetings are held to discuss strategic planning and the development of the Nation. There have been efforts in recent years to help to define the Nation as a centre for resources and support, rather than a crutch or source of handouts for members. The focus on empowerment and motivation of members, has for instance, introduced criteria for accessing social assistance and offering more supports for building resiliency and wellness from the ground up.

Esquimalt has struggled to have its resources meet its ambitions. To fund its programming, Esquimalt depends on various project-based funding sources. In this context, available funding tends to drive its activities (instead of activities being funded based on need). Developing own-source revenue has proved challenging (e.g. lease of land for parking), having to navigate timelines of bureaucracies of different orders of government.

Historical Treaty and Current-Relationship with the Crown

The Esquimalt Nation is one of the signatories to the Douglas Treaty in the 1850s. A key provision in the treaty granted the Nation the right: “to continued use”, the “liberty to hunt over

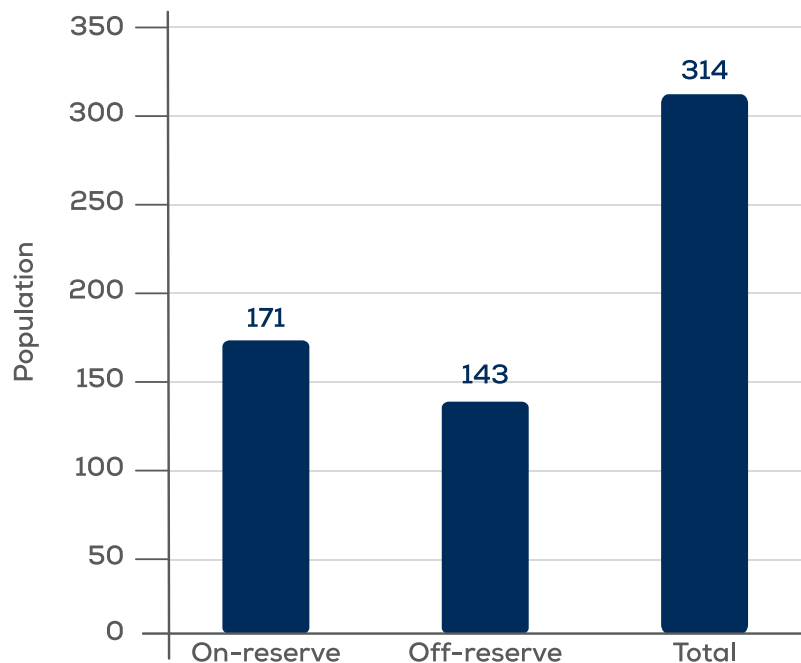
⁴⁰⁰ Indigenous Services Canada, “Registered Population, Esquimalt,” June, 2020, https://fnp-ppn.aadnc-aandc.gc.ca/FNP/Main/Search/FNRegPopulation.aspx?BAND_NUMBER=644&lang=eng.

unoccupied lands”, and “to carry on their fisheries as formerly.”⁴⁰¹ The issue of access to resources as they were “formerly” is a preoccupation for Esquimalt, as defining that practice with urban development, and forest and fisheries management is a complex challenge.⁴⁰² Efforts continue to advocate for the recognition and implementation of treaty rights. The Government of British Columbia reports ongoing work on land and resource issues with Esquimalt Nation outside the British Columbia treaty process.⁴⁰³

Esquimalt’s physical resources are constrained by the small size of their reserve territory. Alongside their land, some off-reserve resources are shared with the Songhees Nation, including the West Bay property, the Rock Bay property and Water Lot A (Plumper Bay). With regards to financial interests, they have the James Bay trust, and a few business interests including Salish Sea Marine Services.⁴⁰⁴ With respect to water and sanitary services, Esquimalt Nation has a servicing agreement with Town of View Royal and Capital regional District.

Population

FIGURE 1: Esquimalt membership Population, 2018



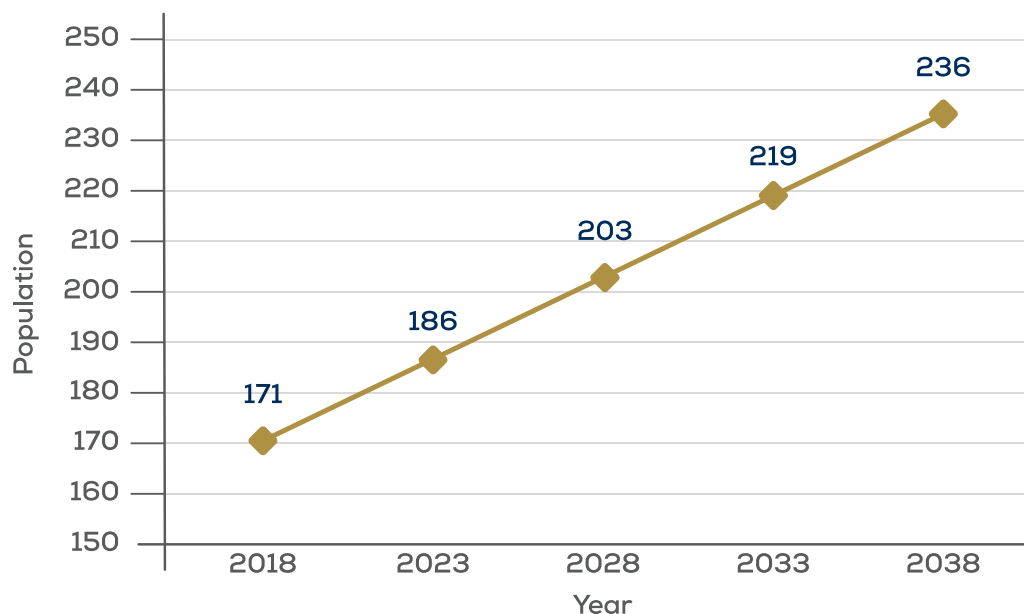
Source: Esquimalt Land Use Plan, 2018.

⁴⁰¹ Esquimalt Nation, “Esquimalt Nation Land Use Plan,” March, 2018: 7.

⁴⁰² Esquimalt Nation, “Esquimalt Nation Land Use Plan,” March, 2018: 7.

⁴⁰³ Government of British Columbia, “Esquimalt First Nation,” Accessed on: July 2, 2020, <https://www2.gov.bc.ca/gov/content/environment/natural-resource-stewardship/consulting-with-first-nations/first-nations-negotiations/first-nations-a-z-listing/esquimalt-first-nation>.

⁴⁰⁴ Esquimalt Nation, “Esquimalt Nation Community Plan,” (March 31, 2013): 10.

FIGURE 2: On-Reserve Population Projections of Esquimalt Nation 2018–2038

Source: Esquimalt Land Use Plan, 2018.

On-Reserve population was 171 in 2018, with 143 off-reserve members, 122 members living in other areas, and 21 living on other reserves for a total of 314 members.⁴⁰⁵ Approximately 60% of the membership population is under the age of 20.⁴⁰⁶ Estimates project the on-reserve population to grow to 236 by 2038.⁴⁰⁷ One of the goals Esquimalt Nation outlined in their 2018 Land Use Plan is to expand housing units on-reserve to create opportunities for off-reserve members to return to the Nation's territory.

Financial profile

The Nation successfully entered into a ten-year grant with Indigenous Services Canada (ISC), after meeting various criteria and developing their own financial administration law. Beyond revenues from ISC, other sources include various federal and provincial departments, as well as the First Nations Health Authority (FNHA) (see Figure 4 for an overview of revenue sources).⁴⁰⁸

In 2019, Esquimalt Nation received the majority of their revenues from the Government of Canada (\$17,600,796.00). As indicated in Figure 5, over three quarters of Esquimalt's expenditures target settlement trusts and fund activities. There is no comparable spending area, with only economic development far behind at 5% of overall spending.

⁴⁰⁵ Esquimalt Nation, "Esquimalt Nation Community Plan," (March 31, 2013): 14.

⁴⁰⁶ Esquimalt Nation, "Esquimalt Nation Community Plan," (March 31, 2013): 14.

⁴⁰⁷ Esquimalt Nation, "Esquimalt Nation Land Use Plan," (March, 2018): 14.

⁴⁰⁸ Esquimalt Nation, "Esquimalt Nation Community Plan," (March 31, 2013): 11.

This expenditure is associated to the Cadboro Bay Settlement.⁴⁰⁹ The agreement requires the net proceeds to be held in a trust for the benefit of the members of the Nation but allowed for a one-time payment to each member that was alive as of November 20, 2017 of \$10,000.⁴¹⁰ Given the median household income in Esquimalt is \$45,267,⁴¹¹ these payments represent approximately, a 20% increase in transitory income for individuals in the community.

Administrators are concerned with current revenues relative to the cost of living near Victoria. When it comes to funding allocations, some are determined using factors including population size and land base. Such an approach does not capture the different cost of living in different communities, e.g. it is more expensive to live in or near Victoria than in Nanaimo. Esquimalt finds itself challenged by revenue sources, as they constrain decision making on internal allocation of resources (see Table 1).

TABLE 1.

Fiscal year	Revenues	Expenditures	Population	Per capita revenue	Per capita expenditure
2018	\$6,943,476.00	\$5,664,844.00	ISC On-Reserve N=171	\$40,605.12	\$33,127.74
			Esquimalt Total Membership N=314	\$22,112.98	\$18,040.90
			Government of BC N=324	\$21,430.48	\$17,484.09
2019	\$29,673,621.00	\$18,765,776.00	ISC On-Reserve N=171	\$173,529.95	\$109,741.38
			Esquimalt Total Membership N=314	\$94,501.98	\$59,763.62
			Government of BC N=324	\$91,585.25	\$57,919.06

Sources: Esquimalt Nation Audited Financial Statements for the Year Ended March 31, 2019, ISC/INAC (2020), Esquimalt Land Use Plan (2018), Government of British Columbia.

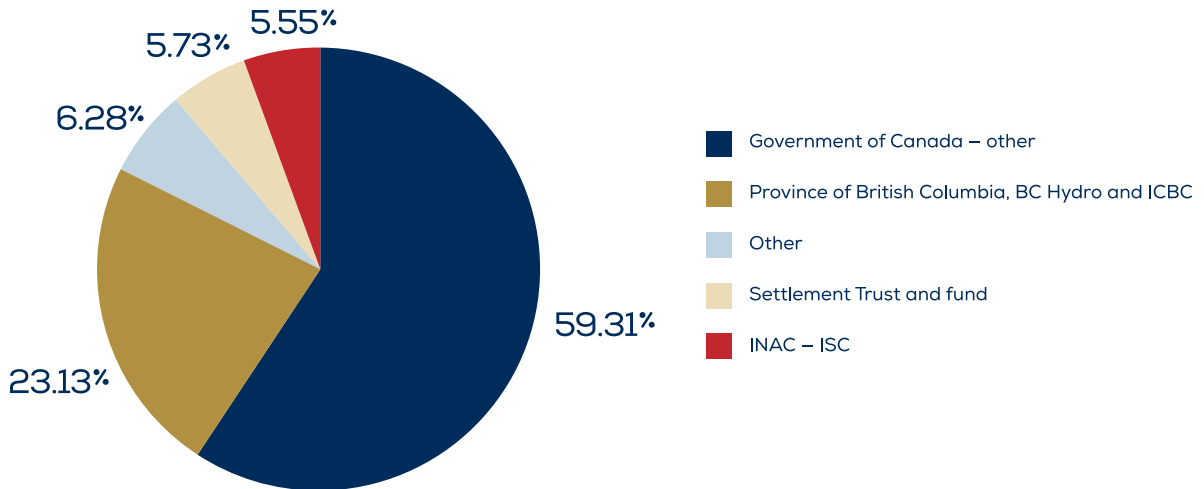
⁴⁰⁹ On May 23, 2018, the Government of Canada settled with the Esquimalt and Songhees Nations for compensation in respect to certain lands known as the 'Chekonein Treaty Lands' (Cadboro Bay). Each Nation received a settlement payment of \$17,500,000. Esquimalt Nation received a net amount of \$16,370,396 after legal and other charges.

⁴¹⁰ Esquimalt Nation Audited Financial Statements for the Year Ended March 31, 2019: 19.

⁴¹¹ Statistics Canada, "Total Income," *Census of Population*, 2016, May 3, 2017.

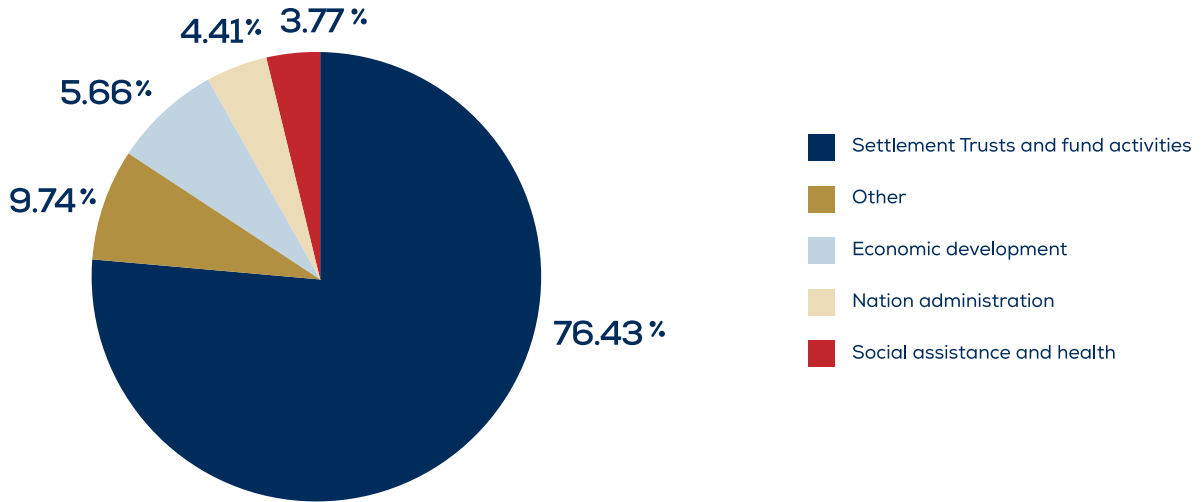
Revenues and Expenditures, 2019

FIGURE 3: Revenue Sources, Esquimalt Nation, 2018/2019



Source: Esquimalt Nation Audited Financial Statements for the Year Ended March 31, 2019.

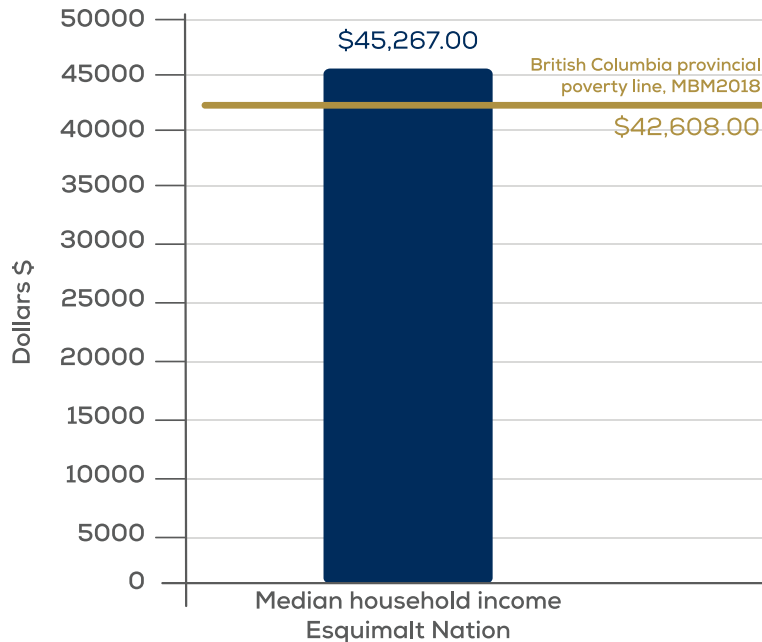
FIGURE 4: Expenditure Sources, Esquimalt Nation, 2018/2019



Source: Esquimalt Nation Audited Financial Statements for the Year Ended March 31, 2019.

The Esquimalt Nation has a median household income of \$45,267,⁴¹² which is \$2,600 above the provincial poverty line \$42,608 (see Figure 3).⁴¹³

FIGURE 5: Esquimalt Nation median household income



Sources: Statistics Canada, 2017 and Djidel et al., 2020.

The current state: Child and family services (CFS)

Esquimalt Nation's prevention-focused activities target parents and their children. From parenting groups to empower parents with young children through a combination of cultural practices and developmental goals, to after school clubs to engage school-aged children, Esquimalt staff work to connect and build trust with their community.

Benefitting from a small population on-reserve, Esquimalt staff can observe and monitor children and families who may need extra support. Referrals are made and resources are brought in to support children and families as required. With services that extend to the Nation's full membership, Esquimalt has worked to build a complement of community-based staff, including a community health nurse, clinical counsellor, and family support worker. Retention rates among staff are high, which helps to promote stable programming.⁴¹⁴

⁴¹² Statistics Canada, "Total Income," *Census of Population*, 2016, May 3, 2017.

⁴¹³ Statistics Canada, "Market Basket Measure 2018-base, Report on the second comprehensive review of the Market Basket Measure," *Statistics Canada*, February 24, 2020.

⁴¹⁴ One full-time director is dedicated to internal capacity and skills development to support continuous staff improvement.

Current program offerings do not target child and family services directly but focus instead on overall well-being of the community. For instance, many youths were struggling with anxiety and high school completion. In response, Esquimalt started a group for young people to support their social and emotional health. While still early in the initiative, benefits including youth engagement have been noted by staff. With youth showing up, staff have the opportunity to monitor and find ways of supporting their well-being. Protection services in Esquimalt are delivered by the Ministry for Child and Family Development (MCFD), with involvement of the Nation. It is important to note that the Nation follows its own practice with respect to CFS and has not ratified a formal agreement with the province as provider of protection services.

At the time of writing, Esquimalt Nation had approximately 15 children in care. Ideally, children in care would be placed within the community. This, however, has not been practical due to housing shortages and overcrowding in the community. It has subsequently been a challenge designating healthy families for foster services on-reserve.

South Island Wellness, a third-party organization, is designated to provide basic support services to Esquimalt Nation Peoples in contact with the protection system. Esquimalt does not pay this provider directly; it receives funding from Canada for its services. There appears however, to be a lack of clarity as to the outcomes of the organization's services and role. Much of its impact appears dependent on the person designated to the community. Greater community-based child and family services supports are necessary.

With the current revenue generation and allocation challenges, it appears impractical that Esquimalt take on child and family services. In order to deliver a fully or even partially delegated child and family services mandate, Esquimalt would require financial and human resources to design, build and deliver the community's needed services.

Funding for child and family services

Esquimalt's entire administration is composed of 19 staff (a mix of full-time, part-time and casual personnel). Half of the staff is dedicated to programming design and provision across all services areas from health to environment. With the small team, staff have many roles and often are unable to focus exclusively on an issue or program area.

Program funding contributes to the multiple areas of focus and competing priorities. There are 32 different projects that fund personnel services. Applied for and delivered on an ad-hoc basis, long-term planning becomes a challenge when funding is not guaranteed beyond the life of the project or program. When submitted proposals, vague descriptions are often included to maximize staff latitude in delivering programming on-reserve that meets the needs of the community. This multi-source funding makes developing and delivering specific programs, e.g. child and family services, a challenge. The funding structure spreads resources thinly across a number of areas, instead of focusing on specific issues.

The future state vision

Long-term planning has been difficult without consistent funding sources. The Nation lacks internal processes and the people necessary to support long-term planning. Often, planning is reactive to the funding source. The goal tends to be to obtain multi-year grants, even if the Nation does not have expertise in the area. In an effort to maximize revenues, program coherence and consistency can suffer. Esquimalt recognizes that long-term planning is an area in need of action, that must connect community needs to available resources.

Esquimalt's experience building prevention programming is an important reminder that consistent funding with flexibility for the service provider is essential for the consistent delivery of services. Esquimalt is an example of how to build broad-based programming for maximum uptake. A potential next step for the Nation is to build the discussed connections between its programming inputs and community-level results.

FIRST NATION W

Context

This case study examines an anonymous First Nation that has become a self-governing modern treaty nation. The modern treaty era began after the Supreme Court of Canada *Calder* decision in 1973. This decision recognized Aboriginal rights and led to the Comprehensive Land Claims Policy.⁴¹⁵ Upon coming into effect, the Treaty has enabled the transfer of land and self-government jurisdiction to the First Nation.

Now established as a treaty nation, the First Nation is no longer a band under the *Indian Act*. Instead, it now maintains government-to-government relationships at both the provincial and federal levels of government. The First Nation has law-making authority on lands under their direct control and ownership. As a modern treaty nation, this law-making authority is how the First Nation differentiates itself from other communities in Canada.

The Treaty provides that the parties (Canada, the province, and the First Nation) will negotiate and attempt agreement on a Fiscal Financing Agreement (FFA). The First Nation receives block funding through the FFA and raises own source revenue through economic development and taxation. The Treaty also allowed for a total rewiring of governance, enabling the First Nation to align its structure and practices to their traditional way of knowing. Since the implementation of the Treaty, the way the First Nation undertakes its business is fundamentally different and rooted in its conception of community well-being. From the running of government to programming, actions and initiatives are rooted in their unique culture and practices.

The First Nation has a small membership population, with more than 50% of members living off-lands. Given the size of the community, there is little aggregate health and social data available.

The First Nation is located within proximity to a large Canadian population centre. Members tend to be fairly young, with roughly three in every four members being under the age of 40. The staff know their people. The community is actively working on healing and cannot keep up with the demand for services.

The current state: Child and family services (CFS)

The First Nation's Members are resilient, but the impacts of intergenerational trauma are still felt by some members of the community. Some individuals still struggle with poverty, and financial challenges/financial management, as well as with addictions, poverty, abuse, and lateral violence. Some parents may not have the skills needed to raise a child because they may not have had a healthy script to follow or model to emulate. Knowledge on raising children may be missing in families affected by residential schools, and intergenerational

⁴¹⁵ Government of Canada, "Treaties and agreements," last modified September 11, 2018, <https://www.rcaanc-cirnac.gc.ca/eng/1100100028574/1529354437231#chp4>.

trauma. The aim of the government is to deliver family empowerment programming, but it does not reach every individual.

In the First Nation, 4.8% of children are in contact with the provincial child and family services with open files. The First Nation has managed to keep these children in the community. There are other children outside of the First Nation that are a challenge to track and support.

Provincial CFS is delegated to remove children in need of protection in the First Nation. An enduring challenge, however, is that children may be removed from struggling parents who could succeed with extra support. The First Nation prioritizes wrap-around services to families and children in challenging circumstances. Provincial CFS has been notionally supportive of the approach and role but has offered little in regular resources to finance these services. The First Nation uses its own resources to fill in gaps in CFS programming for its children and families.

Earlier this year, there was an important turning point for Child and Family Services in the First Nation. A child from the First Nation was placed outside of the community in what was considered an unacceptable placement. To protect the best interests of the child, the First Nation mobilized by renting a house near their lands and staffed the home with people the children needing support knew and trusted. The actions taken by the First Nation helped to stabilize the situation and provided opportunities for family reunification and wrap-around services.

Providing Temporary & Flexible Support

The First Nation has recently begun developing a more detailed proposal for respite homes for children and families on-lands. One support home is in operation that can house up to five children (there are currently four children in the home). This safe, secure and known environment is close to the community and is led by the 'den mother.' The current den mother is a very well-known, well-respected and trusted member of the community. Two full-time staff live in the home 24 hours a day. The staff are instrumental in fostering a safe and comfortable environment. They engage in family and community-oriented activities from cooking, playing, visiting with family, taking part in cultural activities at school, etc.

The home is currently funded through the First Nation's budget allocations and some contributions from the provincial CFS. The First Nation is working to secure funding to build data tracking on their wrap-around prevention services, to better understand results over time.

The levels of child protection delegation the First Nation chooses to take on will depend on the community's comfort with assuming the responsibility of these kinds of services. The First Nation will consult with Members to understand what the community's vision for child protection reform is before undertaking a jurisdictional switch away from provincial CFS.

Funding for child and family services

The First Nation emphasizes the importance of wrap-around services and funds them through budget allocations. The First Nation has not assumed jurisdiction on child protective services, which means that it continues to be the province's responsibility. The First Nation has chosen to collaborate with provincial CFS in the delivery of child protection services to ensure the well-being of the community's children. While the First Nation continually attempts to expand its CFS services, little provincial support is available and federal support is non-existent. The First Nation uses its own source revenue to support the large majority of prevention and family support programming.

There is some funding on an activity basis that comes from provincial CFS. The Province transfers roughly \$40,000 annually to the First Nation for a family empowerment worker to prevent contact with provincial CFS. This amount, however, only covers roughly half of the salary associated with this position. The Province also contributes in a piecemeal fashion to the community's respite home with \$2,000 per month for rent (total monthly rent is \$3,000) and through payments to caregivers. Payment for caregivers is calculated at the foster parent rate per child, based only on the length of stay (\$900/month), on a case by case basis.

The unpredictability of the funding at foster parent rates (as it is based on contact with the protection system) limits the reliable development of CFS services in the First Nation. The ad-hoc payments may cover the costs of children in the support home (instead of out-of-community care), but limit recruitment, staff retention, and do not cover the hidden costs of operating CFS services and trying to obtain funding. This makes staff retention and remuneration a challenge. Also, the funding based only on children who are already in the system significantly affects the ability to fund prevention services designed to keep families from reaching the point of breaking down and needing more extensive service.

The First Nation is seeking stable funding to cover its current initiatives, as well as proposed initiatives, including a new housing proposal to ensure children can stay in the community when they need a short-term alternate care arrangement (see Table 1). The costs described in the table below are for personnel costs only and would address core needs, not an expansion of the program.

TABLE 1.

Community Health Centre Housing Proposal			
Type of housing	Description	Staffing requirements	Overall estimate
Level 1	Community Member's Home: can support up to 3 children if needed	Caregiver at a rate of \$25/hour for 16 hours; overnight 8 hours \$20/hour	\$860.00/daily \$313,900/yearly
Level 2	Respite in six-plex on-lands: staffed home which can support 3 children	2 people per 8-hour shifts per 24 hours	\$1,200.00/daily \$438,000.00/yearly
Level 3	Respite house off-lands: staffed home which can support 3 children	2 people per 8-hour shifts per 24 hours	\$1,200.00/daily \$438,000.00/yearly
Level 4	Short term support: Emergency support home on-lands Community member's home which can support 2 children	Depending on need for additional support: 24-hour option available to caregiver	\$1,200.00/daily \$438,000.00/yearly

Considerations for future planning

Prevention oriented approaches to child and family services are focused on holistic well-being and early intervention to reduce or eliminate the need for child protective services. In First Nations, prevention approaches are informed by culture and community practices, regularly engaging families and the broader community in healing and resiliency building.

There are many positive examples of First Nations child and family services agencies prevention activities that have demonstrated positive results for children and their families.⁴¹⁶ A report by the British Columbia Representative for Children and Youth, highlighted how “inequitable and inconsistent funding arrangements between the B.C. government and Delegated Aboriginal Agencies (DAAs) have resulted in significant differences in the level and types of support available for B.C.’s Indigenous children, depending on where in the province they live and which DAA serves them.” In turn, these funding issues have limited the capacity of DAAs to offer culturally-based prevention services.⁴¹⁷

Crucially, prevention services help to limit avoidable contact with the protection system, which tends to have negative long-term effects for children. The Midwest Evaluation of the Adult Functioning of Former Foster Care Youth (known as the Midwest Study) has documented outcomes of youth in care relative to a nationally representative sample of youth in the United States. Across nearly every outcome measured, such as high school

⁴¹⁶ IFSD, “*Enabling First Nations Children to Thrive*,” (2018), http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf.

⁴¹⁷ Representative for Children and Youth, “Delegated Aboriginal Agencies: How resourcing affects service delivery,” (March 2017): 3.

completion rates, receipt of food stamps, arrests, employment rates, etc. youth formerly in care were worse off than their counterparts.⁴¹⁸

These negative long-term trends are reflected in Canadian studies. The Canadian Observatory on Homelessness found that 60% of youth who had experienced homelessness had previous contact with the child protection system and were 193 times more likely to have had contact with protection than the general population.⁴¹⁹ In a 2001 study, Correctional Service Canada found that two-thirds of incarcerated Indigenous Peoples had contact with the protection system at some point in their lives, compared to one-third of non-Indigenous inmates.

There is a case for the regular funding of prevention-oriented programs, especially for young people in challenging contexts associated with poverty, social difficulties, etc. For many First Nations, mitigating the effects of contextual factors such as poverty and inter-generational trauma are integral components of prevention programming. The work of Nobel-prize winning economist James Heckman is well-known for demonstrating the economic and social benefits of early intervention programs for children.⁴²⁰

From long-term cost benefits to improved cognitive development of children and even enhanced parenting, there are many reasons to focus on prevention services. West Region Child and Family Services had a block-funding pilot that enabled the agency to shift its funding to prevention services. Studies of the pilot found that the rates of children in care declined from 10.5% to 5.2% throughout the pilot, credited to the substantive budgetary shifts to prevention programming.⁴²¹ Supporting the development of healthier children, families and communities is possible and can be fostered through a number of programming styles and initiatives.

As the First Nation contemplates the future design and delivery of CFS, it may wish to consider existing models of service delivery. There are several First Nations health and social services centres in Quebec that fuse the delivery of health and social services with positive results for communities. The arrangement can promote increased collaboration and resource-sharing in the community to leverage funding and other resources for program delivery and evaluation. In other instances, First Nations may deliver a subset of prevention

⁴¹⁸ M. Courtney et al., “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 23 and 24,” (Chicago, IL: Chapin Hall at the University of Chicago, 2009); M. Courtney et al., “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26,” (Chicago, IL: Chapin Hall at the University of Chicago, 2011).

⁴¹⁹ Amy Dworsky, Laura Napolitano, and Mark Courtney, 2013, “Homelessness During the Transition from Foster Care to Adulthood,” *American journal of public health* 103 Suppl 2, no. Suppl 2; Rachel Rosenberg and Kim Youngmi, *Journal of public child welfare*, “Aging out of Foster Care: Homelessness, Post-Secondary Education, and Employment,” 12, no. 1 (2018): 99–115.

⁴²⁰ James J Heckman et al., “An Analysis of the Memphis Nurse-Family Partnership Program,” (National Bureau of Economic Research, 2017); James J, Heckman, “The Economics of Inequality: The Value of Early Childhood Education.” *American Educator* 35, no. 1 (2011).

⁴²¹ See also, ISC, “Implementation Evaluation of the Enhanced Prevention Focused Approach in Manitoba for the First Nations Child and Family Services Program,” December 14, 2015, <https://www.aadnc-aandc.gc.ca/eng/1431520132322/1431520217975>.

programming initiatives to complement or support other services, with protection delivered by a provincial ministry or third-party. There is also the option of a First Nation child and family service agency unique to the community. With 113 FNCFS agencies serving several First Nations, there is a well-developed network of practice to consult.

The cost of prevention and protection services can vary based on location, mandate and other contextual factors. In its Phase 1 study that costed the FNCFS system, IFSD estimated (based on actual models) that per capita expenditures for prevention should range from \$800 to \$2,500 across the entire community. At \$800, programming is principally youth-focused and may not be CFS focused. At \$2,500 per person, a full lifecycle approach to programming can be possible with linkages between health, social and development programming.⁴²² The cost of prevention may appear significant, but it is expected to reduce expenditures over time associated with the social challenges listed above.

The First Nation's current per capita CFS expenditure estimates align to previous findings for communities unaligned to an FNCFS agency (ranging from \$500 to \$1,000 based on the population source). As the First Nation contemplates its next steps in CFS, it may wish to consider increasing its per capita budget to expand its resources for program and service delivery. IFSD estimated that the average cost of a child in care to be \$63,000 per year. With opportunities for prevention programs that have demonstrated positive results, there are various options for supporting the well-being of children, families and communities through wrap-around holistic services.

TABLE 2.

Population estimate	per capita CFS spending
2019 Membership Population (N=491)	\$795.01
2016 Census (N=750)	\$520.46
ISC (N=388)	\$1,006.05

In brief, the First Nation may wish to consider three common options for the delivery of CFS:

1. Through *An Act respecting First Nations, Inuit and Métis children, youth and families*,⁴²³ negotiate jurisdiction for protection delegation in the First Nation or seek to establish a delegated FNCFS agency for the First Nation;
2. Continue to work with provincial CFS for protection services, with the First Nation to seek delegation for all services prior to, during and post-removal;
3. Maintain the current course and seek out more regular and reliable funding for CFS-focused prevention services.

⁴²² IFSD, "Enabling First Nations Children to Thrive," 2018, http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf, p. 89–94.

⁴²³ Government of Canada, "An Act respecting First Nations, Inuit and Métis children, youth and families," *Justice Laws Website*, Date modified: June 26, 2020, <https://laws.justice.gc.ca/eng/acts/F-11.73/index.html>.

The future state vision

The First Nation is focused on improving quality of life for all members. Their holistic approach to family and community well-being is the driving force behind the health and social services' centre's approach to CFS in the First Nation.

The First Nation values a united community where children are supported by those around them. One of their principal goals is to ensure that children remain within their community where they can access support for families, elders, and the First Nation's Members, and grow up with a sense of understanding of the community's tradition and cultural values.

The aim of the health and social services centre in the First Nation is always to support families to remain intact and supported and that if outside care is required, families and children are able to access supportive and culturally sensitive resources. The vision of the First Nation is one of wellness, community strength, and resilience, which define how the centre responds to crises. The community health and social services centre is mandated to support families to remain intact and supported and that if outside care is required, families and children can access supportive and culturally sensitive resources.

The community health and social services centre is also concerned with ensuring consistency in the social workers who are working with the community. The preference of the community health and social services centre would be to have one provincial CFS social worker support the First Nation rather than multiple social workers coming in and out of the community. Overall, the aim is to ensure strong working relationships with the provincial CFS while ensuring culturally-informed child welfare practices.

The First Nation is best placed with regards to safeguarding community well-being, and given their knowledge of their members and their core values, they are most effective at making decisions on how to meet the needs of their community's children.

The First Nation's Prevention Services

Child Psychologist and Nurse Practitioner

The First Nation has contracted a child psychologist for three days a week (a full-time psychologist would not be enough by staff estimates). The psychologist works with parents and children to address the significant mental health and well-being gaps in the community. To help to fill the mental health service gap, a nurse practitioner collaborates with the psychologist and they are able to collaborate to provide mental health assessments and medications as well as long term mental health support on the First Nation's lands. Working in a culturally safe way, this team is able to ensure services are accessible, timely and trauma informed.

Community Family Empowerment Program

The First Nation's Members are able to access a family empowerment worker who acts as an advocate and systems navigation support (supervised visitation services, referrals to counselling, treatment, food bank, ceremonies, etc.). The program aims to decrease interactions with provincial CFS through prevention services and reconnect separated families. The program is partially funded by the provincial CFS.

Daycare

A free program for member children, the daycare offers wrap-around youth-focused education. There are important differences in the teaching approach of the daycare versus those in local school boards. Daycare programming connects learning to the community, its people, and its practices. The First Nation's language and culture are woven into the early childhood curriculum in a meaningful way. Children attending local schools build resiliency and confidence. When children make the move to mainstream schools, they often lose those positive attributes in a change described as "shocking." Children appear to perform well in learning and personal development on-Lands, but trends indicate that outcomes change when in a non-local school setting.

Post-Secondary Educational Services and Other Services

The First Nation pays the full cost of tuition and living expenses for any of their Members who attend post-secondary education in Canada. HSS also offers a variety of other programs to help support community members, including an Elders program, justice support program, community nursing, and so forth.

Resources

The human and financial resources necessary for unaffiliated First Nations will vary based on their desired CFS-related programming. In the case of Esquimalt Nation, CFS-oriented expenditures could not be extricated from the overall programming spending baseline because they do not exist as a separate line-item. In First Nation W, depending on the population source used, current per capita expenditures on CFS-focused programming range from approximately \$520 to \$1,000 per member. For comparison, Phase 1 estimates for base-level prevention programming for an unaffiliated First Nation was approximately \$800.

Conditions on programming funding to First Nations can impact their flexibility in need-focused expenditure. Esquimalt Nation highlighted that their programs are driven by funding sources, rather than program need driving funding. With over thirty sources of funding for programs, Esquimalt Nation often finds itself developing programs to respond to funding opportunities. To support the design and development of a CFS prevention programming stream, reliable funding should be allocated. The regular funding can be built into planning to allocate human and financial resources to desired programming goals.

First Nation W experiences similar resource limitations for CFS. The First Nation actively seeks opportunities in its existing budget to fund CFS activities, especially those focused on housing. Working with some funding from the province, First Nation W expressed the challenges of inconsistent funding for CFS programming, especially, when tied to provincial support payments for children in care. While the resources are welcome to take care of their children, the resources are irregular as they are connected to a child in protection.

The unaffiliated First Nations consulted in this project exhibit the challenges of attempting to design and deliver programming when resources are inconsistent. Not all unaffiliated First Nations may wish to design and deliver their own CFS programming. For those that may prefer pre-developed programs, the Martin Family Initiative's Early Years program can be an option.

The Early Years (EY) program was a pilot project, originally launched in Ermineskin Cree Nation, designed to improve maternal and child health outcomes for Indigenous women who are either pregnant or have newborn babies. The program underscores the importance of the initial years of life in shaping the structures and functions of the brain. Conducting comprehensive early childhood programming in a culturally appropriate manner for Indigenous children and families is a core component of EY programming.

The project's community-based approach emphasizes Indigenous knowledge and cultural values in the context of child well-being. Through weekly visits and group gatherings, trained EY Visitors from the community support pregnant women and their families by promoting healthy prenatal activities and guiding development in early childhood.⁴²⁴ EY Visitors assist families by providing sensitive and competent caregiving, developing visions for their future, planning subsequent pregnancies, and continuing their education or securing employment.⁴²⁵

Since its implementation, participants and staff have reported the central role played by the EY program in the communities. Participants are gaining new and valuable knowledge, which has often fueled their motivation to make behavior changes that build strong foundational relationship with their children. The program has also provided them with strategies and coping mechanisms to constructively deal with new and ongoing challenges.⁴²⁶

EY was inspired by other established evidence based and culturally tailored home-visiting programs like the Family Spirit Program of Johns Hopkins Centre for American Indian Health.⁴²⁷ There is considerable evidence that suggests investments in early intervention programs like EY have high social and economic rates of return. James Heckman, concluded that birth to-five programs can have an up to an annual 13% return on investment.⁴²⁸ According to Heckman, one of the greatest sources of disadvantage is the quality of parenting a child receives, thus returns to early childhood programs are highest for disadvantaged children who receive lesser parental investment in their early years.⁴²⁹ The EY program addresses this issue by providing parents with the strategies and competencies necessary to help raise children effectively. Leveraging community resources, the EY program is a potential program option designed from best practices that First Nations affiliated and unaffiliated to a FNCFS agency may wish to adopt.

⁴²⁴ The Early Years, "The Early Years Principles," 2020: <http://earlyyears.themfi.ca/index.php/the-martin-family-initiative/what-we-do/>.

⁴²⁵ The Early Years, "Deeply Rooted Community Mind," 2020: <http://earlyyears.themfi.ca/index.php/the-early-years-difference/>.

⁴²⁶ The Early Years, "Deeply Rooted Community Mind," 2020: 25, <http://earlyyears.themfi.ca/index.php/the-early-years-difference/>.

⁴²⁷ Johns Hopkins Bloomberg School of Public Health, "Family Spirit," 2020: <https://www.jhsph.edu/research/affiliated-programs/family-spirit/>.

⁴²⁸ Jorge Luis García, James Heckman, Duncan Leaf, María Prados, "Quantifying the life-cycle benefits of a prototypical childhood program," *National Bureau of Economic Research*, June 2017; James Heckman, "There's more to gain by taking a comprehensive approach to early childhood development," *The Heckman Equation*, 2016.

⁴²⁹ Heckman, James J. "The Economics of Inequality: The Value of Early Childhood Education." *American Educator* 35, no. 1 (2011): 55.

Considerations for transition

For First Nations unaffiliated to a FNCFS agency to transition to a future state with resource opportunities for regular prevention programming, an informed portrait of the current state is necessary. Leveraging the Measuring to Thrive framework, unaffiliated First Nations would gain a holistic perspective of well-being in their community. By leveraging its own data on the well-being of children, families, and the community, unaffiliated First Nations could develop improved planning tools for their own programming in CFS and beyond.

The Measuring to Thrive framework is not about FNCFS agency performance. It is designed so that any service provider or community can leverage the framework to generate a better understanding of the people they serve and the context in which they operate. Consider for instance the case of First Nation W that has limited health and social data on its own community members. The horizontal and integrated perspective from the Measuring to Thrive framework could offer a source of community-relevant data connected to health and well-being.

To transition from the current to a future state will require clarity on the desired outcome. In the case of FNCFS agency, the commonly expressed objectives were resource consistency and sufficiency to support well-being among First Nations through their programs and services. For unaffiliated First Nations, goals and programming needs will differ based on context and community vision. To support the approaches of First Nations, program-focused resources on a case-by-case basis may be the most practical and expeditious way forward to funding prevention in unaffiliated First Nations.

To support an informed transition to a desired future state, it is recommended that:

1. A detailed need-assessment be undertaken with unaffiliated First Nations to scope their desired community programming goals and better understand current resources and resource needs;
2. The Measuring to Thrive or similar holistic performance framework be adopted for use by First Nations to develop their own data for evidence, analysis and decision-making;
3. Variability in First Nation approaches to CFS-focused prevention programming be an accepted characteristic of transition and long-term operation.

Conclusion

There is context for change in FNCFS with the commitments to substantive equality, the best interests of the child, and a culturally informed approach, in *An Act respecting First Nations, Inuit and Métis children, youth and families*. In its rulings, the CHRT has found the current protection-focused system to be discriminatory and underfunded.

The long-term negative consequences of contact with the protection system increase the likelihood of interactions with social services in the welfare system, the criminal justice system, etc. later in life. These corrective systems have downstream social and fiscal costs.

This work seeks to reset the structure, funding and governance of the current FNCFS system to mitigate and address the causes of contact with the protection system. Developed from the ground-up, this work is built on collaboration and insight from FNCFS agencies, First Nations, and experts, twelve in-depth case studies, a survey on FNCFS expenditures, three expert roundtables, and supplementary research and analysis from Canada and the United States.

Leveraging findings from the Phase 1 report, *Enabling First Nations Children to Thrive*, this report:

1. Undertook a review of ISC's current expenditures and associated program measures.
2. Developed the Measuring to Thrive framework, with a horizontal and holistic view of well-being, informed by TBS's best practices on results tracking.
3. Proposed a funding approach designed as a block and supplemented with components for prevention, poverty, geography, IT, capital and results, to address gaps and to align to the Measuring to Thrive framework.
4. Identified considerations for transition to move from the current to future state, with the support of a First Nations-led secretariat.

Recommendations

Pursuant to the findings in this report, the following four recommendations are made:

1. Adopt a results framework for the well-being of children, families, and communities, such as the Measuring to Thrive framework.
2. Budget for results with a block funding approach that addresses gaps and is linked to the results framework.
 - a. Undertake a full assessment of current capital stock.
3. Establish a non-political First Nations policy and practice secretariat to support First Nations and FNCFS agencies to transition to First Nations governance.
4. Establish a group FNCFS agencies and First Nations willing to be early adopters of the new performance and funding approach to model implementation.

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Appendix A: Poverty

The State of Poverty in First Nation Communities in Canada

Poverty is a complicated and multifaceted issue that is often misunderstood as a simple lack of income. One of the most recognizable measures of poverty, the World Bank's thresholds for extreme and moderate poverty (\$1.90 USD and \$3.10 USD per day, respectively) are examples of poverty measures that fail to consider how factors beyond income and expenditure contribute to quality of life.¹ A more complete definition of poverty describes the phenomenon as the lacking of resources necessary to provide the goods essential to life such as food, clean water, shelter and clothing.² In the sense of a developed country, this may extend itself to the ability with which one can access education and other standard services like health care. As such, the thresholds for poverty set by the World Bank would fail to capture the vast majority of poverty in developed countries like Canada. A more appropriate indicator of poverty for developed countries would resemble the United Nation's Multidimensional Poverty Index (MPI), which considers a broad range of contributing factors. Included in the MPI are measures of health, education, and standard of living further broken down into nutrition, child mortality, years of schooling, school attendance, cooking fuel, sanitation, drinking water, electricity, housing, and assets.³ Taking these indicators into account, it is apparent that the Indigenous population of Canada is disproportionately impoverished relative to the rest of the country.

Poverty is an overbearing condition that is highly disruptive to human life. This is especially true for families, and even more so for children. Poverty in utero and early childhood have been shown to pose significant challenges, setting children up for lifelong disparities in health.⁴ At any stage of development, poor children are more likely to notice lesser physical health than non-poor children by most measures.⁵ The health of poor children has also been noticed to worsen with age and time spent in poverty. The root of this is not necessarily that poor children lack the resources to improve their health, but they are instead subject to more negative health shocks that compound and worsen over time.⁶ The effects of poverty are noticeably cumulative beyond the scope of health, as "children can be hungry, be living in substandard housing or be homeless, be unsupervised while a parent works or is meeting other responsibilities, be truant from

¹ The World Bank, "Poverty: Overview," April 16, 2020, <https://www.worldbank.org/en/topic/poverty/overview>.

² World Vision Canada, "What is poverty? It's not as simple as you think," (October 18, 2019), <https://www.worldvision.ca/stories/child-sponsorship/what-is-poverty>.

³ United Nations Human Development Programme. "The 2019 Global Multidimensional Poverty Index (MPI)." *Human Development Reports*, (2019), <http://hdr.undp.org/en/2018-MPI>.

⁴ Charles P Larson, "Poverty during pregnancy: Its effects on child health outcomes," *Paediatrics & child health* 12, no 8, (2007).

⁵ Jeanne Brooks-Gunn and Greg J. Duncan, "The effects of poverty on children," *The future of children* 7, no. 2, (Summer-Autumn 1997).

⁶ Janet Currie and Mark Stabile, "Socioeconomic Status and Child Health: Why is the Relationship Stronger for Older Children?," *American Economic Review* 93, no. 5 (12, 2003): 1822.

failing schools, lack medical care, or have a caretaker with untreated mental illness or substance abuse.”⁷

Moreover, there is a growing body of research that indicates a strong relationship between poverty and child abuse.⁸ Overall, the conditions poverty creates are not conducive to a positive environment that fosters growth and development in children. A positive environment early in childhood is crucial not only for the health of a child, but for shaping the abilities, capabilities, and development of children, ultimately producing better outcomes in education and adult life.⁹

As a developed country, most Canadian children and families live beyond the reaches of poverty. However, it has been estimated that around 60% of Indigenous children living on-reserve are in poverty compared to the 17% of non-Indigenous children in Canada that live in poverty.¹⁰ While poverty is devastating for all children, Indigenous children in Canada are disproportionately impoverished. Given the impacts of poverty on children and the prevalence of Indigenous children in poverty, agencies like First Nations Child and Family Services (FNCFS) may be interested in the overall incidence of poverty in First Nation communities, how it compares to the general population, and its overall impact on Indigenous children and families. By improving the understanding of these issues, it may be possible to guide policy in a manner that improves a variety of outcomes for Indigenous children and families for generations.

The remainder of this brief will examine data from the *2016 Census of Population* (Census) on median total household income. To determine the overall degree of poverty in First Nation communities, median household income was examined for 591 First Nation communities across Canada and compared to provincial poverty lines. The unweighted average of median total income of First Nation community households before and after-tax is shown in Table 1.

⁷ Gustavsson, Nora and Ann E. MacEachron, “Poverty and Child Welfare, 101 Years Later,” *Social Work* 55, no. 3 (07, 2010): 279.

⁸ Leroy H Pelton, “The continuing role of material factors in child maltreatment and placement,” *Child Abuse & Neglect* 41, (2015): 30-39.

⁹ James J Heckman, “The Economics of Inequality: The Value of Early Childhood Education,” *American Educator* 35, no. 1, (2011): 31-35.

¹⁰ David MacDonald and Daniel Wilson, “Shameful Neglect: Indigenous Child Poverty in Canada,” Canadian Centre for Policy Alternatives, 2016: 14.

Table 1.

Province	Unweighted Median HH income	
	Unweighted Average of Median Total Income of First Nation Households	Unweighted Average of Median After-Tax Income of First Nation Households
Alberta	\$48,612	\$47,384
British Columbia	\$45,267	\$42,738
Manitoba	\$33,759	\$33,495
New Brunswick	\$33,693	\$33,245
Newfoundland and Labrador	\$77,397	\$73,728
Nova Scotia	\$31,915	\$31,462
Ontario	\$42,343	\$41,652
Prince Edward Island	\$45,888	\$44,608
Quebec	\$61,963	\$60,059
Saskatchewan	\$34,924	\$34,620

Source: Statistics Canada, (2017)

Comparisons between average median income for First Nation communities made to the provincial poverty lines are calculated by using the Mixed Basket Measure (MBM). The MBM estimates the income necessary to lead a decent life by calculating a weighted average of the cost of purchasing essential items like shelter, clothing, and food, among others, for a family of four in a given region.¹¹ This measure provides a more accurate method of describing poverty than other measures commonly used in Canada like the Low-Income Measure (LIM) and Low-Income Cut-Off (LICO). The LICO has not been updated since 1993 except to adjust for inflation and does not include expenditures on transportation and communication technology.¹² As such, the LICO would not be appropriate for measuring poverty in a country that is as reliant on technology and communication infrastructure as Canada is in 2020.

On the other hand, the LIM uses a poverty threshold that is 50% of the median household income. While useful for establishing a relative measure of poverty, the LIM is highly sensitive to changes and variations in economic conditions.¹³ The MBM separated by province is both a robust measure of relative and absolute poverty, as it indicates the ability to access a basket of goods deemed necessary to lead a decent life in a given region. For this brief, MBM cutoffs have been calibrated to communities with less than 30,000 inhabitants to allow for realistic comparisons to the conditions in First Nation communities. Provincial poverty lines based on the 2018 MBM are listed in Table

¹¹ Samir Djidel, Burton Gustajtis, Andrew Heisz, Keith Lam, Isabelle Marchand and Sarah McDermott, "Report on the second comprehensive review of the Market Basket Measure," *Statistics Canada*, (February 24, 2020), <https://www150.statcan.gc.ca/n1/pub/75f0002m/75f0002m2020002-eng.htm>.

¹² Alain Noë. "How do we measure poverty?," *Policy Options*, (November 9, 2017), <https://policyoptions.irpp.org/magazines/november-2017/how-do-we-measure-poverty/>.

¹³ Noë, 2017.

2. All three territories are excluded from this analysis due to a lack of data necessary for calculating their respective poverty lines.

Table 2.

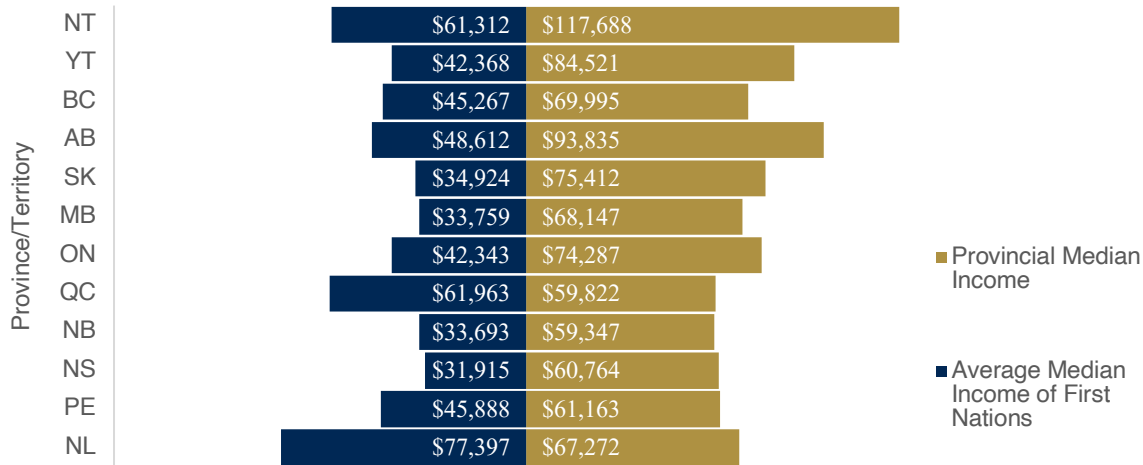
Province	Provincial Poverty Line (MBM, Based 2018)
Alberta	\$46,158
British Columbia	\$42,608
Manitoba	\$40,780
New Brunswick	\$42,284
Newfoundland and Labrador	\$42,926
Nova Scotia	\$42,494
Ontario	\$41,250
Prince Edward Island	\$42,283
Quebec	\$37,397
Saskatchewan	\$42,003

Source: Djidel et al., 2020.

Before analyzing poverty, it is important to note that, in general, there are income disparities amongst the First Nation and general populations of Canada. Figure 1 shows both provincial median household income and the average median household income of First Nation communities in each province. Only First Nation community households in Quebec (4% above) and Newfoundland and Labrador (15% above) have average median household incomes that exceed that of their respective provinces. Among the remaining provinces and territories that are below provincial median household income, the size of gaps ranges from 54% below provincial median household income in Saskatchewan to 25% below provincial median household income in PEI. When considering poverty as the ability of a household to afford an MBM basket, the sizeable gaps in median household income suggest that Indigenous households are likely less able to afford the MBM basket than non-Indigenous households in the same province.

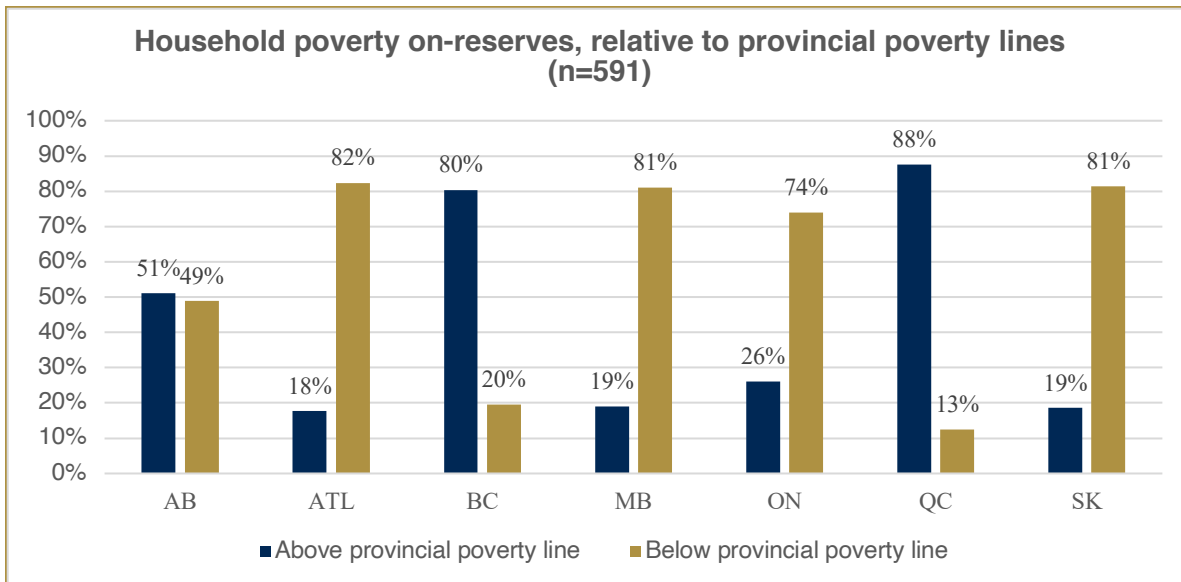
Figure 1.

Average Median Household Income On-Reserve vs Provincial Median Household Income, Unweighted, 2016 Census



Source: Statistics Canada, 2017.

Figure 2.



Source: Statistics Canada, 2017.

Analyzing Poverty Gaps

There is significant variation in the distribution of First Nation communities above and below poverty lines across provinces [Figure 2]. Notably, 100% of First Nation communities in New Brunswick and Nova Scotia have median household incomes that fall below the provincial poverty line. On the other hand, 100% of First Nation

communities in Prince Edward Island and Newfoundland and Labrador have median household incomes above their provincial poverty line. While observing the absolute proportions of First Nation communities falling below or above the provincial MBM defines the incidence of poverty, it may be impacted by outlier communities possessing median household incomes that are comfortably above the provincial poverty line. By removing all communities with median household incomes above the provincial poverty line and observing only the average of median household income for those communities that fall below the provincial poverty line, poverty gaps are sizeable.

By removing communities with median incomes above provincial poverty lines, the severity of poverty in the poorest First Nation communities across the country becomes more apparent. The gaps between average median household income and provincial poverty lines vary from a 12% gap in Quebec to 25% gaps in both British Columbia and Manitoba.

Discussion

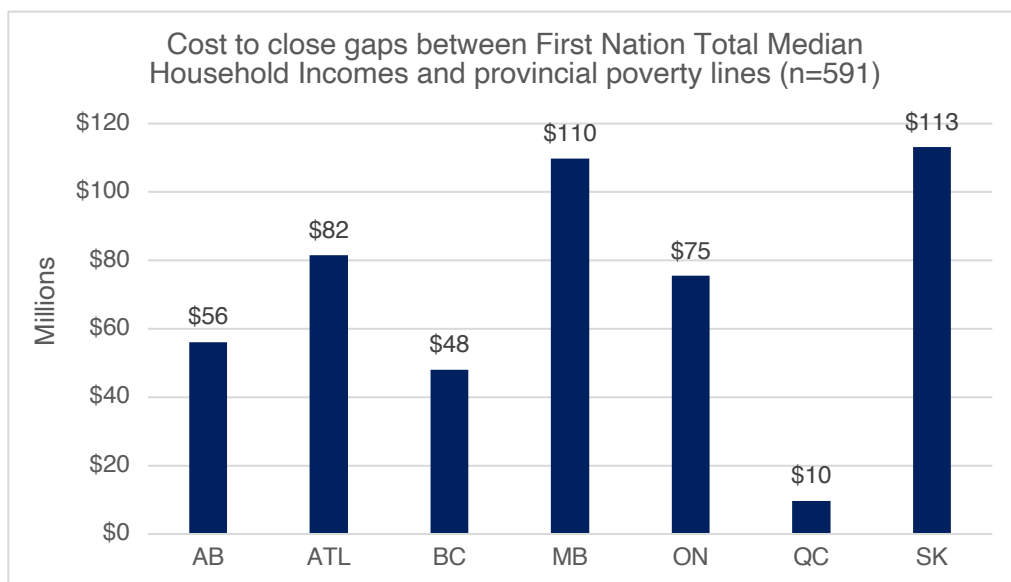
Poverty is the condition of lacking the resources necessary to access items that are essential to living a decent life. Data from the 2016 Census show that poverty is both prevalent and severe in many First Nation communities in Canada. Across all Canadian provinces, only two provinces (PEI and Newfoundland and Labrador) had no First Nation communities with median incomes below the provincial poverty line. First Nation communities in those provinces only make up 6 of the 591 (1%) First Nation communities analyzed in this brief. Overall, 52% of First Nation communities have median household incomes that fall below their provincial poverty line. These results suggest that large portions of the First Nation population in Canada live in poverty and are unable to access the items necessary to live decent lives by standards set within their provinces.

If eliminating poverty in First Nation communities is an objective, it could prove extremely costly to do so. Estimates of the cost to eliminate poverty in each province have been calculated in the table below by taking the average median household poverty gap in each community, multiplying by the estimated number of homes falling below the poverty line, and summing across provinces. This shows just how resource-intensive it could be for governments to eliminate poverty in First Nation communities. For example, in any scenario, it will cost over \$100 million to close poverty gaps in Manitoba or Saskatchewan alone. To eliminate poverty in First Nation communities across the country, it would cost somewhere between roughly \$490 million (see Figure 5).

It is worthwhile to note that, since poverty is a multifaceted issue extending far beyond income and consumption, investing in the most impoverished First Nation

communities in ways other than lump-sum transfers will likely be the most effective way to alleviate poverty. For example, by expanding existing infrastructure for water and broadband, more essential services may become available to these communities. By doing so, it may be possible to improve the quality of life in First Nation communities.

Figure 5.



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Appendix B: Health

Health Disparities between Indigenous and non-Indigenous Populations of Canada

Health is a broad and subjective term that is generally difficult to measure. Health is often measured by examining the incidence of certain conditions, perceived health, and life expectancy. Across North and South America, Indigenous people are consistently disadvantaged across all measures of health.¹ Some of the disparity in health for Indigenous Canadians has been justly attributed to the lasting and pervasive impacts of colonialism and the intergenerational trauma that has followed.² Moreover, another source of disparity in health may stem from income differentials. Average income is lower in Indigenous populations across North America than other demographics.³ A more profound understanding of the roots of health disparities for Indigenous Canadians can be found by examining the lasting effects of colonialism and environmental degradation, areas in which Indigenous peoples, particularly in Canada, are disproportionately impacted.⁴

It is also important to note that Indigenous Canadians, particularly those living in remote environments, face unique challenges in accessing essential health services. In remote communities, health care services can be of lesser quality than in mainstream Canadian society. A report from the Auditor General of Canada in 2015 revealed that nursing stations in remote First Nation communities in Ontario and Manitoba had severe deficiencies and lacked the capacity to provide essential health services to their communities.⁵ The report also found that the majority of nurses employed by these stations, while often registered with provincial regulatory bodies, had failed to complete all of Health Canada's mandatory training programs. Moreover, traditional First Nation medical customs and practices are not permitted to influence local health practices, leaving many communities to choose between sub-standard biomedical practices and underfunded cultural medicine.⁶ Given the systemic and geographic barriers impeding access to medical care in many First Nation communities, disparities in health outcomes from the rest of the population are to be expected, and likely to persist.

The remainder of this brief will examine several health indicators and outcomes for the First Nation, Métis, and Inuit populations compared to the non-Indigenous identity population of Canada. The most recent health indicator profile from Statistics

¹ Pan American Health Organization (PAHO), "Just Societies: Health Equity and Dignified Lives. Executive Summary of the Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas," (Washington, D.C.: PAHO; 2018): 10.

² Amy Bombay, Kim Matheson, and Hymie Anisman, "Intergenerational trauma." *Journal de la santé autochtone*, 5 (2009): 6-47.

³ PAHO, 2018: 47.

⁴ Charlotte L. Reading and Fred Wien, "Health Inequalities and Social Determinants of Aboriginal Peoples Health." *National Collaborating Centre for Aboriginal Health*, 2009; PAHO, 2018: 28.

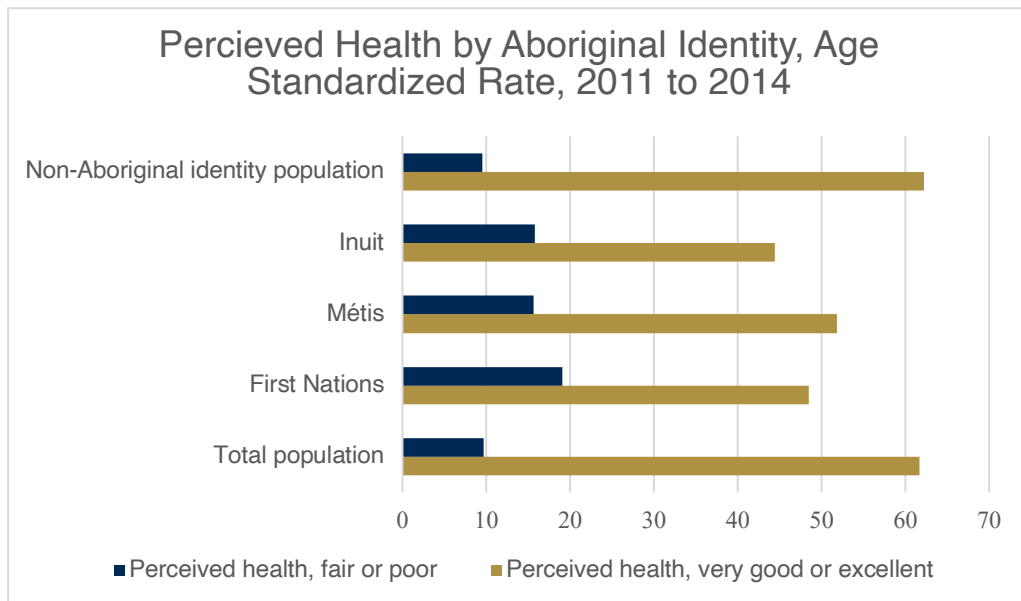
⁵ Office of the Auditor General of Canada, "Report 4 – Access to Health Services for Remote First Nations communities," *2015 Spring Reports of the Auditor General of Canada*, (2015).

⁶ Richard Matthews, "The cultural erosion of indigenous people in health care," *CMAJ : Canadian Medical Association journal = journal de l'Association medicale Canadienne* 189, no 2 E78–E79: (2016).

Canada presents data broken down by Indigenous identity on access to care, incidence of chronic conditions, smoking and alcohol usage, self-reported health, body mass index, and life expectancy. For almost every indicator, the Indigenous population groups exhibit worse outcomes than both the Non-Indigenous identity population and the total population. While this data, published by Statistics Canada in 2016, is relatively old, they reveal consistently large gaps in health. Considering large portions of these health disparities originate from structural barriers⁷, the differences in health between the Indigenous and general populations in Canada are unlikely to have changed drastically by 2020.

Self-Reported Health

Figure 1.



Source: Statistics Canada (2016)

Self-reported measures of health have been demonstrated to be reliable and stable predictors of actual health.⁸ In Canada, Indigenous populations are more likely to report age-standardized rates of fair or poor health (19.1 for First Nations, 15.6 for Métis, 15.8 for Inuit) and less likely to report very good or excellent (48.5, 51.8, 44.4) than the non-Indigenous population (9.5 poor/fair, 62.2 very good/excellent) [Figure 1].⁹ Similarly, Indigenous identity populations are less likely to report very good or excellent mental health (61.3, 63.7, 59.6) and more likely to report fair or poor mental health (10.8, 8.7, 6.8) than non-Indigenous Canadians (72.7, 5.7). Moreover, Indigenous

⁷ See Reading and Wien, (2009).

⁸ Seppo Miilunpalo, Ilkka Vuori, Pekka Oja, Matti Pasanen, and Helka Urponen, "Self-rated health status as a health measure: the predictive value of self-reported health status on the use of physician services and on mortality in the working-age population," *Journal of clinical epidemiology* 50, no. 5 (1997): 517.

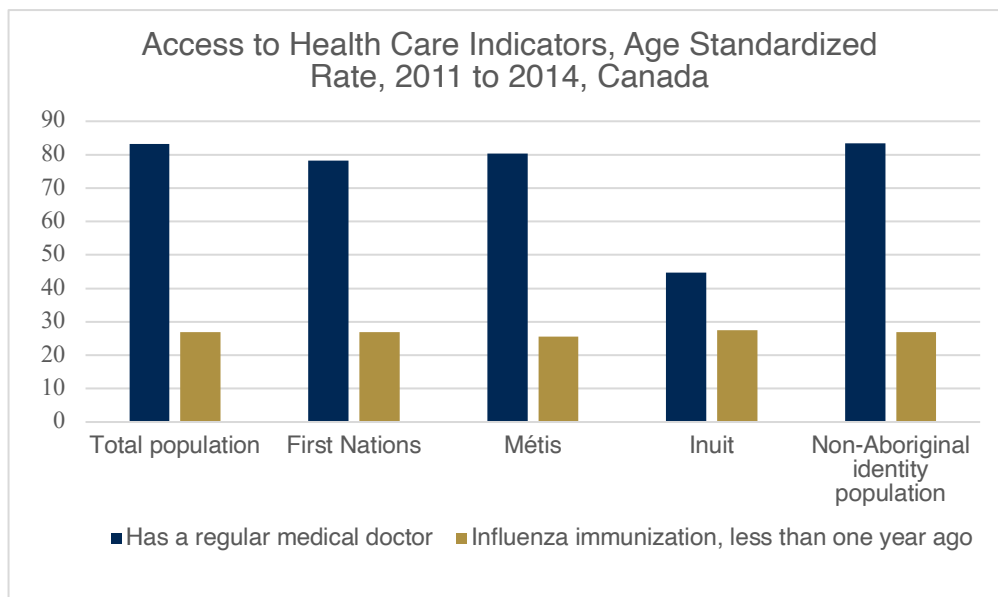
⁹ Statistics Canada, "Health indicator profile, by Aboriginal identity and sex, age-standardized rate, four-year estimates," 13-10-0099-01, (December 9, 2016).

identity populations reported lower overall age-standardized rates of life satisfaction (88.6, 91.6, 87.9) than the non-Indigenous population (93.1).¹⁰

Access to Health Care

Consistent with the access to care hypothesis, the Indigenous population has less access to health care than the general population. While having access to a regular to a medical doctor is relatively close between First Nations (78.2), Métis (80.4), and non-Indigenous Canadians (83.4), the Inuit population lags considerably behind in this indicator with an age-standardized rate of only 44.8. However, the Inuit population is more likely to have received influenza immunization in the last year (27.4) than all other Indigenous population (26.9, 25.5) groups and the non-Indigenous population (26.9) [see Figure 2] .

Figure 2.



Source: Statistics Canada (2016).

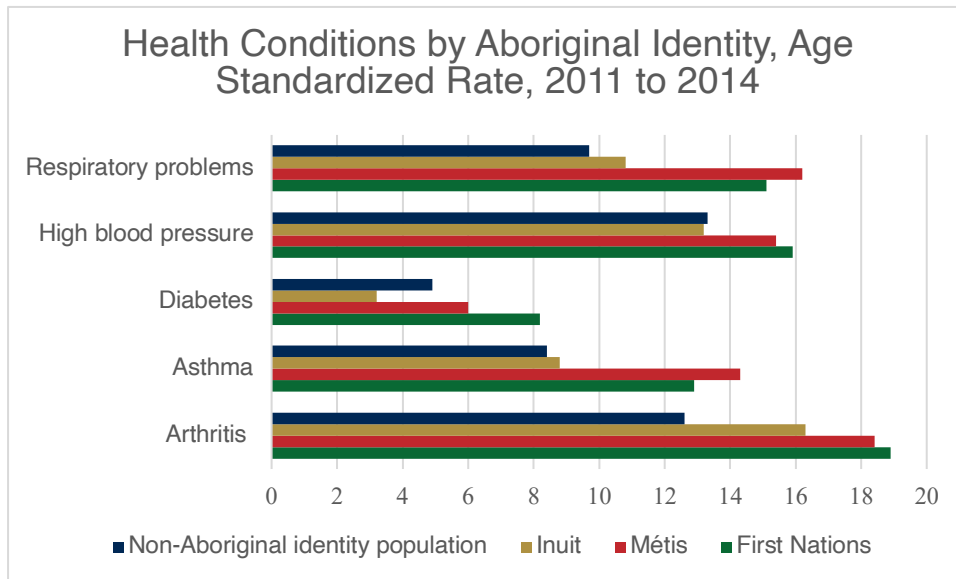
Health Conditions

The Indigenous population groups in Canada are more likely to report one of the health conditions reported in Figure 3 than the non-Indigenous population. The only exception is high blood pressure, where the Inuit population (13.2) is slightly less likely to report an issue compared to the non-Indigenous population (13.3). In fact, when it comes to reporting respiratory problems, diabetes, asthma, and arthritis, Inuit Canadians experience these conditions in frequencies only slightly above the non-Indigenous

¹⁰ Statistics Canada, "Health indicator profile, by Aboriginal identity and sex, age-standardized rate, four-year estimates," 13-10-0099-01, (December 9, 2016).

population. First Nation and Métis Canadians report these conditions in much greater frequencies than the Inuit population.

Figure 3

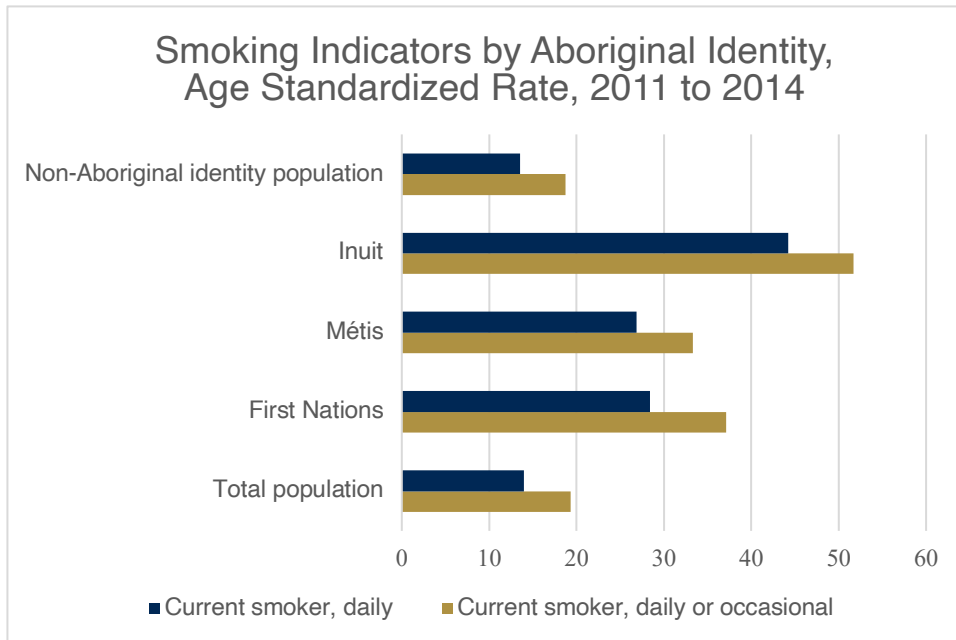


Source: Statistics Canada (2016)

Smoking and Alcohol Use

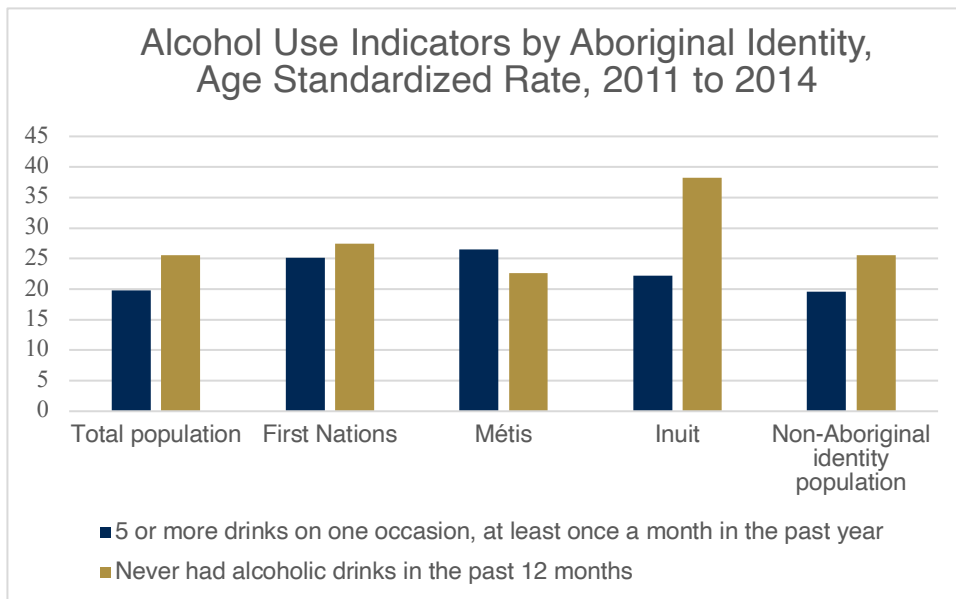
Some of the disparity in health conditions like high blood pressure and respiratory problems may stem from the increased frequency of smoking and alcohol use amongst the Indigenous population groups. Each of the Indigenous population groups reports being a daily smoker (28.4, 26.9, 44.2) in frequencies at least twice as great of that in the non-Indigenous population (13.5) [Figure 4]. Indigenous population groups are also more likely to be exposed to second-hand smoke at home (11.3, 8, 8.9) compared to the non-Indigenous population (5.1). In terms of alcohol use [Figure 5], Indigenous population groups were more likely to have reported consuming five or more drinks on one occasion in a given month (25.1, 26.5, 22.2) compared to the non-Indigenous population (19.6). However, First Nations and Inuit Canadians (27.4, 38.2) were each more likely to have not drunk alcohol in the previous year than non-Indigenous Canadians (25.5).

Figure 4.



Source: Statistics Canada (2016).

Figure 5.

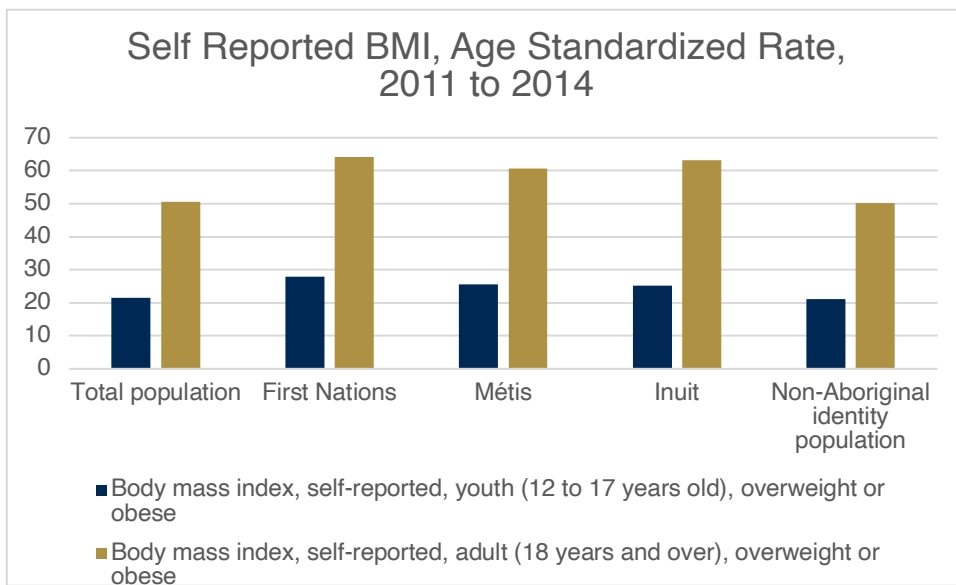


Source: Statistics Canada, 2016.

Body-Mass Index

Age-standardized rates of self-reported body mass index (BMI) suggest that both Indigenous youth (age 12 to 17 years) and adults (age 18 years or greater) are more likely to be overweight or obese than the non-Indigenous segment of the population. Of Indigenous adults, First Nation adults reported age-standardized rates of overweight/obese BMI of 64.2, Métis reported 60.6, and Inuit reported 63.2 compared to the 50.2 reported by non-Indigenous adults. Across all populations, youth report lower rates of overweight/obese BMI, although the overall trend is the same, with Indigenous youth reporting higher rates (27.9, 25.5, 25.1) than non-Indigenous youth (21.2) [Figure 6].

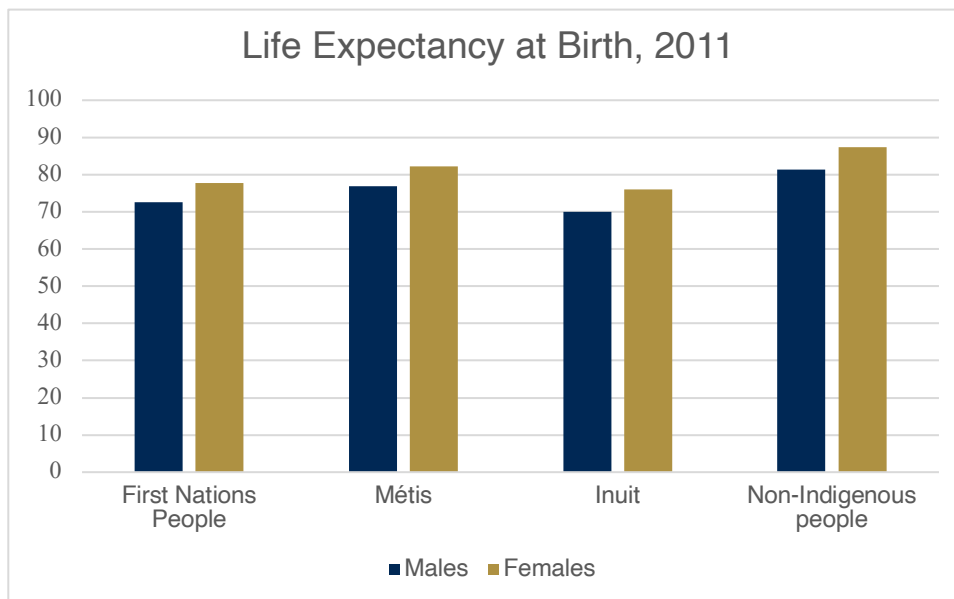
Figure 6.



Source: Statistics Canada, 2016.

Life Expectancy

Figure 7.

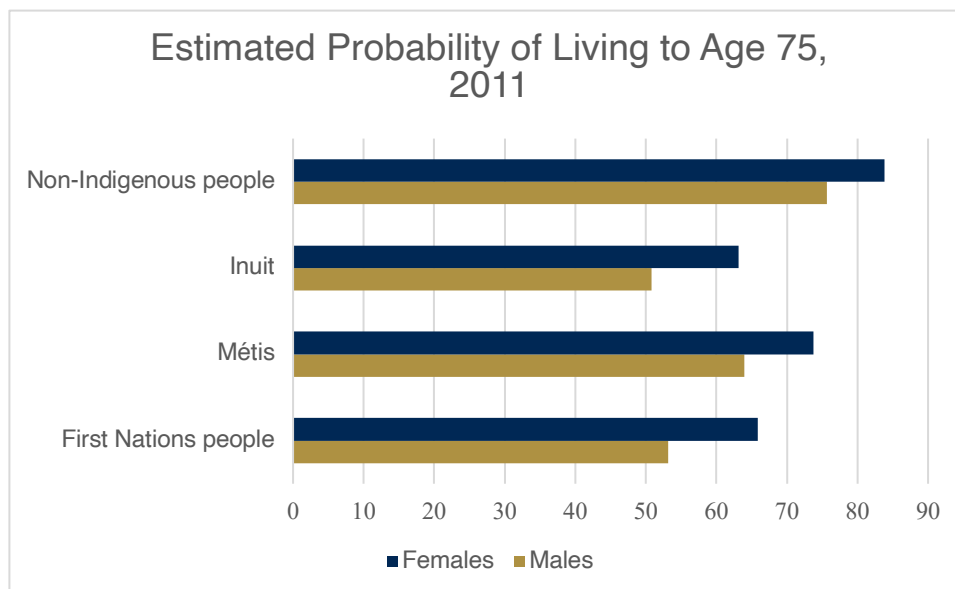


Source: Tjepkema, Bushnik, and Bougie, 2019.

Life expectancy is a common way of measuring the health of a community or group of people by observing trends in mortality. Life expectancy at birth encapsulates the health of a population across all age groups to estimate the expected life span of an individual at birth.¹¹ Given that health is influenced by several factors including access to clean water, housing quality, income, and education, it is unsurprising that the Indigenous population groups have lower life expectancies for both males and females than non-Indigenous populations [Figure 7].

¹¹ Statistics Canada, "Life expectancy," September 28, 2016.

Figure 8.



Source: Tjepkema, Bushnik, and Bougie, 2019.

In 2011, life expectancy for men was 72.5 years for First Nations, 76.9 years for Métis, and 70 years for Inuit.¹² However, for men in First Nations, it was estimated that in 2011, the probability of living to age 75 was 53.2%, 64% for Métis men communities, and 50.8% for Inuit men [see Figure 8]. Comparatively, life expectancy for non-Indigenous men was 81.4 for non-Indigenous men with a 75.7% chance of living to age 75. Females in Indigenous population groups fair slightly better in terms of life expectancy, with 77.7 years for First Nations, 82.3 years for Métis, and 76.1 for Inuit. First Nations, Métis, and Inuit women have probabilities of 65.9%, 73.8%, and 63.1%, respectively, of living to age 75 [see Figure 8]. Non-Indigenous women still fair much better with a life expectancy of 87.3 years and an 83.8% probability of living to at least 75 years of age.

Discussion

Overall, health indicators like life expectancy suggest that there are disparities in health between Indigenous population groups and non-Indigenous Canadians. This is supported by data for health outcomes, which almost always produce negative results for Indigenous Canadians relative to the non-Indigenous segment of the population. While these are important results, data used for this brief is dated, with most measures of health being reported from nearly a decade ago. While there is more recent data available for Canadians in general, this data is not available at the level of Indigenous identity, rendering comparisons between Indigenous and non-Indigenous segments of the Canadian population extremely difficult. Although it is not difficult to imagine that

¹² Michael Tjepkema, Tracey Bushnik and Evelyne Bougie, "Life expectancy of First Nations, Métis and Inuit household populations in Canada," *Statistics Canada Health Reports*, (December 18, 2019: 5..

health disparities persist in 2020, more recent data is necessary to fully understand the current nature of disparities.

From a policy perspective, what is important to take away from this brief is that there have been disparities in health between Indigenous and non-Indigenous Canadians that have persisted throughout the history of this country. While this brief has explored some of the potential underlying reasons as to why disparities exist, such as the use of alcohol and prevalence of smoking, more research is necessary to uncover the true impacts of other causes of differential health outcomes. Among the list of things that may be key contributors are access to clean and safe water, housing and overcrowding in living conditions, and access to quality health care. By better understanding the causes of differential health outcomes, policy can be guided to alleviate differences and promote the health of all Canadians.

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Appendix C: Housing

The State of Housing in First Nation Communities

Access to safe, secure, and affordable housing plays a critical role in personal stability and overall quality of life. Studies have shown that access to housing is a socioeconomic indicator of both physical and mental health.¹ As people living in a developed economy, the majority of Canadians typically have access to adequate housing. First Nation communities in Canada, however, still notice overcrowding, poor states of repair, inadequate infrastructure, and issues relating to the affordability of housing. Of homes on-reserve, only three quarters are considered adequate for living by First Nation housing managers.² The Assembly of First Nations (AFN) has consistently expressed concern with the living conditions in First Nation communities. Mould contamination, lack of infrastructure, and obstacles to accessing housing programs are commonplace for on-reserve First Nation communities.³

The *2016 Census of Population (Census)* is the most recent source of Canadian housing data. An assessment of Census data reveals that there are disparities in living conditions between on- and off-reserve communities. The remainder of this brief will examine the Census data and analyze key housing areas where disparities between Indigenous populations and the general population exist. This brief will also explore disparities between on- and off-reserve populations in Canada.⁴ Two particular variables that will be examined from the 2016 Census data are the number of dwellings in need of repair and the number of persons per room in a given dwelling. The number of dwellings in need of repair categorizes dwellings as one of "regular maintenance needed," "minor repairs needed," or "major repairs needed." This measure provides an approximation of the quality of housing amongst the population segments of interest. Persons per room categorizes dwellings as "1 person or fewer per room" or "more than 1 person per room." The latter is subdivided into "more than 1 person but less than 1.50" and "1.50 persons or more." The persons per room variable estimates the degree of overcrowding in the populations of interest.

Dwellings in Need of Repair

Observing the general population (the population of Canada, regardless of Indigenous identity or geography), the Census data estimates 22,933,440 (66.6%) people live in dwellings that require regular maintenance, 9,227,860 (26.8%) live in

¹Kathryn MacKay and John Wellner, "Housing and health: OMA calls for urgent government action, housing-supportive policies to improve health outcomes of vulnerable populations," *Ontario Medical Association Health Promotion*. (July 2013); Lisa Garnham and Steve Rolfe, "Housing as a social determinant of health: evidence from the Housing through Social Enterprise study," (2019), 41.

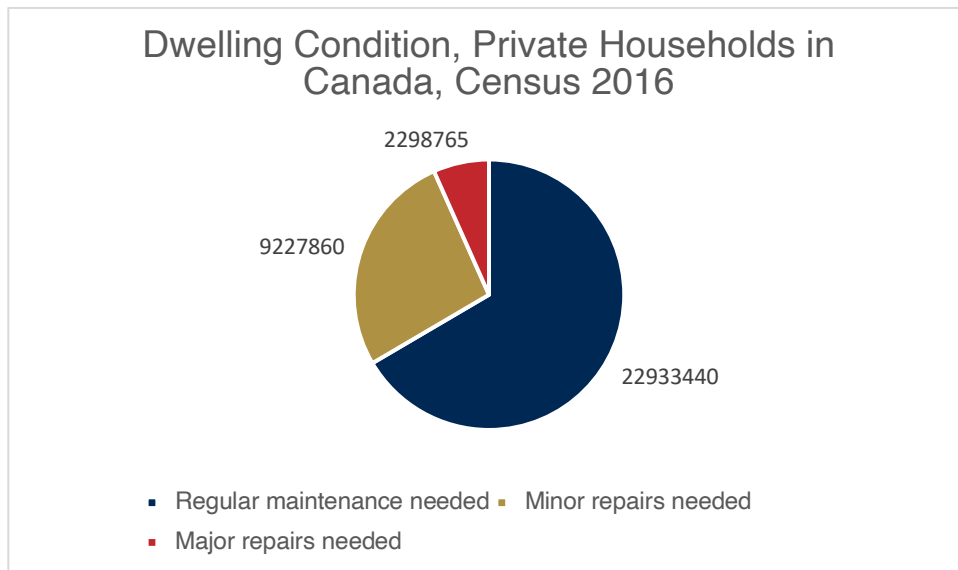
² Indigenous and Northern Affairs Canada (INAC), "Evaluation of On-Reserve Housing," (January 2017).

³ Assembly of First Nations (AFN), "Fact Sheet – First Nations Housing On-Reserve," (June 2013).

⁴ "Aboriginal identity" is defined as an amalgamation of the 2016 census responses "First Nations (North American Indian)," "Métis," "Inuk (Inuit)," "Multiple Aboriginal responses," and "Aboriginal responses not included elsewhere."

dwellings that require minor repairs, and 2,298,765 (6.7%) live in dwellings that require major repairs [Figure 1].⁵

Figure 1.



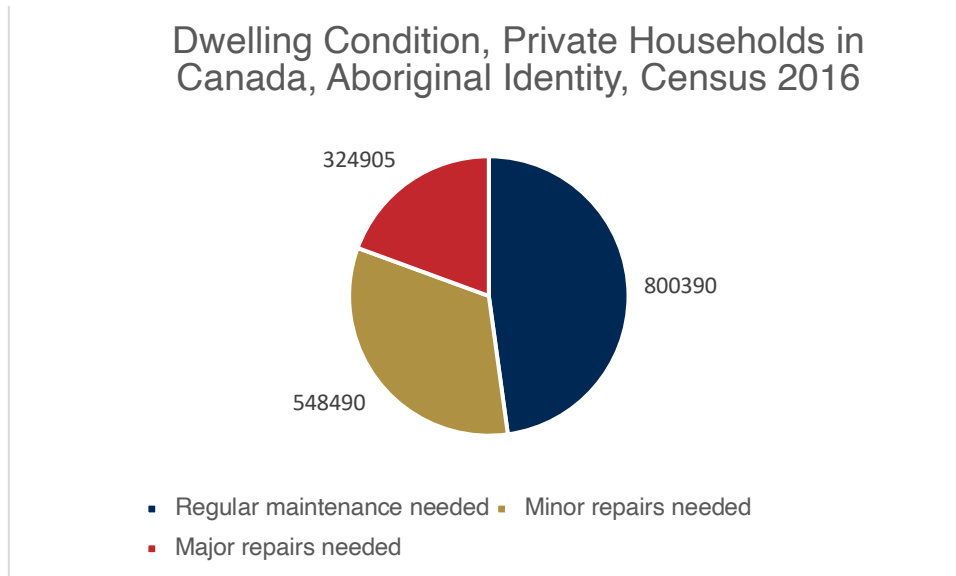
Source: Statistics Canada.

By contrast, the Census estimates that of Canadians with Indigenous identity 800,390 (47.8%) live in dwellings that require regular maintenance, 548,490 (32.8%) live in dwellings that require minor repairs, and 324,905 (19.4%) live in dwellings that require major repairs [Figure 2].⁶

⁵ Statistics Canada. 2017, "Aboriginal Identity, Dwelling Condition, Registered or Treaty Indian Status, Residence by Aboriginal Geography, Age and Sex for the Population in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census - 25% Sample Data," *2016 Census*. 98-400-X2016164, Modified 2019-06-17.

⁶ Statistics Canada, 98-400-X2016164.

Figure 2.

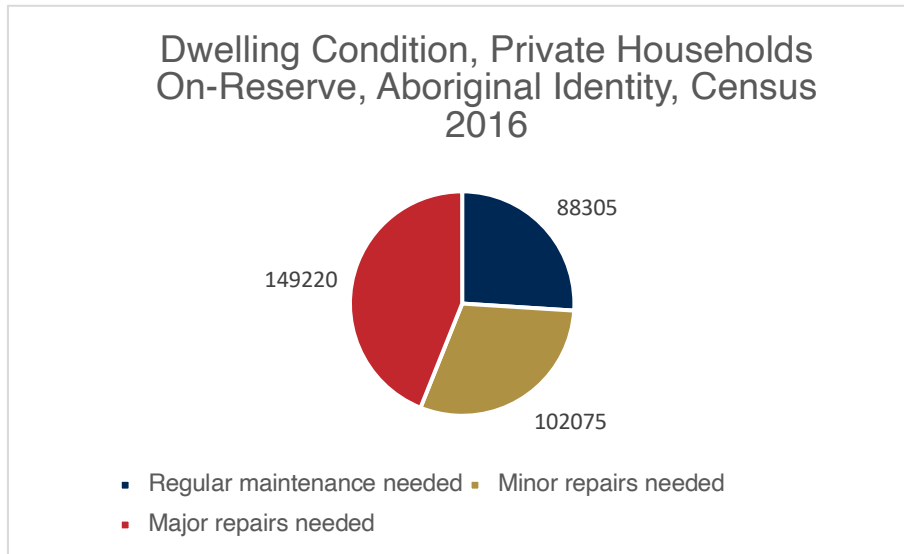


Source: Statistics Canada

Overall, the Census estimates that roughly half of Indigenous-identifying Canadians live in a dwelling in need of some type of repair (minor or major), while only one-third of the general population lives in a dwelling of similar conditions. When considering Canadians of Indigenous identity who live on-reserve, the Census estimates that 88,305 (26%) live in dwellings that require regular maintenance, 102,075 (30%) live in dwellings that require minor repairs, and 149,220 (44%) live in dwellings that require major repairs [Figure 3].⁷ That is to say that the Census estimates three-quarters of Indigenous identity Canadians living on-reserve live in households that require some degree of repair.

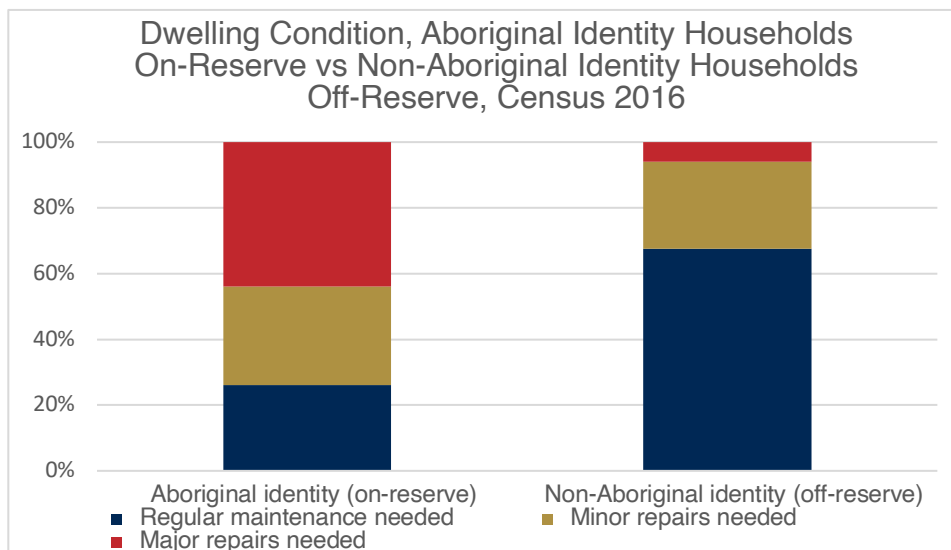
⁷ Statistics Canada, 98-400-X2016164.

Figure 3.



Source: Statistics Canada.

Figure 4.



Source: Statistics Canada.

The differences in estimated dwelling conditions are between the Indigenous identity population living on-reserve, and the non-Indigenous identity population living off-reserve are compared in Figure 4. The Census approximates that 22,105,415 (68%) non-Indigenous identity Canadians residing off-reserve live in dwellings that require regular maintenance, while 8,670,250 (26%) live in dwellings that require minor repairs, and 1,969,855 (6%) live in dwellings that require major repairs [see Figure 4].⁸ The Census estimates suggest that the population living on-reserving and reporting

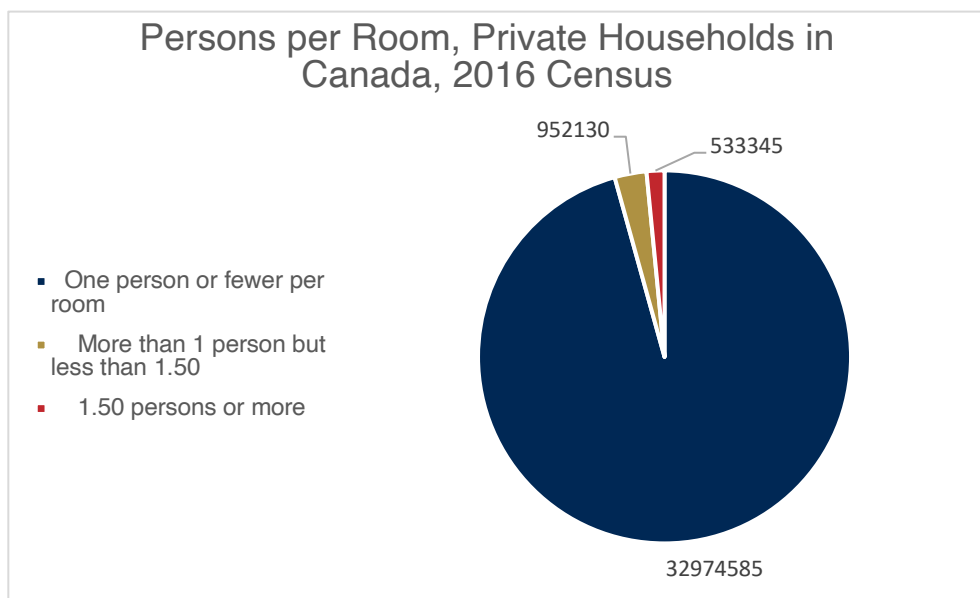
⁸ Statistics Canada, 98-400-X2016164.

Indigenous identity are more than twice as likely than those of non-Indigenous identity living off-reserve to reside in a dwelling requiring some degree of repair.

Persons per Room

The Census estimates that in the general Canadian population 32,974,585 (95.7%) people live in dwellings the have 1 person or fewer per room, 952,130 (2.8%) live in dwellings with more than 1 person but less than 1.5, and 533,345 (1.5%) live in dwellings with more than 1.5 people per room [Figure 5].⁹

Figure 5.



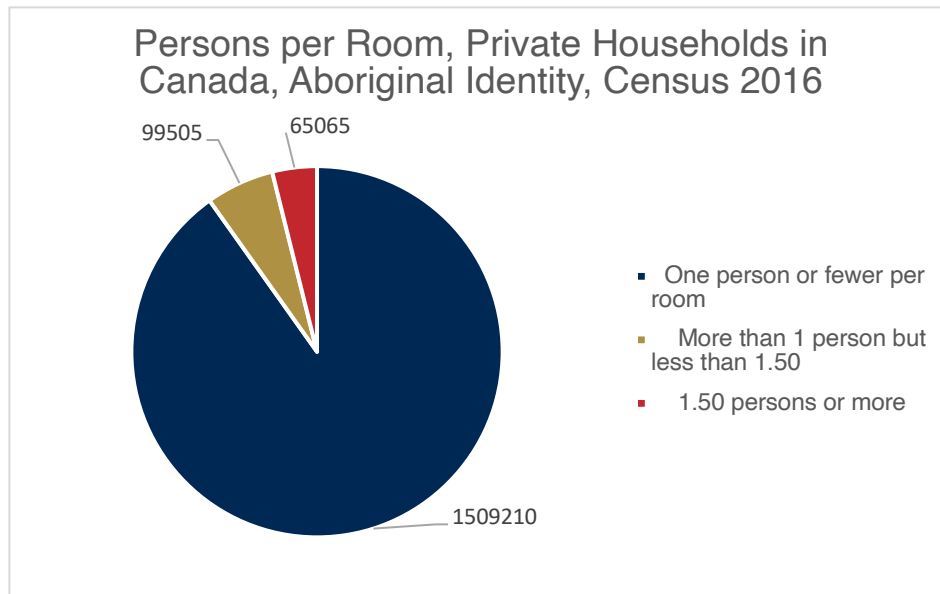
Source: Statistics Canada

The Census estimates that of Canadians with Indigenous identity 1,509,210 (90.2%) live in dwellings with 1 person or fewer per room, 99,505 (5.9%) live in dwellings with between 1 and 1.5 persons per room, and 65,065 (3.9%) live in dwellings with more than 1.5 persons per room [Figure 6].¹⁰ The estimates suggest that roughly 9.8% of the Indigenous identity population live in dwellings with more than one person per room, while 4.3% of the general population live in dwellings with more than one person per room.

⁹ Statistics Canada. 2017, "Aboriginal Identity, Number of Persons per Room, Registered or Treaty Indian Status, Housing Suitability, Residence by Aboriginal Geography, Age and Sex for the Population in Private Households of Canada, Provinces and Territories, 2016 Census - 25% Sample Data," *2016 Census*, 98-400-X2016163. Modified 2019-06-17.

¹⁰ Statistics Canada, 98-400-X2016163.

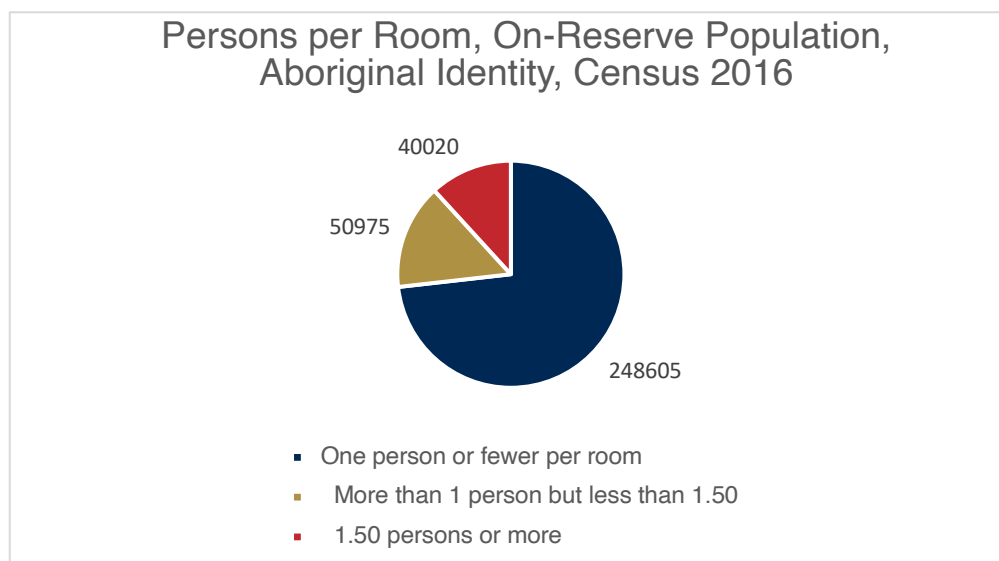
Figure 6.



Source: Statistics Canada

As was the case with the repair of dwelling, variation in persons per room becomes more pronounced when observing the estimation of the Indigenous identity population who also live on-reserve. The Census estimates that of those with Indigenous identity who also live on-reserve 248,605 (73%) live in dwellings with 1 person or fewer per room, 50,975 (15%) live in dwellings with between 1 and 1.5 persons per room, and 40,020 (12%) live in dwellings with more than 1.5 persons per room [Figure 7].¹¹

Figure 7.

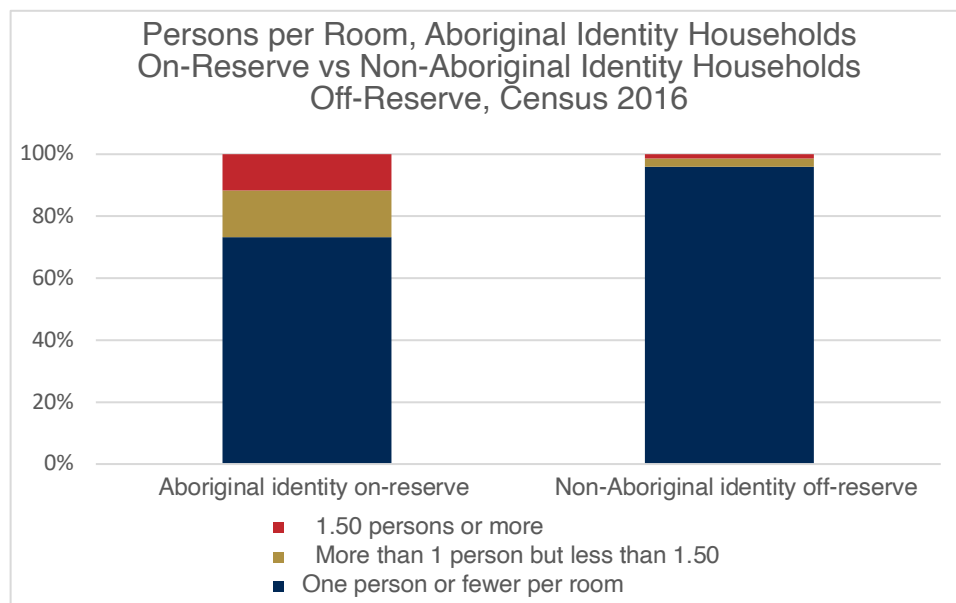


Source: Statistics Canada.

¹¹ Statistics Canada, 98-400-X2016163.

Inequalities are apparent when comparing the Indigenous identity population living on-reserve with the non-Indigenous identity population living off-reserve. The Census estimates that of non-Indigenous identity Canadians living off-reserve, 31,425,775 (96%) live in dwellings with 1 person or fewer per room, 851,920 (3%) live in dwellings with more than 1 person but less than 1.5 persons per room and 467,825 (1%) live in dwellings with more than 1.5 persons per room [Figure 8].¹² Overall, Indigenous identifying Canadians living on-reserve are about eight times more likely than non-Indigenous identifying Canadians living off-reserve to live in crowded conditions of more than one person per room in a household.

Figure 8.



Source: Statistics Canada.

Discussion

Studies have shown that access to safe, secure, and affordable housing is a socioeconomic indicator of both physical and mental health while also being a contributor to overall well-being. The vast majority of Canadians live in homes that are of acceptable repair and are not overcrowded. The same cannot be said for the segment of the population living in First Nation communities. Estimates from the *2016 Census of Population* suggest that there exist disparities in housing quality and living conditions between Indigenous identity Canadians and the rest of the population. Notably, the Census estimates suggest that the population living on-reserve and reporting Indigenous identity are more than twice as likely than those of non-Indigenous identity living off-reserve to reside in a dwelling requiring some degree of repair and

¹² Statistics Canada, 98-400-X2016163.

about eight times more likely to live in crowded conditions. These estimates speak to the concerns of groups like AFN regarding the living conditions on-reserve in Canada. Nevertheless, the Census only produces an estimate of living conditions. Conducting more comprehensive surveys and collecting data on housing at a larger scale and a greater degree of granularity may allow for more concrete conclusions about the state of housing in First Nation communities in Canada to be drawn.

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Appendix D: Water

The State of Access to Water in First Nation Communities

Water is an essential part of human life to which many Canadians enjoy safe, secure, and regular access. Canada is home to the third-largest supply of renewable fresh water in the world, with 103,899 m³ per capita.¹ With access to a vast supply of water, the majority of Canadians avoid the consequences of consuming contaminated water, which include preventable conditions like cholera, diarrhea, dysentery, hepatitis A, and polio.² Studies have shown that drinking contaminated water is associated with a 5 to 7% lower likelihood of reporting good health and a 4% higher probability of reporting a health condition or stomach problem.³ Despite the ubiquity of water found in Canada and the global understanding of the vital role water plays in human well-being, there remain significant gaps in the ability to access water in First Nation communities across the country. Access to safe and clean drinking water has been recognized internationally by the United Nations General Assembly as a human right since 2010.⁴ The lack of access to water in First Nation communities has been seen internationally as Canada failing to uphold its commitments under the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP), while also failing to uphold its legal obligations under treaties like the *International Covenant on Economic, Social, and Cultural Rights* (ICESCR).⁵ Canada has been urged in recent years by the United Nations Committee on Economic, Social, and Cultural Rights to fulfill its commitment to ensure safe drinking water and sanitation for First Nations while also promoting their active participation in water planning and management.⁶

The ability to access water is often viewed as a binary topic in that one either can or cannot access water safely. However, access to water is a multi-dimensional issue that relies on several components. The Center for Disease Control and Prevention (CDC), the United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) have adopted a method of assessing access to water based on the incidence of "improved drinking water sources," which encapsulates the complexities of access to water. Examples of improved drinking water sources include: piped household water connection, public standpipe, borehole, protected dug well, protected spring, and rainwater collection.⁷ Among unimproved drinking water sources are: unprotected dug well, unprotected spring, surface water (river, dam, lake, pond, stream, canal, irrigation channel), vendor-provided water (cart with small tank/drum,

¹ Statistics Canada, "Human Activity and the Environment 2016: Freshwater in Canada," (2017), <https://www150.statcan.gc.ca/n1/pub/16-201-x/16-201-x2017000-eng.htm>.

² World Health Organization (WHO), "Drinking-water," (2020), <https://www.who.int/news-room/fact-sheets/detail/drinking-water#:~:text=Key%20facts,at%20least%20a%20basic%20service.>

³ Melanie O'Gorman, and Stephen Penner, "Water infrastructure and well-being among First Nations, Métis and Inuit individuals in Canada: what does the data tell us?," *Environmental Science and Pollution Research* 25, no. 33 (February 8, 2018): 33041.

⁴ United Nations (UN), "Resolution adopted by the General Assembly on 28 July 2010," (August 3, 2010).

⁵ Human Rights Watch (HRW), "Make it Safe: Canada's Obligation to End the First Nations Water Crisis," (2016).

⁶ United Nations Committee on Economic, Social and Cultural Rights, "Concluding observations on the sixth periodic report of Canada," E/C.12/CAN/CO/6, (March 23, 2016), paragraph 44.

⁷ Centers for Disease Control and Prevention (CDC), "Assessing Access to & Sanitation," (June 22, 2017).

tanker truck), bottled water, and tanker truck water.⁸ One may technically have access to water if the only means of doing so is through bottled or trucked water. However, this method of accessing water is inconvenient, expensive for individuals, and environmentally unsustainable. That is why such methods are considered unimproved sources of drinking water by the CDC, UNICEF, and WHO. Likewise, having access to water by a pipe through community water systems, although convenient, neglects that such water may be unsafe for daily use if the source water is highly contaminated or if the treatment facility is poorly monitored.

At the federal level, Canada has failed to adopt similar standards for access to water. Health Canada does employ the *Guidelines for Canadian Drinking Water Quality*, designed to direct the focus of water quality regulation for provinces and territories.⁹ Quality of water, while essential, is only part of the story. When judging access to water, it is also important to consider how individuals get their water, and whether or not quality water is easily accessible. Canadians learned this through the tragedy in Walkerton, Ontario, after nearly half of the community fell ill, and seven people died from an E. coli outbreak in the summer of 2000.¹⁰ In the wake of the Walkerton tragedy, it became incumbent upon the provinces and territories to regulate water quality within their jurisdictions. In the early 2000s, provincial governments adopted a multi-barrier approach to protecting the drinking water supply, which includes source water protection, water treatment, water monitoring, and on-going water supply management for communities in their jurisdiction.¹¹ The multi-barrier approach ensures that Canadians not only have water that is easily accessible but also safe for daily use.

First Nation communities, however, do not benefit from the multi-barrier strategy to water supply protection and are at a disadvantage in terms of the way water quality is regulated. Since on-reserve communities are considered Crown land, and thus under the direct control of the federal government, they do not benefit from the protection afforded to non-reserve communities by provincial water quality standards. In practice, it is the First Nation chiefs and band council that are responsible for providing services, including water systems, on-reserve through a budget provided by the federal government.¹² This system has the federal government cover a portion of the operations and maintenance costs for First Nation public water systems, leaving a 20 percent gap to be filled by First Nation communities themselves, regardless of the community's ability to contribute necessary funds.¹³ While there was a framework for regulating the

⁸ CDC, 2017.

⁹ Government of Canada, "Drinking water quality in Canada," (2019), <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/water-quality/drinking-water.html>.

¹⁰ CBC News, "Inside Walkerton: Canada's worst-ever E. coli contamination," (May 10, 2010), <https://www.cbc.ca/news/canada/inside-walkerton-canada-s-worst-ever-e-coli-contamination-1.887200#:~:text=Canada's%20worst%20ever%20outbreak%20of,in%20the%20local%20water%20system>.

¹¹ Dan Walters, Nicholas Spence, Kayli Kuikman, and Budhendra Singh, "Multi-Barrier Protection of Drinking Water Systems in Ontario: A Comparison of First Nation and Non-First Nation Communities," *International Indigenous Policy Journal* 3, no. 3 (2012): 1.

¹² HRW, 2016.

¹³ HRW, 2016.

quality of the water supply in First Nation communities set forth by Indigenous and Northern Affairs Canada (INAC) in 2013, such measures are largely symbolic as they do not impose legally binding obligations for community water systems to reach a certain threshold for water quality.¹⁴ The INAC framework was criticized by leaders in First Nation communities for failing to consult with the communities themselves appropriately.¹⁵

By contrast, a given non-reserve water system is subject to strict regulations and standards controlled by all levels of government. At the federal level, Health Canada's Water and Air Quality Control Bureau conducts research and development for community water systems.¹⁶ Since the Walkerton tragedy, it has been the provincial government's responsibility to oversee day-to-day regulation of water quality. Municipal governments are to oversee the day-to-day operation of water treatment facilities.¹⁷ While off-reserve communities have their water systems monitored by each level of government in some capacity, First Nation communities are responsible for operating, maintaining, and even funding portions of their water systems with little external aid. Given the governance gap, any disparities that may arise between First Nation communities and the general population in terms of access to water are unsurprising.

The issue of access to water in Canada has been poorly informed due to gaps in data collection and availability on the subject. The most notable effort to gather data on water quality, availability, and overall risk was undertaken by Neegan Burnside Limited at the direction of INAC and was published in 2011. The purpose of this survey was to highlight deficiencies in First Nation water and wastewater systems, identify water needs for each community, and guide infrastructure projects for the following decade.¹⁸ Through a survey of 571 First Nation communities and 807 water systems, data was collected in addition to a risk level analysis conducted per INAC guidelines.¹⁹

¹⁴ Indigenous Services Canada (ISC), "Safe Drinking Water for First Nations Act," (June 23, 2017).

¹⁵ HRW, 2016.

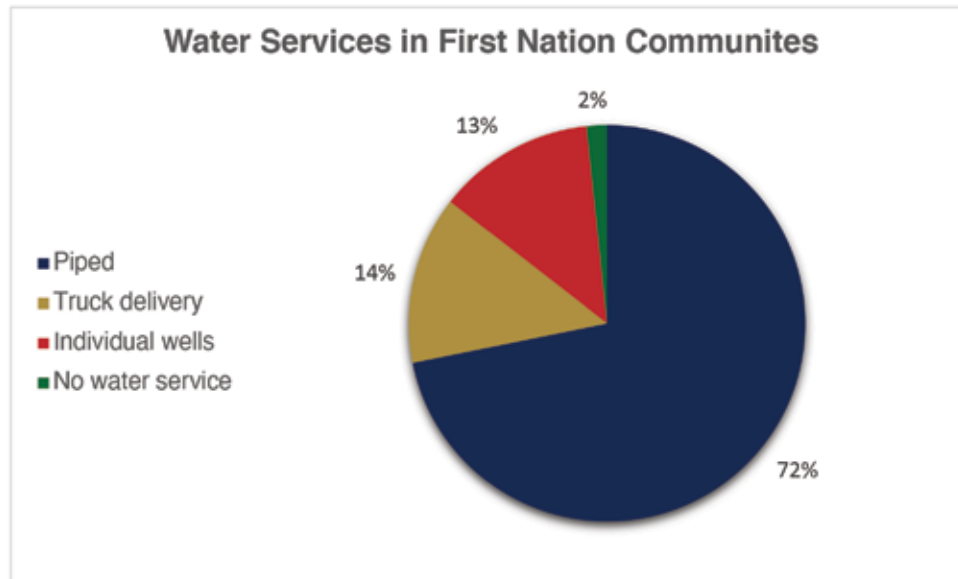
¹⁶ Government of Canada, 2019.

¹⁷ Government of Canada, 2019.

¹⁸ Neegan Burnside Ltd, "National Assessment of First Nations Water and Wastewater Systems," (April 2011): 1.

¹⁹ Neegan Burnside Ltd, 1.

Figure 1.



Source: Neegan Burnside Ltd. (2011)

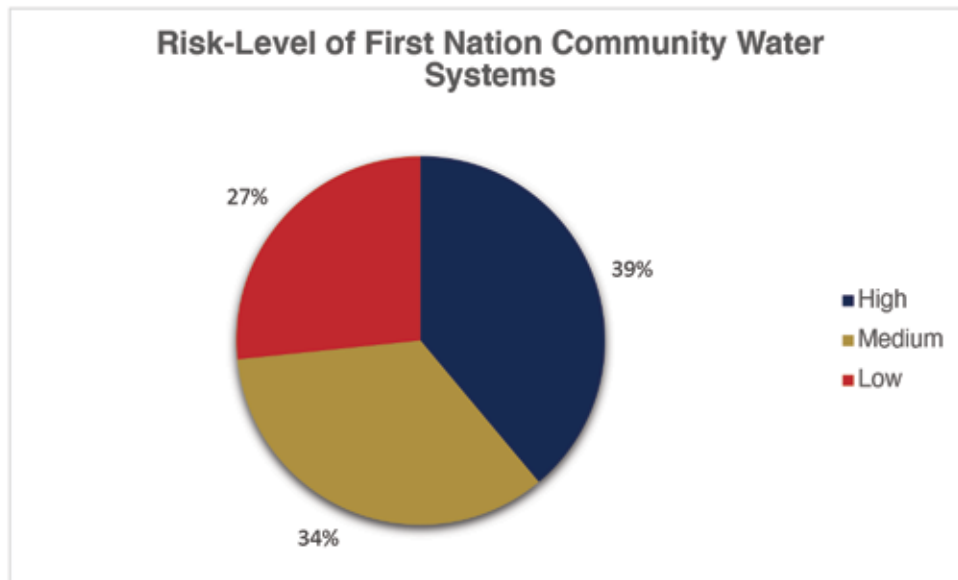
Of the homes in the 571 First Nation communities that participated in the study: 72% (81,026) of homes are piped, 13.5% (15,451) of homes receive on truck delivery, 13% (14,479) of homes are serviced by individual wells, 1.5% (1,880) of homes are reported to have no water service.²⁰ The report demonstrates that over one-quarter of homes in First Nation communities were getting their water from what the CDC, UNICEF, and WHO would consider to be unimproved drinking water sources. Moreover, these results suggest that thousands of homes in First Nation communities lack the basic infrastructure necessary to access water easily, if at all.

For the 807 First Nation community water systems, risk was calculated as a weighted average of source (10%), design (30%), operations (30%), reporting (10%), and operators (20%).²¹

²⁰ Neegan Burnside Ltd, 4.

²¹ Neegan Burnside Ltd, 16.

Figure 2.



Source: Neegan Burnside Ltd. (2011)

Of the 807 water systems inspected: 314 (39%) were high overall risk, 278 (34%) were medium overall risk, and 215 (27%) were low overall risk.²² Notably, while high overall risk was the most common risk level amongst on-reserve water systems, this categorization represents roughly one-quarter of the on-reserve population.²³ In general, small water systems are of a higher risk level than large water systems due to the lack of resources available to operate on the same scale.²⁴ The authors also note that the overall risk of a given system increases with the degree of community remoteness.²⁵

Beyond the Neegan Burnside report, publicly available data regarding access to water in First Nation communities was also documented by the First Nations Information Governance Centre (FNIGC) through the First Nations Regional Health Survey (FNRHS, or RHS for short), most recently published in March 2018. The latest iteration is a cross-sectional survey of 23,764 individuals within 253 First Nation communities conducted between March 2015 and December 2016 (a 78.1% response rate). Of these responses, 76.1% were considered useable for the final analysis.²⁶ The focus of the RHS is broad but does contain a section devoted to access to water in First Nation communities. In terms of methods of accessing water, the 2015-16 RHS findings were similar to that of the Neegan Burnside report in 2011 [Figure 3]: 71.3% of surveyed First Nation adults reported the primary source of water supply in their household to come from piped-in water, 16.4% reported trucked in water as the primary source of water supply, 9.9% reported using either an individual or shared well, while the remaining

²² Neegan Burnside Ltd, 16.

²³ Neegan Burnside Ltd, 36.

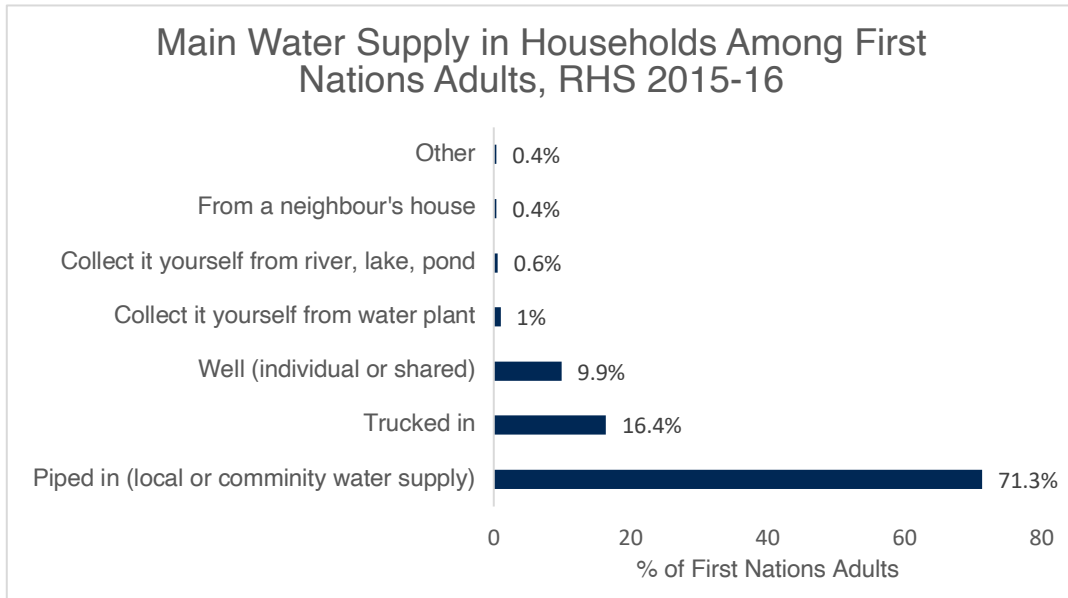
²⁴ Neegan Burnside Ltd, 36.

²⁵ Neegan Burnside Ltd, 19.

²⁶ First Nations Information Governance Centre (FNIGC), "National Report of The First Nations Health Survey Phase 3: Volume One," Ottawa, (March 2018): 13.

2.4% reported other ways of getting water, including collecting it themselves from a water plant, river, lake, pond, or from a neighbour's house.²⁷

Figure 3.



Source: FNIGC RHS 2015-16

Additionally, the RHS found that 72.5% of First Nation adults consider their primary water source to be safe for year-round drinking, an improvement from 64.2% in the 2008-2010 survey while finding no statistically significant differences among urban, rural, and remote communities in terms of drinking water perception.²⁸ The overwhelming majority of surveyed First Nation adults had access to both cold and hot water from the tap (97.9% and 97.4%, respectively), according to the RHS.²⁹ The RHS found that 77.9% of those who considered their water safe for year-round drinking reported having water piped in from local or community water supply, compared to 54.4% of those who did not consider their water safe for year-round drinking.³⁰ Overall, the results from the RHS suggest that having access to water from a tap does not mean that water is necessarily safe for daily use. As a result, individuals who cannot trust water from a tap will explore other alternatives, like trucked or bottled water, which are considered to be unimproved sources of drinking water by the CDC, UNICEF, and WHO.

In the time since the Neegan Burnside report and 2015-16 RHS were published, the government of Canada has invested billions of dollars in infrastructure projects to

²⁷ FNIGC, 32.

²⁸ FNIGC, 32.

²⁹ FNIGC, 30.

³⁰ FNIGC, 32.

end all long-term drinking water advisories (L-T DWA) on public systems on-reserves.³¹ The federal government has made progress towards this goal. When the mass infrastructure projects began in November 2015, there were 105 L-T DWAs on public systems on-reserves across the country.³² Since then, the federal government has funded 441 projects to repair, upgrade, or build infrastructure, 59 supporting projects and initiatives, and 74 feasibility studies and projects in the design phase.³³ The infrastructure expansion project has helped resolve 88 L-T DWAs and is projected to reach its goal of eliminating such advisories by March 2021.³⁴

Despite the progress of the federal government's project, significant challenges towards First Nation community drinking water will persist upon the project's completion. The approach of the federal government's infrastructure spending is focused solely on ending long-term drinking water advisories on public systems on-reserve. This approach neglects the nearly 500 non-public drinking water systems on-reserve that, rather than being the responsibility of the federal government, these are the responsibility of the owner, operator, or other stakeholders.³⁵ Another potential problem with the approach taken by the federal government is that the infrastructure projects may ultimately be temporary solutions, and that long-term drinking water advisories may be replaced by more frequent and persistent short-term drinking water advisories (S-T DWA). As of July 24, 2020, there are 45 S-T DWAs across the country, not including DWAs in British Columbia and within the Saskatoon Tribal Council.³⁶ Additionally, previous research suggests that large-scale infrastructure projects, like the one currently being undertaken by the federal government, have been mostly unsuccessful due to the high cost of water treatment plants relative to the small population bases they will serve.³⁷ A proposed solution to this problem is a more holistic water system improvement, focusing on watershed and groundwater protection as part of a multi-barrier approach similar to that adopted by the provinces following the Walkerton tragedy.³⁸

Access to water is a critical component of human health, and a fundamental human right recognized internationally that is absent from First Nation communities across Canada. Despite recent efforts from the federal government, there still exist significant legal, regulatory, and logistical challenges impeding the expansion of access to water. Of particular concern is the gap in regulation and governance of water quality between on- and off-reserve communities. Harmonizing the regulation of water quality

³¹ Indigenous Services Canada (ISC), "Ending long-term drinking water advisories," (February 17, 2020), <https://www.sac-isc.gc.ca/eng/1506514143353/1533317130660>.

³² ISC, 2020.

³³ ISC, 2020.

³⁴ ISC, 2020.

³⁵ Indigenous Services Canada (ISC), "Long-term advisories affecting water systems not financially supported by the Government of Canada South of 60," (April 18, 2019), <https://www.sac-isc.gc.ca/eng/1516134315897/1533663683531>.

³⁶ Indigenous Services Canada (ISC), "Short-term drinking water advisories," (May 25, 2020), <https://www.sac-isc.gc.ca/eng/1562856509704/1562856530304>.

³⁷ Robert J Patrick, "Uneven access to safe drinking water for First Nations in Canada: Connecting health and place through source water protection," *Health & place* 17, no. 1 (2011): 387.

³⁸ Patrick, 387.

to the provincial level may allow for improved outcomes in access to safe and clean water. Additionally, a lack of recent and relevant data on access to water in First Nation communities obstructs the degree to which conclusions can be drawn on the subject. As such, one thing to take away from this brief is the need for rigorous, granular, and regular data collection on access to water not only for First Nation communities but for the general population. By doing so, it may be possible to guide policy in a manner that alleviates disparities in access to water for all Canadians.

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Appendix E: Food Insecurity

Food Sovereignty and Security in First Nation Communities

Food insecurity is defined as inadequate or insecure access to food due to financial constraints.¹ This measure ranges from marginal to severe, based on the intensity of the situation. In practice, marginal food insecurity may resemble a household running out of food before there is money to buy more while, in extreme cases, severely food insecure households may go days without eating due to lack of food or money for food.² Like many measures of poverty, food insecurity is a clear mark of a general inability to afford or have access to items necessary to live a decent life. A primary contributor to any level of food insecurity is food sovereignty, defined as: “the right of peoples to healthy and culturally appropriate food produced through ecological and sustainable methods, and their right to define their food and agriculture systems.”³ The main difference between food security and food sovereignty is that the former describes an outcome while the latter describes a process.

Given that, in many cases, it is easier to quantify an outcome, the vast majority of the existing literature is focused on food security. There is a large and growing body of research that outlines the consequences of food insecurity on human health and well-being. One study from 2005 to 2017 found that Canadian adults suffering from food insecurity were more likely to die prematurely than food-secure adults, with those suffering from severe food insecurity dying on average nine years earlier than food-secure adults.⁴ Other studies notice less severe consequences stemming from food insecurity, such as inadequate nutrient intake in adults.⁵

For children, however, particularly of school-age (5-17 years), studies have been unable to associate food insecurity with the same dietary compromise noticed in adults.⁶ Hypothesis for this phenomenon are varied but are mainly since children, be it through school, friends, extracurricular activities, or work, have other ways of supplementing their nutrition. However, food-insecure children are less likely to meet expectations in school in both reading and mathematics when compared to their food-secure counterparts.⁷ Moreover, the hunger that stems from persistent food insecurity can have

¹ Valerie Tarasuk and A. Mitchell, “Household food insecurity in Canada,” *Research to identify policy options to reduce food insecurity (PROOF)*, (2020), <https://proof.utoronto.ca/wp-content/uploads/2020/03/Household-Food-Insecurity-in-Canada-2017-2018-Full-Reportpdf.pdf>.

² Tarasuk and Mitchell, 2020.

³ This definition comes from Food Secure Canada’s website: <https://foodsecurecanada.org/who-we-are/what-food-sovereignty>

⁴ Fei Men, Craig Gundersen, Marcelo L. Urquia and Valerie Tarasuk, “Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study,” *CMAJ* 192, 3, (January 20, 2020): E53-60.

⁵ Sharon Kirkpatrick and Valerie Tarasuk, “Food Insecurity is Associated with Nutrient Inadequacies among Canadian Adults and Adolescents,” *The Journal of Nutrition*, 138, no 3, (2008): 604-612.

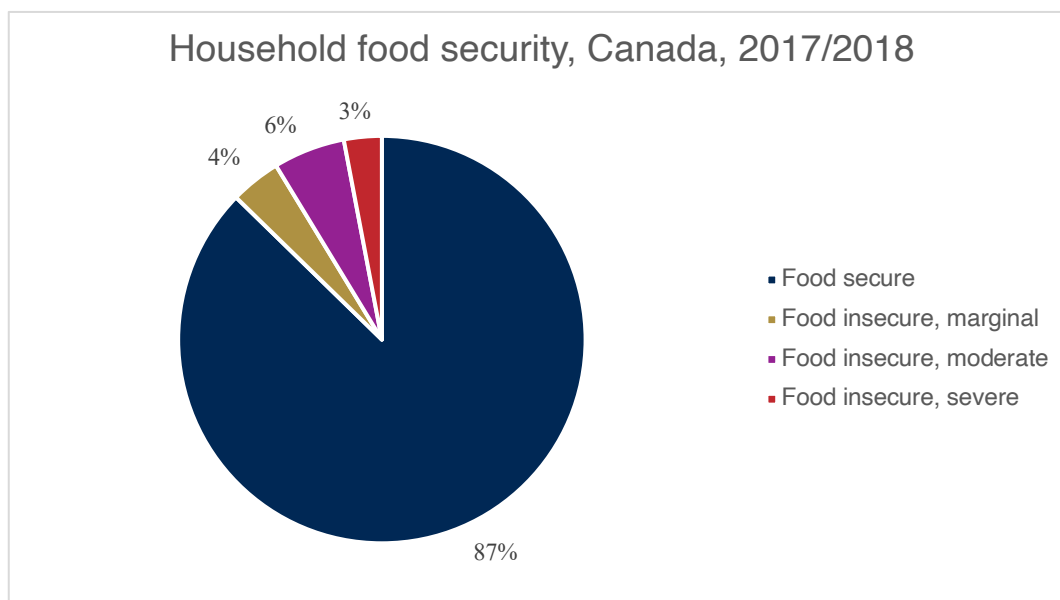
⁶ Kirkpatrick and Tarasuk, 2008; Jayanta Bhattacharya, Janet Currie, and Steven Haider, “Poverty, food insecurity, and nutritional outcomes in children and adults,” *Journal of health economics* 23, no. 4 (2004): 839-862.

⁷ Erin L. Faight, Patty L. Williams, Noreen D. Willows, Mark Asbridge, and Paul J. Veugelers. “The association between food insecurity and academic achievement in Canadian school-aged children.” *Public Health Nutrition* 20, no. 15, (2017): 2778-2785.

particularly disastrous consequences for children. Children that are consistently hungry children have been shown to experience a greater prevalence of chronic conditions and asthma when compared to children who are never hungry.⁸

In Canada, food insecurity is an issue that impacts millions of families and children every day. While roughly 87% of Canadian households are considered food secure, 13% (1.8 million) of households experienced some degree of food insecurity in 2017/2018.⁹ Of Canadians who experienced food insecurity, 569,500 households were marginally food insecure, 817,400 were moderately food insecure, and 429,400 were severely food insecure [Table 1].

Figure 1.



Source: Source: Statistics Canada, Table 13-10-0385-01.

Recently published First Nations Food, Nutrition, and Environment Study (FNFNES) suggests that Indigenous communities suffer from food insecurity to a significantly greater degree than the general Canadian population. The Study, which observed a large number of variables in 92 First Nations representative of 11 ecozones below the 60th parallel,¹⁰ found that 47.9% of households in First Nation communities experienced some degree of food insecurity.¹¹ Regionally, food insecurity rates in First

⁸ Sharon Kirkpatrick, Lynn McIntyre, and L. M. Potestio, "Child Hunger and Long-Term Adverse Consequences for Health," *Archives of Pediatrics & Adolescent Medicine* 164, no. 8 (August, 2010): 754.

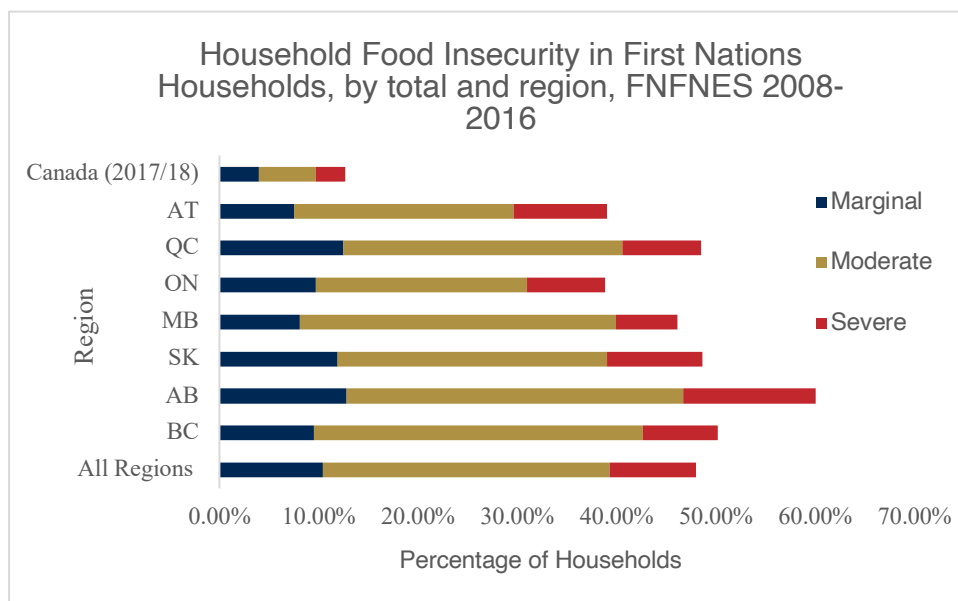
⁹ Statistics Canada, "Household food security by living arrangement," Table 13-10-0385-01. DOI: <https://doi.org/10.25318/1310038501-eng>

¹⁰ Because the Study took place in First Nation communities below the 60th parallel, data from this Study is unavailable for the Territories.

¹¹ Laurie Chan, Malek Batal, Tonio Sadik, Constantine Tikhonov, Harold Schwartz, Karen Fediuk, Amy Ing, Lesya Marushka, Kathleen Lindhorst, Lynn Barwin, Peter Berti, Kavita Singh and Olivier Receveur, "First Nations Food, Nutrition & Environment Study: Final Report for Eight Assembly of First Nations Regions: Draft Comprehensive Technical Report," *Assembly of First Nations, University of Ottawa, Université de Montréal*, (2019): 66.

Nation communities are highest in Alberta at 60%, while the lowest rate of food insecurity is found in First Nation communities in Ontario at 38.8%.¹² Figure 2 outlines the food insecurity findings of the Study by region throughout data collection (2008-2016), compared to the most recently available rate of food insecurity for the Canadian population.

Figure 2.



Source: Chan et al., 2019 and Source: Statistics Canada, Table 13-10-0385-01.

Since Chan et al. focuses on First Nation communities below the 60th parallel, food insecurity in Indigenous communities in the Territories is not reported. Nevertheless, Food insecurity is a significant issue in Canada's Territories. Statistics Canada data shows that in 2017/2018, each of the three Territories experienced elevated levels of food insecurity relative to the general Canadian population [Figure 3].¹³ Food insecurity is prominent in Nunavut, with only 43.1% of households considered to be food secure.¹⁴ These results outline that there does exist an issue of food insecurity in the Territories. However, Statistics Canada observes all households. If data were available in only Indigenous communities, the results would likely be more pronounced, particularly in Yukon and Northwest Territories.

Food insecurity in each FNFNES region is more pronounced when observing households with and without children [Figure 4]. Across all regions, the prevalence of food insecurity is heightened within households that have children compared to those without. When only considering households with children, Alberta still notices the

¹² Chan et al., (2019): 66.

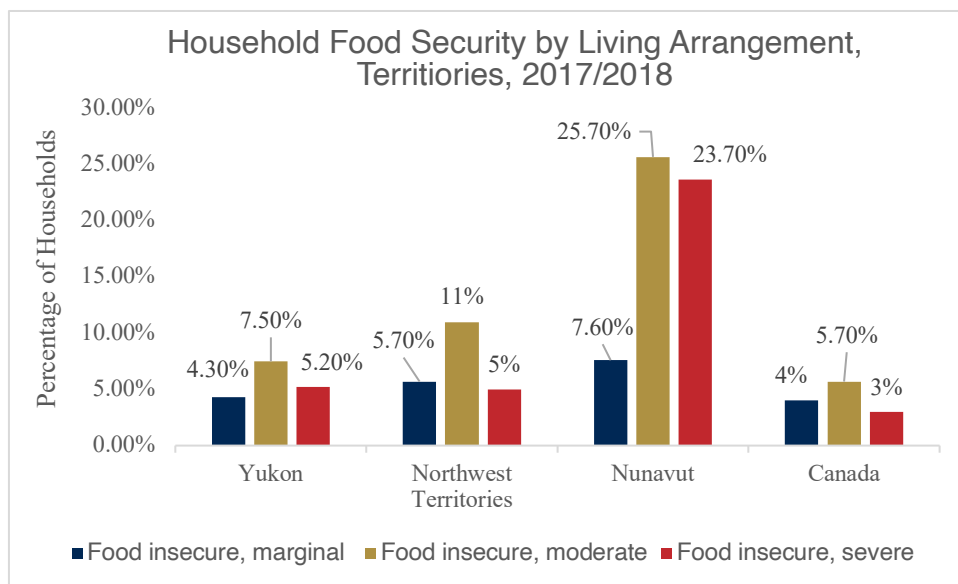
¹³ Statistics Canada has indicated that portions of this data set should be used with caution.

¹⁴ Statistics Canada, Table 13-10-0385-01.

highest proportion of food insecurity, with 64% of households, while the lowest proportion is found in Atlantic Canada with 44%. The highest proportion without children is in Alberta at 45%, while the lowest is in Ontario with 27%. Given the potential mental and physical health challenges food insecure children have demonstrated, these figures are particularly alarming. The outcomes for First Nation households with children are worse than the comparable general population. Food security for households with children less than 18 in the general population is displayed in Figure 5.

Households with children under 18 years old in the general population of Canada demonstrate lower levels of food insecurity than the total population, with 11.7% of such households demonstrating food insecurity.¹⁵ These results, combined with the differences noticed between households with and without children from Figure 4, suggest that having children in First Nation communities may jeopardize food security.

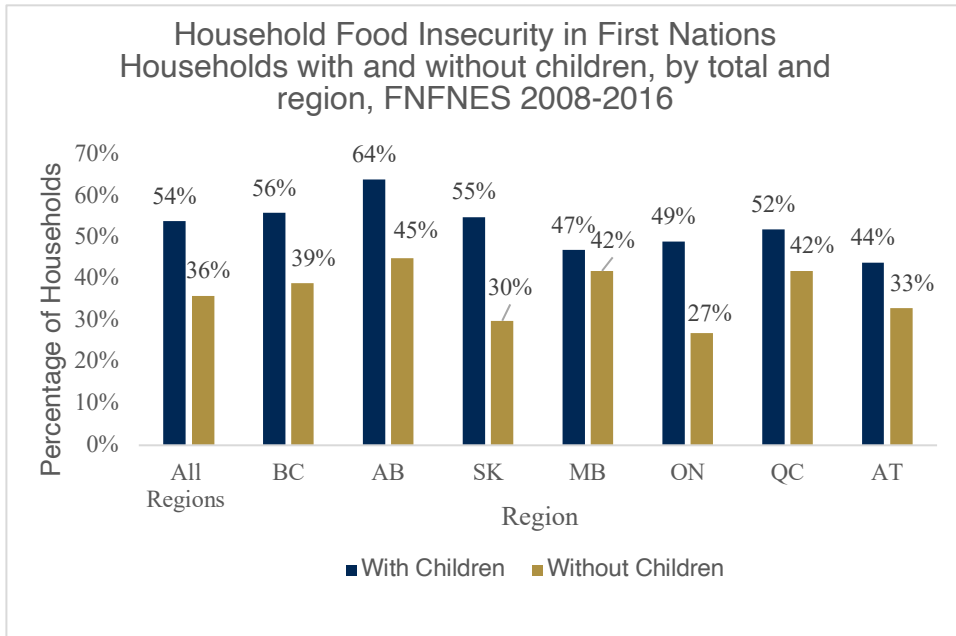
Figure 3.



Source: Source: Statistics Canada, Table 13-10-0385-01.

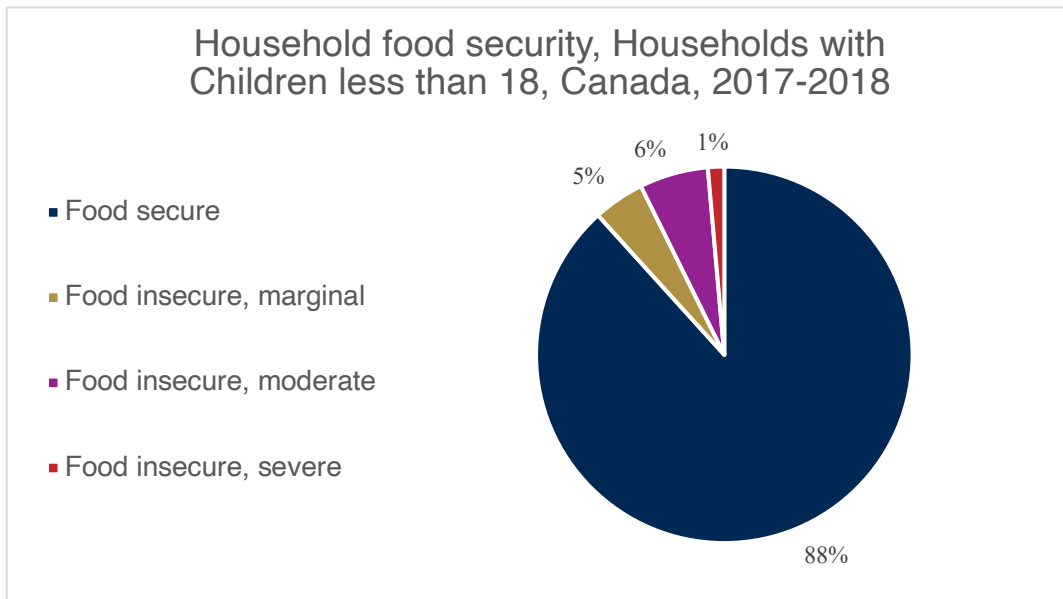
¹⁵ Statistics Canada, Table 13-10-0385-01.

Figure 4.



Source: Chan et al., 2019.

Figure 5.



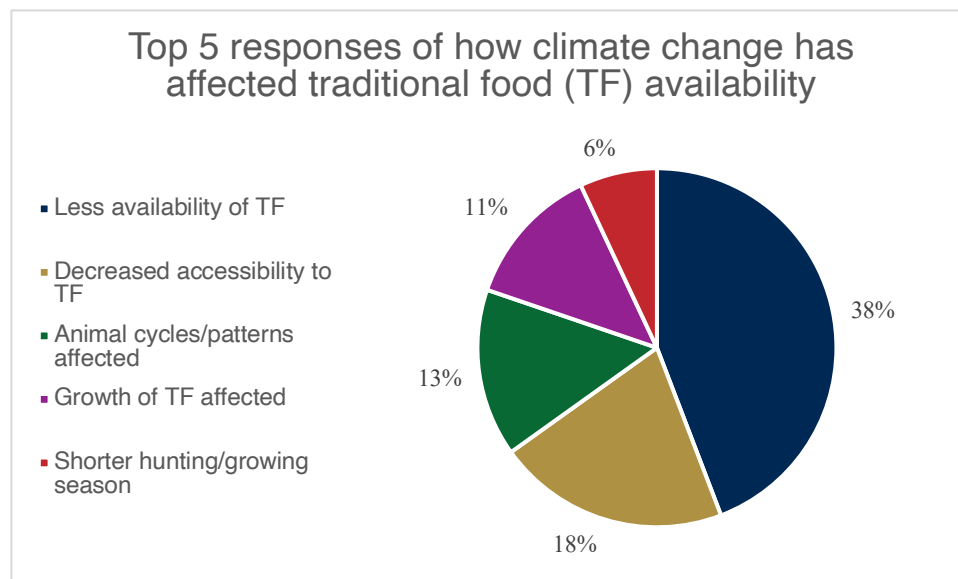
Source: Statistics Canada, Table 13-10-0385-01.

Alongside the findings of food insecurity, FNFNES also found diets of many First Nation adults to be nutritionally inadequate, likely a consequence of the elevated levels of food insecurity. One of the primary causes of food insecurity in First Nation communities appears to be a decline in food sovereignty, as traditional food access is failing to meet current needs. The process of food sovereignty is crucial to a people's cultural identity and plays a pivotal role in establishing and maintaining food security in

any society. In the context of First Nations and Indigenous peoples in Canada, food sovereignty comes in the form of consumption and cultivation of traditional foods. Among FNFNES respondents, traditional food was generally preferred to store-bought, is of higher nutritional quality, and has been shown to improve diet quality in First Nation adults significantly.¹⁶

However, over half of the adults participating in the study report that traditional food is becoming scarce and more difficult to harvest.¹⁷ Respondents reported climate change and industry-related activities as primary drivers of traditional food scarcity. Climate change particularly has impacted traditional First Nation foods through environmental degradation and negative impacts on animal spawning and migratory patterns. The top 5 responses of how climate change has impacted traditional food availability are displayed in Figure 5. Regardless of the cause of the reduced availability of traditional foods, 43% of the FNFNES participants worried that traditional food supplies would run out before they could get more, and 47% had previously experienced a shortage in their traditional food supply.¹⁸ The threat posed to Indigenous food sovereignty may have persistent and negative impacts on food security in many cases, particularly in isolated or remote communities where it is costly to import food.

Figure 6.



Source: Chan et al., 2019.

Food security remains a serious issue in Canada, particularly in First Nation communities. Among the most likely to be at risk of food insecurity are First Nation households with children. Given the severe health consequences, food insecurity and hunger pose to children and adults, investigating policy options to promote food security

¹⁶ Chan et al., 2019: 8.

¹⁷ Chan et al., 2019: 8.

¹⁸ Chan et al., 2019: 53-54.

in Indigenous communities may be of particular interest to agencies like FNCFS. From a policy perspective, food security is negatively related to healthcare usage in Canada. This result suggests that by improving food security in Canada, the strain and costs borne by the healthcare system could be reduced.¹⁹

To achieve the goal of food security, it is important to encourage a food sovereignty approach that is both relevant and culturally sensitive to the segments of the population at the greatest risk, like the Indigenous population of Canada. An important consideration is the pressing need for data on food security and food sovereignty at an appropriate granularity. Without the work of Chen et al., there would be very little data on food security in First Nation communities. Since FNFNES focused on First Nation communities below the 60th parallel, gaps in data are still present for Indigenous communities in the Territories. A meaningful next step would be to replicate and improve upon the FNFNES to include even the most remote communities in the northern parts of the country. By conducting such a survey in more frequent intervals, policy can be directed effectively and appropriately to address the process of food sovereignty and improve food security outcomes in First Nation communities.

¹⁹ Valerie Tarasuk, Joyce Cheng, Claire de Oliveira, Naomi Dachner, Craig Gundersen and Paul Kurdyak, "Association between household food insecurity and annual health care costs," *CMAJ* 187, no. 14, (October 6, 2015).

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Appendix F: Broadband Access

The State of Broadband Service in First Nation Communities

In the last two decades, the global economy has rapidly digitalized in the developed world. This digitalization has been driven significantly by increasing technological progress that has allowed for tasks that were once highly time- and resource-intensive to become relatively routine. Likely the most important phenomenon that has contributed to digitalization is the increased availability and penetration of broadband connectivity technologies across the world. Broadband itself refers to high-speed Internet that is always on and faster than the traditional dial-up method of accessing the Internet.¹ While there are many types of broadband technologies, among the most common in Canada today include digital subscriber lines (DSL), fibre optic cable, broadband over powerlines (BPL) and Low-Earth Orbiting satellites. Broadband connectivity is defined as access to Internet services that support inbound (or download) data transmission rates of 1.5 megabits per second (Mbps) or more.² The ubiquity of broadband technologies found in modern society allows individuals and businesses alike to access the Internet with ease and has contributed significantly to the expansion of modern economies. One study suggests that a 10% increase in broadband service would lead to a 1.2 to 1.4 percentage point increase in per capita GDP growth in a given economy.³ In Canada, broadband access has played an even more crucial role in the development of rural areas by decreasing regional disparities and promoting economic viability. From 1997 to 2012, it is estimated that broadband expansion accounted for a 1.17 percentage point per year increase in service employment in rural areas.⁴

Having understood the economic implications of expanding access to broadband, the Government of Canada and the Canadian Radio-television and Telecommunications Commission (CRTC) have set out to improve connectivity across the country. In 2016, the CRTC proclaimed broadband access Internet service to be considered a basic telecommunications service for all Canadians.⁵ It was also established that 50 Mbps download by 10 Mbps upload speeds with unlimited data options to be the new standard for internet connectivity in Canada.⁶ These speeds were chosen based on what would be necessary for Canadians to take full advantage of cloud-based software applications, multiple government services, online learning

¹ Federal Communications Commission, "Types of Broadband Connections," (June 23, 2014), <https://www.fcc.gov/general/types-broadband-connections>.

² Centre for the Study of Living Standards, "The Contribution of Broadband to the Economic Development of First Nations in Canada," (2013).

³ Christine Zhen-Wei Qiang, Carlo M. Rossotto, and Kaoru Kimura, "Economic impacts of broadband," *Information and communications for development 2009: Extending reach and increasing impact 3*, (2009): 45.

⁴ Olena Ivus and Matthew Boland, "The Employment and Wage Impact of Broadband Deployment in Canada," *The Canadian Journal of Economics* 48, no. 5 (12, 2015): 1803-1830.

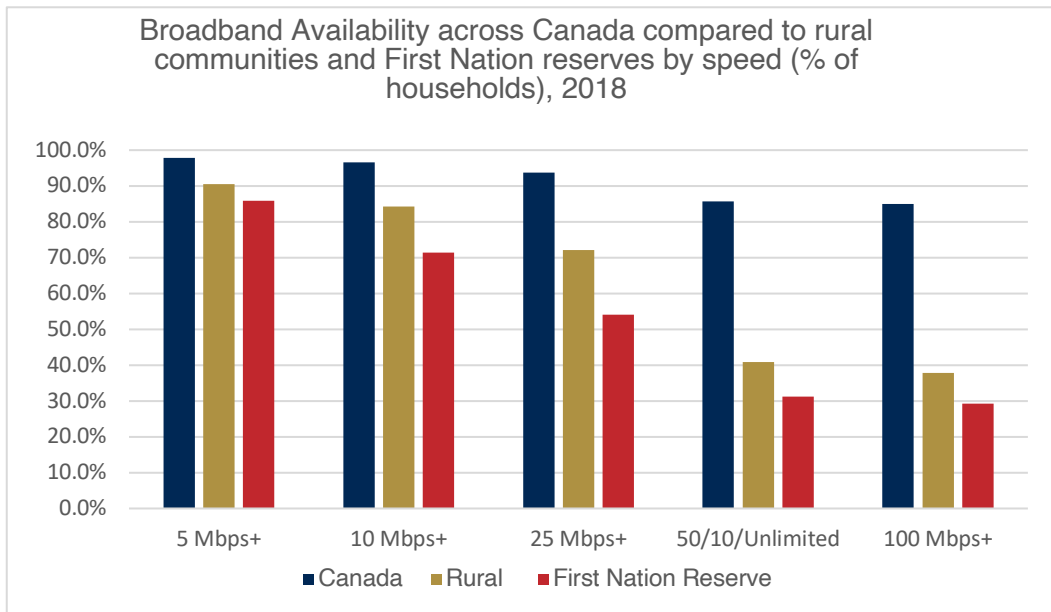
⁵ Government of Canada, "CRTC establishes fund to attain new high-speed Internet targets," (December 21, 2016), <https://www.canada.ca/en/radio-television-telecommunications/news/2016/12/crtc-establishes-fund-attain-new-high-speed-internet-targets.html>.

⁶ Government of Canada, 2016.

resources, and high-definition video streaming, all while supporting multiple users.⁷ As of 2018, availability of the target 50/10/unlimited (50 Mbps download, 10Mbps upload, unlimited data option) reached 85.7% of Canadian households.⁸ However, only 40.8% of rural households had access to broadband at such speeds, a significantly lower proportion than the 97.7% of urban households with 50/10/unlimited access.⁹

When it comes to broadband access at the government’s target range for speed, the most disenfranchised segment of the population is easily those who live on First Nation reserves. Figure 1 shows the availability of broadband at various speeds across Canada, in rural communities, and on First Nation reserves.

Figure 1.



Source: CRTC, 2020.

While significant portions of the on-reserve population have access to broadband (roughly 85% with access to 5 Mbps+ download and 71% with access to 10 Mbps+ download), at each progressively faster speed they lag behind both rural and Canadian populations. In terms of the government standard of 50/10/unlimited, only 31.3% of First Nation reserves had access to broadband that met the target as of 2018.¹⁰ Notably, this service was entirely inaccessible to First Nation communities in Saskatchewan, Newfoundland and Labrador, Yukon, and Northwest Territories.¹¹ With participation in the modern Canadian economy requiring faster speeds and more data availability,

⁷ Government of Canada and Innovation, Science and Economics Development Canada (ISED), “High-Speed Access for All: Canada’s Connectivity Strategy,” 2019.

⁸ Canadian Radio-television and telecommunications Commission (CRTC). “Communications Monitoring Report 2019,” 2020.

⁹ CRTC, 2020: 274.

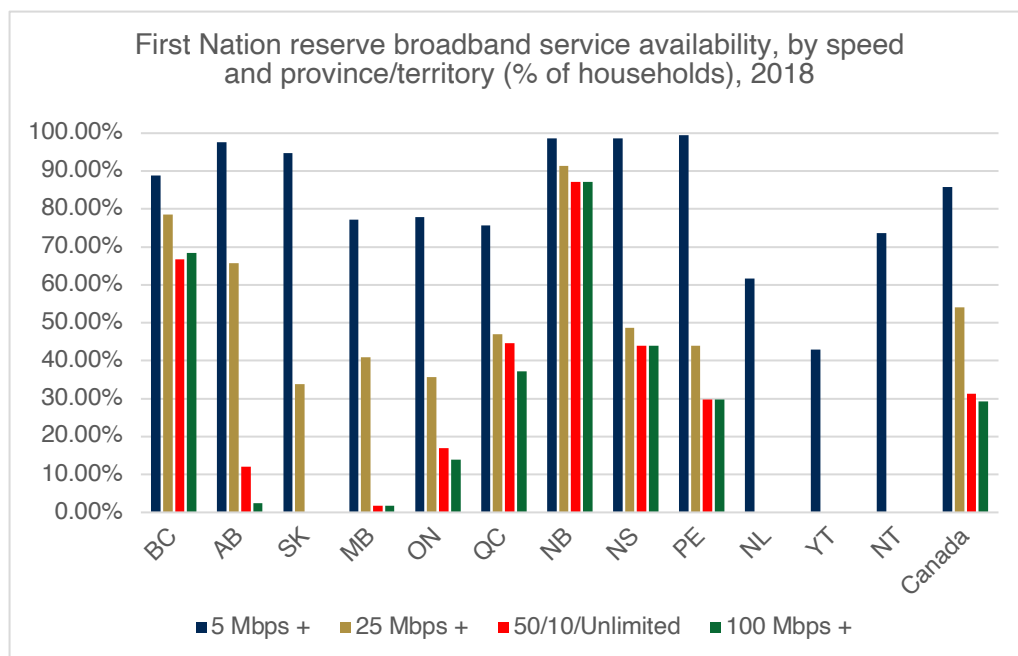
¹⁰ CRTC, 2020: 281.

¹¹ CRTC, 2020: 282.

expanding government standard broadband access is necessary to help develop on-reserve First Nation communities.

Among First Nation reserves, there is substantial variation in the quality of accessible broadband options available across provinces [Figure 2]. One province that has performed well in providing access to broadband has been New Brunswick, with over 98% of First Nation reserve households having access to downstream broadband speeds of at least 5 Mbps, 91% with access to speeds at least 25 Mbps, 87% reaching the government standard of 50/10/unlimited, and 87% also having access to 100 Mbps or greater.¹²

Figure 2.



Source: CRTC, 2020.

For a province with vast topographical and geographical diversity, British Columbia also fairs well in delivering broadband access to First Nation reserves with roughly 89% of First Nation reserve households having access to download speeds of 5 Mbps or higher, 78.5% of households with access to 10 Mbps or greater, 66.7% reaching the government target of 50/10/unlimited, and 68.5% able to access at least 100 Mbps.¹³

Amongst the remaining provinces and territories, there is a significant drop-off in available internet speeds after 5 Mbps. Six provinces (Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, and Prince Edward Island) have greater than 75% of First Nation reserve households able to access 5 Mbps download speeds, but less than

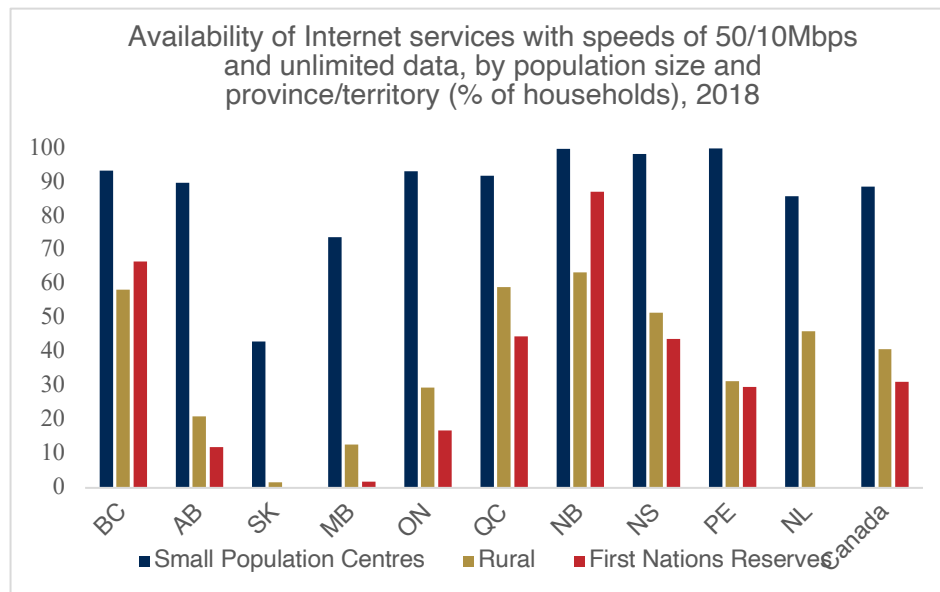
¹² CRTC, 2020: 282.

¹³ CRTC, 2020: 282.

50% able to access download speeds of 25 Mbps.¹⁴ Furthermore, the fact that 31.3% of households on First Nation reserves have access to the government target speeds for broadband appears to be skewed upward by a few outlier provinces with acceptable rates of access to broadband. Only four provinces (British Columbia, Quebec, New Brunswick, and Nova Scotia) have greater than 30% of their households on First Nation reserves able to access 50/10/unlimited broadband.¹⁵ Communities on First Nation reserves outside of those four provinces will undoubtedly struggle to utilize services deemed necessary for success in a digitalized economy.

Even when comparing First Nation reserves to small population centres and rural communities, there are gaps in the availability of the government standard 50/10/unlimited broadband [Figure 3]. Small population centres across the country fair relatively well in their access to standard broadband, with 88.7% of such population centres meeting standard broadband availability. There are four provinces (Alberta, Manitoba, Ontario, and Newfoundland and Labrador) who have greater than 70% of small population centres able to meet the government standard for broadband, but less than 25% of First Nation reserves able to do the same. By comparison, only two of those provinces with greater than 70% of small population centres able to access 50/10/unlimited (Alberta and Manitoba) fail to provide the same service to 25% of rural communities.¹⁶

Figure 3.



Source: CRTC, 2020.

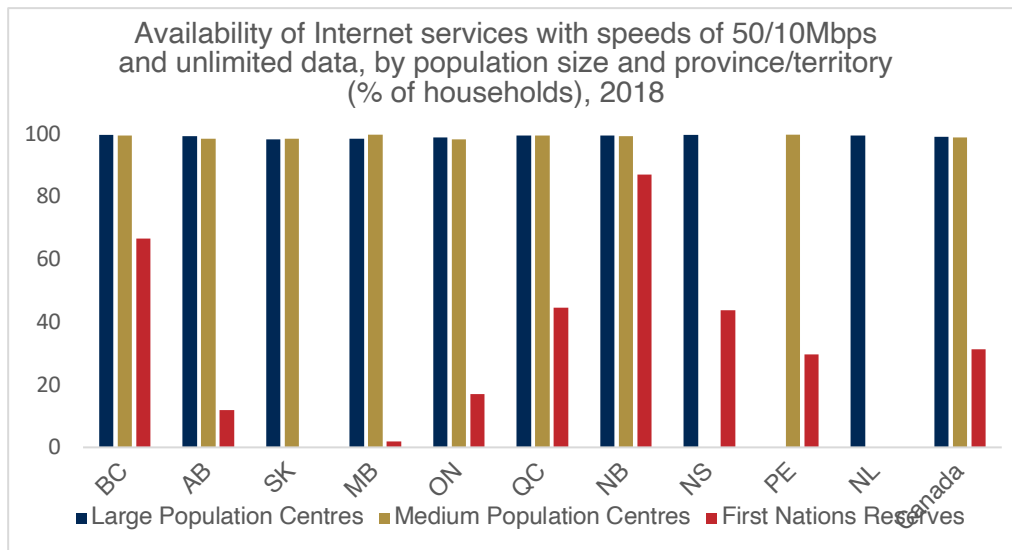
¹⁴ CRTC, 2020: 282.

¹⁵ CRTC, 2020: 282.

¹⁶ CRTC, 2020: 284.

Inequities in Broadband access are even more drastic when comparing First Nation reserves to Large and Medium population centres [Figure 4]. All provinces in Canada can provide greater than 98% of their large and medium population centres with access to 50/10 broadband with an unlimited option. Naturally, high tech infrastructure is more likely to be built first in larger communities, given that there will be more individuals and businesses to service relative to small and urban population centres. However, this fails to explain why First Nation reserves lag so far behind population centres of similar size. While it is developing slowly, the government of Canada is currently working on infrastructure projects that will see almost all Canadians able to access 50/10 connectivity sometime between 2026 and 2030.¹⁷

Figure 4.



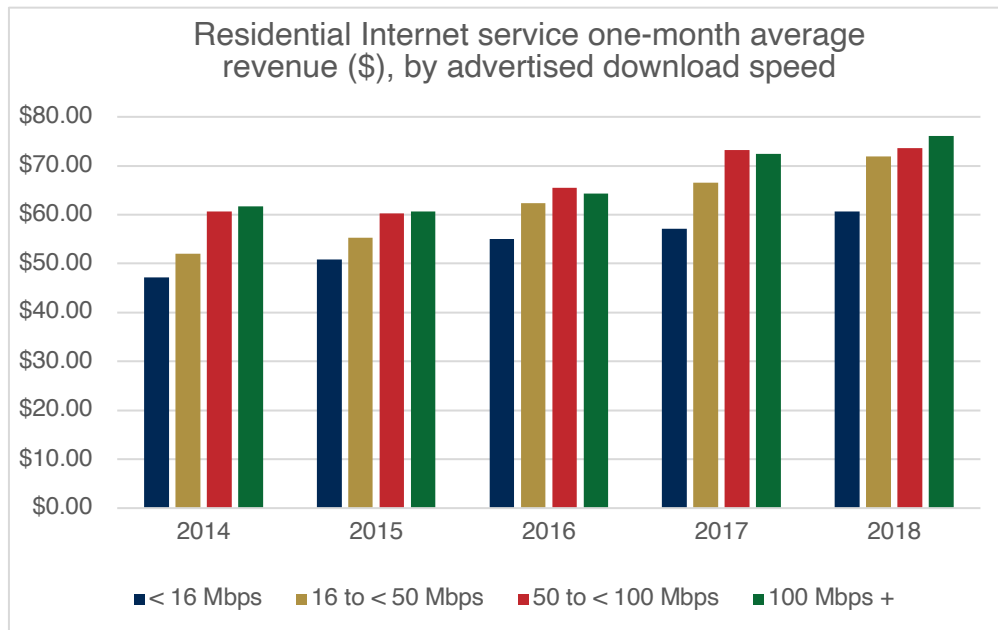
Source: CRTC, 2020.

While broadband is becoming increasingly more available to consumers, it is not becoming any less expensive to use. For residential Internet service, the one-month average revenue per user in 2018 ranged from \$60.71 for advertised download speeds of less than 16 Mbps to \$76.09 for advertised download speeds at or exceeding 100 Mbps [Figure 5]. This equates to Internet service costing somewhere between \$728 and \$913 per user per year.¹⁸

¹⁷ Government of Canada and ISED, 2019.

¹⁸ CRTC, 2020: 261.

Figure 5.



Source: CRTC, 2020.

Average one-month revenue for residential Internet service per user for speeds that meet the government standard of 50/10 was \$73.64, which translates to roughly \$880 per year for one user. While these figures may vary across regions and service providers, accessing the Internet may be expensive for households. Given that 40% of First Nation communities have median household incomes that fall below their respective provincial poverty lines¹⁹, it may be difficult for residential broadband usage to gain traction on certain First Nation reserves even when they have the ability to access government standard speeds.

While the cost of the current technology will continue to be an obstacle for penetration of broadband in First Nation communities, large population centres will continue to adopt the most recent broadband technologies. Most notably, the new 5th Generation (5G) wireless network will revolutionize Canada’s largest cities in the coming decades. In January, 2020 Rogers, a major Canadian wireless provider, would launch its 5G network in downtown Vancouver, Toronto, Ottawa, and Montreal, before expanding into over 20 more markets by the end of the year.²⁰ On June 11, 2020, Bell announced the launch of its 5G network in Toronto, Montreal, Edmonton, Calgary, and Vancouver. Theoretically, this network would initially provide theoretical peak download speed of up to 1.7 Gbps²¹ At its peak, the 5G network is expected to improve

¹⁹ See IFSD brief on the State of Poverty in First Nation Communities.

²⁰ Reuter “Rogers begins roll out of 5G network in major Canadian cities”, Jan 15, 2020

²¹ Bell Canada, “The best just raised the bar. Canada’s largest 5G network is here,” June 11, 2020.

connectivity, reduce latency, and expand upon the bandwidth currently available on 4G networks. Specifically, the Bell network expects to increase download speeds six-fold, at 1000 times greater capacity and provide latency three times lower than their 4G network.²² Ultimately, 5G will power the upcoming generation of technology, which will almost certainly include innovations in smart cities, autonomous driving, and telehealth, among others.

As previously mentioned, the Canadian government plans on delivering broadband of 50/10/unlimited to all Canadians by 2030.²³ The government of Canada has made it clear that the 50/10 speed target is a minimum and that the infrastructure they plan to use is generally scalable to speeds comparable to 5G (roughly 1 gigabit per second).²⁴ However, scaling technologies to support faster speeds will require additional investment and time. As such, it is unlikely that Canadians in isolated communities will be receiving the benefits of 5G technologies at the same rate as the rest of the country. While all Canadians should have 2020 standard broadband by 2030, the simultaneous adoption of 5G networks across the country may cause the technological gap between urban and rural communities to persist and perhaps widen.

Although the progress may be slow, expanding access to broadband is an opportunity for the Canadian government to empower First Nation communities in today’s increasingly digital economy. With significant technological changes happening all the time, expanding broadband infrastructure is critical for keeping these communities connected with the rest of the world. Broadband expansion is vital for accessing growing online industries like e-learning, telehealth, and work-from-home that will play significant roles in the post-COVID-19 economy. By expanding access and penetration of broadband, keeping in mind the issue of affordability, it will be possible to expand these vital services to even the most remote communities in Canada. In doing so, quality of life has the potential to improve substantially in First Nation communities across the country.

Broadband: Canada-US Comparison

The following table compares Canada to the US in terms of Indigenous population and geography. It is important to observe how other nations are handling the issue of access to broadband in Indigenous communities, as Canada should aim to be a leader in the way we treat all of our citizens.

Country	Broadband Availability
Canada	In 2018, the availability of 50/10 services reached 85.7% of households. 50/10 availability only reached 31.3% of First Nation households.

²² Bell Canada, 2020.
²³ Government of Canada and ISED, 2019.
²⁴ Government of Canada and ISED, 2019.

	The plan for broadband expansion will see 90% of Canadians connected by 2021, 95% of Canadians connected by 2026, and the hardest-to-reach Canadians by 2030.
USA	<p>In 2018, 94.4% of Americans had access to the FTC minimum 25/3 standard. On Tribal lands, this number is 72.3%.</p> <p>The lowest available speeds in 2018 (10/1) 97.4% of the US population had access. On Tribal lands, this number is 86.9%.²⁵</p>

²⁵ Federal Communications Commission, "2020 Broadband Deployment Report," April 24, 2020.

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Appendix G: Voluntary Sector

Volunteerism and Philanthropic Giving in First Nation Communities

The non-profit, volunteer and grant-making sectors of the economy exist to provide beneficial services to communities beyond the scope of for-profit business and government. These organizations are critical to the well being of Canadians as they build social capital, provide solutions to economic, social, environmental, and cultural challenges while forging connections between citizens.¹ Organizations in the non-profit and volunteer sectors rely on the support of charitable donations, grant-making, and volunteer work. For instance, in 2013, it was estimated that the hours contributed by volunteers stood at 1.96 billion in Canada, equating to the work of nearly one million full-time, year-round jobs.² Raising funds is particularly valuable to this sector, with the activity of fundraising accounting for 9% of all volunteer hours in Canada for 2013.³ The voluntary sector, non-profits, and grant-making contribute immensely to the Canadian economy. The value of volunteer time in 2017 was estimated at \$55.9 billion and exceeded \$87 billion when considering the economic activity of non-profits.⁴ More recently, in 2018, charitable donations from Canadians totalled close to \$10 billion, coming from 5.3 million individual donors [Table 1].⁵

Grant-making allows agencies to expand their service offerings beyond what may have been initially possible. In Alberta, philanthropic activity has been revolutionary for many charities. From 2004 to 2013, oil- and gas-related companies raised roughly \$325 million for the United Way in Alberta.⁶ The Children's Aid Foundation of Canada (CAFC) is another mainstream grant-maker to Canadian causes. CAFC works with 74 child- and youth-serving agencies across Canada, in addition to their founding partner, the Children's Aid Society of Toronto.⁷ Agencies can have one of two relationships with CAFC. Partner agencies are organizations that the Foundation is working with or funding through a CAFC Flagship Initiative or on a Co-Design Initiative. An agency may also be a Grantee, or an organization receiving funds from the Foundation outside of Flagship Initiatives to help children, youth, and families. Grant-makers like CAFC are critical to the provision of child and family services in Canada.

For First Nation Child and Family Services, the time of volunteers combined with charitable donations and grants can considerably supplement agency activities. There is

¹ Katehrine Scott and Marilyn Struthers, "Pan-Canadian Funding Practices in Communities: Challenges and Opportunities for the Government of Canada," *Canadian Council on Social Development*, June 2006.

² Maire Sinha, "Spotlight on Canadians: Results from the General Social Survey, Volunteering in Canada, 2004 to 2013," *Statistics Canada*, June 18, 2015.

³ Ibid.

⁴ The Conference Board of Canada, "The Value of Volunteering in Canada," (April 5, 2018):

11, https://volunteer.ca/vdemo/Campaigns_DOCS/Value%20of%20Volunteering%20in%20Canada%20Conf%20Board%20Final%20Report%20EN.pdf

⁵ Statistics Canada, "Summary of charitable donors," Table 11-10-0130-01.

⁶ Calgary Herald, "Oilpatch has created tradition of philanthropy," May 14, 2014:

<https://calgaryherald.com/business/oilpatch-has-created-tradition-of-philanthropy>

⁷ Children's Aid Foundation of Canada, "Our Partners and Grantees," 2020: <https://www.cafdn.org/about-us/our-partners/#1503771544647-d76c406c-9835>.

no shortage of individual charities that have committed themselves to improving outcomes in Indigenous communities. Save the Children Canada has used their *Ayamitah* (Let's Read Together) program to deliver 230,000 books to First Nation educational organizations, communities, and literacy programs throughout Alberta and Saskatchewan since 2008.⁸ The Canadian Red Cross has engaged in the prevention of violence, bullying, and abuse while focusing on the process of reconciliation and diversity in First Nation communities across Canada.⁹ Moreover, the United Way of Calgary¹⁰ and Winnipeg¹¹ each donate roughly \$2 million annually to local Indigenous charities that aid individuals who face intergenerational trauma.

Table 1.

Summary of charitable donors, 2018		Number
Number of tax filers		27,394,970
Number of donors		5,324,280
		Years
Average age of donors		55
		Dollars
Average donations, donors aged 0 to 24 years		400
Average donations, donors aged 25 to 34 years		880
Average donations, donors aged 35 to 44 years		1,340
Average donations, donors aged 45 to 54 years		1,720
Average donations, donors aged 55 to 64 years		2,060
Average donations, donors aged 65 years and over		2,600
Total charitable donations		9,952,505,000
Median donations		310
Median total income of donors		61,940
75th percentile total income of donors		95,760

Source: Statistics Canada, Table 11-10-0130-01.

⁸ Save the Children Canada, *Ayamitah* 'Let's Read Together', 2020, <https://www.savethechildren.ca/what-we-do/canada-programs/education/lets-read-together/>.

⁹ Canadian Red Cross, "Ensuring responsibility and accountability in making communities safe," 2020, <https://www.redcross.ca/how-we-help/violence-bullying-and-abuse-prevention/first-nations-metis-and-inuit-communities>

¹⁰United Way Calgary and Area, "Indigenous Strategy," 2020, <https://calgaryunitedway.org/impact/indigenous-strategy/>

¹¹ United Way Winnipeg, "Indigenous Leadership," 2020, <https://unitedwaywinnipeg.ca/indigenous-leadership/>

While volunteer and charity work have certainly improved recently in Indigenous communities, there appear to be persistent gaps in grant-making for Indigenous causes. In their seminal paper on the subject of volunteerism and philanthropic giving in First Nation communities, Cindy Blackstock and Samantha Nadjiwan found that less than 10% of funds for the voluntary sector on reserve come from philanthropic foundations.¹² However, since the Blackstock and Nadjiwan paper was published in 2003, little work has been done to measure the level of grant-making to Indigenous communities and causes across Canada.

A 2010 study by the Circle on Philanthropy and Aboriginal Peoples in Canada explored some of the explanations for gaps in grant-making to Indigenous communities and causes. They found that among First Nation communities and charities servicing these communities, there is apprehension in applying for grants. Many charities are unaware that they are eligible for grants and are intimidated by the thought of approaching the private sector for financial support.¹³ Moreover, the common myth that federal funding is adequate for First Nation communities has been perpetuated, potentially being a cause for lack of grants to Indigenous communities.¹⁴ Lastly, given the historical variability of funding, many charitable organizations are cautious in their grant-making approach out of fear that the federal government may reduce funding if a large influx of grants to First Nation communities were to manifest.¹⁵

Although there are many potential underlying causes for gaps in funding and wide-spread apprehension from grant-makers to contribute to Indigenous communities and charities, a rigorous effort to quantify these gaps has not been conducted since Blackstock and Nadjiwan's work in 2003. In a non-Canadian context, Native Americans in Philanthropy and Candid partnered to produce a study in the United States that observed the overall contributions of large U.S. foundations to Native American communities and causes. By examining the tax returns of grant-makers and non-profits, the study provides an approach that could be applied to Indigenous communities in Canada to understand the nature of grant-making. One of the relevant results from the American study, the evolution of grants and grant dollars given to Native American communities and causes, is shared below in Figure 1.

From 2002 to 2016, large U.S. grant-making foundations gave, on average, 0.4% of total annual funding to Native American communities and causes, despite Native Americans making up roughly 2% of the American population.¹⁶ These results suggest

¹² Cindy Blackstock and Samantha Nadjiwan, "Caring Across the Boundaries, Promoting Access to Voluntary Sector Resources for First Nations Children and Families," (2003): Figure 8, p. 43.

¹³ The Circle on Philanthropy and Aboriginal Peoples in Canada, "Aboriginal Philanthropy in Canada: A Foundation for Understanding," 2010, <http://caid.ca/AboPhiCan2010.pdf>

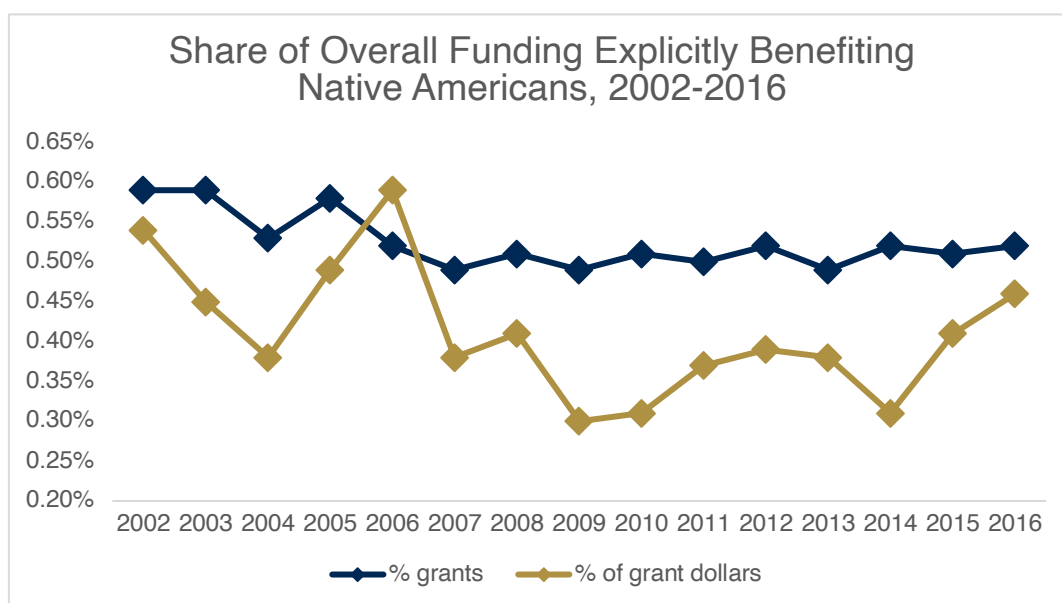
¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Candid and Native Americans in Philanthropy, "Investing in Native Communities: Philanthropic Funding for Native American Communities and Causes," (2019): 14.

that Native American charities are generally underfunded relative to the proportion of the population they comprise. However, given the challenges that face Indigenous populations in North America stemming from the enduring effects of colonialism, Indigenous populations may require more funding than their composition of the population suggests. Of large grant-making foundations, 20% gave to Native American communities and causes, with the majority of grant dollars going to program support and roughly 15% for operating support.¹⁷ Notably, funding for Native American causes dropped during and in the years following the 2008 financial crisis. Given the current economic downturn stemming from the COVID-19 pandemic, there may currently be a similar reduction taking place in grant-making to Indigenous communities and causes.

Figure 1.



Source: Candid and Native Americans in Philanthropy, 2019.

While this study does not relate to the case of philanthropic giving to Indigenous communities in Canada, it does outline the trend of Indigenous charities being underfunded relative to the population Indigenous people represent in North America. Replicating this study in a Canadian context would inform the issue of gaps in grant-making to Indigenous communities in this country. Observing the trend over time could additionally provide insight on how certain events, like a change in government or pandemic, impacts the contribution of grants to Indigenous communities and causes.

Given the size and economic importance of the volunteer, non-profit, and grant-making sectors, an increased presence of such organizations could conceivably improve outcomes in several areas in Indigenous communities across Canada.

¹⁷ Candid and Native Americans in Philanthropy, "Investing in Native Communities: Philanthropic Funding for Native American Communities and Causes," (2019): 14.

However, since the report from Cindy Blackstock and Samantha Nadjiwan found that less than 10% of funds raised on reserves came from philanthropic foundations in 2003¹⁸, little research on the voluntary sector on-reserve has been made publicly available. By replicating Native Americans in Philanthropy and Candid's study from 2010, gaps in grants provided to Indigenous communities and causes relative to those servicing other causes can be identified. A deeper understanding of this issue can guide policymakers and inform grant-providing foundations of the necessary course of action to alleviate these disparities. By improving the quantity and concentration of grants provided to Indigenous communities while simultaneously promoting the efficient use of such funds, disparate outcomes in areas like access to water and housing, development of infrastructure, and incidence of poverty can all be ameliorated to the benefit of Indigenous Canadians.

¹⁸ Cindy Blackstock and Samantha Nadjiwan, "Caring Across the Boundaries, Promoting Access to Voluntary Sector Resources for First Nations Children and Families," (2003): Figure 8, p. 43.

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Appendix H: Request for Information to the Deputy Minister of ISC



Dr. Jean-François Tremblay
Deputy Minister
Indigenous Services Canada (ISC)
10 rue Wellington
Gatineau, QC K1A 0H4

August 23, 2019

Dr. Tremblay:

Handwritten initials 'JF' in blue ink, positioned to the right of the recipient's name.

IFSD is pleased to continue its collaboration with the Assembly of First Nations (AFN) and the Caring Society on First Nations child welfare. Following the acceptance of IFSD's report, *Enabling First Nations Children to Thrive* by the National Advisory Committee (NAC), IFSD was asked to undertake a follow-on study to identify options and plans for a change in structure and resources in First Nations Child and Family Services (FNCFS) to transition agencies to an outcome-based approach based on well-being for thriving First Nations children.

To ensure this work is complete, a full and accurate portrait of federal expenditures is required. In Part 1 of this study, we have been asked to:

- 1) Undertake a full allocation and expenditure analysis for the FNCFS program;
- 2) Assess the impact of Canadian Human Rights Tribunal (CHRT)-mandated spending on FNCFS agency results;
- 3) Assess current performance indicators and the results of current spending.

To complete our work, we are submitting the request for information appended to this letter. All requested information relates to appropriated expenditures from the current and previous fiscal years. We understand from previous work that such information can be made available in Excel.

I thank you and your team for your attention to this request. IFSD's analysis is to be submitted in mid-October to AFN and the Caring Society. We are working under tight timelines; your department's collaboration in collecting and sharing this analysis by September 13, 2019 will be integral to completing this work.

Yours sincerely,

Handwritten signature of Kevin Page in blue ink, written over the typed name and title.

Kevin Page
President & CEO

Description	Fiscal year(s)	Required details
<p>List of current FNCFS agencies</p>	<p>N/A most recent available</p>	<ul style="list-style-type: none"> - First Nation(s) served by agency - Province - Identify which First Nations do not have agencies (served by provincial protection services)
<p>ISC national spending overview</p>	<p>ACTUAL 2014-15 2015-16 2016-17 2017-18 2018-19</p> <p>PLANNED 2019-20 2020-21 2021-22</p>	<ul style="list-style-type: none"> - Funding by province (dollars) - Major program categories (dollars) - Internal services (dollars) - Total spending by contribution approach (i.e. fixed, flexible, block, set or agreement with band council)
<p>FNCFS program breakdown</p>	<p>ACTUAL 2014-15 2015-16 2016-17 2017-18 2018-19</p> <p>PLANNED 2019-20 2020-21 2021-22</p>	<ul style="list-style-type: none"> - Funding by recipient (dollars) - Funding by province (dollars) - Contribution approach for each transfer/grant/allocation (i.e. fixed, flexible, block, set or agreement with band council) - Program-activity-level code and associated performance indicators and results
<p>CHRT investments</p>	<p>ACTUAL 2017-18 2018-19</p> <p>PLANNED 2019-20 2020-21 2021-22</p>	<ul style="list-style-type: none"> - Funding by recipient (dollars) - Funding by province (dollars) - Contribution approach for each transfer/grant/allocation (i.e. fixed, flexible, block, set or agreement with band council) - Associated performance indicators and results



Appendix I: Policy Clusters

Policy cluster	ISC programs
Context	1) Education facilities 2) Emergency management and assistance 3) Environmental public health 4) Gov. and institution of gov. 5) Health infrastructure 6) Health facilities 7) Housing 8) Indigenous governance and capacity 9) Other community infrastructure and activities 10) Infrastructure and capacity 11) Water and wastewater
Child and family services programming	12) FN child and family services 13) Family violence prevention 14) Child first (Jordan's principle) 15) Healthy child development
Other (social and health programming)	16) E-health infrastructure 17) Education 18) FN and Inuit primary care 19) Health human resources 20) Health planning and quality 21) Healthy living 22) Home and community care 23) Income assistance 24) Mental wellness 25) Social development 26) Supplementary health benefits 27) Supplementary health benefits for FN and Inuit
EXCLUSION	Urban Aboriginal Participation (as focus of analysis is on-reserve)



Appendix J: Measuring to Thrive Framework

Strategic objective	Performance area	Indicator name	Indicators	Detailed indicator explanation	Associated outcome
Child and youth well-being	Safety	Injuries or deaths	Number of serious injuries or deaths	Though rare, serious injuries and deaths are an important indicator to prevent these tragedies from occurring in the future and to evaluate whether the child welfare system is appropriately responding to cases of maltreatment.	Children are free from severe physical danger and harm
		Protection concerns	Recurrence of child protection concerns after ongoing protection services	The recurrence of child protection concerns in a family after ongoing protection services were provided is not only important to protect the well-being of children and prevent chronic abuse; it is also an indicator of how effective child welfare services are at preventing maltreatment.	
		Child abuse (excluding sexual)	Child abuse (excluding sexual abuse)	Children who have been maltreated are at increased risk of recurrence of maltreatment. Research has found that compared to children who had not been previously maltreated, children who had been were nearly six times more likely to experience it again.	
		Child sexual abuse	Child sexual abuse	Exposure to strong, frequent and/or prolonged adversity, such as chronic abuse, parental substance abuse, or exposure to violence, can elicit a toxic stress response. This type of stress can have a profound effect on the architecture of the developing brain, which can have potentially permanent damaging effects.	
		Family reunification	Rate of successful family reunification (i.e. no re-entry into care)	A stable and permanent living situation is essential for healthy development and establishing more secure and strong relationships with caregivers, which in turn impact a child's ability to thrive. Research has demonstrated that in general, a child's family is the best way to deliver this environment.	Children are connected to their families and Indigenous communities
		Timeliness of care	Timeliness of customary care	Unstable placements in foster care, characterized by placement frequency and episodic foster care, have been associated with increased rates of mental health service utilization.	
		Families within community	Percentage of children with kin and/or Indigenous families within their community	Compared to foster children, children in kinship care have displayed better outcomes with respect to behavioural development and mental health functioning.	
		Caregiver quality	Quality of caregiver and youth relationship	To understand the well-being of children who have been removed from their homes, it is also important to understand the quality of their relationships with their caregivers. Establishing secure, trusting and positive relationships with their caregiver is essential for healthy development, impacting outcomes across the life course.	
	Community relational connections	Regular opportunities for relational connections to community	Stability promotes fewer school changes and thus stronger relationships with peers, as well as more consistent access to community services and activities		
	Placement rate	Out of home placement rate	While the out of home placement rate is not necessarily a negative indicator, as some children need to be removed from dangerous living situations, at an aggregate level, the out-of-home placement rate can indicate the effectiveness of preventative child welfare services and the well-being of children in the community as a whole.		
	Moves in care	Number of moves in care	Multiple moves in care are associated with various negative outcomes among children. Instability may elicit a toxic stress response, which can result in developmental delays and behaviour problems. In turn, this can propagate a negative cycle of displacement and worsening attachment disorders.		
	Cognitive development	Early childhood education	Percentage of children (0-5) participating in funding early childhood education programming	Participation in early childhood education is a well-evidenced intervention to enhance school readiness, especially among children from disadvantaged backgrounds. Ensuring that children are better prepared when entering school aims to improve educational achievement – a key factor in social mobility and escaping poverty.	
		Numeracy and literacy targets (0-5)	Percentage of children (0-5) achieving basic numeracy and literacy targets	Educational attainment is important for child well-being, particularly in the context of a child's socio-economic trajectory. Literacy and numeracy scores tell us how well the child is performing in school and is a gauge of cognitive functioning.	
		Positive attitude toward learning (children)	Percentage of children exhibiting positive attitude towards learning	Academic success also has a reciprocal effect on a child's attitude towards learning (often referred to as academic self-concept). Learning begets learning, and academic achievement and motivation to learn are key factors to a high level of educational attainment.	
		Numeracy and literacy targets	Percentage of children (6-14) achieving basic numeracy and literacy targets	Most of the gaps that are seen at age 18 are already present at age five. Gaps tend to widen as opposed to shrink as the child proceeds through formal schooling and are predictive of future school performance and educational attainment.	
		Positive attitude toward learning	Percentage of children (6-13) exhibiting positive attitude towards learning	Academic success also has a reciprocal effect on a child's attitude towards learning (often referred to as academic self-concept). Learning begets learning, and academic achievement and motivation to learn are key factors to a high level of educational attainment.	
		Elementary school education access	Percentage of youth (6-13) able to access elementary school education in their community	Educational attainment often translates into levels of skill and ability in society, which are linked to a host of outcomes in adulthood. More obvious impacts of low education are reduced rates of employment and earnings. Failure to complete high school is linked to higher rates of welfare dependency and criminality.	
		High school education access	Percentage of youth (14-18) able to access high school education in their community	Educational attainment is a determinant of participation in the Canadian labour market, especially for Indigenous people. Employment rates are higher for Indigenous people with post-secondary credentials	
		Parental engagement in education	Percentage of children/youth reporting parental engagement in learning/education	Parental engagement in their child's learning/education has a large impact on how well children perform and remain engaged in education. Children of mothers with low educational attainment made up 32% of children entering school lacking printing and writing skills, as opposed to 8% of children with mothers who had a bachelor's degree or higher.	
	Social relationships	Post-secondary education	Percentage of youth (14-18) who intend to pursue post-secondary education	Employment rates are higher for Indigenous people with post-secondary credentials.	Children and youth develop positive relationships with family and friends and are connected to their Indigenous communities
Positive relationships (parents/caregiver)		Percentage of youth reporting positive relationships with parent or caregiver	In the earliest years of life, it is argued that the quality of relationships and parenting carries the heaviest weight among the factors that drive healthy development. Establishing warm, secure and responsive relationships with caregivers are key to establishing a child's confidence to play, socialize and explore their environment, which is what propels development.		
Positive relationships (siblings, extended family, friends)		Percentage of youth reporting positive relationships with siblings, extended family and/or friends	As children progress into adolescence, strong social relationships continue to be an important protective factor as individuals navigate major developmental changes. Strong social relationships, or lack thereof, have been tied to several aspects of well-being.		
Ties to elders		Percentage of youth reporting ties to elders in the community	Social relationships such as belongingness with peers and adults at school and connection with adults at home were the strongest predictors of life satisfaction. Research has also found positive associations between social relationships and physical and psychological well-being by promoting healthier lifestyles, better self-esteem, and a greater sense of purpose and internal locus of control		
Chronic concerning behaviour	Extracurricular activities	Percentage of youth participating in extracurricular activities within the community	Participation in social activities is important for developing social competence and skills and is linked with fewer behavioural problems and higher self-esteem.	Children and youth are mentally and socially well	
	Chronic concerning behaviour	Percentage of children/youth exhibiting chronic concerning behaviours	Behavioural issues among children are associated with socioeconomic disadvantage and have been linked to worse outcomes in adulthood. For example, research has found an association between attention deficit problems and poor labour outcomes in adulthood, such as lower rates of employment, lower earnings and worse jobs. Conduct disorders in childhood, which include antisocial behaviours such as disobedience, tantrums, fighting, destructiveness, lying and stealing, increase the likelihood of violence, criminality, poor relationships, and poor mental health.		
	Prosocial behaviour	Percentage of children/youth exhibiting prosocial behaviour	There is a strong body of evidence linking social-emotional competence to improved attitudes towards school and higher educational achievement. By contrast, those who have not developed in this area have weaker relations with peers and teachers. This decreases interest in school and persists into later years of learning, which can lead to dropping out.		
Mental health	Mental health	Percentage of children/youth reporting mental health problems	Scholars have recognized the importance of these indicators given the effects of intergenerational trauma on mental health among Indigenous peoples. For example, self-esteem and optimism are important protective factors for depressive symptomatology among Aboriginal youth; a desire to contribute to one's community and believing in one's self have also found to improve mental health among Indigenous youth.		

	Emotional, cultural and spiritual well-being	Happiness	Percentage of children/youth reporting happiness	Emerging research has found life satisfaction to be a mediating factor on how stressful life events influence parenting behaviour and problem behaviour among adolescents.	Children and youth are connected to land, culture, and tradition
		Belonging to community	Percentage of children/youth reporting belonging to community	Community and culture were cited as the most common protective factor for mental health among Indigenous youth, which included things like healthy relationships with family and community members.	
		Pride in indigenous identity	Percentage of children/youth reporting pride in Indigenous identity	The importance of restoring the connection to one's Indigenous culture and identity is emphasized in relation to mental health outcomes and resilience.	
		Connection to land	Percentage of children/youth reporting sense of connection to land	In a study examining suicide rates among First Nations youth in British Columbia, researchers found that among communities where cultural continuity was preserved through avenues such as securing land claims, were self-governing, had band-administered education, police, fire and health services as well as cultural facilities within the community had lower suicide rates than communities where these factors were less present.	
		Spiritual practices	Percentage of children/youth reporting participation in spiritual practices and traditional ceremonies	Many studies have demonstrated Indigenous spirituality acting as a protective factor against alcohol abuse and suicide.	
		Knowledge of Indigenous language	Percentage of children reporting knowledge of Indigenous language(s)	One study found that First Nations who had high levels of language knowledge had significantly lower rates of suicide than those with lower levels and for non-Indigenous youth. Researchers identified language as the strongest cultural continuity factor contributing to this difference.	
		Eating traditional foods	Percentage of children/youth reporting eating traditional foods	Loss of land and access to traditional foods has meant that healthy food choices, especially among rural and isolated First Nations, are expensive and often unavailable. This has, in part, led to disproportionately high rates of chronic diseases related to lifestyle factors, such as type 2 diabetes and obesity. Research shows that traditional food gathering not only promotes a healthier diet, but also more exercise and a connection to one's Indigenous identity.	
	Physical health and well-being	Disability and chronic illness	Percentage of children/youth living with disability or chronic illness	An epidemiologic survey of 3,294 children in Ontario found that children with both chronic illness and associated disability were at three times greater risk of experiencing psychiatric disorders. Learning and behavioural disabilities have been associated with a higher risk of school difficulties, criminality, higher medical needs, difficulty establishing emotional relationships, and employment challenges as adults.	Children and youth are physically well
		Healthy eating	Percentage of children/youth reporting healthy eating habits	A healthy diet lays an important foundation for development among children, as well as for future outcomes in adulthood.	
		Physical activity	Percentage of children/youth reporting regular physical activity	Establishing patterns of regular physical activity and a healthy diet are important for preventing obesity and chronic illnesses such as type 2 diabetes and promoting healthy body image.	
		Healthy sleep habits	Percentage of children/youth reporting healthy sleep habits	Healthy habits include sleep hygiene especially among adolescents, as this is a time when children are gaining more independence and autonomy in their lifestyle choices.	
	Physical health and well-being	Teenage births	Percentage of teenage births	Teen pregnancy can lead to a variety of health problems and is also linked to critical social issues such as poverty, poor education, risky behaviours that lead to poor health issues, and child welfare. It also imposes financial costs that can be financially devastating to families.	Youth exhibit regular positive decision-making
		Illicit drug use	Percentage of youth who reported using illicit drugs in the past month	Early prevention of risky behaviour such as alcohol, tobacco and illicit drug use or unprotected sex is important, as these problem behaviours can manifest in youth and extend into adulthood. For example, a study of 727 Indigenous adolescents in the United States found that those who began drinking at an earlier age (i.e. 11-13 years old) were at a much greater risk of developing problem drinking than those who started later.	
		Gambling	Percentage of youth who reported gambling in the past month	Gambling can become problematic and when it does it can have a serious impact on the physical, emotional and financial health of the individual who gambles, as well as their family and community.	
		Smoking	Percentage of youth who reported smoking in the past month	Those who start smoking as youth often carry the habit which also often worsens over time into adult life. Smoking is highly addictive and becomes not only a costly daily habit financially but can also lead to major costs including health, exposes those around them to health concerns, and have been linked to negative social impacts as well.	
Family well-being	Wellness and social engagement	Livable income	Percentage of families reporting livable income to meet needs	Families in chronic and persistent poverty are especially prone to challenges with self-sufficiency and may require additional support to reach this objective. For many First Nations households, life choices can be severely compromised by high food costs, poor availability of healthy food, low income, and/or high housing and heating costs.	Families have the money they need to live
		Empowerment and resilience	Percentage of families reporting feelings of empowerment and resilience	Self-sufficiency is among the most cited factors in the literature on family wellbeing. Many studies have found that low parental income and economic hardships cause increased economic pressure in families, which adversely impacts parental mental health, conflict between parents/caregivers, parent-child interactions and parenting practices, as well as cognitive, academic, and socioemotional outcomes in children.	Families exhibit social wellness
		Social engagement	Percentage of families demonstrating social engagement through participation in cultural traditions, teachings and ceremonies	Positive associations between social relationships and physical and psychological well-being by promoting healthier lifestyles, better self-esteem, and a greater sense of purpose and internal locus of control. When these positive relationships are associated with cultural practices and traditions it has compound positive reinforcing effects on well-being.	
		Family violence	Percentage of families reporting incidents of family violence	Children who witness domestic violence are at higher risk of committing violent acts in the future. Witnessing or experiencing family violence can also lead to long-term physical and mental health issues.	
		Substance misuse	Percentage of families reporting substance misuse	Substance misuse can lead to a variety of serious health issues both physical and mental and has drastic negative impacts on outcomes regarding employment, income and general well-being.	
		Gambling (family)	Percentage of families reporting problematic gambling	Individuals that gamble are more likely to become addicted to it which can lead to low self-esteem, stress-related disorders, anxiety, poor sleep and appetite, substance misuse problems as well as depression.	
			Basic needs	Clean running water	Percentage of households with drinking water flowing from tap for consumption, bathing and other uses
Food sovereignty	Percentage of households reporting food sovereignty			Proper nutrition is key to both physical and mental health and development. When households do not have enough food and must seek help in attaining food they often lack adequate nutrition and this can also lead to feelings of anxiety depression and low self-worth	
Home repairs needed	Percentage of homes in need of major repairs			Inadequate, unsuitable, and unaffordable housing has been linked to chronic health conditions such as asthma and poor mental health. Poor housing has also been linked to the spread and chronic occurrence of viruses and bacteria, and the increased prevalence of unintentional injuries.	
Suitable homes	Percentage of suitable homes			Housing improvements linked with improved health include renovations, relocation, and energy efficiency projects. For children, housing improvements were associated with a decrease in respiratory illnesses and lower rates of school absenteeism. For adults, long-lasting improvements in mental health have been demonstrated.	
Internet connectivity	Percentage of households with internet connectivity			Broadband connectivity has been associated with numerous community benefits, and has been recognized as a pressing issue for Aboriginal communities. In some cases, broadband infrastructure has been framed as a component of indigenous self-determination, broadband infrastructure plays an important role in community development, and that Indigenous communities can access unique benefits from broadband infrastructure.	
Below poverty line	Percentage of households below the provincial poverty line			Parental or familial experiences of poverty have been associated with numerous detrimental effects to child wellbeing, including emotional and behavioral problems as well as further disruptions in schools and to friendships. Poverty is also associated with poor early childhood development and is a risk factor for family breakdown, both of which have been linked to poor educational performance in children.	
Employment rate	Community employment rate			Self-sufficiency is among the most cited factors in the literature on family wellbeing. Many studies have found that low parental income and economic hardships cause increased economic pressure in families, which adversely impacts parental mental health, conflict between parents/ caregivers, parent-child interactions and parenting practices, as well as cognitive, academic, and socioemotional outcomes in children.	

Community well-being	Community services and engagement	Community space	Presence of community space for gathering (Y/N)	Community infrastructure is essential to fostering services, facilities, and networks which increase quality of life and reducing poverty. Particularly in Aboriginal communities, investments in transportation, energy, and telecommunications infrastructure is most strongly connected to creating economic benefits by supporting industrial growth and re-investment in additional economic infrastructure.	Communities offer services and space in support of well-being	
		Community activities	Community activities contribute to the development of capable human beings through cultural teachings, traditions, and values (Y/N)	Community activities and gatherings are important for building social trust, belonging, and well-being.		
		Community space wifi	Percentage of community spaces with free public wifi	Broadband connectivity has been associated with numerous community benefits, and has been recognized as a pressing issue for Aboriginal communities. Wifi is crucial for connectivity, education, and services. Publicly available wifi in community spaces can be an important resource.		
		Community health services	Community offers and controls health services (Y/N)	Long term economic growth also relies on community infrastructure that supports a diversified economy and good quality of life for community members. Assets such as education infrastructure; health care infrastructure; water, wastewater and solid waste disposal; and housing infrastructure, enhance quality of life in communities which increases the potential of a business to attract workers and acts as a disincentive to out-migration of community members.		
		Community social services	Community offers and controls social services (Y/N)	Safe neighbourhoods contain resources which support family activities and community health and connections, including parks, sidewalks or walking paths, libraries, and community centers. Neighbourhood safety can create opportunities for children to learn social customs, develop feelings of confidence in their communities, and build interpersonal relationships with peers.		
		Community elder services	Community offers and controls elder services (Y/N)	Programming and infrastructure available to support elder services in-community.		
		Service provider collaboration	Community service providers collaborate and connect for improved service delivery (Y/N)	Community infrastructure is significant to the degree that it promotes safety and security among neighbourhoods which, in turn, promote safety within families.		
		Affordable & reliable transportation	Percentage of community benefitting from affordable and reliable transportation	Particularly in Aboriginal communities, investments in transportation, energy, and telecommunications infrastructure is most strongly connected to creating economic benefits by supporting industrial growth and re-investment in additional economic infrastructure		
		Third party management	Community is under third-party management (Y/N)	Recipient funding agreement is managed by a federally-appointed third-party manager.		Community is financially independent
		Community risk	Community's risk rating	Risk and associated mitigation measures of recipients and their initiatives.		
	Wellness	Suicide attempts	Rates of reported suicide attempts	The rate of suicide among First Nations people is three times higher than the rate among non-Indigenous people. The suicide rate among First Nations living on-reserve have been found to be twice as high as those living off-reserve, and the highest rates are among youth aged 15 to 24 compared to other age groups.	Community exhibits wellness	
			Substance misuse	Rates of reported substance misuse		Substance misuse can lead to a variety of serious health issues both physical and mental and has drastic negative impacts on outcomes regarding employment, income and general well-being.
		Problematic gambling	Rates of problematic gambling	Individuals that gamble are more likely to become addicted to it which can lead to low self-esteem, stress-related disorders, anxiety, poor sleep and appetite, substance misuse problems as well as depression.		
			Heavy drinking	Rates of reported heavy drinking		High rates in communities of heavy drinking are associated with negative physical and mental health impacts, developing other substance misuse issues, elevated levels of assault, crime and lower levels of employment and income.
		Chronic health conditions	Rates of chronic health conditions	Chronic health conditions can negatively influence family life as both those suffering as well as family members can experience strong emotions of guilt, anger, sadness, fear, anxiety and depressed mood. They can have long term medical complication, increased costs and lead to substance misuse.		
			Violent crime	Rates of violent crime		Violent crime can lead to premature death, or cause serious injuries, placing a toll on health services. People who survive violent crime also suffer depression, anxiety and may continue to enduring physical and mental pain and suffering. Exposure to violent crime can also lead to increased crime rates in a negative spiral.
	Education	Elementary education	Community offers and controls elementary school education	Educational attainment is important for child well-being, particularly in the context of a child's socio-economic trajectory. When it is provided by the community within the community, the education can be tailored to provide a sense of belonging to children who will grow up appreciating their culture.	Community supports and offers education	
			Community offers and controls secondary school education	Learning begets learning, and academic achievement and motivation to learn are key factors to a high level of educational attainment. Providing education within the community and instilling a sense of belonging is key in these formative teenage years which are often the most difficult growing up as well.		
		High school graduation	Rates of high school graduation	Failure to complete high school is linked to higher rates of welfare dependency and criminality. Elevated high school graduation rates lead to higher earnings, higher percentages of home ownership, lower rates of welfare assistance, fewer out-of-wedlock births and fewer arrests.		
		Completed post-secondary education	Rates of completed post-secondary education	Employment rates are higher for indigenous people with post-secondary credentials.		



Appendix K: Well-being Initiatives in Canada, United States, Australia and New Zealand

Jurisdiction	Health Framework	National Initiatives	Results
<p>Australia</p>	<p>According to the Australian Indigenous Health InfoNet¹ (which is principally funded by the Australian Department of Health), a holistic understanding of health is adopted by the Aboriginal and Torres Strait Islander peoples. Aboriginal health moves beyond physical well-being of an individual, and considers social, emotional, and cultural well-being of the whole community; therefore, health is seen in terms of the whole-life-view. The aim of health care services should be to support individuals achieving their full potential as human beings, as well as bringing about the total well-being of their communities.</p> <p>Similarly, according to the Australian Institute of Health and Welfare² (2018), for Aboriginal and Torres Strait Islander</p>	<p>The National Aboriginal and Torres Strait Islander Social Survey (NATSISS)³ was conducted from September 2014 to June 2015 (a total of 11,178 Aboriginal and Torres Strait Islander peoples took part).</p> <p>The Western Australian Aboriginal Child Health Survey (WAACHS)⁴, a large and comprehensive survey undertaken in 2005, measured the health, well-being, and development of Western Australian Aboriginal and Torres Strait Islander children.</p> <p>In 2007, with the aim of reducing disparities among Aboriginal and Torres Strait Islander people, the Government of Australia launched the <i>Closing the Gap</i>⁵ strategy. The strategy is focused on addressing</p>	<p>Healthdirect (2018)⁷ (a publicly funded national health information service) found that many Indigenous Australians experience poorer health than other Australians.</p> <p>Compared to their non-Indigenous counterparts, Indigenous peoples of Australia are more likely to suffer from respiratory diseases, mental health problems, cardiovascular disease, diabetes and other chronic conditions.⁸</p> <p>Furthermore, within Indigenous populations, certain diseases (and their resulting conditions), for instance trachoma (a bacterial infection of the eye) and rheumatic heart disease, continue to occur at high rates. These same diseases are now virtually</p>

¹ Australian Indigenous Health InfoNet, "Aboriginal and Torres Strait Islander concept of health," accessed July 28, 2020, <https://healthinfonet.ecu.edu.au/learn/cultural-ways/aboriginal-and-torres-strait-islander-concept-of-health/>.

² Australian Institute of Health and Welfare, "Indigenous health and wellbeing," *Government of Australia*, 2018, <https://www.aihw.gov.au/getmedia/110ef308-c848-4537-b0e7-6d8c55589194/aihw-aus-221-chapter-6-2.pdf.aspx>.

³ Australian Bureau of Statistics, "4720.0 - National Aboriginal and Torres Strait Islander Social Survey: User Guide, 2014-15," last updated July 24, 2020, <https://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/4720.0>.

⁴ Telethon Kids Institute, "WA Aboriginal Health Survey (WA)," accessed on July 28, 2020, [https://www.telethonkids.org.au/our-research/aboriginal-health/waachs/#~:text=Aboriginal%20Health-.WA%20Aboriginal%20Child%20Health%20Survey%20\(WAACHS\),and%20Torres%20Strait%20Islander%20children.](https://www.telethonkids.org.au/our-research/aboriginal-health/waachs/#~:text=Aboriginal%20Health-.WA%20Aboriginal%20Child%20Health%20Survey%20(WAACHS),and%20Torres%20Strait%20Islander%20children.)

⁵ Australian Indigenous Health InfoNet, "Closing the Gap," accessed July 28, 2020, <https://healthinfonet.ecu.edu.au/learn/health-system/closing-the-gap/>.

⁷ Health Direct, "Indigenous Health," last updated March 2020, <https://www.healthdirect.gov.au/indigenous-health>.

⁸ Health Direct, "Indigenous Health," last updated March 2020, <https://www.healthdirect.gov.au/indigenous-health>.

	<p>Australians, a conception of good health is more than the absence of illness; rather, it is a holistic concept that includes physical, social, emotional, cultural, spiritual and ecological well-being, at both the individual and community levels. The emphasis is on interconnectedness and recognising the impacts of social and cultural determinants on health.</p>	<p>disadvantages relating to life expectancy, child mortality, access to early childhood education, educational achievement, and employment outcomes.</p> <p>The targets are:</p> <ul style="list-style-type: none"> • By 2018, halve the gap in child mortality; halve the gap in reading, writing and numeracy; halve the gap in employment, and; close the gap in school attendance • By 2020, halve the gap in year 12 attainment • Ensure 95% of Aboriginal and Torres Strait Islander four-years-olds are enrolled in early childhood education by 2025 • By 2031, close the gap in life expectancy.⁶ 	<p>unknown in the non-Indigenous population.⁹</p> <p>Though alcohol, tobacco and illicit substances are widely used by Australians generally, substance use does play a significant role in the health and life-expectancy gaps experienced between Indigenous and non-Indigenous populations in Australia.¹⁰</p>
<p>Canada</p>	<p>The aim of the Canadian government is to recognize and strengthen the cultural distinctiveness of Indigenous Peoples in Canada.</p> <p>Indigenous Services Canada promotes the First Nations Mental Wellness Continuum Framework¹¹. The</p>	<p>Indigenous Services Canada, First Nations and Inuit Health Branch, Health Canada, Assembly of First Nations, as well as independent provincial health authorities (e.g. FNQLHSSC in QC, FNHA in BC) all provide services to Indigenous peoples in Canada.</p>	<p>The Public Health Agency of Canada (2018)¹⁵ has documented several health inequalities present among Indigenous peoples in Canada. First Nations, Inuit, and Metis populations regularly demonstrate behaviours less favourable to health (e.g. smoking and</p>

⁶ Australian Indigenous Health InfoNet, "Closing the Gap," accessed July 28, 2020, <https://healthinonet.edu.au/learn/health-system/closing-the-gap/>.

⁹ Health Direct, "Indigenous Health," last updated March 2020, <https://www.healthdirect.gov.au/indigenous-health>.

¹⁰ Health Direct, "Indigenous Health," last updated March 2020, <https://www.healthdirect.gov.au/indigenous-health>.

¹¹ Indigenous Services Canada, "First Nations Mental Wellness Continuum Framework - Summary Report," *Government of Canada*, last modified January 27, 2015, <https://www.sac-isc.gc.ca/eng/1576093687903/1576093725971>.

¹⁵ Public Health Agency of Canada, "Key Health Inequalities in Canada: A National Portrait," August 2018, <https://www.canada.ca/content/dam/bhac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portfolio-executive-summary/hir-executive-summary-eng.pdf>.

<p>framework, developed jointly by the First Nations and Inuit Health Branch (FNIHB), the Assembly of First Nations (AFN), and Indigenous mental health leaders from various First Nations non-government organizations, is aimed at supporting First Nations mental wellness in a way that is rooted in culture and comprised of several layers and elements. The framework views mental wellness as “a balance of the mental, physical, spiritual, and emotional.” Further it states: “[t]his balance is enriched as individuals have: purpose in their daily lives whether it is through education, employment, care giving activities, or cultural ways of being and doing; hope for their future and those of their families that is grounded in a sense of identity, unique indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families, to community, and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.”¹²</p> <p>The framework further asserts a coordinated, and comprehensive approach to whole health (physical, mental, emotional, spiritual, social, and</p>	<p>The Aboriginal Peoples Survey (APS)¹⁴ is a survey conducted nationally to estimate the social and economic conditions of First Nations people living off reserve, Métis and Inuit. The APS aims to identify the specific needs of these Aboriginal groups. The results of the APS are crucial to informing policy and programs designed to improve the well-being of Aboriginal peoples.</p>	<p>high alcohol consumption), negative health outcomes (e.g. life expectancy and self-reported mental health), and structural impediments to health (developmental vulnerability in early childhood, household food insecurity, and working poverty).</p>
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¹² Indigenous Services Canada, “First Nations Mental Wellness Continuum Framework - Summary Report,” *Government of Canada*, last modified January 27, 2015, <https://www.sac-isc.gc.ca/eng/1576093687903/1576093725971>.

¹⁴ Statistics Canada, “Aboriginal Peoples Survey (APS),” *Government of Canada*, last modified August 17, 2017, <https://www.statcan.gc.ca/eng/survey/household/3250>.

	<p>individuals), whānau ora (healthy individuals), and wai ora (healthy environments).</p> <p>For Maori, the He Korowai Oranga (meaning “The Cloak of Wellness”) Health Strategy signifies the protective cloak and mana o te tangata (the cloak that embraces, develops and nurtures the people physically and spiritually). In the weaving, of a korowai there are strands called whenu or aho. These strands symbolize all the different people in the strategy who work together to make Maori healthy.</p>	<p>In November 2016, the Government of New Zealand conducted the Waitangi Tribunal Health Services and Outcomes Inquiry (Wai 2575) to gather claims and concerns relating to health services and outcomes of Maori people. In June of 2018, there were around 198 claims seeking to participate in the inquiry.²⁰ The historical and contemporary claims cover a range of issues relating to the New Zealand health system and specific health services and outcomes, with special attention being paid to health equity, primary care, disability services and Māori health providers.</p>	<p>Irrespective of age, in 2013, Māori had a higher disability rate than non-Māori.</p> <p>Looking at total cancers in 2010-2012, cancer registration rates are significantly higher for Māori adults aged 25 and over, as compared to non-Māori adults. The total-cancer mortality rate was over 1.5 times higher among Māori adults than among non-Māori adults.</p> <p>Māori adults were approximately 1.5 times as likely as non-Māori adults to report having a high or very high anxiety or depressive disorder.²²</p>
<p>United States</p>	<p>The Department of Health and Human Services’ Indian Health Service (IHS) provides federal health services to American Indians and Alaska Natives.²³</p> <p>The IHS website discusses Behavioral Health, focusing on the necessity of self-determination and holistic frameworks for health. They state “[t]he importance of integrated perspectives that include cultural and traditional practices and community-wide healing</p>	<p>The U.S. government does not implement a separate survey with a specific focus on American Indian or Alaska Natives. Statistics on health are tracked by the Center for Disease Control National Center for Health Statistics, the Office of Minority Health within the Health and Social Services Department, and the Substance Abuse</p>	<p>The IHS (2019) reports that the American Indian and Alaska Native people have long experienced disparity in health status relative to other Americans.²⁹</p> <p>American Indians and Alaska Natives’ life expectancy at birth is 5.5 years lower than the U.S. all races population</p>

²⁰ Ministry of Health — Manatū Hauora, “Wai 2575 Health Services and Outcomes Kaupapa Inquiry,” last updated June 23, 2020, <https://www.health.govt.nz/our-work/populations/maori-health/wai-2575-health-services-and-outcomes-kaupapa-inquiry>.

²² Ministry of Health — Manatū Hauora, “Ngā mana hauora tūhū: Health status indicators,” last updated August 2, 2018, <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tuhuh-health-status-indicators>.

²³ Indian Health Service, “About IHS,” accessed June 28, 2020, <https://www.ihs.gov/aboutihs/>.

²⁹ Indian Health Services, “Indian Health Disparities,” (October 2019).

	<p>and wellness must not be underestimated.”²⁴</p> <p>The IHS also employs a Tribal Self-Governance Program, which “recognizes that tribal leaders and members are in the best position to understand the health care needs and priorities of their communities.”²⁵</p> <p>The IHS acknowledges that health issues facing Urban Indians “are exacerbated (...) because of the lack of family and traditional cultural environments.”²⁶</p>	<p>and Mental Health Services Administration.²⁷</p> <p>The HSS Office of Minority Health and the CDC announced a new initiative in 2017 to gain a better understanding of health issues in American Indian and Alaska Native communities.</p> <p>In 2017, the CDC conducted interviews in 11 states with significant proportions of American Indians and Alaska Natives, through the Behavioral Risk Factor Surveillance System (BRFSS).²⁸ These States include Alaska, Arizona, Minnesota, Montana, Nebraska, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, and Wisconsin.</p>	<p>(73.0 years to 78.5 years, respectively).³⁰</p> <p>American Indians and Alaska Natives also face elevated mortality rates in several categories including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.³¹</p>
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²⁴ Indian Health Services, “Behavioural Health,” accessed July 28, 2020, <https://www.ihs.gov/newsroom/factsheets/behavioralhealth/>

²⁵ Indian Health Services, “Tribal Self-Government,” (July 2016), <https://www.ihs.gov/newsroom/factsheets/tribalselfgovernance/>

²⁶ Indian Health Services, “Urban Indian Health Program,” (October 2018), <https://www.ihs.gov/newsroom/factsheets/uihp/>

²⁷ Substance Abuse and Mental Health Services Administration, “American Indian and Alaska Native (AI/AN): Tribal Affairs,” last updated April 23, 2020, <https://www.samhsa.gov/behavioral-health-equity/ai-an>.

²⁸ Centers for Disease Control and Prevention, “Behavioral Risk Factor Surveillance System,” last updated November 5, 2019, <https://www.cdc.gov/brfss/index.html>

³⁰ Indian Health Services, “Indian Health Disparities,” (October 2019).

³¹ Indian Health Services, “Indian Health Disparities,” (October 2019).



Appendix L: Detailed Checklist on Horizontal Initiatives

ESTABLISHING THE HORIZONTAL INITIATIVE

Checklist Item	
Identify the lead department and all partner departments	<input type="checkbox"/>
Prepare a Memorandum to Cabinet for approval as a horizontal initiative	<input type="checkbox"/>
Establish timelines	<input type="checkbox"/>
Identify funding levels and outcomes sought	<input type="checkbox"/>

GOVERNANCE

Checklist Item	
Establish a senior-level Oversight committee	<input type="checkbox"/>
Establish terms of the Oversight committee including reporting, evaluations etc.	<input type="checkbox"/>
Oversight committee responsible for results and resource frameworks	<input type="checkbox"/>
Oversight committee responsible for data collection and consolidation	<input type="checkbox"/>
Oversight committee responsible for monitoring of indicators and spending	<input type="checkbox"/>
Oversight committee responsible for reporting content and frequency	<input type="checkbox"/>
Oversight committee responsible for unforeseen issues and course corrections	<input type="checkbox"/>
Oversight committee responsible for resolution of disputes	<input type="checkbox"/>
Oversight committee responsible for liaison and engagement with central agencies	<input type="checkbox"/>
Oversight committee responsible for coordinating horizontal evaluations and audits	<input type="checkbox"/>
Oversight committee responsible for timing of meetings and agenda	<input type="checkbox"/>
Oversight committee responsible for communication strategies	<input type="checkbox"/>

ROLE & RESPONSIBILITIES OF LEAD DEPARTMENT

Checklist Item	
Coordinating the MC and TB submission process if applicable	<input type="checkbox"/>
Providing administrative support to the oversight committee and other governing bodies	<input type="checkbox"/>
Identifying a secretariat within the department of sufficient capacity to manage coordination efforts	<input type="checkbox"/>
Coordinating the development and maintenance of the performance measurement framework, including the structured inventory of activities with inputs from partner departments	<input type="checkbox"/>
Coordinating the collection of financial and non-financial information from partner departments	<input type="checkbox"/>
Ensuring that performance measures are populated with actual and meaningful performance data, and that data consistency standards are met	<input type="checkbox"/>
Communicating the format and frequency of the submission of financial information required for consolidated reporting	<input type="checkbox"/>

Coordinating the public reporting of the Child Welfare initiative via the Departmental Plan and Departmental Results Report	<input type="checkbox"/>
Coordinating the preparation of any required horizontal initiative reports	<input type="checkbox"/>
Collecting and storing data for the initiative in a manner that supports subsequent audits and evaluations	<input type="checkbox"/>
Coordinating liaison with central agencies, notably in the event that a high-impact issue arises	<input type="checkbox"/>

ROLE & RESPONSIBILITIES OF PARTNER DEPARTMENTS

Checklist Item	
Participate in establishing the governance structure and the financial parameters for the horizontal initiative	<input type="checkbox"/>
Provide a complete list to the lead department of their activities that are components of, or linked to, the horizontal initiative	<input type="checkbox"/>
Provide information on relevant departmental activities as required by the Oversight committee to implement their respective activities that are components of the horizontal initiative, in order to contribute to the achievement of the shared outcome	<input type="checkbox"/>
Collect and provide to the department financial and non-financial performance information on all their activities that are components of the horizontal initiative	<input type="checkbox"/>

MANAGEMENT AND REPORTING OF THE HORIZONTAL INITIATIVE

Checklist Item	
Develop common understanding of departmental roles and responsibilities	<input type="checkbox"/>
Provide a clear and measurable understanding of the successful achievement of Thriving First Nations Children	<input type="checkbox"/>
Develop a shared understanding of the outcomes anticipated, indicators of success, activities required and the capacities needed to execute	<input type="checkbox"/>
Ensure there is a robust process and system in place for the management, collection and transparent reporting of data to Parliamentarians and the public	<input type="checkbox"/>
Ensure alignment of each shared outcome with a performance indicator, a target and target date, a data source and verification of data availability	<input type="checkbox"/>
Clear articulation of the linkage of performance indicators to the achievement of outcomes	<input type="checkbox"/>
A disaggregation of each shared outcome by theme	<input type="checkbox"/>
A listing of activities linked to each theme, including whether funding is for a new program or is incremental to an existing program	<input type="checkbox"/>
The identification of activities by department	<input type="checkbox"/>
Relevant performance indicators for all activities and related baselines and targets for clear tracking of progress and for use in any evaluation	<input type="checkbox"/>
Coordinating liaison with central agencies, notably in the event that a high-impact issue arises	<input type="checkbox"/>

REPORTING REQUIREMENTS FOR PARLIAMENT & TBS

Checklist Item	
Facilitate assessment of progress toward stated outcomes	<input type="checkbox"/>
Facilitate decisions on renewal of the initiative and new areas of focus	<input type="checkbox"/>
Facilitate decisions on adjustments to resource allocation	<input type="checkbox"/>
Facilitate reporting to central agencies and Parliament	<input type="checkbox"/>
Reporting should strive to be consistent, comprehensive and easy to understand	<input type="checkbox"/>
Reporting should improve horizontal decision-making	<input type="checkbox"/>
Reporting should share information with stakeholders on progress, successes and challenges	<input type="checkbox"/>
Reporting should provide transparent performance reporting to Canadians	<input type="checkbox"/>
Reporting should disseminate lessons learned	<input type="checkbox"/>
Reporting should provide a means to compare the consolidated status of the horizontal initiative with the ultimate plan or outcomes	<input type="checkbox"/>
The oversight committee should determine frequency, level of detail and audience for progress reports with the exception of any related statutory, parliamentary or ministerial requirements	<input type="checkbox"/>
Progress reports should facilitate early detection of horizontal issues and be understandable to the target audience	<input type="checkbox"/>
The consolidated report of summary information to Parliament and Canadians is carried out in departmental plans and departmental results reports of the lead department based on a consolidation of inputs from all participating departments and agencies	<input type="checkbox"/>



Appendix M: IFSD's 2019 FNCFS Survey Questionnaire

Letter to FNCFS Agency leadership
Re: Phase 2 – Outcome based funding approaches for FNCFS

September 19, 2019

Dear colleagues,

The Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa is pleased to continue its collaboration with the Assembly of First Nations (AFN) and the Caring Society on First Nations child welfare. Following the acceptance of IFSD's report, [*Enabling First Nations Children to Thrive*](#) by the National Advisory Committee (NAC), IFSD was asked to undertake a follow-on study to identify options and plans for a change in structure and resources in First Nations Child and Family Services (FNCFS) to transition agencies to an outcome-based approach based on well-being for thriving First Nations children.

Project overview

There are four parts to this project:

- 1) Expenditure analysis and funding impacts: Defining the existing baseline of FNCFS program allocations, expenditures and their impacts, including CHRT-mandated funding.
- 2) Performance framework: Defining a measurable future state from which to build a funding approach for thriving children.
- 3) Funding approaches: Identifying and analyzing approaches to funding that support improved outcomes for children.
- 4) Transition plan: Defining approaches and considerations in moving to a new system of performance and funding focused on thriving children.

IFSD's ask to FNCFS agencies

To make this possible, we need your support and collaboration. The knowledge and data you share and the insight you provide are invaluable to this work. There are two ways FNCFS agencies will be asked to participate:

- 1) Survey: IFSD is requesting **input from all FNCFS agencies** for this project through a **short survey** on CHRT funding and performance this fall. You will receive a short questionnaire (fillable PDF) via email on September 19, 2019 and will be asked to complete the questions no later than October 16, 2019. Should it be preferred, IFSD would be pleased to schedule a phone call, Skype or FaceTime call to complete the questionnaire with you.
- 2) Case studies: IFSD is seeking approximately 12 FNCFS agencies from different provinces and with different characteristics (e.g. geographic location, size, etc.) to serve as representative/model agencies for the project. These FNCFS agencies will be asked for regular input throughout the project. Monthly contact via email or phone is anticipated for follow-ups on project progress or to help to inform IFSD on specific project matters. Leadership from the case study FNCFS agencies will be invited to Ottawa for two workshops between December 2019 and April 2020.

Participation and data

Throughout this project, the different characteristics among agencies will be taken into account to ensure that analysis and planning considers their differentiated points of departure, experiences and needs. For instance, small agencies and large agencies may require different transition plans; funding approaches may require refinement for remote agencies; etc.

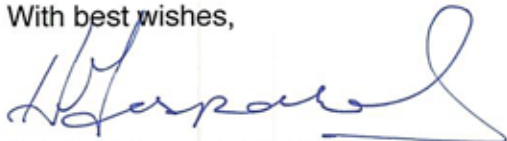
IFSD's approach to this project is collaborative and informed by OCAP® principles. As an affiliate of the University of Ottawa, IFSD is guided by ethical research guidelines respecting Indigenous Peoples and complies with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans in all of its work. All information shared during this project with the consent and participation of the agencies will be anonymized and shared back to protect the privacy of agencies and the communities they serve.

All data shared by communities electronically with IFSD will be held on a password protected cloud-storage system (OneDrive), accessible only to IFSD staff engaged in this project. Any locally held data will be stored on IFSD research laptops only. Any physical copies of data or data shared on USB keys will be kept in a locked cabinet in a locked office at IFSD's offices.

As is its usual practice, IFSD will update its stakeholders monthly on the project's progress. Updates will be released via email and posted to the project website (www.ifsd.ca/fncfs).

Having had the opportunity to meet many of you and the pleasure of visiting some of your agencies and communities, we are delighted to have the opportunity to collaborate with you again.

With best wishes,



Helaina Gaspard, Ph.D.
Director, Governance & Institutions
helaina.gaspard@ifsd.ca
(613) 983-8461
www.ifsd.ca/en/fncfs

QUESTIONNAIRE FOR FNCFS AGENCIES

Agency name:

First and last name:

Position:

Email: Phone:

1. What were your FNCFS agency's total expenditures (\$) for fiscal year 2018–19?

2. What were your FNCFS agency's total revenues (\$) for fiscal year 2018–19?

3. Did you request CHRT-mandated funding? **(If no, go to question 4).** yes no

a. If yes, what amount was requested (\$)

b. Did you receive the amount (\$) requested? yes no

c. Why did you request funding? Select all that apply:

- i. Maintenance
- ii. Capital
- iii. Prevention and programming services
- iv. Salaries and benefits
- v. Operating and maintenance
- vi. Information technology (IT)

d. How was the funding used?

e. What were the results of the supplementary investments?

4. Do you collect data (qualitative or quantitative) on (select all that apply):
- a. Program performance
 - b. Spending outcomes
 - c. Other (please describe)

5. If you do collect data, how is it used (select all that apply)?
- a. Budgeting
 - b. Program development
 - c. Funding requests
 - d. Other (please describe)

6. When you prepare your agency's budget, do you align spending to desired outcomes? For instance, if your goal is to improve child well-being, do you allocate funding to programs or activities specifically designed to promote that goal?

7. May IFSD contact you to discuss your FNCFS agency's work further? yes no


Thank you for completing this questionnaire. Kindly return the completed form to helaina.gaspard@ifsd.ca by October 16, 2019.



Appendix N: Capital Asset Business Case Template

STRATEGIC CONTEXT	
Organization Name	<i>Detail the name of the organization requesting the capital investment</i>
Organizational Overview	<p><i>To build a strong rationale for a proposed investment, the current environment needs to be described. The organizational overview of the sponsoring agency should include:</i></p> <ul style="list-style-type: none"> <i>– Mission</i> <i>– Strategic vision, goals, and service objectives</i> <i>– Current activities and services, including key stakeholders and clients</i> <i>– Organizational structure (high level)</i> <i>– Existing capacity—financial and human resources</i>
Problem/ Opportunity Statement	<i>Express the problem or opportunity to which your agency or First Nation is responding.</i>
Strategic Fit	<i>To make a robust case for change, the business case should demonstrate how the proposed investment fits within the agency’s or First Nation’s broader strategic context and contributes toward its goals and objectives, e.g. successful family reunifications, fewer re-entries into protection. This subsection maps the investment proposal to the organizational framework.</i>
Drivers for Change	<i>Identify the drivers that have triggered the investment proposal, e.g. increased demand for services or demand for additional services. Both internal, e.g. organizational reprioritization, and external drivers of change, e.g. mental health crisis, should be identified and clearly linked to the business need.</i>
ANALYSIS AND RECOMMENDATION	
Options Analysis	<i>Identify, describe, and explore every possible option that can address the business need. The list should demonstrate due diligence in exploring options.</i>
Performance Alignment	<i>Define the evaluation criteria and alignment of the capital request to the Thriving Children Performance Measurement Framework that will be used for screening and analysis of the options and will ultimately determine an overall recommendation.</i>
Lifecycle Cost for Each Option	<i>Provide a complete description of the costs. Projected costing estimates should be based on total cost of ownership, which includes</i>

	<i>ongoing costs over the course of the investment's life cycle as well as potential compliance costs for stakeholder groups.</i>
Cost-Benefit Analysis for Each Option	<i>Based on the costs established for each option, describe how those costs are weighed against the benefits. Conduct the cost-benefit analysis for each option taking into account costs, benefits, and risks.</i>
Risk Analysis for Each Option	<i>Identify the risks and conduct a risk assessment for each option, along with the development of a risk response. Risks may include challenges of working in remote areas, or the investment's importance to the agency's operations. A useful tool for assessing the risk and complexity of a project is the Treasury Board Project Complexity and Risk Assessment (PCRA).</i>
JUSTIFICATION & RECOMMENDATION	
Identify the Recommended Option	Present the recommendation in a straightforward manner, clearly stating why the agency or First Nation will benefit by focusing its investment on one particular option.
Deciding Factors	<i>Identify the deciding factors (financial, strategic, and outcome-related) for selecting the preferred option.</i>
Forecasted Performance Impact of Recommended Option	<i>Present the contribution of the requested capital item towards the realization of outcomes and service levels required from the Thriving Children Performance Measurement Framework.</i>
Lifecycle Cost / Funding Formula Impact of Recommended Option	<i>Present the lifecycle cost for the requested capital item and specifically identify the cost implication to the funding framework over the lifecycle of the capital asset.</i>
Risk Mitigation Measures of Recommended Option	<i>Illustrate why the identified risks are acceptable. Narrative may be included to further contextualize the key factors supporting the overall risk assessment, which include impact, probability, outcomes, and so forth. A useful tool is the Treasury Board PCRA.</i>



Appendix O: Quantifying Geography and Remoteness for First Nations Child and Family Services Agencies Dr. John Loxley and Raina Loxley

Quantifying Geography and Remoteness for First Nations Child and Family Services Agencies

Prepared for the Institute for Fiscal Studies and Democracy

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1. Importance of remoteness for First Nations child welfare funding

Operating in a remote location can potentially have several serious implications for the budgets of and quality of service provided by First Nations child welfare agencies. Staffing and travel costs are the two factors mainly affected by geographic location but each has a number of dimensions. On the staffing side, one can generally expect costs to increase over those in non-remote locations because a salary premium is probably required to attract people to more remote locations. To begin with, the cost of living is generally much higher and salaries need to compensate for this. Access to services normally taken for granted in cities, such as restaurants, entertainment, social and medical facilities, is often severely restricted in remote places and staff may need a financial incentive to accept this. Staff costs are likely to be higher for the bread and butter aspects of child welfare, such as visiting families and children at risk, visiting foster children and families, and meeting with fellow agency staff and local boards may also require more staff time. Where remoteness dictates multi-agency arrangements, this compounds the additional expense. So salary costs are likely to be higher for a number of different reasons, each related to remoteness.

Additional travel costs will be incurred to visit children and families at risk and in care. The cost of gas and vehicle maintenance are generally higher in remote places and if roads are non-existent, flying can become very expensive. Taking families and children into centres where services are available is generally more expensive the more remote the agency.

Inadequate provision for remoteness will, inevitably, reduce the quality of service provided to children and families, by reducing available staff, impeding necessary travel or limiting access to services through broadband.

All of this has long been acknowledged. It was flagged as a major issue by the Joint National Policy Review of First Nations Child and Family Services in 2000 (McDonald, Ladd et al., 2000). It was raised again in the Wen:De (FNCFCFS, 2004; FNCFCFS, 2005a; FNCFCFS, 2005b) report and in subsequent evaluations of the Enhanced Prevention Focused Approach (EPFA) of the Department of Indian and Northern Affairs, Canada (INAC)² (INAC, 2010; INAC, 2013; INAC, 2014).³ It also featured prominently in the Canadian Human Rights Tribunal on Child Welfare (CHRT 2, 2016). Some provision has generally been made to compensate for remoteness in funding models, so the principle is long recognized and the issues that remain are

² The federal department responsible has undergone a number of name changes over the years and is currently Indigenous Services Canada (ISC).

³ Evaluations were conducted in Alberta (2010), Saskatchewan and Nova Scotia (2013) and Manitoba (2014) and remoteness seems to have been an issue in all but Nova Scotia.

the method of providing for remoteness and the size of that provision. In 2018, the department announced that it would be studying the issue and made a presentation on the topic to the Canadian Economics Association annual conference (ISC, 2018), but nothing more seems to have come of this.

In what follows we examine different approaches to measuring remoteness that have been put forward in Canada and elsewhere, but first we examine the findings of the Institute for Fiscal Studies and Democracy (IFSD) on the relationship between remoteness and cost of providing First Nation child and family services.

2. The Institute for Fiscal Studies and Democracy Findings on Remoteness

In 2018 the IFSD conducted a survey of First Nation child and family service agencies across Canada to ascertain their needs and how these might influence the costs of providing services. The survey was conducted following the findings of the CHRT that First Nation child welfare services were underfunded and First Nation children discriminated against. It was commissioned by the Assembly of First Nations with direction from and strategic support of the National Advisory Committee on First Nations Child and Family Services (NAC) (IFSD, 2018).

The study concluded that the single most important driver of agency budgets was the number of children in care (CIC) (IFSD, 2018, p. 9), which is not surprising given the bias of funding models towards taking children into care as opposed to preventing child apprehension, as found by the CHRT (CHRT 2, 2016). The study also found that agency costs increased if at least one community it served had no or limited year-round road access, and budgets of such agencies were found to be more than twice the average annual budget of those agencies with all-year road access; they had two times more staff and their travel costs were five times higher (IFSD, 2018). This supports the argument made above (in section 1) on the importance of remoteness which, following the Wen:De reports (Section 4.1), the IFSD defines as distance from city centres providing child welfare services.

3. How and how well is remoteness accommodated in existing funding models?

Remoteness is accounted for differently in child welfare funding models across Canada. The following draws on information submitted to the CHRT on the First Nations Child and Family Services (FNCFS) Funding Formula Template in 2016 by former Indian and Northern Affairs Canada (INAC) (INAC, 2016a; INAC, 2016b). This shows that the Manitoba child welfare funding model accounts for remoteness by providing 5% of salaries, benefits and operating costs for agencies north of the 53rd parallel and southern remote and isolated communities. Manitoba agencies also received \$11,500 per direct service worker, supervisor and executive directors annually, for travel related costs.

Although not covered by the Funding Formula Template, the Ontario model also allocates 5% of funding for remoteness, but only on the socio-economic factors which account for 50% of the budget so, in effect, remoteness accounts for only 2.5% of the total budget (Loeppky and Loxley, 2017, p. 39).

Quebec agencies receive a salary adjustment per professional, adjusted in increments depending on the remoteness of the region, ranging from \$8,487, to \$13,207, in 2016. An additional \$3,057 is provided to service delivery staff to account for travel in remote areas. The 2015-16 FNCFS Funding Formula Template (INAC, 2016a, p. 13) makes explicit provision for increases in salaries and travel for remoteness in Quebec of \$292,752 which is equal to 9.95% of total funding for an agency servicing 1,000 children. No other province receives such a high amount for remoteness and the logic for this is not obvious, as on remoteness measures in use by INAC (see 4.2 below), the average remoteness of Quebec agencies is actually a little less than that of Manitoba agencies (FNCFCFS, 2005b, p. 108 and 129).

Funding to compensate agencies for remoteness in Saskatchewan is allocated as a fixed amount on a recipient by recipient basis and varies by agency.⁴ Travel expenditures are provided at \$11,500 per direct service worker, supervisor or agency ED annually and in some cases, a remoteness amount is included in the travel cost. Again, this is allocated on a recipient by recipient basis.

Provision for remoteness was built into tri-partite discussions with some recipients of the EPFA (which replaced Directive 20-1), Saskatchewan, Quebec and Manitoba, but not with all. In the 2011 evaluation of the Alberta EFPA, lack of provision for remoteness was raised as a central issue and it was explained that 'First Nations and the Province did not flag remoteness during the discussion to develop the formula; therefore, it was not included' (INAC, 2010, p. viii).

PEI calculates travel costs as \$12,000 per direct service worker, supervisor and ED annually and in some cases includes a remoteness amount on a recipient by recipient basis (INAC, 2016b, Annex B).

There is no direct provision for remoteness in the child welfare funding models of British Columbia, Alberta, New Brunswick, Nova Scotia and Newfoundland. Agencies in these provinces receive \$11,500 per direct service worker, supervisor and ED annually, for travel related costs (as in Manitoba and Saskatchewan), but this is consistent across agencies regardless of geographical location. The INAC costing models also stipulate that additional funding can be

⁴ In the 2016 budget, an amount of \$1.5 million is provided for remoteness, all of it under the heading of 'Enhancement' but no further explanation is given for this (INAC, 2016a, Annex C).

provided to agency Boards of Directors to account for remoteness and/or multi-site agencies (INAC, 2016b, Annex B).

In 2016, INAC stated that it does not currently provide funding for remoteness in regions other than Quebec, Manitoba and Saskatchewan ‘as the Department did not have sufficient data and information on which to base calculations for funding’ (INAC, 2016b, Appendix B, p. 17).

Since 2018 there is no single funding formula as agencies have been billing the department for many actual expenditures. There is, no doubt, some inertia or hysteresis in receipts of funding which will carry forward provisions for remoteness made in the past.

4. Potential approaches to measuring remoteness and their strengths and weaknesses: Canada

There are a number of possible indicators of remoteness that might be used in developing budgets for child welfare agencies, so the question arises as to how to differentiate between them. Moazzami (2018, pp. 2-3) offers sound advice when he suggests that indicators should:

1. be developed for the specific issue or policy under consideration;
2. be based on service centres relevant to the type of service being measured;
3. allow for the assessment of the impact of various policy measures in the area under consideration;
4. be based on theoretical consideration and any proxies used should be sensible;
5. allow for periodic updating and monitoring;
6. be easy to calculate and intuitively appealing;
7. assign different degrees of remoteness, and not just remote or not remote, as costs will differ by degree;
8. give a stable ranking of communities by location for long term planning.

These considerations should be borne in mind when reviewing the following list of possible remoteness measures.

4.1 Using the Statistics Canada Consumer Prices Index to Measure Costs of Remoteness

It has been suggested by Indigenous Services Canada (2018) that the CPI could be a potential data source for measuring the costs of remoteness. The CPI however, does not include people living on reserves (Statistics Canada, 2020a). While it does provide data for 15 cities in Canada, it qualifies their usefulness by stating that ‘These estimates should not be interpreted as a measure of differences in the cost of living between cities. The indexes provide price comparisons for a selection of products only, and are not meant to give an exhaustive comparison of all goods and services purchased by consumers. Additionally, the shelter price concept used for these indexes is not conducive to making cost-of-living type comparisons between cities.’ (Statistics Canada, 2019a). Only 3 of the 15 cities are located in relatively remote areas. Statistics Canada goes on to explain why data for other cities are not available, arguing that basket weights for goods consumed would be ‘quite small’ and that price changes in less populated areas generally follow those in populated areas. Above all, ‘the CPI aims to

measure price change not price levels' (Statistics Canada, 2019b, p.22). The CPI, therefore, is not useful for our purposes.

4.2 Remoteness and the Wen:De Report

In 2004 the First Nations Child and Family Caring Society (FNCFCS) undertook a review of Directive 20-1, the funding formula for all First Nation Child and Family Service agencies in Canada except Ontario. This review was ultimately published by the FNCFCS as three volumes of Wen:De (FNCFCS, 2004; FNCFCS, 2005a; FNCFCS, 2005b). Directive 20-1 drew on a remoteness factor developed by INAC, which classified agencies according to their distance from service centres, degrees of latitude and year round road access. This factor ranged from 0 to 1.9 (CHRT 2, 2016, p. 127) rising with remoteness. It was used to compensate agencies for the higher cost of remoteness by adjusting three components of the funding formula: the amount of money paid per band, the amount paid per agency and the amount paid per child.

Child welfare agencies recognized the need for remoteness payments but believed the amount being paid was deficient and its calculation based on service centres did not reflect the true costs of accessing child welfare services which were only really available in city centres (FNCFCS, 2005a). Wen:De therefore recommended an increase in the remoteness factor of between 3% for least remote and 8% for most remote agencies. It also recommended replacing service centres, which were really business centres, with cities in which child welfare services were available (FNCFCS, 2005b).

In 2005, INAC revised its remoteness factor, simplifying it. While it assigned each agency to a city, it continued to classify remoteness and in turn determine funding, based on service centres.

4.3 INAC Band Support Funding Remoteness Index

The INAC Band Support Funding (BSF) program is used by the Federal government to determine transfer payments for individual First Nations to facilitate service delivery and allocation of funds according to individual community needs and priorities. The BSF formula last updated in 2005, takes into consideration geographic location of the First Nation, cost of transportation and services through two concurrent indices: a remoteness index and an environmental index. "Both indices are derived based on a combination of the remoteness classification and the environmental classification of a First Nation" (ISC, 2016). The incorporation of these indices in the BSF model is designed to "offset against additional expenditures attributable to geographic location", and could therefore be used similarly in child welfare funding models (ISC, 2016).

The BSF remoteness index incorporates transportation costs and shipping costs for each First Nation, based on the distance to the nearest service centre by the shortest practical route. The BSF defines a service centre as “the nearest community to which a First Nation can refer to gain access to government services, banks and suppliers”, including health services, community and social services and environmental services (INAC, 2005). Since the index is based on transportation costs, it is designed to compensate for the increased challenge faced by communities that do not have year-round road access and require fly-in, rail, boat or ice-road transportation.

The environmental index “relates the geographic location of the band to the local climate” and the associated costs of service delivery for members. This includes additional staffing related costs and additional costs for utilities such as electricity and heating associated with the local climate.

Each community is given a numerical score on both the remoteness index and the environmental index, calculated by combining the two measures. Communities are categorized into 4 geographic zones, based on distance to the nearest service centre. Zones 1, 2 and 3 have year-round access by paved or gravel road, including access by vehicular ferry. Communities requiring special access via air, rail or boat are classified as Zone 4 and further sub divided into 7 sub-zones.

Geographic Zones are determined as follows:

Zone 1: First Nations located within 50 km of a service centre.

Zone 2: First Nations located between 50-350 km of a service centre.

Zone 3: First Nations located over 350 km from a service centre.

Zone 4: First Nations with either air, rail or boat access to the service centre.

Zone 4 is further subdivided into the following sub-zones, according to their distance directly measured from the service centre:

0: distance < 50 km (classified as Zone 2)

1: 50 < distance < 160 km

2: 160 < distance < 240 km

3: 240 < distance < 320 km

4: 320 < distance < 400 km

5: 400 < distance < 480 km

6: distance < 480 km

Communities are also categorized for into the following environmental classifications:

A: geographic location < 45° latitude ^[L]_[SEP]

B: 45° latitude < geographic location < 50° latitude ^[L]_[SEP]

C: 50° latitude < geographic location < 55° latitude ^[L]_[SEP]

- D: $55^\circ \text{ latitude} < \text{geographic location} < 60^\circ \text{ latitude}$ [L SEP]
- E: $60^\circ \text{ latitude} < \text{geographic location} < 65^\circ \text{ latitude}$ [L SEP]
- F: $\text{geographic location} > 65^\circ \text{ latitude}$

Each community is thus assigned a geographical zone (1, 2, 3, 4.0-4.6) and an environmental classification (A-F), which are combined to result in a corresponding numerical score on the remoteness index, ranging from 0.0-1.85. The index however, is not continuous, but rather yields a discrete score for each combination of geographical zone and environmental classification.

Manitoba and Quebec have the highest average remoteness factor (0.43 and 0.425 in 2006) (FNCFCS, 2005b) while Ontario, BC and Manitoba have the highest number of communities in Zone 4, with 31, 31 and 19 respectively (INAC, 2005).

The BSF indices have several strengths. Firstly, the measure can be applied consistently across the whole country. By incorporating both geographical location and environmental or climatic conditions, the BSF remoteness index provides a comprehensive measure of the costs associated with remoteness. The index has been used widely in a number of other areas, suggesting a potential suitability to child welfare funding models as well. For example, Sharpe and Lapointe (2011) use a simplified version of the INAC measure to investigate the relationship between remoteness and educational attainment, labour market performance and economic outcomes. Due to the small number of communities in Zone 3 (only 10), they collapsed that Zone into Zone 2, creating a dummy variable with 3 categories. They did not however, take into consideration the environmental index in their exercise.

There are several weaknesses in the BSF indices. The use of discrete scores, and more specifically the categorical classification of communities by geographical location is one such limitation. The geographical index uses only 4 zones, and the range of distance to nearest service centre within each zone is quite large (i.e. communities 50km from a service centre by paved or gravel road and communities 349km from a service centre by paved or gravel road, are both classified as Zone 2). As such, there may be large variations in distance, transportation time and costs, between communities classified within the same geographic zone.

Furthermore, the geographical zones used in BSF model are based on the distance to the closest service centre for each First Nation, which is not necessarily where the community or agency prefers to access services. More specifically, these indices are limited by considering the distance to service centres, rather than city centres, which have previously been determined to align more closely with locations that can provide adequate support and where agencies are likely to actually access services (FNCFSC, 2005a). In general, the BSF indices were not designed specifically for child welfare funding, explaining some of these weaknesses.

4.4 Statistics Canada on Rurality and Remoteness

Statistics Canada measures the degree of remoteness by classifying the 5,162 census subdivisions (CSDs) of the 2016 census as urban or rural areas. In 1996 it defined urban areas as having a minimum population of 1000 and population densities of 400 or more people per square kilometer, while rural areas are places of 1000 people or less or have densities of less than 400 people per square kilometer. This definition has been carried forward into its 2017 Remoteness Index, dealt with below. In a 2002 report they classify CSDs in Canada as urban or rural with different degrees of rurality or remoteness depending on the extent of commuting flows from rural and small town centres to large urban areas with populations in excess of 10,000. Commuting flows serve as a proxy for access to various urban services (Moazzami, 2018, p. 6). On the strength of these flows all CSDs in Canada are classified as urban or rural and assigned a Statistical Area Classification Type (SACtype) from 1 to 8 signifying their degree of rurality or remoteness, as in Table 1.

Table 1: CSDs in Canada by degree of Rurality or Remoteness

SACtype	Nature of CSDs	Urban/Rural
1	CSDs within CMAs and CAs	Urban
2	CSDs within CMAs and CAs	Urban
3	CSDs within CMAs and CAs	Urban
4	CSDs outside CMAs and CAs with a strong metropolitan influence zone. => 30% commuting	Rural close to Urban
5	CSDs outside CMAs and CAs :moderate influence zone: at least 5% but <30% labour commuting	Rural limited access to Urban
6	CSDs outside CMAs and CAs: weak influence: more than 0% but < 5% labour commuting	Remote Rural
7	CSDs outside CMAs and CAs with no commuting and a small employed labour force	Very Remote Rural
8	Census subdivision within the territories, outside of census agglomeration	Very Remote Rural

Though useful in measuring rurality and remoteness, these measures have not had widespread applicability, perhaps because they do not directly address the types of services available in different CSDs and CMAs. Certainly, they do not appear to have been put to any use in child welfare policy. The general approach has, however, found limited reincarnation in Statistics Canada's 2017 Remoteness Index.

4.5 The 2017 Statistics Canada Remoteness Index

This 2017 exercise produced a Canadian index of remoteness (RI) and an ancillary set of accessibility measures to selected services, though the primary focus was on remoteness. Three requirements were laid down for the remoteness measure; that it cover the whole of Canada in a detailed way, hence it uses census subdivisions (CSDs); that it would be a continuous, as opposed to a categorical measure and that it be based on physical proximity, rather than economic, cultural or social distance (Alasia et al., 2017, p. 8). Furthermore, the measure should be transparent and not overly complex. The measure arrived at is a remoteness index value for each CSD ranging from 0 to 1, where "0" represents the most accessible area and "1" represents the most remote area.

The remoteness index draws on the gravity model combining proximity to multiple points of service (agglomeration) and their population sizes. Population centres are, therefore the reference point and are defined by Statistics Canada as consisting of at least 1,000 people and a density of 400 or more people per square kilometer and are a proxy for availability of services. Travel cost was used as an indicator of proximity, as opposed to travel distance or time, and cost was calculated by using the most accessible and least expensive travel option between two locations. CSDs were divided into those that connected to a population centre through the national road and ferry network and those that did not. There were 149 in 2011, the base year of the census data, that did not have a national road or ferry connection (Alasia et al., 2017, p.9). For road travel, an average cost of \$0.17 per km was applied to all CSDs irrespective of location. For CSDs without regular service by air or boat, a linear model was used to convert linear distances into costs (Moazzami, 2018, p. 11).

The accessibility measures use the same gravity model as used in the remoteness index but measure travel time between CSDs as opposed to cost of travel from CSDs to population centres and population size is replaced by total revenue for different types of business (Alasia, et al., 2017, p. 5). There is a high degree of correlation between the remoteness measures and the accessibility measures, stressing that 'population counts represent a reasonable approximation for accessibility to basic services across Canada' (ibid).

The remoteness index (RI) has been used in relation to health, mortality and premature deaths in Canada (Statistics Canada, 2019e). It was also used in the calculation of the Nishnawbe Aski Nation (NAN) Remoteness Quotient (RQ) exercise for Ontario child welfare and has the potential for being used to allocate prevention dollars in child welfare across regions or across Canada as a whole.

It is to be noted, however, that the RI and associated accessibility measures were not developed specifically with child welfare services in mind. The definition of a population centre used (population of 1000 and 400 persons per square kilometer) does not tell us anything about the types of service that might be available for child welfare and their availability in remote communities. The gross revenue measure in the accessibility index suffers from the same weakness.

There are other perceived problems in using the RI. In general, using cost based on travel time makes the index very unstable, as travel time changes daily and seasonally depending on road (e.g. winter roads) and weather conditions (Moazzami, 2018, p. 11). Applying the same average road cost to all CSDs seems also to defeat the purpose of the exercise given that costs in remote areas are clearly higher than those in non-remote areas, so the RQ underestimates the true travel cost in more remote areas.

In addition, both the RI and the accessibility measure are ordinal measures that can be used to rank communities by relative remoteness/accessibility but cannot “measure the differences in the costs of service provision related to the degree of remoteness” (Moazzami, 2018, p. 14). The RI and the accessibility measure are actually quite difficult to estimate and hence are not as transparent as the originators promised.

4.6 The NAN Remoteness Quotient (RQ) Exercise

The NAN Remoteness Quotient (RQ) Exercise estimated how much the budgets of three NAN agencies would have to increase to allow them to deliver the same level of service as that provided by agencies in non-remote communities in Ontario (Wilson and Barnes, 2019). Calculating the RQ involves a number of discrete steps:

First the Statistics Canada Remoteness Index (RI) (Alasia et al., 2017) was assigned to each agency. As demonstrated, this is a relative measure of the ability to reach population centres within a reasonable amount of time, with a range of 1 for most remote to 0 for least remote. A reference point of ‘non-remote agencies’ was then determined against which the characteristics of the remote agencies were measured. This consisted of the 10 agencies with the highest percentage of the Indigenous population in the agency’s geographic region with remoteness indices at or below the median Ontario remoteness index of 0.118. The unit costs of providing different services were then calculated for the reference agencies as well as for those deemed ‘remote’ and the proportion of cost differences associated with remoteness was estimated using regression analysis.

The RI for each agency was then multiplied by the proportion of cost differences associated with remoteness to generate the Remoteness Coefficient (RC). The RC was derived, therefore, partly

by geographic remoteness and partly by increased costs of remoteness. It provides an estimate of the incremental costs due to remoteness of providing child welfare services relative to the reference standard of service.

A Remoteness Quotient (RQ) measuring additional funding required to offset higher remoteness costs was then derived by summing all the RQs to 100 and expressing individual RQs as a proportion. 'The RQ represents how a fixed pool of funding would be distributed if the distribution considered nothing but relative remoteness costs' (Wilson and Barnes, 2019, p 10). Theoretically, RQs could be used in other contexts such as in allocating scarce prevention funding.

The exercise estimated remoteness coefficients (RCs) of 1.68 for Tikinagan, 1.59 for Payukotayno and 1.47 for Kunuwanimano. This suggests that additional funding was required in each of these communities to address remoteness, by 68%, 59%, and 47%, respectively (Wilson and Barnes, 2019, pp. 7-8). The remoteness quotients (RQs) suggested that between them, the three NAN agencies should receive about 30% of any funds that might be made available in Ontario to address remoteness (11.7% to Tikinagan; 10.2% to Kunuwanimano; and 8.1% to Payukotayno).

The main strengths of the NAN Remoteness Quotient exercise are that it was commissioned specifically by a First Nations organization in Ontario to address the remoteness compensation issue for its agencies, which is clearly an important one in Ontario. The exercise was in fulfilment of rulings of the CHRT and covered all child welfare agencies in the province, not just those of First Nations. For NAN agencies the financial costs of remoteness were specifically estimated so remoteness calculations could be used to estimate budget short falls.

There are several limitations of the NAN approach. It draws on the 2017 Statistics Canada Remoteness Index the deficiencies of which were pointed out earlier. The reference point for non-remote agencies excludes Toronto, the reason given (Wilson and Barnes, 2019, p. 15) is that Toronto has 'a low First Nation percentage of the population'. But in terms of remoteness in Ontario, Toronto should really be ground zero and hence been included in the reference agencies. This speaks to a weakness in the methodology chosen.⁵

The model yields very wide confidence intervals around the regression parameter for remoteness. For example, the RC for Tikanagan was calculated to be 1.80, suggesting a need for an increase in funding of 80% for remoteness. But the confidence interval was between 1.44 and 2.42 which means that 19 times out of 20, the increase needed would be between 44% and 142%.

⁵ It should also be noted that Toronto has a much higher count of Indigenous People than the Government allows for. See Our Health Counts Study (Rotondi, O'Campo, O'Brien, et al., 2017).

This is a result of the small sample used for the calculation, but it raises questions about the practical applicability of the regression parameter (Cooke, 2019).

There are also unresolved questions about the costing approach. For costs such as transport and services to foster families, remote costs exceed those of the reference point agencies, resulting in a need to increase funding for the remote agencies. Salary related costs are, however, higher for the reference group than for the remote agencies. The study accommodates this by inverting salary costs and again, adding them to remoteness costs, on the grounds that lower salaries reflect lack of training, lower qualifications or budget constraints, all of which would be eased by higher remoteness funding. This is controversial empirically and methodologically.

While each of the agencies is treated as a separate entity, each also covers several communities with different degrees of remoteness. Tikanagan covers more than 30 communities, most in Zone 4 with no year-round access by road but Saugeen is in Zone 2 with road access and is only a two-hour drive from Toronto. Taking an agency wide measure as the NAN RQ does, inevitably hides these differences in remoteness.

The Remoteness Quotient (RQ) model was developed specifically for NAN and for Ontario and was not ‘intended to provide a one-size-fits-all solution’ (CHRT 2, 2016, p. 10). The remoteness coefficients and remoteness quotients derived cannot be applied to other regions or to Canada generally. The authors argue, however, that the model ‘is capable of application in other jurisdiction, assuming equivalent data are available in these jurisdictions’ (Wilson and Barnes, 2019, p. 10).

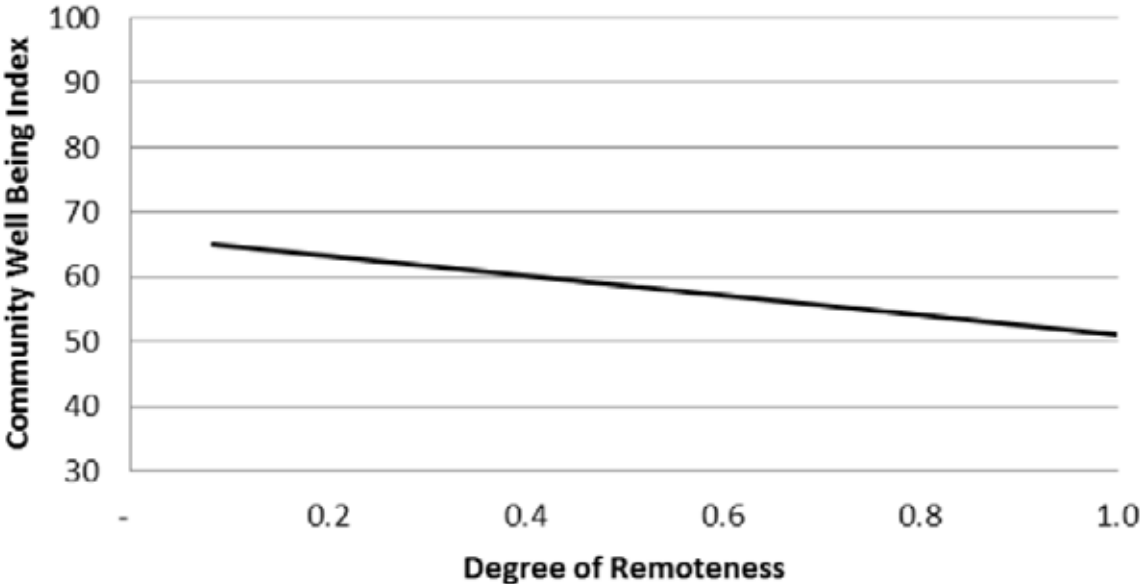
4.7 The Community Well-Being Index

The Community Well-Being Index (CWBI) was developed in 2004 to enable comparison of the well-being of First Nations relative to the rest of society and over time (AANDC, 2006). It is based on Statistics Canada census data at the level of CSDs so the most recent data available is for 2016. The Index is a blend of four socio-economic measures of well-being: income, education, housing and labour force. It ranges from 1 to 100, demonstrating improved well-being the higher the score. A strength of the CWBI is that it is available over a number of censuses dating back to 1991, though with some inevitable issues of comparability. It also enables comparison of other datasets collected at the level of the CSDs (Drawson et al., 2017).

The weaknesses are that it does not directly address the availability of data on child welfare in different communities and it also excludes some important indicators of well-being such as ‘physical and emotional health, cultural continuity and environmental conservation’ which are not included in the census (Penney et al., 2012, pp. 6-7) and others that are in the census such as the use of local languages (ISC, 2019). The CWBI uses measures of monetary income and paid

employment which do not capture the importance of subsistence and communal or family activities in many First Nation and Inuit communities, activities that improve welfare but which do not involve money. It also may not adequately capture the high cost of living in northern and remote communities due to high shipping or air transport costs (Penney et al., 2012). Notwithstanding these limitations, it could, potentially, be used as an indicator of remoteness as there appears to be a moderate negative correlation between higher remoteness and lower community well-being, as Chart 1 shows.

Chart 1: Trend Line for First Nations Remoteness and Community Well Being Index



Source: Indigenous Services Canada, 2018.

5. Potential non-Canadian approaches to measuring remoteness and their strengths and weaknesses

5.1. Australia

The Accessibility/Remoteness Index of Australia (ARIA) is a purely geographical approach to defining remoteness. It has gone through several iterations since its formation in 1998 and the current versions, ARIA+ and ARIA ++, each offer a continuous index with values ranging from 0 (high accessibility) to 15 (high remoteness). Australia is divided into areas of one square kilometre each and the road distance from each is then calculated to the nearest Service Centres in five size categories based on population size (Hugo Centre, 2020). The greater the road distance, the higher the Index score. The smaller the closest service centre again, the higher is the Index. Thus, an ARIA+ or ARIA++ score is available for each square kilometer in Australia

based on the two variables of road distance to service centres and the population size of those centres.

The five categories of service centre are as follows:

Category 1: Population 1,000 to 4,999:

Category 2. 5,000 to 17,999

Category 3: Population 18,000 to 47,999:

Category 4: 48,000 to 249,999 and

Category 5: Greater than 250,000 (Moazzami, 2018, p. 4).

The calculated remoteness indices are classified into the following five classes:

Major Cities of Australia: Index between 0 and 0.2

Inner Regional Australia: Index >0.2 to 2.4

Outer Regional Australia: Index >2.4 to 5.92

Remote Australia: Index >5.92 to 10.53

Very Remote Australia: Index >10.53 to 15 (Moazzami, 2018, p.5).

While having some similarity with the Statistics Canada Remoteness Index, ARIA does not directly measure the cost of travel. From the point of view of the current exercise, it shares a common weakness in that it says nothing about the ability of service centres to provide child welfare services. General weaknesses pointed out by Moazzami (2018), are that differences in road conditions and road quality which might affect access to service centres, are not allowed for; neither is the fact that not everyone has access to transport. Finally, the cut off points of degrees of remoteness 'are rather arbitrary and can lead to different shares of people in remote areas' (Moazzami, 2018, p. 5).

5.2. The USA

In the USA, four Frontier and Remote Areas (FAR) levels have been developed to capture the degree of remoteness of rural areas at higher or lower population levels, depending on accessibility to different types of goods and services (Cromartie, Nulph, and Hart, 2012). These FARs are defined by the time it takes to travel by car to nearby Urban Areas, measured at the 1x1 kilometer grid level. It includes travel on all Federal, State, and county paved roads.

Level One FAR rural and urban areas are those with up to 50,000 people that are 60 minutes or more by car from an urban area of 50,000 or more people.

Level Two FAR rural and urban areas are those with up to 25,000 people that are 45 minutes or more by car from an urban area of 25,000-49,999 people and 60 minutes or more from an urban area of 50,000 or more people.

Level Three FAR rural and urban areas are those up to 10,000 people that are 30 minutes or more by car from an urban area of 10,000-24,999, 45 minutes or more from an urban area of 25,000-49,999 people, and 60 minutes or more from an urban area of 50,000 or more people.

Level Four FAR are rural areas that are 15 minutes or more by car from an urban area of 2,500-9,999 people, 30 minutes or more from an urban area of 10,000-24,999 people, 45 minutes or more from an urban area of 25,000-49,999 people, and 60 minutes or more from an urban area of 50,000 or more people (Cromartie, Nulph, and Hart, 2012).

Commentators on the methodology have pointed out that some states, such as Alaska, Wyoming, or New Mexico have few urban areas with populations of over 50,000. Others have argued that travel times by road are highly seasonal. Provision does seem to be made, however, for travel by means other than roads in the one-hour time frame. As is the case with other measures of remoteness which rely heavily on population centres, the size of population may not be an accurate measure of the types and range of services available and there is some arbitrariness in the choice of times and sizes of population (Federal Register, 2014).

6. An Alternative Needs-Based Funding Approach for FNCFS

The IFSD (2020), has proposed an alternative needs-based approach to the funding of child welfare. This approach starts with baseline funding and adjusts it for circumstantial effects, such as geography and poverty. Table 2 suggests how this might be done and what follows elaborates on this.

Table 2: An Alternative Needs-Based Funding Approach for FNCFS

<p>Allocation of Prevention Dollars</p> <ol style="list-style-type: none"> 1. According to Community Well Being Index or 2. Local Needs Analysis: weight of 50% to low income families, 25% lone parent families, 25% to number of Indigenous children and/or 3. NAN Remoteness Coefficient
<p>Remoteness Adjustment to Baseline Funding</p> <ol style="list-style-type: none"> 1. INAC Remoteness 4. No road access. 2. Stats Can SAC Types 6-8 or 7-8 3. Stats Can 2017 Remoteness Index ≥ 0.6. 4. NAN Remoteness Quotient
<p>Baseline Funding</p> <p>Guaranteed Minimum Operating Grant to Fulfill Core Functions</p>

A function mainly of: Children in Care Children moving to permanency Investigations Completed Ongoing Protection Cases
--

6.1. Baseline funding

Baseline Funding would provide a guaranteed minimum operating grant to enable agencies to fulfill core functions, driven mainly by the number of children in care but also by the number of children moving to permanency, the number of investigations completed and the number of ongoing protection cases. The data requirements for these are not onerous and should be readily available across the country. These factors are already built into the current Ontario model and in 2016-17 for Indigenous agencies were proportioned among factors driving volume as follows: children in care, 46.9%; on-going protection 28.6%; children moving to permanency, 21.6% and investigations, 2.9% (Loeppky and Loxley, 2017. p.47). These proportions could be determined in the model based on data for more years and for agencies elsewhere. They could also be set to try to influence where agencies spend their dollars.

Over time, as more data becomes available, factors outlined in Appendix 1 of the IFSD's Measuring to Thrive Framework (IFSD, 2020), such as those dealing with wellness, safety and basic needs, could be built in as more comprehensive determinants of baseline funding. In addition to baseline funding there would be a financial adjustment for remoteness (the geography component).

6.2. The Remoteness Adjustment

Ideally, for reasons of equity and consistency, there should be one remoteness adjustment factor for the whole country and this should reflect the importance of road access, given IFSD's previous analysis of factors driving agency costs. There would appear to be four possible candidates for this adjustment, ruling out the Australian and USA approaches for which appropriate data is not readily available:

- i. INAC's remoteness measure in Band Support Funding and the Band Classification Manual;
- ii. Statistics Canada's Rurality and Remoteness Measures;
- iii. Statistics Canada's 2017 Remoteness Index and

iv. NAN's Remoteness Quotient.

What follows reviews the suitability of each for inclusion in the Alternative Needs-Based Funding Approach.

INAC's approach is well established and the necessary geographical data for each First Nation is on-line and can be cross-checked against the remoteness measures which are also available on-line. It has been widely used in research and provided that community geographical profiles are updated regularly on-line, as they appear to be, then the fact that the Band Classification Manual was last issued only in 2005 is not an impediment to its use. Although it is not a continuous measure, it has several degrees of differentiation which compensate to some extent for lack of continuity: zones 1, 2 and 3 have year-round access by a paved or gravelled road, each differently distanced from service centres and each with six degrees of latitude. Geographic Zone 4 covers First Nations with either air, rail or boat access to service centres, has 7 sub-zones (from 0 to 6) and again each has 6 categories by degrees of latitude. The Remoteness Index ranges, therefore, from 0 to 0.7 for the three zones with road access and from 0.1 to 1.85 for Zone 4. If we adjust Zone 4 for overlap with Zone 3, the range of the Remoteness Index is reduced in that Zone to between 0.45 and 1.85.

If INAC's remoteness measure in Band Support Funding is to be used in preparing needs-based budgets, then adjustment have to be made for the provision of services for child welfare in cities rather than service centres. Wen:De made such adjustments for all but Ontario and found that this had a relatively modest impact on remoteness funding, constituting only 2.6% of additional money sought for remoteness. The reason for that is that almost 80% of changes in remoteness on this account affected agencies in Zones 2B and 2C which are not very remote. Only 6 agencies in BC had adjustments leaving them in Zone 4 i.e., in centres without road access and these were probably using services in cities anyhow. Access to appropriate centres for child welfare services continues to be an issue and building city access into remoteness measures, where appropriate, is an exercise still needing to be conducted, preferably with agencies stating where they actually use services, but it will not significantly alter average remoteness or average funding for remoteness.

The second possible approach, Statistics Canada's Rurality and Remoteness Measures, are also not continuous measures. Of the eight Statistical Area Classification Types, two (7 and 8) relate to census divisions without road access and hence fit the IFSD's requirement neatly, while a third (6) covers communities with a very low degree of commuting. This measure is census based and hence available only every five years. The data is subject to incomplete enumeration as a number of First Nations did not participate in either the 2011 census or the 2016 census, which does not invalidate national or regional level indicators but can pose problems at the level of the CSD (Statistics Canada, 2019c). There is a convenient on-line categorization of First

Nations and Tribal Councils according to their appropriate CSDs (Statistics Canada, 2019d) which uses information from what was Aboriginal Affairs and Northern Development Canada and is, presumably, updated as First Nation data changes. There does not, however, appear to be a readily available categorization of First Nations by SA Ctype, so which communities fit into types 6-8 or 7-8 is not accessible. Furthermore, Statistics Canada itself seems to have moved away from this measure towards use of the Remoteness Index.

The third approach, Statistics Canada's 2017 Remoteness Index (RI) is a continuous measure and it appears that communities with an index of 0.6 and higher lack all-round road access, so it could in principle be used to check the cost drivers that IFSD has laid out. It is also moderately positively correlated with INAC's remoteness measure⁶, so it could act as a reasonable replacement. The index is available on-line for all CSDs (Statistics Canada, 2020b) and the location of First Nations by CSDs is available from AADNC.⁷ The RI is census-based and hence subject to the same limitations as Statistics Canada's Rurality and Remoteness Measures. As was shown in section 4.4 the way travel costs are arrived at also tends to underestimate the degree of remoteness. Nevertheless, it is likely to become the benchmark for measuring remoteness in Canada.

Finally, the NAN Remoteness Quotient differs from the others in that it provides a dollar amount to compensate for remoteness, which is precisely what is needed in calculating IFSD's remoteness adjustment to base-line funding. Given the small sample size, however, the range of possible compensation becomes huge as shown earlier and this is obviously problematic for public policy. If the overall methodology is acceptable, however, then the confidence interval would suggest parameters for negotiating compensation for remoteness. The big question about methodology remains the treatment of costs, such as salaries, which are lower than those incurred in reference agencies. From the point of view of IFSD's needs-based funding approach, the main problem with the NAN RQ is its purely Ontario basis. This would not exclude it being used for estimating child welfare funding needs in Ontario; after all, Ontario has had its own funding system since 1965. But it would be costly and time consuming to apply it nationally.

At the national level, this would leave only two realistic options: INAC's remoteness measure in Band Support Funding and Statistics Canada's 2017 Remoteness Index (RI). It should be emphasized that none of the four possible approaches, and neither of the preferred options, specifically build the provision of child welfare services into their measurement of remoteness using, at best, generic 'service centres' or, in the case of the NAN exercise, none at all. As noted above, an adjustment was made for this in Wend:De (FNCFCS, 2005b) for INAC's remoteness

⁶ The correlation coefficient between INAC's remoteness measure and Stat Can's 2017 measure is 0.63 for a sample of 60 First Nations chosen at random from BC, Alberta, Saskatchewan, Manitoba, Ontario and Quebec.

⁷ The list of First Nations by CSDs was made available by AADNC/AANDC on 7 May, 2020 in a document 'INSTAT-2016 CSD to Band Linkage' but it can also be found at Statistics Canada 2019b.

measure measuring distance to cities, but Ontario was not included in this exercise. No such adjustment has been made for Statistics Canada’s 2017 RI, and neither is one expected.

Whatever their other imperfections, the two preferred measures of remoteness would not directly identify the offsetting compensation required in dollar terms (as the NAN RQ does). What they would do is point to which agencies would require compensation and the relative scale of that requirement based on the size of the remoteness factor. Salaries, travel and other costs in the baseline budget affected by remoteness would still need to be adjusted.

One way of doing that is to convert INAC’s remoteness coefficients into % increases in budgets, covering all items, not just salaries. This is the way the coefficients were used and, pre Wen:De, ranged from a budget increase of 0.08 for a remoteness of 0.8 (about the lowest) to 19% for a remoteness of 1.85 (the highest) (FNCFCs, 2005b, p. 25). We could approximate this approach and orders of magnitude by multiplying the remoteness coefficients by 10 to assign a budget weight, as in Table 3.

Table 3: INAC Measures and Shares

Remoteness Index							Budget Weight of Remoteness Index						
Zone 4	A	B	C	D	E	F	Zone 4	A	B	C	D	E	F
2	0.45	0.55	0.63	0.74	0.81	0.87	2	4.5	5.5	6.3	7.4	8.1	8.7
3	0.65	0.75	0.82	0.95	1.03	1.10	3	6.5	7.5	8.2	9.5	10.3	11.0
4	0.80	0.92	1.00	1.04	1.23	1.30	4	8.0	9.2	10.0	10.4	12.3	13.0
5	0.95	1.10	1.18	1.35	1.44	1.53	5	9.5	11.0	11.8	13.5	14.4	15.3
6	1.10	1.25	1.35	1.65	1.75	1.85	6	11.0	12.5	13.5	16.5	17.5	18.5

Thus, the most remote agencies would have their baseline budgets increased by a maximum of 18.5% and the rest would receive graduated compensation depending on their remoteness measure. The geometric mean of the budget weights is 9%. If the Wen:De proposals to increase remoteness by between 3% for the least remote and 8% for the most had been adopted by the federal government, which they were not, then the budget weight increases would range from 7.5% to 26.5%, with a geometric mean of 14%.

The rationale for adjusting baseline budgets by these two items rests on the argument that while agencies frequently cite insufficient provision for remoteness, their claims for additional required compensation tend, as Wen:De pointed out, to be inflated. Wen:De therefore provided estimates of the additional amount needed to compensate for remoteness more accurately (3-8%). Under Directive 20-1, provision for remoteness, though inadequate, was built into the budget formula in a per cent fashion, so that each and every time baseline budgets increased, the dollar amount

allocated for remoteness increased proportionally. What was not provided for under Directive 20-1 was the additional amount estimated to be needed in Wen:De. So, by the time EPFA was introduced, baseline budgets already had an amount included that provided for remoteness. The EPFA then either added an explicit further amount (Saskatchewan, Manitoba and Quebec), or it didn't (Alberta) but all provinces, even those that never 'graduated' to EPFA, would have had some remoteness provision built into their CFS agency budgets because of hysteresis. Adding the per cent increases recommended by Wen:De makes some provision for the original inadequacy of the INAC adjustment.

The Stats Canada Remoteness Index could be similarly adapted to indicate budget adjustments (Table 4). The most remote agencies could possibly have an index of 100. In line with the INAC numbers above, this would entitle them to an increase in their baseline budget of 18.5%. The least remote agency qualifying for compensation would have an index of 60, entitling it to a budget increase of 4.5%. We might then have a relationship between this measure of remoteness and budget increases as in Table 4 column 2. This would give a geometric average increase in base-line budget of 10.3%.

Table 4: Statistics Canada 2017 Remoteness Index

1. Index	2. % Baseline Budget Increase: INAC	3. % Baseline Budget Increase Wen:De
100	18.5	26.5
90	15.0	22.0
80	11.5	16.5
70	8.0	11.5
60	4.5	7.5

The Wen:De recommended increases for remoteness could also be built in, giving column 3 in the table, with increases ranging from 7.5% to 26.5%, with a geometric mean of 15.3%. This would be very straight forward to apply with base-line budget increases being proportionate within the decile.

Yet another way of adjusting expenditures would be to take existing remoteness agreements negotiated by unions with provincial governments and averaging remoteness allowances against average salaries in First Nations. In the case of Manitoba, The Manitoba Government and General Employees' Union (MGEU) has negotiated a Remoteness Allowance for those working for the provincial government in the north of the province in First Nations the remoteness of which lies between 0.1 and 1.35 on INAC's measure, pretty much the extremes, and between 0.4 and 0.9 on Stats Canada's 2017 measure.

The allowance provides for both single workers and those with dependents. The bi-weekly rates can be seen in Table 5 below (Manitoba and MGEU, 2016). Taking the average salary of social workers in CFS in Northern Manitoba to be around \$70,000, and the remoteness allowance is equivalent to an average of around 12% for those with dependents and 7% for those without, or between \$7,700 and \$4,500. While the allowance is about double that currently built into the Manitoba costing model, and closer to that built into the Quebec model, it is significantly less than the remoteness recommended by the NAN report. The idea would be that these allowances are designed to offset the higher cost of living in remote areas and the % increases could either be applied to individual First Nations or, as is current practice, averaged across the board. Unfortunately, we do not have similar data for other provinces, but at least the Manitoba data suggests orders of magnitude.

Indigenous Services Canada (2018) has suggested that in revisiting remoteness, the National Joint Council (NJC, 2019) Directives on isolated posts allowances might be a useful source of data. These outline allowances the federal government will pay for its workers in isolated posts. Compared with the MGEU allowances, the rates are very generous. For example, the most remote First Nation workplace in Manitoba, Tadoule Lake, would compensate \$26,868 in environmental and living cost allowances for a worker with dependents and \$16,721 for a single worker or between 24% and 38% of a salary of \$70,000. The least remote First Nation, Grand Rapids, would compensate \$6,063 for a worker with dependents and \$3,638 for a single worker, or between 5% and almost 9% of a salary of \$70,000. This compares with MGEU rates of between 8% and 14% for Tadoule Lake and 3% and 5% for Grand Rapids. Since salaries in child welfare are generally supposed to stay in line with provincial salaries, using NJC allowances for remoteness would not be appropriate.

We are left, therefore, with recommending using budget adjustments suggested by the INAC remoteness measure, the 2017 Statics Canada RI or by the rates negotiated by the MGEU for Manitoba. These suggest budget adjustments for remoteness of averages between 10 and 15% on baseline budgets and ranges of between 7.5% and 26.5%.

Table 5: Remoteness Allowances on First Nations: Manitoba

First Nation	Bi-Weekly Allowance		% Ave Salary		Remoteness Measure	
	Dependent	Single	Dependent	Single	INAC	Stats Can
Berens River	294.00	168.57	10.9%	6.3%	0.82	0.4091
Bloodvein	298.38	171.39	11.1%	6.4%	0.22	0.7313
Dauphin River	196.10	139.15	7.3%	5.2%	0.22	0.7700
God's Lake Narrows	348.32	200.26	12.9%	7.4%	1.35	0.7100

God's River	352.84	199.82	13.1%	7.4%	1.35	0.7186
Grand Rapids	141.00	87.15	5.2%	3.2%	0.22	0.6647
Iford	377.31	216.01	14.0%	8.0%	0.60	0.6224
Island Lake	324.52	185.39	12.1%	6.9%	1.18	0.5994
Lac Brochet	382.71	219.53	14.2%	8.2%	1.04	0.7362
Little Grand Rapids	312.77	177.37	11.6%	6.6%	1.00	0.4086
Poplar river	298.94	171.92	11.1%	6.4%	1.00	0.8969
Norway House	281.18	160.76	10.4%	6.0%	0.22	0.6877
Oxford House	341.69	195.48	12.7%	7.3%	1.35	0.7012
Pukatawagan	227.15	139.52	8.4%	5.2%	0.74	0.7261
Red Sucker lake	346.54	198.77	12.9%	7.4%	1.35	0.4651
St Theresa Point	324.52	185.39	12.1%	6.9%	1.18	0.5994
Shamattawa	370.86	215.33	13.8%	8.0%	1.04	0.7362
Tadoule lake	388.59	223.67	14.4%	8.3%	1.04	0.9075
York Landing	374.87	218.36	13.9%	8.1%	0.60	0.6044
Average	314.86	182.83	11.7%	6.8%	0.87	0.6681

Correlation Coefficients			
G to I	G to J	H to I	H to J
0.61	0.00	0.58	0.05

The third tier of the Alternative Needs-Based Funding Approach for FNCFS is the addition of prevention funding, which has grown in importance since the introduction of the EPFA and which plays a key role in IFSD's approach

6.3. The Allocation of Prevention Funding

There are three candidates for allocating funding for prevention between agencies/communities. The NAN Remoteness Quotient has been used precisely for that purpose, showing how much of Ontario prevention dollars should accrue to NAN agencies. If it were decided to use the NAN RQ for funding allocation generally among child welfare agencies, then it might as well be used for this portion of the Alternative Needs-Based Funding Approach. As we have argued, however, it is unlikely to become a model for the rest of Canada.

Another option is to allocate any new prevention funding according to weights assigned to local needs, using low income families, lone parent families and the number of Indigenous children as proxies for local needs, as recommended for Ontario (Loeppky and Loxley, 2017, p. 56). Recognizing the importance of poverty as a driver of child welfare problems, this approach gave a weight of 50% to low income families. A weight of 25% was given to lone parent families, on

the grounds that their prevalence might go some way towards explaining the incidence of neglect, and the number of Indigenous children, the population at risk, was also given a weight of 25%. For each agency each of the three sets of data was weighted accordingly and summed up across all agencies. The contribution of each agency to this total would then determine its share of Prevention funding within the budget for Indigenous agencies only. The weights could be adjusted for each of the three measures of local need if desired. Furthermore, other variables could be added so that a number of measurements of need listed in IFSD's Measuring to Thrive Framework, Appendix 1, could be drawn upon (IFSD, 2020). These broaden the definition of need and wellness at the personal, family and community level.

The third possible way of allocating prevention dollars would be using the Community Well-Being Index. Covering four socio-economic measures of well-being: income, education, housing and labour force, this index is more comprehensive than either of the first two and, unlike the NAN RQ measure, is national in scope. It is readily available on-line and has extensive coverage of communities (ISC, 2019). The idea would be to concentrate prevention dollars in those communities with low CWBIs. This could be achieved by taking the CWB score for each First Nation and subtracting it from 100⁸. The resulting number would then be expressed as a per cent of the sum of all such numbers for First Nations and this would represent the share of prevention funds accruing to each community. There could be variations on this approach if the resulting allocation was felt to be in some way deficient.

7. Conclusion

The need to provide funding to offset the higher cost of operating in remote places has long been accepted in the child welfare community of Canada. Remoteness has, however, not been systematically or consistently built into funding models. Since 2018 it is no longer clear that funding models as such continue to exist for federally supported child welfare, but up to that point remoteness funding was provided only to agencies operating in three provinces and the amount provided varied greatly and seemingly, irrationally, between them. In proposing a new funding model for the whole of Canada, the IFSD makes provision for baseline expenditures to be adjusted for remoteness and this paper has examined ways in which it might be done.

Of the many available ways of addressing the costs of remoteness, two are identified for possible use. The first is the long-standing INAC remoteness measure used in Band Support Funding and the second is Statistics Canada's 2017 Remoteness Index (RI). Either one would allow First Nation child welfare agencies operating in different degrees of remoteness to be compensated rationally. There would, however, still be a degree of arbitrariness in arriving at the average

⁸ The CWBI for each agency is subtracted from 100 to deal with the fact that numbers closer to 100 represent higher levels of wellbeing and we are seeking instead to calculate the depth of need.

compensation to be paid. Earlier work on remoteness and a recent collective agreement provision in Manitoba suggest that compensation for remoteness might sensibly be within the average range of 10% to 15% of baseline budgets.

Having built such a provision into the alternative needs-based funding model proposed by IFSD, there would then be a need to allocate whatever funds are available for prevention activities. This paper proposes using either a Local Needs Analysis or the Community Well Being Index for this purpose. For Ontario, a case can be made to use the NAN Remoteness Exercise to determine both remoteness funding and allocation of prevention dollars. There are, however, technical issues in how it is put together and in the precision of its guidance for policy. Also, the NAN model would not be easily applied nationally.

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Appendix P: Emergency funding for COVID-19: Responses and support to Indigenous Peoples

Emergency funding for COVID-19: Responses and support to Indigenous Peoples

Helaina Gaspard
Laura Fernz

SUMMARY

The pandemic has sent economies into recession, is stressing health systems and the people they serve. In response, the Government of Canada has introduced a variety of interim measures to ease the immediate financial pain caused by the pandemic.

While all economic sectors and people have been in some way affected by the pandemic, vulnerable populations or populations with pre-existing social and economic challenges may be more severely burdened. Indigenous Peoples, and especially, First Nations living on-reserve with overcrowded housing, limited access to social and health services, and higher incidences of child and family services interventions, are at greater risk of ramifications.

Recognizing the particular challenges, Indigenous Services Canada (ISC) announced \$305 million for the [Indigenous Community Services Fund on March 26, 2020](#). This funding is to be distributed across groups of Indigenous Peoples, with 65% of the funding attributed to First Nations.

When considering three parameters for assessing resource allocation and distribution (allocation, flow and speed), the announced funding falls short. While funding will flow principally to First Nations communities, there is no definition of targeted people or services. Without a plan, the impact of emergency funding may be limited.

Precedents exist to better allocate and distribute funding in crisis situations. Four broad approaches to distributing emergency funding can be defined (see Appendix 1 for more detail), each with its own trade-offs in allocation, flow and speed. These approaches have clear targets and intentions, e.g. immediate financial relief allocated directly to a recipient, or long-term disaster mitigation planning. To address needs in an emergency and to build resiliency for the next unexpected situation, funding targets, approaches and amounts will differ.

There are models of planned and targeted emergency response. Consider for instance, Dakota Ojibway Child and Family Services (DOCFS), based in Manitoba (see Appendix 2 for the case study). The organization has a well-developed business continuity plan that can be actioned in one half-day. From staff roles to connections with other branches of the Tribal Council, DOCFS works to fulfill the emergency needs of the people they serve from the procurement and delivery of food to personal items.

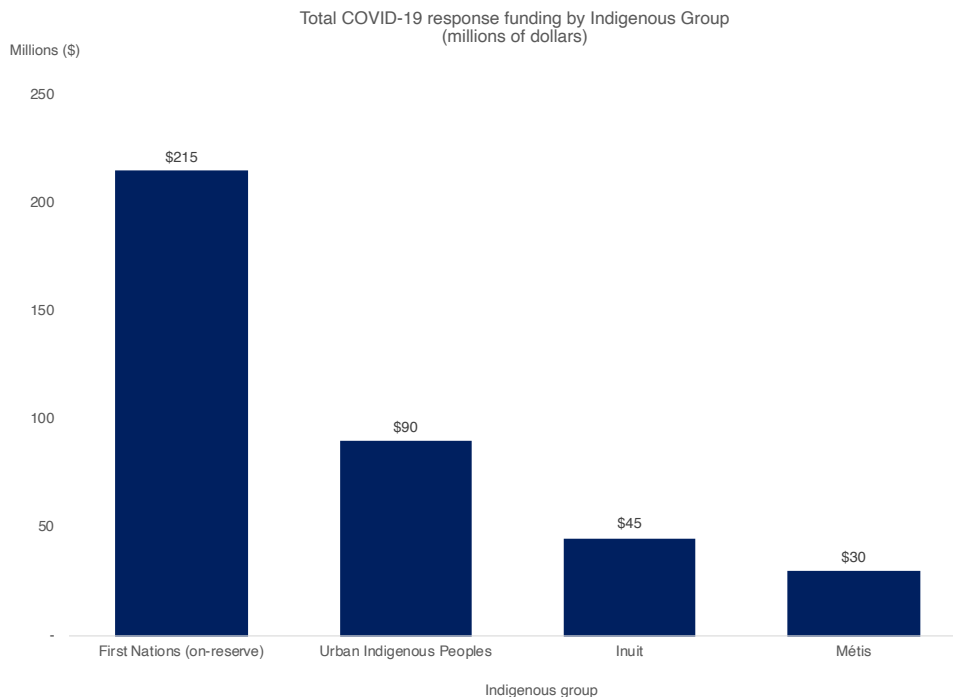
Emergency funding is a tool that should have clearly defined purposes to reach those in need in moments of crisis. Allocating funding is one step, getting it to work is another.

Introduction

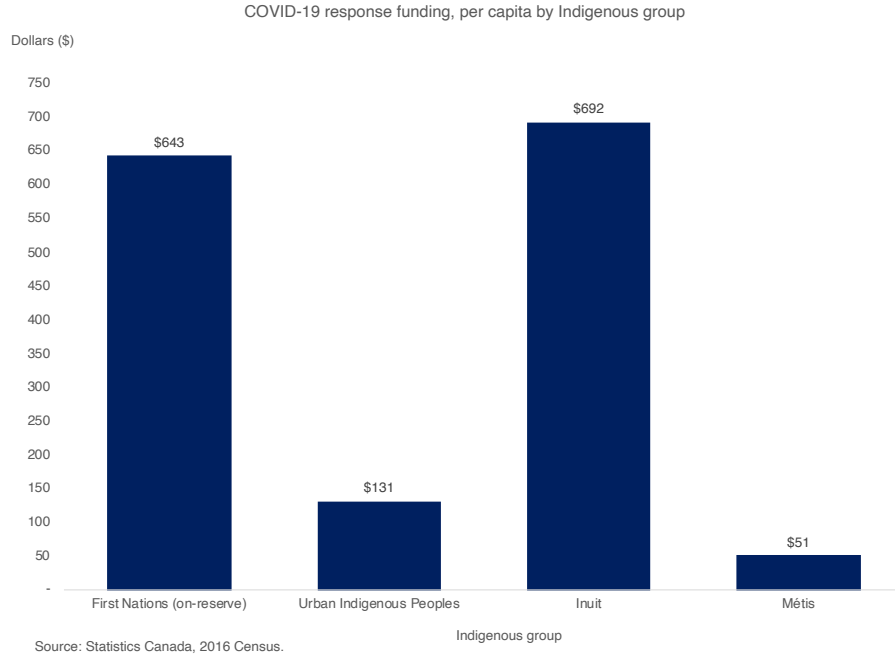
The pandemic has sent economies into recession and is stressing health systems and the people they serve. In response, the Government of Canada has introduced a variety of interim measures to ease the immediate financial pain caused by the pandemic.

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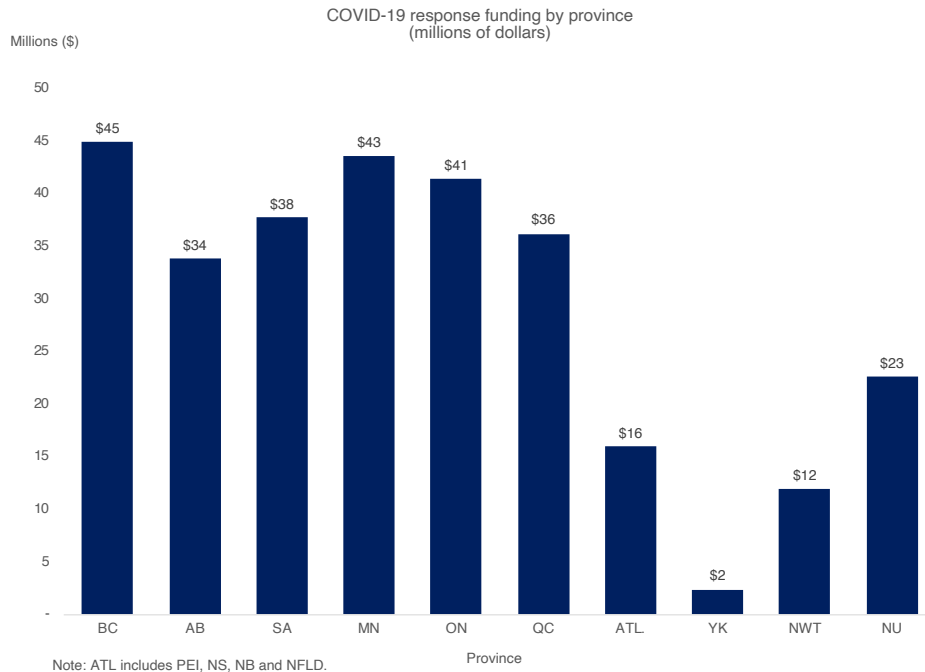
Recognizing the particular challenges, Indigenous Services Canada (ISC) announced \$305 million for the [Indigenous Community Services Fund on March 26, 2020](#). This funding is to be distributed across groups of Indigenous Peoples, with 65% of the funding attributed to First Nations. In mid-April, nearly [\\$307 million was announced for Aboriginal businesses](#), largely made available through Indigenous financial institutions through short-term interest free loans, and non-repayable contributions. On May 21, 2020, another [\\$75 million was allocated to urban Indigenous Peoples](#) (above the original allocation of \$15 million).



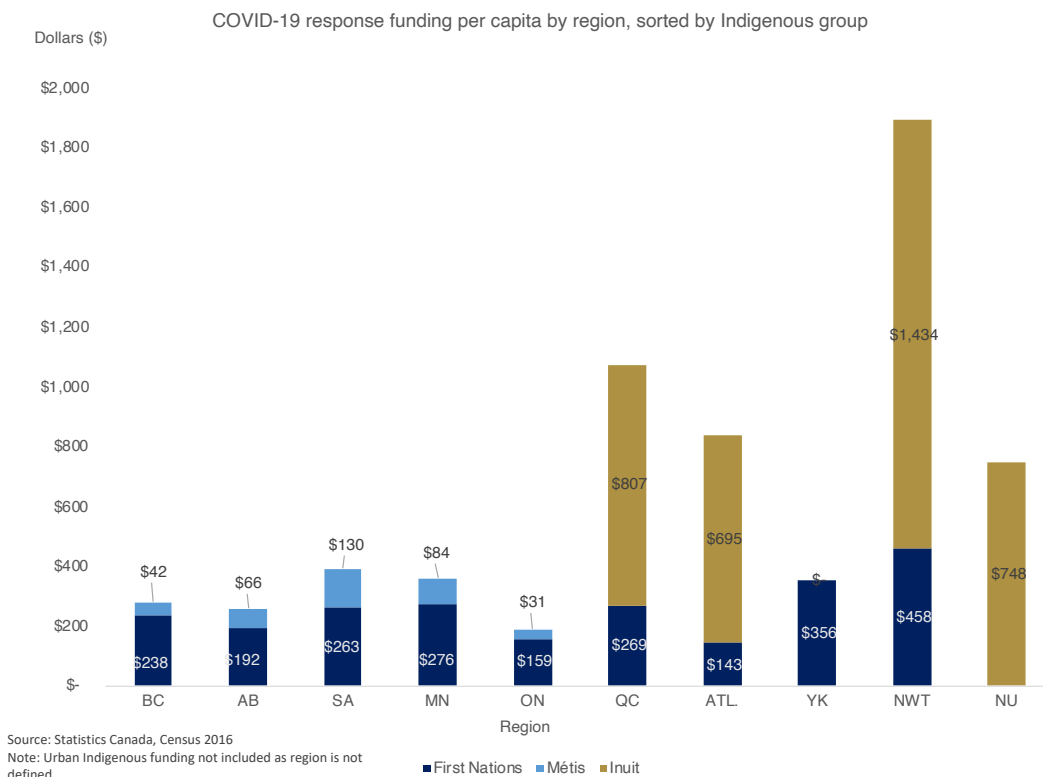
To provide a rough comparative basis on which to understand the funding, per capita calculations suggest that First Nations on-reserve receive approximately \$645 per person, Inuit receive approximately \$700, with Métis and Urban Indigenous Peoples receiving substantively less on a per capita basis:



Most of the total funding (approximately \$290 million or 92%) is being allocated on a regional basis. Since funding for urban Indigenous services is proposal-based, there is no defined regional association (until the funding is allocated).



On a per capita basis, Northwest Territories receive the highest per capita funding amounts and Ontario receives the lowest.



At the time of writing, ISC had not released information on if and when allocated resources have flowed to participants. For the funding allocated by proposal, the deadline for proposals was April 13, 2020.

Beyond the dollar amounts, there are three principal considerations on resources:

- 1) The way in which funding is **allocated** (i.e. who gets what)
- 2) The way in which funding **flows** (i.e. how money moves to recipients)
- 3) The **speed** with which funding is distributed (i.e. when it flows to recipients)

Allocation

ISC defines *population*, *remoteness* and *need* as three parameters for distributing funding to First Nations. ISC can be credited with [identifying relevant factors](#) for funding with some detail on how the allocations will be made. Each self-governing First Nation will receive a base amount of \$50,000 with adjustments for their on-reserve population (based on Census 2016 data), as well as for remoteness, and for their Community Wellbeing Index score. The application, however, of the remoteness and wellbeing factors remain unclear. Furthermore, there is no further publicly available information on the principles for allocating funding among all other First Nations. This is an

important gap for the allocation of hundreds of millions of dollars. Inuit Regional Corporations will receive funding based on a [funding formula](#) agreed to by the Inuit Tapiriit Kanatami (ITK) Board of Directors. Funding for Métis will flow through “[existing mechanisms](#)” with a “[standard distribution model](#)” to determine the amount received on a regional basis.

Flow

On the matter of funding flows, ISC defined different means of moving money based on recipient group. For instance, First Nations dollars will flow directly to communities, whereas funding for Inuit will flow based on an allocation determined by ITK and regional Inuit land claims organizations. In the case of Métis and Urban Indigenous funding, eligible parties can apply for funding.

There is a helpful distinction to be made between emergency response funding to ease the immediate shock/pain of a pandemic, versus the longer-term funding that is meant to support development in communities.

In the current circumstances, it may be helpful to ensure funding flows to recipients as quickly and as efficiently as possible to ensure their basic needs are being met, especially in challenging circumstances.

Speed

The speed with which funding reaches recipients is closely connected to how it flows. ISC has defined different means through which Indigenous Peoples will receive support: directly through their First Nation, through a land-based organization, or by applying for funding.

The most efficient funding receipt will likely be among First Nations. It can be expected that funding will move with relative ease to First Nations (as mechanisms and agreements already exist), and that the band council structures in place should generally be able to put funding into practice. The slowest funding by contrast, may be funding allocated through the call for proposals for those providing services to Indigenous Peoples in urban centres or off-reserve.

Re-thinking emergency funding

There are four principal models that emerge when considering approaches to delivering emergency funding across jurisdictions: application-based temporary assistance; direct transfers to persons; medium- to long-term grants; and third-party managed funding (see Appendix 1).

There are considerations for each of these funding approaches, that may be suitable to responding to different types of crises or particular moments over the course of a crisis and its recovery.

APPENDIX 1

Approach	Description	Allocation	Flow	Speed	Examples
<p>Application-based temporary assistance funding</p>	<p>Upon approval of an application, payouts are made over a short period of time to qualifying individuals, businesses or communities to offset economic impacts of an emergency. .</p> <p>Most of these funds emerge in response to an emergency, although there are examples of pre-existing funds, including Australia's Disaster Recovery Payment and Crisis Payment.</p>	<p>Allocations are based on a set of qualifying principles connected to the emergency or the recipient, e.g. percentage of total income, minimum wage, etc. The total size of the fund (available resources), is typically capped.</p>	<p>Direct support to recipients, upon approval of qualifying application.</p>	<p>Funds may be created quickly, but governments typically rely on the robustness of their existing infrastructure, e.g. online tax portals, service centres, to deliver the monetary relief. The speed of delivery is determined by the state of pre-existing infrastructure.</p>	<p>CAN: Covid-19 Economic Response plan (\$105 billion allocated); divided into various programs including Canada Emergency Response Benefit (\$24 billion: \$2,000 per month for up to 4 months to all eligible recipients) and the Wage Subsidy Program (~\$71 billion: 75% of weekly remuneration paid to a maximum of \$847 per employee).¹</p>

¹ "Canada's COVID-19 Economic Response Plan," Government of Canada, last updated on April 7, 2020, https://www.canada.ca/en/department-finance/economic-response-plan.html#wage_subsidies .

				<p>AUS: Disaster Recovery Payment² (pre-existing fund) (\$1,000 for eligible adults, and 400\$ for eligible children who have been directly affected by a major disaster either in Australia or overseas).</p> <p>Crisis Payment (pre-existing fund)³ eligibility is based on being qualified for an income support payment, being in Australia when the claim is submitted, and being in severe financial hardship due to extreme life changes which include a natural disaster not covered by the Disaster Recovery Payment – for instance in the Covid-19 case of a National Health Emergency⁴. The amount an individual receives is equivalent to one week's pay at their existing income support payment rate. You can ordinarily receive up to 4 payments over 12 months, or exceptionally during the National Health Emergency you can receive 2 payments in a 6-month period.</p>
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² "Disaster Recovery Payment," Australian Government – Disaster Assist, last updated April 16, 2020, <https://www.disasterassist.gov.au/Pages/disaster-recovery-payment.aspx>.

³ "Crisis Payment," Australian Government, last updated September 25, 2019, <https://www.servicesaustralia.gov.au/individuals/services/centrelink/crisis-payment/who-can-get-it>.

⁴ "Crisis Payment – National Health Emergency (Covid-19)," Australian Government, last updated April 20, 2020, <https://www.servicesaustralia.gov.au/individuals/services/centrelink/crisis-payment/who-can-get-it/crisis-payment-national-health-emergency-covid-19>.



<p>Direct Transfer to Persons</p>	<p>Direct one-time payout to qualifying individuals. No application is necessary. The funding approach typically emerges during a crisis.</p>	<p>The allocation is typically fixed and determined by the funder.</p>	<p>Automatic direct transfer to qualifying persons (no application required).</p>	<p>Direct transfers to persons can flow quickly, assuming pre-existing infrastructure is available.</p>	<p>CAN: Covid-19 Increase to the GST/HST credit amount (based on net income: \$443-\$886 per individual, \$580-\$1,160 per married couple, \$153-\$306 per child under the age of 19, or \$290-\$580 for the first eligible child of a single parent)⁵ AUS: \$750 one off Economic Support Payment⁶</p>
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⁵ COVID-19 Increase to the GST/HST credit amount," Government of Canada, last updated on April 1, 2020, <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/covid-19-gsthstc-increase.html>.

⁶ "A \$750 one off Economic Support Payment," Australian Government, last updated March 12, 2020, <https://www.servicesaustralia.gov.au/individuals/news/750-one-economic-support-payment>.

<p>Medium to Long-Term Assistance Grants</p>	<p>Grants are pre-established (not an emergency response). The structure of the grant is typically set out in legislation, and oftentimes will provide for two tracks of funding.</p> <p>The first track is funding that targets emergency mitigation and building resilience in communities.</p> <p>The second track is funding that can be accessed during a crisis and allows for greater ease in accessing resources during an emergency.</p>	<p>Funding is allocated based on actuals, with requisite proof of expenses.</p>	<p>For most of these grants, federal funds are only dispensed when the financial capacity of the government, other orders of insurance payouts, etc. are exhausted.</p> <p>Furthermore, they require long-term agreements between the parties, with a cost-sharing formula defined in legislation.</p>	<p>The main weakness of this response mechanism is the speed at which communities receive funds.</p> <p>This form of funding is almost entirely retrospective.⁷ Though there may be a timeline with respect to eligible expenses (e.g. up to 12 months after the emergency), there is no set timeline as to when reimbursements will be received by applications.</p> <p>Once agreements are put into place, how quickly funding will flow will be dependent on the structures of the other orders of government and their mechanisms to distribute funds to recipients.</p> <p>This model is impractical for communities that have limited reserve funds; they may not have the capital needed to front the cost of expenses and services while waiting for reimbursements.</p>	<p>CAN: Disaster Financial Assistance Arrangements,⁷ Emergency Management Assistance for Activities on Reserve,⁸ Disaster Mitigation and Adaptation Fund⁹</p>
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* Note: In certain instances, major capital investments may be pre-approved.

⁷ "Guidelines for the Disaster Financial Assistance Arrangements," Public Safety Canada, last updated on February 2, 2019, <https://www.publicsafety.gc.ca/cnt/mrgnc-mngmnt/rev-dsstrs/gdlns-dsstr-ssstnc/index-en.aspx>. Program administered through Public Safety Canada that provides disaster relief through provincial and territorial governments. The aim of the program is to assist provincial government with the costs of disaster relief (when the costs exceed what would reasonably be expected for the province to bear on their own).

⁸ "Contributions for Emergency Management Assistance for Activities on Reserve: Terms and Conditions", Application requirements and assessment criteria, INAC, last updated on April, 4, 2019, <https://www.aadnc-aandc.gc.ca/eng/1386012167936/1386012273685>. The EMAP is aimed at assisting on-reserve First Nations communities through emergency management. One of the main project objectives is to work with emergency partners and to help with the remediation of critical infrastructure and community assets impacted by emergency events.

⁹ "Disaster Mitigation and Adaptation Fund," Infrastructure Canada, last updated May 9, 2019, <https://www.infrastructure.gc.ca/dma/taac/index-eng.html>. "A national merit-based program that will invest \$2 billion to support large-scale infrastructure projects to help communities better manage the risks of disasters triggered by natural hazards."



				<p>potentially putting them in a precarious situation.</p>	<p>US: FEMA Public Assistance & Individual Assistance,¹⁰ Hazard Mitigation Grant Program¹¹</p> <p>AUS: Disaster Recovery Funding Arrangements – used to fund Emergency bushfire support for primary producers¹²</p>
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¹⁰ "Understanding Individual Assistance and Public Assistance," FEMA, last updated January 15, 2018, <https://www.fema.gov/news-release/2018/01/15/understanding-individual-assistance-and-public-assistance>. Following a Presidential Major Disaster Declaration, FEMA provides two main programs to help with recovery: one is targeted to individuals and households, and the other is for state and local governments (as well as certain non-profits). The first program, Individual Assistance, provides direct assistance to families and individuals who have suffered disaster related losses. The second program, Public Assistance, can help state and local governments get reimbursed for up to 75 percent of eligible costs following disaster-related damage (eligible expenses include emergency protective measures, debris removal, and infrastructure repairs or replacement).

¹¹ "Hazard Mitigation Grant Program," FEMA, accessed April 6, 2020, <https://www.fema.gov/hazard-mitigation-grant-program>. Following a Presidential Major Disaster Declaration, HMGP helps communities implement hazard mitigation measures (the key objective of the grant is to enact mitigation measures that reduce the risk of loss of life and property from future disasters).

¹² "Emergency bushfire support for primary producers," Australian Government, last updated on January 22, 2020, <https://www.agriculture.gov.au/ag-farm-food/bushfires/primary-producers>, \$100 million in emergency grants has been committed; up to \$75,000 is available to farmers, fishers and foresters located in declared bushfire disaster areas.

<p>Funding to Third Parties (non-governmental support agencies)</p>	<p>During an emergency, a third-party is mobilized to provide relief services, with government funding.</p>	<p>Third-parties typically receive funding by applying for grants or entering into service agreements with government.¹³ Contribution agreements are also possible in an emergency, where a government will flow funds directly to the organization to provide relief services.¹⁴</p>	<p>Funding is utilized and potentially dispersed to individuals through the third-party.</p>	<p>The speed at which third-parties can deliver relief services or disburse funds is dependent on their pre-existing infrastructure.¹⁵</p>	<p>CAN: Regional agreement between ISC and the Red Cross to assist during flood evacuations in First Nations communities.^{16*} For instance, the Red Cross has received grants to help with wildfires in British Columbia,¹⁷ and they have also signed a 5 year agreement with ISC to provide services for evacuees in Manitoba on ISC's behalf.¹⁸</p> <p>In New Brunswick the \$900 Workers Emergency Income Benefit is being administered by the Red Cross.¹⁹</p>
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¹³ Canadian Red Cross, *Annual Report 2010-2011*, (2011), page 25.

¹⁴ "Canadian Red Cross welcomes the Government of Canada support to wildfire recovery," Canadian Red Cross, last updated July 23, 2017, <https://www.redcross.ca/about-us/media-news/news-releases/canadian-red-cross-welcomes-the-government-of-canada-support-to-wildfire-recovery>.

¹⁵ KPMG, *May 2016 Wood Buffalo Wildfire : Post-Incident Assessment Report (Prepared for Alberta Emergency Management Agency)*, (May 2017), page # 26 & 98. "[Red Cross] electronic fund transfers more efficient than the Province's debit cards" & "while the Red Cross was an effective fundraiser, it did not necessarily have all of the supporting infrastructure to disburse the funds to organizations and individuals who needed it to address their response and recovery needs"

*Note: S. 3.4.2.7. of the *On-Reserve Emergency Management Plan* states "At the request of an on-reserve First Nation, INAC, or province or territory, a non-government organization (e.g. the Canadian Red Cross) or other indigenous organization, may support the management of an emergency. Once identified, these entities become part of the First Nation's emergency planning process, and should have clearly defined roles and responsibilities outlined within the First Nation's all-hazards emergency management plan, in order to develop an integrated emergency management structure and processes/procedures with all stakeholders." Source: "Indigenous and Northern Affairs Canada (INAC) National On-reserve Emergency Management Plan", Government of Canada, last updated June 7, 2017, <https://www.sac-isc.gc.ca/eng/1324572607784/1535123607689>.

Additionally, the AFN and the Canadian Red Cross signed an MOU on May 23, 2007. This MOU included four areas of sharing expertise, including emergency management. The Canadian Red Cross has also had an operations branch on the Blood reserve for around 12 years. Source: "Indigenous Engagement," Canadian Red Cross, accessed on April 23, 2020, <https://www.redcross.ca/donate/other-ways-to-donate/major-donations/major-donations-in-western-canada/major-donations-in-alberta/indigenous-engagement>.

¹⁶ "Flooding in First Nations communities," Government of Canada, last updated on October 31, 2019, <https://www.sac-isc.gc.ca/eng/1397740805675/1535120329798>.

¹⁷ "Canadian Red Cross welcomes the Government of Canada support to wildfire recovery," Canadian Red Cross, last updated July 23, 2017, <https://www.redcross.ca/about-us/media-news/news-releases/canadian-red-cross-welcomes-the-government-of-canada-support-to-wildfire-recovery>.

¹⁸ "Manitoba 2014 Flood Recovery," Indigenous and Northern Affairs Canada, last modified January 7, 2020, <https://www.aadnc-aandc.gc.ca/eng/1411758562651/1411758732957>.

¹⁹ "New Brunswick," Canadian Red Cross, last updated on April 20, 2020, <https://www.redcross.ca/in-your-community/new-brunswick>.

When an emergency or unexpected event occurs, such as COVID-19, there may be an immediate need to have financial resources flow directly to persons. In such instances, a direct transfer to persons is useful to help to address an individual's basic needs. The money tends to be easily accessible and can be used virtually, immediately. That funding however, is short-term and serves to ease immediate burdens. It does not provide means to build resilience for future situations. This approach is expeditious and direct.

Resilience and emergency management planning are best developed through medium- and long-term grants. This type of funding enables jurisdictions to look back on an emergency and leverage the lessons to build response plans and the infrastructure required to mitigate the challenges of future events. While the long-term impact of such funding can be beneficial, it is only useful when a jurisdiction has tools for planning and capacity development. There must also be an existing set of resources which the jurisdiction can leverage to meet its needs, as much of the funding is reimbursed. This approach allocates funding for longer-term development but on retrospective timelines.

Third-party managed funding offers a hybrid approach, where service providers have the procedures and practices required to deliver funding and services in response to an emergency in an expedited fashion. For an immediate on-the-ground response, this approach may respond to considerations of speed, allocation and flow, as the third-party is the sole interlocutor with the funder (government) and can deliver a broad response.

When considering approaches to emergency funding, a mix of direct transfers and third-party managed funding tend to be best for immediate responses and service delivery. Grants with application-based proposals for funding are best suited to build resilience, capacity and infrastructure for the medium- to long-term. Irrespective of the approach or mix of approaches selected, pre-existing preparedness and response structures influence an individual's, community's and government's ability to address crises.

In a 2018 study, the House of Commons Standing Committee on Indigenous and Northern Affairs produced the report, "From the Ashes: Reimagining Fire Safety and Emergency Management in Indigenous Communities." The report emphasized the gaps in funding and the challenges in ensuring the timely and reliable delivery of resources for emergency response. These findings echoed a 2013 report by the Auditor General, which deemed the budget of the Emergency Management Program to be insufficient.

While the Standing Committee's report focused exclusively on fire safety and emergency management, the broader takeaways are clear: there is a lack of preparedness among communities, who due to infrastructure and health considerations, tend to be more vulnerable to the ramifications of emergencies. Appropriate crisis



response alone, is not a solution. Crisis mediation is dependent on pre-existing structures, practices and preparedness to organize a response and mitigate risk.

Dakota Ojibway Child and Family Services (DOCFS) provides an array of mandated, early intervention and prevention programs to address the community, families and children's needs, with input from the Local Child and Family Services Committees across eight First Nation communities in Manitoba. In emergencies from floods to COVID-19, DOCFS activates their business continuity plan (BCP), to ensure services are provided. Their case highlights practices that can be emulated and the challenges of organizing broad-scale responses in often uncertain and changing circumstances.

APPENDIX 2

CFS and emergency preparedness and response: The case of DOCFS

By the numbers

DOCFS serves 8 First Nations (plus 3 urban offices)

DOCFS employs 220 staff

In 18 days of crisis response (March 13-31, 2020) DOCFS spent:

- \$106,346 in emergency items for 8 communities, e.g. personal protective equipment, baby formula, diapers, food bank items, cleaning supplies
- \$1,745 in transportation costs to move the items to the 8 communities
- \$45,085 in IT to equip staff to work remotely

Total = \$153,176 (and counting as the pandemic continues)

The message: emergency response requires preparedness through appropriate planning, well-trained staff, and financial resources.

Lessons from DOCFS' emergency response:

- 1) Be prepared: a business continuity plan/emergency plan that includes communication with band councils and tribal councils can determine and pre-plan how you will collaborate and collectively face an emergency.
- 2) Empower staff: crisis situations are fluid and require changing responses. Staff should have input in planning, clear direction and latitude to act in the best interest of the children, families and communities they serve.
- 3) Have access to financial resources: to procure goods and services, money is necessary. There's much uncertainty in a crisis and having reserve funds (or access to funds) is crucial for expeditious action and response.
- 4) Connect: work closely and ongoingly with your communities and leadership to respond to the needs of children, families and communities.

“At no time will children be left at risk.”

Dakota Ojibway Child and Family Services (DOCFS) is no novice when it comes to emergency response. From floods, to ice storms, to now, a pandemic, the agency has responded to protect the most vulnerable in the eight First Nations communities it serves. An integral component of a broader Tribal Council structure, DOCFS works

collaboratively with other organizations (e.g. health, education) and community-based offices. Daily directors' calls and constant contact coordinate actions and response to changing circumstances across the Tribal Council.

DOCFS wants kids and families to be healthy and safe. That doesn't stop during an emergency; it amplifies. CFS is an essential service, and DOCFS remains available 24/7 during a crisis (as it would in regular times). As concerns for the safety and well-being of children and families can increase during emergencies, DOCFS' actions in emergency response extend beyond the physical safety of children, and includes food security, supplies and educational resources.

Be prepared

DOCFS' business continuity plan (BCP), which serves as a roadmap for the agency's action in a crisis to fulfil its core mandate and maintain (at least) their basic operations.

In one half-day, DOCFS' entire business continuity plan (BCP) apparatus can be mobilized, as staff are pre-briefed and familiar with their responsibilities. Staff have pre-assigned roles and areas of action for which they are responsible in an emergency. This enables the organization to keep a measure of consistency when faced with unexpected crises.

DOCFS' model is premised on strong linkages to the eight communities that it serves. With trust between DOCFS and its community offices and employees, the agency depends on the local First Nation's collaboration and support to understand need on the ground, and to ensure an appropriate response. Each of the eight communities served have their own emergency operating plans for local-level actions. From back-up staffing plans to operating plans, each community has a pre-meditated approach to managing CFS when in crisis response mode.

There are plans in place, but people are expected to solve problems and find solutions.

Empowered leadership; empowered people

As emergency response ramps up, there is a real pressure on senior management to orchestrate the initial response. Senior staff were working from 8am to 11pm to define and implement the initial crisis management approach to COVID-19.

Senior leadership and the DOCFS board encourage flexibility in crisis response. They are known to create space for employees' ideas to respond to community needs. Emergencies are fluid and DOCFS staff must adjust its actions accordingly, in real time.

Various ad-hoc teams emerge in crises to address changing needs. For instance, in the response to COVID-19, a holistic wellness team was created to develop resources for the distribution of reliable information and to connect people with the services they need. This small team of six people leverages outside resources, such as extra

physicians and mental health experts, and develops their own tools to support the overall pandemic response.

The main concern among communities is food security. Families can be big and as communities enter lock-down, not everyone can access needed supplies in time. DOCFS stepped in as a procurer of essential food items and supplies for delivery through local community offices. The items are distributed without cost to recipients in need through the local office. In an emergency situation, DOCFS will assist any community member in need (although their child focus is primarily, children in care). This initiative, orchestrated in conjunction with community-based staff, demonstrates the importance of connectivity and trust between agencies and people, especially in a time of emergency response.

To mobilize the required resources, an agency needs ready money.

Always have ready money

DOCFS emphasizes the importance of advocacy for their agency. From the Tribal Council's Chief to ISC to outside resources, DOCFS advocates to 'anyone who will listen,' to ensure their organization and children in care have what they need. Building a reserve fund and practicing active resource-development are ongoing. This helps to ensure that when a crisis hits, there is some flex in the budget.

When faced with a crisis, there is the added stress of uncertainty and delay in cost recovery. Until a state of emergency is enacted by the Tribal Council, resources commensurate to an emergency will not flow. In the context of COVID-19, ISC has indicated that agencies can keep track of costs associated to the pandemic response.

The fact remains however, that agencies and communities need ready money to act and respond in an emergency. For instance, at DOCFS, expenses for COVID-19 have been paid through expense accounts, cheques, corporate credit cards and personal credit cards. When it comes to major expenses, the executive director checks with ISC regional staff for the approval of the expense in advance, to mitigate any uncertainty of reimbursement. From basic food supplies, to educational resources for children in care, staff overtime, IT supplements, and beyond, agencies must be able to maintain their core operations to keep children and families safe, while supporting an emergency response. Unexpected circumstances can require unexpected resources.

As an alternative funding approach for CFS is being developed, options for emergency funding are being considered. Combinations of funding mechanisms are being explored to propose tools to respond to immediate needs, as well as to address the underlying challenges that influence crisis management. DOCFS is a helpful example of a well-coordinated agency that leverages resources beyond its organization to respond in a timely and decisive manner in the face of emergencies.



Appendix Q: Social Services Post-emergency: Considerations for Disaster Relief Funding

Social services post-emergency: Considerations for disaster relief funding

Evaluating the role of social services post-emergency

When considering how to adequately scale-up social services to respond to emergency situations, the primary determinant of success is whether social services agencies have sufficient pre-emergency to ensure comprehensive service delivery. Though one-time crisis payments can help service providers fill unexpected gaps, allocating sufficient and consistent long-term funding will ensure that service providers are able to build their capacity and resilience, in turn permitting them to develop comprehensive emergency management plans. Service providers, such as First Nation child and family services agencies have unique expertise on the needs of their communities, making their capacity for emergency response and important stabilizing factor in crisis situations.

The COVID-19 pandemic has brought to the fore how underlying inequities, and insufficient social protections can make communities vulnerable to emergency situations, and quickly aggravate the impacts of a crisis. For instance as of June 2020, the Navajo Nation, one of the largest Indigenous reservations in the US, faces a death rate of 177 per 100,000, higher than any single US state.¹ Up to 40% of Navajo households do not have running water, further, many families live in hogans (one-room homes); therefore, implementing self-isolation and sanitation measures can be challenging.² As Fawn Sharp the President of the National Congress of American Indians states, “the failure to fund us has left us incredibly vulnerable.”³

Canada’s First Nations face similar challenges with poverty, especially on-reserve. Median household incomes of First Nations in most provinces are below their respective provincial poverty lines. Poverty is at the root cause of various challenges, including contact of First Nations children with the child protection system.⁴ The effects of poverty can be aggravated by emergency situations, making it crucial for recovery to consider the reliability and availability of social services to support communities and their recovery.

¹ Nina Lakhani, “Navajo nation reinstate lockdown as Covid-19 cases surge near reservation,” June 18, 2020, <https://www.theguardian.com/us-news/2020/jun/18/navajo-nation-coronavirus-lockdown-arizona>.

² Wahleah Johns, “A Life on and Off the Navajo Nation,” *The New York Times*, May 13, 2020, <https://www.nytimes.com/2020/05/13/opinion/navajo-nation-coronavirus.html?referringSource=articleShare>.

³ Simon Romero and Jack Healy, “Tribal Nations Face Most Severe Crisis in Decades as the Coronavirus Closes Casinos,” *The New York Times*, May 13, 2020, <https://www.nytimes.com/2020/05/11/us/coronavirus-native-americans-indian-country.html>.

⁴ First Nations Child & Family Caring Society of Canada, “Information Sheet First Nations Child Poverty: A Literature Review and Analysis” (December 2019), https://fncaringsociety.com/sites/default/files/chapter_5_information_sheet_2.pdf.

Greater reliance on social services following an emergency situation

Increase in Financial Insecurity

Of substantiated child maltreatment investigations in Canada, 33% involved families receiving social assistance or other benefits.⁵ Socio-economic status is also a large determinant of ability to recover from the emotional, physical and economic difficulties associated with natural disasters.⁶ Studies have demonstrated that in certain regions natural disasters can increase food poverty by 3.6 percentage points, capacities poverty by 3 percentage points, and assets poverty by 1.5 percentage points.⁷ Additionally, food insecurity puts pressures on other social services including the healthcare system.⁸

Increase in Domestic Violence and Child Abuse

Exposure to intimate partner violence as the primary category of maltreatment accounted for 34% of substantiated child maltreatment investigations in Canada.⁹ Moreover, increased financial stress, coupled with other stresses in the wake of an emergency leads to an increase in both child abuse,¹⁰ and domestic violence.¹¹

A study of the July 2004 floods in Whakatane, New Zealand demonstrated that in the weeks following the floods New Zealand Police and Victim Support reported a doubling in the number of callouts they received.¹² Women's Refuge (an organization that operates shelters for women fleeing violence) experienced a tripling of its workload immediately after the flood, as did Work and Income New Zealand with respect to their domestic violence work.¹³ Women's Refuge reported that they did not receive additional support. During the peak of the flood, due to the shelters being over-capacity, each support worker had at least 3 families staying in their homes.¹⁴

⁵ Public Health Agency of Canada, "Canadian Incidence Study of Reported Child Abuse and Neglect," (2008): 5.

⁶ Mary Roope, "The Future is Now: Social Work, Disaster Management, and traumatic Stress in the 21st Century," *Journal of Social Service Research*, 30, no. 2 (2004): 4. For example, low-income housing is more likely to be located in disaster-prone areas, such as floodplains.

⁷ Rodriguez-Orrafia et al. (2010) in Marcela Tarazona & Jose Gallegos, "Recent Trends in Disaster Impacts on Child Welfare and Development 1999-2009," *Global Assessment Report on Disaster Risk Reduction* (2011) : 8. Rodriguez-Oreggia looked at the impact of natural disasters at the Municipal level in Mexico.

⁸ Valerie Tarasuk and Lynn McIntyre, "A basic income, not expanded food charity, is critical as the pandemic plunges more Canadians into deprivation," *Policy Options*, last updated April 28, 2020, <https://policyoptions.irpp.org/magazines/april-2020/food-banks-cant-adequately-address-covid-19-food-insecurity/>. In 2017-2018 there were more than 4.4 million Canadians living in food-insecure households, and that number is set to climb in the wake of COVID-19. Severely food-insecure adults in Canada use more than twice the amount of health care dollars.

⁹ Public Health Agency of Canada, "Canadian Incidence Study of Reported Child Abuse and Neglect," (2008): 3.

¹⁰ Laura Daughtery and Wendy Blome, "Planning to Plan: A Process to Involve Child Welfare Agencies in Disaster Preparedness Planning," *Journal of Community Practice*, 17, no. 4 (2009): 486. "Child abuse reports were disproportionately higher in the months following Hurricane Hugo and the Lorna Prieta Earthquake in 1989"

¹¹ Rosalind Houghton, "Everything Became a Struggle, Absolute Struggle': Post-flood Increase in Domestic Violence in New Zealand" in *Women, Gender and Disaster: Global Issues and Initiatives* (Los Angeles: Sage Publications, 2009): 102.

¹² Ibid: 105.

¹³ Ibid: 104.

¹⁴ Rosalind Houghton, "Everything Became a Struggle, Absolute Struggle': Post-flood Increase in Domestic Violence in New Zealand" in *Women, Gender and Disaster: Global Issues and Initiatives* (Los Angeles: Sage Publications, 2009): 106-107.

Furthermore, the literature points to a link between economic recessions and an increase in child abuse. Though overall child abuse has been declining over the decades, there were visible spikes in neglect following the 1990-1991 and 2001 recessions.¹⁵ Though according to the *National Child Abuse Neglect Data System* data, substantiated child maltreatment rates continued to decline in the US after the 2008 recession, scholars caution that that the decline may be the result of several other factors including the downsizing of the Child Welfare System (CWS) due to fiscal constraints faced by states.¹⁶ A study of four geographically disparate pediatric hospitals in the US uncovered an almost two-fold increase in abusive head trauma in the wake of the 2008 recession.¹⁷ Moreover, another study found a correlation between reported maltreatment and the rising rates of unemployment in the US; for every percentage point increase in state-level unemployment there was an increase in child abuse reports (0.5 increase per 1000 children).¹⁸ Additionally, researchers highlight a lag in reporting (child abuse reports increased the year after unemployment rose).¹⁹ The full economic and social impacts of COVID-19 cannot yet be fully known, however, doctors are already expressing concern over increased cases of suspected child abuse.²⁰

Psychological Impacts of Disasters

As agencies are helping mitigate the physical impacts of a disaster, they must also consider the mental health impact of these events, and how they may lead to greater reliance on social services. Three of the most common mental health problems an individual may develop in the wake of disasters are PTSD, anxiety and depression.²¹ Levels of mental illness in survivors of Hurricane Katrina were almost twice as high as estimates for this population in years prior to the hurricane.²² Whether or not an individual develops these mental health problems is dependent on the effectiveness of individual coping behaviour, as well as received social support.²³

¹⁵ Katherine Sell et al., "The Effect of Recession on Child Well-Being: A Synthesis of the Evidence by PolicyLab, the Children's Hospital of Philadelphia." *PolicyLab: Research Institute at the Children's Hospital of Philadelphia* (2010): 27.

¹⁶ Katherine Sell et al., "The Effect of Recession on Child Well-Being: A Synthesis of the Evidence by PolicyLab, the Children's Hospital of Philadelphia." *PolicyLab: Research Institute at the Children's Hospital of Philadelphia* (2010): 30.

¹⁷ Ibid : 29.

¹⁸ Ibid : 29.

¹⁹ Ibid : 29.

²⁰ Julie Bosman, "Domestic Violence Calls Mount as Restrictings Linger: 'No Once Can Leave,'" *The New York Times*, May 15, 2020, <https://www.nytimes.com/2020/05/15/us/domestic-violence-coronavirus.html?referringSource=articleShare>.

²¹ Tim Wind, Maureen Fordham, & Ivan Komproe, "Social capital and post-disaster mental health," *Global Health Action*, 41 no. 1 (2011): 1-3.

²² 2006 GAO report cited in Laura Daughtery and Wendy Blome, "Planning to Plan: A Process to Involve Child Welfare Agencies in Disaster Preparedness Planning," *Journal of Community Practice*, 17, no. 4 (2009): 485.

²³ 2006 GAO report cited in Laura Daughtery and Wendy Blome, "Planning to Plan: A Process to Involve Child Welfare Agencies in Disaster Preparedness Planning," *Journal of Community Practice*, 17, no. 4 (2009): 485. Many scholars have pointed to social capital as an explanation for differences in disaster mental health outcomes across affected groups of people and places.

Children in care are particularly vulnerable to ongoing mental health issues that may be aggravated post-disaster. After being a victim of domestic violence (46%), and having few social supports (39%), having mental health issues is the third most frequently noted concern for primary caregivers (27%).²⁴ Along with caregivers, children also struggle with their own mental health post-disaster (of particular concern for children in care is the fact that displacement is one of the largest aggravating factors).²⁵ Studying children and youth recovery post-floods, one study reported 30% of adolescents in grades 4-12, and 9% of children in K-3 failing to recover, and requiring a referral to additional mental health services.²⁶ Furthermore, 84% of children who had to evacuate reported harm, compared to only 15% of those who did not evacuate.²⁷ Finally, when assessing mental health needs post-disaster it is important to note that symptoms may not manifest themselves till months or even years later, and may increase with time instead of decreasing²⁸; this is particularly true of children who may experience sleeper effect (appear to be coping well during a disaster but develop problems later on).²⁹

A national survey conducted by the Centre for Addiction and Mental Health in Canada looking at the impact of COVID-19 on mental health and substance use shows that in the 7 days prior to the survey of the adults between the age of 18-60+, 25.5% experienced moderate to severe anxiety; 23.7% engaged in binge drinking; 23.2% felt lonely; and 20.4% felt depressed.³⁰ This preliminary survey helps demonstrate that it is likely that the pandemic will have long-term and even widespread impacts on mental health well-being, and addiction recovery.

Impacts of Covid-19 on Social Services

Consistent with what has been documented in previous emergencies, early reporting suggests that the COVID-19 pandemic has led to an increase in domestic violence. In Southern Jianli County, China, police reported triple the amount of domestic violence calls in February.³¹ As the pandemic continued to spread across the world, other countries reported similar experiences as China. In Spain, in the first two weeks of lockdown measures, the emergency number for domestic violence received 18% more calls, and in early April nationwide France saw a 30% spike in domestic violence.³² In

²⁴ Public Health Agency of Canada, "Canadian Incidence Study of Reported Child Abuse and Neglect," (2008): 5.

²⁵ Larry Drumm & John Stretch, "Identifying and Helping Long Term Child and Adolescent Disaster Victims," *Journal of Social Service Research*, 30 no. 2 (2004): 100.

²⁶ Ibid: 101.

²⁷ Larry Drumm & John Stretch, "Identifying and Helping Long Term Child and Adolescent Disaster Victims," *Journal of Social Service Research*, 30 no. 2 (2004): 100.

²⁸ 2006 GAO report cited in Laura Daughtery and Wendy Blome, "Planning to Plan: A Process to Involve Child Welfare Agencies in Disaster Preparedness Planning," *Journal of Community Practice*, 17, no. 4 (2009): 486.

²⁹ Larry Drumm & John Stretch, "Identifying and Helping Long Term Child and Adolescent Disaster Victims," *Journal of Social Service Research*, 30 no. 2 (2004) : 96.

³⁰ CAMH, "COVID-19 National Survey Dashboard," accessed on June 3, 2020, <https://www.camh.ca/en/health-info/mental-health-and-covid-19/covid-19-national-survey>.

³¹ Nathan Vanderklippe, "Domestic Violence Reports Rise in Cina Amid COVID-19 Lockdown," *The Globe and Mail*, March 29, 2020, <https://www.theglobeandmail.com/world/article-domestic-violence-reports-rise-in-china-amid-covid-19-lockdown/>.

³² Amanda Taub, "A New Covid-19 Crisis: Domestic Abuse Rises Worldwide," *The New York Times*, April 6, 2020,

Canada, the Minister for Women and Gender Equality consulted with frontline organizations and uncovered a 20-30% increase in rates of gender-based violence and domestic violence in some regions of the country.³³

As noted above, an increase in domestic violence is linked to an increase in child abuse cases. Furthermore, natural disasters can overwhelm child welfare agencies, and lead to additional challenges. Early feedback from key stakeholders in the child welfare sector suggests that resources and capacity are under considerable pressure during the COVID-19 pandemic, and agencies are struggling to provide services and support clients.³⁴ Child protection workers are having to rely on virtual meetings, and only undertake face-to-face meetings when critical.³⁵ Alongside with providing continuity of service for children already in care, child welfare agencies must prepare themselves for an increase in abuse cases post-emergency.³⁶ In 2018, the Centers for Disease Control and Prevention identified family social isolation as one of the leading risk factors for child maltreatment.³⁷ The WHO organization published a leaders statement expressing their concerns about children being exposed to an increased risk of violence while measures to contain COVID-19 are in place.³⁸

However, given the distinct nature of this pandemic and the strict social isolation measures being imposed by governments, another concern for child welfare agencies is that abuse is going unreported. While some doctors are reporting an increase in suspected child abuse cases,³⁹ hospitals in other jurisdictions are reporting that fewer children are coming in, which can be a troubling sign that children are not getting the help they need.⁴⁰ With children removed from community services and schools due to self-isolation, children may be isolated from potential sources of help (teachers, other family members, neighbours, etc.). Certain initiatives advocated by family violence

<https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>.

³³ Raisa Patel, "Minister says COVID-19 is empowering domestic violence abusers as rates rise in parts of Canada," April 27, 2020, <https://www.cbc.ca/news/politics/domestic-violence-rates-rising-due-to-covid19-1.5545851>.

³⁴ Fecteau 2020 and Kelley and Hansel 2020 in Policy Bench, Fraser Mustard Institute for Human Development, "Child Welfare and Pandemics Literature Scan" (University of Toronto : 2020) : 11.

³⁵ Idil Mussa, "Ottawa agencies joining forces to protect kids from abuse," *CBC News*, May 11, 2020,

<https://www.cbc.ca/news/canada/ottawa/child-advocates-in-ottawa-meet-virtually-to-keep-kids-safe-1.5558104>.

³⁶ 2006 GAO report cited in Laura Daughtery and Wendy Blome, "Planning to Plan: A Process to Involve Child Welfare Agencies in Disaster Preparedness Planning," *Journal of Community Practice*, 17, no. 4 (2009): 486. "Child abuse reports were disproportionately higher in the months following Hurricane Hugo and the Loma Prieta Earthquake in 1989 (Curtis, Miller, & Berry, 2000)."

³⁷ Child Welfare COVID Resources, "Latest News and Resources on Child Welfare and COVID," accessed on June 3rd, 2020, <https://childwelfarecovid.org/>. This website was put together through a collaboration of NGOs, including

advocacy groups to assess the effects of COVID-19 on children and families in contact with the child welfare system.
³⁸ World Health Organization, "Joint Leaders' statement – Violence against children: A hidden crisis of the COVID-19 pandemic," last updated April 8, 2020, <https://www.who.int/news-room/detail/08-04-2020-joint-leader-s-statement---violence-against-children-a-hidden-crisis-of-the-covid-19-pandemic>.

³⁹ Julie Bosman, "Domestic Violence Calls Mount as Restrictings Linger: 'No Once Can Leave,'" *The New York Times*, May 15, 2020, <https://www.nytimes.com/2020/05/15/us/domestic-violence-coronavirus.html?referringSource=articleShare>.

⁴⁰ Raisa Patel, "Minister says COVID-19 is empowering domestic violence abusers as rates rise in parts of Canada," April 27, 2020, <https://www.cbc.ca/news/politics/domestic-violence-rates-rising-due-to-covid19-1.5545851>.

experts to help address domestic violence, such as code words or hand signals can be communicated electronically, and may be adapted to help children (the difficulty being young children who may not be able utilize these tools).⁴¹ Child advocates in Ottawa are working with school boards to try and formulate questions to still be able to gauge student well-being even though school has moved online.⁴² In Ottawa, a special task force comprised of the children's hospital, the police service, the Children's Aid Society and Ottawa Public Health has been assembled to better pinpoint cases and continue to provide support to at-risk children.⁴³ Chapin Hall, an independent policy research institution, affiliated with the University of Chicago, focusing on child welfare, has put together an information sheet for providers to facilitate conversations with families with the aim of identifying family stresses and needs.⁴⁴

Further, for parents and children already involved in the CWS, the pandemic has led to delay in crucial advancements in their cases. For instance, visits with biological parents may be halted or moved online, which can significantly hamper successful reunification. Forming secure attachments between parents and children is key to successful reunification. Newly reunified families, as well as those on the verge of reunification are having to deal with the additional stresses and pressures of the pandemic (not being able to take children to activities for respite, financial and employment concerns, and so forth).⁴⁵ Additionally, resources like mental health counselling, addiction and peer support groups for parents are either on pause or moving online which can obstruct access to parents who rely on these services not only for their own well-being but also to be in compliance with their reunification plan. Finally, court closures and hearing postponements also lead to delays in reunification.⁴⁶ It is clear that social isolation has put new pressures on parents, and those involved in the CWS who were experiencing vulnerabilities prior to the pandemic are now in an even more precarious position with increased stresses and fewer supports.

For older youth who are getting ready to transition out of the CWS, the pandemic poses significant challenges. Under normal circumstances, youth already face significant risks when aging out of care; COVID-19 is only aggravating these risks. A March 2020 survey conducted by the Foster Club, an organization dedicated to providing a peer support network for children and youth in foster care, found that older foster youth reported housing instability (39.6% were force to move or fear losing housing since the start of the pandemic), food insecurity (27.6% were in crisis or very low in food), and insufficient

⁴¹ Canadian Women's Foundation, "Signal for Help," accessed on June 3, 2020, <https://canadianwomen.org/signal-for-help/>.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Chapin Hall, "Practice Bulletin: Conversations with Families to Recognize Needs," (May 2020), <https://www.chapinhall.org/wp-content/uploads/families-needs.pdf>.

⁴⁵ Child Welfare COVID Resources, "Latest News and Resources on Child Welfare and COVID," accessed on June 3rd, 2020, <https://childwelfarecovid.org/>.

⁴⁶ Ibid.

financial resources (18% in crisis, and 32.8% less than a week of money to pay basic needs).⁴⁷ Youth also reported increased mental health concerns and feelings of isolation.⁴⁸

Countries across the world are already implementing measures to increase the capacity of social services during the COVID-19 pandemic. In Italy, as domestic violence reports began to rise in March following lockdown measures being introduced, the government told local authorities they could requisition hotel rooms to be used as temporary shelters for those fleeing domestic violence.⁴⁹ In Canada, the Prime Minister announced \$40 million in funding to Women and Gender Equality Canada; \$30 million is specifically for the immediate needs of shelters and sexual assault centers. Of those funds, Indigenous Services Canada is set to receive \$10 million to help fund the 46 emergency shelters on reserves and in Yukon.⁵⁰ Additionally, the Ontario government is providing \$200 million in social services relief funding to better support municipalities and organizations that administer social services.⁵¹ Further, the Ontario government has put in place a moratorium on youth aging out of care.

Children receiving services through children's aid society, customary care arrangement, or voluntary youth services agreement will continue to receive their current level of support throughout the pandemic even if they turn 18. Likewise, children who turn 21 and are receiving support through the continued care and support for youth program will have their support sustained throughout the outbreak.⁵² The Manitoba government is putting in place several measures to better support the CWS. They are extending support to all youth currently in care who turn 18 between March 20 and September 30, by extending foster care placements, and ensuring that those who choose to move out of foster care continue to receive financial support. Youth who have already exited care and chose to transition to an "Agreement with a Young Adult" will continue to receive assistance during this timeframe regardless of their age (typically these agreements are only available to those under the age of 21). Further, the government is extending foster home and residential care licences for 60 days, and has activated a mutual aid agreement with child welfare authorities to offer additional support.⁵³ Finally, the Ontario

⁴⁷ Child Welfare COVID Resources, "Latest News and Resources on Child Welfare and COVID," accessed on June 3rd, 2020, <https://childwelfarecovid.org/>.

⁴⁸ Ibid.

⁴⁹ Amanda Taub, "A New Covid-19 Crisis: Domestic Abuse Rises Worldwide," *The New York Times*, April 6, 2020, <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>.

⁵⁰ Status of Women Canada, "Supporting women's shelters and sexual assault centres during COVID-19," last updated May 1, 2020, <https://cfc-swc.gc.ca/fun-fin/shelters-refuges-en.html>.

⁵¹ Government of Ontario, "Ontario Protecting the Most Vulnerable During COVID-19 Crisis," last updated March 23, 2020, <https://news.ontario.ca/opo/en/2020/03/ontario-protecting-the-most-vulnerable-during-covid-19-crisis.html>.

⁵² Kenneth Jackson, "Ontario government issues moratorium on youth aging out of care during pandemic," *APTNews*, March 26, 2020, <https://www.aptnnews.ca/national-news/ontario-government-issues-moratorium-on-youth-aging-out-of-care-during-pandemic/>.

⁵³ Victoria Gibson, "Domestic violence organizations laud new funding, but call for more supports as COVID-19 escalates risk" *iPolitics*, April 16, 2020, <https://ipolitics.ca/2020/04/16/domestic-violence-organizations-laud-new-funding-but-call-for-more-supports-as-covid-19-escalates-risk/>.

government is providing up to \$1.5 million of funding to the Children's Aid Foundation of Canada's COVID-19 Youth Support Fund.⁵⁴

Planning for recovery

Importance of Long-Term Service Delivery

It is clear that providing expanded social services post-disaster is critical to help communities recover, and measures should target the root causes of why families interact with the CWS including poverty, increased levels of domestic violence, and lack of mental health support. There are examples of jurisdictions implementing short term mitigation efforts aimed at addressing socio-economic vulnerabilities, including Canada who announced \$100 million to support food banks and other community food programs in light of COVID-19.⁵⁵ However, considerable evidence demonstrates the need for medium and long-term investments, in conjunction with immediate relief measures. For instance, Women's Refuge reported that violence did not return to a 'normal' level, but rather there was a second surge in reporting 5 months after the disaster, when social services agencies withdrew from the community.⁵⁶

Therefore, when discussing support to social services it is important that long-term investments are put into place. Measures that can be implemented to bolster social services delivery include service fee waivers for immediate individual relief and social funds for longer term community recovery.⁵⁷ For instance, in Australia, following the bushfires, the government announced \$76 million to provide distress counselling and mental health support for individuals, families and communities.⁵⁸ Recently, the Alberta government announced \$53 million in mental health supports to respond to COVID-19.⁵⁹ Additionally, post-disaster, FEMA provides funding directly to local mental health providers to help with recovery services and program development.⁶⁰

When examining the role of agencies, it is advised that they are engaged at every stage, including planning before a disaster. This requires a high degree of coordination between government, non-government organizations and the private sector. Furthermore, effective natural disasters systems must give programs the flexibility to

⁵⁴ Government of Ontario, "COVID-19 action plan: protecting vulnerable Ontarians," last updated April 28, 2020, <https://www.ontario.ca/page/covid-19-action-plan-protecting-vulnerable-ontarians>.

⁵⁵ Valerie Tarasuk and Lynn McIntyre, "A basic income, not expanded food charity, is critical as the pandemic plunges more Canadians into deprivation," *Policy Options*, last updated April 28, 2020, <https://policyoptions.irpp.org/magazines/april-2020/food-banks-cant-adequately-address-covid-19-food-insecurity/>.

⁵⁶ Rosalind Houghton, "Everything Became a Struggle, Absolute Struggle": Post-flood Increase in Domestic Violence in New Zealand" in *Women, Gender and Disaster: Global Issues and Initiatives* (Los Angeles: Sage Publications, 2009): 107.

⁵⁷ Renos Vakis, "Complementing Natural Disasters Management: The Role of Social Protection," *Social Protection: The World Bank*, February 2006: 13.

⁵⁸ "Australian Government Mental Health Response to Bushfire Trauma," Australian Government : Department of Health, last updated January 20, 2020, <https://www.health.gov.au/health-topics/emergency-health-management/bushfire-information-and-support/australian-government-mental-health-response-to-bushfire-trauma>.

⁵⁹ Emily Mertz, "Kenney pledges \$53M in mental health funding as Alberta sees no new COVID-19 deaths," *Global News*, last updated April 15, 2020, <https://globalnews.ca/news/6821578/alberta-health-hinshaw-coronavirus-april-15/>.

⁶⁰ Thom Curtis, Brent Miller & Helen Berry, "Changes in Reports and Incidence of Child Abuse Following Natural Disasters," *Child Abuse & Neglect*, 24, no. 9 (2000): 1158.

adjust and scale up easily so as to respond to crises in a timely manner (this requires adequate funding and resource allocation prior to the crisis).⁶¹ Finally, some argue that post-disaster, when rebuilding physical and social infrastructure, it is an opportunity to focus on accessibility and integrate the needs of vulnerable populations in the planning phase.⁶² Coupled with measures to better support child welfare agencies, these longer term measures are aimed at relieving the acute stresses families may be feeling post-emergency so as to fulfill the overarching aim of better protecting children in and out of care.

Budgeting for disasters

The overarching principle when considering how to finance emergency situations is that you should adequately fund social services so that they have the capacity to scale up efficiently during a disaster. Prior to COVID-19, shelters and sexual assault services in Canada were already over-capacity. Farrah Khan, who sits on the federal advisory council dedicated to preventing and combatting gender-based violence, stated that the social safety net for victims was not strong prior to the pandemic, and this greatly aggravated the current situation.⁶³

With regards to approaches to budgeting for disasters, the World Bank argues that prevention is cheaper than cure, and that robust social safety nets can help mitigate crises by reducing the vulnerability of households. They further state that “when operating in a country already, [safety nets] can be relatively easy to scale up in the event of a shock and scale down by altering the targeting and transfer levels; they therefore can transition from short term to longer term rehabilitation after a shock.”⁶⁴

When discussing the financing options for a safety net, the World Bank emphasizes that there are many options, however they highlight the revolving disaster funds in Mexico (FONDEN) as particularly innovative.⁶⁵ FONDEN is funded through the Federal Expenditure Budget which requires that, at the beginning of the fiscal year, no less than 0.4% of the annual federal budget should be available to FONDEN, FOPREDEN and the Agricultural Fund for Natural Disasters.⁶⁶ In 2011, the 0.4% requirement represented around US\$800 million, and this has become the standard budget appropriation for these programs. Furthermore, the law stipulates that if the appropriation is insufficient,

⁶¹ Renos Vakis, “Complementing Natural Disasters Management: The Role of Social Protection,” *Social Protection: The World Bank*, February 2006: 7.

⁶² Ibid: 14-15. For instance looking at designing buildings that are more accessible for people living with disabilities.

⁶³ Victoria Gibson, “Domestic violence organizations laud new funding, but call for more supports as COVID-19 escalates risk” *iPolitics*, April 16, 2020, <https://ipolitics.ca/2020/04/16/domestic-violence-organizations-laud-new-funding-but-call-for-more-supports-as-covid-19-escalates-risk/>.

⁶⁴ Social Protection & Labor: The World Bank, “Natural Disasters: What is the Role for Social Safety Nets,” (2011): 97.

⁶⁵ Social Protection & Labor: The World Bank, “Natural Disasters: What is the Role for Social Safety Nets,” (2011): 100.

⁶⁶ The World Bank, “FONDEN: Mexico’s Natural Disaster Fund – A review,” (2012): ix.

additional resources must be transferred from other programs and funds (including the oil revenue surplus).⁶⁷

Another example of how to build a resiliency fund is the State of Utah’s “Disaster Recovery Fund.”⁶⁸ The Disaster Recovery Fund is funded through a restricted account in the General Fund, based on a set calculation roughly equal to the lesser of 25% of the General Fund surplus (after transfers to other accounts) or 6% of the General Fund appropriation amount for the fiscal year in which the surplus occurs.⁶⁹ The legislature also has a formula to replace any funds that have been appropriated within the last 10 fiscal years.⁷⁰

Financing disasters through statewide disaster accounts that receive funds from general fund revenues is an approach adopted by numerous states.⁷¹ However, in order to determine the amount allocated to the disaster account, states take different approaches; for example, Alaska typically budgets to cover the costs of two state-declared disasters (\$2 million) and two federally-declared disasters (totalling \$5-6 million), whereas North Dakota and California establish funding amounts in statute.⁷² Ultimately, though there is a wide variety of ways to construct an emergency budget, the consensus is that creating a strong social safety net before the advent of a crisis leads to more resilient communities that are better equipped to adapt to changing circumstances. In the long-term, properly funding robust social services can be less costly overall, and help mitigate some of the impacts of disasters.

Recommendations

1. As part of the recovery package, federal and provincial governments should consider additional resources to address anticipated social service demands.
 - Rather than one-time crisis payments, these should be longer term investments targeting gaps in current social services networks.
2. Social services organizations should be encouraged to develop emergency budgets, and given the tools necessary to do so.

⁶⁷ The World Bank, “FONDEN: Mexico’s Natural Disaster Fund – A review,” (2012): ix.

⁶⁸ Utah State Legislature, “Section 603 State Disaster Recovery Restricted Account,” last updated May 14, 2019, <https://le.utah.gov/xcode/Title53/Chapter2A/53-2a-S603.html>.

⁶⁹ Utah State Legislature, “Section 314: Deposits related to the Wildland Fire Suppression Fund and the Disaster Recovery Funding Act,” last updated May 9, 2017, https://le.utah.gov/xcode/Title63J/Chapter1/63J-1-S314.html?v=C63J-1-S314_2017050920170509.

⁷⁰ Ibid.

⁷¹ United States Government Accountability Office, “Budgeting for Disasters : Approaches to Budgeting for Disasters in Selected States,” (2015) : 9.

⁷² United States Government Accountability Office, “Budgeting for Disasters : Approaches to Budgeting for Disasters in Selected States,” (2015) : 11-12. “North Dakota’s Disaster Relief Fund receives an appropriation of \$22 million every 2 fiscal years or each biennial budget cycle, while California’s Disaster Response- Emergency Operations Account receives an annual appropriation of \$1 million at the beginning of each fiscal year, consistent with the state’s budget cycle.”

3. A proactive response is favoured over a reactive one; therefore, social services providers should be part of every stage of emergency planning. All three levels of government should be consulting social services providers to have a better sense of vulnerabilities within their communities prior to emergency situations.
4. Additional research and discussion is needed on the potential for the development of a program for emergency support for social services (similar to the rationale underpinning EI for the labour market; Fiscal Stabilization for provincial governments etc).



Funding Mechanisms for Disaster Budgeting

Form of Funding*	Example of Fund	Explanation of Funding Formula
Set percentage from the federal expenditure budget	Mexico's Natural Disaster Fund: Two Complementary Budget Accounts – FONDEN (Program for Reconstruction) and FOPREDEN (Program for Prevention)	FONDEN is funded through the Federal Expenditure Budget which requires that, at the beginning of the fiscal year, no less than 0.4% of the annual federal budget should be available to FONDEN, FOPREDEN and the Agricultural Fund for Natural Disasters. ⁷³ In 2011, the 0.4% requirement represented around US\$800 million, and this has become the standard budget appropriation for these programs. Furthermore, the law stipulates that if the appropriation is insufficient, additional resources must be transferred from other programs and funds (including the oil revenue surplus). ⁷⁴
Set percentage from the General Fund or other Surpluses	Utah's Disaster Recovery Fund	Calculation is based on the lesser of either the 25% of the General Fund revenue surplus amount, or 6% of the total of the General Fund appropriation amount. There is an additional amount added which is equal to the lesser amount of 25% of the General Fund revenue or the amount necessary to replace any amount appropriated from the State Disaster Recovery Restricted Account within 10 fiscal years before the fiscal year in which the surplus occurs. ⁷⁵

* Some funds blend two or more forms of financing, and so the individual examples are organized based on their primary source of financing.

⁷³ The World Bank, "FONDEN: Mexico's Natural Disaster Fund – A review," (2012): ix.

⁷⁴ Ibid.

⁷⁵ Utah State Legislature, "Section 314: Deposits related to the Wildland Fire Suppression Fund and the Disaster Recovery Funding Act," last updated May 9, 2017, <https://le.utah.gov/xcode/Title63J/Chapter1/63J-1-S314.html?v=C63J-1-S314> 2017050920170509



<p>Portion of other sources of revenue</p>	<p>Norway Sovereign Wealth Fund (Government Petroleum Fund)</p>	<p>Established by the legislature in the 1990s to regularly transfer capital from the government's petroleum revenue to the fund. The first capital transfer was made in 1996. In 1998, the ministry decided to invest 40% of the fund in equities and set up the Norges Bank Investment Management to manage the fund. In 2007, the Ministry of Finance decided to increase the fund's share of equity investments from 40 to 60%.⁷⁶ Funded through user fees on Florida's state parks.⁷⁷</p>
<p>Set Funding Amount in Statute</p>	<p>State of Florida's Department of Environmental Protection Established a Disaster Contingency Account State of North Dakota's Disaster Relief Fund</p>	<p>Appropriation of \$22 million every 2 fiscal years (or each biennial budget cycle) – funds come from the revenue of the state's share of oil and gas taxes.⁷⁸ Annual appropriation of \$1 million at the beginning of each fiscal year (initial general revenue appropriation of \$20 million).⁷⁹</p>
<p>Set Funding Amount Based on Previous Cost of Disasters</p>	<p>State of California's Disaster Response-Emergency Operations Account State of Alaska Contingency Fund for California's Department of Forestry and Fire Protection</p>	<p>Budgets to cover the costs of two state-declared disasters (\$2 million) and two federally-declared disasters (totalling \$5-6 million).⁸⁰ Receives appropriation based on the average emergency cost of the past 5 years.⁸¹</p>


⁷⁶ Norges Bank Investment Management, "The History," accessed on May 12th, 2020, <https://www.nbim.no/en/the-fund/the-history/>.
⁷⁷ United States Government Accountability Office, "Budgeting for Disasters : Approaches to Budgeting for Disasters in Selected States," (2015) : 12.
⁷⁸ Ibid: 10.
⁷⁹ Ibid: 27.
⁸⁰ Ibid.
⁸¹ Ibid.



Using Operating Budgets of Relevant Agencies	State of West Virginia	Division of Homeland Security and Department of Military Affairs and Public Safety (Emergency Management branch) use their regular operating budget to cover disaster costs. ⁸²
Funding Transfers	State of Indiana	Special finance board can authorize a transfer of funds from one agency to another if an agency's budget cannot cover the cost of an unexpected disaster. ⁸³

⁸² United States Government Accountability Office, "Budgeting for Disasters : Approaches to Budgeting for Disasters in Selected States," (2015) : 12.

⁸³ Ibid : 13.



Appendix R: West Region Child and Family Services (WRCFS) Case Study Elsie Flette, Former Executive Director, WRCFS

West Region Child and Family Services (WRCFS) Block Funding Pilot **Elsie Flette, former Executive Director, WRCFS**

Key Lessons Learned - Existing funding policies and guidelines impeded the agency from delivering services that could mitigate risk to children, and, where children did come into care, promote cultural and relationship permanency for the children. With the move to block funding of maintenance, WRCFS agreed to cap maintenance and manage child maintenance expenditures within a set block of money. The agency succeeded in diverting funds to alternative preventive programs and services, with a determination to ensure child safety was upheld.

To achieve the change in practice, considerable changes in attitude, policy, and practice at all levels of the Agency were required. Equally, or perhaps more, critical to success was the need to have community engagement and support in making this shift.

WRCFS's block pilot offers important lessons on transition, the value of leveraging internal data for planning and practice development, and the importance of addressing the causes of the causes in child and family services.

Context for change

The First Nations served by WRCFS shared the historic and systemic injustices of First Nations across Manitoba, and, like others, were dealing with the results of colonization, residential school, racism, and poverty. The historical involvement of child welfare with First Nations has left deep feelings of distrust toward child welfare.

The effect of this was reflected in the reasons for children coming into care at WRCFS: inadequate housing, lack of food security, unemployment, addictions, domestic violence, and family support system breakdown. This put families at risk, leading to protection and safety concerns for the children. The mistrust of families towards child welfare involvement made family engagement a challenge.

There was increasing concern, shared by leadership, community members, families, and Agency staff, about the rising numbers of children in care, the lack of culturally responsiveness ways to support and assist families, and the placement of children in out-of-home, out-of-family, and out-of-community care. Maintenance costs of keeping children in care were escalating annually.

Expenditures to maintain children in out-of-home placements were disproportionate to the funds available for support to families and/or prevention initiatives. In 91/92, the only funds being received for prevention was a \$300,000 grant for Services to Families (STF). This compared to the \$2,654,443 cost for children in care for the same year. The lack of funding for prevention initiatives and alternative service approaches contributed to the increasing number, and rising cost, of children in care.

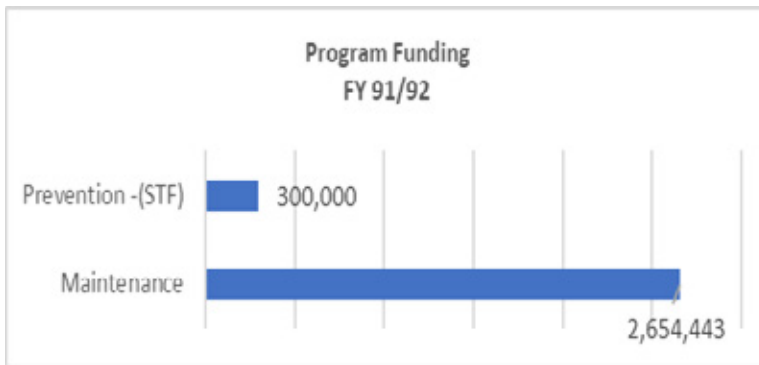


Chart 1:1: 91/92 Distribution of WRCFS funding for maintenance costs and STF funding.

An Agency review of cases identified several situations where the provision of the kind of supports given to foster parents could sufficiently mitigate the risk to child safety to allow the child to remain at home. This might include services such as the provision of parent aides, mentors, special needs for a child, day care, housing assistance, transportation, counselling, and emergency assistance (food, baby formula, diapers, transportation, etc.).

The limited options available to respond to families at risk to mitigate the risk factors, and the practise of removing children from their homes as the only option for child safety, too often resulted in disruption and destruction to families and communities.

More than legislative barriers, it was existing funding policies and guidelines that impeded the Agency from delivering services that could mitigate risk to children, and, where children did come into care, promote cultural and relationship permanency for the children.

Making the case for a change

Examination of the Agency’s operation and service delivery model highlighted the costs of maintenance, which made up the largest portion of the Agency’s funding. With some changes in the funding ‘rules’, the Agency could implement a new / revised service delivery model that would better meet the needs of children, families, and communities.

Making the case for a pilot

With a pilot project that allowed for a different process to administer the federal maintenance stream of funding, changes could be made in a timely and effective way, and perhaps model and test an approach that could be helpful to inform the national policy review tasked with making recommendations about the funding of FNCFS agencies. A pilot project could allow exceptions to be made within existing Treasury Board authorities, allowing for space to ‘do things differently’ within an accelerated time frame.

Beginning in 1990, WRCFS began looking at the feasibility of options to provide services more in keeping with the cultural context and the values, mission, and goals and objectives of the Agency. The Agency began compiling/collecting data to take a proactive and predictive approach to the possible implementation of block funding.

In 91/92 (the year prior to the start of the pilot project), 90% of the total federal funding for children in care and services to families went to pay the cost of supporting 177 children in out of home placements, at an average annual cost of \$15,000 per child in care.

Services to Families, a grant fund of \$300,000, was to provide support services to families at risk. These services included the provision of homemakers, parent aides, and emergency assistance, to serve nine First Nations, with an on-reserve child population (0-18) of 1691¹, and an estimated 60% (340) family units receiving some type of service from the Agency (see chart 2:1).²

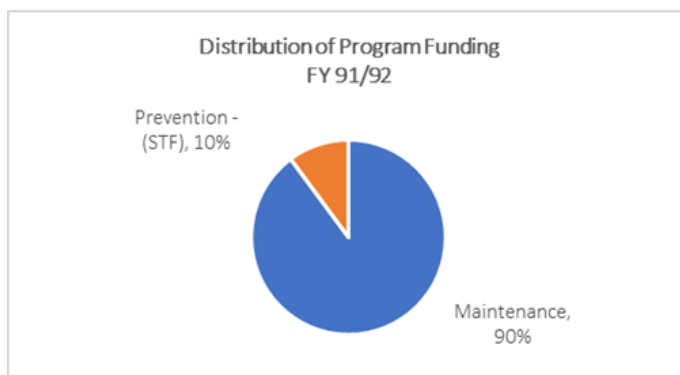


Chart 2:1: Allocation of Service to Family and Maintenance funding

The average amount of family support service funding available per family at risk per year was \$882. Based on an average of 3 children per family, this was about \$296/child per year ($\$882/3$). In 91/92, the average cost for WRCFS for a child in care was \$15,000. Chart 2:2 illustrates this difference.

¹ Population figures from INAC.

² Assuming on average 3 children / family ($1691/3$) =564 family units*60%=340 families receiving service from WRCFS. The assumption of three children per family comes from INAC and has been used to calculate family size/units.

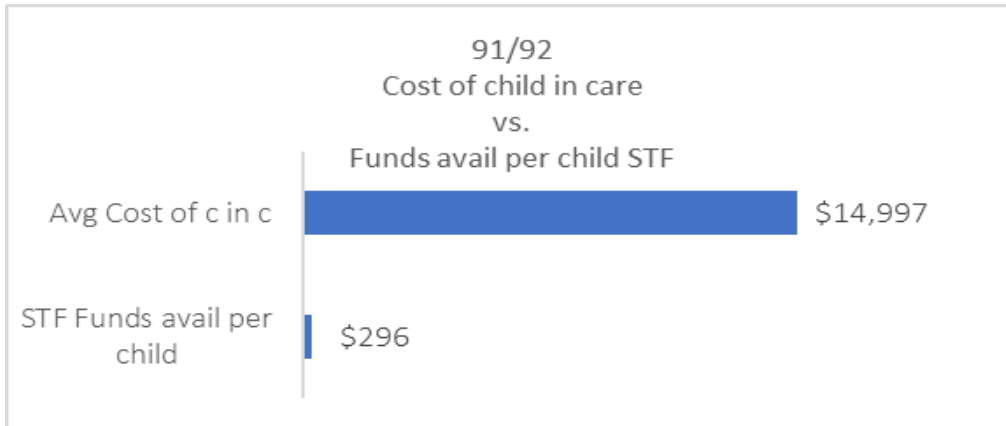


Chart 2:2: Annual average cost of child in care vs. annual funds available for child in family at risk

Poverty is a key driver for children entering care, and most of the families at risk receiving services from WRCFS were on social assistance. In 91/92, the average per diem for a child age 0-11, on social assistance, was about \$4.30. The average maintenance per diem paid to a foster home for a child age 0-11 was \$41/diem, almost ten times the amount paid to the parent on social assistance. In addition, the foster parent (and the child) had access to additional supports.

For 91/92	
Child pop on-reserve 0-19	1691
Avg # of children in care	177
% of child pop in care	10%
Total mtce costs	\$2,654,443
Avg cost per year per child in care	\$ 14,997
Avg cost per day per child in care	\$ 41
Child pop not in care	1514
# of family units (3 children/family)	564
60% with services	338
STF funds available	\$ 300,000
STF per year per family	\$ 887
STF per month per family	\$ 74
STF per week per family	\$ 18
STF per day per family	\$ 3
STF per day per child	\$ 1

Table 2:3 Comparison of funding for child in care and a child in own home

To determine the feasibility of the Agency moving to a block funding of maintenance, it was essential to look at the profiles and prior spending of children in care. The Agency reviewed child in care data for the prior three years. There was some data from earlier years, but it was not robust and/or reliable. A spreadsheet was developed that could collect data about every child in care, and the costs related to their care.

The Agency collected detailed data about children in care to get a good understanding of the children in care and the costs associated with that care. Given that maintenance funding related solely to children in care, the information was vital to assessing feasibility for block funding, making short- and longer-term projections on maintenance spending, and assessing the risk of moving towards a block fund of maintenance.

The review of maintenance expenditures and children in care included:

- Collecting and analyzing data to get a profile of the children in care
- Reviewing and analyzing maintenance expenditures for prior years
- Reviewing the purpose and the premises for the expenditures
- Examining the who, what, where, when, and why of maintenance expenditures
- Examining where savings might be found that could be diverted to alternative preventive programming
- Developing detailed budgets, how spending might be controlled, and looking at strategies to have funds to divert to alternative preventive programming

This provided a detailed overview of the children in care and associated maintenance costs, giving the Agency baseline data from which to make budget projections for ongoing costs for children in care and comparisons to future years. Table 2:4 lists the data collected and Table 2:5 gives examples of the type of analysis possible.

Child Personal Info	Child Admission to care Info	Child placement info (most recent)	Maintenance expenditures	Agency Staff
Name	New admission / date	Type of placement	Funder	Guardianship agency
Birthdate / Age	Re-admission / date	Primary Caregiver name	Care Level	Supervising Agency
Gender	Date of prior discharge from care	Placement address	Approved Per diem breakdown	Worker
Indigenous Status	Primary reason for admission / re-admission	Indigenous Status of primary caregiver	Approved Special need costs	Supervisor
Treaty #	Secondary reason for admission / re-admission	Member FN of primary caregiver	Support Costs	
Member FN - child	Reason for prior discharge	Relationship of primary caregiver to child	Per diem breakdown	
Expense FN		Placement priority match	High Needs Medical - primary	
Legal Status (CFS)			Mtce expenditures past year	
Legal Status Expiry			Mtce expenditures YTD	
Bio mother name			Special rate expiry date	
Bio mother Indigenous status			Paid days care - past year	
Bio mother Treaty #			Paid days care - YTD	
Bio mother Member FN			Non-pay days care - past year	
Bio mother Address			Non-pay days care - YTD	
Bio father name				
Bio father Indigenous status				
Bio father Treaty #				
Bio father Member FN				
Bio father Address				
Guardian mother name				
Guardian mother Indigenous status				
Guardian mother Treaty #				
Guardian mother Member FN				
Guardian mother Address				

Table 2:4: Data collected for every child in care

1	Total number of children in care	22	#of males/ females
2	#by funder	23	#inf Age groups of Cin C
3	%of c in c total by FN	24	#of PW
4	%of c in c from each FN	25	#of TW
5	#in kinship placements	26	#of VSG
6	#in home community	27	#of VPA
7	#in other culturally connected placement	28	#of UA
8	#in group home placements	29	#of AWOL
9	Group homes being used	30	#of PW
10	Per diem paid	31	#of docket
11	#in institutions	32	#admitted in any time period
12	#in hospital	33	#discharged in any time period
13	#in Independent Living	34	#re-admitted in any time period
14	#in transition (18+)	35	Time period between discharge and readmit
15	#in non-pay care type	36	Total paid days care
16	#in Emergency placements	37	Cost of paid days care
17	#in Correctional facility	38	Total non pay days care
18	#in 3rd party FH	39	#special needs funding
19	#in hotel	40	Cost of special needs funding
20	#off reserve	41	#per level of care
21	#out of province	42	Comparison of per diem costs

Table 2:5: Types of analysis possible

Collecting data on each child in care was used to answer key questions and identify significant trends to assist in making accurate spending projections; setting out metrics to measure ongoing feasibility and effectiveness of actions taken; determining necessary budget cycles and budgeting accurately; monitoring expenditures; and being accountable and transparent in reporting to staff, leadership, community CFS committees, and funders.

To effectively manage a block funding arrangement, it was important to know what contributed to the monthly variations and if spikes or drops in case counts were one-time events or part of a trend. Based on the analysis of the maintenance and child in care data, projections were made where the anticipated savings might be, and setting the priorities and the timing for developing alternative and/or preventive programs and services.

Identifying and managing risks

As part of the consideration of block funding federal maintenance, the Agency undertook a risk assessment prior to completing a strategic service plan, and prior to meeting with INAC to propose the pilot project. The Agency wanted some certainty that making the move to block funding was realistic and feasible, and that risks could be adequately mitigated.

Table 2:6 provides a summary of the risk factors, the risks involved, and the risk mitigation strategies that were considered.

Engaging in the pilot project had its risks, risks that would impact services to children and families. Contingency plans were developed to address degrees of 'what ifs', including a 'worst case scenario. The overarching question for these contingency plans was: what if this does not work and the Agency cannot successfully implement a revised service delivery model? What if a significant deficit is created? What if the volume and price of maintenance expenditures is greater than projections and the Agency does not have funds to pay the maintenance costs of children in care and/or must discontinue the prevention programs?

Assuming the pilot project would have an impact on all the Agency's operations, and to predict and mitigate potential risk, a strategic service plan was completed. This included a summary of community profiles, an environmental scan (SWOT), the core areas of focus, articulation of the strategies to be implemented to achieve stated goals and objectives, and the metrics to measure hoped for outcomes. This provided a potential baseline for evaluating the pilot project, and a blueprint for transition.

Table 2:6 WRCFS: Risk Assessment of a Block Funding Approach re. federal Child Maintenance Funding
 (“Maintenance” refers to costs related to children in care)

1	Risk Factor	Risk Involved	Risk Mitigation Strategies
	<p>There was risk in moving to cap maintenance and subsequently having maintenance costs exceed what was in the fund and being unable to pay required costs for children in care, resulting in deficits and/or lack of services to children in care. This would result in an inability to generate savings in maintenance expenditures and thus not being able to divert funds to preventive/alternative programming.</p>	<p>Under the Block Fund arrangement, Prevention and Alternative programs were dependent on funds being diverted from the block fund. It was understood that maintenance of children in care had the first draw on the block fund.</p> <p>Under a block funding arrangement, maintenance would be capped, unlike the current reimbursable of actual maintenance expenditures. This would be a significant change in the budgeting, expenditures, and monitoring of maintenance costs. Should the block fund be totally expended for maintenance costs, there would be no funds to divert to preventive programming. Thus, there would be ‘pain with no gain’ in moving to block funding.</p> <p>The funding for Prevention programs that became operational was dependent on deferred funds being available on an ongoing basis. Those programs would be able to continue operating only if funds continued to be available from the block fund, dependent then on the Agency being able to contain/manage maintenance costs.</p> <p>Maintenance was an area where the Agency could not completely predict costs. One could not know with certainty how many children would be coming into care, when, and what their per diems would be. Nor could the Agency refuse to take a child into care. Maintenance costs could escalate quickly, and without close monitoring and questioning of assumptions predicating</p>	<p>Rigorous pre-pilot data collection and analysis, to get detailed profiles of the children in care over the past 3 years, and to establish baselines for future evaluation and analysis.</p> <p>Making projections about current and future maintenance expenditures based on evidence. Determine the level of financial risk Agency was prepared to take.</p> <p>Prepare detailed budgets for all the areas of maintenance expenditures and conduct, at a minimum, monthly financial reporting on actual expenditures.</p> <p>Flag over/under expenditures and make necessary adjustments in a timely manner.</p> <p>Establishing clear policies for maintenance expenditures (levels of payments; under what conditions/criteria; internal approval processes); include the social work staff and finance staff in the development of the policies.</p> <p>Provide in-service training for staff about the policies. Undertake sound program development for all prevention programs, particularly for those programs that would require multi-year funding.</p> <p>Implement prevention programming in an orderly, planned, phased-in fashion. Limit year one to short term prevention programs, while planning and preparing for the implementation of longer-term programs.</p> <p>Seeking possible revenue sources for ongoing funding and/or partnerships for prevention programs established</p>

		expenditures, managing the block fund would be difficult.	with the block fund that would decrease the dependence on the block fund. Setting up review and evaluations of prevention programs to make sure the programs were effective and efficient, met targets, and operated within budgets. Willingness on part of WRCFS to walk away from the table if the terms and conditions required by INAC could not be mutually agreed to. Continuing to build on the positive working relationship with key INAC staff at the Manitoba Region and at HQ in Ottawa. Involving Regional INAC staff in the working group to transition, and participation by INAC in regular review sessions. Willingness to provide INAC staff with all reasonable requests for information on spending, progress, etc. To the extent possible, planning for future renewals/extensions of the pilot project, including discussions on what might follow should the pilot project show positive outcomes.
2	There was a risk that a change in INAC staff, at HQ and/or at the Regional office, and/or a change in federal policy and/or ministerial support for the pilot project could result in a move to abruptly and/or unilaterally terminate or alter the block funding arrangement.	Reversing support for a baseline in the block fund could result in the block fund being reduced based on declining maintenance expenditures - this would directly impact on deferral of funds to prevention programs, thereby curtailing and/or eliminating any prevention programming. Adjustments to increase block would be resisted by INAC. INAC would change key provisions and/or terms and conditions of the agreement.	Work in cooperation with INAC to regularly provide information on program development and plans for deferred revenue. Maintain records of expenditures, for both maintenance and prevention programs, and share these with INAC staff.
3	INAC would take a limited interpretation of a surplus policy and not permit deferral of funds to future years.	The pilot project agreement was premised on the deferral of unspent maintenance funds to prevention programming. It was important for INAC to recognize and support program development over time. Good management of a block fund required planning for future years, and a deferral of annual funds for that purpose was necessary.	See mitigation strategies under #3. Keep Agency Board of Directors/Chiefs fully informed and engage them in negotiations with INAC and federal political leaders.
4	Commencing the pilot project under a one-year term, with possible year by year renewals, and with no firm commitment that the block funding could/would	Ongoing negotiations with INAC could prove to be unsuccessful, and Agency would need to operate with a block fund that was inadequate and/or revert to the pre-pilot method of funding maintenance. Given the changes made to work	

	become an ongoing funding approach for WRCFS should the pilot project prove successful.	within a block fund, this would create both a funding pressure and disruption in services.	Collect data and prepare regular output and outcome results.
5	Expectations and benchmarks set by INAC would be unrealistic / not achievable and not in line with Agency own benchmarks.	Unrealistic benchmarks would result in outcomes not being met and jeopardizing ongoing block funding. Withdrawal of INAC support in the transition process to the block fund arrangement, including mutual agreement on the amount of the block fund, the base line funding, and the terms and conditions for the pilot project. The Agency did not have well established data collection capacity. Without good data and financial records, it would be difficult to manage within a block fund. Data would be crucial, not only for tracking expenditures, but to track programs outcomes.	Take a proactive approach in setting Agency determined outcomes and seek to achieve mutual agreement on outcomes. Improvement of data collections already in use. Development of data collection tools for data not currently collected but necessary for the pilot project. Reviewing electronic data collections methods and upgrading where needed. Sharing the data analysis with staff and linking this to their own job satisfaction. Education and training for staff about the value of data collection.
6	Inaccurate / insufficient data being collected and/or available to the Agency.		
7	Loss and/or lack of skilled, competent, and committed management staff. Resistance from staff to implement a block funded approach.	Without competent Finance and Management staff, it would be a difficult to control expenditures and bring about the necessary internal changes to work within a block fund. Going into the pilot project, the Agency had a competent, experienced Finance Director who shared the enthusiasm for the potential in block funding, and two finance maintenance clerks who understood how the block fund was to work. Other key management staff were experienced and competent and committed to the pilot project idea. Should one or more of these individuals	Implementing cross-training of finance staff. Reviewing and updating the succession plan for key finance and management personnel. Involving staff in planning committees, review processes. and regular updates about the progress on negotiations. Celebrating achievements and regularly reviewing lessons learned with staff. Management recognition of demands on staff and creating an environment/process for staff share and provide feedback and input.

<p>leave the employ of WRCFS in the early stages of the block fund, it could lead to disruption and financial instability.</p> <p>There were not a lot of individuals that the Agency could immediately look to internally that understood what the internal impact of the block was on admin and finance system and that could administer the block fund with a short learning curve.</p> <p>Recruitment of skilled staff was often a challenge, given the rural location of the Agency.</p> <p>Management of a block fund required a major change in office procedures – from workers role in setting rates, approval of the rate by supervisors, admin systems, and finance policies and procedures.</p> <p>Expenditure for each child needed to be tracked closely, and changes in trends or child profiles needed tracking. Staff needed the knowledge and the willingness to make the needed changes on short notice.</p> <p>Staff had been working under a system where maintenance was reimbursed on actuals, with over expenditures reconciled at year end. Questioning expenditures was generally limited to determining if the expenditure would/could be reimbursed. The block funding approach would require scrutiny of all expenditures, which could cause resentment from staff. Staff cooperation would be important.</p> <p>If staff were resistant to the changes, implementation would be more challenging. The</p>	<p>Creating a positive work environment for staff, including staff recognition and team building events.</p> <p>Education sessions for staff, to inform about the pilot project and the hoped-for outcomes, highlighting the anticipated benefits this could have for children and families.</p> <p>Providing staff with results of analysis of children in care, and the demonstrating to them how this was useful and helpful in their role as front line staff</p> <p>Provide opportunities for FAQs.</p> <p>Getting staff feedback on new forms or new processes being suggested, to avoid a duplication of paperwork and unnecessary administrative requirements on front line staff.</p>
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		<p>changes necessary would affect the staff; the service delivery model would change; there would be changing expectations on staff in how to address the needs of children from a different perspective; would almost certainly be some glitches and/or unforeseen things that would occur during transition and in particular in the beginning year of the pilot that would require working through; staff job responsibilities would change.</p> <p>Staff are an important voice in the community and community engagement would become more challenging if staff were actively / passively opposed.</p>	
8	<p>Non-acceptance and/or resistance to the change by leadership, and/or the community CFS committees</p>	<p>Agreement and participation to the pilot project arrangement, from key community partners and leadership, was critical to the success in making these changes effectively and achieving the hoped-for outcomes.</p>	<p>Presentations to leadership and the Board of Directors about the pilot project and the hoped-for outcomes for the pilot project.</p> <p>Regular briefings for the leadership and involvement of leadership at negotiating tables.</p> <p>Developing / updating a presentation package for staff to use in informing the community CFS Committees and setting up a formal process that provided for regular input and feedback from the CFS Committees.</p> <p>Providing orientation and ongoing training for CFS committee members.</p>
9	<p>Strained or deteriorating relationship with the Province of Manitoba.</p>	<p>The pilot project was with INAC and the block fund arrangement was limited to federal maintenance. Manitoba was aware / informed of the pilot project, but MB was not a key partner in the pilot project. However, Manitoba was a key partner in the tripartite arrangements that had been agreed to in transferring service delivery responsibility on reserve to FNCFS, and as MB determined the maintenance rates/guidelines</p>	<p>Including the Province in updates, and where appropriate, in discussions with INAC.</p> <p>Formally planning to include the Province in completing quality assurance reviews.</p> <p>Including an evaluation process as part of the terms and conditions of the pilot project.</p>

	<p>that INAC followed, and had overall responsibility for the operation of all CFS agencies under provincial legislation, it was important for WRCFS to maintain a good relationship with the Province so that any changes would be mutual, and WRCFS would not be left without participation in any discussion between the Province and INAC.</p>	
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Negotiating and implementing the block pilot

The consensus at the Agency was to proceed to negotiate³ for a pilot project that would test a block funding of federal child maintenance. There was optimism that with a different approach to the allocation and funding “rules” of maintenance funds, it would be possible financially support a service model that promoted preventive services and programs, rather than child removal, as the first response to child protection and safety.

Concern about escalating costs and rising numbers of children in care was shared by both WRCFS and INAC, and it was common ground where discussions could begin. The Agency considered these shared concerns to be motivating factor for both parties.

Based on the analysis that WRCFS had done on children in care and historical spending patterns, WRCFS believed that it was feasible to move to a block fund. It was the Agency’s position that with the ability to be more flexible, there were some immediate savings that could be realized in maintenance spending, thereby leaving funds that could be diverted for prevention/alternative programs and services without additional funds.

While there were risks involved, the Agency’s analysis and risk mitigation strategies indicated that the benefits of capping maintenance were greater than the risks.

Continuing with a ‘child only’ focus on programs/expenditures and/or child protection would not address the fundamental shift that the Agency felt was necessary to achieve better outcomes for children over the long run. Therefore, INAC was requested to agree to permit the Agency to expand the thinking of what child protection included.

The Agency wanted to implement ways of improving child well-being and protecting children that would recognize and incorporate the importance of supporting families and family well-being and playing a key role in community well-being.

The Agency wanted considerable flexibility in determining how to allocate and/or expend the maintenance funds beyond the provincial maintenance guidelines. To be successful, the Agency would need to carefully plan, track, and monitor expenditures and be accountable and transparent to stakeholders.

The Agency looked at the options and scenarios of block funding, the risks involved, the feasibility of achieving desired outcomes, what changes would be needed throughout the Agency to implement a block funded approach, and what assets the Agency had that would contribute to a successful pilot project.

³ The parties involved in the negotiation were management representatives from WRCFS and INAC Regional Office. On a few occasions, INAC HQ participated in the meetings. Sign off on positions and agreements came from INAC HQ and from WRCFS Executive Director.

Within a larger context of wanting to provide services to children and families in a way that was consistent with the Agency's values, vision, goals, and objectives, there were some common objectives. Both WRCFS and INAC wanted a way that would provide the Agency with increased flexibility; ensure accountability; provide predictability in costing out accurate budget projections; and allow for improved administrative ease. The WRCFS proposal for block funding maintenance had the potential to meet all three of these shared objectives. In addition, such a pilot could be done within existing TB authorities.⁴

Agreement was reached on five principles that would guide the negotiations:

1) ***Cost Neutral***

Block funding was to be "*cost-neutral*" – that is, this was not a cost saving exercising. It would not cost INAC more to block fund maintenance, but it would not cost less. On an annual basis, a review of the block fund needed to compare costs to similar agencies not on block funding, and to project what the costs at WRCFS would have been if maintenance funding had continued a reimbursement basis.

2) ***Block Amount/ Base***

The initial block would be a base amount, and the block fund would not decrease past that level.

3) ***Surplus/ Deficit***

The Agency would retain any surplus in the block fund at end of the FY and be able to: divert the funds to prevention/alternative services/programs, and/or defer spending to future years, and/or set up a contingency fund for child maintenance costs for future years.

4) ***Exceptional Circumstances***

Exceptional circumstances that came up over the course of the pilot project, that were not present when the initial block was set, could be considered as an increase to the block fund in the following fiscal year. These costs would be annualized.

5) ***One-time only costs***

Exceptional circumstances that came up that were one-time only events would be funded in the same fiscal year. The Agency would not be expected to fund these costs from the block fund. The costs would be invoiced to INAC for reimbursement. Example: flooding; political standoff, inquests).

Based on the cost-neutral principle, regular reviews would occur to project what the costs might have been if WRCFS had remained on the pre-pilot maintenance

⁴ INAC did have TB authority to enter pilot projects. Both Regional Office and HQ were involved in the agreement discussions and approvals.

arrangement. The Block fund was to adjust for these increases. If projections indicated that the WRCFS costs, without a block fund, would have seen a decrease, any decrease would not go below the baseline of 92/93.

The Agency could secure other sources of revenue for programs without a reduction in the block fund.

WRCFS and INAC would meet quarterly to review progress and expenditures; WRCFS to provide quarterly statement of maintenance costs. Quality Assurance reviews of services to children to be regularly completed during the pilot project.

The WRCFS pilot project began in FY 92/93. Initially to run for one year, the pilot project was renewed on an annual basis until FY 10/11.

Maintenance funding: Pre-block funding	Maintenance funding: Block funding
Annual allocation for maintenance based on prior year actual expenditures.	Initial Block fund determined using prior year actual mtce expenditures, plus 8% volume increase, plus 3% price increase; provisions in the agreement for exceptional circumstances; provision for ongoing adjustments for cost of living; Provision to re-base.
Annual Agreement	Annual Agreement
Maintenance was funded under a Contribution Agreement, with approved expenditures reimbursed upon receipt of monthly billings from Agency.	Block fund provided under a Flexible Funding Arrangement (FFA). The Agency was provided with a pre-determined block fund for the fiscal year, paid to the Agency on a quarterly basis.
Working capital advance equivalent to 1-2 months of actual mtce expenditures. Reconciled at year end. Rolled over from year to year. Might be adjusted from time to time to reflect rising maintenance costs.	Block funding sent to Agency at beginning of each quarter.
Using provincial maintenance guidelines, rates, and processes, Agency pays maintenance costs and provides details of expenditures by child to INAC for reimbursement.	Agency pays maintenance costs using required provincial guidelines but able to use own policies and rates for non-statutory payments. Agency keeps detailed records and data for internal use.
Agency invoices INAC for the monthly maintenance expenditures. INAC reviews invoice and reimburses allowable expenditures. ⁵ Turnaround time varies and can be up to 3-6 months.	Agency sends INAC a quarterly report of expenditures for children in care (this was changed to annual report during the term of the pilot project).
Expenditures that INAC considered ineligible were 'crossed off', and in the absence of a formal dispute resolution process, the Agency and INAC jointly reviewed the decision. Generally, these were resolved in favor of the Agency and costs were reimbursed. This process was lengthy and time	Agency and INAC cooperate in adjustments to Block Fund and/or in re-basing of the block fund.

⁵ Provincial guidelines were used by INAC, as per federal policy, to determine eligible expenses

consuming, and the delays in resolution and reimbursement often resulted in cash flow issues for the Agency.	
Over expenditures are reconciled through the PAYE process. This was a lengthy process, and with over-expenditures frequently in the \$400K to \$800K range, it created cash flow pressures. ⁶	Over expenditures are Agency responsibility unless they fall within the provisions for adjustments to the block fund.
Annual audits include audit of maintenance expenditures.	Annual audit of the Block Fund includes child in care costs, alternative and preventive programming costs.
Where Agency actual costs are less than the allocated amount, the Agency cannot 'keep' the money.	Agency can defer annual surplus for use in later years and/or set up a contingency fund for child in care costs.
Where there are year-end surpluses (reimbursables received exceed actual costs), surplus amount deducted from first quarter maintenance in the new year (unless arrangement made for a gradual repayment over the FY).	See above.
Maintenance funds cannot be used for operations. ⁷	Agency has flexibility between operations and block funds, with provision that statutory child maintenance requirements are met.

Table 3:2: Comparison of pre-block and block funded federal maintenance

Implementing the block pilot

The pilot project began in FY 92/93 and the first and second quarter of the first FY were devoted primarily to transitioning the Agency operations and staffing to what was envisioned as possible under a block funding arrangement. During the first six months of this first year, the Agency collected, reviewed, and analyzed data about the children in care and the costs of child maintenance in prior years.

To align with the Agency service priorities for improving services to children and families that focused on a community-based model to support child, family, and community well-being, and to reduce maintenance costs and divert funds to preventive programs, the Agency focused on two areas:

- 1) Reducing group home/institutional placements in favor of community based and/or Indigenous special needs foster homes.

⁶ The PAYE process resulted in continued under-reporting of the actual maintenance expenditures since the government budget cycle required submissions from departments much earlier. The Agency frequently started a fiscal year with the maintenance allocation in the contribution agreement less than the actual expenditures in the prior year. Occasionally the Regional office was able to do a budget adjustment mid-year, which was helpful in resolving cash flow issues for both parties, and in ensuring somewhat more accurate allocations for next fiscal year.

⁷ Operations funding under Dir 20-1 did not adjust for the growing workload in administering maintenance.

- 2) Reducing expenditures for treatment costs by establishing a treatment/counselling capacity within the Agency, to provide culturally sensitive and culturally competent services to families and children within their home communities and/or geographic area.

It is important to recognize that effective preventive programs could not be developed and implemented ‘overnight’. Careful planning, jointly with community engagement, was important to get community support and improve the achievement of positive outcomes for the initiatives.

Summary of Expenditures	92/93	93/94	94/95	95/96	96/97	97/98	98/99
Operations	1,654,366	1,618,881	1,721,986	1,721,986	2,027,033	2,027,032	2,049,326
Maintenance Billings	2,394,744	2,073,287	1,874,846	1,977,936	2,031,975	2,353,967	2,575,968
Prevention Services from Block	504,067	886,960	974,813	858,236	1,071,070	1,299,461	973,152
Total Block Expenditures	2,898,811	2,960,247	2,849,659	2,836,172	3,103,045	3,653,428	3,549,120
Surplus (Deficit) from Block	47,621	- 13,815	96,773	110,260	- 306,613	- 856,996	- 752,688
Offset STF Grant	300,000	300,000	300,000	300,000	225,000	75,000	-
FY Total Surplus (Deficit)	347,621	286,185	396,773	410,260	- 81,613	- 781,996	- 752,688
Cumulative Surplus (Deficit)	347,621	633,806	1,030,579	1,440,839	1,359,226	577,230	- 175,458

Table 5.1: Expenditures Summary 92/93 to 98/99

While possible to do projections in planning for child maintenance costs, an Agency does not have full control over this. Intervention is needed when a child is at risk and an Agency must respond. Where an Agency has options to child apprehension in order to keep a child safe/protected, it can begin to address and/or have some control over admissions to care. The ability under the block funding to develop these kinds of options is an important factor in reducing the number of children in care, the days care provided, and even the cost of care. It is one of the greatest advantages in having a block approach – assuming that the block fund is adequate in the first instance, and that there are mechanisms to increase a block fund under certain circumstances. The principles of being cost neutral and of having a baseline are critical.

Rethinking supports for children in need of protection

The block fund allowed the Agency to expand the definition of children in care to include children *in need of care*, and so provide robust family support services aimed at keeping children in their own home. Without the flexibility offered by the block funding, such family support services would not have been possible.

It was one of the key advantages of block funding that the Agency was able to provide services to address child safety concerns without having to place the child in formal out of home care. With the provision of the various community prevention and regional programs, as well as individual supports provided to a family and/or child, the Agency was able to reduce the children in care through reunification back with family, reducing the length of time a child spent in out of home care, and/or avoiding placement in care in the first instance.

Supports provided to at risk families and/or to a child at home or in out of home care, that were not part of the usual child maintenance allowable billable payments, were now provided through the block fund provisions. Alternative programming included policies and activities that provided support to children in care, in addition to the usual maintenance costs. To name a few examples: tutoring for a child; therapy /counselling not covered by other funders such as FNIHB; increased support for youth moving to independent living; participation in ceremonies, powwows and other cultural events; computers; clothing needs, and so on. The types of costs/supports could now be provided to a child who remained in own home placement.

Engaging communities as partners

A key Agency objective was to build capacity in each community. This included developing human resource capacity in each community; expanding child care resources in each community; building a base of programs accessible to the community; partnering with Chief and Council to secure facilities and space for meetings and events; delivering/supporting a variety of programming in the community; opening up training events to community members.

The 'core' of this approach was the community-based team (CBT). A community-based team (CBT) was established at each community, with the complement of staff determined by the population and/or service demands/needs of the community. Over time, these teams were strengthened and enhanced and, for the larger/busier sites, included at least one clerical support staff as part of the team.

A community CFS committee was established in each community. Members were appointed by Chief and Council, and included Elders, a representative from Chief and Council, and representatives from other community programs, such as Education, Health, Police, Income Assistance, Housing, Addictions Services, Day Care, and Economic Development. The Committees were trained and resourced by WRCFS. Coordination and support of the CFS Committee became the responsibility of the CBT supervisor.

The CFS Committee had a key role in the planning of prevention programs for their respective community, and in making recommendation for regional programs. They assisted the CBT in securing resources for families in need, advocated for families, and, where appropriate participated in family conferencing and case planning with families.

A two-year training initiative for CFS Committee members was regionally developed and delivered with the Agency assigning a staff person dedicated to this initiative. Subsequent ongoing training for the Committee members was done primarily by the community team supervisor, with occasional regional training events. Committee members were eligible for consideration for conferences and third-party training events.

The regional training brought tougher CFS Committee members from all nine First Nations and became a forum for sharing experiences and knowledge, increasing awareness of the needs of the families in the community and how the community might support these families in caring for their children. The training provided to the community CFS committees became an important factor towards improved community engagement, which began to reverse the historical negative perception towards CFS.

Financial planning and management

The Agency developed detailed methods of monitoring, controlling, and projecting expenditures, and budgeting and allocating funds. This was critical to effective management of a block fund. A planning and budget cycle included community, staff, management, and Board in finalizing the annual Operational Plan and accompanying annual budgets.

Initially, the pilot project agreement called for WRCFS and INAC to meet quarterly to review progress and expenditures, with WRCFS providing quarterly statements of maintenance costs. In fact, this happened sporadically during the first two year of the pilot, and then became an annual audit and program report being submitted to INAC. There was, however, a good working relationship with INAC, and frequent contact, verbal updates, and issues management occurred.

The Management Team reviewed expenditures at monthly management meetings to stay on top of over/under expenditures. Expenditures were closely monitored, and issues flagged. Detailed financial records with respect to children in care were maintained for Agency use.

The Finance Team followed up on any adjustments made to the block fund based on provisions of the FFA and the Pilot Project Agreement. Adjustments were done for the following fiscal year and were annualized.

Adjustments made for exceptional circumstances were included in the following fiscal year. Depending on the circumstance, this adjustment might be a one-time only adjustment, or it might be annualized into the block fund. One-time only costs would be approved as they occurred and upon Agency request. Funds would be paid to the Agency apart from the block fund as a one-time cost.

Based on the cost-neutral principle, regular reviews were done to project what the costs might have been had WRCFS continued on the pre-pilot maintenance arrangements. If projected costs under the pre-pilot arrangement indicated a decrease to the block fund, the 92/93 block amount was to be the baseline. If the projected cost was an increase, a re-basing of the block was to occur.

When re-basing was complete, calculations showed that the Agency had realized considerable savings for the government under the block arrangement. This is an important factor to include in any future block funding arrangements, so that the process and timing of re-basing is clear. Had re-basing occurred regularly, the Agency might

have had additional funds for increased prevention programming. However, capacity to deliver increased programming, particularly human resource capacity, would have to be considered.

Data

Key areas of children in care data and maintenance expenditures were collected and analyzed on a regular basis. Relevant monthly child in care data was provided to each worker and supervisor for review at monthly team meetings. Monthly data was reviewed by senior finance and management staff.

The Agency developed a number of templates for worker use that assisted in standardizing expenditures, collecting data, and controlling expenditures. Data on the movement and profiles of children in care – admissions, re-admissions, discharges, aging-out of care, intakes, special needs, ages etc. – was collected and analyzed in order to identify shifts or spikes in expenditures and profiles. This data provided important metrics for evaluating outcomes. Evaluations and reviews were part of WRCFS's block experience.

Program, financial and practices evaluations were built-into the agency's monthly and annual operations, using data collected to track the block experience. In 1999, Dr. Brad Mackenzie of the University of Manitoba undertook a five-year review of the initiative. A subsequent cost-benefit analysis followed in 2005, as Directive 20-1 was being introduced, eliminating WRCFS's block pilot and changing the agency's funding dynamics. WRCFS's innovation with the block was recognized in 1998 with the Peter T. Drucker Foundation Award for "Innovation in a Canadian Non-Profit," for its work to build best practices for children.

Conclusion

With the move to block funding of maintenance, WRCFS agreed to cap maintenance and manage child maintenance expenditures within a set block of money. The agency succeeded in diverting funds to alternative preventive programs and services, with a determination to ensure child safety was upheld.

To achieve the change in practice, considerable changes in attitude, policy, and practise at all levels of the Agency were required. Equally, or perhaps more, critical to success was the need to have community engagement and support in making and this shift.

WRCFS's block pilot offers important lessons on transition, the value of leveraging internal data for planning and practice development, and the importance of addressing the *causes of the causes* in child and family services.



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