

Two parallel diagonal lines, one gold and one dark blue, extending from the top-left towards the bottom-right of the page.

ENABLING FIRST NATIONS CHILDREN TO THRIVE

**Report to the Assembly of
First Nations pursuant to
contract no. 19-00505-001**

Institute of Fiscal Studies and Democracy
at the University of Ottawa

December 15, 2018



December 15, 2018

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

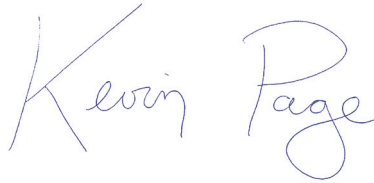
Dear Mr. Thompson,

Pursuant to contract no. 19-00505-001, the Institute of Fiscal Studies and Democracy at the University of Ottawa is pleased to submit the report: *Enabling First Nations Children to Thrive*.

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 expert panel and reviewers. We especially wish to thank the First Nations child and family services agencies, their leadership and their staff for their exceptional work.

Yours sincerely,



Kevin Page
President & CEO

ENABLING FIRST NATIONS CHILDREN TO THRIVE

Helaina Gaspard, Ph.D.

This report was prepared under the supervision of Kevin Page, President & CEO of the Institute of Fiscal Studies and Democracy (IFSD). The author wishes to acknowledge the contributions of Sahir Khan, Azfar Ali Khan, Janoah Willsie, Taylor Rubens-Augustson, Xin (Vivian) Liu, Salma Mohamed, Eli Dzik, and Stephanie Seiler.



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EXECUTIVE SUMMARY

In January 2016, the Canadian Human Rights Tribunal (CHRT) ruled that First Nations children were being discriminated against in the child welfare system. Overrepresented in a system that incentivized the placement of children in care, First Nations children and agencies were deemed to be underfunded relative to their needs. Through subsequent orders in 2018, the CHRT ordered analysis of the complete costs of the First Nations child welfare system based on the needs of First Nations agencies. Canada states that it is committed to implementing these orders.

As the complainants in the case, the Assembly of First Nations (AFN) and the First Nations Child and Family Caring Society of Canada requested that the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa produce a response to CHRT (2018) orders 408, 418, and 421. IFSD engaged with AFN as the project contract holder and with the National Advisory Committee on First Nations Child and Family Services (NAC)¹ for directional and strategic support. Pursuant to the orders, IFSD was asked to:

1. Develop reliable data collection, analysis and reporting methodology for analyzing the needs of First Nations Child and Family Services (FNCFS) agencies, in alignment with the Canadian Human Rights Tribunal (CHRT) rulings on discrimination against First Nations children in care (CIC).

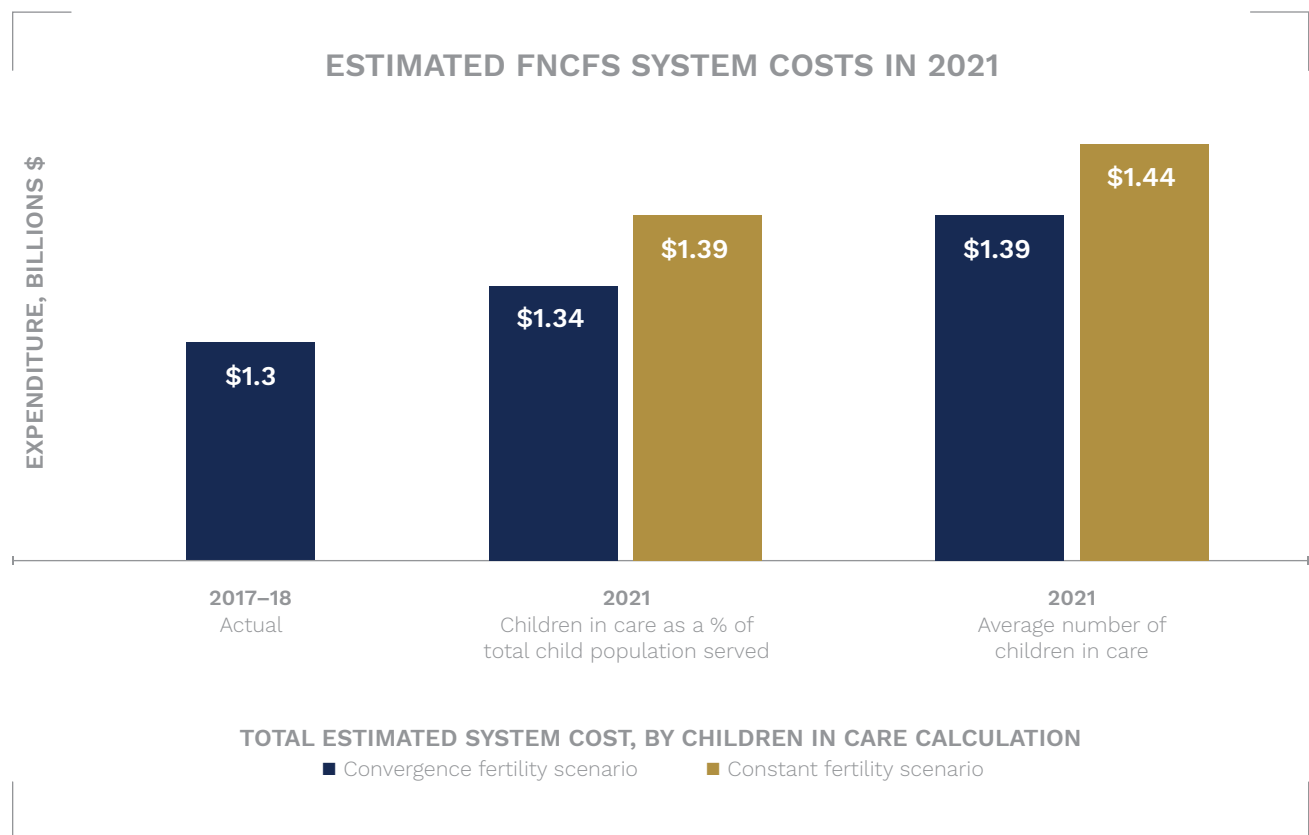
¹ The National Advisory Committee (NAC) is a committee established after the publication of the First Nations Child and Family Services Joint National Policy Review Final Report in 2000 in order to fulfill the recommendations made by the report. The committee consisted of Aboriginal Affairs and Northern Development Canada (AANDC) employees (what today has been divided into Indigenous Services Canada and Crown Indigenous Affairs), First Nations child and family services (FNCFS) agency staff and AFN representatives. After the CHRT decision in January 2016, the NAC was reconvened to monitor the reform of the FNCFS program. NAC's current terms of reference are available here: <https://www.afn.ca/wp-content/uploads/2017/05/NAC-Final-Terms-of-Reference.pdf> The current NAC is comprised of representatives from the federal government, representatives from the AFN, representatives from the First Nations Child and Family Caring society, regional representatives (generally from a FNCFS agency), a youth representatives and an elder representative. NAC is functionally managed by AFN (i.e. it convenes the meetings and can enter into contracts on behalf of NAC). In the context of this project, NAC served as a board of directors offering perspective and strategic advice (without interfering in the research, analysis and delivery of the project).

2. Provide technical expertise to analyze agency needs, provide strategic advice on how best to monitor and respond to actual agency needs from fiscal and governance perspectives, with an approach informed by understanding, existing research, the contractor's own research and analysis of assessments done by agencies and communities.
3. Analyze the needs assessments completed by agencies and communities, create a baseline definition of agency resource inputs and outputs and identify missing data, complete a cost analysis and prepare a final report.

Analysis and Findings

1. IFSD reviewed existing needs assessments completed by agencies and communities. IFSD's analysis concluded that this information was not collected and completed in a systematic manner and would not support the development of costing and performance assessments (see Appendix A).
2. IFSD undertook its work, to understand agency needs, through primary data collection from May 2018 to June 2018, with consultations with agency directors and experts throughout the project. The data collection instrument was a 105-question survey covering various details from agency finances to employees to caseloads. IFSD is privileged to have learned from a representative 76% of FNCFS agencies.
3. Key observations and findings from the IFSD FNCFS Survey include:
 - Agency characteristics: These transcend provincial boundaries and funding formulas. An agency serving remote communities in Ontario shares characteristics similar to those serving remote communities in British Columbia.
 - Budgets: While most agencies do not run deficits, they emphasized need for investment in capital and people. Agency budgets are most tightly correlated with children in care (unsurprising, given the structure of the current system).
 - Employees: Most agencies (62%) cannot remunerate their employees at provincial salary levels. Agencies noted the regular over-extension of staff beyond their defined duties.

- Capital and information technology (IT): Nearly 60% of agencies indicated a need for capital repair and investment. Agency IT, funded on average at 1.5%, is severely underfunded when compared to the industry standard of approximately 5–6%.
 - Governance and Data Capacity: While some agencies use internal data to improve their planning, programming and decision-making, significant data gaps exist in aligning inputs and outputs to better understand short-, medium-, and long-term outcomes for children and families that interact with the FNCFS system.
4. The most significant cost driver of the current system is the number of children in care, which correlates tightly to agency total budgets.
 5. Costing models, based on the average cost of a child in care, suggest that under a no-policy change assumption, inflation and population alone would drive a total system cost increase of between **\$40 million to \$140 million** by 2021, depending on the population scenario assumptions used, from \$1.3 billion in 2017–18.



6. IFSD undertook benchmark analysis to highlight specific gaps related to spending on prevention, capital and IT. These spending gaps would be in addition to baseline adjustments highlighted above for inflation and population which would ensure budgets are appropriately adjusted for demand and price going forward.
 - Prevention: Funded per capita across the total population served, from \$800–\$2,500 per person, prevention program costs estimates for 2019 range from **\$224 million to \$708 million**. These costs would be on-going in nature and subject to changes in population and inflation.
 - Capital: A *one-time* capital investment of **\$116 million to \$175 million**, with a recommended further budgeting of a 2% annual recapitalization rate, for a facility equivalent to the agency's headquarters.
 - IT: *Annual* expenditure of 5–6% of total budget, pursuant to industry standards, with a cost in the range of **\$65 million to \$78 million** per annum.

7. First Nations communities face systemic issues which add significant case complexity for child welfare workers. These issues include intergenerational trauma related to residential schools, higher incidences of inadequate housing, substance misuse, poverty, among others. Until these issues are addressed through an array of prevention type programs, incidences of child protection for First Nations Peoples will remain above those of non-First Nations. There is a cost to closing these gaps.
 - Median household incomes in 44% of First Nations communities served by FNCFS agencies fall below their provincial poverty line. *Raising those households only* to their respective provincial poverty line would require an **annual expenditure of \$205 million**. For comparative purposes, raising the same households to median household incomes of their provinces would require an annual expenditure of about \$2.6 billion.

8. Agency workers and independent experts consulted by IFSD have started to map a new system to support children, families and communities. Moving beyond a narrow focus on *protection* of children, to a vision of *enabling children to thrive*, the proposed approach would align results (outcomes) to activities (outputs) and required resources (inputs), across safety, child well-being,

family well-being and community well-being. This vision is focused on changing outcomes for children by empowering agencies, communities and families, and understanding progress through relevant and regular data collection on indicators connected to desired results (see Table A).

Recommendations

The current protection-focused system does not produce adequate results for children and families, fails to recognize the contextual challenges that lead to disadvantaged starting points for many communities, significantly underfunds prevention, has important gaps in capital and IT spending, struggles to remunerate employees relative to provincial levels, and falls short on data collection and analytics required to identify and support wise practices.

In this context, IFSD makes a number of recommendations:

1. It is recommended that block transfers be used to fund the FNCFS program to provide flexibility in allocation and accountability to stakeholders.
2. It is recommended that contextual issues such as poverty, be recognized and addressed through policy, programs and funding.
3. It is recommended that prevention be funded on a per capita basis for the total population served by the agency (not only children) at a rate of \$800–\$2,500 per person.
4. It is recommended that there be a one-time capital investment, and a benchmark recapitalization rate of a minimum 2% per annum (of asset base) added to agency budgets.
5. It is recommended that IT be funded at a rate of 5%–6% of total annual budgets, consistent with industry practices.
6. It is recommended that:
 - Social workers be remunerated at levels comparable to provincial salary levels.

- A study be undertaken to assess why FNCFS agencies are unable to remunerate their employees at provincial levels.
 - A study on case complexity be undertaken, with consideration of differing community contexts when determining reasonable caseload levels.
 - FNCFS employees have access to professional support and development, including leave for compassion fatigue.
7. It is recommended that a secretariat dedicated to results-oriented data be established to support FNCFS agencies in their work.
 8. It is recommended that a FNCFS resource centre be established as a platform for knowledge sharing and collaboration among FNCFS agencies in support of their common mandates.

Recommendations for Further Research

IFSD has three recommendations with respect to next-steps to further the work undertaken in this study:

1. Establish a performance framework to underpin the FNCFS system across Canada.
2. Develop a range of options with regards to the funding models that would support an enhanced performance framework.
3. Transition to a future state in full consideration of data, human capital and governance requirements.

A Note of Thanks

IFSD wishes to thank the members of NAC for their on-going feedback and support of this work. We are grateful for the support of Dr. Cindy Blackstock and the Caring Society, Jonathan Thompson, Martin Orr and AFN.

We thank Thomas Anderson of Statistics Canada's Social and Aboriginal Statistics for clarifying availability and applicability of data. We thank our

expert reviewers, especially Professors Scott Bennett and John Loxley for their helpful comments in the research and analysis processes, as well as our expert roundtable composed of nationally recognized academic experts in social work, Indigenous health, evaluation, and substance misuse, as well as practitioners and agency leaders, whose knowledge was invaluable in framing performance considerations.

We thank the leadership and staff of FNCFS agencies for the incredible work that they do in saving lives of children in difficult and disadvantaged environments. The strong survey response rate and robustness of results was entirely dependent on the trust, participation, and support of FNCFS agencies and their leadership. IFSD is grateful for their confidence and for the knowledge and insight they shared.

TABLE A
FNCFS FUTURE STATE OVERVIEW

DESCRIPTION		CURRENT STATE (2018)	FUTURE STATE		
		Protection	Protection	Prevention	Other
PERFORMANCE ATTRIBUTES	INPUTS Resources (financial, human resources, information technology (IT), capital, etc.)	<ul style="list-style-type: none"> \$1.3B system-wide cost \$12M average agency budget \$63K per child in care Salaries—62% of agencies unable to compensate at provincial levels IT spending at approx. 1.5% of budget 	<ul style="list-style-type: none"> System-wide costs increasing up to \$1.44B by 2021 By 2036, total system costs are estimated, based on population, to range from \$1.6B–\$2.8B 	<ul style="list-style-type: none"> Per person prevention spending should range from \$800–\$2,500 Total prevention cost estimates range from \$224M–\$708M in 2019 	<ul style="list-style-type: none"> \$205M/year (to provincial poverty lines) \$2.6B/year to provincial median household incomes IT spending should be 5%–6% of total annual budget, approximately \$65M–\$78M One-time capital investment from \$116M–\$175M, with a 2% annual recapitalization rate
	OUTPUTS Program activities	<ul style="list-style-type: none"> Activities are overwhelmingly linked to keeping children safe Funding essentially tied to putting children in care 	<ul style="list-style-type: none"> Status quo activities though with recognition of alternative models (e.g. kinship care) 	<ul style="list-style-type: none"> Services aimed at supporting the child, their family and community 	<ul style="list-style-type: none"> Services aimed at addressing the root causes of child welfare issues (e.g. poverty, intergenerational trauma, addiction) in communities
	OUTCOMES Results (desired and realized)	<ul style="list-style-type: none"> Safe children 	<ul style="list-style-type: none"> Thriving children 		

INTRODUCTION

In January 2016, the Canadian Human Rights Tribunal (CHRT) ruled that First Nations children were being discriminated against in the child welfare system. Overrepresented in a system that incentivized the placement of children in care, First Nations children and agencies were deemed to be underfunded relative to their needs. Through subsequent orders in 2018, the CHRT ordered analysis of the complete costs of the First Nations child welfare system based on the needs of First Nations agencies. Canada states it is committed to implementing these orders.

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3. Analyze the needs assessments completed by agencies and communities, create a baseline definition of agency resource inputs and outputs and identify missing data, complete a cost analysis and prepare a final report. See Appendix A for the analysis completed in April 2018.

IFSD undertook its work from April 2018 to December 2018 with a focus on understanding agency needs through primary data collection from May 2018–June 2018, with consultations with agency directors and experts throughout the project. IFSD is privileged to have learned from a representative 76% of all FNCFS agencies. This final report offers a complete overview of the project's methodology, findings, and proposed future state based on agency needs.

Draft findings of this report have been presented to NAC since July 2018. The draft findings were subject to feedback from NAC members and agency stakeholders, as well as IFSD's continuing review process.

As a result of this on-going process, in this final version of the report, there are changes to protection (total system costs), prevention, capital, technical and poverty cost estimates. The forecast total system costs are lower than in draft submissions.

Drafts are subject to revisions for three reasons: 1) feedback from NAC and stakeholders; 2) methodological refinements; and 3) on-going quality assurance and independent tests.

The overall narrative of the findings has not changed. The current protection-focused system does not produce results for children and families, prevention is comparatively underfunded, and there are important gaps in information technology (IT) spending. Contextual challenges such as poverty, inadequate housing, lack of access to potable water, broadband internet, intergenerational

trauma, etc. contribute to a disadvantaged starting point for many First Nations communities.

This report has been revised to remove agencies not on Indigenous Services Canada's (ISC) list provided to IFSD in April 2018 at the outset of this project (although some agencies were included in previous versions of analysis). This final report focuses on the self-reported data shared by FNCFS agencies and is supplemented with benchmarks and related data where appropriate.

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CURRENT STATE

Child Welfare

In Canada and around the world, child welfare is an evolving concept in constant flux, protecting the rights of children, while at the same time, upholding the rights of parents and the family. According to the Canadian Child Welfare Research Portal, child welfare is “a set of government and private services designed to protect children and encourage family stability,” with a central focus on “safeguard[ing] children from abuse and neglect.”²

The origins of child welfare in Canada date back to the late 19th century, where the first child protection organization was established in Toronto.³ This emerged in response to an increasing number of impoverished children, propagated by the rise of industrialization and urbanization. Comprehensive social welfare programs were not yet in place, and Herbert and Albert (2013) describe how “growing numbers of homeless, destitute children in urban centres, greater juvenile crime, and changes in child-labour practices pressured governments to respond to the plight of children.”⁴ In other words, the establishment of Canada’s child welfare system was largely a response to growing issues of child neglect.⁵

In 1893, the first piece of legislation related to child protection was passed in the province of Ontario, which “made the abuse of children an indictable offence...promoted foster care, gave children’s aid societies guardianship power, and established the office of the superintendent of neglected children.”⁶ This was in line with the British doctrine *parens*

² Canadian Child Welfare Research Portal, 2011, “Frequently Asked Questions (Faqs),” <http://cwrp.ca/faqs>

³ Jim Albert and Margot Herbert, “Child Welfare,” in *The Canadian Encyclopedia*, Historical Canada, 2013; Karen Swift and Marilyn Callahan, 2002, “Problems and Potential for Canadian Child Welfare,” Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

⁴ Albert and Herbert, 2013.

⁵ Swift and Callahan, 2002; Katherine Schumaker, “An Exploration of the Relationship between Poverty and Child Neglect in Canadian Child Welfare,” (2012); Public Health Agency of Canada, “Canadian Incidence Study of Reported Child Abuse and Neglect—2008: Major Findings,” (Ottawa:2010).

⁶ Albert and Herbert, 2013.

patraie, whereby the government held the authority to care for children who were deemed neglected and unable to care for themselves.⁷ This allowed for government intervention in the private home, shifting the relationship between the family and the state. Child welfare organizations began to appear country-wide, often drawing from other jurisdictions' legislative policy to form their own.⁸ The child welfare system has evolved over time, with notable legislative changes such as the introduction of mandatory reporting of suspected child abuse and neglect.

Canada's current system for child welfare and family services (for all children living off-reserve) is decentralized, with responsibility falling under provincial and territorial jurisdictions. With the exception of Ontario, Manitoba and Quebec, provincial child welfare services are a program of the provincial department of social services.

In Ontario, child protection is delivered through children's aid societies that are licensed by the province. These agencies receive their funding through transfer payments from the provincial government. In Manitoba, child protection agencies fall under one of four authorities: two First Nations authorities, one Metis authority and one general authority. These authorities oversee and distribute funding to the agencies. In Quebec, child protection is delivered through a network of integrated social services and health and youth centres. These centres deliver a broad range of services to children in their catchment areas.

Although the provinces' provision of child welfare services may slightly differ in organization, they benefit from more integrated systems of care. Constitutionally, provinces are accountable for providing the bulk of social services, e.g. health care, education, child care, etc. to their populations. This existing network of services may facilitate access of children in contact with the protection system to other types of provincial services, and may enable staff to leverage related services. The integration of the child protection service into the broader provincial bureaucracy benefits from the existing state apparatus of the province, through financial and human resources, its broader services, such as

⁷ Swift and Callahan, 2002.

⁸ Neil Gilbert, Nigel Parton, and Marit Skivenes, "Child Protection Systems: International Trends and Orientations," OUP USA, 2011; Swift and Callahan, 2002.

collective agreements, employee benefit and pension plans and its program offerings, e.g. prevention services.

By contrast, FNCFS agencies are principally funded by the federal government and are meant to mainly serve on-reserve populations. Whether by geography or funding, these agencies report that their ability to access and leverage resources from other sectors is limited.⁹ Provincial and First Nations child welfare agencies have different starting points with repercussions for services, especially in often disadvantaged contexts on-reserve.

While direct comparisons between First Nations and provincial agencies may be difficult with their differing points of departure, it is even challenging to accurately compare provincial child welfare services. Given that each province and territory have their own child welfare legislation and different approaches to surveillance and reporting, using data to understand the current state of Canada's most vulnerable children and families has been complex. For example, the definition of a child varies depending on province or territory, ranging from 16 to 19 years of age, as does the definition of maltreatment.¹⁰ Variances in

⁹ The voluntary sector (including both people and donations) can supplement agency activities, particularly among non-FNCFS agencies. In Ontario for instance, the Ontario Association of Children's Aid Societies (OACAS) notes that volunteers play a significant role in Ontario child welfare services (Ontario Association of Children's Aid Societies, [Volunteering in child welfare: It takes a community to keep kids safe](#), April 20, 2017). A 2017 survey conducted by the organization recorded volunteer involvement in children's aid societies in the province, finding that the median number of volunteers per agency was 111 (based on data from 28 reporting agencies) (Ontario Association of Children's Aid Societies, "Volunteer Services Program Survey Report, Fiscal Year 2016–2017", June 2018).

These volunteers performed a number of roles from driver, to mentor and tutor, to event and administrative support. In total, these volunteers supported agencies with a median of 20,325 hours of their time (based on data from 14 reporting agencies). To give some meaning to the hours, if these volunteers were paid at the Ontario minimum wage, their contribution would be upwards of \$300,000 per agency.

Significant gaps remain in the study of the voluntary sector on-reserve. Cindy Blackstock and Samantha Nadjiwan's 2003 report, "[Caring Across the Boundaries, Promoting Access to Voluntary Sector Resources for First Nations Children and Families](#)," found that less than 10% of funds raised on-reserves (outside of government funding) came from philanthropic foundations. A study by the Circle on Philanthropy and Aboriginal Peoples in Canada (2011) found that these trends persist, with only 6% of Canadian grant making foundations giving grants to Aboriginal beneficiaries or causes (see <https://pfc.ca/2016/07/partnering-indigenous-communities/>). It is challenging to quantify the value of shelters, food banks, etc. to the work of child and family services agencies that receive federal, provincial and philanthropic funding off-reserve.

The reasons for these funding differences and their causes merit closer attention. As FNCFS agencies take on increasing roles as resource and programming centres, the repercussions of a limited or non-existent voluntary sector may be important.

¹⁰ Gilbert, Parton, and Skivenes, 2011.

expenditure reporting, in definitions of what comprises child protection services, and in outcomes measurement make inter-provincial comparisons difficult.

As Fallon and colleagues note, “the lack of comparability of provincial and territorial data has hindered the ability of governments and social service providers to improve policies and programs that address the needs of maltreated children.”¹¹ To address this issue, experts and service providers across the country collaborated to produce the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-1998)—the first, national report on child maltreatment incidence. Two additional reports (one in 2003 and 2008) have since been released. While the CIS provide critical insight into the reasons children enter into care, data on the outcomes of children within and exiting the system would provide a better understanding of how the system performs as a whole. For those in the system, metrics such as school performance and meeting standard health and development targets are important indicators of well-being that are not consistently captured. When a child exits the welfare system, their education, job and health indicators would be helpful in assessing outcomes. Rather than capturing outcomes, output metrics such as the number of children in care and the number of kinship placements are measured. The data is useful but is limited in understanding the full picture of child welfare, notably the results for children.

First Nations Child and Family Services

Canada has constitutional obligations for the welfare of First Nations people living on-reserve—a population that is continuing to grow. Changing outcomes for children and families means recognizing and addressing the contextual disparities of these communities.

Collectively, Canada’s Indigenous Peoples are worse-off than the non-Indigenous population in health indicators such as life expectancy, infant

¹¹ Sheila Kamerman, Shelley Phipps, and Asher Ben-Arieh, *From Child Welfare to Child Well-Being: An International Perspective on Knowledge in the Service of Policy Making*, vol. 1 (Springer Science & Business Media, 2009).

mortality, suicide mortality, chronic disease, alcohol and tobacco use,¹² and have lower rates of educational attainment¹³ and employment.¹⁴ In many First Nations communities these challenges are related to intergenerational trauma, substance misuse, inadequate housing, access to potable water, and access to broadband internet, impacting populations and their outcomes on-reserve.

One of the most striking repercussions of these contexts—amplified by a funding model that incentivizes the placement of children in care—is the disproportionate number of First Nations children in care. First Nations child welfare services on-reserve are funded—and up until the 1950s were delivered—by the federal government. According to Statistics Canada, First Nations People represent just under 3% of the total Canadian population, yet First Nations children make up 35% of those in care (see Figure 1).¹⁵ These estimates of First Nations children in care may be under estimations, with agencies reporting higher rates of children in care in this analysis (see Figure 2, Figure 3 and Table 6).

¹² Public Health Agency of Canada, 2018, “*Key Health Inequalities in Canada: A National Portrait.*”

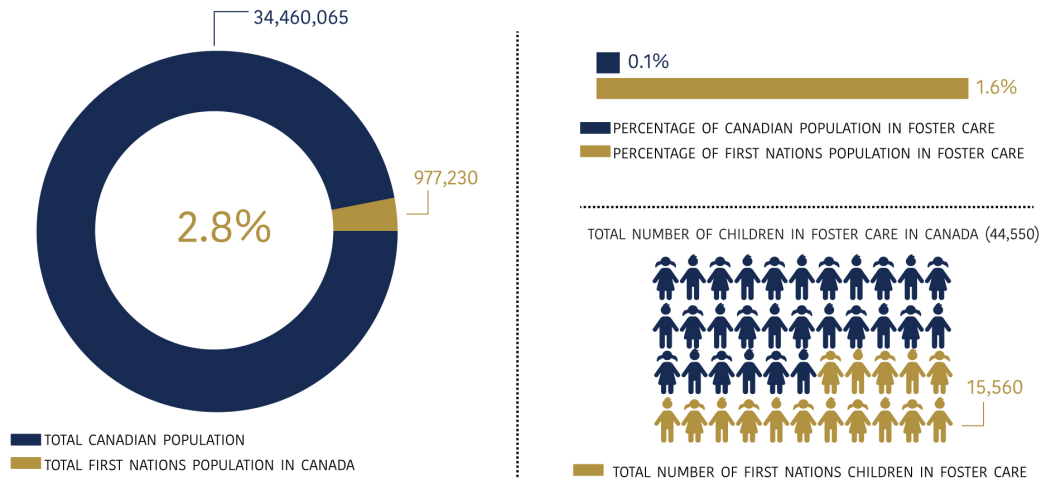
¹³ Statistics Canada, “Education in Canada: Key Results from the 2016 Census,” https://www150.statcan.gc.ca/n1/en/daily-quotidien/171129/dq171129a-eng.pdf?st=7_7gZfq7.

¹⁴ Karen Kelly-Scott and Kristina Smith, *Aboriginal Peoples: Fact Sheet for Canada* (Statistics Canada, 2015).

¹⁵ Statistics Canada, “Data Products, 2016 Census,” January 3, 2018, <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>.

FIGURE 1

STATISTICS CANADA'S ESTIMATES OF FIRST NATIONS CHILDREN IN CARE



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

FIGURE 2

AVERAGE NUMBER OF CHILDREN IN CARE PER AGENCY, BY PROVINCE

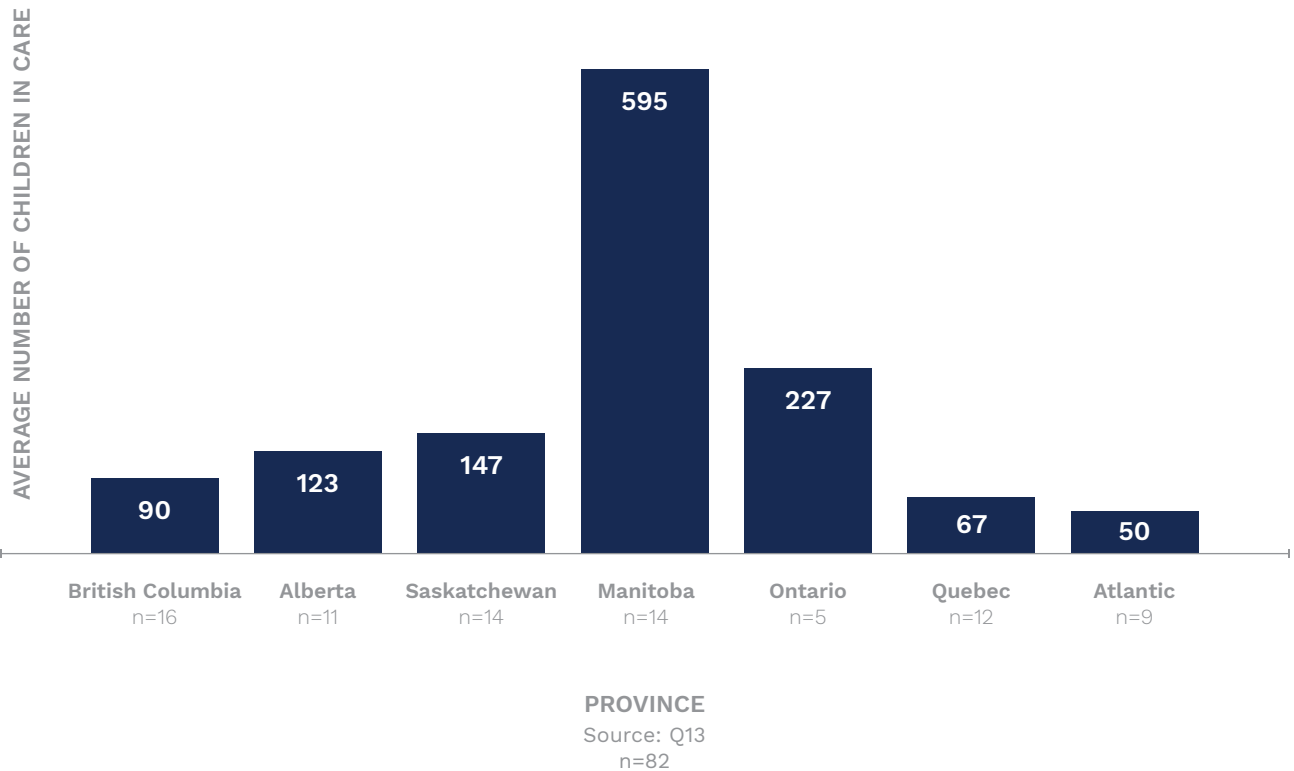
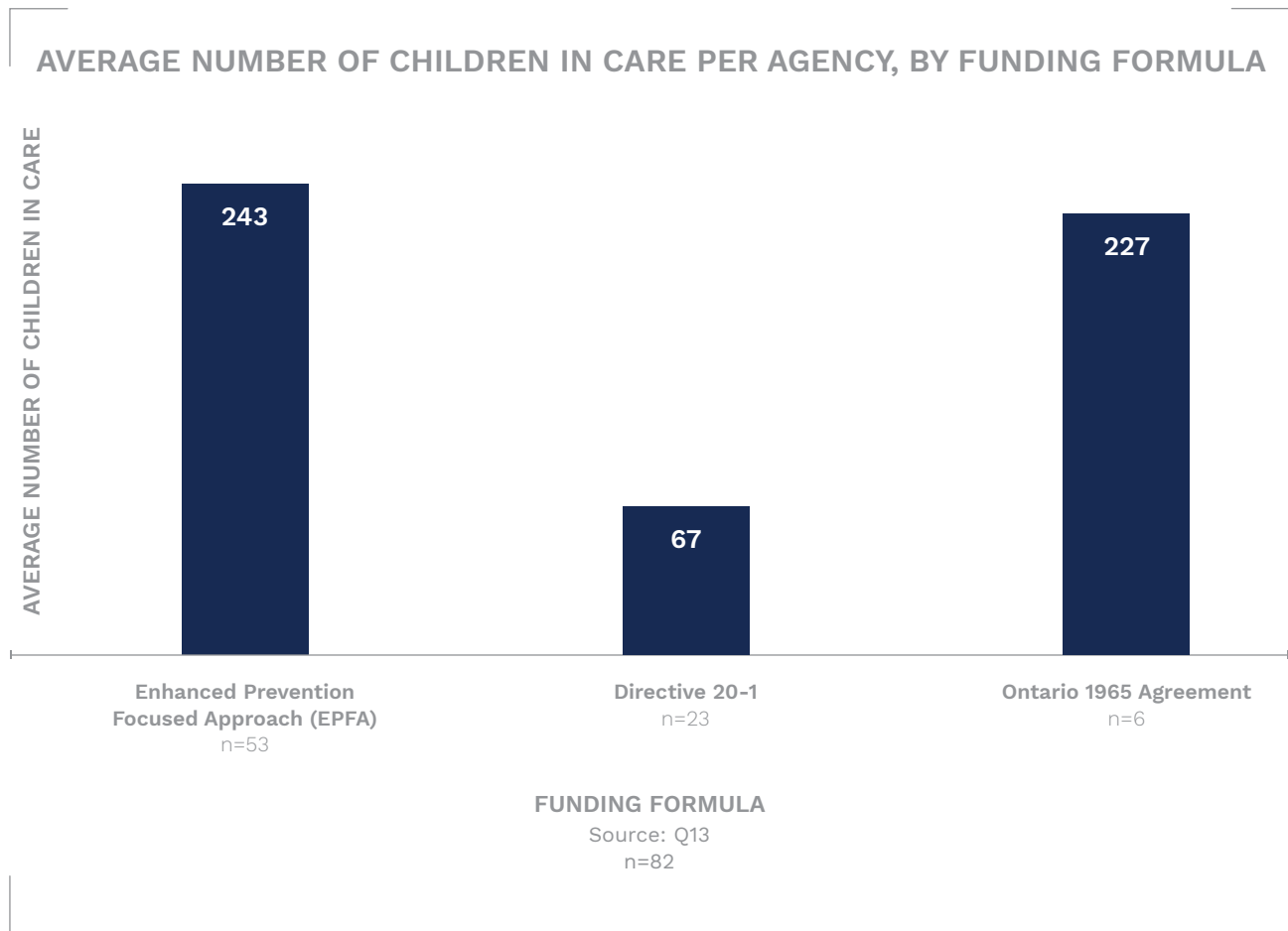


FIGURE 3



Details and data to support better decision-making in child welfare are sparse at the national level, especially when it comes to First Nations children. For instance, there has been no national study in nearly ten years on why children enter into care. The last CIS that tracked this information was completed in 2008, leaving an important gap in understanding of current trends in child welfare.¹⁶ While another study is expected, no CIS had been released at the time of this report’s publication.

FNCFS agencies are often required to deliver more than protection services focused on child safety. These agencies are often the first and/or only point of contact for their communities when it comes to social, health and related services. FNCFS agencies are regularly extended

¹⁶ Public Health Agency of Canada, “Canadian Incidence Study of Reported Child Abuse and Neglect—2008: Major Findings,” Ottawa, 2010.

beyond their typical child safety mandates, may serve as a platform for connecting with other services, or they may find ways of providing some of those services themselves.

Important to understanding the emergence of First Nations child welfare services in Canada is the legacy of the Indian Act. First enacted in 1876, the Act gave the federal government authority over status Indians in Canada and the land reserved for Indians.¹⁷ Under the Indian Act, the government forcibly removed generations of First Nations children from their homes to attend government-funded residential schools.¹⁸

First Nations communities were deeply impacted by the residential school policy. The schools were often located far from children's parents and communities, with little to no child-parent contact allowed.¹⁹ At the schools, children were forbidden to speak their traditional languages and were instructed according to white customs and norms. The experience of residential schools had devastating impacts on First Nations children who returned to their communities. As a FNCFS agency representative from Quebec explains, "those who were forced to attend these schools expressed feelings of alienation, many could no longer speak their native language, family members were not familiar, [Indigenous] traditions and customs were alien to them, and social relationships were lacking."²⁰

The removal of children from their families interrupted healthy family development. The abuse and trauma children experienced at residential schools had lasting effects on generations of First Nations communities. Those who survived residential schools, separated from their parents and having suffered trauma at the hands of adults during their formative years, lost the opportunity to grow up with healthy parental role models. Deprived of the right to learn from their own people in their youth and adolescence, many survivors struggled as adults in raising their own

¹⁷ Cindy Blackstock, 2011, "The Canadian Human Rights Tribunal on First Nations Child Welfare: Why if Canada wins, equality and justice lose," *Children and Youth Services Review*, 33: 187–194.

¹⁸ J. Milloy, *A national crime: The Canadian government and the residential school System—1879 to 1986* (Winnipeg: University of Manitoba Press, 1999).

¹⁹ C.Blackstock, N. Trocmé, M. Bennett, 2004, "Child Maltreatment Investigations Among Aboriginal and Non-Aboriginal Families in Canada," *Violence Against Women*, Vol. 10, No. 8.

²⁰ IFSD FNCFS Survey, 2018.

children.²¹ As a FNCFS agency representative from British Columbia explains, “there were no services offered to the parents who lacked parental skills as a result of the intergenerational syndrome of the residential schools and the cycle of removal would start over.”²² The repercussions of the residential school system led to an increased need for child welfare services in First Nations communities.

The Sixties Scoop

In the 1950s, an amendment to the Indian Act allowed provincial and territorial governments to begin providing child welfare services on reserves, and the federal government was expected to pay for these services.²³ Government intervention, however, perpetuated a negative cycle of separating First Nations children from their families: “the people did not have a choice but to accept services from a system whose alien concepts and standards frequently conflicted with those of native people,” explains a FNCFS agency representative from Ontario, “and this conflict tended to create and perpetuate problems and needs.”²⁴

Many government social workers had little to no understanding of the systemic discrimination facing First Nations. In many cases, the struggles of First Nations families were perceived as signs of parental negligence and not recognized as the consequences of colonialism.²⁵ Language barriers, a lack of consideration for Indigenous cultural and social norms, a lack of community consultation in services or procedure, and a lack of focus on prevention characterized the government approach to child welfare services at this time. In some instances, children were removed from homes due to devastating misunderstandings, as one agency representative from British Columbia explains: “Social Workers would walk into a home unannounced and go directly for the kitchen where they would see what food was available. When the social workers did not see any store-bought food, they assumed that the children were being

²¹ C. Blackstock, M. Bennett, R. De La Ronde, 2005, “A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada: 2nd Edition,” First Nations Research Site of the Centre of Excellence for Child Welfare, http://cwrp.ca/sites/default/files/publications/en/AboriginalCWLitReview_2ndEd.pdf.

²² IFSD FNCFS Survey, 2018.

²³ C. Blackstock, 2011.

²⁴ IFSD FNCFS Survey, 2018.

²⁵ C. Blackstock, 2011.

starved. Most of the families canned, dried, salted and stored their foods in cellars that were not attached to the house.”²⁶ This example illustrates how a lack of understanding of First Nations customs could have serious consequences for families.

Children separated from their families and communities were often placed in the care of non-Indigenous families. Some children were sent to residential schools, which started to be used as substitutes for foster homes.²⁷ In some tragic cases, children died in government care.²⁸ The mass removals of children from their communities during this period became known as the “Sixties Scoop”, though the practices continued well into the next decade. Child welfare was traumatizing for many First Nations communities.

The Development of FNCFS Agencies

In response to the Sixties Scoop, First Nations began establishing their own child welfare services. From the 1970s onwards, there was an emergence of First Nation agencies whose dedicated focus was child and family welfare (see Figure 4). Having previously existed as prevention and community support groups, agencies began expanding their mandates to include child welfare. Inter-tribal amalgamation and increasing self-determination led to the growth of larger advocacy and governance groups that began taking on more services related to child welfare.²⁹

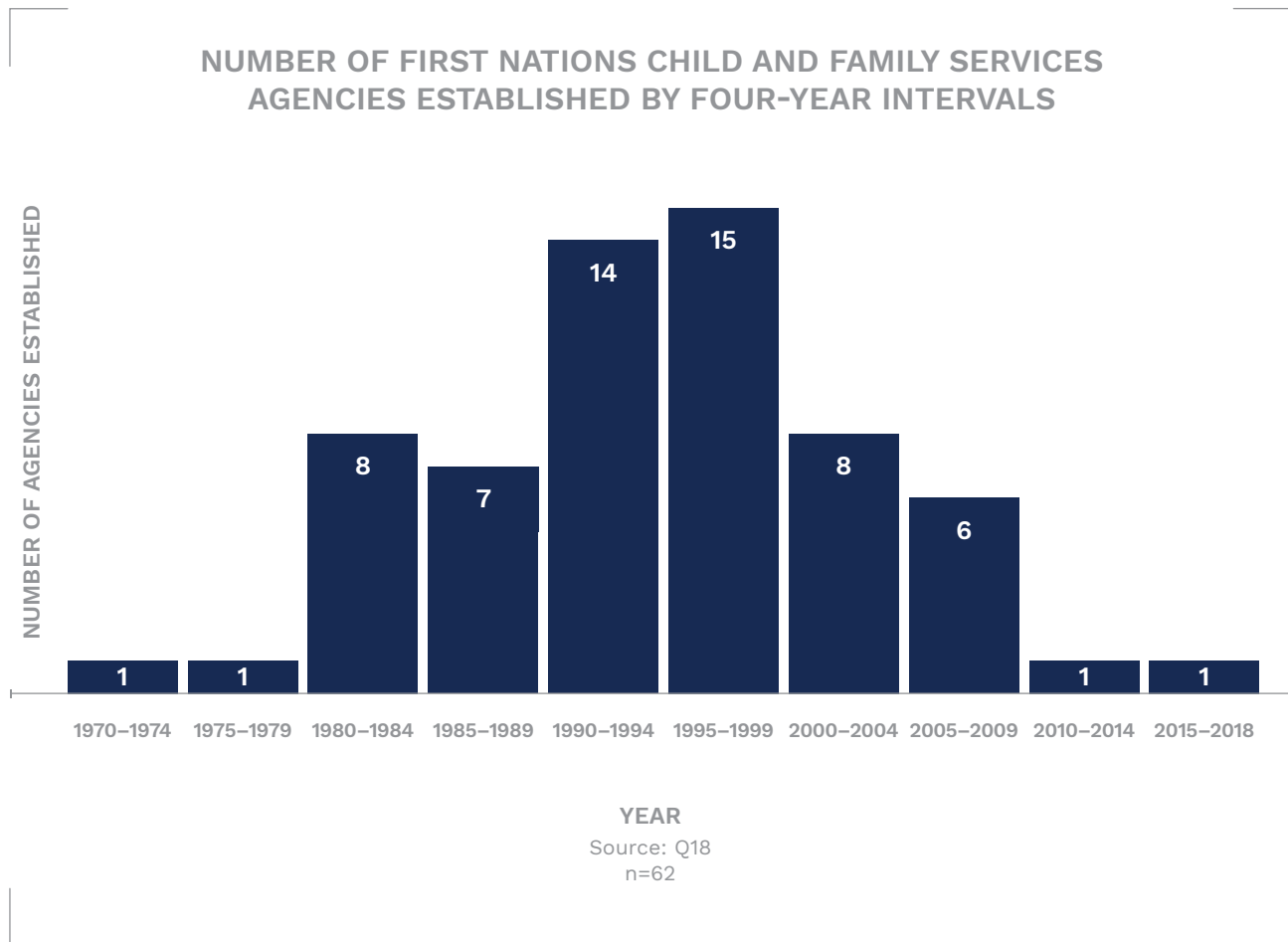
²⁶ IFSD FNCFS Survey, 2018.

²⁷ C. Blackstock & N. Trocmé, “Community based child welfare for Aboriginal children,” in Michael Ungar (ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (Thousand Oaks: Sage Publications, 2005).

²⁸ IFSD FNCFS Survey, 2018.

²⁹ IFSD FNCFS Survey, 2018.

FIGURE 4



In 1988, the federal government put a moratorium on the creation of FNCFS agencies to develop a universal funding formula. Two years later in 1990, Directive 20-1 was established to cover all provinces and territories (except for Ontario, which remained under the Ontario 1965 Agreement).³⁰ Following the implementation of Directive 20-1, the number of FNCFS agencies continued to expand, but First Nations raised concerns that the funding structure was inadequate for meeting child

³⁰ Caring Society, n.d. Pre-Tribunal Timeline: History of First Nations Child and Family Services Funding, <https://fncaringsociety.com/pre-tribunal-timeline-history-first-nations-child-and-family-services-funding>.

In 1965, the first funding agreement for First Nations child and family welfare was established between the Province of Ontario and the federal government as a cost-sharing agreement in which the federal government reimbursed the province for the provision of First Nations child and family welfare services at a rate of 93% of costs. Known as the 1965 Agreement, the Memorandum of Agreement Respecting Welfare Programs for Indians is still in effect today.

welfare needs on reserves.³¹ The criticism was echoed, notably, in the 2008 report of the Auditor General.³²

In 2007, the federal government began implementing the Enhanced Prevention Focused Approach (EPFA) in several provinces, which was designed to address the shortcomings of Directive 20-1. It was introduced on a rolling basis in Alberta in 2007-08, Saskatchewan and Nova Scotia in 2008-09, Quebec and Prince Edward Island in 2009-10 and Manitoba in 2010-11.³³ It was expected that British Columbia, New Brunswick, Newfoundland and Labrador and Yukon, would eventually transition to EPFA. Many agencies are still concerned that the amount and structure of EPFA funding are insufficient for meeting their needs.³⁴ All three formulas however, tend to require that children enter into care in order to unlock funding (see Table 1).³⁵

³¹ Caring Society, n.d.

³² Canada, The May 2008 Report of the Auditor General of Canada to the House of Commons (Ottawa, 2008).

³³ Aboriginal Affairs and Northern Development Canada, Aboriginal Affairs and Northern Development Canada's Role as a Funder in First Nations Child and Family Services (Ottawa, 2013).

³⁴ Caring Society, n.d.

³⁵ An opinion on liability insurance was requested by NAC to better understand the legal implications of an agency seeking its own jurisdiction in child and family services, i.e. developing its own laws and no longer being subject to provincial laws de facto (because no federal law exists on the matter). Alexander Holburn and Associates, LLP was retained and provided an opinion on the matter (see Appendix B). The firm's review found that not all provincial legislation requires FNCFS agencies to carry liability insurance, although others require it as a condition for delegation. Even though provinces may delegate child protection duties to FNCFS agencies, in the case of a breach, the province remains liable for non-delegated duties. If full responsibility for child welfare services are assumed by a First Nations government, then that government will assume the whole of the legal duty with respect to the delivery of child welfare services. There would be a potential increase in exposure liability, as the First Nation government would no longer be able to rely on the statutory immunity for negligence, and the costs of insuring the operations may increase to reflect the increase in exposure claims. For agencies that are covered, premiums range from \$5,000 for a small organization to \$100,000 for a larger organization. The average premium in Canada is around \$20,000 for \$5,000,000 coverage, with Aon Reed Stenhouse as the most common provider.

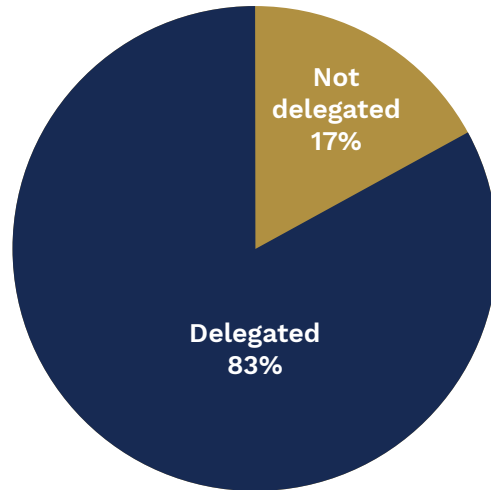
TABLE 1
EXISTING FNCFS FUNDING ARRANGEMENTS

FUNDING FORMULA	DESCRIPTION
Directive 20-1	A funding arrangement introduced in 1990 to fund First Nations child and family services for on-reserve populations. It includes funding for operational expenses and the maintenance of children in protection. It does not include built-in funding for prevention. It is still the active funding agreement in British Columbia, New Brunswick, Newfoundland and Labrador, and Yukon.
Enhanced Prevention Focused Approach (EPFA)	A funding arrangement introduced in 2007 which includes funding for operations and maintenance, similar to Directive 20-1, as well as funding for prevention programs. It is the active funding agreement in Alberta, Manitoba, Nova Scotia, PEI, Quebec and Saskatchewan.
Ontario 1965 Agreement (The Memorandum of Agreement Respecting Welfare Programs for Indians of 1965)	The funding agreement between the federal and Ontario governments signed in 1965. The agreement establishes a cost-sharing arrangement where ISC reimburses the Ontario government for approximately 93% of the cost of delivering child and family services on-reserve in the province.

FNCFS agencies define their mandates as providers of protection and prevention services for the well-being and safety of children in the community. A majority of the agencies (83%) that participated in the survey were child-protection delegated (Figure 5). In the survey, agencies highlighted their work supporting families by strengthening the family unit and working to keep children with their families in the community. Agencies reported strengthening communities by providing holistic, community-based approaches to child welfare that engage supportive networks of community members and leadership. In their work, agencies emphasized the promotion of cultural approaches to build strong, proud and healthy First Nations communities of children and adults. Approximately 60% of agencies perceive their relationships with their communities positively, although there is variation among provinces (Figure 6).

FIGURE 5

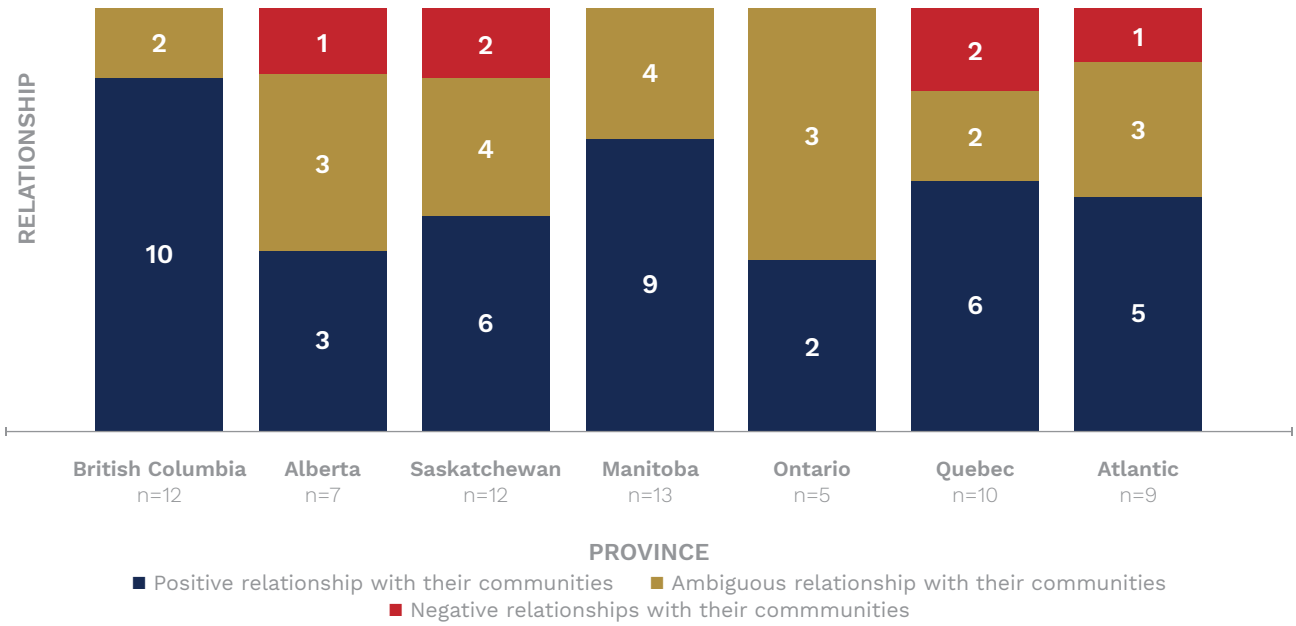
AGENCIES WITH CHILD-PROTECTION DELEGATION



Source: Q15
n=76

FIGURE 6

AGENCIES' PERCEIVED RELATIONSHIP WITH THEIR COMMUNITIES, BY PROVINCE



Source: Q96
n=68

For First Nations not affiliated with a FNCFS agency, the province provides protection services on-reserve and is reimbursed by the federal government. For instance, in Alberta, the federal and provincial governments established the Arrangement for the Funding and Administration of Social Services, a bilateral agreement signed in 1991 that provides for the reimbursement by the federal government for social services on-reserve. In British Columbia, a similar bilateral agreement called the British Columbia Service Agreement arranges for the federal government to reimburse the province for child welfare services in 72 First Nations communities.³⁶

In its rulings, the CHRT found the federal government's FNCFS program to be discriminatory to children on-reserve because of inequitable funding levels for child welfare services. Following the CHRT orders, the federal government began increasing its prevention funding. In Budget 2016, the federal government committed \$634.8 million over five years to reform and strengthen the FNCFS program, with ISC reporting \$71.1 million for 2016–17.³⁷ Budget 2018 committed an additional \$1.4 billion over six years.³⁸ With the February 2018 order from the CHRT, the federal government began funding the program at its actual cost. This however, is meant to be an interim solution until the federal government reforms the FNCFS program funding structure.

This report commissioned in response to the CHRT proceeds in two parts. Part 1 defines a baseline financial and program activity understanding of the current FNCFS system from agency-reported data. Part 2 defines a future-state program based on agency need and informed by consultations with agencies and experts.

³⁶ Caring Society, 2016, "Federal Funding for First Nations Child and Family Services: Funding Arrangements for Provinces and Territories. Information Sheet," <https://fncaringsociety.com/sites/default/files/Prov%20and%20Territory%20description.pdf>.

³⁷ ISC, "First Nations Child and Family Services," November 30, 2018, <https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805>.

³⁸ Canada, Budget 2018, <https://www.budget.gc.ca/2018/docs/plan/chap-03-en.html#Ensuring-That-Indigenous-Children-Are-Safe-and-Supported-Within-Their-Communities>.

METHODOLOGY

Approach

RESEARCH ETHICS

The design of the research project and its instruments were developed in collaboration with NAC with input from FNCFS agencies. IFSD had the opportunity to visit agencies to learn from their staff and communities in 2017 (in conjunction with analysis being undertaken by IFSD at the request of NAC on agency operating characteristics). These visits were instrumental in building a better understanding of the current FNCFS system on-reserve, from a front-line perspective. The knowledge shared by agencies and communities during these visits helped to inform IFSD's development of the data collection instrument and thinking on an alternative funding model for FNCFS agencies.

Building on its previous work, IFSD's approach to this project was 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. Pursuant to article 2.2 on the legal accessibility of information requested for this study and article 2.5 that exempts program evaluation and assessments of organizational performance from review, IFSD did not require Research Ethics Board review for its work.

All information collected from this survey, with the consent and participation of the agencies, has been shared back to participating agencies (via monthly updates) and NAC in an anonymized and aggregated format to protect the privacy of agencies and their communities. All results of this project will only be shared in an anonymized and aggregated format.

A physical copy of the data collected for this project is stored in a locked cabinet at the IFSD office. Electronic copies of data are maintained locally on IFSD research laptops only.

RESEARCH DESIGN

Following IFSD's review of FNCFS agency need assessments (see Appendix A), it was determined that current information available through the assessments and financial statements was insufficient and inconsistently collected to complete the analysis required by the CHRT orders. IFSD determined that it would develop its own data collection instrument aligned to the CHRT orders, and that accounted for federal financial and program activity architectures. The data collection instrument was a 105-question survey developed from April to May 2018. The instrument was designed as an online survey on the SurveyMonkey platform, accessible via weblink.

The instrument was reviewed by methodological experts³⁹ and by NAC and was then translated into French. Both English and French versions of the tool were made accessible to agencies to complete. All information requested from agencies was organizational in nature and related to the fulfilment of professional duties. No confidential or secret information was requested. For an overview of the survey questions, see Table 2 and the complete instrument in Appendix C.

The instrument was designed to complete a census of organizations. ISC provided IFSD with a list of 104 FNCFS agencies in April 2018 to contact for this project. Only data from the listed agencies that participated in this project is included in this report.⁴⁰

³⁹ Professors Scott Bennett and John Loxley reviewed the instrument and provided feedback to refine the tool prior to its release to FNCFS agencies.

⁴⁰ Additional agencies contacted IFSD to participate in this project. Their data was directionally consistent with that of the 104 agencies on ISC's list. In previous drafts of this analysis, the additional agencies were included. However, for methodological consistency, they were removed from this analysis as they were not on the original list provided by ISC.

TABLE 2
OVERVIEW OF THE 2018 IFSD FNCFS SURVEY

CATEGORY	SURVEY QUESTIONS
AGENCY DETAILS Contact details for survey, location of agency and community/ies served; community accessibility; catchment and satellite office details; children in care; child population served; mandate, history and agency services and programs.	1–21
BUDGET AND FINANCES Total and program specific budgets (e.g. prevention, protection); budgetary changes.	22–41
CAPITAL ASSETS Capital expenditures and assets; nature of building occupancy (lease/own); details on agency headquarters (e.g. square footage, building materials); repair requirements and estimated costs.	42–54
TECHNICAL PROFILE Investments, satisfaction with and need for information technology (e.g. hardware, software, cloud-based infrastructure).	55–58
OPERATING AND MAINTENANCE The costs of doing business, e.g. legal and related fees.	59–65
EMPLOYEE DETAILS Salaries and benefits; salary ranges; personnel and retention.	66–75
Small agencies; remoteness; travel costs; gaps in service.	76–83
CASELOAD Understanding case complexity; average cases per employee and employee category.	84–91
GOVERNANCE AND DATA COLLECTION Agency management and accountability practices; community engagement; performance measurement.	92–105

Each FNCFS agency was invited to send two representatives to Ottawa to attend one of five workshops at IFSD to complete the survey (one workshop was hosted in Saskatoon, with logistics coordinated by the Saskatchewan First Nations Family and Community Institute). All travel, accommodation and incidental expenses were covered for the two participants by IFSD. Participants were not remunerated or incentivized to participate in the research process.

The two-day workshops were designed to work with agencies to complete the survey and enhance consistency in interpretation of questions (see Appendix D for a sample agenda and Appendix E for definitions used in the survey). A future state exercise was hosted on

the second day of each workshop, to better understand the agencies' perspectives on future need and vision for an improved FNCFS structure (see Appendix F for summaries). Convening agency leadership was fruitful for exchanges, knowledge sharing and network building. Participant evaluations of the workshops were positive (see Appendix G for the evaluation summary) and helped to improve future sessions.

Agency outreach was central to IFSD's efforts. FNCFS agency executive directors were first contacted via email by Kevin Page on May 1, 2018 using contact information provided by ISC and included a letter of endorsement from NAC (see Appendix H). A second email was sent to executive directors on May 3, 2018 by Helaina Gaspard, inviting agencies to attend one of four workshops scheduled in Ottawa (a fifth workshop in June was added to accommodate agencies who could not attend a May workshop) (see Appendix H). To follow-up on the invitation, IFSD contacted all agencies at least once by phone, first on May 4, 2018, and followed-up at least once with an email reminder, first sent on May 9, 2018.

IFSD is grateful to agency leadership and NAC whose efforts enhanced outreach on a regional basis. As a trusted leader and member of NAC, Cindy Blackstock recorded a promotional video that was shared with agencies and other stakeholders on May 8, 2018, to provide information about the project and to encourage agency participation.⁴¹ Agencies unable to accommodate any of the workshop dates were given the option to complete the survey online remotely, with the support of IFSD staff (eleven agencies completed the survey remotely).

In total, 70 agencies⁴² attended one of the five workshops in Ottawa and one workshop in Saskatoon (Table 3). Only IFSD staff were on-site to support agencies in their work in both English and French, with interpreters on-site for select sessions.

⁴¹ A website (www.ifsd.ca/fncfs) was developed for the project that included monthly updates (that were also sent to stakeholders) and related information, including the video.

⁴² Two agencies that participated in the workshop were subsequently removed from the analysis for methodological consistency (see footnote 41).

TABLE 3
WORKSHOP DATES AND LOCATIONS

DATE	LOCATION
May 14–15, 2018	Ottawa
May 17–18, 2018	Ottawa
May 22–23, 2018	Ottawa
May 24–25, 2018	Ottawa
May 30–31, 2018	Saskatoon
June 4–5, 2018	Ottawa

During the workshops, agencies were invited to complete the survey using the SurveyMonkey platform in English or in French. There were technical challenges with the platform during the first workshop that were corrected for all other workshops (participants from the first workshop were invited to submit an electronic or paper copy of the survey). Following the first workshop, minor refinements were made to the survey thanks to agency feedback. There were no losses to data integrity or aggregability with those changes.

When completing the survey, agencies were asked to report with information from fiscal year 2017–2018, referring to baseline funding levels. Agencies were asked to omit any supplementary funding from the CHRT orders to capture the typical or steady state of operations. In order to develop a future state model for agencies based on need, it was important to have a complete understanding of their point of departure, with potentially anomalous funding removed. To supplement responses, participants were encouraged to provide context to give meaning to the data they shared. Upon completion of the survey, a copy of the submission was returned to participants.

All submitted surveys were reviewed for completion by IFSD. Unanswered questions and unclear responses were flagged and compiled into a single reference document or email for each participating agency. Agencies were contacted at least twice (once by email and once by phone) to clarify the flagged questions. Follow-ups began in mid-May 2018 (following the first workshop) and continued into early July. Agencies were asked to submit their supplementary information or clarification, and approximately one third of the follow-up emails received responses. A final reminder was sent on July 13, 2018 and substantive data collection efforts ended

on July 31, 2018. As a census of a population, data collection remained open to any agency willing to participate but IFSD's outreach for survey participation ended.

With substantive data efforts complete, IFSD reached out one final time in October 2018 to all twenty-five non-responding agencies first by phone and then via email. The agencies were asked to provide four key pieces of information about their organization to ensure they were represented in the sample: 1) the number of children in care; 2) the agency's total budget (all sources of funds); 3) total federal funding only; 4) federal allocation for protection and prevention. A total of five agencies provided these details. There was one agency that requested to participate through a shortened survey of approximately 20 questions.

PARTICIPATION

This project's total sample population was 104 agencies. The final participation rate was 76%, with 79 of 104 agencies participating in the Survey (Figure 7). All ten provinces are well represented with over 50% of agencies in each province taking part in the survey (see Figure 8). It should be noted that participation per question varies, i.e. not all participating agencies answered all questions.

FIGURE 7

NATIONAL AGENCY SURVEY PARTICIPATION

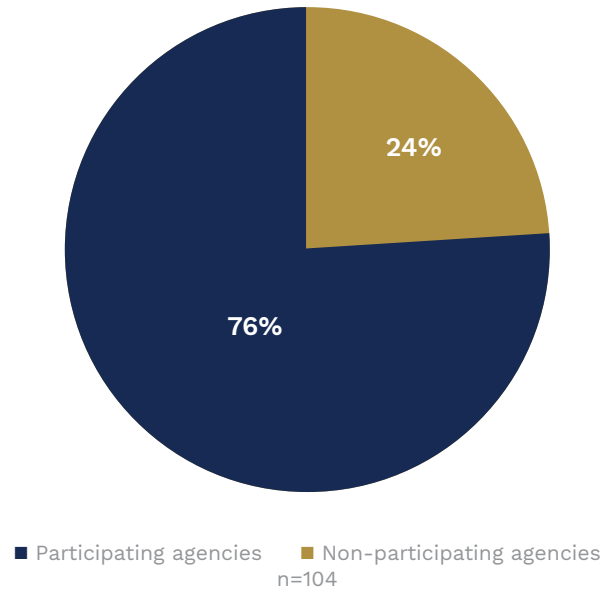


FIGURE 8

AGENCY SURVEY PARTICIPATION RATES, BY PROVINCE

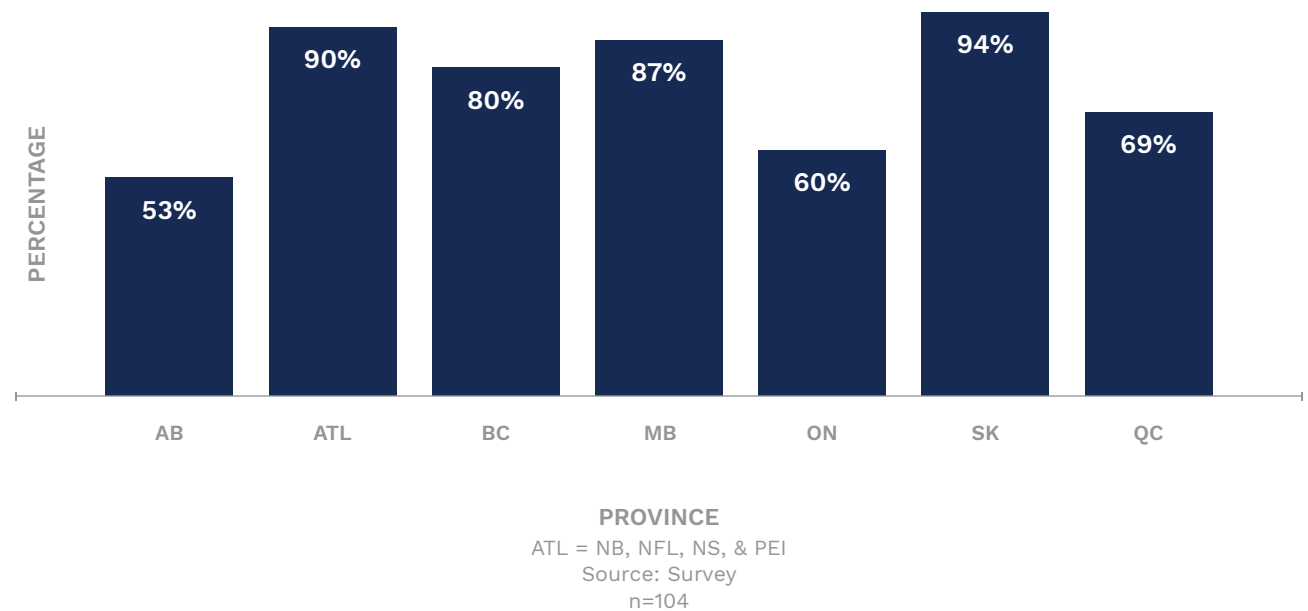


FIGURE 9

COMPARING CHILD POPULATION SERVED ACROSS RESPONDING AND NON-RESPONDING AGENCIES

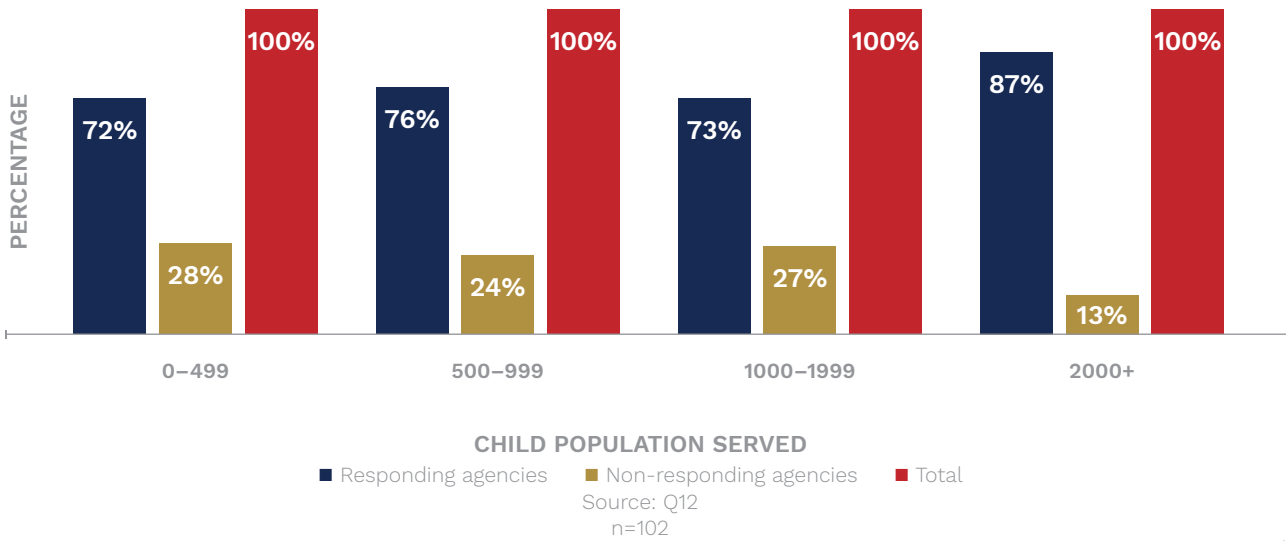


FIGURE 10

COMPARING AGENCY ACCESSIBILITY ACROSS RESPONDING AND NON-RESPONDING AGENCIES

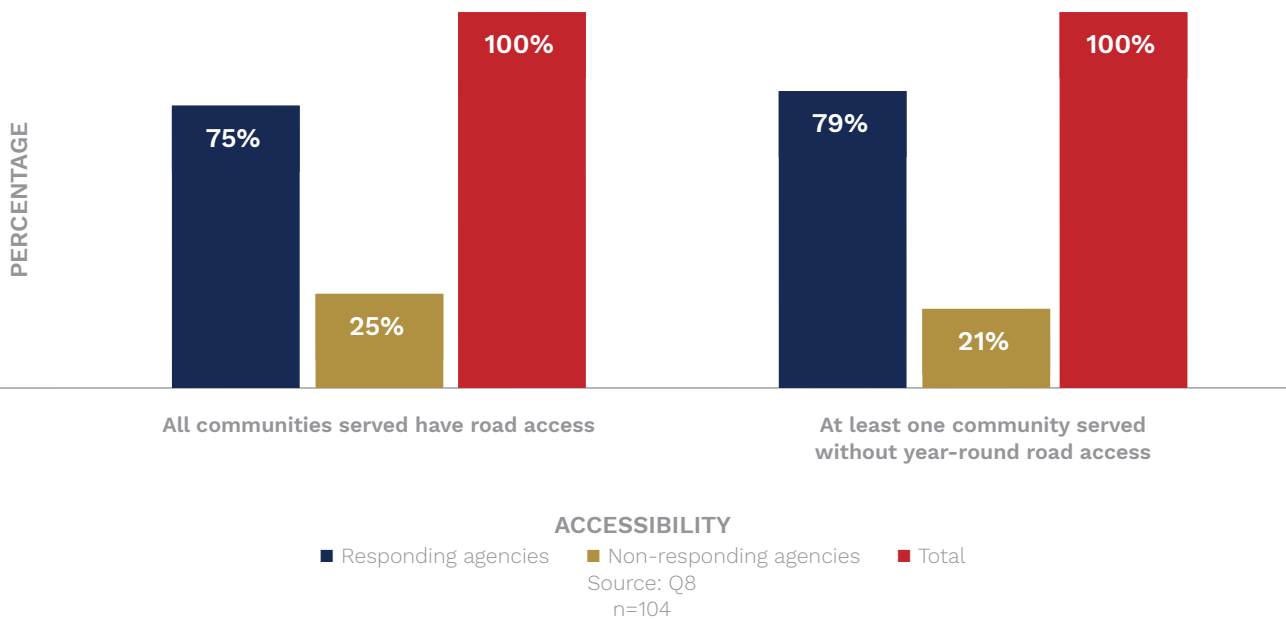
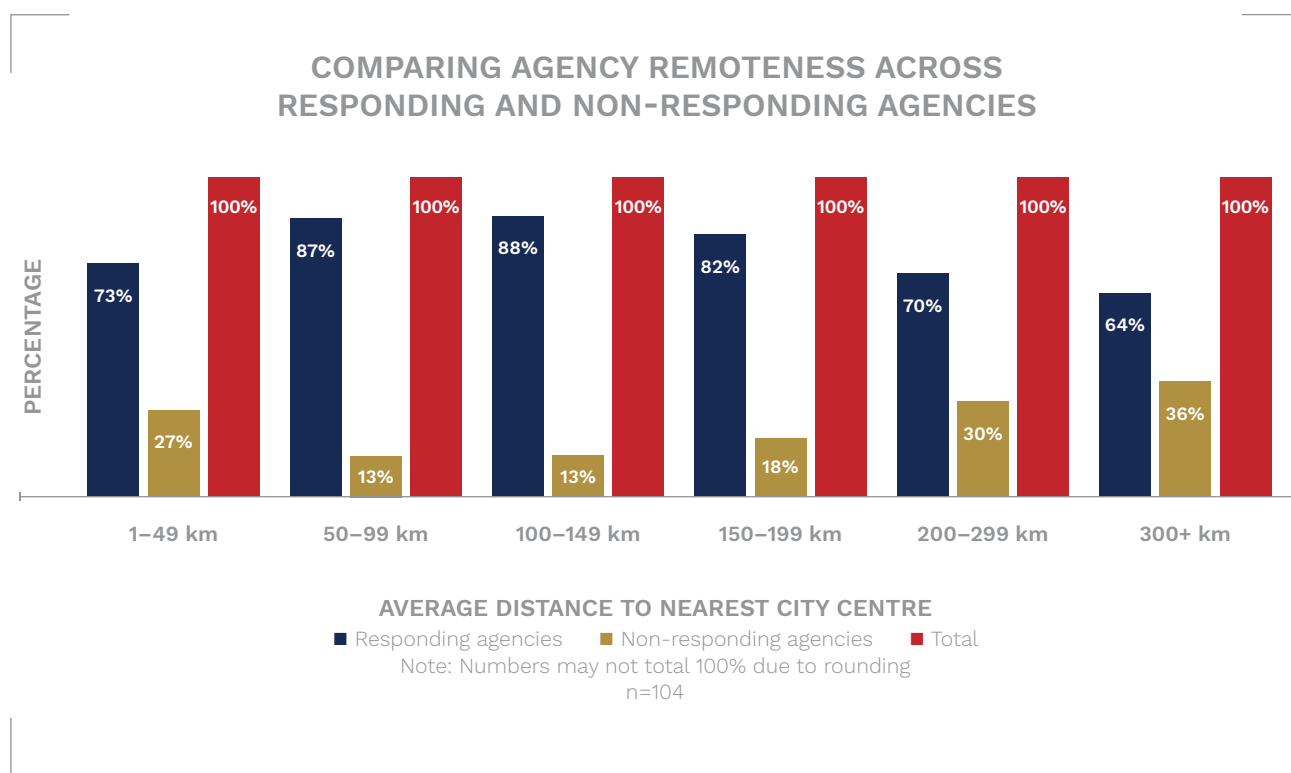


FIGURE 11



The limitation of any census of organizations such as this one is the imperfect response rate. However, the response rate of 76% as well as the provincial and typological representations of the agencies in the responding population helps to ensure that there is no major bias in representation. There can be, but there is sufficient publicly available information to help to assess the extent of the potential data gap.

The reliability of the sample was tested by sorting non-responding agencies into the three typologies using publicly available data. The data used included total child population served from Statistics Canada, as well as distance calculations using agency headquarters addresses and community locations. When assessed against the total potential sample in each of the three typologies, over 50% of each potential population is included in this project's sample (see Figure 9, Figure 10, Figure 11). For these reasons, the sample is considered representative. For an independent expert opinion from Professor Scott Bennett on the reliability of the data and the project's methodology, please see Appendix I.

ANALYSIS

Following the workshops, IFSD began coding all survey data in June 2018. A spreadsheet was designed to facilitate the entry of quantitative and qualitative responses. Using hardcopies of the survey, IFSD research assistants entered quantitative and qualitative data into the spreadsheet. Each entry was checked at least once by another research assistant. Following the initial data entry, the more complex qualitative questions were coded and integrated into the master spreadsheet. The master data set was spot-checked by a third research assistant, selecting questions and half of responding agencies at random to ensure completeness, consistency in coding, and accuracy. The master data file was finalized in early August 2018.

To make sense of the data, analysis was undertaken in three steps. First, data was assessed to better understand agency characteristics. This analysis tabulated for instance, the number of agencies that required building repairs and the number of agencies reporting service gaps. Once this overview was complete, analysis of characteristics continued by sorting data by different variables to better understand what impacted agency expenditures. Clustering agencies by total child population served, remoteness and accessibility of communities served offered insight into what drives expenditures for agencies. These three typologies were helpful in understanding trends in agency expenditures influenced by different characteristics (see Table 4). Second, correlations were run to understand the strength of relationships between variables. The strongest cost driving relationship in the data is the number of children in care to total agency budgets. Given the current funding arrangement, the strength of the relationship is not surprising as the system incentivizes the placement of children in care to unlock funding. The third step of the analysis was the cost estimation of the current and future states (see the Costing section of this report for a detailed discussion).

TABLE 4
 TYPOLOGY DEFINITIONS

TYPOLGY	DEFINITION	FINDINGS
Total child population served	The total population of persons 0–18 years of age within the agency’s catchment area (i.e. in communities served).	Notwithstanding overall funding shortfalls, there are variances in expenditures and trends when agencies are assessed by population served. Analysis suggests that variances are largely driven by remoteness and accessibility.
Remoteness	Remoteness was determined as distance to a city centre, because analysis from Wen:de (2005) suggested that agencies must send clients to a city centre (Statistics Canada definition) to access services. The remoteness calculation for each agency was determined as an average of the distance of the communities they serve to the closest city centre.	Remote agencies exist across populations served, provinces, and budget ranges. Average number of staff and travel costs generally trend upward with remoteness; this is reflected in average budgets.
Accessibility	Agencies were clustered based on the communities that they serve. Agencies serving at least one community without year-round road access were grouped, and agencies serving only communities with year-round road access were grouped.	Agencies with at least one community without year-round road access have higher average budgets, staff, children in care and substantially larger travel budgets. Limited road access represents approximately 20% of the population.

AGENCY CHARACTERISTICS

Agency data was clustered to assess if agency characteristics could help to identify expenditure trends. This approach was helpful in demonstrating that agency characteristics were more representative than provincial or funding formula groupings (i.e. agency characteristics cross provincial boundaries and funding formulas). When data was sorted by province and by funding formula, there were limitations in the explanatory value of trends.

While average budgets by province varied, agencies in Ontario reported higher average budgets than their peers using other funding formulas. This however, may be a function of the size of the Ontario agencies and the geography that they cover (Figure 12 and Figure 13).

Most agencies did not report a deficit in fiscal year 2017–2018, whether sorted by province or funding formula (Figure 14 and Figure 15). This does not necessarily imply sufficient funding, but may indicate that agencies are operating nearly exclusively within planned authorities.

FIGURE 12

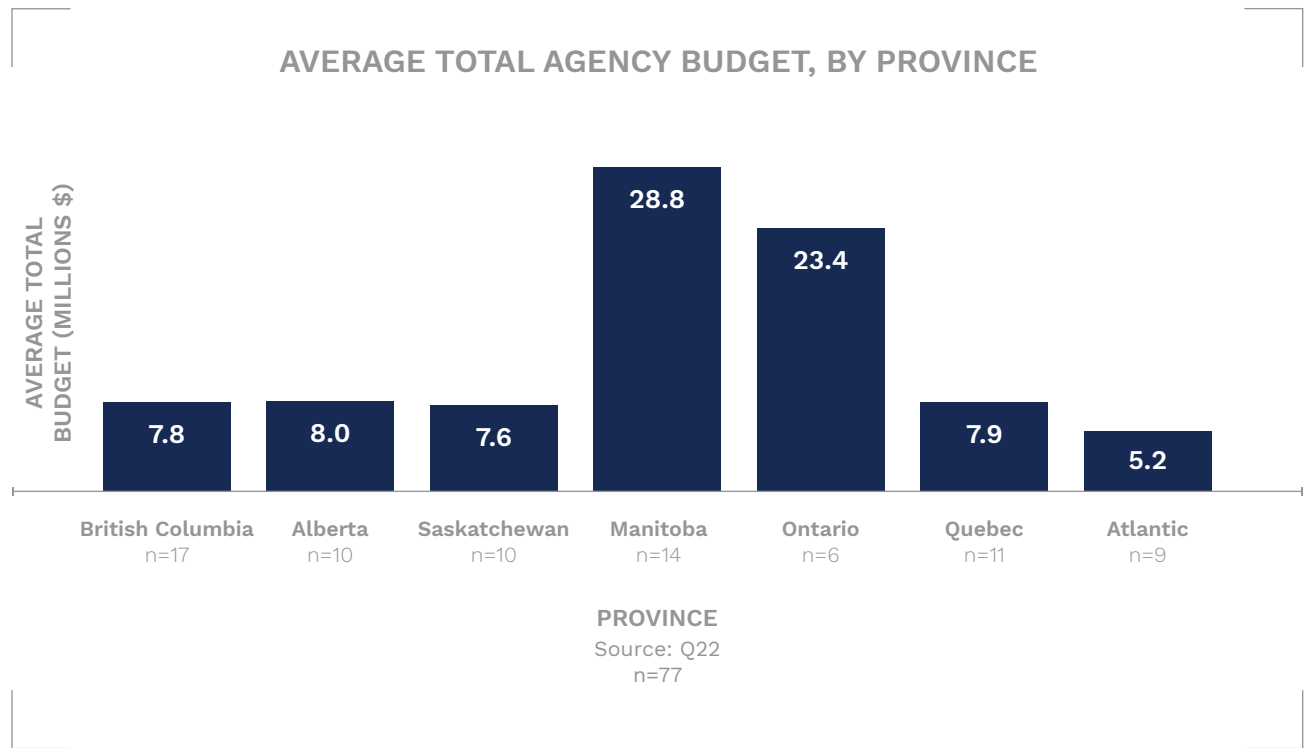


FIGURE 13

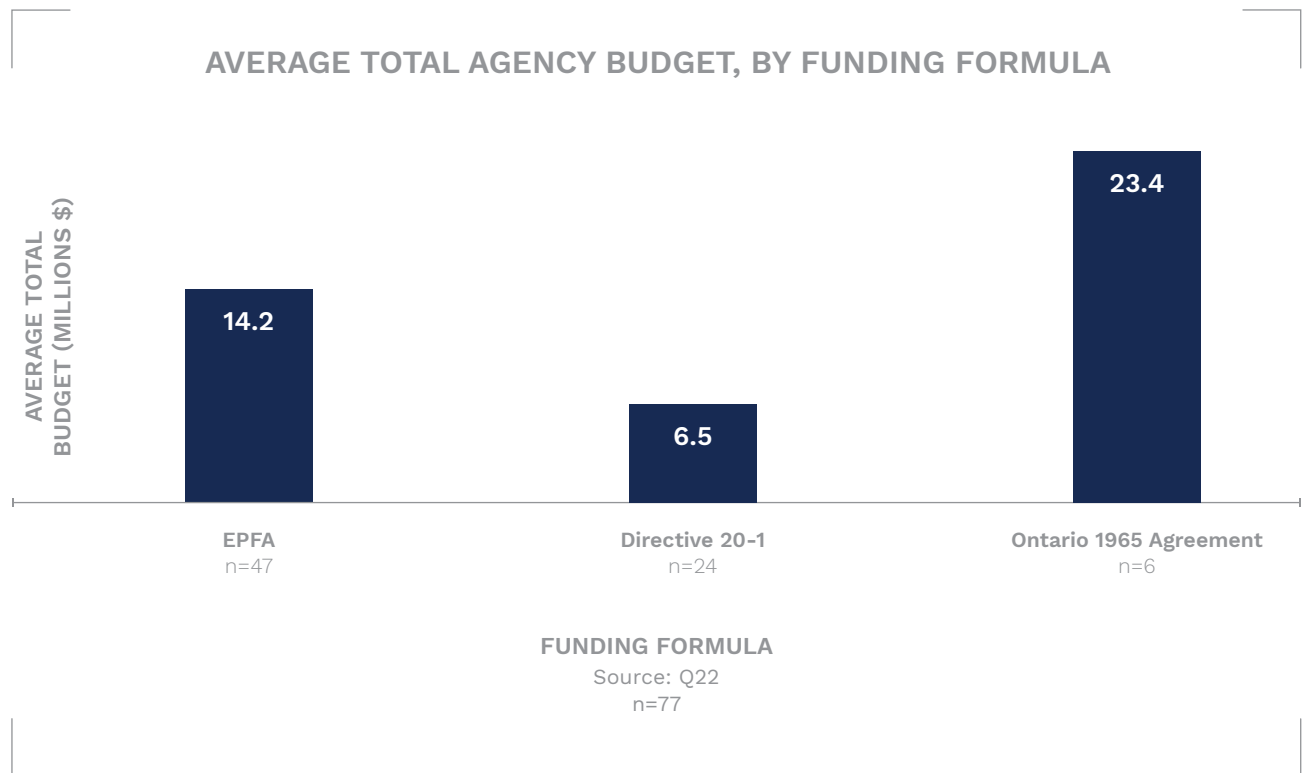


FIGURE 14

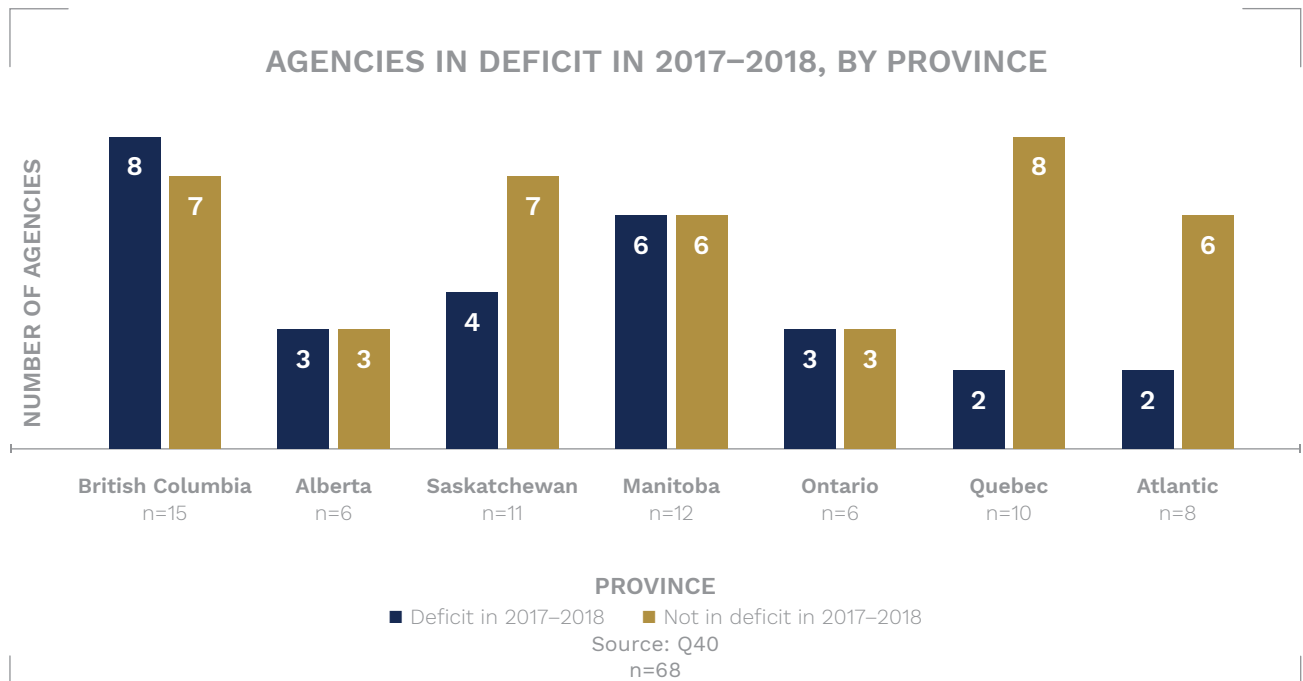
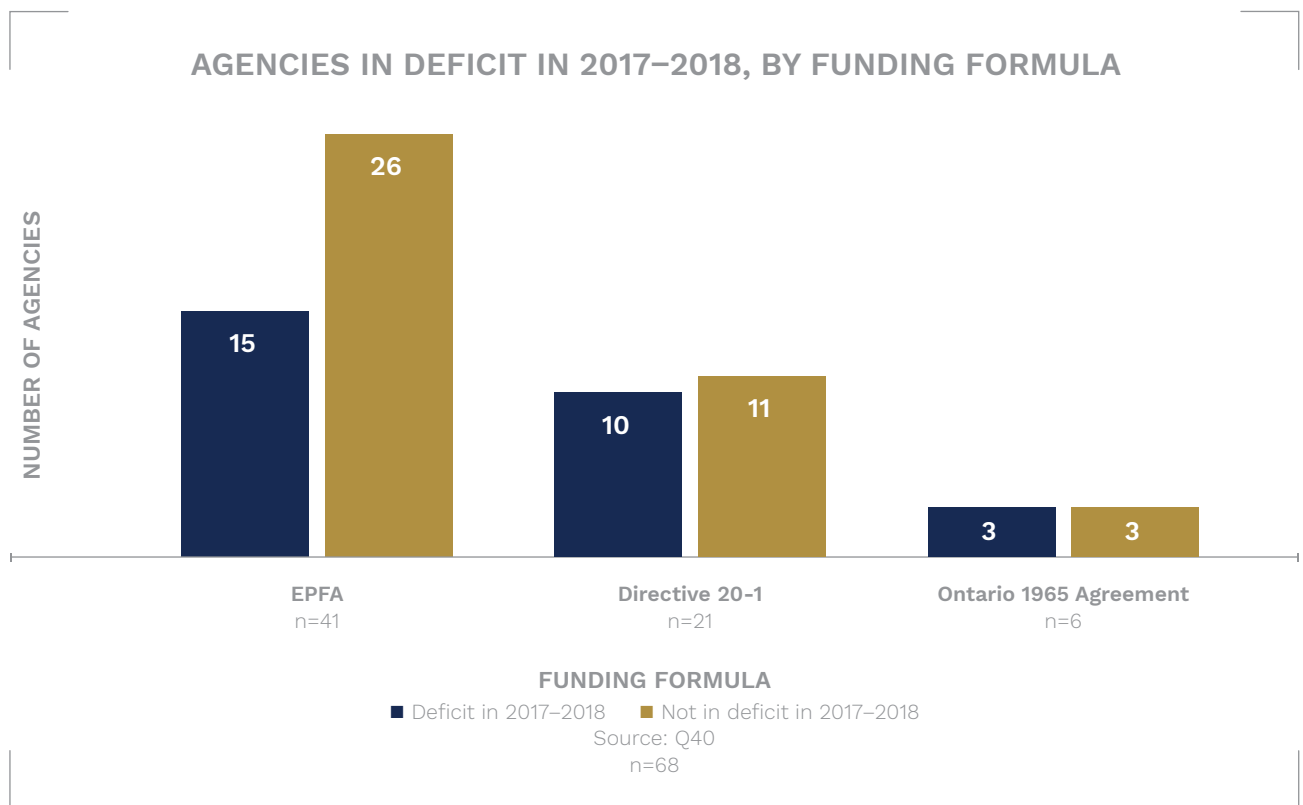


FIGURE 15



Provinces, although they can offer insight into the legislation governing child and family services, are not indicative of inherent characteristics of agencies. Similarly, clustering by funding formula is not helpful in deciphering agency characteristics. Characteristics such as geographic location (remote versus near an urban centre) or total population of children served are independent of provincial borders and funding formulas. An agency serving remote communities in Ontario under the 1965 Agreement can exhibit similar expenditure trends to an agency serving a similar community in British Columbia under a modified version of Directive 20-1.

POPULATION SERVED

There is some variance in average agency budgets by child population served as reported by agencies (Figure 16). Average agency budgets trend upwards with population served using Statistics Canada's custom catchment data (Figure 17).

FIGURE 16

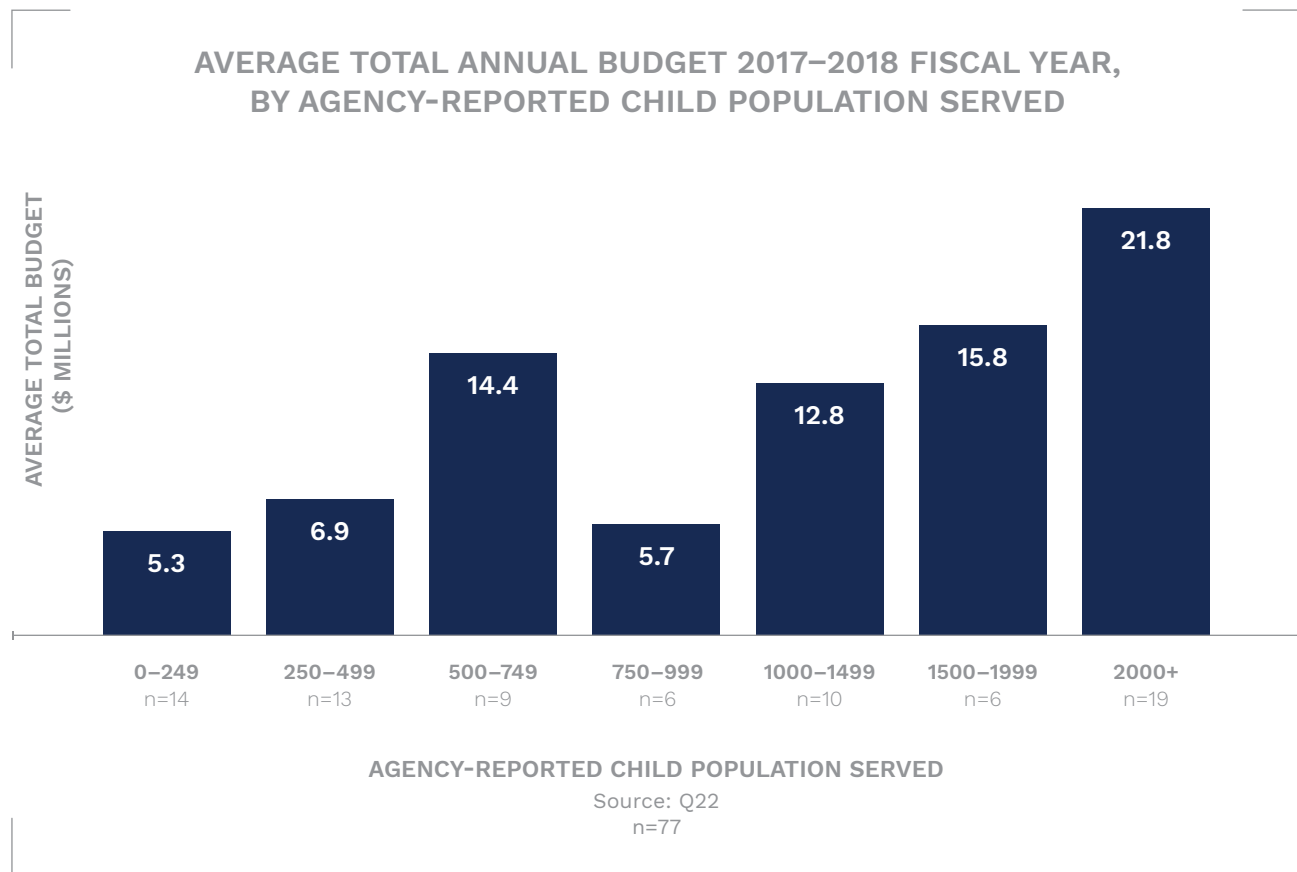
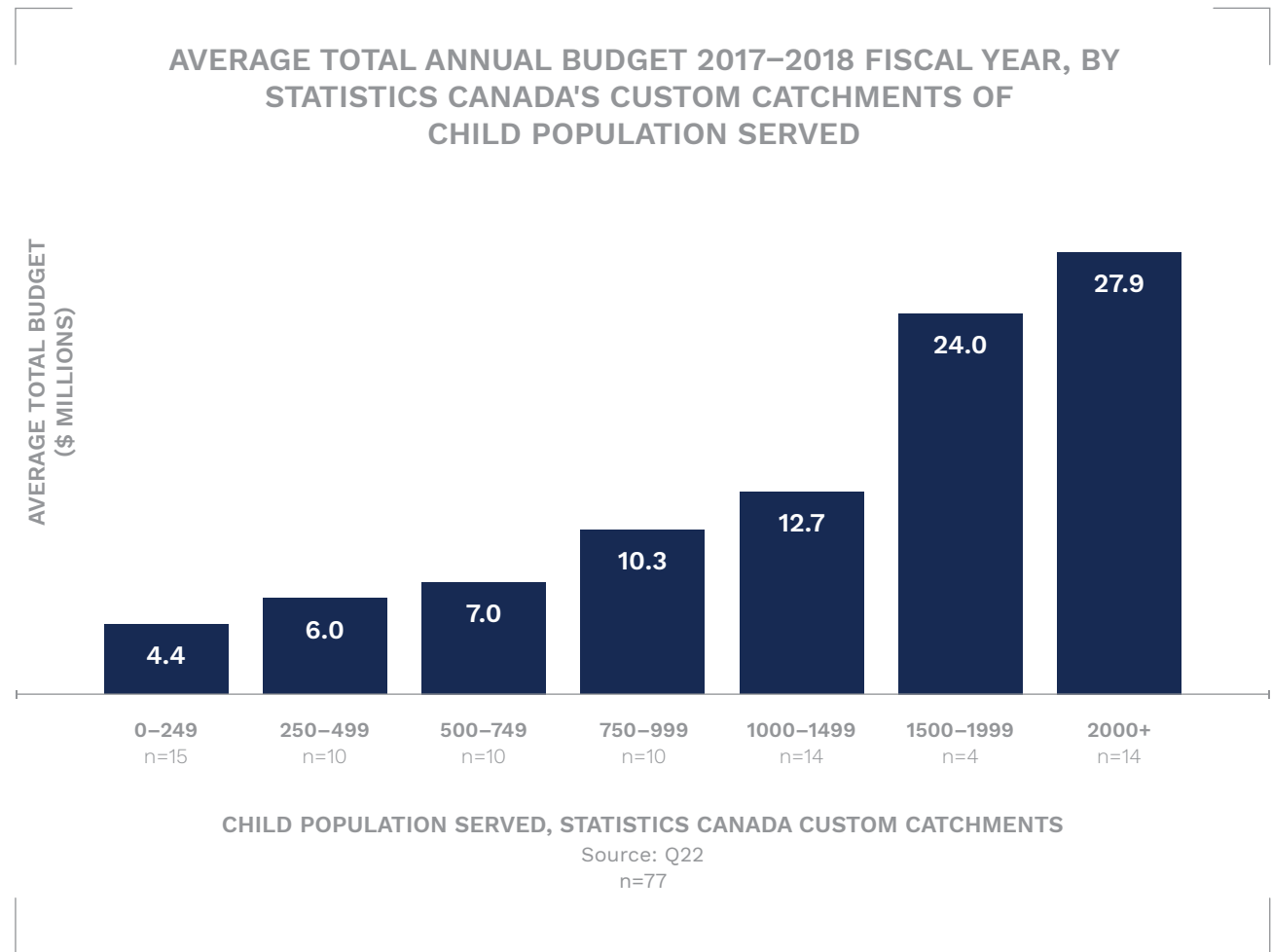


FIGURE 17



There is some variance in the relationship between number of children in care and the size of the child population served whether sorted by agency self-reported (Figure 18) or using Statistics Canada's custom catchment data (Figure 19).

FIGURE 18

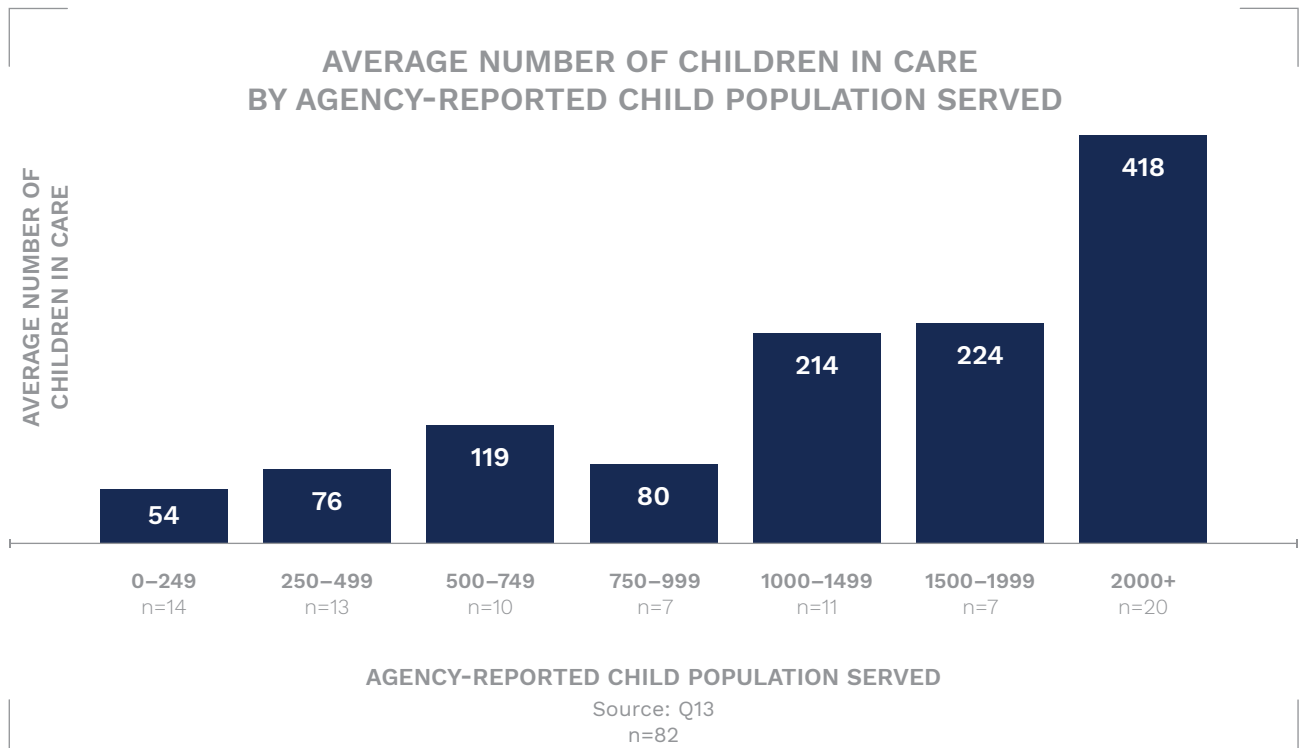
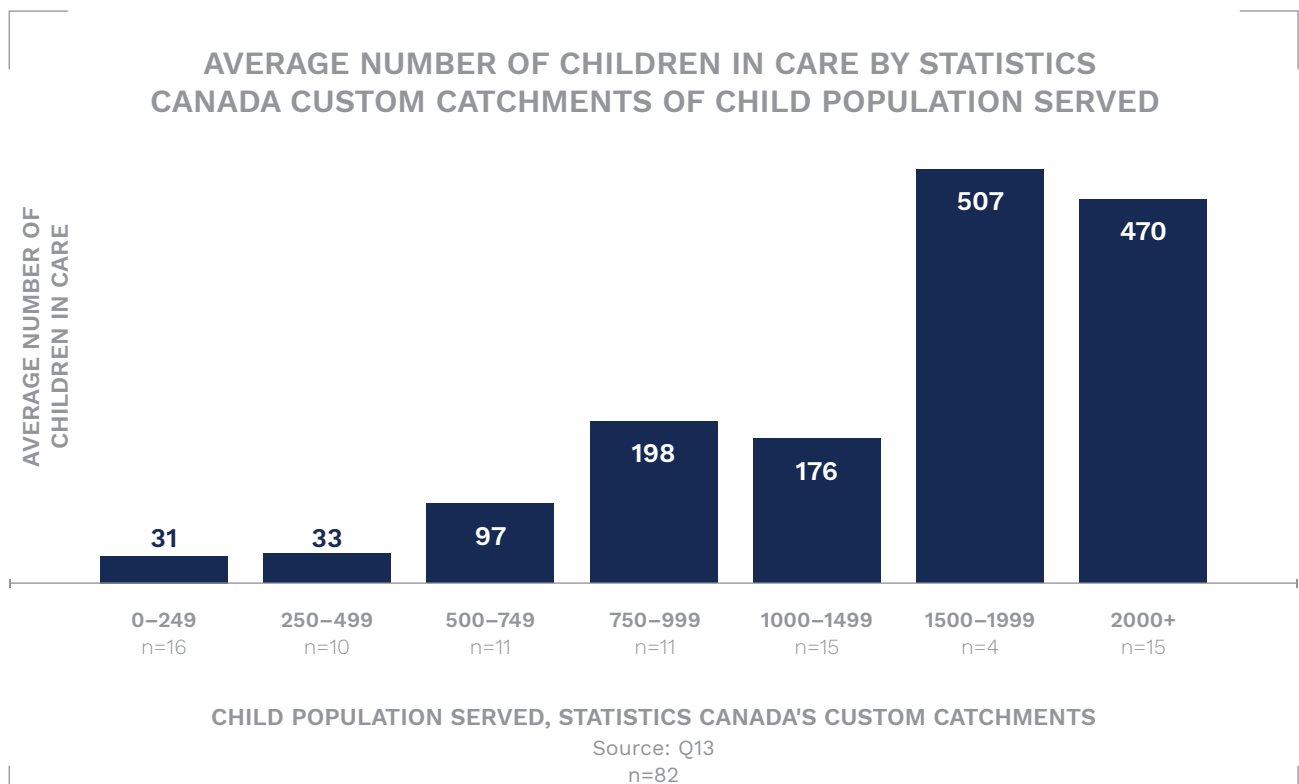


FIGURE 19



There is variance in agency travel costs when analyzed by child population served whether self-reported (Figure 20) or using Statistics Canada's custom agency catchments (Figure 21).

FIGURE 20

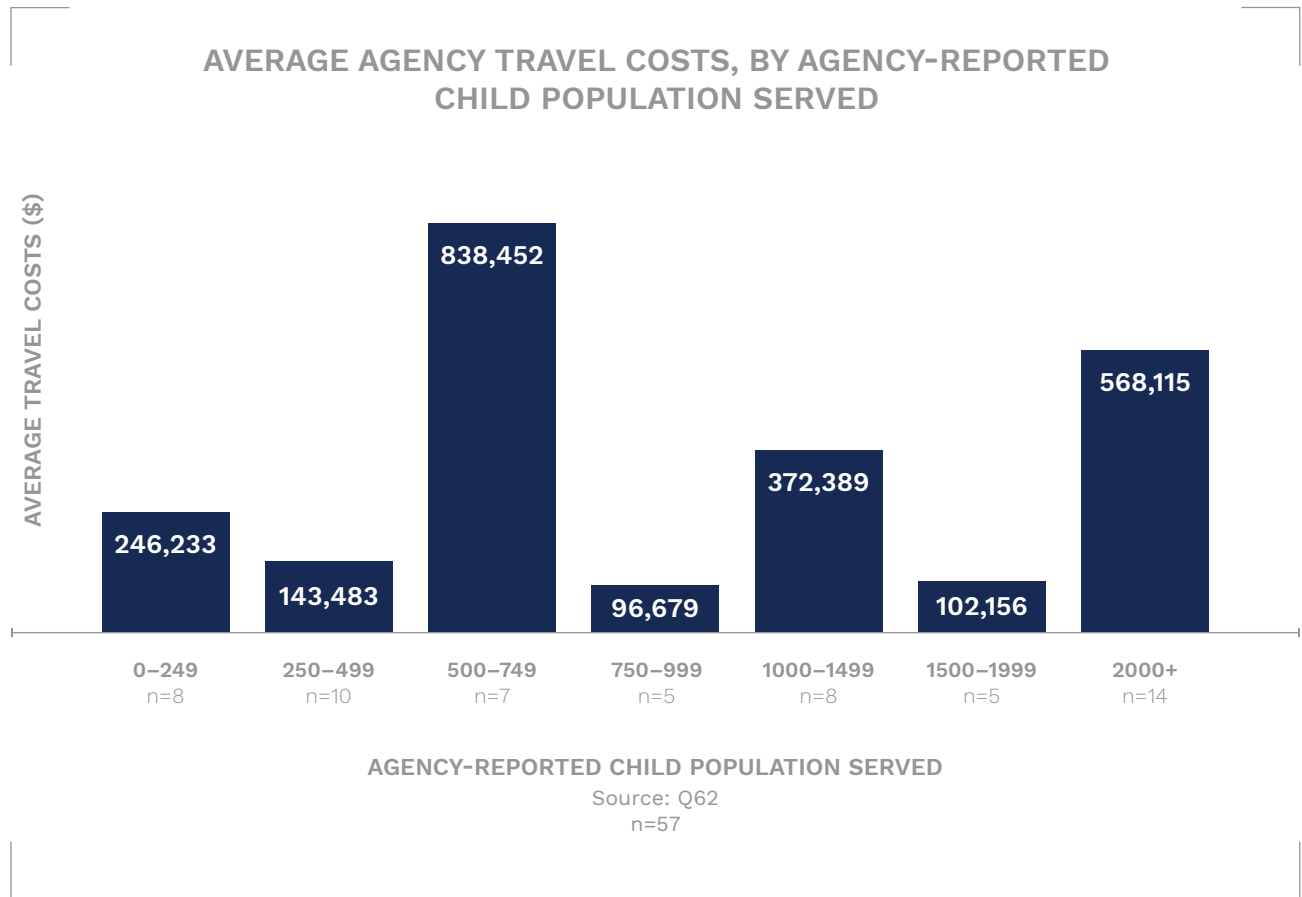
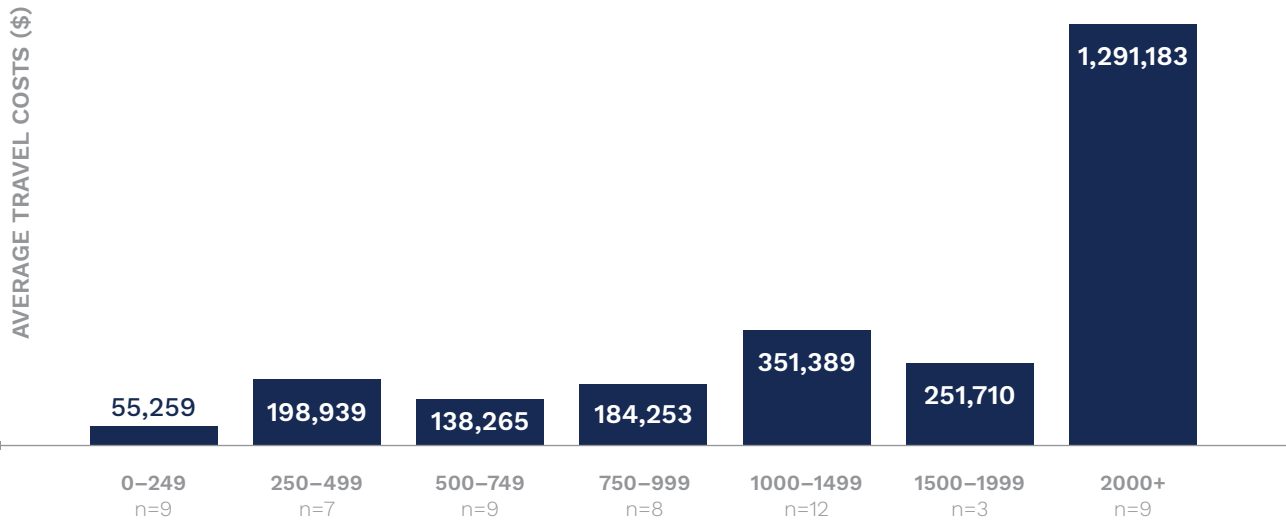


FIGURE 21

AVERAGE AGENCY TRAVEL COSTS, BY STATISTICS CANADA'S CUSTOM CATCHMENTS OF CHILD POPULATION SERVED



CHILD POPULATION SERVED, STATISTICS CANADA'S CUSTOM CATCHMENTS

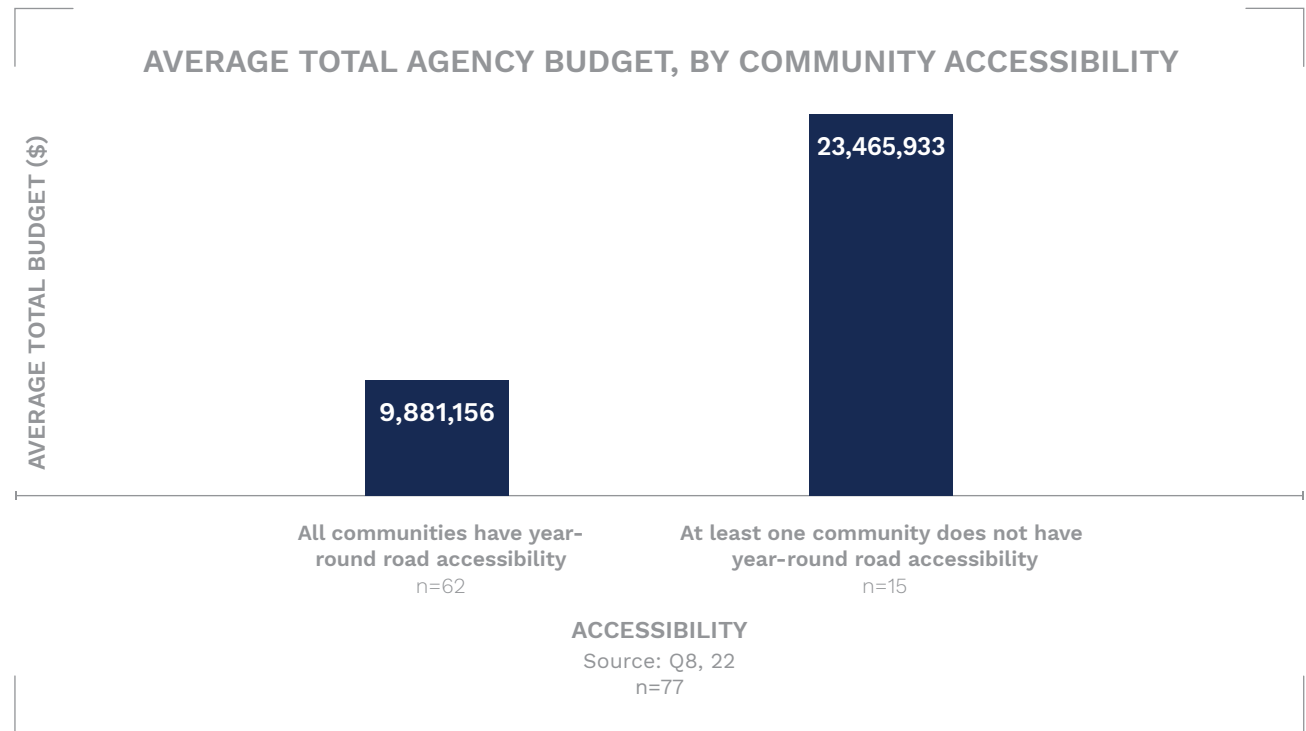
Source: Q62
n=57

ACCESSIBILITY

Agencies were clustered based on the communities that they serve. Agencies serving at least one community without year-round road access were grouped, and agencies serving only communities with year-round road access were grouped.

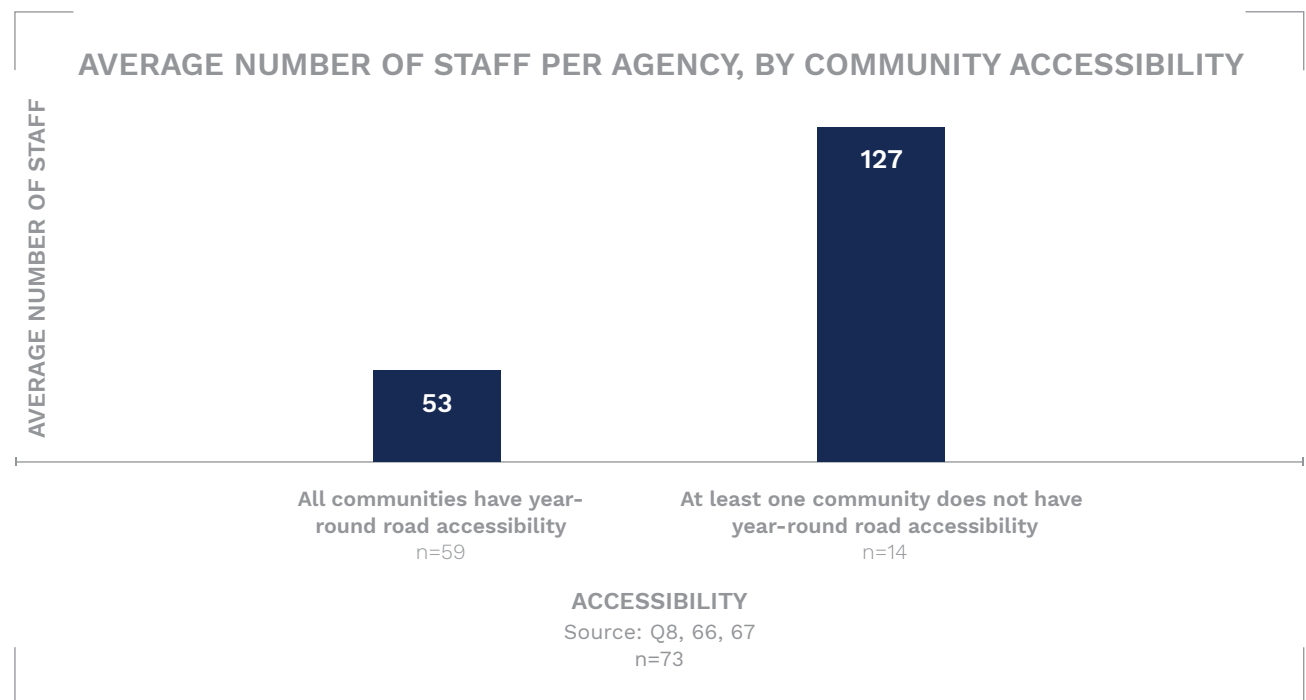
Agencies with at least one community without year-round road access have more than twice the average annual budget than those with all-year road access (Figure 22).

FIGURE 22



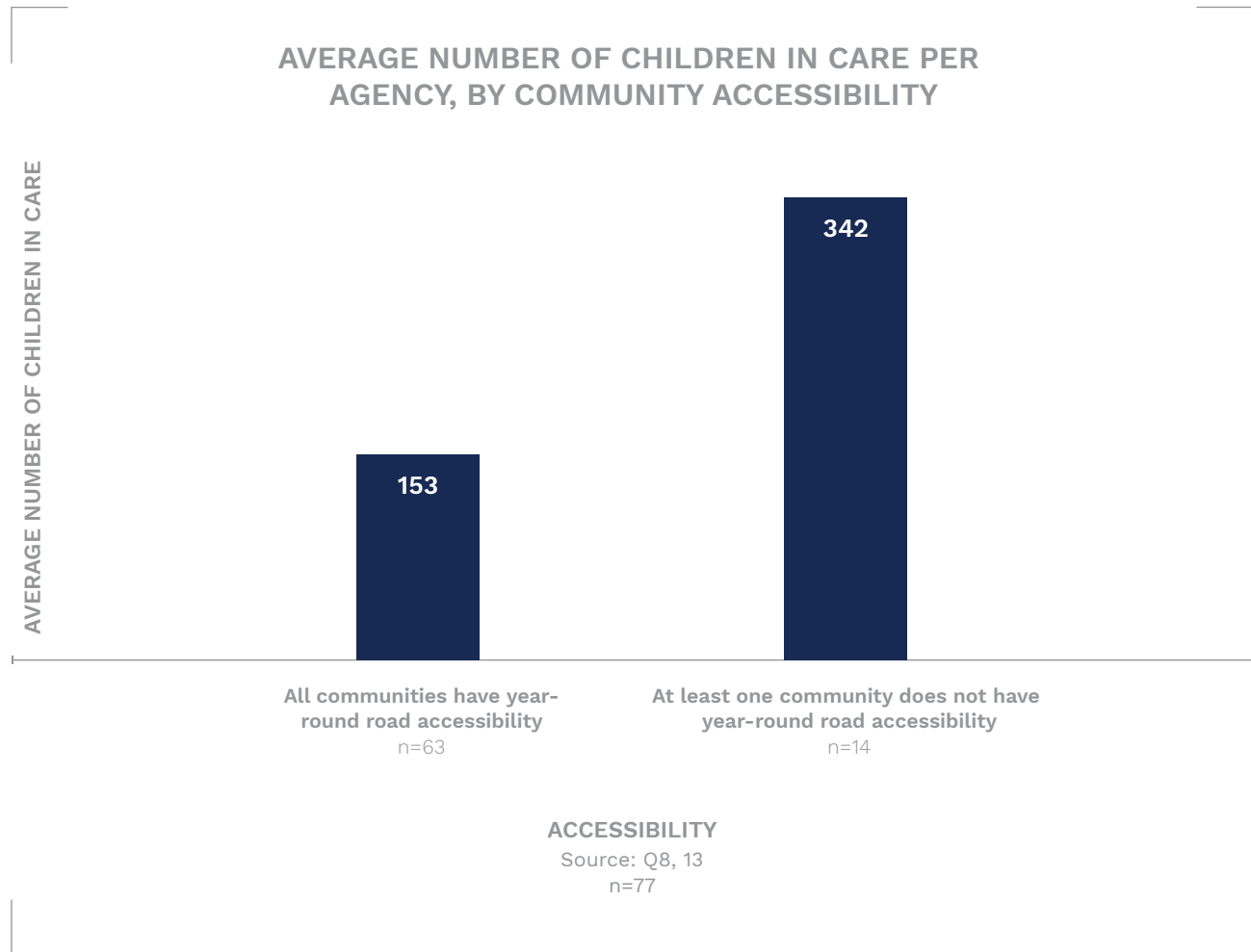
Agencies with at least one community without year-round road access have on average, approximately two times more staff than agencies with all-year road access (Figure 23).

FIGURE 23



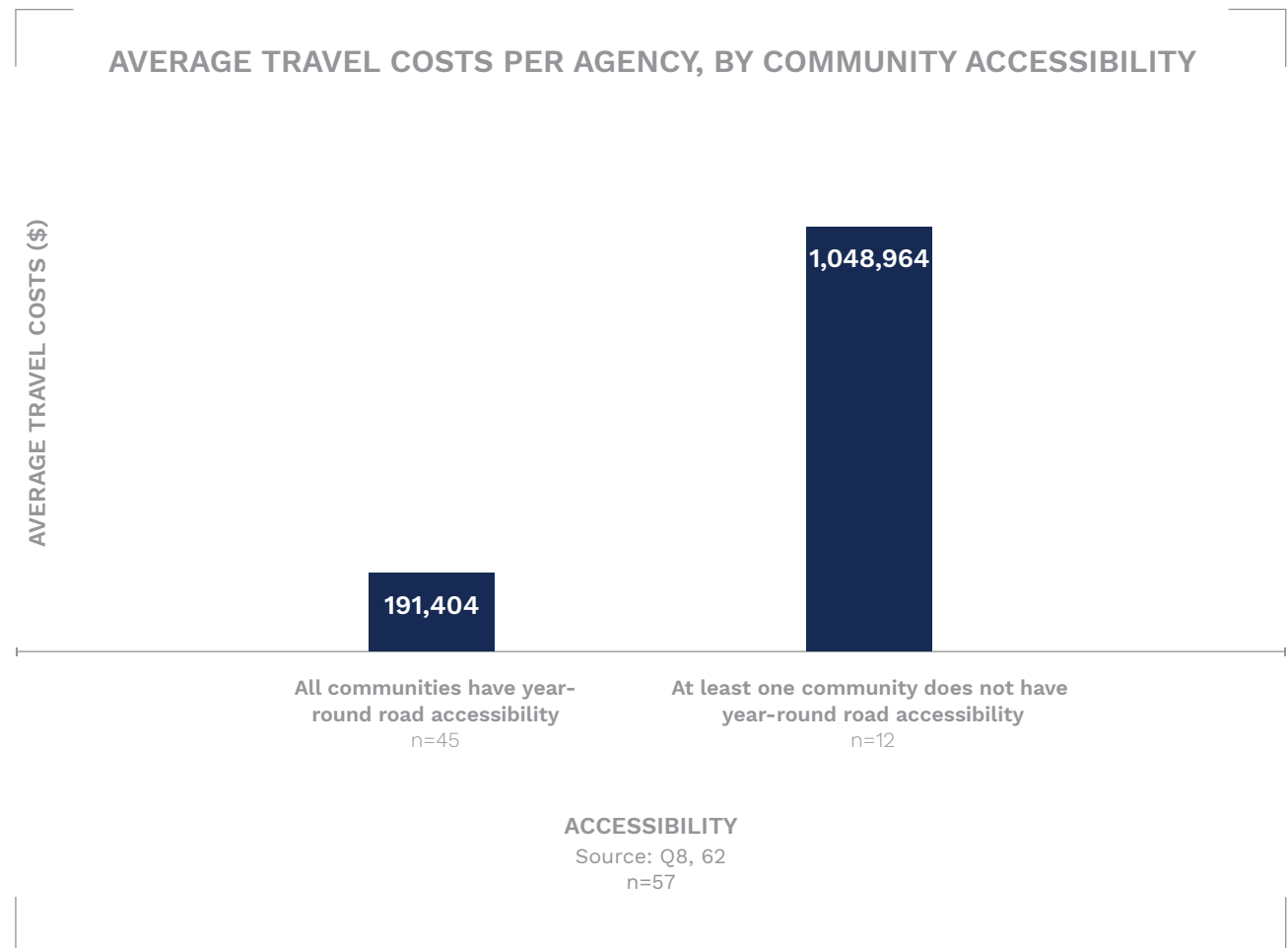
Agencies with at least one community without year-round road access have on average, more than twice the number of children in care than agencies with all-year road access (Figure 24).

FIGURE 24



Agencies with at least one community without year-round road access have on average, travel costs over five times greater than agencies with all-year road access (Figure 25).

FIGURE 25



Agencies with at least one community without year-round road access have higher average budgets, staff, children in care and substantially larger travel budgets.

REMOTENESS (DISTANCE TO CITY-CENTRE)

Remoteness was determined as distance to a city centre, because analysis from Wen:de has suggested that agencies must send clients to a city centre to access services. The remoteness calculation for each agency was determined as an average of the distance of the communities they serve to the closest city centre.

Average budget by remoteness varies among agencies (Figure 26). There is a slight upward trend in average number of staff per agency as distance from a city-centre increases (Figure 27). There is no relationship between the average number of children in care and their remoteness profile (Figure 28). Travel costs generally trend upwards as distance from a city-centre increases (Figure 29). Remote agencies exist across populations served, provinces, and budget ranges.

FIGURE 26

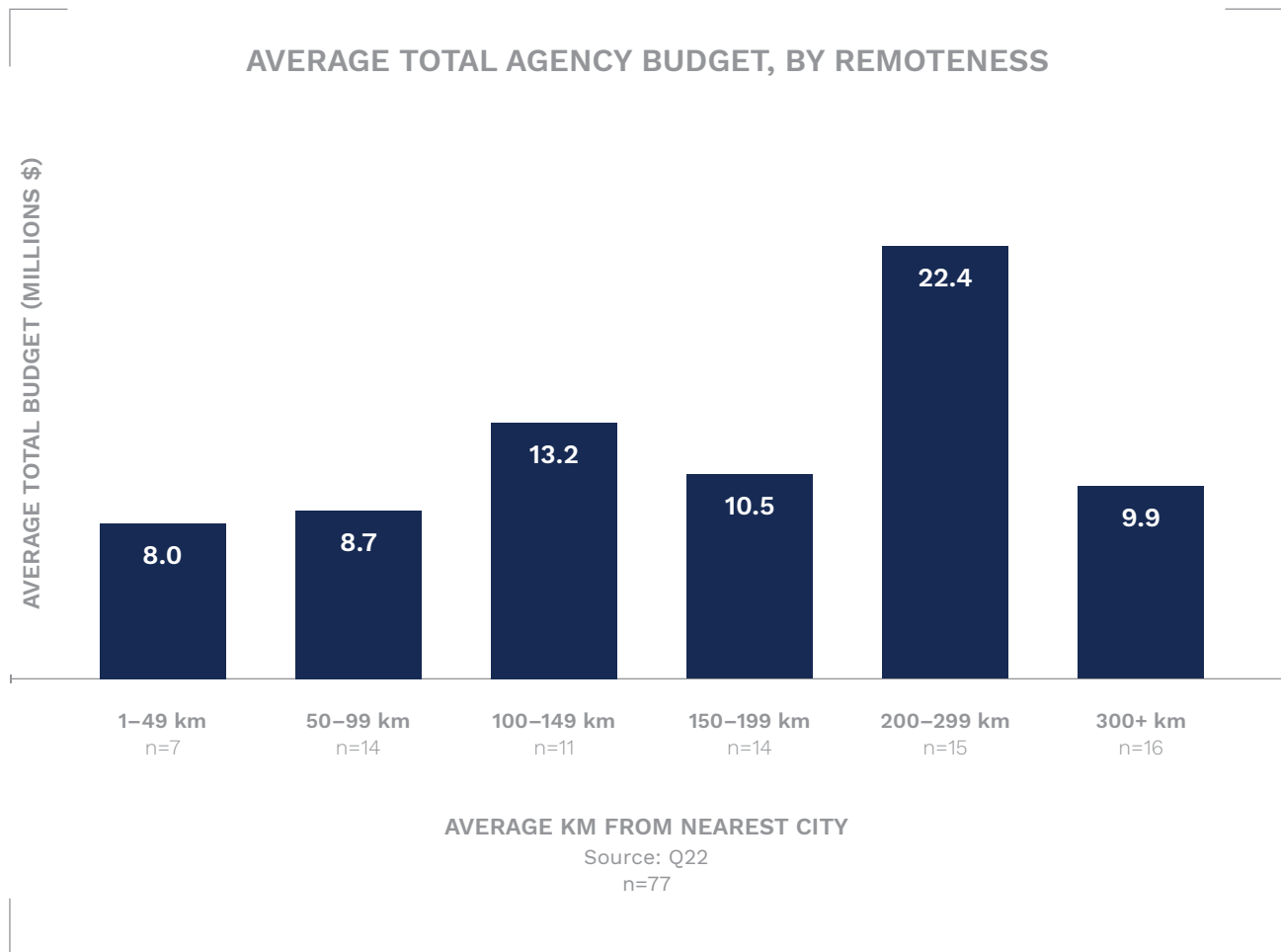


FIGURE 27

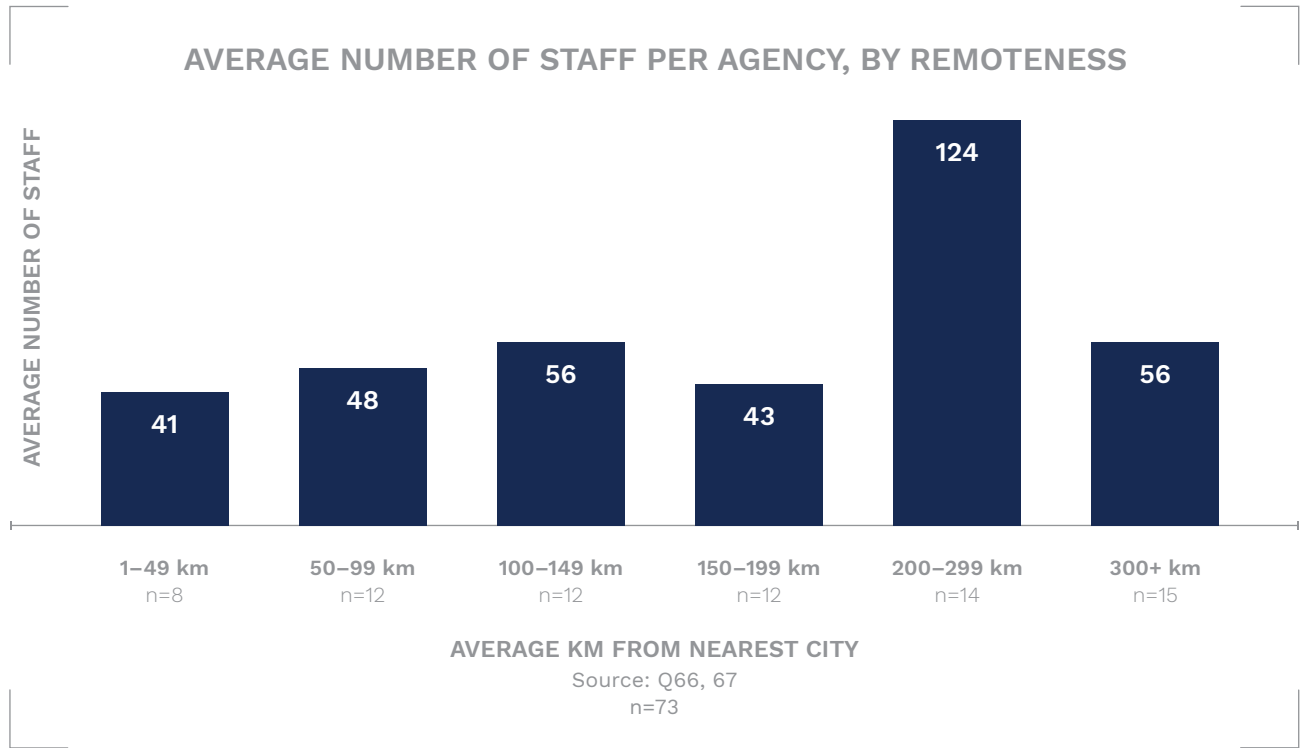


FIGURE 28

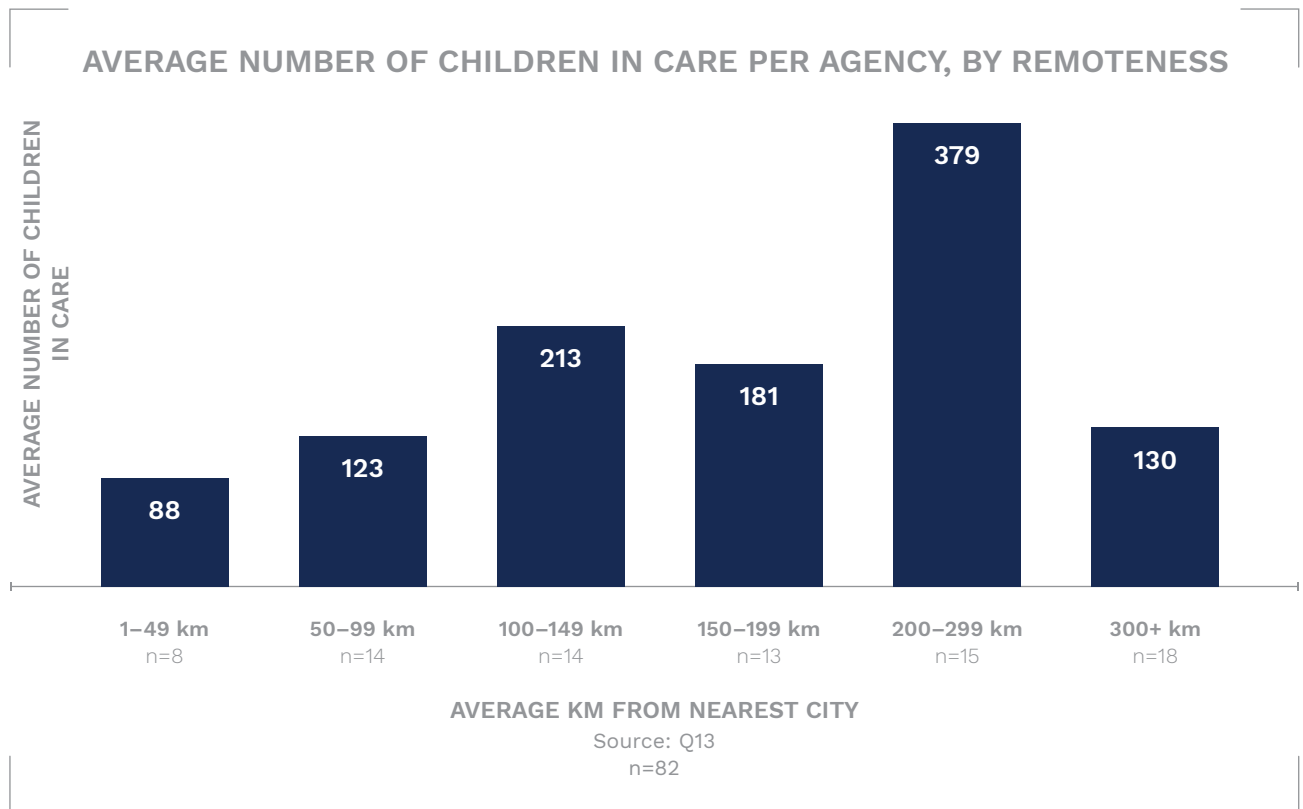
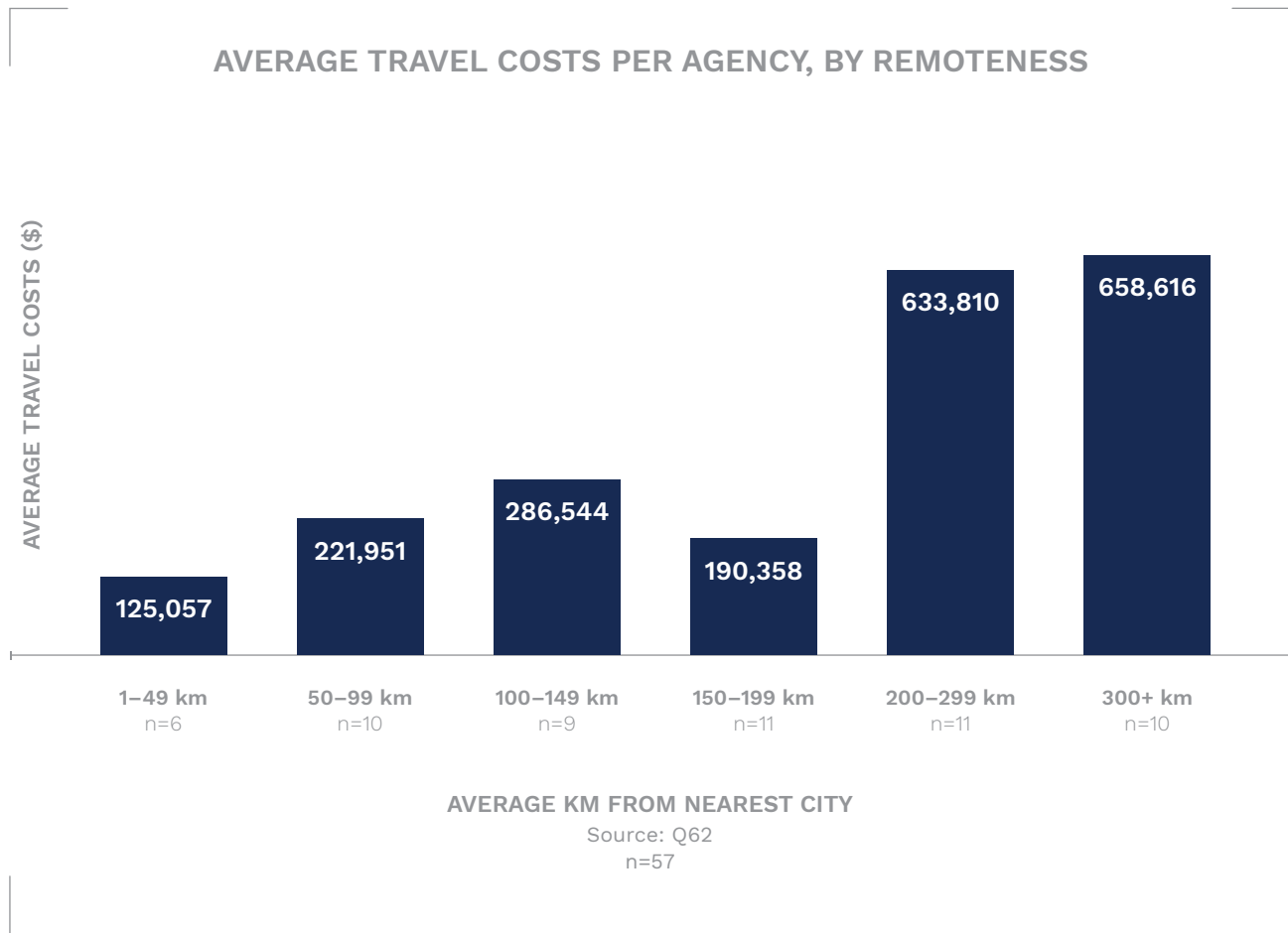


FIGURE 29

AVERAGE TRAVEL COSTS PER AGENCY, BY REMOTENESS



Clustering agencies by relevant typology was necessary to understand trends and to assess if specific characteristics influenced agency expenditures. The data suggests that agencies serving at least one community with limited road access have increased overall expenditures. By contrast, it is only travel costs that increase significantly when agencies are 200 km or more from a city centre. Analysis by typology suggests that the total population of children served is a useful indicator of resource requirements for agencies that are not remote and that are accessible year-round by road, as expenditures generally trend upwards with larger populations. Agencies with at least one community without year-round road access have higher average budgets, staff, children in care and substantially larger travel budgets. Remoteness, beyond serving as an indicator for service gaps, has limited explanatory value with respect to agency expenditures.

Correlations were run to explore associations between independent and dependent variables in the data set (Table 5). Calculations were run between these variables in each of the three typologies (total child population served, remoteness, accessibility) and for the total population. The correlations were undertaken to explore potential cost drivers and to determine which variables drive agency expenditures. Running correlations across typologies and the general population provided a test of reasonableness to determine if cost driving relationships were the same or differed among types of agencies. When clustered by typology, the strength of the relationships between the variables was mixed.

TABLE 5
INDEPENDENT AND DEPENDENT VARIABLES TESTED IN CORRELATIONS

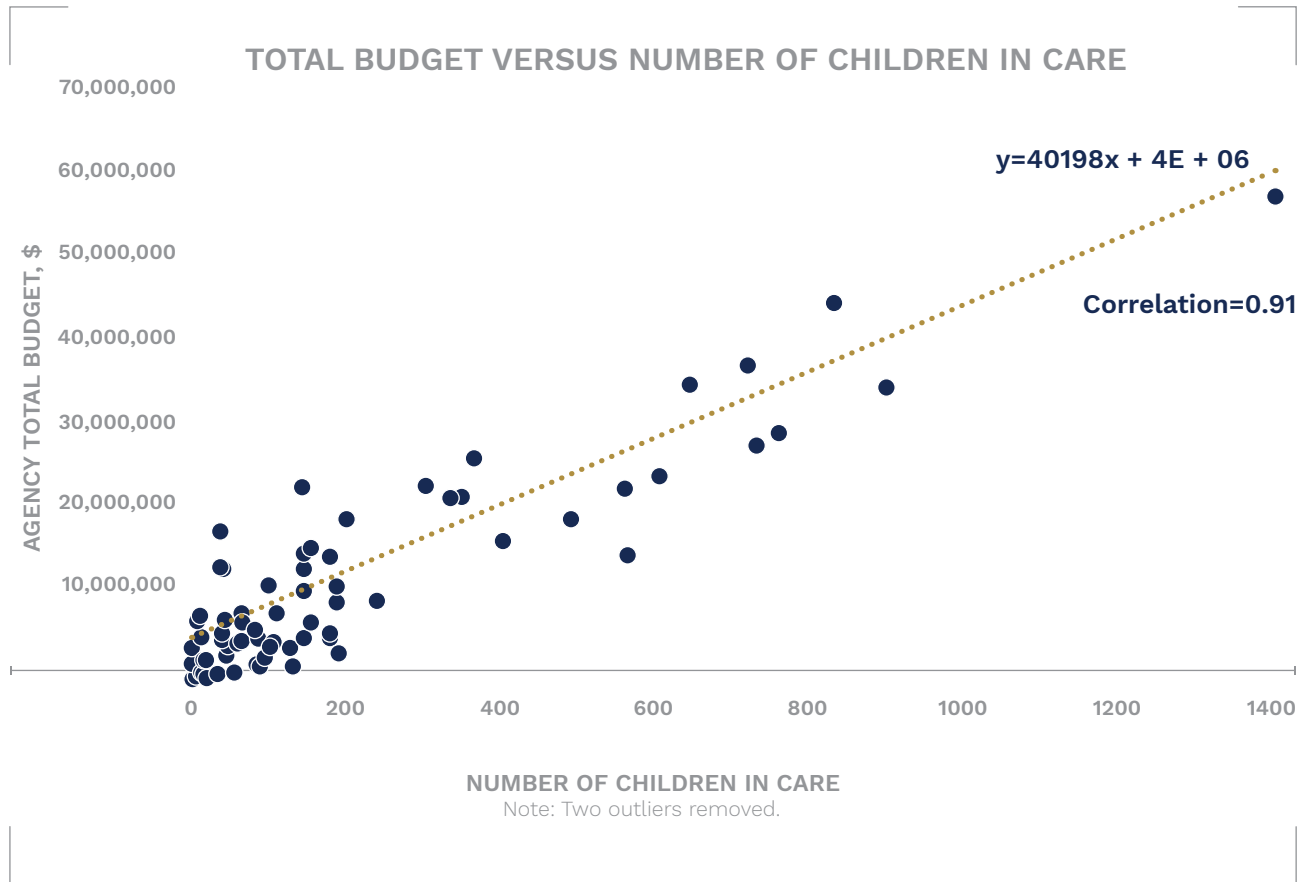
INDEPENDENT VARIABLES	DEPENDENT VARIABLES
<ul style="list-style-type: none"> ▪ Remoteness (distance to city center) ▪ Accessibility (by year-round road to communities served) ▪ Child population served ▪ Number of offices ▪ Number of communities served ▪ Children in care 	<ul style="list-style-type: none"> ▪ Total budget ▪ Staff total ▪ Salary and benefits expenditures ▪ Professional or contract services expenditures ▪ Travel expenditures ▪ Overhead and other expenditures ▪ Repairs and maintenance expenditures ▪ Protection and maintenance program expenditures ▪ Prevention program expenditures

Across typologies and the general population, there was no consistently strong relationship other than that between total budget and children in care. This result suggests that regardless of agency characteristics, children in care is what drives budgets. This also suggests that as an indicator of total costs, the number of children in care is a reliable way of estimating the total cost of the current system. The result confirms that the system operates as designed by unlocking funding when a child is placed in protection.

The number of children in care correlates tightly with total budget (see Figure 30). Total budget was used to test expenditure behaviour as it should be independent of the source of funds. This approach permits an assessment of cost behaviour independent of individual provincial agreements. With the strength of the relationship, children in care is used as the cost driver because it is by far, the most reliable cost driver to forecast the baseline funding requirement, i.e. protection focused. Children in care, while it serves as a forecasting baseline, represents the

minimum baseline of funding required to ensure that children are safe. Additional programming requirements, tied to desired outcomes, are built from this base scenario.

FIGURE 30



IFSD’s analysis provided a financially-driven description of the program’s current state, presented a means of organizing agencies by typology, and defined key program activities of agencies and the challenges and opportunities therein. The data confirmed what stakeholders may have intuitively known: the current program structure is underfunded, reinforces protection, and does not deliver results. An improved prevention-focused future state is desired but will require a structural change in funding and a holistic vision of child well-being.

Costing

The cost estimations in this project are designed to provide a baseline profile of financial and operational characteristics of FNCFS agencies based on the current program and to estimate needs-based supplementary expenditures for a desired future state. The future state models derive from agency consultations and expert counsel (from a roundtable hosted by IFSD) on improving child, family and community well-being among First Nations.

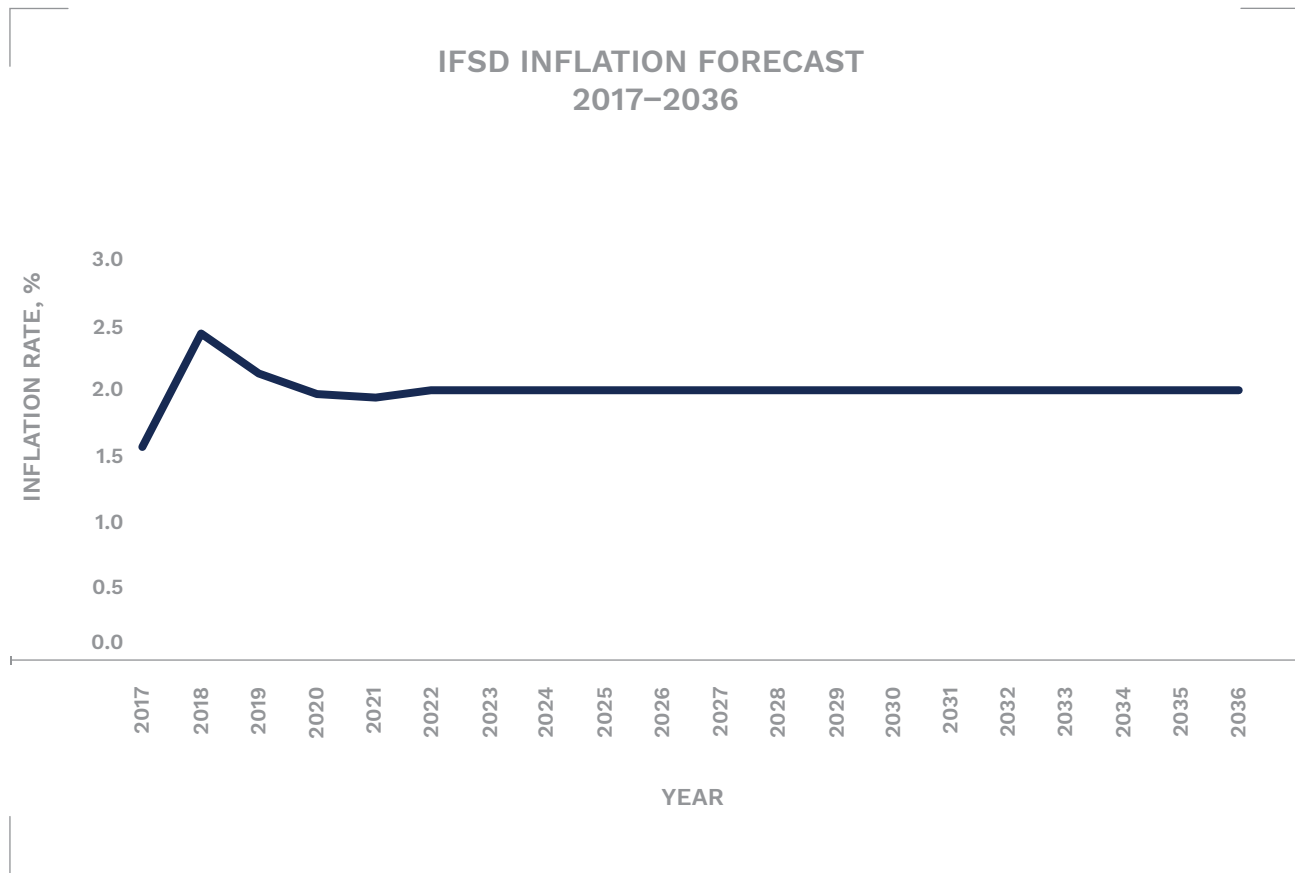
A costing is an estimate of the financial resources required for an activity over time, based on a series of assumptions about independent variables, such as population growth. A costing does not produce a single number, but rather a range of estimates based on a variety of scenarios. As an estimate, a costing is not absolute but is meant to be indicative of future expenditure requirements based on current trends and assumptions about the future. For this project, two sets of cost estimates are produced: 1) a baseline profile of the current program's costs into the future; 2) estimates of needs-based expenditures for an alternative program model focused on well-being.

For each of these cost estimates, population and inflation are applied as growth factors. Widely used, population and inflation changes are applied to existing program costs to estimate their costs into the future. For cost models in this project, two population growth scenarios and three inflation assumptions are used to present a range of possible costs.

INFLATION

Inflation is the rate at which the price of a basket of goods and services is projected to increase overtime, reflecting the decrease in purchasing power of a currency. IFSD's inflation forecast, holding steady at 2% to 2036 is used in this project's calculations (see Figure 31). Other agencies, such as the Bank of Canada and the Parliamentary Budget Office have similar long-term inflation forecasts. Scenarios with inflation at 2%, 2.5% and 3% were calculated to illustrate cost impacts, should the inflation rate change. Inflation was applied to program costs and compounded over time.

FIGURE 31



POPULATION SCENARIOS

Custom population projections were requested from Statistics Canada to project the population growth of First Nations in Canada for all ages and for the 0–18 age group. Statistics Canada produces a total of five scenarios for these population projections,⁴³ two of which are used for cost estimates in this project. The convergence scenario assumes that gradually, the fertility rate of First Nations will converge to that of the general population (see Appendix J). This implies a decline in the First Nation population over time. Deemed the ‘reference’ scenario, all other scenarios differ from this (the convergence scenario) by only one element. The constant scenario is also used (see Appendix J). This scenario assumes that the fertility rate among First Nations does not converge with that of the general population. This implies that the First Nations population is expected to grow over time. Sharing similar slight

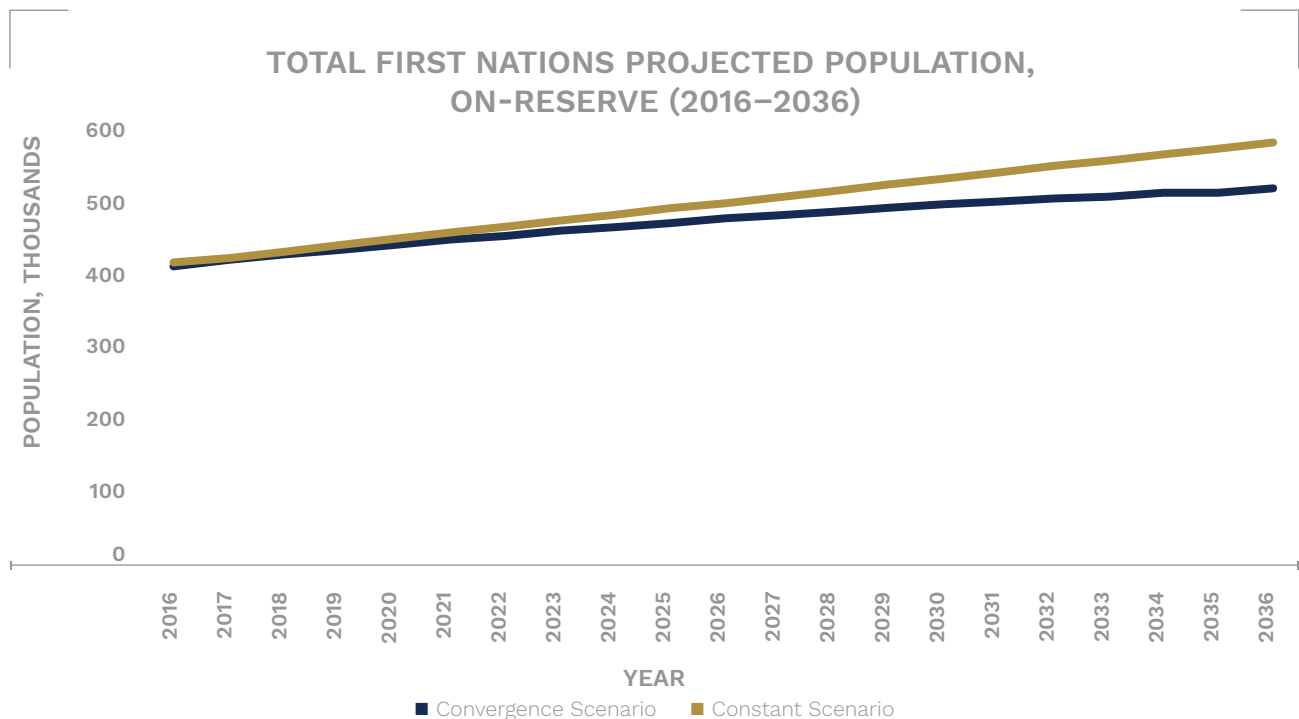
⁴³ Detailed descriptions of Statistics Canada’s scenarios are available here <https://www150.statcan.gc.ca/n1/pub/91-552-x/2015001/section06-eng.htm>.

upward trends, the convergence scenario trends downward as the constant scenario grows the population into 2036 (Figure 32).

As with the general First Nations population projection on-reserve, the 0–18 population initially increases in both the convergence and constant scenarios. The convergence scenario however, trends steeply downward as the constant scenario trends upward (Figure 33).

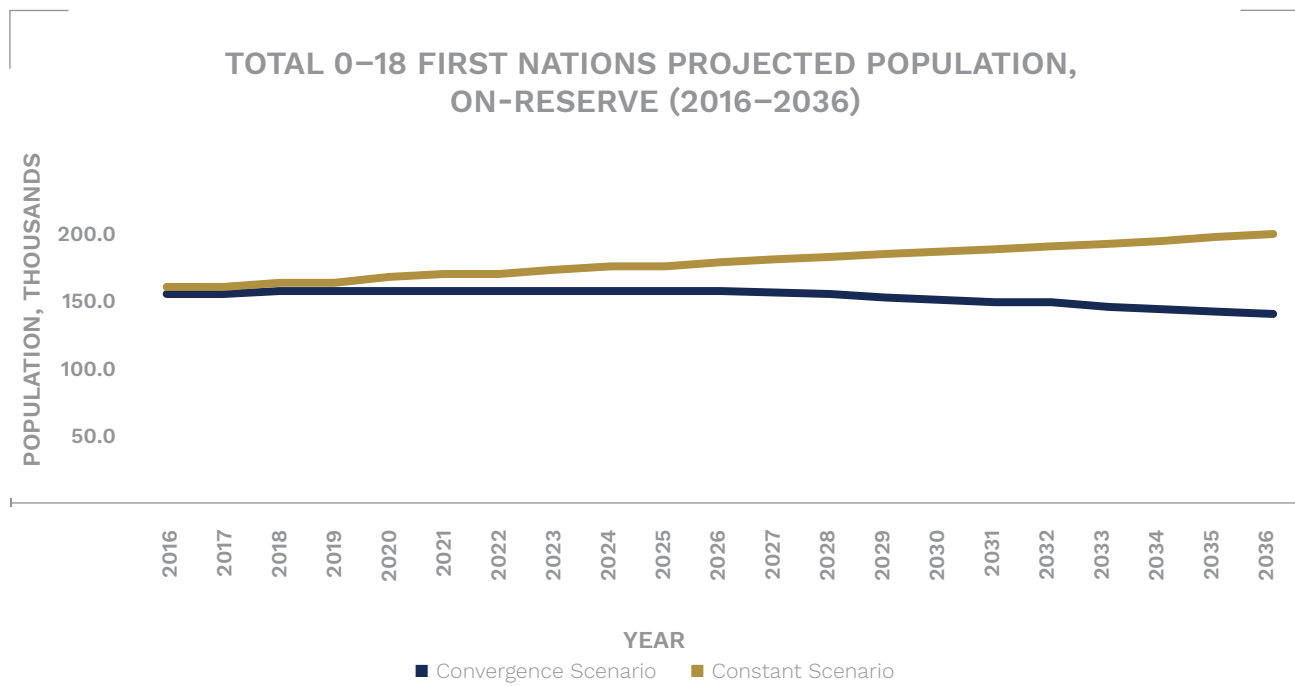
Total populations and projections were provided at five-year intervals. Growth rates were interpolated on an annual basis (see Appendix J) in order to estimate yearly program costs. The total population growth rates were applied to current total agency catchment populations to estimate the costs of prevention funding per capita. The agency catchment populations were a custom tabulation developed with Statistics Canada’s census data. For the child population in the custom catchments, the 0–19 population was used. This slight difference between the catchment and 0–18 population projection age group is a function of the census data that was used in the custom catchment tabulations.

FIGURE 32



Source: Statistics Canada (2015), Projections of the Aboriginal Population and Households in Canada, 2011 to 2036.

FIGURE 33



Source: Statistics Canada (2015), Projections of the Aboriginal Population and Households in Canada, 2011 to 2036.

The only instance in which the 0–18 growth rate is applied to the 0–19 age group is when the number of children in care is being imputed for 22 non-responding agencies in the children in care calculations (see Table 6). In all other instances, when calculating future numbers of children in care, the 0–18 growth rate is applied to current numbers of children in care, that covers the 0–18 age group. The 0–18 category however, makes up most of the 0–19 age group, and is hypothesized to have sufficiently similar growth trends over time. Thus, the groups are considered sufficiently similar to apply the 0-18 growth rate onto the 0–19 population base from 2016.

CHILDREN IN CARE

The number of children in care reported by agencies participating in the survey was 15,786 for fiscal year 2017–2018. To estimate the projected number of children in care for the entire system (including non-responding agencies) and to project the number of children in care in future years, two calculations of children in care were undertaken. One approach uses the agency self-reported number of children in care and

assigns the average children in care for non-responding agencies. The other approach calculates the rate of children in care as a percentage of the child population served, and applies that rate to non-responding agencies by using their Statistics Canada defined total child population served. Two different estimates of children in care are produced (see Table 6).

**TABLE 6
OVERVIEW OF CHILDREN IN CARE ESTIMATE CALCULATIONS**

	ESTIMATED NUMBER OF CHILDREN IN CARE (2017–18)	DEFINITION	ESTIMATED TOTAL SYSTEM COST (\$63,136.87/CIC)
Average number of children in care	20,032	<ul style="list-style-type: none"> ▪ Using only data from agencies that reported their children in care (CIC) (n=82, CIC=15,786), an average number of children in care was calculated ($15,786/82 = 193$). ▪ The imputed average number of children in care (193) was applied to 22 non-responding agencies, for a total of 4,246 children in care ($193 \times 22 = 4,246$). ▪ The estimated system total children in care was calculated as follows: $(15,786 + 4,246) = 20,032$. 	\$1.27B
Children in care as a % of total child population served	19,252	<ul style="list-style-type: none"> ▪ Using only data from agencies that reported their children in care (n=80, CIC=15,664) and having Statistics Canada's custom agency catchments of total child population served for those agencies (n=80, total child population served=91,285), a rate of children in care of 17.2% was calculated by dividing children in care by the total child population served ($(15,664/91,285) \times 100\% = 17.2\%$). ▪ For agencies that did not report their children in care (n=22), the rate of 17.2% was applied to Statistics Canada's custom agency catchments of total child population served for twenty-two agencies ($18,615 \times 17.2\% = 4,681$). ▪ Among agencies who reported their children in care (n=82), two agencies did not have custom agency catchments of total child population served as they were deemed incompletely enumerated by Statistics Canada, meaning that data collection on-reserve was not permitted or interrupted. For these two agencies, the average number of children in care (193) was assigned ($193 \times 2 = 386$). ▪ The estimated system total children in care was calculated as follows: $15,664 + 3,202 + 386 = 19,252$. 	\$1.22B

Projections of children in care up to 2036 were estimated using four approaches that combine the two approaches for estimating the total number of children in care (described in Table 6 above) and the convergence and constant population growth scenarios from Statistics Canada (discussed in the population scenarios section). Table 7 provides a summary of the four combinations used to estimate future numbers of children in care on an annual basis. The growth rates were interpolated from custom population projections from Statistics Canada for the 0–18 age group. The custom agency catchment data to identify the total child population served uses the 0–19 age group, due to the limitations of census age categorizations (the 0–18 age group is considered sufficiently representative of the 0–19 group for reasonable application of the growth rate).

Using the convergence scenario, the number of children in care increases until roughly 2026 before declining. Using the constant scenario, the number of children in care increases (see Figure 34 and Figure 35). For the complete children in care estimates, see Appendix K.

TABLE 7
DATA AND ASSUMPTION COMBINATIONS FOR ESTIMATING PROJECTIONS OF CHILDREN IN CARE (CIC)

Average number of CIC + CONVERGENCE population scenario	Average number of CIC + CONSTANT population scenario
CIC as a % of total child population served + CONVERGENCE population scenario	CIC as a % of total child population served + CONSTANT population scenario

FIGURE 34

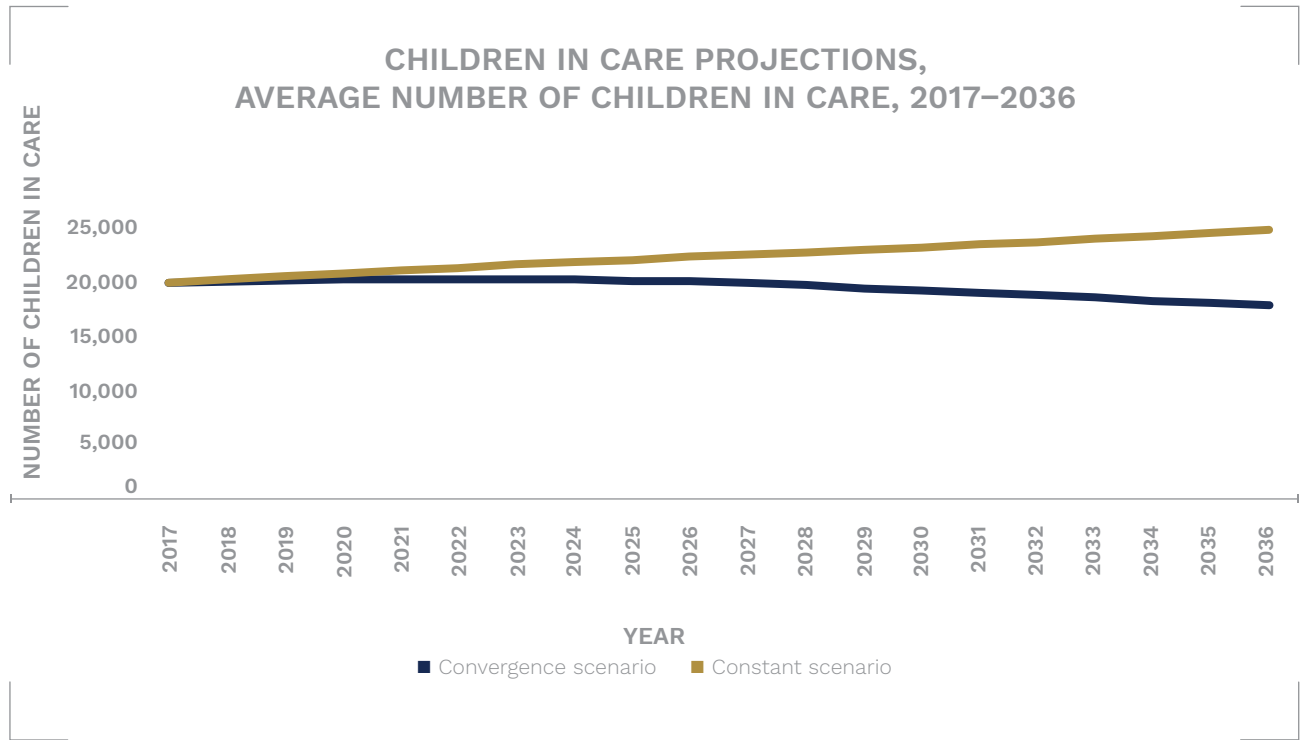
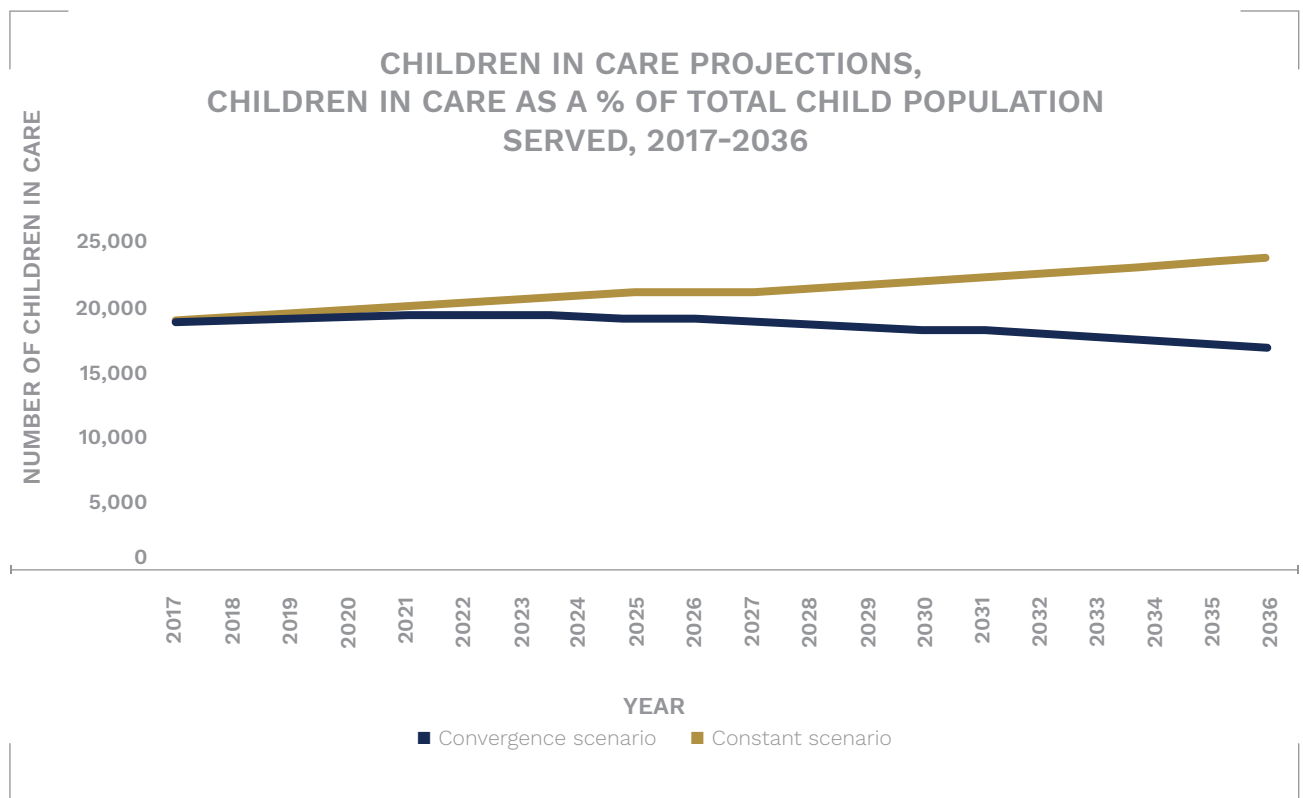


FIGURE 35



CURRENT STATE

With estimates of children in care, the total costs of the current FNCFS program can be estimated into the future using the per capita cost of a child in care with population and inflation as growth factors.

To calculate total program costs, the following formula was used:

$$\text{TOTAL COST} = \text{POPULATION} \times (\text{AVERAGE COST} \times \text{INFLATION})$$

Example:

Population = 100 children in care

Average cost = \$500 per child in care

Inflation = 2%

Total cost = 100 (500 x 1.02)

Total cost = \$51,000

In the current FNCFS system, approximately \$1.3 billion was spent this year with poor results for First Nations children, families and communities (see Table 8). The baseline cost of the current system was calculated using survey data. Total budgets were tabulated for all responding agencies (n=77, \$965 million). For those agencies that did not respond, the average budget of approximately \$12 million (\$965 million/77) was imputed. To estimate the total cost of the current system, the budgets of the responding agencies, plus the value of the non-responding agencies (n=27) were tabulated, with a system cost estimated at \$1.3 billion.

TABLE 8
CURRENT SYSTEM EXPENDITURE OVERVIEW

TOTAL BUDGET (N=77)	
All sources of funds, rounded	\$965,000,000
Estimated total system cost, rounded (n=104)	\$1,300,000,000
Average budget per agency (n=77)	\$12,000,000
All sources of funds, rounded	
Total children in care (n=82)	15,786

FIGURE 36

RATIO OF FEDERAL PROTECTION VERSUS PREVENTION EXPENDITURE

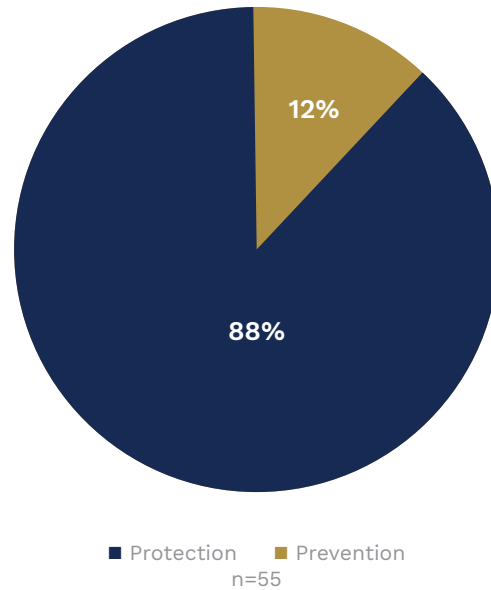


TABLE 9
CURRENT SYSTEM AVERAGE EXPENDITURES

AVERAGE COST/CIC (N=76), ROUNDED	\$63,137
Average prevention (federal only)/per capita (total population served) (n=55), rounded	\$416

The current FNCFS program's incentive to place children in care is reflected in federal funding allocations with 88% of federal funding dedicated to protection versus 12% of federal dollars allocated to prevention (see Figure 36). On a per capita basis, federal prevention spending across an agency's catchment population (all ages, not only children) is approximately \$416 (Table 9).

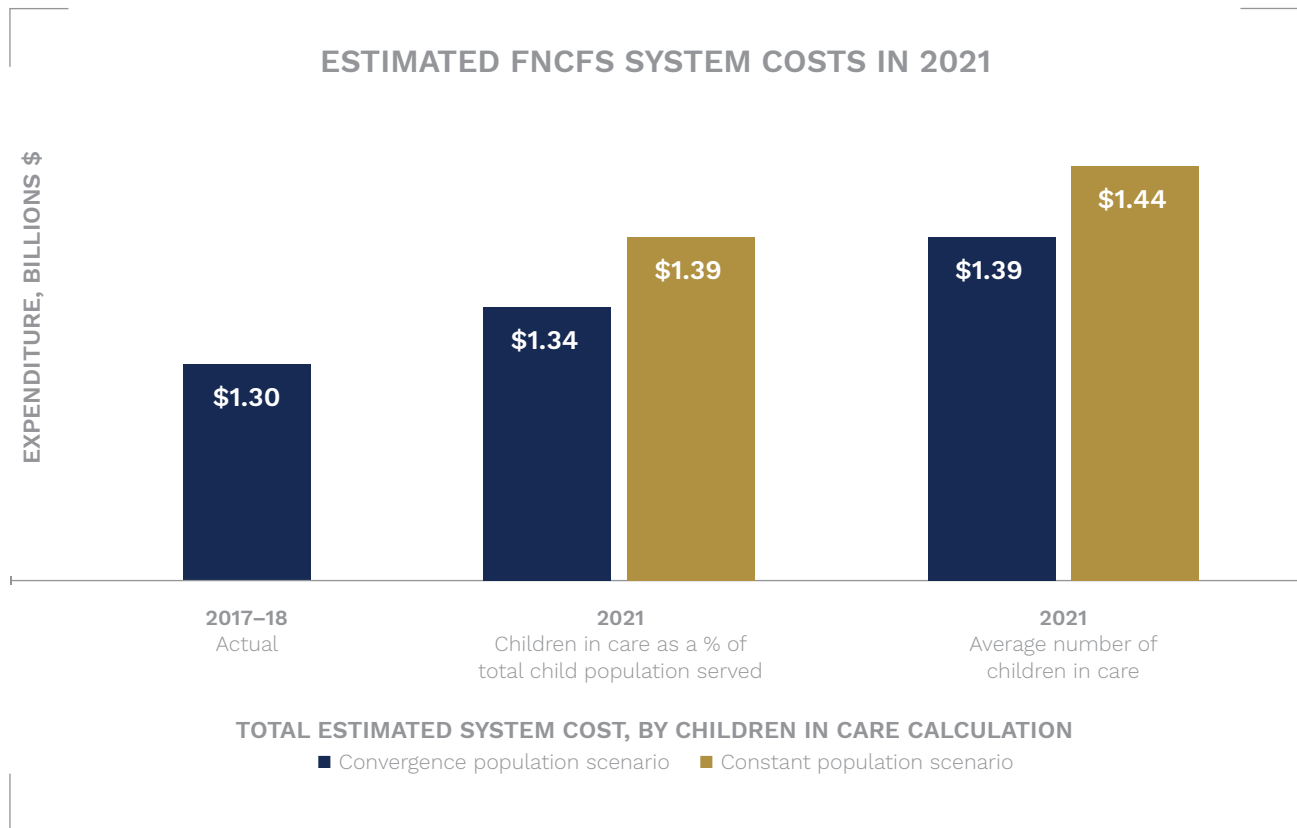
In the current program state, system-wide agency expenditures are expected to increase due to demographic and inflationary pressures. To estimate the total cost of the current FNCFS system in future years, the average cost of a child in care adjusted for population and inflation is used. As a function of total budget, the average cost of a child in care was determined by dividing the total budget by the reported number of children in care (using only data from agencies that answered both

questions (n=77, \$965 million/15,786 CIC). With the strength of the relationship between children in care and total agency budget, it is the most reliable driver of cost for the current system.

Assuming no program changes, the cost of the FNCFS system is estimated by taking the current per capita cost of a child in care, approximately \$63,137, and multiplying by inflation and population. See Appendix L for an overview of the total system cost using four estimates of projected numbers of children in care and three inflation scenarios (2%, 2.5% and 3%). These models provide a range of potential scenarios, reflecting that a costing does not produce a single number, rather a range based on hypothetical contextual changes (i.e. population and inflation, for this report).

Net annual increases over the next three years range from \$40M to \$140M (see Figure 37). The ranges result from the four children in care projection scenarios. If the program and its structure remain the same, system-wide expenditure needs will continue to increase over time without any commensurate improvements in outcomes for First Nations children.

FIGURE 37



FUTURE STATE

ENABLING CHILDREN TO THRIVE

There was consensus among agencies, experts and existing research that the holistic well-being of children, families and communities was crucial to improve outcomes for children. Through research from existing literature, consultations with agencies during workshops and an expert roundtable⁴⁴ a future normative state for agencies was developed, rooted in the vision *enabling children to thrive*.

A normative state is premised on a restructuring of the current system to fund for outcomes. This requires a new funding model that enables agencies to drive outcomes as opposed to the current model that funds inputs and outputs, with an incentive to place children in care to unlock funding.

The message from agencies and experts was clear: FNCFS is not only about safety, it is about well-being. There are contextual challenges connected to poverty, inadequate housing, access to potable water and, intergenerational trauma, among others that disadvantage First Nations communities and future outcomes for children. FNCFS agencies are not alone the solution; they are one important part of the holistic network of service, care and infrastructure needed to support well-being. With 44% of households in communities served by FNCFS agencies below their provincial poverty line, there are broader challenges that remain and that must be addressed.

An emphasis on children thriving does not eliminate the safety role that agencies will have to continue to play, but refocuses the agency's role to encompass additional services that target multiple, interdependent components of a child's environment which are shaped by the social determinants of health. Equipping FNCFS agencies with the resources and tools to combat issues broader than protection (i.e. the "causes

⁴⁴ IFSD convened experts in child welfare, Indigenous health, substance misuse, and performance measurement in November 2018 for a one and a half-day roundtable on refining a normative state of FNCFS. The roundtable built on the desired goals of agencies shared during the workshops. The experts worked with IFSD to develop a series of goals, indicators, and required resources for communities and agencies to frame a new way forward for FNCFS agencies that are focused on well-being of children, families, and communities.

of the causes” which drive children into care) is what can make a sustainable difference for outcomes of at-risk children, their families and communities.

The path to a future state informed by context and focused on well-being must include families and communities (see Figure 38). To this end, funding gaps related to poverty, prevention, capital and technology must be addressed.

FIGURE 38

LINKING SAFETY, CHILD, FAMILY AND COMMUNITY WELL-BEING



FUTURE STATE OVERVIEW

POVERTY

44% of communities served by agencies have median household incomes below their provincial poverty line.

—
Raising those households to their provincial poverty line would cost roughly **\$205M**.

—
The gap to raise these households to the median household incomes of their provinces is roughly **\$2.6B**.



PREVENTION

Per person spending on prevention should range from **\$800–\$2,500** with total annual costs of **\$224M to \$708M**.



CAPITAL

A one-time capital investment ranging from approx. **\$116M** to **\$175M** should be made for a facility equivalent to agency headquarters, plus **2%** annual recapitalization.



SALARIES

62% of agencies report being unable to remunerate at provincial salary levels.

—
Net fiscal costs for equalizing salaries to provincial levels requires further studies.



TECHNOLOGIES

Annual IT spending based on industry standards should be **5% to 6%** of total budget with potential annual costs of **\$65M–\$78M**.

Poverty

In this report, poverty is used euphemistically as a marker of the contextual inequities and disadvantaged starting points of many First Nations people living on-reserve. Challenges such as inadequate housing, lack of potable water, limited access to broadband internet, intergenerational trauma, food security, etc. influence people, communities and the organizations that serve them. While not directly within the mandate of FNCFS agencies, these contextual matters contribute to the substantively inequitable point of departure for First Nations children, families and communities and the work of agencies.

An improved funding model and outcomes-based performance structure for FNCFS agencies will not solve broader contextual challenges or repair all existing service gaps. For instance, over half of responding agencies reported being unable to access services at reasonably commutable distances (Figure 39), and a majority of all agencies reported significant service gaps in mental health services, addiction treatment centres, and medical specialists for their communities (Figure 40).

This next section is designed to highlight specific challenges related to poverty through the lenses of household income, with connections to child welfare. Gaps in housing, water and broadband internet access are highlighted as they are impediments to any sustainable progress. While costing these specific gaps are beyond the scope of this project, these and other gaps are highlighted as critical directions for future studies and needs assessments.

FIGURE 39

ACCESS TO COMMUNITY SERVICES AT REASONABLY COMMUTABLE DISTANCES

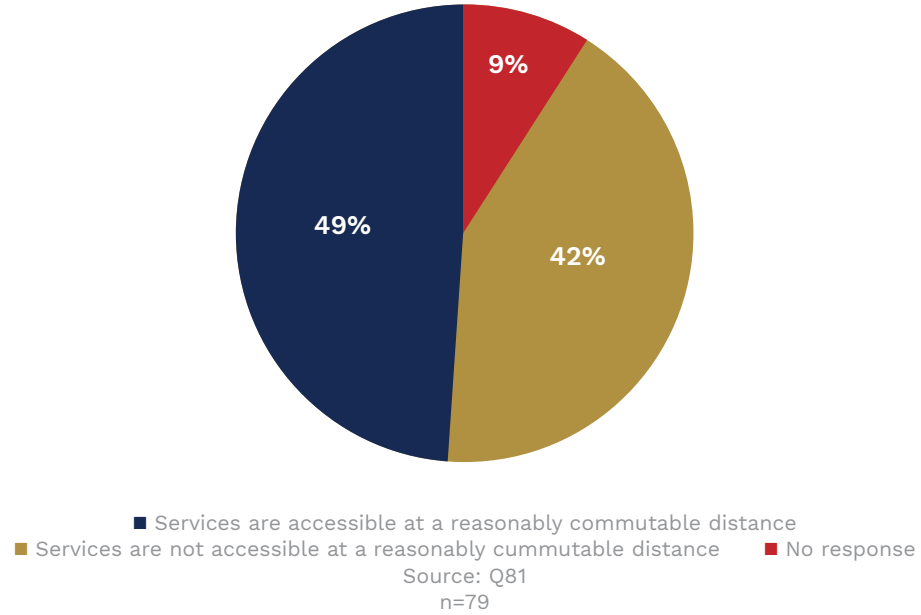
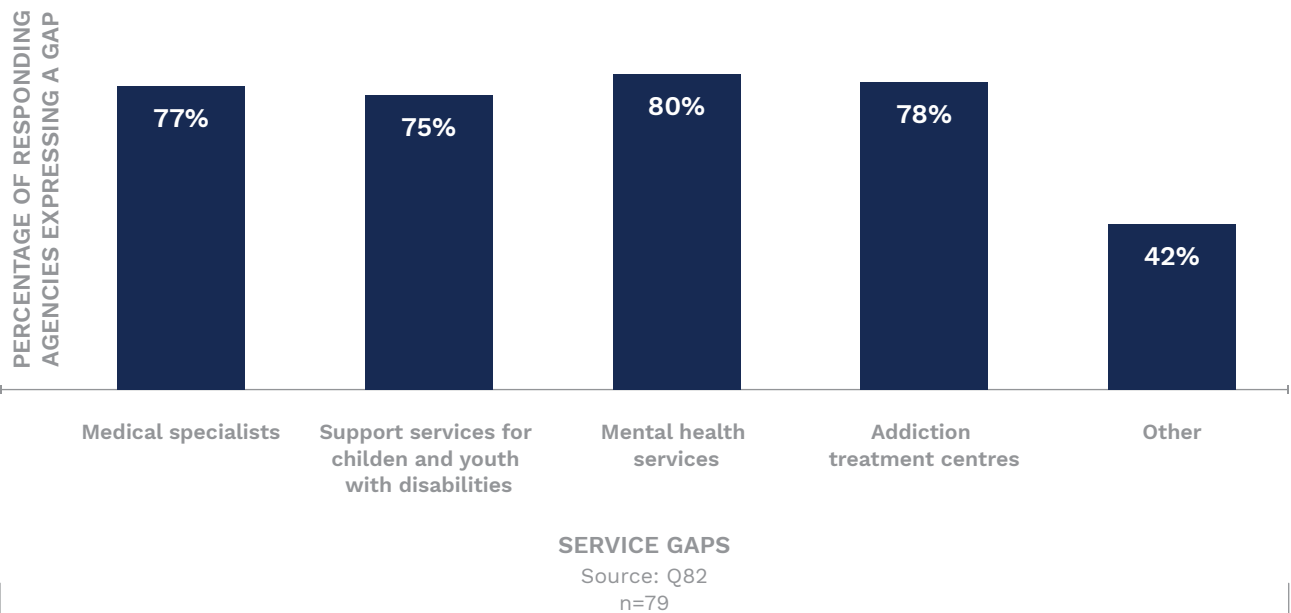


FIGURE 40

GAPS IN SERVICES EXPERIENCED BY COMMUNITIES



POVERTY AND CHILD WELFARE

As Gustavsson and MacEachron (2010) assert, “there is little disagreement about the association of poverty with child welfare involvement.”⁴⁵ Individual poverty levels—and increasingly, community poverty levels—have been repeatedly linked with a multitude of negative child welfare outcomes. Precisely identifying poverty’s repercussions can be difficult, as its influence is broad, and its ramifications can vary.

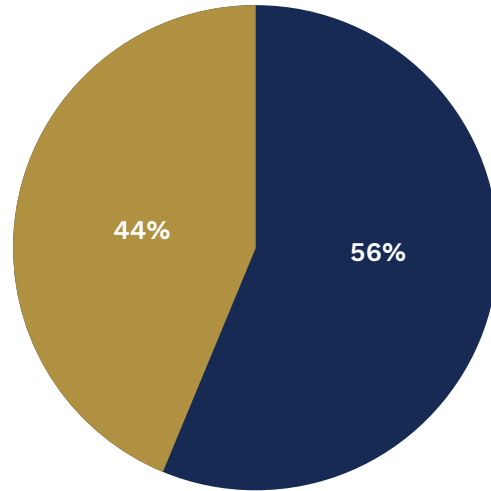
From a national perspective, nearly half of all households on-reserve (44%) served by FNCFS agencies are below their provincial poverty line (see Figure 41 and Figure 42). Using Statistics Canada’s “Official Poverty Line,” known previously as the “Market Based Measure,” household poverty was assessed on a provincially-defined basis (with variation by population size).⁴⁶ The median household income was compared to that of their provincial poverty line. Populations in Saskatchewan and New Brunswick have more households on-reserve below than above their provincial poverty lines.

⁴⁵ Nora Gustavsson and Ann E. MacEachron, “Poverty and Child Welfare, 101 Years Later,” *National Association of Social Workers* (2010), 279.

⁴⁶ Agency specific catchments were tabulated by Statistics Canada and assume that on-reserve populations are exclusively First Nations. While Household Median Total Income is not divided by Aboriginal identity, the specificity of the catchment assumes that all respondents are on-reserve First Nations. The provincially-specific Mixed Basket Measure is available for urban and rural areas. For this report, the measure applied was that for a population under 30,000, since most communities have populations below 10,000. Excluded exclusively from the household median income analysis is Toronto-based Native Child and Family Services. The urban agency serving off-reserve populations was an outlier relative to the other 103 agencies. For reliability and specificity of the analysis, the outlier was removed.

FIGURE 41

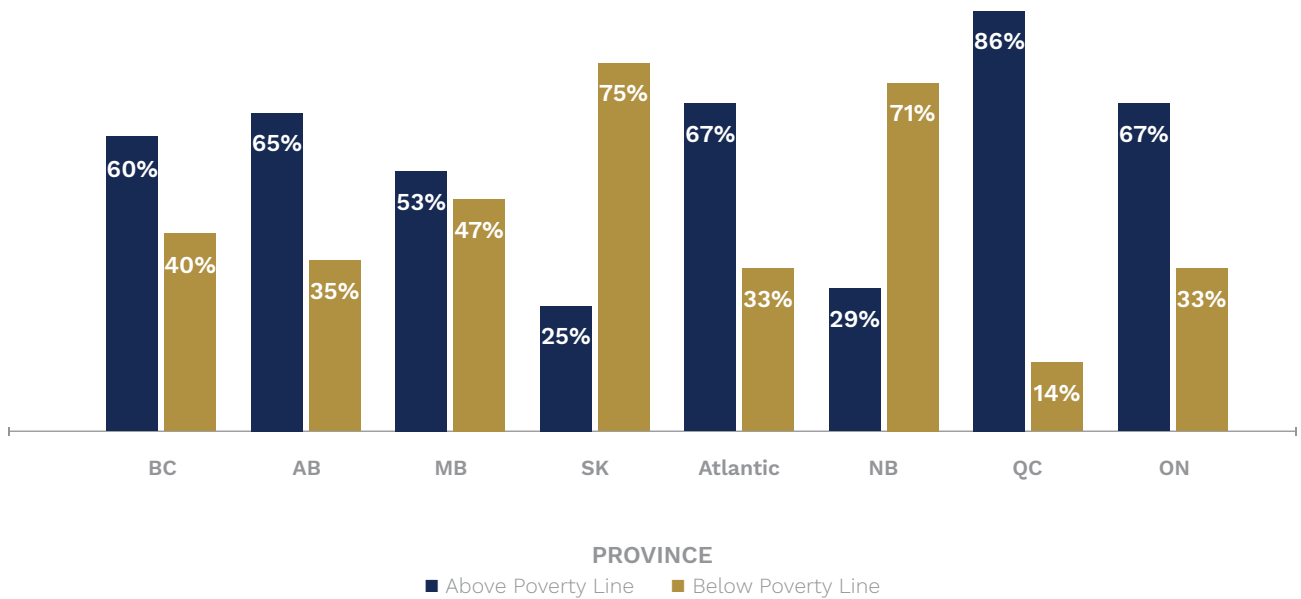
FIRST NATIONS ON-RESERVE MEDIAN HOUSEHOLD INCOMES COMPARED TO PROVINCIAL POVERTY LINES



■ Above Provincial Poverty Line ■ Below Provincial Poverty Line

FIGURE 42

FIRST NATIONS ON-RESERVE MEDIAN HOUSEHOLD INCOMES COMPARED TO PROVINCIAL POVERTY LINES



PROVINCE

■ Above Poverty Line ■ Below Poverty Line

A household is considered to be in poverty if it does not have enough money to buy a specific basket of goods and services that allows it to meet its basic needs and achieve a modest standard of living in its community. As this measure is based on having or not having enough money to purchase a fixed basket of goods and services, it is an absolute measure of poverty.⁴⁷

An estimated \$205M investment is needed just to raise all households on-reserve to their provincial poverty lines (by comparison, the gap to raise these households to the median household income of their provinces is roughly \$2.6B).

Typical child welfare systems are not always effective at addressing overarching issues such as poverty. Rather, they function to address the immediate needs of children and families interacting with the system, with intervention often times targeting the symptoms of the issue rather than the issue itself.⁴⁸

The current FNCFS program is safety-focused, with an emphasis on placing children in care. This approach—while designed to ensure children’s lives are not endangered—fails to address challenges to the holistic well-being of children and families, and not addressing their underlying causes. Designing public policy to address a ‘problem’ (like child safety) is different than designing policy to address the “broader social inequalities from which problems stem,”⁴⁹ with for instance, a focus on well-being.

There is a strong association between poverty and child abuse and neglect.⁵⁰ In addition to a lack of material resources, the stress of living in poverty can lead to issues with child safety and to the “accumulation of negative life experiences that contribute to increases in risk factors such as depression, low self-esteem, or substance abuse,” which can lead to challenges in the family’s ability to properly protect and nurture

⁴⁷ Statistics Canada, “Mixed Basket Measure,” November 27, 2015, <https://www150.statcan.gc.ca/n1/pub/75f0002m/2014003/mbm-mpc-eng.htm>.

⁴⁸ Gustavsson and MacEachron, 2010.

⁴⁹ David Berridge, “Theory and explanation in child welfare: education and looked-after children,” *Child and Family Social Work*, Vol 12 (2007), 8.

⁵⁰ L. H. Pelton, 2015, “The Continuing Role of Material Factors in Child Maltreatment and Placement,” *Child Abuse Neglect*, 41 (Mar 2015).

their children.⁵¹ The challenge of intergenerational trauma may only be compounded in these instances.

When a parent or family is living in poverty, the impacts on the child can be cumulative: “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 failing schools, lack medical care, or have a caretaker with untreated mental illness or substance abuse.”⁵² The stressors that exist for children living in poverty can lead to emotional and behavioral problems as well as further disruptions in schools and to friendships.⁵³

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.⁵⁴ While the primary aim of child welfare services is to protect the child from further maltreatment and abuse, many of these programs do not address poverty as a root cause of these outcomes.

Economically distressed areas experience higher rates of child maltreatment reports, that often correlate with inadequate housing and single-parenthood.⁵⁵ Community poverty has also been linked to health disparities and language development in children.⁵⁶ Naturally, this implies that interventions at the level of the community are critical for children’s development, especially in disadvantaged circumstances.⁵⁷

⁵¹ Vandna Sinha, et al., “Understanding the investigation-stage overrepresentation of First Nations children in the child welfare system: An analysis of the First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect,” *Child Abuse and Neglect* (2008), 823.

⁵² Gustavsson and MacEachron, 2010.

⁵³ Masten, Miliotis, Graham-Bermann, Ramirez, and Neemann “Children in homeless families: risks to mental health and development,” *Journal of Consulting and Clinical Psychology*, Vol 62, No. 3 (1993), 335.

⁵⁴ Berridge, 2007, p. 1; 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).

⁵⁵ See for instance Gustavsson and MacEachron, 2010; Brenda D. Smith, et al., “Child maltreatment in rural southern counties: Another perspective on race, poverty and child welfare,” *Child Abuse and Neglect*, 80 (2018), 52–61.

⁵⁶ CA Farrell, EW Fleegler, MC Monuteaux, et al. “Community Poverty and Child Abuse Fatalities in the United States,” *Pediatrics*, Vol. 139, No. 5 (2017), 2.

⁵⁷ Alice K Butterfield, James L Scherrer, and Katarzyna Olcon, 2017, “Addressing Poverty and Child Welfare: The Integrated Community Development and Child Welfare Model of Practice,” 60, no. 2; Gordon Jack, “Child Protection at the Community Level,” 13, no. 6 (2004).

Housing:

The link between housing and improved health and well-being is well established.⁵⁸ On First Nations reserves however, access to and the quality of housing have been persistent problems. In 2016, 44.2% of First Nations people living on-reserve lived in a home that needed major repairs.⁵⁹ An earlier study suggested that 94% of First Nations had waiting lists for housing and that for 30% of those on the lists, the wait was four to six years.⁶⁰ Waitlists for housing far exceed the capacity of First Nations to build new homes.⁶¹

While there is agreement that a housing shortage exists on-reserves, the number of units needed is often debated. There is no federal legislation that addresses housing on-reserve, although the federal government retains accountability. It is currently ISC that provides some funding for on-reserve housing through the First Nation On-Reserve Housing Program, with an annual budget of \$143 million.⁶²

The literature suggests that policies have thus far neglected to address the multigenerational impact of poverty as well as the need to focus on community aspects of poverty. Without a focus on creating greater equality within communities, the child welfare system will continue to support one-off interventions that do not address the root causes of poor outcomes for children.⁶³

⁵⁸ World Health Organization, 2018, “WHO Housing and Health Guidelines,” S.1.1.

⁵⁹ Statistics Canada, 2017, “Census in Brief: The housing conditions of Aboriginal people in Canada.”

⁶⁰ Assembly of First Nations, 2013, “Fact Sheet—First Nations Housing On-Reserve.”

⁶¹ Senate of Canada, 2015, Standing Committee on Aboriginal Peoples, “Housing on First Nations Reserves: Challenges and Successes,” p. 6.

⁶² ISC, 2018, “First Nation On-Reserve Housing Program.”

⁶³ Pickett, Kate and Richard Wilkinson, “The Ethical and Policy Implications of Research on Income Inequality and Child Well-being,” *Pediatrics*, Vol. 135, No. 2 (2015), 39.

Water:

The problems with access to safe-drinking water on-reserve are well-documented and long-standing. The federal government is legally and financially responsible for First Nations drinking water on-reserve. The *Safe Drinking Water for First Nations Act* came into effect in 2013, and allows the federal government to develop regulations surrounding: access to safe, clean, and reliable drinking water; effective treatment of wastewater; and protection of sources of drinking water on First Nations lands. First Nations are responsible for the design, construction, and operation of their water systems (though this process is overseen by ISC).⁶⁴ First Nations split construction, operation, and maintenance costs 20/80 with ISC.⁶⁵

A 2017 report by the Parliamentary Budget Officer suggested that 560 First Nations were served by 807 drinking water systems,⁶⁶ with water delivered to reserves through three principal means: piped systems (72%), water truck deliveries (13.5%), and individual water wells (13%).⁶⁷ Long- and short-term water advisories abound. ISC reports 66 current long-term drinking water advisories (lasting longer than 12 months)⁶⁸ and 42 short-term advisories (which last less than 12 months).⁶⁹ Federal approaches and policies on water have not accounted for the diversity of water management challenges on-reserve,⁷⁰ nor for the jurisdictional confusion on roles and responsibilities.⁷¹

Reliance on social services was also found to be linked to involvement with protection services. Evidence suggests that bias exists within the system when the child welfare system is involved with First Nations families. Further analysis using data from the CIS-2008 study found

⁶⁴ T. Simeone, and Troniak, S., 2012, Library of Parliament, “Legislative Summary of Bill S-8: The Safe Drinking Water for First Nations Act,” p. 2.

⁶⁵ Simeone and Troniak, 2012.

⁶⁶ Office of the Parliamentary Budget Officer, 2017, “Budget Sufficiency for First Nations Water and Wastewater Infrastructure,” p.4.

⁶⁷ Office of the Parliamentary Budget Officer, 2011.

⁶⁸ ISC, 2018, “Ending long-term drinking water advisories.”

⁶⁹ ISC, 2018, “Short-term drinking water advisories.”

⁷⁰ C. Gulli, 2015, “Why can’t we get clean water to First Nation reserves? (interview with Dr. Lalita Bharadwa)” Maclean’s.

⁷¹ Simeone and Troniak, 2012.

that “the weight that workers assigned to caregiver substance abuse, housing problems, and presence of a lone caregiver when substantiating neglect [differs] for First Nations and non-Aboriginal children.”⁷² In order to meet the needs of First Nations families, child welfare services must be equipped to address these factors that disproportionately affect First Nations and influence the ability to care for children.⁷³

Broadband:

The internet is a critical communication tool, especially for remote communities. There is a recognized lack of access to broadband on reserves, but the severity of the problem is difficult to diagnose given the lack of quantitative data. ISC (then AANDC) tracked broadband access for First Nations on its website, but the site has not been updated since 2012.⁷⁴ At the time, most First Nations had some access to broadband, but many were not operating at CRTC established minimum speeds.⁷⁵ In 2013, a report by the Centre for the Study of Living Standards estimated that 30% of reserves did not have access to broadband.⁷⁶ The Assembly of First Nations adopted a resolution calling for greater broadband access on reserves in 2008.⁷⁷ Ten years later, there may be consensus among First Nations, government officials and legislators that broadband access is an issue, but no decisive action has been taken.⁷⁸ Broadband access is more than an issue of internet connectivity, but one of access to services that connect to health, education, and well-being.

It is recommended that contextual issues such as poverty, be recognized and addressed through policy, programs and funding.

⁷² Vandna Sinha, Stephen Ellenbogen, Nico Trocmé, 2013, “Substantiating neglect of first nations and non-aboriginal children,” *Children and Youth Services Review*. Volume 35, Issue 12.

⁷³ Vandna Sinha, et al., 2008, 821.

⁷⁴ ISC, 2012, “Connectivity for Aboriginal and Northern Communities in Canada.”

⁷⁵ ISC, 2012, “Connectivity for Aboriginal and Northern Communities in Canada.”

⁷⁶ Centre for the Study of Living Standards, 2013, “The Contribution of Broadband to the Economic Development of First Nations in Canada,” p.19.

⁷⁷ Assembly of First Nations, 2008, “Resolution no. 16/2008.”

⁷⁸ See meetings no. 121–123, 126–128 of the Standing Committee on Indigenous and Northern Affairs. These meetings form part of a study on northern infrastructure which discusses, but does not fully elaborate on, reserve broadband access.

Prevention

Preventive child welfare services are a continuum of services from public education campaigns for the general population, to targeted programs for at risk populations, to intensive family preservation programs to assist families in crisis. Preventive care can address the physical and mental health of the child, can teach good parenting practices, can address underlying causes of neglect such as poverty and can counsel and support a family in crisis. More than a clinical approach to care, prevention programs and initiatives are designed to heal, and to promote the development of life skills. Preventive care can keep children out of the protection system, can support their reunification with their family (in an improved environment) after protection, and can also support children who are not in the protection system.

Programs such as Carrier Sekani Family Services' Intensive Family Preservation Services are designed to support families in crisis and provide them support to keep them together. This 28-day program includes in-home counselling and crisis intervention, the direct support of a clinician for 10 hours a week, as well as the ability to access support 24 hours a day, 7 days a week. The outcomes for children participating in the program have been positive. In 2016–17, of 66 participating cases, 61 have resided with their parents, 3 resided with extended family, and only 2 resided in foster care.⁷⁹

When there are no options other than protection, Nisichawayashik Cree Nation Family and Community Wellness Centre developed an alternative to the placement of children in care. At their Nelson House (Manitoba) location, the Centre introduced the *Intervention and Removal of Parents Program* beginning in 2002. Novel at the time, the Centre worked to encourage a Band Council Resolution requiring the removal of anyone causing harm to children from a home on-reserve. As the landlord of all homes on-reserve, the Band Council could refuse tenancy to anyone harming children. The Centre could then keep children in need of protection in their homes with a member of their extended family or with an emergency worker. The approach flipped the traditional protection model on its head: instead of removing children from their

⁷⁹ Carrier Sekani Family Services, 2017 CSFS Annual General Assembly, 2017, <http://www.csfs.org/uploads/CSFS%2027th%20Annual%20AGA%20Booklet%20WEB.pdf>.

home, parents were removed and were forced to face trauma as would their children being placed in foster care, not knowing where they were going or who would care for them. Since 2013, rates of children in care at the Nelson House location have declined from 167 to 114 in 2017.⁸⁰ According to the Centre, with the Removal of Parents Program and an integrated approach to family care, the agency has been able to reunify families 85% of the time.⁸¹

At its core, preventive care is about holistic, wrap-around services and support for a community in order to build social trust, that educates, and promotes health and wellness on multiple levels. Kanawayimik Child and Family Services in Saskatchewan encourages a holistic approach to well-being by facilitating monthly inter-agency meetings with key service providers including those in health, social development, education, justice, members of the Royal Canadian Mounted Police (RCMP) as well as Kanawayimik and band officials. The objective of these meetings is to improve services to community members by creating effective partnerships and awareness of what services are offered by various service providers.⁸² Prevention oriented programs extend beyond reactions to concerns for child safety and are meant to encompass a broader community perspective.

As an approach to child and family services, prevention departs from the current protection-oriented model by focusing on families and their preservation, as well by addressing and attempting to mitigate contextual challenges that can lead to the need for protection. With prevention, the goal is healing and with a focus on building tool sets to improve the likelihood of positive results for families and children into the future. While not a panacea, a prevention-focused approach is an important step in managing the contextual challenges that impact overall well-being.

Current data on prevention suggests that enhanced prevention services helps to reduce the number of children in care. The number of children

⁸⁰ Nisichawayashik Cree Nation Family and Community Wellness Centre, *Annual Report 2016–17*, 2017, http://www.ncnwellness.ca/wp-content/uploads/AnnualReport_2017_web.pdf.

⁸¹ Helaina Gaspard, 2018, “Wise Practices from Within: Approaches to First Nations Child Welfare,” Institute of Fiscal Studies and Democracy http://www.ifsd.ca/en/blog/last-page-blog/approaches-first-nations-child-welfare#_ftn9.

⁸² Ibid.

in care alone however, is not a sufficient indicator of improvement. Ideally, evaluations of impacts of prevention programming would be connected to results for children in the medium- and long-terms. Indicators of a child's results could include a child's school success, social relationships etc. Linking desired outcomes to data and budgets would be an important step in better understanding results for children, resource requirements, and would enable agencies to improve their program and strategic planning.

The case of West Region Child and Family Services (WRCFS) in Manitoba provides lessons on the importance of prevention programming. In 1992, WRCFS entered into a block funding agreement with the federal government. This provided the agency with flexibility to determine how funds would be spent and enabled WRCFS to develop community-focused programming for parenting, violence prevention, etc. The funding model shifted WRCFS's model to one focused on prevention, even in instances of child protection (with an emphasis on extended family placements). In a 1994 evaluation of the then pilot program, Dr. Brad Mackenzie found that the approach was working well. WRCFS had a well-developed cost-analysis tracking mechanism connected to its services to families and children, better informing its planning practices.⁸³ For instance, children in care planning emphasized treatment to identify and address challenges. Mackenzie's report recommended that the block funding approach be maintained for WRCFS and even extended as an option to other agencies.⁸⁴

In a subsequent study, Mackenzie estimated savings from prevention focused services to be \$21 million dollars by 2005. Rates of children in care declined at WRCFS from 10.5% to 5.2% over the span of the pilot block funding program. The focus on prevention is credited with the results.⁸⁵ In 2013–2014, many of those programs had to be cancelled due to a change in funding formulas⁸⁶ in which WRCFS lost its block funding

⁸³ Brad Mackenzie, 1994, "Evaluation of the Pilot Project on Block Funding for Child Maintenance West Region Child and Family Services, Final Report," p. 104.

⁸⁴ Ibid, p. 106.

⁸⁵ 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>.

⁸⁶ Manitoba agencies moved to the Enhanced Prevention Focused Approach (EPFA), implemented from 2010–2013 <https://www.aadnc-aandc.gc.ca/eng/1431520132322/1431520217975>.

and saw a significant reduction to its ability to provide prevention services. Rates of children in care began to increase following the end of the pilot, after having been on the decline.

Evidence on outcomes of youth who have aged out of care provides a compelling argument that efforts to enhance prevention services and approaches to children and families in crisis should be actively pursued.

Numerous studies from other countries, like the United States, have demonstrated an association between experience in foster care and a host of poor outcomes in adulthood, including lower high school completion and employment rates, lower income, and higher rates of homelessness, poor mental health, substance abuse and criminality. There is a gap however, in Canadian studies on outcomes of children in care (with much less information available on First Nations children).⁸⁷

One of the more well-known studies examining longitudinal outcomes of youth who have aged out of foster care is the Midwest Evaluation of the Adult Functioning of Former Foster Care Youth (the “Midwest Study”). Since 2001, researchers have documented outcomes of 763 former foster youth in the states of Illinois, Iowa and Wisconsin, on a variety of indicators including relationships with family of origin, physical and mental well-being, education, employment, involvement in the criminal justice system, etc.⁸⁸ Compared to a nationally representative sample of young adults who participated in the National Longitudinal Study of Adolescent Health (the “Add Health Study”), results show that former foster care youth fare much worse in nearly every outcome measured, such as high school completion rates, receipt of food stamps, employment rates, median income, arrests, incarceration, etc.⁸⁹

Foster care experience has also been found to be a strong risk factor for homelessness. Often lacking social support and receiving little to no financial assistance or guidance when transitioning out of care

⁸⁷ Laura Gypen, Johan Vanderfaeillie, Skrallan De Maeyer, Laurence Belenger, and Frank Van Hoken, “Outcomes of Children Who Grew up in Foster Care: Systematic-Review,” *Children and Youth Services Review* 76 (2017): 74–83.

⁸⁸ 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).

⁸⁹ Ibid.

(sometimes as young as 18 years old), these youth face significant housing challenges compared to the general population who are typically supported by parents beyond this age.⁹⁰

In a study published in 2017, the Canadian Observatory on Homelessness found that nearly 60% of youth who had experienced homelessness had been in contact with child protection services at some point in their lives, and that “youth experiencing homelessness are 193 times more likely to have been involved with the child welfare system than the general public”.⁹¹ Risk of homelessness among this subgroup has been associated with multiple moves while in care, a history of running away, presence of a mental health disorder, a history of physical abuse, and being male.⁹²

Much less is known about the long-term outcomes of First Nations adults who have aged out of care. A 2001 study by Correctional Service Canada found that approximately two-thirds of incarcerated Indigenous Peoples had entered protective care at some point in their childhood, compared to one-third of non-Indigenous inmates.⁹³ Based on information provided by the RCMP, news sources report that young Indigenous women in foster care are at high risk of becoming victims of sexual violence and trafficking, contributing to the missing and murdered Indigenous women and girls crisis.⁹⁴ Limited empirical data on First Nations youth who have aged out of care impedes the ability to reach firm conclusions; however, it is not unreasonable to assume that this subpopulation is exhibiting similar, if not worse outcomes than the general population given the disadvantaged starting point of many communities.

⁹⁰ 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.

⁹¹ N. Nichols et al., “Child Welfare and Youth Homelessness in Canada: A Proposal for Action,” (Toronto: Canadian Observatory on Homelessness Press, 2017).

⁹² Dworsky, Napolitano, and Courtney, 2013.

⁹³ S. Trevethan, S. Auger, and J.P. Moore, “The Effect of Family Disruption on Aboriginal and Non-Aboriginal Inmates,” (Ottawa: Correctional Service Canada, 2001).

⁹⁴ P. Palmater, “Foster Care System One of the Paths to Murdered and Missing Indigenous Women,” *The Canadian Broadcasting Corporation (CBC)*, 2018.

The results of prevention and early intervention programming in education and early childhood development provide compelling evidence to support increased prevention funding. Early intervention does not have a fixed definition but is rather a broad concept to describe various approaches to improving developmental outcomes in early childhood.⁹⁵ The delivery of early intervention programs can be as varied as the groups which they target and the outcomes they intend to influence. Programs can be administered by delivery services directly to the child, parent, or both. It may be professionally trained staff or community members delivering the programming in the home, at a centre or at some combination of the two. No matter how it is delivered, in children who are at risk for suboptimal development, intervening in the most critical, sensitive years of growth offers a window opportunity to improve a child's developmental trajectory and future outcomes.⁹⁶

Outcomes, especially in social areas, can be difficult to assess, but education, health, and family well-being can be useful proxies in understanding changes in a community. A well-established home-visiting intervention that has shown to improve a variety of outcomes for both new mothers and their children is the United States' based Nurse-Family Partnership (NFP).

Analysis by Heckman and colleagues (2017),⁹⁷ suggests that at two years of age, statistically significant treatment effects were found "on home environments, parenting attitudes, and maternal mental health", and at six years of age, the NFP yielded improvement in cognitive development. This analysis also examined mediating program factors that were linked to treatment effects and found that improvements in maternal mental health as well as enhancing parenting skills as a result of participating in the NFP by age two were key drivers of positive childhood outcomes.⁹⁸ Programs such as the Martin Family Initiative's Early Years program combine early intervention for both mothers and children with activities

⁹⁵ Jack P. Shonkoff, Andrew S. Garner, "The Lifelong Effects of Early Childhood Adversity and Toxic Stress," *Pediatrics* (2011): peds. 2011-663; Lynn A. Karoly, M. Rebecca Kilburn, and Jill S. Cannon, *Early Childhood Interventions: Proven Results, Future Promise*, Rand Corporation, 2005.

⁹⁶ Phillips and Shonkoff, 2011.

⁹⁷ James J. Heckman et al., "An Analysis of the Memphis Nurse-Family Partnership Program," (National Bureau of Economic Research, 2017).

⁹⁸ Heckman et al., 2017.

such as home visiting and centre-based early childhood education (or preschool).

While it is clear that child welfare is not something that can be approached in isolation of its context, it is also unrealistic for FNCFS agencies to bear the responsibility of addressing all elements impacting well-being. In this sense, it is essential that lateral initiatives that address substantive equality and reconciliation (e.g. the Spirit Bear Plan and Touchstones of Hope) are realized. It is inevitable that families will encounter hardship or conflict at some point. What can make the difference of whether or not children are apprehended by protection services is the degree to which their families have social support and resources within community to help navigate through a crisis and foster resilience.

The federal government is spending significant resources in a number of critical areas for First Nations health and social programming, with a subset of these programs oriented toward prevention. There are few, if any performance measures focused on outcomes. The majority are focused on outputs, without consideration of targets connected to well-being and the results the programs generate. Following a special request, ISC produced the data table in Appendix M and shared it with IFSD on December 14, 2018. The program spending breakouts were collected by program staff, since public data is unavailable. Without connecting activities to outcomes, it is nearly impossible to assess the results of the current program and their connections to the well-being of children. The future state in child welfare should include a clear and trackable means to assessing the results of programming.

Prevention was the focus of experts and agencies, and consistently defined as the most significant funding gap that agencies are facing. The gap in prevention funding is a challenge and is connected to the system's current funding structure that incentivizes the placement of children in care.

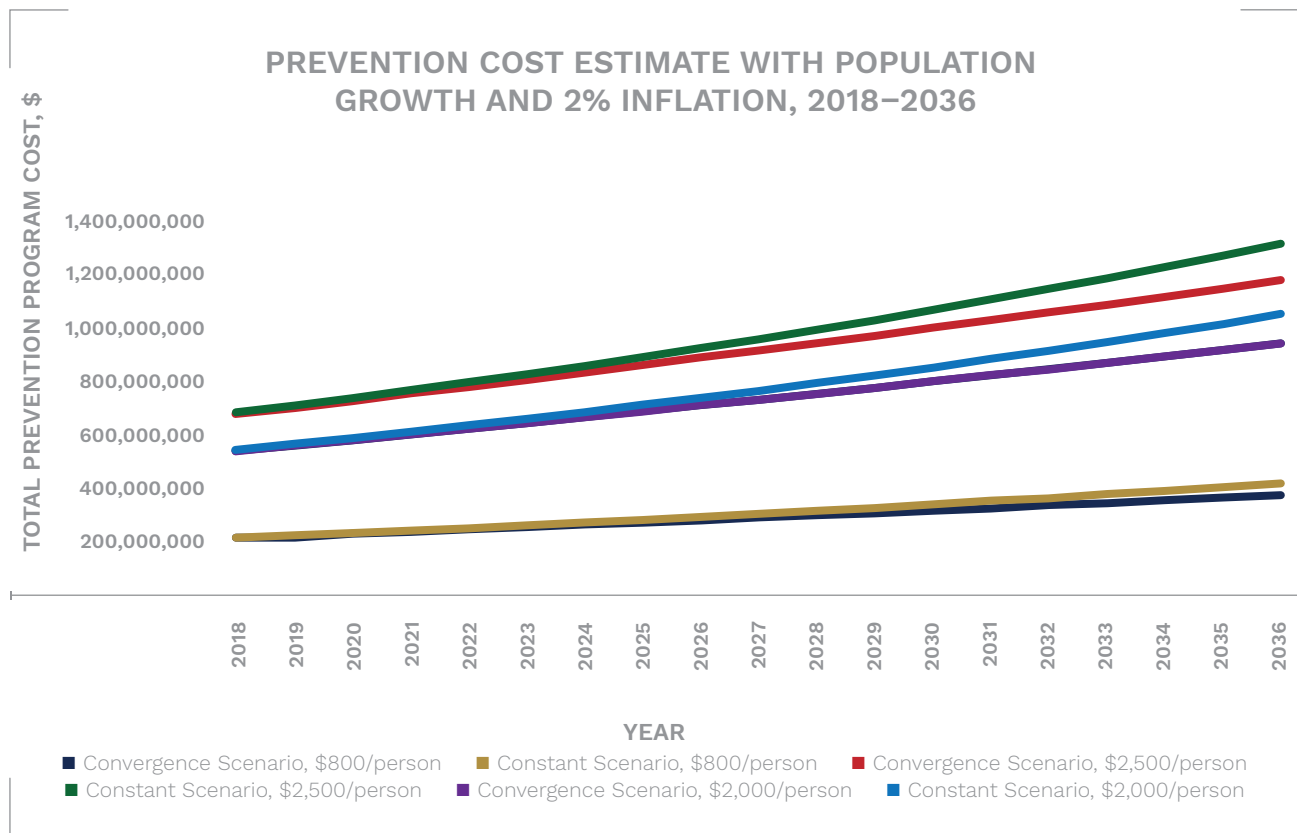
Shifting to a prevention-focused approach will require increased investment and a change in funding structure, such that agencies have the ability to allocate resources to meet community need. To cost-estimate an increase in prevention funding for FNCFS agencies, benchmarks of current prevention spending were identified and a range

of per capita investments in prevention were defined: \$800, \$2,000 and \$2,500.

The per capita costs are based on current prevention services and actual spending described in the case studies below. The prevention cost estimates are premised on the assumption that prevention should target the entire population in the agency’s catchment and not only the child population served.

Cost estimates for increased prevention funding were calculated based on Statistics Canada’s custom tabulations of on-reserve populations within FNCFS agency catchments. In this analysis, the two agencies serving incompletely enumerated reserves were not included in the calculation, as no total population data was available.

FIGURE 43



Prevention cost scenarios were estimated using the three benchmark costs \$800, \$2,000, and \$2,500, agency catchment populations, and inflation at 2%, 2.5% and 3% to present a range of possible

circumstances (see Appendix N for an overview of prevention cost calculations). On a per capita basis, the total prevention cost estimate for 2019 ranges from \$224 million to \$708 million. Overtime, prevention costs are projected to increase based on population growth and inflation (Figure 43).

Profile 1⁹⁹—\$800 per person (and \$2,000 per person)

In October 2017, a First Nation community appointed a Prevention Coordinator. Chief and Council made the decision to fund the position after the community decided they needed help with social challenges. The role, complemented by one prevention worker, was designed to support the community, work through intergenerational issues and break cycles.

“Not waiting for things to happen, but working so that things don’t happen.”

A former social worker, the Coordinator has 10 years of experience working as a consultant and trainer for the provincial ministry of social services.

The community’s population is mixed with both traditional and Western educated people. This provides community-based resources the Coordinator can leverage in their work, e.g. facilitators, educators, etc. All instructors in prevention programming come from the community.

Current program offerings for youth include drama and acting, bead work, drumming and singing. Prevention programming extends beyond youth and includes programming for parents, such as the young fathers hunting program, parenting courses, and suicide assistance.

“It’s okay to say that you need help.”

⁹⁹ The participant requested that the name of the First Nation and their name be withheld.

It has taken time for the Coordinator to build trust with the community. The community is under the child welfare jurisdiction of the provincial ministry, which fostered initial concerns that the Coordinator was a conduit for protection services only. While at times, community members may be hesitant to reach out to the Coordinator for help, they are even more hesitant to phone provincial social services. The combination of a personalized approach and regular programming however, has helped the Coordinator to build relationships with community members and organizations, like the school. For instance, the Coordinator will reach out directly to parents if their child is underperforming at school or will congratulate others when their child is doing well.

“What do you want for your children when they grow up?”

To build confidence in prevention programming and to break the stigma of taking part in prevention activities, the Coordinator ensures it’s known that training is open to all community members. It’s not only “prevention” families that are invited to attend activities.

The community is now exploring prevention related programs, such as community “safe houses,” on-reserve so that children in trouble have a safe place in community to stay if their parents are being taken away or need time heal.

Prevention is not just about keeping children out of care, it’s about working with families to build healthy communities. Regular life challenges like divorce, grief, depression, suicide, etc. can be amplified when communities face internal challenges. The prevention programming in the community is designed to reach as close to 100% of the population as possible, whether through personal contact or through program participation.

The need for prevention programming in the community is greater than the funds available for the Coordinator. The Coordinator and their team regularly volunteer their time to drive community members to various meetings and appointments, take them on hunting trips, etc.

For a team with two people, the Coordinator and prevention worker appear to take on a variety of roles in the community from social worker, to counsellor, to personal support worker.

When asked what funding would be required to achieve a suitable level of programming to meet the needs of the community, the Coordinator estimated a cost of \$500,000 per year or \$2,000 per community member. This estimate provided the third scenario for the prevention funding estimates of this study. The estimate was deemed to be reasonable, falling within the \$800–\$2,500 per capita spending range identified from different agencies.

By the numbers:

On-reserve population = 250

Total funding = \$200,000 (from ISC)

Per capita funding on-reserve only = $\$200,000/250 = \800
per person

Funding covers:

- 2 salaries
- Programming (e.g. buses, vehicles to visit parents, shuttle service)
- Snacks for youth attending after-school activities
- Teachers/facilitators
- Special excursions (e.g. laser tag)
- Family integration and connection activities

Profile 2—\$2,500 per person

K'wak'walat'si Child and Family Services

'Namgis First Nation

K'wak'walat'si Child and Family Services (KCFS), serves the 'Namgis First Nation and the village of Alert Bay on Cormorant island off the coast of British Columbia (First Nation and non-First Nation communities live side-by-side). Since 2007, not a single child has been placed in care. This success has been largely credited to the introduction of comprehensive prevention programming.

“Prevention is a no-brainer.”

The community is older, which is attributed to increasing rates of urbanization, with young people and families moving in search of employment opportunities. The small size of the community, both geographically and population-wise, has facilitated the development of a community-based model to prevention programming.

“Care is NOT an option.”

Following unexpected changes in 2005, a new Director (a former social worker) was hired. Taking charge, the Director combined existing programs (and eventually, introduced new ones) and formed the ‘Namgis Community Service. Combining services meant combining resources from all federal sources and from the province. The decision integrated programs and services to focus on holistic well-being. Programming is guided by four principles: belonging, mastery, independence and generosity.

The focus of the agency is “better serving families.”

While the primary focus of prevention is early childhood and adolescence to build resilience, much of the programming does not just target the child—it targets the entire community. The agency offers a variety of programs, including community-based activities and family support, legal support, victim services, social work, and social assistance. The active learning style initiatives range from education on fetal alcohol syndrome and brain development to emergency homes for respite.

When a crisis arises, the agency plays the role of facilitator, focusing on family and community ownership. Working with the family, the agency provides information, resources, support and food. Families coming together and owning their own solutions is considered to be the best course of action to move forward.

“It’s not about what works outside, it’s what works for them [families]”

The agency focuses on building capacity by leveraging partnerships with several sectors of the community, including schools, healthcare services and the police. This is to ensure that everyone “speaks the same language” when it comes to child and family well-being and to promote consistency and solidarity in the approach. For example, KCFS maintains a close relationship with local schools, sharing knowledge and working together to identify root causes of family problems, their impacts on the child, and the best course of action to support the child and their family. These partnerships also ensure that staff at KCFS know where to turn when certain resources that are needed are not accessible within the community.

“Be the community, not the ministry.”

Given the long history of removal of First Nations children from their families, feelings of distrust towards the Ministry are widely prevalent in the community. This is especially relevant for families struggling to cope with mental health issues, addictions, and poverty. However, persistently engaging in the community and displaying compassion and respect for families has over time established a more trusting relationship between families and child welfare services. In times of crises, allowing families to take authority and ownership over their decisions moving forward has been influential in developing trust. Fear of using child welfare services as a resource for help when family issues arise seems to be declining.

The biggest obstacle to providing services and programming has been the issue of recruiting and retaining qualified staff, such as social workers. As a result, the Director and the small team at KCFS have taken on a number of roles to support programming.

By the numbers:

Population of the island = 900

Total funding = \$2,307,115 (federal and provincial governments)

Per capita funding = \$2,563.46 (rounded to \$2,500)

Funding covers: all agency programs and services

The case for prevention is clear from both FNCFS agency cases and from existing research. The unanimity from agencies and experts on the importance and need for a focus on prevention services and funding to match cannot be overemphasized.

It is recommended that prevention be funded on a per capita basis for the total population served by the agency (not only children) at a rate of \$800–\$2,500 per person.

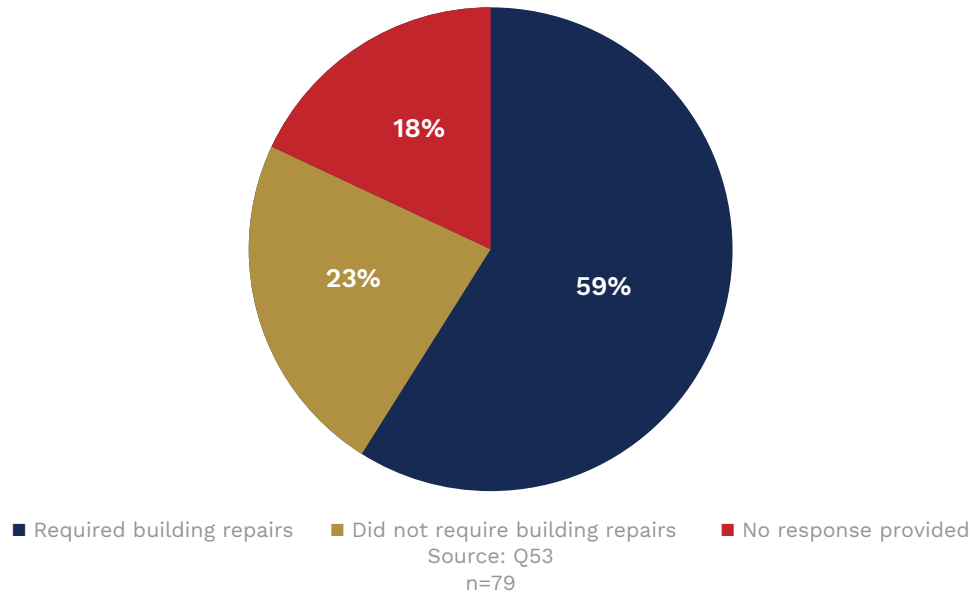
Capital

The IFSD-FNCFS Survey sought to better understand the nature and condition of the assets underlying agency operations. The survey found that the large majority of agencies rented their facilities and had relatively modest asset bases. Agencies, especially those more remotely located, tended to also have vehicles as part of their asset mix.

When respondents were asked to identify whether or not they needed building repairs, 59% of agencies reported requiring building repairs (Figure 44). Further, during the various workshops held by IFSD, agencies also expressed concern about the suitability of their facilities for program needs, particularly prevention programming.

FIGURE 44

BUILDING REPAIR REQUIREMENTS AMONG AGENCIES (2017–18)



With approximately 88% of federal funding for FNCFS agencies associated with protection, it is expected that facilities reflect this orientation. The desired future state of FNCFS agencies is prevention-focused. To this end, a reconsideration of facilities is necessary to support the shift in activities.

The FNCFS space footprint was costed as a one-time capital investment under three scenarios:

- Scenario 1: Federal space allocations only
- Scenario 2: Survey reported headquarters square footage + federal space allocations for non-responding agencies
- Scenario 3: Survey reported headquarters square footage + average square footage (based on survey reporting) for non-responding agencies

It should be noted that the costs to construct and fit-out the office space requirements for the FNCFS agencies is largely based on the *current state* space requirement. It is assumed that such an analysis would be used as a *baseline* to consider the space requirements of a future program activity structure.

In Scenario 1, the first step was to allocate space per full-time equivalent (FTE) based on the assumption that agencies had an average of 15% of leadership workers and 85% fixed workers. In the case of the Government of Canada federal space allocation approach, the following square feet of office space were applied to each category of agency worker: leadership worker (153 sq. ft./worker) and fixed worker (48 sq. ft./worker) for total agency FTEs based on Government of Canada Workplace 2.0 Fit-up Standards. Non-responding agencies were assigned an average of 64 FTEs.

In Scenario 2, the survey responses were used to estimate the required costs to build equivalently sized office space. Using the square footage of headquarters office space reported in the survey, on average square footage of 95.7 sq.ft./FTE was calculated. Non-responding agencies were assigned office space allocations based on the Government of Canada standards.

In Scenario 3, the survey responses were used (as in Scenario 2), with non-responding agencies assigned average square footage based on survey reporting.

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 storeys with surface parking and related Class B interior fit-out costs.¹⁰⁰ Regional indices were applied to estimate costs for each metropolitan area.¹⁰¹

¹⁰⁰ According to the Altus Group: “The costs assume base building construction only, including mechanical and electrical services, washrooms, and finishing of ground floor entrance lobby and elevator lobbies to upper floors. The cost of tenant partitioning and finishes, with the exception of ceiling and column finishes, are excluded. The cost of finishing this space can fluctuate depending on the density of partitioning and the quality of finishes. Costs assume standalone buildings and are not representative of a component within a mixed use building” (Altus Group 2018, p. 14–15).

¹⁰¹ See Altus Group, “2018 Canadian Cost Guide,” p. 11 and 13.

TABLE 10
ESTIMATED REQUIRED CAPITAL INVESTMENT

SCENARIO 1 Federal space allocations	SCENARIO 2 Survey reported square footage + federal space allocations	SCENARIO 3 Survey reported square footage + average square footage (based on survey reporting)
\$116,797,983	\$151,708,061	\$175,251,101

NB: Based on industry standards, a minimum 2% annual recapitalization rate should also be included.

With various repair needs of FNCFS agencies and new infrastructure requirements for changing activities, the three one-time capital investment scenarios were modelled. Costs range from approximately \$116 million to \$175 million to rebuild agency headquarters.

It is recommended that there be a one-time capital investment, and a benchmark recapitalization rate of a minimum 2% per annum added to agency budgets.

Information technology

Information technology (IT) has become a crucial element in the successful operations of modern organizations. It supports mission critical processes ranging from service delivery to finance to governance. Properly applied, technology has the potential to transform organizations and way the people inside them work.

Adequate investments are necessary to maximize the benefits technology can offer, as is an understanding of the risks and opportunities created by emerging technologies such as the cloud, big data and much more.

An examination of the IT spending of FNCFS agencies was undertaken via the survey (see Table 11) to understand the current state and how it compares to sector benchmarks.

There are certain commonly used benchmarks related to IT spending. These include IT spending as a percentage of revenue/budget and IT spending per employee.

Spending as a percentage of revenue/budget

Overall, businesses appear to spend between 4–6% of their revenue on IT, and this range is recommended by CIO Magazine:

- The average small company (less than \$50 million in revenue) spends 6.9% of their revenue on IT
- Mid-sized companies (between \$50 million—\$2 billion) spend 4.1%
- Larger companies (over \$2 billion) spend a relatively small 3.2%

Data from the Deloitte Insights November 2017 CIO Insider report citing “Deloitte 2016–2017 Global CIO Survey” (n=747) corroborates the ranges published by CIO Magazine and puts the education and non-profit sector at an average of 5.77% with an average of 3.28% across all sizes and industries.

The tenth annual “Non-profit Technology Staffing and Investments Report” published by NTEN in May 2017 focused specifically on technology in non-profits (n=259). NTEN found, across all sizes of non-profits, technology accounted for 5.7% of annual budgets on average.¹⁰² Additionally, they found that smaller non-profits had higher spending as a percentage of their total budget.

IT spending per employee

IT spending per employee can also vary significantly from sector to sector and across company size. Nonetheless, the consensus of several credible sources suggests that a value of at least USD 10,000 per employee would not be unusual.

- Gartner indicated that average IT spend (USD) per employee rose from \$12,724 to \$13,164 in 2013.
- The all-industries average from IDC’s US IT Budget Benchmarks program, which collects multiple IT statistics across all industries (excluding government and education), is just under USD 9,900 per employee.

¹⁰² NTEN reported on operating budgets. Since FNCFS agencies are primarily service organizations with operations accounting for most of their costs, the technology spend was imputed as a percentage of the total budget.

- CIO Magazine surveys report mid-sized companies spend USD 13,100 per employee on IT. Large companies spend USD 11,580 per employee.

TABLE 11
AVERAGE TECH SPENDING REPORTED BY AGENCIES

Average tech spend per full-time equivalent (FTE) N=37	\$3,731.41
Average tech spend as % of total budget N=37	1.5%

As technology transforms how and where organizations can conduct operations, technology-related spending has steadily risen over time. Failure to make adequate investments can hamper productivity, security and even staff retention. The IFSD FNCFS Survey data indicates that, on average, agencies are not investing/spending adequately on technology versus industry benchmarks. Agencies surveyed cover the entire spectrum from very current technology with major upgrades in the past 12 months to those who have not seen updates in more than five years.

The survey results are also supported through anecdotal evidence, acquired through the workshops, such as the age of tools used by agency staff. Many of the workshop participants were using significantly older versions of productivity software, operating systems and dated hardware—some of which are no longer even updated or supported by the manufacturer.

At the other extreme, one agency described how they equipped staff with state-of-the-art tools such as Microsoft Surface tablet computers for use in the field to directly enter case notes. This has resulted in significant productivity gains as social workers no longer have to transcribe hand written notes upon returning to the office.

Agencies were asked to estimate the required one-time capital investment to bring their technology platform to a state where it can fully support their requirements. This was an attempt to understand the size of the investment gap to modernize the current technology platform to meet agency needs. However, agencies responding to these questions estimated requirements well below industry averages at 2.8% of their annual budget or an estimated \$303,600 investment. While it is possible that these numbers accurately reflect agency needs, it is more

likely that respondents may not have had a full understanding of their IT requirements. Few respondents, if any, were technology specialists.

The emergence of cloud computing represents one of the largest transformations IT has experienced in a generation. This has created tremendous opportunities and introduced new risks that must be considered.

Cloud spending/adoption is rapidly expanding across most organizations in the broader economy. The use of cloud technologies offers numerous benefits including, but not limited to, reduced need for capital, quicker deployments, continuously upgraded solutions, as well as better alignment of capacity with demand. Further, cloud-based tools can lessen the dependency on IT resource supporting the agencies.

Agencies were asked to “describe any cloud-based technology services (such as Office 365) currently in use by your agency or under consideration by your agency.” Only 40% of agencies indicated they were using or considering cloud-based technologies. Microsoft Office 365 was the most commonly cited cloud service in use, but others included disaster recovery, online backup and accounting software.

Many survey responses included statements indicating that cloud would not be considered. This may indicate a lack of knowledge regarding the opportunities offered by the cloud or concerns regarding perceived risks of the cloud.

Significant strides have been made in recent years by cloud offerings in Canada. Major organizations, such as Microsoft, now operate multiple data centres on Canadian soil easing concerns over data residency issues. Additionally, major providers have obtained and maintain advanced certifications for the security and privacy of their offerings and facilities.

One of the greatest impacts the cloud is having on IT spending is the shift from capital expenditures to operating expenses. Cloud services are typically offered on a subscription basis charged on either an annual or monthly basis. This allows an organization to tightly align technology service consumption with demand. This fundamental shift requires a different approach to IT budgets. Traditional, capital intensive, IT budgets and associated depreciation are shifting to a more flexible operating

expense orientation. While some agencies may be slow in adopting cloud technologies, any revised funding model should consider this new budgeting reality.

Many major technology vendors offer exceptional discounts to non-profits. These companies include Microsoft, Google, Amazon, Adobe, and many more. TechSoup Canada operates a website to help non-profits take advantage of offers from many of these vendors. Additionally, major vendors host additional offers on their own sites. Discounts are particularly compelling for their cloud offerings.

With most sectors targeting 4–6% it is clear that (when combining the capital plus operating and maintenance spending) agencies appear dramatically below normal investment levels, reporting average IT spending at 1.5% of total budgets, or approximately \$3,730 per employee in fiscal year 2017–2018. There may be a number of causes to the lower level of spending by FNCFS agencies. It is possible that benchmark levels of expenditures are not contemplated in the planning cycle or that available funds are diverted to program activities that may be deemed a higher priority. The risk to the agencies of chronic underspending is not just the loss of productivity but also the risk that case management itself is inadequately supported by agency infrastructure.

When estimating required IT investment for FNCFS agencies, funding was calculated as a percentage of reported total budget. This approach was considered to be the most reliable based on the consistent available industry benchmarks for IT spending for the education and not-for-profit sectors. Two scenarios were used to estimate required annual IT budgets: 5% and 6% (the rounded industry average). The average total budget of approximately \$12 million was used for agencies that did not provide a total budget and for non-participating agencies.

TABLE 12
ESTIMATED REQUIRED TECHNOLOGY INVESTMENT

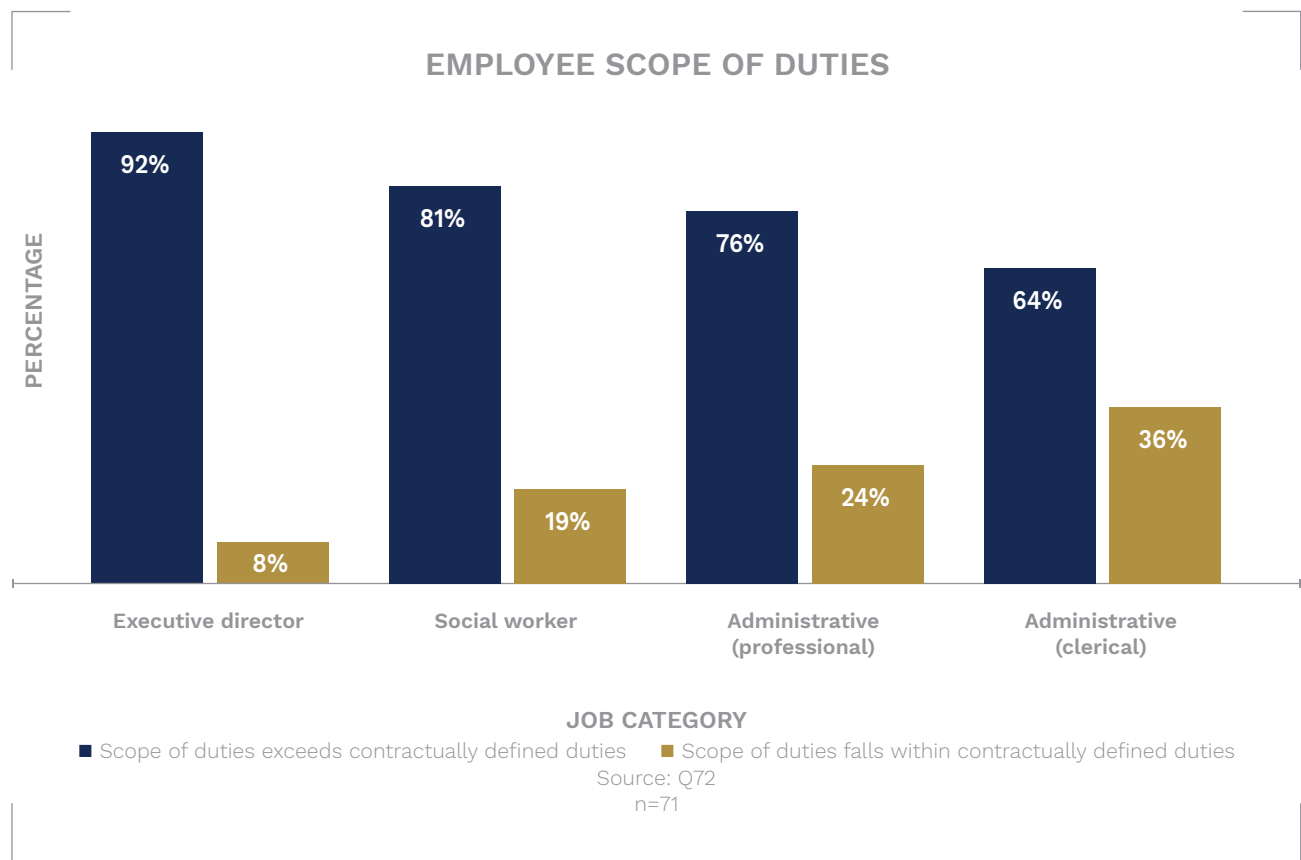
PERCENTAGE OF TOTAL BUDGET	ESTIMATED ANNUAL IT COSTS
5%	\$65,143,213
6%	\$78,171,855

It is recommended that IT be funded at a rate of 5%–6% of total annual budgets, consistent with industry practices.

Salaries

During workshops and visits to agencies, experiences and anecdotes were shared with examples of agency staff going above and beyond their duties, often without compensation. In the survey, agencies reported that the scope of duties of their employees exceeded those that were contractually defined. This trend was most prominent among executive directors and social workers (see Figure 45), with 92% and 81% respectively, reportedly exceeding their agreed duties.

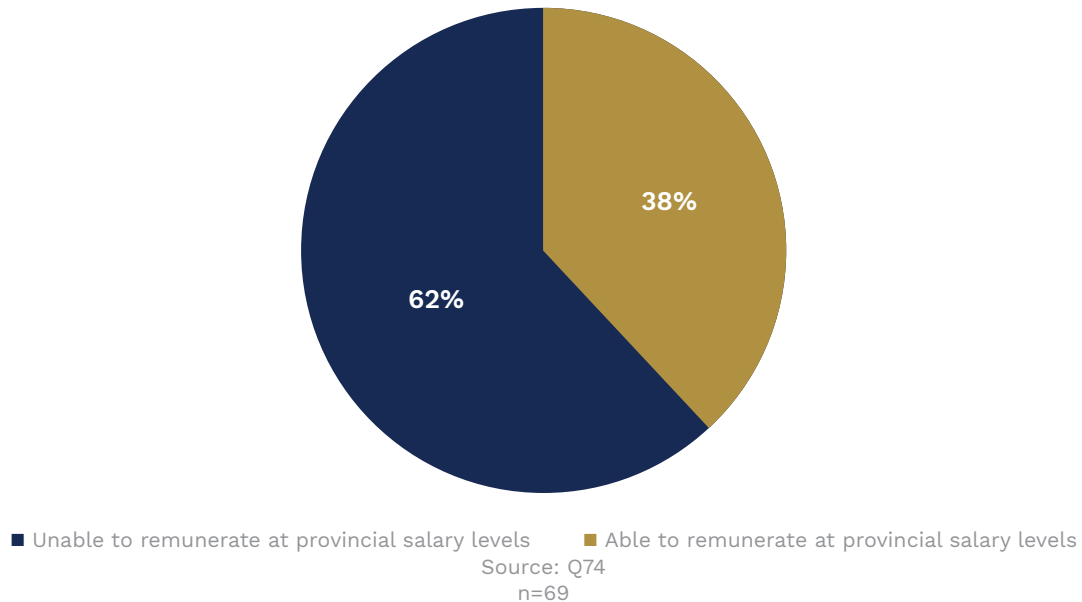
FIGURE 45



Beyond the extended duties, 62% of agencies reported being unable to remunerate employees at provincial salary levels (see Figure 46). The two exceptions were Alberta and the Atlantic region, which reported greater numbers of agencies able to remunerate at provincial salary levels than those that could not.

FIGURE 46

AGENCIES' ABILITY TO REMUNERATE STAFF AT PROVINCIAL SALARY LEVELS



These findings raise two matters for further consideration. First, is the issue of pay equity. FNCFS agencies are not compensating their employees at provincial salary levels. The reasons for this difference in pay merit further study. Second, employees are exceeding their contracted duties and hours of work. This may point to issues of case complexity and the different resource profiles required to address them.

The matter of case complexity has been raised by the Canadian Association of Social Workers (CASW)¹⁰³ in their 2019 pre-budget submission, calling for a caseload study to collect national data and to begin to develop national standards on reasonableness of caseloads. CASW's proposed study would seek to better understand cases through their complexity and apply that measure to determine appropriate caseloads for social workers.¹⁰⁴

¹⁰³ The Canadian Association of Social Workers (CASW) was established in 1926 to set professional standards of practices for social workers in Canada. Its mission today is to "promot[e] the profession of social work in Canada and advances social justice," through activities such as professional development and training, advocacy, resource development, etc.

¹⁰⁴ Canadian Association of Social Workers' Pre-Budget Submission to the Standing Committee on Finance, "Supporting Social Workers for Better Social Outcomes," 2018 (for the 2019 Pre-Budget Consultation).

A 2017 study¹⁰⁵ by the CASW interviewed current and previous social workers from child protection services. The results suggest that an unmanageable workload was a common reason for leaving (46%), along with stress, compassion fatigue or vicarious trauma (45%) and the emotional toll of their work (34%). Pay and benefits were causes to leave for fewer than 20% of respondents.¹⁰⁶ Of those still working in the field, unmanageable workload was frequently identified as an issue (75%) and was also reported to be the most significant challenge. Emotional toll of the work (63%) and a lack of resources to address compassion fatigue (56%) were also cited as critical challenges,¹⁰⁷ with 54% of respondents wishing they had the resources to address the fatigue.¹⁰⁸

The CASW findings on employees overburdened by workloads and fatigue parallel IFSD FNCFS Survey findings of overworked FNCFS employees. While salary ranges between provinces and FNCFS agencies may vary, the most important challenge faced by social workers appears to be the issue of workload, making case complexity a matter in need of further study. It may be likely that the challenge of a social workers role is only compounded by the complexities of the community and environment in which they do their work. Social workers serving FNCFS agencies face not only the challenges of families in crisis, but also those of their communities, such as poverty and intergenerational trauma. It is not only First Nations communities that experience these challenges, but they are disproportionately affected relative to the general population. Beyond the contextual challenges, a lack of related services and resources (e.g. mental health workers, specialists, child psychologists, etc.) makes a social worker's job more difficult by not being able to access or refer their clients to the services required. Anecdotally, FNCFS agencies have shared that

¹⁰⁵ The purpose of this survey was to explore the issues, challenges and barriers that social workers experienced in their practice, their working conditions, their reasons for leaving the child welfare field, sources of job satisfaction and trends in de-professionalism. Conducted in 2017, the survey contained 35 questions that were predominantly closed-ended, with some opportunity for qualitative responses. It was divided in three parts: (1) information on participant characteristics, completed by all respondents and also by social workers who had never worked in child welfare; (2) completed by social workers who had previously worked in child protection and currently worked in a different social work role; (3) completed by social workers currently working in child welfare. A total of 3,258 social workers across the country responded; (1,389 to part two and 1,438 to part three). Since the total number of social workers in Canada is unknown, calculating the response rate was not possible. Over 10% of CASW members responded to the survey.

¹⁰⁶ Canadian Association of Social Workers, 2018, *Understanding social work and child welfare: Canadian survey and interviews with child welfare experts*, chart 7.

¹⁰⁷ Ibid, chart 13.

¹⁰⁸ Ibid, chart 15.

their social workers and staff sometimes have to be “all things, to many people.”

The importance of assessing caseload through the lens of case complexity is highlighted well in the 2013 testimony of Sylvain Plouffe, former director of the Centre de Jeunesse de l’Abitibi-Témiscamingue.¹⁰⁹ In a nearly perfect comparative case, M. Plouffe’s agency served two communities: one First Nations (East, characterized by Lac Simon) and one non-First Nations (West, characterized by Val d’Or). The differences in the communities’ experiences were striking and connected to their social and economic contexts.

In Lac Simon, there were approximately 380 reported cases of substantiated abuse or neglect for every 1,000 children, whereas Val d’Or had only 35 cases per 1,000 children (see Table 13). Reflective of their case rates, Lac Simon and surrounding communities registered higher rates of negligence, substance misuse, housing overcrowding and unemployment relative to neighbours in non-First Nations communities such as Val d’Or. Compared to the East, the West had lower case rates which M. Plouffe speculated, may be linked to the paper mill in the West, which generated more opportunity for employment among members of the community and thus lead to lower rates of poverty.

TABLE 13
OVERVIEW OF THE CENTRE DE JEUNESSE DE
L’ABITIBI-TÉMISCAMINGUE CHRT PROFILE

	VAL D’OR (NON-FIRST NATION)	LAC SIMON
Staff (not necessarily all front-line workers)	200 (approx.)	20 (approx.)
Cases per 1,000	35	380
Staff : population	1:205	1:75

¹⁰⁹ Testimony before the Canadian Human Rights Tribunal, (2013) (statement of Sylvain Plouffe, director general of the Centre Jeunesse de l’Abitibi-Témiscamingue).

The social workers serving the communities in the East and West had the same training and the same pay, but their contexts differed. Communities such as Lac Simon required more resources, especially staff, to support the more complex needs. M. Plouffe and his team were able to secure a federal block funding grant to hire local prevention-focused staff and develop programming to respond to the community challenges in the East.

The case of the Centre de Jeunesse de l'Abitibi-Témiscamingue and the research undertaken by the CASW, suggest that case complexity merits attention, especially in First Nations contexts. With challenges and needs that may outstrip standard agency service offerings, FNCFS agencies require supplementary prevention-focused services to address the needs of their communities that may range from poverty, to substance misuse. The matter of salaries is not only about equity, but about the need to consider the complexity of the issues that staff address in different communities.

It is recommended that:

- **Social workers be remunerated at levels comparable to provincial salary levels.**
- **A study be undertaken to assess why FNCFS agencies are unable to remunerate their employees at provincial levels.**
- **A study on case complexity be undertaken, with consideration of differing community contexts when determining reasonable caseload levels.**
- **FNCFS employees have access to professional support and development, including leave for compassion fatigue.**

FUNDING STRUCTURE FOR THE FUTURE OF FNCFS AGENCIES

A funding structure is not only about financial allocations; it's about the ways in which money can be used as a tool to incentivize or alter outcomes. Both governance (including performance, reporting, and accountability) and the value of the allocations must be considered. Internal consistency that aligns inputs, outputs, and outcomes is necessary for accountability to communities and stakeholders. As a foundation for a performance framework it is critical that, resources and activities are connected to the desired outcomes for First Nations children.

In the current FNCFS system, agencies are funded for children in care with limited control and flexibility over how to allocate and spend their money. Placing a child in care represents a nearly guaranteed means of unlocking resources required for the child, incentivizing their placement in care. The current funding structure fails to account for the contextual challenges with which agencies must grapple in their work. Further, for FNCFS agencies there is little connection between the resources that they expend and the outcomes that they are trying to achieve. This mismatch is fundamental to effective budget and performance management in virtually any public administration context. Beyond the challenging socio-economic context for First Nations communities, for FNCFS agencies, there exist pronounced funding gaps in prevention, capital, and information technology, that impact operations and results.

Moving beyond the current system requires an alternative structure. Funding in this new structure should be allocated in blocks and align to the activities of agencies, in the areas of: protection and maintenance, prevention, capital, operating, data and governance. The approach to block funding is one where resources are allocated to specific activity areas through a grant-style allocation.

Working with experts convened to build on the future vision defined by agencies, overviews of FNCFS service delivery and services to First Nations children, families and communities through the lenses of indicators (i.e. what to measure), activities (i.e. programs or services), and inputs (i.e. required resources) was developed (see Table 14). These

overviews emphasize the connections between outcome definition and measurement, related activities and required resources.

As a point of departure, this mix of indicators, activities and resources was developed recognizing the heterogeneity of agencies and their communities. Instead of defining a single approach that combines results definition with activities and resources, the experts defined a framework that can be applied in a variety of circumstances and to varying degrees.

Importantly, the framework recognizes the often substantively unequal point of departure experienced by FNCFS agencies working in their communities and the layers of holism that must be nurtured around the core agency mandate of protection. In the framework, from both the perspectives of agencies as service delivery organizations and that of services to communities (including children and families), there are four streams of activity to consider: safety, child well-being, family well-being, and community well-being. While an agency may not be solely accountable for the outcomes of the people that they serve, their work has broader impacts and should be understood, evaluated, and resourced accordingly. Consider for instance, using school success as an indicator of child well-being or the number of moves a child experiences in care to better understand how they are faring in their care placement.

TABLE 14
RESULTS-BASED OVERVIEW OF A DESIRED FNCFS SYSTEM

	CHILD SAFETY	CHILD WELL-BEING	FAMILY WELL-BEING	COMMUNITY WELL-BEING
INDICATORS	<ul style="list-style-type: none"> Child injury (non-accidental) Child sexual abuse Staff qualifications (based on activities and services) Retention rates of staff Staff vacancies 	<ul style="list-style-type: none"> School success (understand how a child is doing) Staff qualifications (based on activities and services) Retention rates of staff Moves in care (understand how a child is doing) Staff vacancies 	<ul style="list-style-type: none"> Housing stability Mental health and rates of substance misuse Staff qualifications (based on activities and services) Retention rates of staff Rates of removal of children Rates of reunification Rates of reunification breakdown Staff vacancies 	<ul style="list-style-type: none"> Proportion of children placed in community resources Staff qualifications (based on activities and services) Retention rates of staff Agency responsiveness Quality of staffing/activities Perception of care and services Staff vacancies
	<ul style="list-style-type: none"> Substantive equality Number of non-voluntary interventions Perceived coercion in interventions Non-accidental child injuries (observable and non-observable) Child sexual abuse Suicides Suicide attempts Self-harm related behaviour Feeling hope, belonging, purpose and meaning 	<ul style="list-style-type: none"> Substantive equality Vocabulary (indicator = total word count) School success Social/relationships Well-equipped schools Awareness/fluency of Indigenous language(s) Feeling hope, belonging, purpose and meaning 	<ul style="list-style-type: none"> Substantive equality Time and quality of family time/interaction Number and quality of partnerships (service partnerships and social support) Honouring of family rituals and traditions (frequency/regularity) Feeling hope, belonging, purpose and meaning 	<ul style="list-style-type: none"> Substantive equality Access to clean water Food security Adequate housing Number of community members to teach Indigenous languages Self-determination over system (i.e. policing, health, recreation, etc.) Community rates of substance misuse Community rates of trauma and psychological distress Access to services within community (education, health, social services) Access to broadband and connectivity tools Feeling hope, belonging, purpose and meaning
	<p>Service Delivery, FNCFS Agencies</p>			
	<p>Services for First Nations children, families, communities</p>			

CHILD SAFETY	CHILD WELL-BEING	FAMILY WELL-BEING	COMMUNITY WELL-BEING
<p>FNCS Agencies Service Delivery, Families, communities</p> <ul style="list-style-type: none"> Programs for prevention of child sexual abuse Programs for infant injuries (i.e. shaken baby syndrome) 	<ul style="list-style-type: none"> Child support services Trauma support services for victims of sexual abuse 	<ul style="list-style-type: none"> Family support services (i.e. for kids at risk) 	<ul style="list-style-type: none"> Out of family home-based care Residential programs for adolescents Programming for transitions out of care – adult services or independently Stakeholder engagement
<p>Services for First Nations children, families, communities</p> <ul style="list-style-type: none"> Trauma-based interventions for sexual abuse Culturally-informed practice Teaching and revealing healthy behaviours of community Partnering children and elders 	<ul style="list-style-type: none"> Activities (clubs/camps/libraries etc) Special needs programs Play spaces Support programs for foster siblings and pets (keeping siblings together; nurturing relationships) 	<ul style="list-style-type: none"> Development of collaborative networks of care/integrated resources (social services, housing, trauma/mental health) Maternal-child interaction interventions Father-child programs 	<ul style="list-style-type: none"> Programming/activity options for children Opportunities to engage in community activities Community wellness (i.e. addressing history)

ACTIVITIES

INPUTS (RESOURCES)	CHILD SAFETY	CHILD WELL-BEING	FAMILY WELL-BEING	COMMUNITY WELL-BEING
<p>Service Delivery, FNCS Agencies</p> <ul style="list-style-type: none"> Liaison staff with healthcare professionals IT (broadband/video connection); internal and outside connection Data architecture and analysis Peer support among agencies Staff trained to deliver programs effectively Employee assistance program Case mix adjusted case load (must better understand case complexity) 	<ul style="list-style-type: none"> Liaison staff with the school system (staff in schools who can get to know the kids) IT (broadband/video connection); internal and outside connection Data architecture and analysis Staff trained to deliver programs effectively Personalized coaching support (who does a child have in their community that helps them along?) 	<ul style="list-style-type: none"> Liaison staff with adult substance use and mental health services IT (broadband/video connection); internal and outside connection Data architecture and analysis Staff trained to deliver programs effectively 	<ul style="list-style-type: none"> Capital (buildings, vehicles, IT, staff) Human (foster parents from community, kinship parents, community care (traditional)) IT (broadband/video connection); internal and outside connection Data architecture and analysis Staff trained to deliver programs effectively 	<p>Services for First Nations children, families, communities</p> <ul style="list-style-type: none"> Intergenerational program resources (people, funding) Specialized social workers for issues such as sexual abuse, safety and neglect Group homes Family and child care workers Specialized foster parents Policy specialists Legal specialists/in-house counsel After-care team for family post-removal (mental health, youth, social workers) Capital (agency building) Data
<p>Services for First Nations children, families, communities</p> <ul style="list-style-type: none"> Peer support School buildings Stable, quality teachers and administrators Culturally-based learning resources Social-emotional development (e.g. mall trips) Mental and physical health workers (for children and family) Child and youth workers Group homes Transportation Family and child care workers Trained staff Specialized foster parents Data 	<ul style="list-style-type: none"> Capital/per person (IT infrastructure, vehicles, housing, home appliances) Peer support among agencies Family resource centres Mental health and substance misuse workers Community recreation centres, gardens, kitchens Access to good legal counsel Transportation (i.e. trips to Costco) Family support workers Family well-being/resource centres Data 	<ul style="list-style-type: none"> Dispute resolution mechanism; community oversight Community wellness funding Peer support among agencies Knowledge and access to services Foundations for “healing” Dispute resolution mechanism Community wellness funding Data 	<ul style="list-style-type: none"> Dispute resolution mechanism; community oversight Community wellness funding Peer support among agencies Knowledge and access to services Foundations for “healing” Dispute resolution mechanism Community wellness funding Data 	

To secure this outcomes-based approach in the funding allocations to agencies, one must take a step back to the source of funds (i.e. the consolidated revenue fund and the fiscal framework) for FNCFS program activities. At its source, funding for the FNCFS program should be ring-fenced or allocated as a separate line item in the departmental budget on which Parliament must vote. The ring fencing should encompass funding targeting program activities that are aligned to desired outcomes.

While the Treasury Board may make decisions possible through funding allocations from the planned fiscal framework, Parliament's approval is required before moneys can be disbursed from the Consolidated Revenue Fund (CRF) for the government's use. Annually, Parliament reviews and approves (or rejects) the government's spending proposals for the whole of government by voting on the Appropriations (as supply bills).¹¹⁰ The bills are supported by the Estimates or "blue books," which are explanatory compendiums of the appropriations acts. Divided by department (as are the supply bills), the Estimates break down spending into voted categories (e.g. program, capital expenditures, operating expenditures, grants and contributions, and other), and provide some high-level information on the nature of departmental spending. For information purposes only, the Estimates also break down spending by program areas.

The current vote structure provides departments with blocks of money to be used for set purposes (e.g. operating, capital, grants and contributions). This vote structure however, does not let one see how money is assigned to program priorities, nor does it prevent a department from reallocating resources between programs and priorities (within the voted category).¹¹¹

Parliament is accountable for financial control before it votes on appropriations, and after the money has been spent (through the

¹¹⁰ In practice, with a majority government, supply bills, as with most other bills, easily pass. Any money bills, e.g. supply bills, the budget bill, etc., are matters of confidence. Should a government lose such a vote, convention would require that they would seek dissolution by the Governor General.

¹¹¹ When cabinet approves a policy or program, the [Treasury Board](#) is responsible for assessing and recommending the authorities required for departments to operationalize the policy and funding decision. A committee of cabinet, the Treasury Board is led by the President of the Treasury Board (currently, the Hon. Scott Brison) and is supported administratively by the Treasury Board of Canada Secretariat (TBS).

assessment of results). Performance information, which is critical for assessing value for money, is not presented by operating expenditures, capital expenditures and grants and contributions, but by program activity areas. This further complicates Parliament's ability to assess resource allocations against outcomes.

The purpose of 'ring-fencing' funding (i.e. voting by program activity) is to have a program's allocation appear as a separate line-item in the supply bills i.e. within the Grants and Contribution vote. It is the Treasury Board that makes the recommendation on the vote structure and can suggest that a program appear as a distinct line-item in the supply bills. By ring-fencing funding, a department is allocated a set amount of funding for that specific program or priority that is distinct, easily identifiable and traceable (instead of collapsing that allocation into a broader spending category). Also, the amount cannot be reallocated to other vote categories without Parliament's approval.

Consider for instance, ISC's \$9.3 billion in voted appropriations for 2018–2019 (see Figure 47).¹¹² Of the \$9.3 billion total, we cannot determine from the Estimates how that money will be spent on specific priorities or programs, such as First Nations child and family services. All that we can see are three vote categories: operating, capital and grants and contributions. For informational purposes only, program purposes and transfer payments are listed below the vote structure, but we can only surmise as to which funding category will source First Nations child and family services.

¹¹² Treasury Board of Canada, Secretariat, "Estimates 2018–2019," <https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates/2018-19-estimates/main-estimates.html#idchapter563701088>

FIGURE 47

Table 117. Organizational Estimates (dollars) - Department of Indigenous Services Canada

	2016–17 Expenditures	2017–18 Main Estimates	2017–18 Estimates To Date	2018–19 Main Estimates	
Budgetary					
Voted					
1	Operating expenditures	0	0	105,920,875	1,514,225,594
5	Capital expenditures	0	0	1	5,411,792
10	Grants and contributions	0	0	253,685,391	7,726,188,009
Total Voted		0	0	359,606,267	9,245,825,395
Total Statutory		0	0	0	79,386,979
Total Budgetary		0	0	359,606,267	9,325,212,374

Note: Additional details by organization are available on the Treasury Board Secretariat website – <http://www.canada.ca/en/treasury-board-secretariat.html>

The Departmental Plans, which represent the annual business plan of a department can be read in concert with the Estimates. This document offers insight into how spending is being planned for the department, but the government has the opportunity to adjust the plan without going back to Parliament for approval. A department may reallocate money within its appropriated budget to different activities within the vote category. By ring-fencing funding, one establishes a guarantee that a defined amount of the department's budget must be allocated to a specific program and cannot be changed or reallocated by the department, unless approved by Parliament.

For instance, the Department of Transport is part of a pilot project of a program-based vote structure for grants and contributions (see Figure 48).¹¹³ This means that in the department's votes in the supply bills, separate votes were defined for types of grants and contributions. The department had votes for operating expenditures, capital expenditures, and three separate votes for grants and contributions with defined purpose in the vote. This is a positive step ensuring the department must spend in the priority areas and cannot move money away from the vote's set allocation. While this does ring-fence funding in the priority areas, we still have to guess as to which grant and contribution programs fall into each vote category.

¹¹³ Treasury Board of Canada, Secretariat, "Estimates 2018–2019," <https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates/2018-19-estimates/main-estimates.html#idchapter320832720>

FIGURE 48

Table 141. Organizational Estimates (dollars) - Department of Transport

	2016–17 Expenditures	2017–18 Main Estimates	2017–18 Estimates To Date	2018–19 Main Estimates	
Budgetary					
Voted					
1	Operating expenditures	534,936,182	596,606,256	672,727,368	696,852,654
5	Capital expenditures	89,538,022	138,591,900	142,291,900	122,989,854
10	Grants and contributions – Efficient Transportation System	0	0	0	401,910,138
15	Grants and contributions – Green and Innovative Transportation System	0	0	0	41,601,775
20	Grants and contributions – Safe and Secure Transportation System	0	0	0	27,772,681
–	Grants and contributions	312,300,832	336,776,516	378,778,927	0
Total Voted		936,775,036	1,071,974,672	1,193,798,195	1,291,127,102
Total Statutory		254,383,748	230,857,877	236,872,393	223,825,936
Total Budgetary		1,191,158,784	1,302,832,549	1,430,670,588	1,514,953,038

Note: Additional details by organization are available on the Treasury Board Secretariat website – <http://www.canada.ca/en/treasury-board-secretariat.html>

In an ideal situation, the grant and contribution vote would breakout funding by a specific activity or funding area. For instance, ISC would have a series of grant and contribution votes for program areas such as child and family services, First Nations and Inuit health, etc.

The separate program activity vote or ring-fencing approach establishes a program to deal with a specific public policy issue, funded by a separate line-item in the Appropriations (supply bills). While annual parliamentary approval is required to allocate the funds, the funding amount for the year is clear as it is published as a separate line in the Estimates. In addition, it helps to focus the attention of the Executive and Parliament on desired outcomes.

This type of funding arrangement offers flexibility, as it can be adjusted on an annual basis before it is voted by Parliament. Should a government wish to reallocate money during the fiscal year, it would have to return to Parliament for approval (obtained through a vote transfer or adjustment to the fiscal framework). While funding may increase, it risks being decreased as well. As a separate vote in the supply process, there is an added measure of accountability to this arrangement. Money allocated to the program cannot be moved around or assigned to other

departmental priorities. While transparent and targeted, this funding arrangement is not responsive in-year to changing user needs.

With the opportunity for changes to the FNCFS funding structure, an approach that ring-fences funding for the program and then allocates it based on program activity areas would be a step to enhanced transparency and accountability for funding. This would enable FNCFS agencies and stakeholders to more clearly track allocations related to the FNCFS program within ISC.

Working from this approach, funding allocations to agencies would also be aligned to activity areas. This means that agency funding would be allocated and performance assessed against program activity areas such as protection and maintenance, prevention, capital, operating, and governance and data.

Once the Estimates vote structure and departmental grant & contribution funding has been reconsidered, agency level funding mechanisms must also reflect the desired performance framework. Grant and contribution funding would then be allocated to individual FNCFS agencies. These agencies will require funding to achieve three objectives: adequacy (short and long term), flexibility (to (re)allocate to priorities) and connected to desired outcomes (for performance, reporting and accountability). IFSD research and consultations regarding best practices has found that *block funding* at the agency level would best support these three fundamental objectives. Funding agencies in blocks, reflecting individual program activities, where agencies are accountable for managing their priorities and resources would alter incentives. Instead of working around the system, agencies could focus on working with the system to plan and deliver their services with regularized funding allocations that align to their operations.

It is recommended that block transfers be used to fund the FNCFS program to provide flexibility in allocation and accountability to stakeholders.

Precedent for block funding to FNCFS agencies exists. West Region Child and Family Services (WRCFS) was part of a pilot project on block funding that was evaluated in 1994. The evaluation found that the approach was successful in not only decreasing the number of children in care, but in

improving planning for children (emphasizing treatment) and focusing on community care programming. It was recommended that the block funding approach be made available to other agencies. Accountable for managing its block grant, WRCFS's approach to cost analysis was considered sophisticated in the evaluation and was reported to be used for program planning.¹¹⁴ The block funding ended however, with the introduction of the EPFA formula. For WRCFS, this resulted in a reduction in resources and flexibility in its program design and planning abilities. The agency lost its community-focused and prevention-oriented mechanisms for care and services.

The importance of relevant data collection and its use for agency planning and program development cannot be overstated. In an attempt to secure a block funding grant to fund increased prevention-focused services for one of its First Nation communities, the Centre de Jeunesse de l'Abitibi-Témiscamingue,¹¹⁵ used its own data to make the case for differentiated and increased need. The Centre's data tracked when a child accessed services, whether or not the child was placed in care, and the recurrence of the child's contact with the system. With this information, the Centre was able to demonstrate that children in the First Nation community of Lac Simon had significantly higher demand and need for services than those in the neighbouring non-First Nation community. The cases of WRCFS and the Centre de Jeunesse de l'Abitibi-Témiscamingue reflect the importance of aligning expenditures to outcomes and measuring what matters to improve planning.

In order to better serve the country's most vulnerable families and children, Canada needs to rethink its approach to responding to cases of child maltreatment. Instead of asking "how do we protect children?", experts convened for the IFSD roundtable emphasized that a better point of departure is asking "what do children need to thrive?" In addition to pivoting to an outcomes and prevention-based frame, there is a need to establish contextually-relevant, evidence-based services that are rooted in improving long-term outcomes among children and families involved in the child welfare system.

¹¹⁴ Mackenzie, 1994, p. 104.

¹¹⁵ Testimony before the Canadian Human Rights Tribunal, (2013) (statement of Sylvain Plouffe, director general of the Centre Jeunesse de l'Abitibi-Témiscamingue).

Understanding outcomes among First Nations peoples has been traditionally complicated by a lack of reliable data. There are several challenges unique to First Nations data collection and management that have made it difficult to measure the scope of health issues and limit comprehensive analysis. Some of these include the failure to separate First Nations identity from the general population, gaps in coverage, aggregation that is geographically too broad, multiple data sources, ambiguity and lack of regulation over who owns and controls the data, and the use of culturally inappropriate indicators. Current efforts have also been critiqued for focusing on secondary issues (e.g. disease prevalence) as opposed to root causes of ill health and well-being.¹¹⁶

More broadly, this is an important issue to address, as “data can highlight inequality and bring an evidence-based lens to policy making,” and “provides baselines and benchmarks which allow for measurements of change over time.”¹¹⁷ At the program level, as with child welfare, data is essential to inform good strategic planning and provide the space for knowledge sharing and innovation among FNCFS agencies.

As McBride (n.d.) notes, “data is only as useful as the ability of communities to assess and respond to it,” and for “communities to engage with data, there has to be local capacity to access, collect, and analyze it.”¹¹⁸ Many FNCFS agencies currently lack this capacity. Among agencies that do have this capacity, there is no streamlined mechanism around what data is collected, why and how. Therefore, a consistent recommendation from experts is to establish a First Nations data secretariat and resource centre for FNCFS.

In the proposed future state for the FNCFS program, there’s an emphasis on performance and outcomes for agencies and communities. Focused on holistic well-being, prevention funding for FNCFS agencies is proposed to address contextual challenges and general population needs, not only those of protection-related services. Various agencies have demonstrated the importance of measuring what matters to better adjust planning and programming for communities. Building

¹¹⁶ Kate McBride, “Data Resources and Challenges for First Nations Communities: Document Review and Position Paper,” (The Alberta First Nations Information and Governance Centre, n.d.).

¹¹⁷ McBride, n.d.

¹¹⁸ McBride, n.d.

on data as a tool for improved services, it is also necessary for performance evaluation.

Among FNCFS agencies, there is no consistent set of indicators of well-being that are regularly tracked and collected. This leaves a gap in understanding of outcomes for children, families, communities and the agencies' own organizations. With a new funding structure, there is an opportunity to establish a secretariat dedicated to FNCFS agencies and the well-being of the communities they serve. Working with FNCFS agencies and experts, this secretariat would develop a streamlined reporting system that would have agencies report on overall indicators of well-being for their people and organizations (similar to those in Table 14 from the expert roundtable). Assessing indicators in the categories of child safety, child well-being, family well-being and community well-being would enable agencies and communities to better plan and respond to changing needs.

The proposed secretariat would be guided by OCAP® principles and would ensure that the data shared by FNCFS agencies is returned directly to them, publicizing only national aggregated data with the permission of the participating FNCFS agencies. There would be a learning period of at least one full year in which the secretariat would undertake its work. The secretariat may request that a variety of data be collected to better understand their utility and to identify continued gaps in understanding. The year would allow the secretariat to refine its data collection process with feedback from stakeholders, ensuring it is responsive and relevant in its work.

British Columbia's First Nations Health Authority (FNHA) may be a partial model for the secretariat from the perspective of its data collection, maintenance and dissemination practices. Since 2013, the FNHA has been responsible for planning, managing, funding, and delivering health programs in partnership with First Nations in British Columbia.¹¹⁹ Their culturally relevant approach to knowledge gathering and indicators to measure well-being may serve as a starting point for developing related data practices that include safety and the well-being of children, families and communities. A stakeholder focused organization, the FNHA frequently and purposefully engages with its communities to gather

¹¹⁹ First Nations Health Authority, 2018, "About the FNHA."

knowledge and identify areas in need of improvement.¹²⁰ The First Nations Information Governance Centre (FNIGC) may similarly offer a model to emulate. First Nations-led, the FNIGC is dedicated to producing “portraits of the lives of First Nations people and the communities they live in,” with the goal of improved decision-making. The secretariat’s mandate would differ slightly and would focus on indicators to better understand the results of contextual challenges, programs and policies on children, families and communities.

Having reliable data means improving accountability for stakeholders and opportunities for improvement and refinement of policies, programs and activities. Agencies have demonstrated the utility of sound data for decision-making. Enhancing the data collection process to ensure it is meaningful, relevant and produces information agencies and communities can leverage is possible and should be pursued.

It is recommended that a secretariat dedicated to results-oriented data be established to support FNCFS agencies in their work.

The characteristics of FNCFS agencies transcend boundaries and funding formula divisions. Agencies and experts agreed that their shared experiences and common challenges would benefit from a national resource centre at the service of all FNCFS agencies. A resource centre dedicated to aggregating content, developing resources and supporting agencies would serve as a platform for engagement, ideas sharing, and collaboration among agencies.

Developed as an online platform, the resource centre would have a small team dedicated to fulfilling its mandate. The opportunity with the resource centre is to share the human and resource requirements of developing new programming or strategies for addressing challenges common to FNCFS agencies. The centre also has the opportunity to serve as an archive or library of wise practices and approaches to care and holistic well-being. For instance, if an agency has successfully developed a program for supporting families struggling with substance misuse, they may share the details with the centre, which in turn could connect the agency delivering the program to others who may wish to learn from it. The most recurring comment from 60% of workshop

¹²⁰ First Nations Health Authority, 2018, “Engagement process.”

attendees was that the most valuable part of the workshop was collaborating, sharing ideas and networking with peers from across the country. The possibility of leveraging that knowledge and sharing it across FNCFS agencies represents an unparalleled opportunity for amplification of efforts and the possibility for positive change.

As an organization sharing specific knowledge and expertise, the First Nations Lands Management Resource Centre (FNLMRC) may be a model for the role of an FNCFS resource centre. Dedicated to supporting First Nations at various points in the land management process, the FNLMRC offers a variety of services and strategic advice to meet a diversity of needs. Similarly, the FNCFS centre may seek to develop its expertise in FNCFS wise practices, as well as related issues such as health and supporting infrastructure. The focus of the centre's mandate would be to serve as a platform for collaboration and network building among agencies. Expanding capacity and sharing knowledge can help to multiply FNCFS agency efforts and encourage constant growth and learning.

Should they be established, the secretariat and centre would benefit from including common existing practices of other First Nations organizations in their operations and mandate. Such practices include a board of directors representative of the First Nations served; the provision of First Nations-specific services; and annual reporting on objectives, progress and finances.

It is recommended that a FNCFS resource centre be established as a platform for knowledge sharing and collaboration among FNCFS agencies in support of their common mandates.

CONCLUSION: RECOMMENDATIONS AND FUTURE RESEARCH DIRECTIONS

The current protection-focused system does not produce adequate results for children and families, fails to recognize the contextual challenges that lead to disadvantaged starting points for many communities, significantly underfunds prevention, has important gaps in capital and IT spending, struggles to remunerate employees relative to provincial levels, and falls short on data collection and analytics required to identify and support wise practices.

In this context, IFSD makes a number of recommendations (as listed in the Executive Summary):

1. It is recommended that block transfers be used to fund the FNCFS program to provide flexibility in allocation and accountability to stakeholders.
2. It is recommended that contextual issues such as poverty, be recognized and addressed through policy, programs and funding.
3. It is recommended that prevention be funded on a per capita basis for the total population served by the agency (not only children) at a rate of \$800–\$2,500 per person.
4. It is recommended that there be a one-time capital investment, and a benchmark recapitalization rate of a minimum 2% per annum (of asset base) added to agency budgets.
5. It is recommended that IT be funded at a rate of 5%–6% of total annual budgets, consistent with industry practices.
6. It is recommended that:
 - Social workers be remunerated at levels comparable to provincial salary levels.
 - A study be undertaken to assess why FNCFS agencies are unable to remunerate their employees at provincial levels.

- A study on case complexity be undertaken, with consideration of differing community contexts when determining reasonable caseload levels.
 - FNCFS employees have access to professional support and development, including leave for compassion fatigue.
7. It is recommended that a secretariat dedicated to results-oriented data be established to support FNCFS agencies in their work.
 8. It is recommended that a FNCFS resource centre be established as a platform for knowledge sharing and collaboration among FNCFS agencies in support of their common mandates.

Recommendations for Further Research

IFSD has three recommendations with respect to next-steps to further the work undertaken in this study:

1. Establish a performance framework to underpin the First Nations Child and Family Services system across Canada.
2. Develop a range of options with regards to the funding models that would support an enhanced performance framework.
3. Transition to a future state in full consideration of the data, human capital and governance requirements.

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APPENDIX A

Needs Assessment

April 10, 2018

Re: Request for analysis of existing needs assessments

At the request of the Caring Society, the Assembly of First Nations (AFN), and Indigenous Services Canada (ISC), the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa undertook analysis of First Nations child and family services (CFS) agencies' needs assessments submitted to ISC between June 2017 and March 2018. The needs assessments were submitted in response to a letter from then Indigenous and Northern Affairs Canada (INAC) to First Nations CFS agencies dated October 28, 2016.¹

In its review, the IFSD was asked to provide:

- 1) A summary of findings from existing needs assessments prepared by First Nations CFS agencies to inform a funding approach (pursuant the Canadian Human Rights Tribunal's (CHRT) February 2018 order);
- 2) An assessment as to whether the information from existing needs assessments could inform a cost analysis of First Nations CFS agencies while accounting for operating, capital, programmatic, governance, and other considerations for both average and small agencies (pursuant to 2018 CHRT 4 pars. 231 and 408; 249-250 and 418-419); and
- 3) A research plan to collect the required data and to conduct analysis to respond to the CHRT's orders, should the existing needs assessments fail to yield the required information.

IFSD received existing needs assessments on a USB key from ISC on March 21, 2018. There were 73 agencies that had completed the needs assessments, as well as reports from three regional organizations that aggregated regional findings, with some appending contributing agencies' needs assessments. Based on an agency list provided by ISC in 2017, there are 109 First Nations child and family services agencies in Canada. IFSD reviewed the 73 needs assessments and regional reports leveraging its approach from the National Advisory Committee (NAC)-IFSD survey of [First Nations CFS agencies](#).

¹ In a letter addressed to "First Nations Child and Family Services Agencies (Executive Directors, Directors, and Managers)," dated October 28, 2016, then Indigenous and Northern Affairs Canada (INAC) offered two one-time funding opportunities, in response to the 2016 CHRT 16, par. 39. The first was \$25,000 for a needs assessment, and the second was up to \$75,000 for the development and implementation of culturally appropriate programs and tools for the communities served. The needs assessments to provide information about the agencies' "distinct needs and circumstances, the associated costs to meet these needs, and the factors that impact the way you deliver child and family services," was the focus of the IFSD's analysis. IFSD was not asked to comment on the submissions for the second block of funding.

In its analysis, IFSD used a framework that captured the elements of the CHRT order by assessing whether the needs assessments commented on and provided cost data for capital, operating, programmatic, governance and other particular circumstances (see Annex 1 for definitions). The framework was developed to respond to the requests above, by aggregating results to determine if the information in the needs assessments could inform a funding approach and a cost analysis for all agencies, with attention to small agencies. IFSD did not comment on the quality of the information presented, but only on whether a narrative and/or cost estimate appeared in the submitted document (see Annex 2 for the framework). However, while narratives on the current-state provide useful context, without data related to cost estimation, the assessments would not support the fulfillment of the CHRT order.

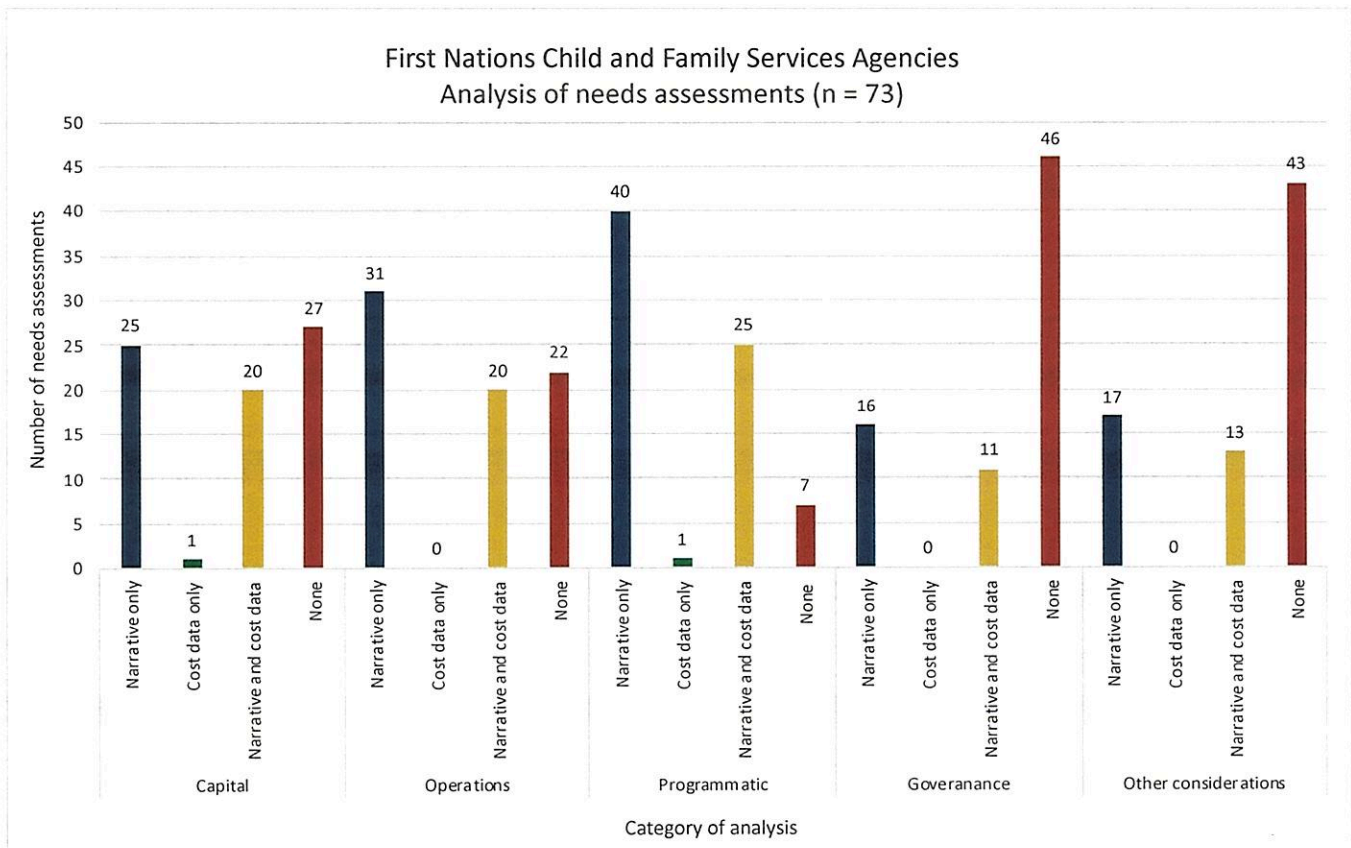


Figure 1: Summary of needs assessments reporting.

While the needs assessment exercise may have been designed to support a number of processes, the results are insufficient and as a result, unusable in the context of a cost analysis to inform a funding approach.

The results of IFSD's analysis of the 73 needs assessments suggest that (see Figure 1):

- 1) The qualitative and quantitative information submitted in the needs assessments is inadequate to undertake a program cost analysis.
- 2) It appears that the instructions provided by INAC in the October 28, 2016 letter were sufficiently vague allowing for wide interpretation by agencies and resulting in a variety of responses, that were not conducive to the acquisition of financial data required for cost analysis of funding needs. This may have contributed to the array of data and narrative formats of the needs assessments, resulting in significant variance in the nature and quality of the information presented.
- 3) Needs assessments from Manitoba-based agencies reported effectively with quantitative cost data and qualitative narratives to define and explain gaps in capital, operating, and programming budgets, as well as to identify other considerations particular to their agencies. While useful, more detailed information will be required for the cost analysis.
- 4) Nearly all (90%) of needs assessments reported on programmatic considerations (protection and/or prevention), with approximately 61% of those reporting only with a narrative and approximately 38% reporting with both cost and narrative data.
- 5) 70% of agencies reported on their operational needs, mostly in narrative form.
- 6) 63% of agencies reported on their capital needs, mostly in narrative form.
- 7) Few agencies reported on governance considerations (37%) and on other considerations (41%) in their needs assessments.
- 8) Of the 73 needs assessments, 42% reported on the size of the community they serve. From the reporting group, there are 9 small agencies (serving less than 1,000 children) and 22 average size agencies. The sizes of the other agencies were not reported in the needs assessments.

Financial analysis will require information aligned to the cost categories defined in Annex 1 based on agency needs (e.g. capital, which includes building maintenance, repairs and retrofitting of buildings, land, vehicles, and technology equipment). For compliance with the CHRT order of a cost analysis, the data collected from this exercise is insufficient.



Given this result, the IFSD has appended a proposed research plan to this letter (see Annex 3) to collect the required data and to conduct analysis in fulfilment of the order, pursuant to the request made by the Caring Society, AFN, and ISC.

Respectfully submitted,

A handwritten signature in blue ink that reads 'Kevin Page'. The signature is written in a cursive style with a large, looped 'P'.

Kevin Page
President & CEO, Institute of Fiscal Studies and Democracy
University of Ottawa
(Former Parliamentary Budget Officer of Canada)

Annex 1 – Definitions

Category	Definition and examples	Tribunal References and Notes
Capital	<p>The acquisition and maintenance of fixed assets.</p> <p>Examples include maintenance, repairs and retrofitting of buildings, land, vehicles, and technology equipment (e.g. phones, computers, software).</p> <p>The ongoing costs of doing business.</p>	
Operations	<p>Examples include salaries, benefits, agency legal fees, staff training, travel expenses, and small agency deficits.</p> <p>Programs associated with placing a child in alternative care outside of the parental home.</p>	
Protection	<p>Examples include non-medical services to children in care with behavioural problems and specialized needs, purchases on behalf of children in care, per diem costs for children in care in placements out of the parental home (including foster care, group homes, institutional care, and kinship care), post-adoption subsidies and supports, professional services not covered by other jurisdiction or by Health Canada's Non-Insured Health Benefits Program.</p>	
Programmatic	<p>Programs designed to reduce the incidence of family dysfunction and breakdown or crisis and to reduce the need to take children into out-of-home care or the amount of time a child remains in out-of-home care.</p> <p>Examples include violence prevention and family support services, mentoring and non-medical counselling services, home management services, land-based and cultural programming, intensive family reunification programs, least disruptive measures, purchase of basic needs items (eg security deposit, money for diapers), intake and investigation, transportation and accommodation for medical and non-medical appointments, home management services, Child Service Purchase Amount, and respite care.</p>	<p>The Panel, pursuant to section 53 (2) (a) and (b) of the CHRA, orders Canada to analyze the needs assessments completed by First Nations agencies in consultation with the Parties, interested parties (see protocol order below), and other experts; and to do a cost-analysis of the real needs of First Nations agencies including prevention/least disruptive measures, intake and investigation, building repairs and legal fees related to child welfare taking into account travel distances, case load ratios, remoteness, the gaps and/or lack of surrounding services and all particular circumstances they may face. (2018 CHRT 4 para 408)</p>
Prevention		
Governance	<p>Accountability, transparency and decision-making mechanisms.</p> <p>Examples include Content Management Systems, collecting and analysing data, audits and evaluations, Band councils, Elder councils, and advisory boards.</p>	
Size of agency	<p>Small agencies are agencies that serve a child population of less than 1000. (2016 CHRT 2 para 187)</p>	<p>The Panel, pursuant to section 53 (2) (a) and (b) of the CHRA, orders Canada to analyze the needs assessments completed by First Nations agencies in consultation with the Parties, interested parties (see protocol order below), and other experts and to do a cost-analysis of the real needs of small First Nations agencies related to child welfare taking into account travel distances, case load ratios, remoteness, the gaps and/or lack of surrounding services and all particular circumstances they may face. (2018 CHRT 4 para 418)</p>
Other considerations	<p>Related to the unique situation of an agency.</p> <p>Examples include remoteness, and availability of services in the community.</p>	<p>The Panel ordered INAC to immediately address how it determines funding for remote FNCFS Agencies. Current funding does not account for such things as travel to provide or access services, the higher cost of living and service delivery in remote communities, the compounded effect of reducing core funding for remote agencies that may also be smaller agencies (see paras. 213-233 and 291 of the Decision). In its subsequent ruling in 2016 CHRT 16, the Panel ordered INAC to provide detailed information to clearly demonstrate how it is determining funding for remote FNCFS Agencies that allows them to meet the actual needs of the communities they serve. (2018 CHRT 4 para 359)</p>
Narrative	<p>Qualitative information or explanatory notes to give meaning to the cost category.</p>	
Cost data	<p>Quantitative financial information (\$) of the agency's expenses in the cost category.</p>	

Annex 3 – Research proposal

Project Plan

Analyzing First Nations Child and Family Services (FNCFS) Agency Needs

Context

The Canadian Human Rights Tribunal (CHRT), in its January 2016 decision and subsequent rulings, has found that Canada has used a discriminatory funding approach for FNCFS agencies. Canada states it is committed to implementing these orders.

In support of Canada's efforts to develop an alternative system to fund First Nations child and family services, Indigenous Services Canada requires the services of a funding/technical and research expert with knowledge of Indigenous issues, and Indigenous practices with respect to data collection and Indigenous intellectual property as well as child and family services.

Purpose

Our understanding of your needs suggests that the purpose of this project is to develop reliable data collection, analysis and reporting methodology for analyzing the needs of FNCFS Agencies. Specifically, this project will support the implementation of the following orders:

- 1) Work with experts to develop a reliable data collection, analysis and reporting methodology, as well as ethical research guidelines for analyzing the needs of First Nations Agencies (Order defined in par. 421);
- 2) Canada is accountable for analyzing the needs assessments and undertake a cost-analysis of the needs of agencies, in consultation with the parties and other experts (Orders defined in pars. 408 and 418).

If selected as the Contractor, the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa will provide technical expertise to analyze agency needs, will provide strategic advice on how to best monitor and respond to actual agency needs from fiscal and governance perspectives, with an approach informed by understanding, existing research, and analysis of assessments done by agencies and communities.

The IFSD will engage with the Assembly of First Nations (AFN) as the project contract holder.

Guiding Questions

- 1) What are agencies' needs in *protection* (e.g. intake and investigation, least disruptive measures (secondary, tertiary prevention and family case conferencing)), *prevention* (e.g. child purchase amount and primary prevention needs (public education, early childhood interventions etc.)), *operations* (e.g. salaries, legal fees related to child welfare), *capital* (e.g. building repairs, vehicles, information technology), and *governance/reporting*?
- 2) What are the gaps between the current and desired states of agencies?
- 3) What are the funding requirements to support these agencies at the desired state (i.e. cost analysis)?
- 4) How can agencies' defined needs and their costs be translated into a new vision for First Nations child and family services, that focuses on leveraging cultural approaches and best evidence to support healthy families and communities and ensure the best interests of children?
- 5) How can agencies establish performance measures and conduct evaluations that promote organizational learning and development?

Methodology

As an affiliate of the University of Ottawa, IFSD is guided by ethical research guidelines respecting Indigenous peoples, the project will follow the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans and OCAP principles in all of its work.

This means that IFSD will be subject to the University of Ottawa's ethics board review per the Tri-Council Policy Statements on Ethical Conduct for Research involving Humans.

Part 1: Needs assessments

Defining needs in a way that articulates the problem and performance objectives will drive design, governance, reporting, and implementation strategies.

- 1) Propose categories of agency activities in table form. Seek approval of table from stakeholders during May 2018 workshop at IFSD. This portion of the project will seek

consensus to define elements of a desired future state for First Nations child welfare.

Proposed global indicators include:

- a. Protection
- b. Prevention
- c. Operations
- d. Capital
- e. Governance/reporting
 - i. Policy development capacity
 - ii. Organizational evaluation and learning
 - iii. Community communication and engagement

The proposed indicators are intended to enable agencies to define their needs on an activity basis and to facilitate the costing of these needs (i.e. desired outcomes) and initiatives in Phase 3. This part of the project will invite agencies to present their desired or normative state of operations, including multi-year funding structures to support long-term planning and program sustainability.

- 2) Analyze existing needs assessments undertaken by agencies and communities. Any gaps in data will be identified and filled by liaising directly with agencies or more granular research will be undertaken as required to support robust program design, effective governance, reporting and sustainable implementation strategies.
- 3) Leverage results of NAC-IFSD First Nations agency surveys to develop typology of agencies based on mandates, size, and needs.

NOTE: IFSD will produce monthly updates to communicate project progress and interim results to the project's stakeholders. These written updates (submitted via email and potentially posted on the project website) can be supplemented with briefings to interested parties by IFSD.

Part 2: Baseline definition and gap analysis

- 1) Define current baseline of agency *resource inputs* (i.e. financial, human resources (including regular working hours, and those supplementary hours worked without pay) budgets and *outputs* (i.e. activities). Design a survey to assess agency baseline indicators. Test the survey with agencies in different regions and of different sizes (based on NAC-IFSD survey research on agency characteristics).

Note: A more granular assessment of the current state can be undertaken by IFSD with agency/community visits. Having built existing research partnerships with various jurisdictions, IFSD understands the challenges and importance of building

trust, and co-developing research approaches with agencies and members of their communities. Establishing a clear current baseline across inputs, outputs, and outcomes will be paramount to defining the gap between the current and desired state of agencies.

- 2) Review results from Phase 1. Scrub data and prepare for program-level bottom-up costing, based on aggregated agency needs data for each type of agency.
- 3) Define detailed costing procedure and sources of actual cost data from agencies. Consider factors (beyond those defined in the needs assessment in Part 1) such as:
 - a. Cross-agency collaborations on items such as peer support, professional development, communications, etc.
 - b. Lost purchasing power related to the lack/insufficiency of inflation adjustments in Directive 20-1 and EPFA
 - c. Identify extraordinary cost items that may require the establishment of national or regional pools such as liability costs, natural disaster contingencies, community emergency response contingencies)
- 4) Identify any missing data or other required analytic elements before proceeding with costing.

Part 3: Cost analysis

- 1) For each type of agency (defined in Part 1), cost agency needs by leveraging actual cost data. Costing will be undertaken on an indicator-basis (protection, prevention, operations, capital, governance/reporting), with line-items generated based on agency needs assessments.
- 2) Produce an overview of the costing exercise by agency type (for projections, cost analysis will include inflation).
- 3) Seek acceptance of findings during stakeholder workshop at IFSD in September 2018.

Phase 4: Final reports

- 1) Produce an initial assessment of findings:
 - a. Cost analysis (by agency type)
 - b. What does the agency organization have to look like to close the gap between the desired and current state?
 - c. What procedure can be integrated for monitoring on-going agency and governance across inputs, outputs and outcomes?
- 2) Present report to stakeholders for feedback.

- 3) Allow for minor corrections or minor revisions to report based on stakeholder feedback.
- 4) The final report will make recommendations for DISC in pursuit of reforms to support a new funding approach, that promote long term planning and program sustainability (i.e.: multi-year funding, avoiding reliance on proposal-based projects).

Timelines and Deliverables

See Annex A

NOTE: Timelines are indicative and subject to the pace of data availability and acquisition commensurate with the needs and resources of the project. Based on previous experience, acquiring sufficient and reliable data is critical to establishing a strong foundation for subsequent stages of the project including the development of a forward strategy for First Nations child welfare. Data collection should be considered an ongoing exercise in continual improvement.

Data Sources

This work is to build on the extensive body of previous research in this area, including (but not limited to):

- Bridging Econometrics with First Nations Child and Family Services (Joint National Policy Review of First Nations Child and Family Services);
- Wen:de: We are Coming to the Light of Day;
- Wen:de: The Journey Continues;
- Decision and Orders of the Canadian Human Rights Tribunal;
- Phase 1 of the Remoteness Quotient research;
- Auditor General of Canada Reports (2008, 2011);
- NAC-IFSD survey of First Nations child welfare agencies;
- Existing agency and community needs assessments;
- Data requested from Indigenous Services Canada;
- National Advisory Committee Interim Report (2018);
- Other publicly available data and research relevant to the project.

Future Research Directions

It is expected that this research project will inform a new program architecture for funding First Nations child welfare and inform the following questions:

- 1) To what degree have agencies been supported to design culturally appropriate long-term plans to meet the needs of the children and families in the communities they serve? If agencies were supported, how were they funded and at what rate (\$) ? How was the implementation of existing plans supported in an evolving community context? For those agencies that did not have support, what inputs and implementation supports would be required to produce a long-term plan and implement it?
- 2) What are the primary current cost drivers for agencies in the areas of operations, protection, and prevention?
- 3) What are the costs associated with culturally based child welfare policy and program development and evaluation?
- 4) What are the most significant spending areas in agency budgets?
- 5) Are most agencies in surplus or deficit statuses?
- 6) How should “prevention” be defined? How should agencies define their prevention services? How can agencies foster a greater community role in providing well-being and prevention services? To what degree is effective prevention related to a need for equity in other federally funded services? How can prevention services be structured to ensure effective program development and sustainable operations?
- 7) How can funding be delivered in a way that enables agencies to be responsive to the unique needs of First Nations children, youth, families and communities?
- 8) What data architecture should be in place to identify and track the needs of First Nations child welfare agencies? What data architecture can agencies use to track the needs of their communities? What supports are needed for agencies to set community based performance measures and institute regular evaluations to enhance organizational learning?
- 9) What governance arrangements would support the achievement of agreed outcomes for First Nations child well-being? Would the governance arrangements differ based on agency type/characteristics? How does each governance arrangement define accountability, reporting, and evaluation (based on key performance indicators)?

- 10) What are appropriate models to forecast future agency needs for technology, infrastructure, administration and travel costs?
- 11) What are the core administrative staffing and related requirements of small agencies? How are these different than larger agencies or multi-site agencies?
- 12) What is the minimum size of agency and related population consistent with good social work practice to ensure the adequate provision of protection and prevention services based on community needs? What supports can be provided to First Nations communities without a First Nations agency regardless of population (e.g. primary prevention resources)?

Deliverable	Description	Accountability & resources	Deadline
Phase 1			
Approved project plan	<ul style="list-style-type: none"> – Client approves project plan and timelines 	IFSD	April 5, 2018
Ethics reviews	<ul style="list-style-type: none"> – Submit ethics review to the University of Ottawa Research Ethics Board and to any First Nations communities as needed 	IFSD	April 15, 2018
Analysis of existing needs assessment	<ul style="list-style-type: none"> – Evaluate content of agency needs assessment collected by DISC – Release public letter (addressed to Caring Society, AFN, and DISC) noting relevant data from the needs assessments and any gaps, given the diversity of the cost submissions and narratives 	IFSD	April 15, 2018
Indicators table and survey design	<ul style="list-style-type: none"> – Define needs indicators that will inform needs analysis and costing exercise – Needs indicators will serve as cost categories – Prepopulate indicators (or request where not public available) to capture contextual data including special considerations for child need, agency demographics, community demographics, etc. 	IFSD in consultation with client	May 15, 2018
Workshop #1	<ul style="list-style-type: none"> – Convene stakeholders to seek approval and agreement of indicators table 	IFSD in consultation with	May 2018 (date TBC)

		AFN, NAC, Caring Society	
Analysis of existing assessments	<ul style="list-style-type: none"> – Collect and analyze existing agency and community assessments to inform needs analysis – Liaise directly with agencies to fill any data gaps – Are there needs trends in agencies based on characteristics such as mandate, region, size, etc.? 	IFSD in consultation with agencies and communities (as required)	July 31, 2018
Phase 2			
Gap analysis	<ul style="list-style-type: none"> – Undertake a deep-dive analysis of current agency cost data across Canada – Define current baseline budget and cost information for agencies based on agency consultation visits 	IFSD	September 30, 2018
Define costing procedure	<ul style="list-style-type: none"> – Produce costing procedure plan and approve with client 	IFSD in consultation with client	
Cluster agencies based on typology	<ul style="list-style-type: none"> – Using NAC-IFSD survey data, cluster agencies into characteristic-based typologies – Seek client approval of agency typologies – Prepare to produce aggregate costing based on agency typology 	IFSD in consultation with client	
Define and fill data gaps prior to costing	<ul style="list-style-type: none"> – Confirm access and availability of all costing-related data 	IFSD	
Phase 3			

Costing assessment table	<ul style="list-style-type: none"> – Produce costing assessment based on agency typology – Present in table form based on needs indicators 	IFSD	October 31, 2018
Draft findings	<ul style="list-style-type: none"> – Produce draft report on high-level findings of costing – Review results with client 	IFSD in consultation with client	October 31, 2018
Workshop #2	<ul style="list-style-type: none"> – Convene stakeholders to seek approval of costing findings – Discuss paths forward for the development of a new program architecture for First Nations child welfare 	IFSD in consultation with AFN, NAC, Caring Society	November 2, 2018
Phase 4			
Final report	<ul style="list-style-type: none"> – Leverage project and related analysis to respond to research questions in “Future research directions” section of project plan – Align needs and costing assessments to way forward for improved outcomes in First Nations child welfare 	IFSD	November 15, 2018
Stakeholder feedback	<ul style="list-style-type: none"> – Review final report with client for feedback – Share final report with stakeholders for feedback – Allow for minor revisions and minor adjustments to final report 	IFSD in consultation with client and stakeholders	November 15, 2018
Project completed			



APPENDIX B

Liability Insurance Opinion



YOUR PERSPECTIVE
OUR FOCUS™

BARRISTERS + SOLICITORS

August 31, 2018

VIA E-MAIL

Reply to: Eileen E. Vanderburgh
Direct Line: 604.484.1732
Direct Fax: 604.484.9732
E-mail: evanderburgh@ahbl.ca
Matter No.: 1137549

Institute of Fiscal Studies and Democracy (IFSD)
115 Séraphin-Marion Private #107
Ottawa, Ontario
K1N 6N5

Attention: Helaina Gaspard, Ph.D., Director, Governance & Institutions

Dear Sirs/Mesdames:

Re: Legal Opinion regarding First Nations Child and Family Services (FNCFS)

We write to provide IFSD with a legal opinion on matters related to the delegation of Child and Family Services to First Nations agencies as outlined in our letter of July 31, 2018.

OVERVIEW OF OUR OPINION

In Part I, we provide our assessment of the scope of any legal obligation of the provinces to provide insurance coverage for agencies delegated to provide child welfare services within each province. We conclude that none of the provinces in Canada are statutorily required to provide insurance coverage to child welfare agencies. However, it appears that some provinces include provisions in their delegation agreements that require child welfare agencies to carry liability insurance coverage as a condition of performing delegated services to children. Liability insurance issues between those provinces and their respective delegated child welfare agencies are therefore governed by the principles of contract law.

In Part II, we provide an overview of market-based, third-party liability insurance products available to First Nations child welfare agencies in Canada, and the approximate cost of these insurance products. We focus our inquiry on coverage for physical and sexual abuse claims because, based on our review of the jurisprudence, physical and sexual abuse claims tend to form the basis of actions brought against child welfare agencies.

Our overview of market-based insurance products is based on the information provided to us by IFSD and information from brokers used by IFSD's partner organizations. As such, we have not provided an exhaustive overview in this part, but rather, a sample of the type of coverage available to child welfare agencies.

In terms of the cost of third-party liability insurance, we conclude that the premium payable for an insurance product will be influenced by the nature of the work performed by a

particular agency, the risk-management protocols followed by the agency, and the number and type of staff employed by the agency. Generally however, the premiums range from \$5000 for a small organization to \$100,000 for a larger organization. The average premium in Canada is around \$20,000 for \$5,000,000 coverage.

In Part III, we provide an overview of the key liability judgments pertaining to children harmed while in the care, custody or control of a federal, provincial or other child welfare organization. We provide a breakdown of the general heads of damages in these cases and an explanation of the compensation principle, which informs the quantum of all damage awards. We also set out the various legal bases on which an agency may be found liable, whether pursuant to the doctrine of vicarious liability, or by way of direct liability for negligence or breach of a fiduciary duty. Lastly, we set out a range of damage awards, in present day values, to assist child welfare agencies with determining how much third-party liability coverage may be necessary for their services.

I. REVIEW OF PROVINCIAL CHILD WELFARE LEGISLATION

Canada has a decentralized child welfare system. Each province has its own child welfare legislation, which applies to all child and family service agencies, both on and off reserve.

We have reviewed the relevant child welfare legislation in each of the ten provinces. None of the provinces are expressly required by their respective statutes to provide liability insurance to child welfare agencies that are delegated to administer child welfare services, either on or off reserve.

A. British Columbia

In British Columbia, the Master Insurance Program offers commercial general liability insurance to foster parents *only* who perform services on behalf of the Province or a delegated Aboriginal agency. Under the Master Insurance Program, foster parents have \$2,000,000 liability coverage per occurrence for claims that arise from incidents that occur during the provision of foster care services. This coverage insures foster parents against personal injury, bodily injury and third party property damage.

The third party coverage includes any person outside the foster family, including the foster child. For example, if the foster parent *accidentally* injured the foster child or anybody else outside the family, those claims would be covered. Similarly, *property* belonging to other people is covered under this policy if the foster parent accidentally damaged it in carrying out the foster care services.

The Master Insurance Plan does not provide coverage to First Nations child welfare agencies directly; however, agencies may be added to the plan, by agreement, at the sole discretion of the Ministry of Children & Family Development.

B. Saskatchewan

In Saskatchewan, the *Child and Family Services Act*, SS 1989-90, c C-7.2 provides that child welfare service agreements must contain a clause that requires welfare agencies to carry insurance coverage satisfactory to the minister (s. 62.1(1)(f)). We have reviewed the sample agreement IFSD provided for our consideration (the "Agreement").

The Agreement provides as follows:

Q. INSURANCE, LIABILITY AND INDEMNIFICATION

1. The purpose and objective:

1.1 The Parties acknowledge the risks and responsibilities associated with providing services to children and families. While it is the intention to deliver services which are beyond criticism, it is recognized that claims, which are beyond the control of the Parties, may nonetheless be made and that there are potential costs associated with defending such claims and with the imposition of any liability.

1.2 The Parties further recognize that in some circumstances such as Case Transfers it may be difficult to separate the acts or omissions of the Parties in the event of an assessment of liability.

1.3 The Parties further acknowledge that the paramount consideration in all matters shall be the best interests of the child and the welfare of the families that they serve.

1.4 The Parties therefore agree that is prudent that the [the Agency and First Nation] avail themselves of any limits upon liability which may be available to them in law and that they further require insurance to cover those instances when claims may be made against them.

1.5 Further, the Parties recognize that it is appropriate to agree to indemnify the other Party in those instances when a claim is made against one Party however liability is ultimately assessed against the other Party.

Additionally, the Agreement includes indemnification provisions, whereby the parties agree to indemnify each other, their officers, employees and agents from and against all claims, actions, damages, costs and expenses arising from any act or omission by the other party, its officers, employees and agents, which contravenes Saskatchewan law or which causes injury to any person (including death) or damages or loss to property where that act or omission is related to the performance or purported performance of the Agreement.

The Agreement also expressly provides that the agency is entitled to rely on the immunity protection set out in section 79 of *The Child and Family Services Act* and that the standard of care expected of the agency shall be no greater than that which is found in section 79 of the act. Section 79 currently provides as follows:

79(1) No action lies or shall be instituted against the minister, the ministry, a peace officer or any officer or employee of the ministry or agent of the minister, where the minister, ministry, peace officer, officer, employee or agent is acting pursuant to

the authority of this Act, the regulations or an order made pursuant to this Act, for any loss or damage suffered by a person by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done, by any of them, pursuant to or in exercise of or supposed exercise of any power conferred by this Act or the regulations or in the carrying out or supposed carrying out of any order made pursuant to this Act or any duty imposed by this Act or the regulations.

79(2) An agency, or any officer or employee of an agency, is entitled to the same protection provided to the minister in subsection (1).

As we explain in Part III below, immunity provisions such as section 79 provide a statutory defence to negligence claims in the sense that, in the absence of a finding of bad faith, actions against officers, agents or employees of the Minister cannot succeed. Section 79 limits liability for negligence to cases where bad faith in the performance of a statutory duty is alleged and established by a plaintiff.

With respect to insurance coverage, the Agreement requires the agency to purchase and maintain throughout the term of the Agreement, public liability, property damage and directors liability insurance against claims for personal injury, death or damage to property, arising out of the operations of the agency under the Agreement, or as a result of any of the acts or omissions of the agency, its officers, employees or agents.

In particular, the agency is required to carry insurance that:

- (a) names Saskatchewan, its officers, employees and agents as Additional Insureds;
- (b) includes a cross-liability clause;
- (c) provides coverage for premises and operations, blanket contractual, extended bodily injury, broad form property damage, non-owned automobile, as well as any applicable errors and omissions or professional liability coverage;
- (d) provide one million dollars per occurrence minimum limits for third party liability; and
- (e) contains a clause which states that the insurers will not cancel, materially alter or cause the policy to lapse without giving 30 days prior notice in writing to Saskatchewan.

Effectively, the Agreement provides that the agency is required to carry its own insurance and, additionally, is required to indemnify the Province of Saskatchewan for liability arising out of its own acts or omissions or the acts of omissions of its employees, agents and officers, not protected by the immunity clause. We have not reviewed any delegation agreements between other provinces and agencies; however, it is likely that similar liability,

insurance, contribution and indemnity and immunity provisions would be included in agreements of the same nature.

C. Delegation Agreements Generally

Notwithstanding a mandatory insurance coverage provision in a provincial delegation agreement, each of the provinces is subject to the non-delegable duty doctrine, which provides that a party upon whom the law has imposed a strict statutory duty to do a positive act cannot escape liability simply by delegating the work: *Lewis (Guardian ad litem of) v. British Columbia*, [1997] 3 SCR 1145. This ensures that the government responsible for performing certain statutory duties will retain its obligation to perform those duties and to ensure the adequate performance of the same. In the case of a breach of non-delegable child welfare duties, the government will be legally liable for damages that flow from the breach even if the duties were delegated as authorized by the statute: *B. (M.) v. British Columbia*, 2003 CSC 53.

When the courts find a government liable to a plaintiff, the Crown proceedings statute of Canada and each of the ten provinces provides for the payment of the judgment to the plaintiff. Pursuant to these statutes, the government must pay the judgment amount. Each statute requires the Treasurer or Minister of Finance, as the case may be, to pay out of the Consolidated Revenue Fund the amount due by the Crown under a court order. In Ontario and in British Columbia, the duty to pay a debt includes out-of-court settlements.¹

Despite the government's legal liability for non-delegable duties, a child welfare agency may be contractually liable for the judgment debt in cases where a delegation agreement contains an indemnification clause as set out above.

II. AGENCY ABILITY TO ACCESS LIABILITY INSURANCE

A. First Nations Child Welfare Agency Insurance

In Canada, Aon Reed Steenhouse Inc. ("Aon") appears to be the primary broker for liability insurance for First Nations child welfare agencies. We contacted a commercial account executive at Aon in Saskatchewan to discuss insuring agreements for First Nations child welfare agencies generally. He advised us that any First Nations group in Canada can access Aon's program of insurance automatically. The program includes commercial general liability, health care professional service liability and sexual and physical abuse liability; however, not all First Nations groups will qualify for the sexual and physical abuse coverage. To obtain sexual and physical abuse coverage, First Nations groups must establish that they have strict protocols in place to manage the risk of such abuse. A First Nations group that has the requisite protocols can access sexual and physical abuse coverage that extends to circumstances where the group's protocols fail or where abuse is alleged but unproven.

Our contact advised us that the First Nations liability insurance program usually covers employees of the named insured, including registered professionals etc., except where the policy contains exclusions to the contrary. In general, the program will cover the agency

¹ Hogg, Peter W., and Patrick J. Monahan, *Liability of the Crown*, 3rd ed, Scarborough, Ont.: Carswell, 2000, 52-54.

against liability for the acts of others but it does not cover direct liability judgments where there are findings of criminal or intentional wrongdoing. In cases of criminal or intentional wrongdoing, the insurer would agree to defend allegations up to the point that there is a guilty finding, after which it would cease to offer coverage.

As with any insurance product, the premiums payable for the First Nations liability insurance program is largely determined by the specific insurance needs of a particular agency and can vary greatly depending on the nature of the services provided by the agency. For example, the premiums can range from \$5000 for a small organization to \$100,000 for a larger organization with the average premium being around \$20,000. Similarly, the coverage limits in this program range from \$5,000,000 to \$10,000,000.

B. Professional Liability Coverage offered by Associations

Separate and apart from agency liability insurance, many professional associations, including the Canadian Association of Social Workers, the Canadian Psychological Association and the Canadian Counselling and Psychotherapy Association offer their members professional liability insurance. BMS Canada Risk Services Ltd. ("BMS") appears to be the primary broker for these professional liability policies.

Professional regulators in Canada, such as the board of registration for social workers in British Columbia (established by the *Social Workers Act*, SBC 2008, c. 31) and the Council of the College of Social Workers and Social Service Workers in Ontario (established by the *Social Work and Social Service Work Act*, 1998 SO 1998, c. 31) are authorized by statute to require registrants and members to carry professional liability insurance. In British Columbia for example, the *Health Professions Act*, RSBC 1996, c. 183 authorizes the colleges responsible for the regulation of the various health professions, including psychiatry and psychology, to establish requirements respecting professional liability insurance. The effect of these statutes is to require registered professionals to carry professional liability insurance often in addition to the insurance carried by a child welfare agency.

We spoke with a portfolio manager at BMS and were advised that typically, child welfare agencies carry professional liability insurance for the agency. Agency professional liability policies can include coverage for employees, whether registered with a regulatory body or not, depending on the needs of the agency. Our contact at BMS was not able to provide us with a range of premiums for agency professional liability policies because, as with Aon, the premiums vary significantly depending on the number of professionals, number of employees, the nature of the work of the agency, and the type of professionals employed to do the work of the agency. We note that through the Canadian Association of Social Workers (and BMS) social workers can obtain professional liability coverage for \$105/year.

C. The Manitoba Policy

To assist us with determining the cost range for liability insurance premiums, ISFD provided us with a Public Entity Casualty Policy issued to a First Nations child welfare agency in Manitoba (the "Manitoba Policy"). The Manitoba Policy provides an example of the policy wording for Children's Aid Society Liability as well as an example of the premiums and coverage limits for physical and sexual abuse policies.

The Manitoba Policy grants \$5,000,000 liability coverage for all damages arising out of one accident or occurrence or series of accidents or occurrences from one cause, except in the case of claims containing any allegations of actual or threatened abuse. Abuse claims are limited to \$2,000,000 liability coverage.

Abuse is defined in the Manitoba Policy as sexual abuse, physical abuse, psychological or emotional abuse, molestation or harassment including corporal punishment. For clarity, the following definitions are included in the limit of liability:

"Physical Abuse" means wilful and deliberate misconduct;

Causing or permitting another person to suffer unjustifiable pain or suffering, or

Causing or permitting another person to be placed in a situation in which his or her life or limb likely would be endangered or his or her health likely would be impaired.

"Sexual Abuse" means any conduct constituting a sexual offence under the Criminal Code of Canada including sexual assault offences resulting from physical contact.

The total premium for the Children's Aid Society Liability is \$68,012. We have not reviewed the declarations page for this policy and, therefore, we are unable to provide an overview of who might be covered under this policy. For example, it is unclear whether this policy includes registered health care professionals (i.e. social workers, psychiatrists, psychologists and/or counsellors) and/or support staff such as office and janitorial staff and volunteers. As we were advised by BMS and Aon, the premium payable by an agency will be largely influenced by the extent to which the agency requires coverage for its operations.

In addition to the Manitoba Policy, IFSD provided us with details about various policies held by First Nations child welfare agencies across Canada. The annual premiums range from \$58,000 for umbrella liability insurance, to \$10,700 for health care professional insurance with \$5,000,000 coverage. The premiums appear to be as low as \$5000 for general liability; however, as illustrated above, the specific wording of each of these insurance policies, which we have not reviewed, will determine what coverage is available to the agency.

III. LIABILITY JUDGMENTS

A. Damages Generally

When a child welfare agency is liable to a plaintiff for harm caused by the agency, or someone acting on behalf of the agency, the plaintiff is entitled to full compensation for pecuniary losses, both past and future and, with respect to non-pecuniary losses, to compensation that is fair and reasonable in the circumstances: *Andrews v. Grand & Toy Alberta Ltd.* (1978), 83 DLR (3d) 452 (SCC).

(a) Pecuniary Damages

Pecuniary damages are awarded to compensate a plaintiff for losses that have monetary value. For example, they include: (a) special damages such as pre-trial cost of care, pre-

trial loss of working capacity and other pre-trial out-of-pocket expenses; (b) future loss of earning capacity; and (c) future cost of care such as counselling, therapy, medical treatments and prescriptions. Typically, in cases involving harm to children, pecuniary damages can be hard to establish in law, because the plaintiff's losses must be causally related to the conduct at issue in order for the losses to be compensable.

(b) Non-Pecuniary Damages

In addition to pecuniary damages, where liability has been established, the plaintiff will be entitled to compensation that is fair and reasonable for non-pecuniary damages, which are awarded to compensate a plaintiff for losses that cannot be monetarily quantified. Non-pecuniary damages include pain, suffering and loss of enjoyment of life: *Wilhelmson v. Dumma*, 2017 BCSC 616 at para 169.

In Canada, non-pecuniary damages are currently capped at approximately \$367,000, an amount that is adjusted for inflation each year. In *Andrews, supra*, the Supreme Court of Canada explained that the cap on non-pecuniary damages is necessary because no amount of money will ever truly compensate a person for the loss of happiness and therefore, full compensation for lost happiness will never be possible.

When assessing the quantum of non-pecuniary damages, courts will look at the plaintiff's individual circumstances to determine the plaintiff's personal need for solace. This will have a major influence on where the award is eventually placed, whether that is inside or outside the customary range for the nature of the plaintiff's specific injuries. The following is a non-exhaustive list of factors used to quantify an award for general damages: (a) age of the plaintiff; (b) nature of the injury; (c) severity and duration of pain; (d) degree of disability; (e) emotional suffering; (f) loss or impairment of life; (g) impairment of family; (h) marital and social relationships; (i) impairment of physical and mental abilities; and (j) loss of lifestyle.

(c) Aggravated and Punitive Damages

Aggravated damages are non-pecuniary in nature and are often awarded in cases where the damage to the plaintiff was aggravated by the manner in which the conduct at issue was committed. Generally, aggravated damages are awarded to compensate a plaintiff for injury to dignity and pride. Punitive damages are also available to a plaintiff in cases where a person's wrongful conduct was intentional, high-handed, arrogant, and where the conduct demonstrates a reckless disregard for the plaintiff's rights, resulting in damage to the plaintiff's pride, self-respect and reputation.

Our review of the case law below includes damages payable for pecuniary losses; however, for the purpose of establishing a range of damages payable by child welfare service providers, we focus primarily on non-pecuniary damages because pecuniary damages require a contextual analysis of the specific factual circumstances of the plaintiff.

(d) Joint and Several Liability

When more than one person or legal entity is found liable to a plaintiff, the law considers each of the liable parties fully responsible to the plaintiff for the full amount of the loss. The plaintiff is therefore generally entitled to pursue payment of the damage award from either or both of the liable parties.

B. Basis for Liability of an Agency

In Canada, child welfare agencies face exposure to liability under the doctrine of vicarious liability, in negligence and for breach of a fiduciary duty.

(a) Vicarious Liability

Under the doctrine of vicarious liability, employers are held liable for the tortious conduct of their employees whether or not the tortious conduct was intentional or based in negligence: *Bazley v. Curry*, [1999] 2 SCR 534.

In *B. (K. L.)*, 2003 SCC 51, the Court explained that vicarious liability, unlike direct liability, is imposed on the theory that the person may properly be held responsible where the risks inherent in his or her enterprise materialize and cause harm, provided that liability is both fair and useful (at para 18). Accordingly, a plaintiff must demonstrate that the relationship between the tortfeasor and the person against whom liability is sought is sufficiently close as to make a claim for vicarious liability appropriate. Second, a plaintiff must demonstrate that the tort is sufficiently connected to the tortfeasor's assigned tasks that the tort can be regarded as a materialization of the risks created by the enterprise.

The concept of liability in the absence of fault was described by the Supreme Court of Canada in *John Doe v. Bennett*, 2004 SCC 1:

17 ...The doctrine of vicarious liability imputes liability to the employer or principal of a tortfeasor, not on the basis of the fault of the employer or principal, but on the ground that as the person responsible for the activity or enterprise in question, the employer or principal should be held responsible for loss to third parties that result from the activity or enterprise.

In *Bazley*, the seminal case on vicarious liability, a non-profit organization was held liable for the sexual abuse of one of its employees. The organization operated residential facilities for children and employed individuals to act as substitute parents authorized to do everything a parent would do, from general supervision to bathing children, and tucking children in at bedtime. In assessing the application of vicarious liability to intentional tortious conduct, the Supreme Court of Canada determined that a key determination in child welfare cases will be whether the employer's enterprise increased the opportunity for the employee to commit a wrong, and whether the enterprise fostered power-dependency relationships that materially enhanced the risk of harm.

In *Blackwater v. Plint*, 2005 SCC 58, former students of a residential school claimed damages for sexual abuse and other harm perpetrated by employees of the school, against the federal government and the church that ran the school. At trial, a dormitory supervisor was found liable to six of the plaintiffs for sexual assaults. The federal government was held to be vicariously liable for the assaults, together with the church. Non-pecuniary damages, including aggravated damages, were awarded as follows as against the federal government and the church jointly:

Frederick Leroy Barney	\$145,000
R.F.	\$85,000
R.J.	\$20,000
D.S.	\$10,000
M.W. (1)	\$125,000
M.W. (2)	\$15,000

Similarly, in *W. (D.) v. Canada (Attorney General)*, 1999 SKQB 187, a student at a residential school operated by the federal government was sexually assaulted by the administrator of the school. Years after the student left the school, he commenced an action against the administrator and the federal government. He claimed against the government directly on the basis that it had negligently failed to properly evaluate, monitor and investigate the administrator and on the basis that it had breached its fiduciary duty to him by failing to prevent the administrator's conduct. The court found that the government did not have the requisite knowledge of the administrator's conduct to support direct liability or breach of fiduciary duty, but found that it was vicariously liable nonetheless. The court awarded damages against the federal government and the administrator jointly in the amount of \$69,500 for pre-trial loss of earning capacity, \$65,000 for non-pecuniary damages, and \$10,000 for aggravated damages. Additionally, the court awarded punitive damages in the amount of \$ 25,000.00 against the administrator.

(b) Intentional Torts

Vicarious liability often arises where the perpetrator of an intentional tort is deceased or impecunious. Intentional torts in the child welfare context can include assault and battery, intentional infliction of mental suffering, false imprisonment and breach of privacy.

(i) Assault and Battery

Assault and battery are typically claimed against the perpetrator of the violence, in addition to the perpetrator's employer and/or the province. Assault and battery are defined as causing another person to apprehend the infliction of immediate harmful or offensive force on her person coupled with the actual infliction of that harmful or offensive force: *M.K. v. M. H.*, [1992] 3 SCR 6 at para 25.

(ii) Intentional Infliction of Mental Suffering

Intentional infliction of mental suffering is often pleaded alongside assault and battery, but can constitute its own claim. For example, if a person is intimidated and sexually harassed through repeated telephone calls or emails, or if a person witnesses violence perpetrated on another person, that person may have a claim for intentional infliction of mental harm: *S. J. v. Clement* (1995), 122 DLR (4th) 449 at 531 and *Boothman v. Canada*, [1993] 3 FC 381.

(iii) False Imprisonment

While less common, claims for false imprisonment can arise in the context of providing care to children. In the case of *Y. (A.D.) v. Y (M.Y.)*, [1994] 5 WWR 623, the son was physically and emotionally abused by his parents. He was often punished by being locked in his

bedroom, meals were passed into him to eat and he was forced to use a hole in the wall to urinate and defecate.

In *Y. (A.D.) v. Y. (M.Y.)*, the plaintiff recovered \$85,000 in non-pecuniary damages, \$125,000 for loss of future earning capacity, and \$50,000 in punitive damages, for a total of \$260,000 for assault, battery, false imprisonment and intentional infliction of mental harm.

(iv) Breach of Privacy

Breach of privacy varies across the provinces according to the relevant statutes. In British Columbia for example, the tort is constrained by the *Privacy Act*, RSBC 1996, c. 373, and there is no common law equivalent of the tort: *Ari v. Insurance Corporation of British Columbia*, 2015 BCCA 468. In Ontario, however, the court has recognized the existence of a common law cause of action for breach of privacy: *Jones v. Tsige*, 2012 ONCA 32. In the child welfare context, breach of privacy can arise, for example, if a person surreptitiously observes or video-records a child while they undress or shower: *L. (T.K.) v. P. (T.M.)*, 2016 BCSC 789.

Notably, the government may not be vicariously liable for torts committed by foster parents against foster children in their care because foster parents are generally not, in their daily affairs, acting “on account of” or on behalf of the government: *B. (K. L.) v. British Columbia*, 2003 SCC 51 and *G. (E. D.) v. Hammer*, 2003 SCC 52. Whether vicarious liability will attach in certain circumstances requires a consideration of the relationship at issue and the nature of the duties imposed by the statutory regime at issue.

(c) Negligence

Negligence is the most commonly pleaded cause of action giving rise to direct liability for child welfare agencies. Generally, to make out a claim in negligence, the plaintiff must establish: (a) that the defendant owed the plaintiff a duty of care; (b) that the defendant breached the duty of care; (c) that the plaintiff suffered damages which were a reasonably foreseeable consequence of the breach; and (d) that the defendant’s breach caused those damages. In most provinces, the plaintiff must also establish that the defendant acted in bad faith in performing the particular duty of care at issue.

With the exception of Alberta, each province has included a variation of Section 79 of Saskatchewan’s *Child and Family Services Act* (the immunity provision discussed above) in its child welfare legislation. For example, in British Columbia, section 101 of the *Child, Family, and Community Service Act*, RSBC 1996, c 46 provides as follows:

101 No person is personally liable for anything done or omitted in good faith in the exercise or performance or intended exercise or performance of:

- (a) a power, duty or function conferred under this Act, or
- (b) a power, duty or function on behalf of or under the direction of a person on whom the power, duty or function is conferred under this Act.

In Ontario, the *Child, Youth and Family Services Act*, 2017, SO 2017, c. 14 provides that:

34(6) No Crown liability

No action or other proceeding shall be instituted against the Crown in right of Ontario for any act or omission of a society or its members, officers, employees or agents.

...

37. No personal liability

No action shall be instituted against a member of the board of directors or an officer or employee of a society for any act done in good faith in the execution or intended execution of the person's duty or for an alleged neglect or default in good faith in the execution of that duty.

By comparison, in Manitoba, the immunity provision is narrower in that it applies only to directors of the First Nations of Northern Manitoba Child and Family Services Authority; the Southern First Nations Network of Care (formerly the First Nations of Southern Manitoba Child and Family Services Authority); the Metis Child and Family Services Authority; and the General Child and Family Services Authority.

Section 10 of *The Child and Family Services Authorities Act*, SM 2002 c 35 provides:

10 No action for damages may be commenced against a director of a board for anything done or not done by that person in good faith while carrying out duties or exercising powers under this or any other Act.

There is no parallel provision in *The Child and Family Services Act*, SM 1985-1986, c 8, which sets out the duties required of the authorities named above.

Subject to the variations in scope between the provinces, these immunity provisions enable the court strike a plaintiff's claim in negligence unless the plaintiff properly pleads that the agency and/or its employee acted in bad faith in the performance of the duty set out in the legislation. In cases where bad faith is pleaded, the agency and/or employee will be entitled to rely on good faith as a statutory defence, such that, if the duty was performed in good faith, the defendant may not be liable to the plaintiff notwithstanding a breach of the duty: *Lowery v. Saskatchewan*, 2008 SKQB 115 at para 57 and *D. (M.L.) v. British Columbia (Ministry of Children and Family Development)*, 2014 BCSC 1104 at para 54.

The presence or absence of good faith is an important consideration in determining whether the standard of care has been breached: *M. (B.) (Litigation Guardian of) v. M. (R.)*, 2009 BCCA 413 at para 54. In British Columbia, for example, the courts have found that a high degree of negligence can amount to bad faith in certain circumstances: *H. (C.) v. British Columbia*, 2004 BCCA 385.

In negligence, whether a defendant in an action owes the plaintiff a duty of care will be determined by: (a) the common law; (b) the defendant institution's internal codes or policy statements, which articulate the standard of conduct that inform the reasonable expectations of the parties; and, (c) the applicable legislation: *J. (A.) v. D. (W.)*, [1999] 11 WWR 82 (Man QB). However, commonly pleaded negligence claims against child welfare service providers (including provincial and federal governments) include a failure to apprehend, a failure to supervise and/or negligent supervision, negligent placement and negligent performance of specific statutory duties.

In *B. (K. L.) v. British Columbia*, 2003 SCC 51, four siblings were placed into two foster homes by the province of British Columbia after they were removed from the care of their biological parents. The siblings were subjected to harsh and arbitrary discipline measures in both foster homes. They alleged that the province was negligent because the social workers failed to visit the home for several months after the placement, they failed to investigate prior concerns with the placement, they placed double the recommended number of children in the home and they failed to investigate the reported unhappiness of the children in the home.

The Supreme Court of Canada held that the province owed the siblings a duty of care to place them in adequate foster homes and to supervise their stay under the *Protection of Children Act*. Finding that it is reasonably foreseeable that some people, if left in charge of children, will use excessive physical and verbal discipline the Court held that the province was liable to the siblings on the basis of direct negligence.

Damages were assessed globally for each of the siblings. In each of the cases, the judge considered the harm the siblings had suffered prior to being placed in the foster homes. She awarded \$25,000, \$15,000, \$10,000 and \$13,000 based on the individual experiences of each sibling.

In *K. (K.A.) (Litigation Guardian of) v. British Columbia*, 2011 BCSC 1391, six of eleven children brought a claim against the Province for failing to apprehend them from the care of their parents when it was, or should have been, apparent to the Province that the siblings needed to be removed from the home. At trial, the Province admitted liability. The Court particularized the damage awards as follows.

CHILD 1		CHILD 2	
Non-pecuniary damages	\$80,000	Non-pecuniary damages	\$120,000
Future care costs		Future care costs	
Assisted living	\$170,000	Substance abuse treatment	\$30,000
Substance abuse treatment	\$ 30,000	Psychological treatment	\$25,000
Psychological treatment	\$ 25,000	Education assistance	\$10,000
Employment assistance	\$ 8,000	Employment assistance	\$ 5,000
Total	\$233,000	Total	\$70,000
Future loss of earning capacity	\$50,000	Future loss of earning capacity	\$80,000
Total	\$363,000	Total	\$270,000

CHILD 3		CHILD 4	
Non-pecuniary damages	\$95,000	Non-pecuniary damages	\$30,000
Future care costs		Future care costs	
Substance abuse treatment	\$25,000	Psychological treatment	\$10,000
Psychological treatment	\$35,000		
Education assistance	\$20,000	Total	\$40,000
Employment assistance	\$ 5,000		
Total	\$85,000		
Future loss of earning capacity	\$95,000		
Total	\$275,000		
CHILD 5		CHILD 6	
Non-pecuniary damages	\$15,000	Non-pecuniary damages	\$20,000
Future care costs			
Psychological treatment	\$ 5,000		
Total	\$20,000		

In *M. (K.M.) v. Roman Catholic Episcopal Corp. of the Diocese of London in Ontario*, 2011 ONSC 2143, the plaintiff was sexually assaulted by a priest for a period of time when she was between 7 and 10 years old. The diocese admitted vicarious liability and was also found to be directly liable. The plaintiff recovered \$190,000 in general damages.

(d) Breach of Fiduciary Duty

Although the breach of a fiduciary duty is a commonly pleaded claim in child welfare cases, it is much more difficult for a plaintiff to establish. A fiduciary duty is a trust-like duty, involving duties of loyalty and an obligation to act in a disinterested manner that puts the recipient's interest ahead of all other interests: *B. (K.L.) v. British Columbia*, *supra* at para 49. A fiduciary duty has, at its core, an undertaking of loyalty on the part of the fiduciary to act in the best interests of the beneficiary: *Perez v. Galambos*, 2009 SCC 48 at para 69.

In *B. (K.L.)*, the Court explained that:

38 ...The government, through the Superintendent of Child Welfare, is the legal guardian of children in foster care, with power to direct and supervise their placement. The children are doubly vulnerable, first as children and second because of their difficult pasts and the trauma of being removed from their birth families. The parties agree that, standing in the parents' stead, the Superintendent has considerable power over vulnerable children, and that his placement decisions and monitoring may affect their lives and well-being in fundamental ways.

Concern for the best interests of the child informs the fiduciary relationship of a parent or a person standing in the place of a parent. The duty imposed is to act loyally, and not to put one's own or others' interests ahead of the child's in a manner that abuses the child's trust or exploits their vulnerability.

In *M. (F.S.) v. Clarke*, [1999] B.C.J. No. 1973, the plaintiff brought a claim against his former dormitory supervisor after he was repeatedly sexually assaulted while he was a student residential school operated by the defendant Diocese. The plaintiff had informed the bishop at the Diocese about the abuse, but the Diocese took no action against the supervisor.

The only issue at trial was whether the Diocese was liable to the plaintiff for the supervisor's abuse. Damages were agreed to by the parties. In reaching her conclusion, the judge reiterated the three general characteristics required to establish a fiduciary duty: (a) the fiduciary must have scope for the exercise of some discretion or power; (b) the fiduciary can unilaterally exercise that power or discretion so to affect the beneficiary's legal or practical interests; and (c) the beneficiary must be particularly vulnerable. In applying this test, the judge concluded that the Diocese had breached its fiduciary duty to the plaintiff because it took no action after the plaintiff disclosed the abuse.

SUMMARY OF OUR OPINION

- Provincial child welfare legislation does not expressly require a province to provide insurance coverage to child welfare agencies; however some provinces appear to have included provisions in delegation agreements that require agencies to carry liability insurance coverage as a condition of exercising delegated authority to care for children.
- First Nations child welfare agencies in Canada can access market-based, third-party liability insurance products. We recommend that each child welfare agency seeking insurance coverage consult with an insurance broker to determine which insurance products are best suited to meet the individual needs of the agency.
- Damages for liability in child welfare cases, whether for intentional torts or for negligent conduct, vary depending on the losses established. The range for non-pecuniary damages is a minimal award of \$12,500 to the current maximum available at law of \$367,000. In addition, our case review shows pecuniary damages ranging from \$10,000 to \$300,000.
- First Nations child welfare agencies, as employers, are exposed to liability under the doctrine of vicarious liability, as well as liability based in negligence (subject to any relevant statutory immunity provisions), and for breaches of their fiduciary duty to children in their care.
- Depending on the nature of the claim, a First Nations child welfare agency may share liability with the province and/or the federal government from which the authority to provide services is delegated. Ultimately, the specific facts of each case will determine the quantum payable to the particular plaintiff and the degree of liability of each named defendant in the action.

We look forward to discussing any questions you may have at your convenience.

Yours truly,

ALEXANDER HOLBURN BEAUDIN + LANG LLP

Per:

A handwritten signature in black ink, appearing to read 'E. Vanderburgh', written over the printed name.

Eileen E. Vanderburgh
Partner
EEV/NJK



APPENDIX C

IFSD FNCFS Survey

Agency Details

1. Agency name:

2. Survey contact person:

3. Phone number:

4. E-mail address:

5. Agency's mailing address (including postal code):

6. Agency Catchment (i.e. communities and/or urban centres served) (include postal code(s)):

Community 1:	<input type="text"/>
Community 2:	<input type="text"/>
Community 3:	<input type="text"/>
Community 4:	<input type="text"/>
Community 5:	<input type="text"/>
Community 6:	<input type="text"/>
Community 7:	<input type="text"/>
Community 8:	<input type="text"/>
Community 9:	<input type="text"/>
Community 10:	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

7. Name(s) and relevant ID numbers (if available) of First Nations communities served:

Community 1:	<input type="text"/>
Community 2:	<input type="text"/>
Community 3:	<input type="text"/>
Community 4:	<input type="text"/>
Community 5:	<input type="text"/>
Community 6:	<input type="text"/>
Community 7:	<input type="text"/>
Community 8:	<input type="text"/>
Community 9:	<input type="text"/>
Community 10:	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

8. How are your communities accessed (e.g. road, fly-in only)?

Community 1:

Community 2:

Community 3:

Community 4:

Community 5:

Community 6:

Community 7:

Community 8:

Community 9:

Community 10:

NAC-IFSD Survey of First Nations Child and Family Services Agencies

9. How many satellite offices does your agency have?

10. What are the addresses (including postal codes) of your community-based (satellite) offices?

Community 1:

Community 2:

Community 3:

Community 4:

Community 5:

Community 6:

Community 7:

Community 8:

Community 9:

Community 10:

NAC-IFSD Survey of First Nations Child and Family Services Agencies

11. How does your province define 'child'? Please provide the range, e.g. 0-18.

12. How many children does your agency serve (to identify small agencies)?

On-reserve

Off-reserve

NAC-IFSD Survey of First Nations Child and Family Services Agencies

13. How many children are currently in care in your agency (protection only)?

On-reserve

Off-reserve

14. How many requests did you receive for services (e.g. prevention programming, protection) from families/children off-reserve in fiscal year 2017-2018?

15. Is your agency child-protection delegated?

- Yes
- No

16. Does your agency provide ancillary services outside of delegated duties? Please check all that apply. For the purpose of this survey, ancillary services include all services beyond child protection offered by the agency, e.g. health services, family services, etc.

- Health
- Family
- Cultural and traditional healing
- Land-based programming
- Other (please specify)

17. What is your agency's mandate? Please define.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

18. Please describe the history of your agency including year of founding and reason for its creation. (500 words maximum). If preferable, you can append a succinct document that provides an overview of the history. What is your agency's mandate? Please define.

19. Should you wish to include a document about your agency's history, please upload it here.

Choose File

No file chosen

NAC-IFSD Survey of First Nations Child and Family Services Agencies

20. What are your agency's principal functions in:

Prevention (e.g. running an intensive family reunification program, hosting violence prevention workshops)

Protection (e.g. intake investigations, family placements)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

21. What are your agency's principal activities in:

Governance (i.e. how your agency fulfills its mandate accountably relative to stakeholders)

Data collection and reporting (i.e. internal data collection to support planning and decision-making)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Budget and Finances

NAC-IFSD Survey of First Nations Child and Family Services Agencies

22. What was your agency's total annual budget for the 2017-2018 fiscal year (include funding from all orders of government and any other sources, for all activity areas)?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

23. What was your agency's total annual budget exclusively for child and family services for the 2017-2018 fiscal year?

24. Approximately what percentage of your overall budget would you estimate to be related to each of these functions, including salaries, travel, materials? (Note that the total may not add up to 100% of your child and family services budget).

Prevention	<input type="text"/>
Protection	<input type="text"/>
Governance	<input type="text"/>
Data collection and reporting	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

25. What amounts were spent in the 2017-2018 fiscal year on the following maintenance cost categories? (Maintenance includes: direct costs of placing First Nation children into temporary or permanent care out of the parental home (such as foster care rates and group home rates)).

Foster care	<input type="text"/>
Group homes	<input type="text"/>
Institutional care	<input type="text"/>
Kinship care	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

26. What amount of your total annual budget was allocated by the federal government exclusively for protection and related services, i.e. intake and investigation (excluding maintenance)?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

27. What were your agency's actual protection related costs in the 2017-2018 fiscal year (irrespective of the allocation noted above)? For the purpose of this survey, protection costs are those associated with placing a child in alternative care outside of the parental home.

Intake and investigation	<input type="text"/>
Purchases on behalf of children in care	<input type="text"/>
Non-medical services to children in care with behavioural problems and specialized needs	<input type="text"/>
Other provincially-approved purchases not covered by other federal/provincial funding sources	<input type="text"/>
Post-adoption subsidies and supports	<input type="text"/>
Per diem costs for children in care in placements out of the parental home (i.e. maintenance costs)	<input type="text"/>
Professional services	<input type="text"/>
Professional services not covered by other jurisdiction or by Health Canada's Non-Insured Health Benefits Program	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

28. What amount of your total annual budget was allocated by the federal government for prevention and least disruptive measures?

(For the purpose of this survey, prevention costs are designed to reduce the incidence of family dysfunction and breakdown or crisis and to reduce the need to take children into out-of-home care or to reduce the amount of time a child remains in out-of-home care).

NAC-IFSD Survey of First Nations Child and Family Services Agencies

29. What are your agency's actual prevention and least disruptive measures related costs (irrespective of the allocation noted above) under the following categories?

Violence prevention and family support services	<input type="text"/>
Mentoring and non-medical counselling services	<input type="text"/>
Home management services	<input type="text"/>
Land-based and cultural programming	<input type="text"/>
Intensive family reunification programs	<input type="text"/>
Least disruptive measures purchase of basic needs items, e.g. security deposit, money for diapers	<input type="text"/>
Respite care	<input type="text"/>
Transportation and accommodation for medical and non-medical appointments	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

30. What are two best practices for prevention that exist in your agency? Please define/explain the program. How do you currently fund the program (e.g. federal, provincial, private donor, etc.)? What are the annual costs?

Program description 1	<input type="text"/>
Sources of funds program 1	<input type="text"/>
Cost of program 1	<input type="text"/>
Program description 2	<input type="text"/>
Sources of funds for program 2	<input type="text"/>
Cost of program 2	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

31. This question relates to the actual cost of the Child Service Purchase Amount as referenced in the CHRT 2018 order paragraph 416.

What are your agency's costs for the Child Service Purchase Amount?

On what was the money from the Child Service Purchase Amount spent?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

32. This question and the following question relate to the actual cost of performing intake and investigations at your agency as referenced in the 2018 CHRT order paragraph 410.

Choose the statement that best applies to your agency.

- My agency does not perform intake or assessment work. (Intake assessment worker: Receives referrals, responds to allegations and establishes whether a child is in need of protection).
- My agency does perform intake and assessment work. All our social workers perform these duties in conjunction with their other guardianship duties.
- My agency does perform intake and assessment work. We have specialized intake and assessment social workers who performs these duties specifically.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

33. If your agency does perform intake and assessment work with specialized social workers:

How many specialized intake and assessment social workers does your agency have?

What is the average caseload of your specialized intake and assessment social workers?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

34. What additional costs does your agency incur while performing intake and investigation work? (e.g. are these social workers compensated at a higher rate, additional travel funds). Please provide the name of each cost category and its related cost.

Cost category 1

Cost category 2

Cost category 3

Cost category 4

Cost category 5

NAC-IFSD Survey of First Nations Child and Family Services Agencies

35. What is your spending ratio between protection costs and prevention costs? (Identify how a dollar is split between major cost categories)?

36. Does your agency fund a band designate? If yes, at what cost?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

37. For the fiscal year 2017-2018, what were your sources of funds and their amounts?

Department of Indigenous
Services Canada

Health Canada

Other federal government
departments

Province

Other (please define)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

38. What is your current funding model (e.g. Directive 20-1, EPFA, 1965 Agreement)?

How frequently do you
receive funding? Monthly,
yearly?

How are your payments
transferred, e.g. grant (no
conditions), contribution,
lump sum payments?

Are there conditions on
receiving your payments?

Does your agency have
specific requirements for
its reporting on spending
and outcomes to orders of
government that fund its
activities? If yes, please
describe the criteria.

39. In the 2017-18 fiscal year, did your agency reallocate money from one funding category to another to cover budgetary shortfalls (e.g. moving money from prevention to operating budget)? Please explain.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

40. Was your agency in deficit in the 2017-2018 fiscal year?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

41. In the last ten years, has your agency experienced significant changes in its funding or operating budget? If yes, why? If no, why? Please describe.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Capital Assets

NAC-IFSD Survey of First Nations Child and Family Services Agencies

42. What were your agency's capital expenditures in the following categories for the 2017-18 fiscal year (excluding operating and maintenance costs (O&M))? For the purpose of this survey, capital refers to the acquisition of assets (including upgrades) where economic benefits are likely to accrue beyond a year.

Property

Structures

Vehicles

Technology equipment
(e.g. phones, computers,
software, other equipment)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

43. What were your agency's operating and maintenance costs (O&M) (all period costs such as minor repairs, maintenance, rent etc.) on the fixed assets identified in the following categories for the 2017-18 fiscal year?

Property

Structures

Vehicles

Technology equipment
(e.g. phones, computers,
software, other equipment)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Agency Headquarters

44. Are your agency's headquarters owned or rented?

45. What is the square footage of your agency's headquarters?

46. What are the composing elements of agency's headquarters (i.e. what's it made of? e.g. steel and concrete, wood)?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

47. Are your agency's headquarters accessible in the following ways:

Offering service in the
local Indigenous
language(s) (Y/N)? If yes,
how many staff speak the
language(s)?

Is your main office
accessible by provincial
standards?

Satellite Offices

48. Are your satellite offices owned or rented?

49. Please provide the 1) location; 2) square footage; 3) composing elements (i.e. what's it made of? e.g. steel and concrete, wood) of your satellite offices, individually.

Satellite office 1

Satellite office 2

Satellite office 3

Satellite office 4

Satellite office 5

Satellite office 6

Satellite office 7

Satellite office 8

Satellite office 9

Satellite office 10

50. Are your satellite office(s) accessible in accordance to provincial standards?

Satellite office 1	
Satellite office 2	
Satellite office 3	
Satellite office 4	
Satellite office 5	
Satellite office 6	
Satellite office 7	
Satellite office 8	
Satellite office 9	
Satellite office 10	

NAC-IFSD Survey of First Nations Child and Family Services Agencies

51. Do your satellite offices offer service in the local Indigenous language(s) (Y/N)? If yes, how many staff speak the language(s)?

Satellite office 1	
Satellite office 2	
Satellite office 3	
Satellite office 4	
Satellite office 5	
Satellite office 6	
Satellite office 7	
Satellite office 8	
Satellite office 9	
Satellite office 10	

NAC-IFSD Survey of First Nations Child and Family Services Agencies

52. Does your agency's First Nation provide rental accommodation? Does this impact building maintenance? Please describe.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

53. This question relates to the actual cost of building repairs at your agency as referenced in the CHRT 2018 order paragraph 410.

Did your agency require building repairs (in relation to child welfare) in the 2017-2018 fiscal year? If yes, were the repairs undertaken and at what cost? If no, why not?

54. If your agency was to complete all required building repairs on your agency buildings, what would be the estimated cost of these repairs?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Technical Profile

NAC-IFSD Survey of First Nations Child and Family Services Agencies

55. On average (across your organization) how old would you estimate the following categories of technology investments to be:

	Largely new in the last 12 months	Upgraded in the past 12-36 months	Upgraded 3-5 years ago	Last upgrade was 5+ years ago	Not sure
Worker Productivity Hardware (Desktop PCs, Laptops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker Productivity Software (Microsoft Office, Video Conferencing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT Infrastructure (Servers, Data Storage, Networks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mission Critical Applications (Case Management, Accounting Software, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility Tools (Tablets, Smart Phones, Remote connectivity, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. On average (across your organization) how satisfied would you estimate your agency to be with the following categories of technology investments.

	Very dissatisfied	Moderately dissatisfied	Neutral	Moderately satisfied	Very satisfied
Worker Productivity Hardware (Desktop PCs, Laptops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker Productivity Software (Microsoft Office, Video Conferencing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT Infrastructure (Servers, Data Storage, Networks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mission Critical Applications (Case Management, Accounting Software, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility Tools (Tablets, Smart Phones, Remote connectivity, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

57. Can you estimate the required capital investment (\$ by category) to bring your agency's technology platform to a state where it can fully support your requirements?

Worker Productivity Hardware (Desktop PCs, Laptops, etc.)

Worker Productivity Software (Microsoft Office, Video Conferencing, etc.)

IT Infrastructure (Servers, Data Storage, Networks, etc.)

Mission Critical Applications (Case Management, Accounting Software, etc.)

Mobility Tools (Tablets, Smart Phones, Remote connectivity, etc.)

58. Please describe any cloud-based technology services (such as Office 365) currently in use by your agency or under consideration by your agency.

Operating and Maintenance Costs

Salaries and Benefits

59. What were your agency's operating expenses in the 2017-2018 fiscal year for child and family services only in the following categories (\$):

(For the purpose of this survey, operational expenses are related to the ongoing cost of doing business).

Total wages (annualized;
based on full-time
equivalents (FTE))

Professional
services/contractors

Other (please define)

60. What were your agency's employee benefit expenses in the 2017-2018 fiscal year for child and family services only in the following categories:

Health and dental benefits
(monetary equivalent)

Retirement benefits
(monetary equivalent)

Other (please define)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

61. What were your agency's staff professional development expenses (monetary equivalent) for the 2017-2018 fiscal year in the following categories:

Training

Well-being

NAC-IFSD Survey of First Nations Child and Family Services Agencies

62. What were your agency's costs in the 2017-2018 fiscal year for the following services:

Audit and evaluation

Travel

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Legal Fees

63. What was the actual cost of legal fees for your agency in the 2017-18 fiscal year?

64. What proportion of these legal fees dealt exclusively with children?

65. Has your agency faced any situations where you were unable to cover the cost of legal services? If fees were met, did this result in cuts elsewhere?

Employee Details

66. What number of full-time equivalents (FTE) are employed by your agency?

67. What number of part-time equivalents (PTE) are employed by your agency?

68. How full-time employees in your agency have the following job titles?

Executive Director

Social Workers

Health care workers
(please define the type of
health care worker, such
as psychologist, nurse
practitioner, other)

Administrative
(professional, e.g.
financial officer)

Administrative (clerical,
e.g. receptionist)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

69. How many part-time employees in your agency have the following job titles?

Executive Director

Social Workers

Health care workers
(please define the type of
health care worker, such
as psychologist, nurse
practitioner, other)

Administrative
(professional, e.g.
financial officer)

Administrative (clerical,
e.g. receptionist)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

70. How many hours on average do employees in each of the following job categories work per week (e.g. 40 hours, 35 hours)?

Executive Director

Social Workers

Health care workers
(please define the type of
health care worker, such
as psychologist, nurse
practitioner, other)

Administrative
(professional, e.g.
financial officer)

Administrative (clerical,
e.g. receptionist)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

71. In order to understand your agency's experience with retention, how long, in years, do employees typically spend in the following positions (e.g. 5 years, 2 years)?

Executive Director

Social Workers

Health care workers
(please define the type of
health care worker, such
as psychologist, nurse
practitioner, other)

Administrative
(professional, e.g.
financial officer)

Administrative (clerical,
e.g. receptionist)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

72. On average, do the actual scope of employees' duties in each job category exceed their contractually defined ones?

	Exceeds
Executive Director	<input type="checkbox"/>
Social Workers	<input type="checkbox"/>
Health care workers (please define the type of health care worker, such as psychologist, nurse practitioner, other)	<input type="checkbox"/>
Administrative (professional, e.g. financial officer)	<input type="checkbox"/>
Administrative (clerical, e.g. receptionist)	<input type="checkbox"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

73. What are the salary ranges (wages only) for agency employees in the following job categories (e.g. \$30,000-40,000, \$54,000-\$75,000, \$100,000-\$120,000, etc.)?

Executive Director	<input type="text"/>
Social Workers	<input type="text"/>
Health care workers (please define the type of health care worker, such as psychologist, nurse practitioner, other)	<input type="text"/>
Administrative (professional, e.g. financial officer)	<input type="text"/>
Administrative (clerical, e.g. receptionist)	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

74. Do you believe you are able to pay your employees at the level of provincial employees for comparable work?

Yes

No

75. Are your employees compensated for overtime? If yes, how (e.g. monetary compensation, vacation time)?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Small agencies, remoteness, travel costs, gaps in service

NAC-IFSD Survey of First Nations Child and Family Services Agencies

76. This question relates to remoteness as referenced in the CHRT 2018 order paragraph 418. Does your agency remunerate for remoteness, i.e. a salary supplement to compensate for location of work?

Yes

No

NAC-IFSD Survey of First Nations Child and Family Services Agencies

77. If your agency remunerates for remoteness, in one or more of the following categories, what is the cost (\$) to the agency?

% of salary supplement	<input type="text"/>
Bonus	<input type="text"/>
Credit for gas	<input type="text"/>
Housing allowance	<input type="text"/>
Other (please define)	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

78. This question relates to travel distances and its associated costs as reference in the CHRT order paragraph 418. To fulfill their job requirements, do employees in your agency travel (between their principal office and project site(s))

Distance travelled

Executive Director	<input type="text"/>
Social Workers	<input type="text"/>
Health care workers (please define the type of health care worker, such as psychologist, nurse practitioner, other)	<input type="text"/>
Administrative (professional, e.g. financial officer)	<input type="text"/>
Administrative (clerical, e.g. receptionist)	<input type="text"/>
Members of the Board of Directors	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

79. On average, how far must a family or child seeking your agency's services travel to receive them (at the nearest available agency office/site)?

- 100km or more in a single direction
- Between 50km-99km in a single direction
- Between 20-49km in a single direction
- Between 0-19km in a single direction

NAC-IFSD Survey of First Nations Child and Family Services Agencies

80. What is the cost your agency spent on the following items related to travel in the 2017-18 fiscal year?

Gas

Vehicle wear and tear and repairs

Accommodations during travel

Flights

Incidentals during travel

NAC-IFSD Survey of First Nations Child and Family Services Agencies

81. This question relates to service gaps in your catchment area in reference to the CHRT 2018 order paragraph 418. Do you consider your agency and its clients in the communities you serve able to access surrounding services at a reasonably commutable distance?

- Yes
- No

82. If the communities you serve are lacking services, what are the gaps in surrounding services accessible at a reasonably commutable distance?

- Addiction treatment centres
- Mental health services
- Support services for children and youth with disabilities
- Medical specialists
- Other (please specify)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

83. Was your agency required to do additional work in order to connect community members to typical social services? If yes, how much money did your agency spend in the 2017-18 fiscal year connecting community members to social services beyond your child and family services mandate (e.g. travel costs, employee time spent coordinating services)?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Caseloads

NAC-IFSD Survey of First Nations Child and Family Services Agencies

84. What is your agency's current total caseload? Please include all cases.

(Case: The most recent number of active cases (children or families) currently assigned to a social worker).

85. How many of these cases are being served in a culturally-appropriate way and/or leveraging traditional healing practices?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

86. What is your agency's current exclusively child welfare caseload?

(Caseload: Caseload reflects a ratio of cases (or clients) to full time equivalent staff members.)

87. On average, what is the number of staff (including social workers, support staff, administrative staff) assigned to an open case?

88. What is the average number of open cases a social worker manages? (e.g. 5 cases/social worker)

NAC-IFSD Survey of First Nations Child and Family Services Agencies

89. What's the average caseload of each category of employees (staff : cases)?

Executive Director

Social Workers

Health care workers
(please define the type of
health care worker, such
as psychologist, nurse
practitioner, other)

Administrative

NAC-IFSD Survey of First Nations Child and Family Services Agencies

90. In an attempt to better understand the complexity of cases in your agency, please estimate the percentage of your total cases where your agency spends:

1-5 hours per week per case	<input type="text"/>
6-10 hours per week per case	<input type="text"/>
10-15 hours per week per case	<input type="text"/>
15-20 hours per week per case	<input type="text"/>
More than 20 hours per week per case	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

91. What percentage of substantiated maltreatment cases at your agency had the following as its primary category of maltreatment over the 2017-2018 fiscal year?

Emotional Maltreatment	<input type="text"/>
Exposure of intimate partner violence	<input type="text"/>
Neglect	<input type="text"/>
Physical Abuse	<input type="text"/>
Sexual Abuse	<input type="text"/>
Other, please define	<input type="text"/>

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Governance and Data Collection

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Governance

92. How is your agency governed, e.g. does it have a board of directors?

93. Are Chiefs members of your board of directors?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

94. What are your standards of practice that guide your agency's activities, e.g. code of ethics, wise practices, cultural guidelines, etc.?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

95. How do you involve local communities in your governance (e.g. community councils, community representatives etc.)?

96. How would you characterize your relationship with your communities?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

97. Do your community/ies engage in prevention activities?

98. Do your community/ies guide your prevention activities?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

Data and Reporting

99. How does your agency define success? Please share your existing vision and mission statements.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

100. How does your agency measure success in its prevention program outcomes? Please provide all performance indicators your agency uses to track its progress/success.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

101. How does your agency measure success in its protection activity outcomes? Please provide all performance indicators your agency uses to track its progress/success.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

102. Does your agency use scorecards to track what you do and confirm ongoing progress/success? If yes, please share a copy of your scorecard. If you do not use a scorecard, please elaborate on the approach you use for tracking & reporting.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

103. Does your agency have a policy or programming to support children aging out of care? If yes, please describe. What resources are allocated (\$)?

NAC-IFSD Survey of First Nations Child and Family Services Agencies

104. Are there other particular circumstances that your agency faces that were not captured in this survey? If yes, please describe them here and include a cost (\$) where possible.

NAC-IFSD Survey of First Nations Child and Family Services Agencies

105. Please share any further comments, notably unique practices or services your agency provides or other details that may not have been captured in this survey.

Détails de l'agence

1. Nom de l'agence

2. Personne-contacts de l'agence:

3. Numéro de téléphone:

4. Adresse courriel:

5. Adresse postale de l'agence (incluant le code postal):

6. Zone d'influence de l'agence (c'est-à-dire les communautés et/ou les centres urbains desservis) (incluant le(s) code(s) postal(aux)) :

Communauté 1:

Communauté 2:

Communauté 3:

Communauté 4:

Communauté 5:

Communauté 6:

Communauté 7:

Communauté 8:

Communauté 9:

Communauté 10:

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

7. Nom(s) (et numéros d'identification pertinents) des communautés de Premières Nations desservis:

Communauté 1:

Communauté 2:

Communauté 3:

Communauté 4:

Communauté 5:

Communauté 6:

Communauté 7:

Communauté 8:

Communauté 9:

Communauté 10:

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

8. Comment peut-on accéder à vos communautés (par exemple : route, vols intérieurs)?

Communauté 1:

Communauté 2:

Communauté 3:

Communauté 4:

Communauté 5:

Communauté 6:

Communauté 7:

Communauté 8:

Communauté 9:

Communauté 10:

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

9. Combien de bureaux satellite sont associés à votre agence?

10. Quels sont les adresses (y compris les codes postales) de vos bureaux communautaires (satellites)?

Communauté 1:

Communauté 2:

Communauté 3:

Communauté 4:

Communauté 5:

Communauté 6:

Communauté 7:

Communauté 8:

Communauté 9:

Communauté 10:

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

11. Quelle est la définition 'd'enfant' dans votre province? Prière de fournir la gamme, ex. 0-18 ans.

12. Combien d'enfants votre agence sert-elle (pour identifier si c'est une agence de petite taille)?

Sur réserve

Hors réserve

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

13. Combien d'enfants sont pris en charge (protection) actuellement?

Sur réserve

Hors réserve

14. Combien de demandes de services (ex. programme de prévention ou protection) avez-vous reçu de la part de familles/d'enfants hors réserve durant l'année financière 2017-2018?

15. Est-ce que votre agence est déléguée à la protection de l'enfance?

- Yes
- No

16. Est-ce que votre agence fournit des services auxiliaires en dehors des fonctions déléguées? Choisissez toutes les options pertinentes. Pour le but de ce sondage, les services auxiliaires incluent tous les services offerts par l'agence au-delà de celui de la protection de l'enfant, par exemple les services de santé, les services familiaux, etc

- Santé
- Famille
- Soins culturels et traditionnels (par exemple par les anciens, les cérémonies, etc.)
- Programmation terrestre
- Autre (décrivez-le nous)

17. Quel est le mandat de votre agence? Prière de nous le définir.

18. Veuillez décrire l'historique de votre agence incluant l'année de sa fondation et la raison de sa création (500 mots maximum). Si jugé nécessaire, vous pouvez partager un document succinct fournissant une vue d'ensemble de l'historique.

19. Si vous avez un document à partager, prière de le téléverser ici.

Choose File

No file chosen

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

20. Quelles sont les principales fonctions de votre agence dans :

La prévention (par exemple : administrer un programme de regroupement familial intensif, la tenue d'ateliers de prévention de la violence).

La protection (par exemple : les enquêtes d'admission, les placements familiaux).

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21. Quelles sont les principales activités de votre agence dans :

La gouvernance (i.e. comment l'agence réalise son mandat vis-à-vis ses partis prenants).

La collecte de données et le rapportage (i.e. la collecte de données interne pour informer la planification et la prise de décision).

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Budget et finances

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

22. Quel était le budget total annuel de votre agence pour l'année financière 2017-2018 (inclure toutes allocations des ordres de gouvernement et d'autres sources, pour tout vos activités)?

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23. Quelle somme de votre budget annuel de l'année financière 2017-2018 était dédié exclusivement aux services à l'enfance et aux familles?

24. De façon approximative, quel pourcentage de votre budget total, selon votre estimation, est lié à chacune de ces fonctions, y compris les salaires, voyages et les matériaux? (Prenez-note que la somme totale ne sera probablement pas 100%).

Prévention	<input type="text"/>
Protection	<input type="text"/>
Gouvernance	<input type="text"/>
Collecte de données et rapportage	<input type="text"/>

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25. Quelle somme de votre budget annuel est associé aux coûts d'entretien des catégories suivantes? (Entretien : coûts directs de placement des enfants des Premières nations dans des soins temporaires ou permanents hors de la maison parentale (par exemple, taux de prise en charge familiale et taux de foyer de groupe).

Famille d'accueil	<input type="text"/>
Foyers collectifs	<input type="text"/>
Soin institutionnel	<input type="text"/>
Placement dans la parenté	<input type="text"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

26. Quelle somme de votre budget total annuel allouée par le gouvernement fédéral était consacrée exclusivement aux services à l'enfance et à la famille (incluant uniquement la protection et les services afférents, par exemple l'admission et l'enquête, en excluant les coûts d'entretien)?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

27. Quels étaient les coûts actuels reliés à la protection de votre agence pour l'année financière 2017-2018 (peu importante le montant alloué ici-haut)? Pour les besoins du présent sondage, les coûts de protection sont ceux associés avec le placement d'un enfant en protection alternative hors du domicile familial.

Admission et enquête.

Achats au nom de l'enfant placé.

Services non médicaux aux enfants placés avec des problèmes de comportement et des besoins spécifiques.

Autres achats approuvés pas la province non couverts par d'autres sources de financement fédéral/provincial.

Coûts quotidiens pour les enfants pris en charge dans des placements hors du domicile familial (coûts d'entretien).

Subventions et soutiens post-adoption

Services professionnels non couverts par d'autres compétences ou par le Programme de soins de santé non couverts de Santé Canada.

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28. Quelle somme de votre budget total annuel alloué par le gouvernement fédéral était exclusivement consacrée à la programmation préventive et aux mesures les moins perturbatrices?

Dans le contexte de ce sondage, les coûts de prévention sont conçus pour réduire l'incidence du dysfonctionnement familial, de la rupture ou de la crise et pour réduire le besoin de placer un enfant ou réduire le temps où un enfant reste placé.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

29. Quels sont les coûts actuels liés à la programmation prévention et aux mesures les moins perturbatrices de votre agence (peu importante la somme mentionnée ici-haut) selon les catégories suivantes?

Prévention de la violence et services de soutien familial.

Mentorat et services de conseil non médicaux.

Services de gestion domestique.

Programmation terrestre et culturelle.

Programmes de regroupement familial intensif.

Achat de biens de première nécessité dans le cadre des mesures les moins perturbatrices, par exemple : dépôt de garantie, argent pour les couches.

Soins de répit.

Transport et logement pour les rendez-vous médicaux et non médicaux.

30. Quelles sont les deux meilleurs pratiques pour la prévention qui existent dans votre agence? Veuillez définir/expliquer le programme. Comment financez-vous actuellement ce programme (par exemple : fédéral, provincial, donateur privé, etc.)? Quels sont les coûts annuels associés?

Description du programme 1	<input type="text"/>
Source de financement 1	<input type="text"/>
Coût du programme 1	<input type="text"/>
Description du programme 2	<input type="text"/>
Source de financement 2	<input type="text"/>
Coût du programme 2	<input type="text"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

31. Cette question est liée au coût réel du Montant d'achat de services pour enfants tel que référencé dans l'ordonnance de 2018 du TCDP au paragraphe 416.

Quel est la valeur du Montant d'achat de services pour enfants de votre agence?	<input type="text"/>
Comment est-ce que les fonds étaient dépensés?	<input type="text"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

32. Cette question est liée au coût réel de l'admission et des enquêtes pour votre agence tel que référencé dans l'ordonnance de 2018 du TCDP au paragraphe 410.

Choisissez l'énoncé qui s'applique le mieux à votre agence.

- Mon agence n'assure pas le travail d'admission et d'enquête. (Préposé à l'évaluation à l'admission : reçoit des recommandations, répond aux allégations et détermine si un enfant a besoin de protection).
- Mon agence n'assure pas le travail d'admission et d'enquête. Tous nos travailleurs sociaux remplissent ces fonctions conjointement aux autres fonctions de tutelle.
- Mon agence assure le travail d'admission et d'enquête. Nous avons des travailleurs sociaux spécialisés en admission et évaluation qui remplissent spécifiquement ces fonctions.

33. Si votre agence assure le travail d'admission et d'enquête avec des travailleurs sociaux spécialisés:

Combien de travailleurs sociaux spécialisés en admission et évaluation a votre agence?

Quel est le nombre moyen de dossiers de vos travailleurs sociaux spécialisés en admission et évaluation?

34. Quels coûts additionnels encourt votre agence en assurant ce travail d'admission et d'enquête? (par exemple : ces travailleurs sont rémunérés à un taux plus élevés, fonds de voyage additionnels). Veuillez fournir le nom de chaque catégorie de coût et son coût afférent.

Catégorie 1

Catégorie 2

Catégorie 3

Catégorie 4

Catégorie 5

35. Quel est votre ratio de dépenses entre les coûts de prévention et ceux de protection? Identifiez comment un dollar est partagé entre ces principales catégories de coûts.

36. Est-ce que votre agence finance un agent de bande désignée? Si oui, à quel coût?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

37. Pour l'année financière 2017-2018, quelles étaient vos sources de financement et leurs montants?

Ministère des Services
autochtones Canada

Santé Canada

Autres ministères fédéraux

Province

Autre, veuillez définir

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

38. Quel est votre modèle de financement actuel (par exemple, Directive 20-1, l'approche améliorée axée sur la prévention)?

Quelle est la fréquence à laquelle vous recevez le financement?

Mensuellement, annuellement?

Comment vos versements sont-ils transférés, par exemple : subventions (sans condition), contributions, paiements forfaitaires?

Existe-t-il des conditions aux versements de vos paiements?

Existe-t-il des exigences de rapportage de dépenses et/ou de résultats aux autres ordres de gouvernement qui subventionnent les activités de l'agence? Si oui, prière de nous fournir les critères.

39. Est-ce que votre agence a redistribué de l'argent d'une catégorie de financement à une autre pour couvrir les déficits budgétaires (par exemple : déplacer l'argent du budget de prévention vers le budget opérationnel)? Prière de nous informer.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

40. Est-ce que votre agence était en déficit pour l'année financière 2017-2018?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

41. Lors des 10 dernières années, est-ce que votre agence a subi des changements de subvention ou de budget majeurs? Si oui, pourquoi? Si non, pourquoi? Prière de nous les décrire.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Immobilisations

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

42. Quelles étaient les dépenses en capital de votre agence pour l'année fiscale 2017-2018 (excluant les coûts non incorporables tels que réparations mineures, entretien, location etc.) dans les catégories suivantes? Pour les besoins de ce sondage, le capital réfère à l'acquisition (incluant la modernisation pour laquelle les retombées économiques vont être probablement générées au-delà d'un an).

Propriété

Structures

Véhicules

Équipement technologique
(par exemple : téléphones,
ordinateurs, logiciels,
autre équipement).

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

43. Quels étaient les coûts non incorporables pendant l'année fiscale 2017-2018 tels que les réparations mineures, entretien, location etc. dans les catégories suivantes?

Propriété

Structures

Véhicules

Équipement technologique
(par exemple : téléphones,
ordinateurs, logiciels,
autre équipement)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Siège de l'agence

44. Est-ce que le siège de votre agence est loué ou la propriété immobilière de votre agence?

45. Quelle est la superficie du siège de votre agence?

46. Quels sont les éléments composants (matériaux) du siège de l'agence (c'est-à-dire : de quoi est-il fait? Par exemple : acier et béton, bois)?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

47. Est-ce que le siège de votre agence est accessible dans les façons suivantes :

Est-ce les services sont
offerts dans la(les)
langue(s) autochtone(s)
locale(s)? Si oui,
combien de membres du
personnel parle cette (ces)
langue(s)?

Est-ce que votre bureau
principal est accessible
selon les normes
provinciales?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Satellite Offices

48. Est-ce que vos bureaux satellites sont loués ou la propriété immobilière de votre agence?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

49. Fournissez 1) la location; 2) la superficie; 3) les éléments composants (c'est-à-dire : de quoi est-il fait? Par exemple : acier et béton, bois), pour chaque bureau satellite individuellement.

Bureau satellite 1

Bureau satellite 2

Bureau satellite 3

Bureau satellite 4

Bureau satellite 5

Bureau satellite 6

Bureau satellite 7

Bureau satellite 8

Bureau satellite 9

Bureau satellite 10

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

50. Est-ce que votre (vos) bureau(x) satellite(s) est (sont) accessible(s) d'après les normes provinciales?

Bureau satellite 1

Bureau satellite 2

Bureau satellite 3

Bureau satellite 4

Bureau satellite 5

Bureau satellite 6

Bureau satellite 7

Bureau satellite 8

Bureau satellite 9

Bureau satellite 10

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

51. Est-ce que vos bureau(x) satellite(s) offres des services dans la(les) langue(s) autochtone(s) locale(s)? Si oui, combien de membres du personnel parle cette (ces) langue(s)?

Bureau satellite 1	<input type="text"/>
Bureau satellite 2	<input type="text"/>
Bureau satellite 3	<input type="text"/>
Bureau satellite 4	<input type="text"/>
Bureau satellite 5	<input type="text"/>
Bureau satellite 6	<input type="text"/>
Bureau satellite 7	<input type="text"/>
Bureau satellite 8	<input type="text"/>
Bureau satellite 9	<input type="text"/>
Bureau satellite 10	<input type="text"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

52. Est-ce que la Première Nation de votre agence fournit des locaux loués? Si oui, est-ce que cela impact l'entretien des locaux? Prière de nous informer.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

53. Cette question est liée au coût réel des réparations de bâtiment à votre agence tel que référencé à l'ordonnance de 2018 du TCDP au paragraphe 410.

Votre agence avait-elle besoin d'effectuer de réparations d'immeubles (en lien avec le bien-être des enfants) durant l'année financière 2017-2018? Si oui, est-ce que les réparations ont été effectuées et à quel coût? Si non, pourquoi pas?

54. Si vous deviez compléter toutes les réparations d'immeuble nécessaires sur les bâtiments de votre agence, quelle serait l'estimation des coûts de ces réparations?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Profil technique

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

55. En moyenne, à travers votre organisation, quel est l'âge estimé des catégories d'investissements technologiques suivantes:

	Généralement nouveau, 12 derniers mois	Amélioré dans les derniers 12-36 mois	Amélioré dans les derniers 3-5 ans	Il y a 5 ans ou plus depuis la dernière amélioration	Incertain
Matériel pour l'amélioration de la productivité (ex. ordinateurs, portables, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logiciel pour l'amélioration de la productivité (ex. Microsoft Office, videoconference, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrastructure informatique (ex. serveur, réseaux, stockage des données etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applications critiques (ex. gestion des cas, comptabilité, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outils de mobilité (ex. tablettes, téléphones intelligents, connectivité à distance etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. Moyennement, à travers votre organisation, comment satisfait estimerez-vous est votre agence dans les catégories d'investissement technique suivantes:

	Très insatisfait	Moyennement insatisfait	Neutre	Moyennement satisfait	Très satisfait
Matériel pour l'amélioration de la productivité (ex. ordinateurs, portables, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logiciel pour l'amélioration de la productivité (ex. Microsoft Office, videoconference, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrastructure informatique (ex. serveur, réseaux, stockage des données etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applications critiques (ex. gestion des cas, comptabilité, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outils de mobilité (ex. tablettes, téléphones intelligents, connectivité à distance etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

57. Pouvez-vous estimer l'investissement capital requis (\$ par catégorie) afin d'augmenter votre profil technique pour soutenir vos besoins:

Matériel pour l'amélioration de la productivité (ex. ordinateurs, portables, etc.)

Logiciel pour l'amélioration de la productivité (ex. Microsoft Office, videoconference, etc.)

Infrastructure informatique (ex. (serveur, réseaux, stockage des données etc.)

Applications critiques (ex. gestion des cas, comptabilité, etc.)

Outils de mobilité (ex. tablettes, téléphones intelligents, connectivité à distance etc.)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

58. Prière de nous décrire vos services techniques dans le nuage (ex. Office 365) qu'utilise actuellement votre agence ou qui sont en considération.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Coûts d'opération et d'entretien

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Salaries and Benefits

59. Quelles étaient vos dépenses d'opération de votre agence pour l'année financière 2017-2018 uniquement pour les services aux enfants et aux familles dans les catégories suivantes (\$):

(Dans le contexte de ce sondage, les dépenses opérationnelles sont liées au coût récurrent d'exploitation).

Total des salaires
(annualisé : basé sur les
équivalents temps plein
(ETP))

Services
professionnels/entreprene
urs

Autre (le définir)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

60. Quelles étaient vos dépenses pour les régimes de prestations aux employés (RPE) de votre agence pour l'année financière 2017-2018 dans les catégories suivantes:

Régime d'assurance-
maladie et d'assurance
dentaire (équivalent
monétaire)

Prestations de retraite
(équivalent monétaire)

Autre (le définir)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

61. Quelles étaient vos dépenses pour le développement professionnel (équivalent monétaire) de votre agence pour l'année financière 2017-2018 dans les catégories suivantes:

Formation

Bien-être

62. Quelles étaient vos dépenses pour les services suivants (équivalent monétaire) de votre agence pour l'année financière 2017-2018?

- Coûts de vérification et d'évaluation
- Dépenses de voyage

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Legal Fees

63. Quel était le coût réel des frais juridiques pour votre agence pour l'année financière 2017-2018?

64. Quelle proportion des coûts des frais juridiques s'appliquent exclusivement aux enfants?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

65. Est-ce que votre agence a rencontré des situations où vous étiez incapable de couvrir les coûts des services juridiques? Si vous aviez payé les coûts, fallait-il couper vos dépenses quelque part d'autre?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Détails sur les employés

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

66. Quel est le nombre d'équivalents temps plein sont employés par votre agence?

67. Quel nombre d'équivalents temps partiel sont employés par votre agence?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

68. Combien d'employés à temps plein dans votre agence ont les titres de poste suivants :

Directeur exécutif

Travailleurs sociaux

Travailleurs de la santé
(veuillez définir le type de
travailleur de la santé tel
que psychologue,
infirmière praticienne,
autre)

Personnel administratif
(ex. agent financier)

Personnel de bureau (ex.
réceptionniste)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

69. Combien d'employés à temps partiel dans votre agence ont les titres de poste suivants :

Directeur exécutif

Travailleurs sociaux

Travailleurs de la santé
(veuillez définir le type de
travailleur de la santé tel
que psychologue,
infirmière praticienne,
autre)

Personnel administratif
(ex. agent financier)

Personnel de bureau (ex.
réceptionniste)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

70. Combien d'heures par semaines en moyenne travaillent les employés dans chaque catégorie d'emploi (par exemple, 40 heures, 35 heures)?

Directeur exécutif

Travailleurs sociaux

Travailleurs de la santé
(veuillez définir le type de
travailleur de la santé tel
que psychologue,
infirmière praticienne,
autre)

Personnel administratif
(ex. agent financier)

Personnel de bureau (ex.
réceptionniste)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

71. Afin de comprendre l'expérience de votre agence en ce qui concerne la rétention, quel temps moyen, en années, les employés passent-ils dans les postes suivants? Par exemple, 5 ans, 2 ans.

Directeur exécutif

Travailleurs sociaux

Travailleurs de la santé
(veuillez définir le type de
travailleur de la santé tel
que psychologue,
infirmière praticienne,
autre)

Personnel administratif
(ex. agent financier)

Personnel de bureau (ex.
réceptionniste)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

72. En moyenne, est-ce que la portée des fonctions des employés dans chacune des catégories d'emploi dépasse celle définie contractuellement?

Dépasse

Directeur exécutif

Travailleurs sociaux

Travailleurs de la santé
(veuillez définir le type de
travailleur de la santé tel
que psychologue,
infirmière praticienne,
autre)

Personnel administratif
(ex. agent financier)

Personnel de bureau (ex.
réceptionniste)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

73. Quelle est l'échelle salariale (rémunération seulement) des employés de l'agence pour chacune des catégories d'emploi (par exemple : 30 000\$ - 40 000\$, 54 000\$-75 000\$, 100,000\$-120,000\$)?

Directeur exécutif

Travailleurs sociaux

Travailleurs de la santé
(veuillez définir le type de
travailleur de la santé tel
que psychologue,
infirmière praticienne,
autre)

Personnel administratif
(ex. agent financier)

Personnel de bureau (ex.
réceptionniste)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

74. Vous croyez-vous capable de rémunérer vos employés au niveau des employés provinciaux pour un travail comparable?

Oui

Non

75. Est-ce que vos employés sont indemnisés en cas d'heures supplémentaires? Si oui, comment, ex. indemnisation financière, vacances.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Petites agences, éloignement, frais de voyage,
lacunes de services

76. Cette question et la question suivante sont liées à l'éloignement tel que référencé à l'ordonnance de 2018 du TCDP au paragraphe 418. Est-ce que votre agence indemnise l'éloignement, c'est-à-dire qu'il y a un supplément salarial à titre d'indemnisation dû au lieu de travail?

Oui

Non

77. Si votre agence indemnise pour cause d'éloignement, quel est le coût (\$) pour l'agence?

% de supplément salarial

Prime

Crédit pour l'essence

Allocation de logement

Autre (le définir)

78. Cette question est liée aux distances de voyage et leurs coûts associés tel que référencé dans l'ordonnance de 2018 du TCDP au paragraphe 418. Afin de satisfaire aux exigences du poste, est-ce que les employés de votre agence voyagent (entre leur bureau principal et le(s) site(s) de projet)?

Distance de voyage

Directeur exécutif	<input type="text"/>
Travailleurs sociaux	<input type="text"/>
Travailleurs de la santé (veuillez définir le type de travailleur de la santé tel que psychologue, infirmière praticienne, autre)	<input type="text"/>
Personnel administratif (ex. agent financier)	<input type="text"/>
Personnel de bureau (ex. réceptionniste)	<input type="text"/>
Membres du conseil d'administration	<input type="text"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

79. En moyenne, quelle distance parcourt une famille ou un enfant qui recherche les services de votre agence afin d'en bénéficier (au bureau/site de l'agence disponible le plus proche)?

- 100 km ou plus dans une seule direction
- Entre 50 et 100km dans une seule direction
- Entre 20 et 49 km dans une seule direction
- Entre 0 et 19 km dans une seule direction

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

80. Quel est le coût que votre agence a payé pour les éléments suivants reliés au voyage durant l'année financière 2017-2018?

Essence

Usure du véhicule et réparations

Logements pendant le voyage

Vols

Frais accessoires durant le voyage

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

81. Cette question est reliée aux lacunes des services dans votre zone de desserte tel que référencé dans l'ordonnance de 2018 du TCDP au paragraphe 418. Considérez-vous que l'agence et ses clients dans les communautés que vous servez sont capables d'accéder aux services environnants à une distance de trajet raisonnable?

Oui

Non

82. Si les communautés que vous servez manquent de services, quelles sont les lacunes dans les services environnants accessibles à une distance de trajet raisonnable?

Centres de traitement de la dépendance

Services de santé mentale

Services de soutien pour les enfants et les jeunes souffrant d'handicaps.

Spécialistes médicaux

Autre (le définir)

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

83. Est-ce que votre agence a dû faire du travail additionnel afin de mettre en contact les membres des communautés avec des services sociaux typiques? Si oui, combien d'argent votre agence a dépensé durant l'année financière 2017-2018 pour mettre en contact les membres des communautés avec les services sociaux au-delà de votre mandat de services à l'enfance et à la famille (par exemple : frais de voyage, temps de l'employé passé à coordonner les services)?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Nombre de cas

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

84. Quel est le nombre de cas total de votre agence? Veuillez inclure tous les cas.

(Cas : le nombre de cas actifs (enfants ou familles) actuellement assignés à un travailleur social le plus récent).

85. Combien de ces cas sont traités de façon appropriée culturellement/ ou optimisent les pratiques de soins traditionnels?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

86. Quel est le nombre de cas actuel exclusivement consacrés aux enfants et aux familles?

(Nombre de cas : le nombre de cas reflète un ratio de cas (ou clients) par membres du personnel travaillant en équivalent temps plein.)

87. En moyenne, quel est le nombre d'employés (incluant les travailleurs sociaux, le personnel de soutien, le personnel administratif) affectés à un dossier ouvert?

88. Quel est le nombre moyen de dossiers ouverts que gère un travailleur social (par exemple : 5 dossiers/travailleur social)?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

89. Quel est le nombre moyen de dossiers de chaque catégorie d'employé (personnel : cas)?

Directeur exécutif

Travailleurs sociaux

Travailleurs en santé
(veuillez définir le type de
travailleur en santé tel que
psychologue, infirmière
praticienne, autre).

Personnel administratif

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

90. Pour tenter de mieux comprendre la complexité des cas dans votre agence, veuillez estimer le pourcentage du total de vos cas pour lesquels votre agence passe :

1 à 5 heures par semaine par dossier	<input type="text"/>
6 à 10 heures par semaine par dossier	<input type="text"/>
10 à 15 heures par semaine par dossier	<input type="text"/>
15 à 20 heures par semaine par dossier	<input type="text"/>
Plus de 20 heures par semaine par dossier	<input type="text"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

91. Quel pourcentage de cas de maltraitance corroboré dans votre agence était la catégorie principale de maltraitance parmi les points suivants pendant l'année financière 2017-2018?

Maltraitance psychologique	<input type="text"/>
Violence conjugale	<input type="text"/>
Négligence	<input type="text"/>
Violence physique	<input type="text"/>
Violence sexuelle	<input type="text"/>
Autre (le définir)	<input type="text"/>

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Gouvernance et la collecte de données

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Gouvernance

92. Comment est gouvernée l'agence, c'est-à-dire : a-t-elle un conseil d'administration?

93. Est-ce que les Chefs siègent comme membres du conseil d'administration?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

94. Quelles sont vos normes en matière de pratique qui guident les activités de votre agence, c'est-à-dire un code d'éthique, des pratiques éclairées, des lignes directrices au niveau culturel, etc.?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

95. Comment impliquez-vous les communautés locales dans votre travail (c'est-à-dire les conseils communautaires, les représentants communautaires, etc.)?

96. Comment qualifieriez-vous vos relations avec les communautés?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

97. Est-ce que votre (vos) communauté(s) est/sont engagée(s) dans des activités de prévention?

98. Est-ce que votre (vos) communauté(s) guide(nt) vos activités de prévention?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

Data and Reporting

99. Comment votre agence définit-elle la réussite? Veuillez partager votre vision et les énoncés de mission.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

100. Comment votre agence mesure-t-elle le succès dans ses résultats issus du programme de prévention? Veuillez fournir tous les indicateurs de rendement que votre agence utilise pour tracer le progrès/le succès.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

101. Comment votre agence mesure-t-elle le succès dans ses résultats issus de l'activité de protection? Veuillez fournir tous les indicateurs de rendement que votre agence utilise pour tracer le progrès/le succès.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

102. Est-ce que votre agence utilise des tableaux de bord pour tracer ce que vous faites et qui confirment le progrès continu/ le succès? Si c'est le cas, veuillez partager une copie de votre tableau de bord. Dans le cas contraire, veuillez élaborer sur l'approche que vous utilisez pour le suivi et le reportage.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

103. Est-ce que votre agence a une politique ou programme pour les jeunes quittant la prise en charge? Si oui, prière de nous le décrire. Quelles ressources y sont consacrées (\$)?

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

104. Est-ce qu'il y a d'autres circonstances particulières auxquelles fait face votre agence qui n'ont pas été évoquées dans ce sondage? Si oui, veuillez les décrire ici et inclure un coût (\$) où c'est possible.

CCN-IFPD: Sondage des agences aux services à l'enfance et aux familles Premières Nations

105. Veuillez partager tout commentaire, notamment des pratiques ou services uniques que votre agence fournit ou d'autres détails qui pourraient ne pas avoir été pris en compte dans ce sondage.



APPENDIX D

Sample Agenda

First Nation Child and Family Services (FNCFS) Agency Workshop

DATE

Welcome to IFSD!

Wifi at IFSD

Network:

Password:

Day 1

08:00	Breakfast
08:30	Welcome Ceremony
09:00	Opening Remarks from Cindy Blackstock (via video)
09:15	<p>Getting to know our communities of practice</p> <p>Working toward the goals of healthy and happy children, families, and communities, there's much to learn from our diverse community of practice.</p> <p>What's something unique or notable about child and family services at your agency or in your province? Does your agency have a lesson to share about a practice or program?</p> <p><i>Survey Part 1: Agency Details</i></p>
10:15	<p>Budgets and Finances</p> <p>Ideally, the allocation of resources is an exercise in aligning priorities to spending. However, it can sometimes be a reaction to current or emerging needs. How does your agency align its resources to its priorities? Has your agency experienced significant changes in its funding in the last ten years? How does your agency grapple with competing demands on its resources?</p>

	<i>Survey Part 2: Budget and Finances</i>
12:00	Lunch
13:00	<i>Survey Part 2: Budget and Finances (Continued)</i>
14:30	Health Break
14:45	<p>Operational and other considerations</p> <p>Staff teams are critical drivers of the success of any organization – especially one at the service of children, their families, and communities. Does your agency have the staff it requires to fulfill its mandate? What are some of the operational tradeoffs your agency has had to make to balance budget and results?</p> <p><i>Survey Part 3: Employee details and remoteness</i></p>
17:00	Close

Wifi at IFSD
Network:
Password:

Day 2

08:00	Breakfast
08:30	<p>Future directions</p> <p>Agencies are at the centre of efforts to improve the lives of children, families, and their communities. What resources do they require to achieve their mandates and goals? How can community input be integrated into agencies' visions? What does the future of First Nations child welfare look like? How can it be achieved?</p>
9:30	<p>Caseloads and workloads</p> <p>Agencies manage a variety of programs and initiatives from protection to culturally-based prevention programming. What does it take for a child to enter into care in your jurisdiction? When your agency manages cases, how are the number and nature of support determined? Do caseloads at your agency influence the complexity and time of your staff's work?</p> <p><i>Survey Part 4: Caseloads</i></p>
10:45	Health Break
11:00	<p>Governance, data, and performance</p> <p>Sound measurement is a tool for agencies to refine and enhance their existing operations. How does your agency take stock of its progress? Does your agency have tools or processes in place to use data to assess performance? What does sound governance look like for agencies?</p> <p><i>Survey Part 5: Governance</i></p>

12:00	Lunch
13:00	Closing ceremony



APPENDIX E

Survey Definitions

Category		Definition and examples		Tribunal References and Notes	
Capital		The acquisition and maintenance of fixed assets.	Examples include maintenance, repairs and retrofitting of buildings, land, vehicles, and technology equipment (e.g. phones, computers, software).		
	Operations	The ongoing costs of doing business.	Examples include salaries, benefits, agency legal fees, staff training, travel expenses, and small agency deficits.		
Programmatic	Protection	Programs associated with placing a child in alternative care outside of the parental home.	Examples include non-medical services to children in care with behavioural problems and specialized needs, purchases on behalf of children in care, per diem costs for children in care in placements out of the parental home (including foster care, group homes, institutional care, and kinship care), post-adoption subsidies and supports, professional services not covered by other jurisdiction or by Health Canada's Non-Insured Health Benefits Program.		The Panel, pursuant to section 53 (2) (a) and (b) of the CHRA, orders Canada to analyze the needs assessments completed by First Nations agencies in consultation with the Parties, interested parties (see protocol order below), and other experts; and to do a cost-analysis of the real needs of First Nations agencies including prevention/least disruptive measures, intake and investigation, building repairs and legal fees related to child welfare taking into account travel distances, case load ratios, remoteness, the gaps and/or lack of surrounding services and all particular circumstances they may face. (2018 CHRT 4 para 408)
	Prevention	Programs designed to reduce the incidence of family dysfunction and breakdown or crisis and to reduce the need to take children into out-of-home care or the amount of time a child remains in out-of-home care.	Examples include violence prevention and family support services, mentoring and non-medical counselling services, home management services, land-based and cultural programming, intensive family reunification programs, least disruptive measures, purchase of basic needs items (eg security deposit, money for diapers), intake and investigation, transportation and accommodation for medical and non-medical appointments, home management services, Child Service Purchase Amount, and respite care.		
Governance		Accountability, transparency and decision-making mechanisms.	Examples include Content Management Systems, collecting and analysing data, audits and evaluations, Band councils, Elder councils, and advisory boards.		
Size of agency		Small agencies are agencies that serve a child population of less than 1000 (2016 CHRT 2 para 187)			The Panel, pursuant to section 53 (2) (a) and (b) of the CHRA, orders Canada to analyze the needs assessments completed by First Nations agencies in consultation with the Parties, interested parties (see protocol order below), and other experts and to do a cost-analysis of the real needs of small First Nations agencies related to child welfare taking into account travel distances, case load ratios, remoteness, the gaps and/or lack of surrounding services and all particular circumstances they may face. (2018 CHRT 4 para 418)
Other considerations		Related to the unique situation of an agency.	Examples include remoteness, and availability of services in the community.		The Panel ordered INAC to immediately address how it determines funding for remote FNCFS Agencies. Current funding does not account for such things as travel to provide or access services, the higher cost of living and service delivery in remote communities, the compounded effect of reducing core funding for remote agencies that may also be smaller agencies (see paras. 213-233 and 291 of the Decision). In its subsequent ruling in 2016 CHRT 16, the Panel ordered INAC to provide detailed information to clearly demonstrate how it is determining funding for remote FNCFS Agencies that allows them to meet the actual needs of the communities they serve. (2018 CHRT 4 para 339)
Narrative					Qualitative information or explanatory notes to give meaning to the cost category.
Cost data					Quantitative financial information (\$) of the agency's expenses in the cost category.



APPENDIX F

Workshop Future State Summaries



First Nations Child and Family Services (FNCFS)

Workshop Exercise: Identifying Ideal States for Agencies

2018

There are four main areas related to agency and community success: Self-determination, Holistic Well-being, Partnerships through Awareness and Knowledge, and Sustainable Capacity Building.

Self-determination

Self-determination is about the community's ability to direct its own course. Clear jurisdiction and a clear understanding of the legal and funding responsibilities of Provincial and Federal governments to agencies is necessary and can support this goal. The support of Elders and community leadership was also identified as important for grounding self-determination in a strong cultural identity.

Holistic Well-being

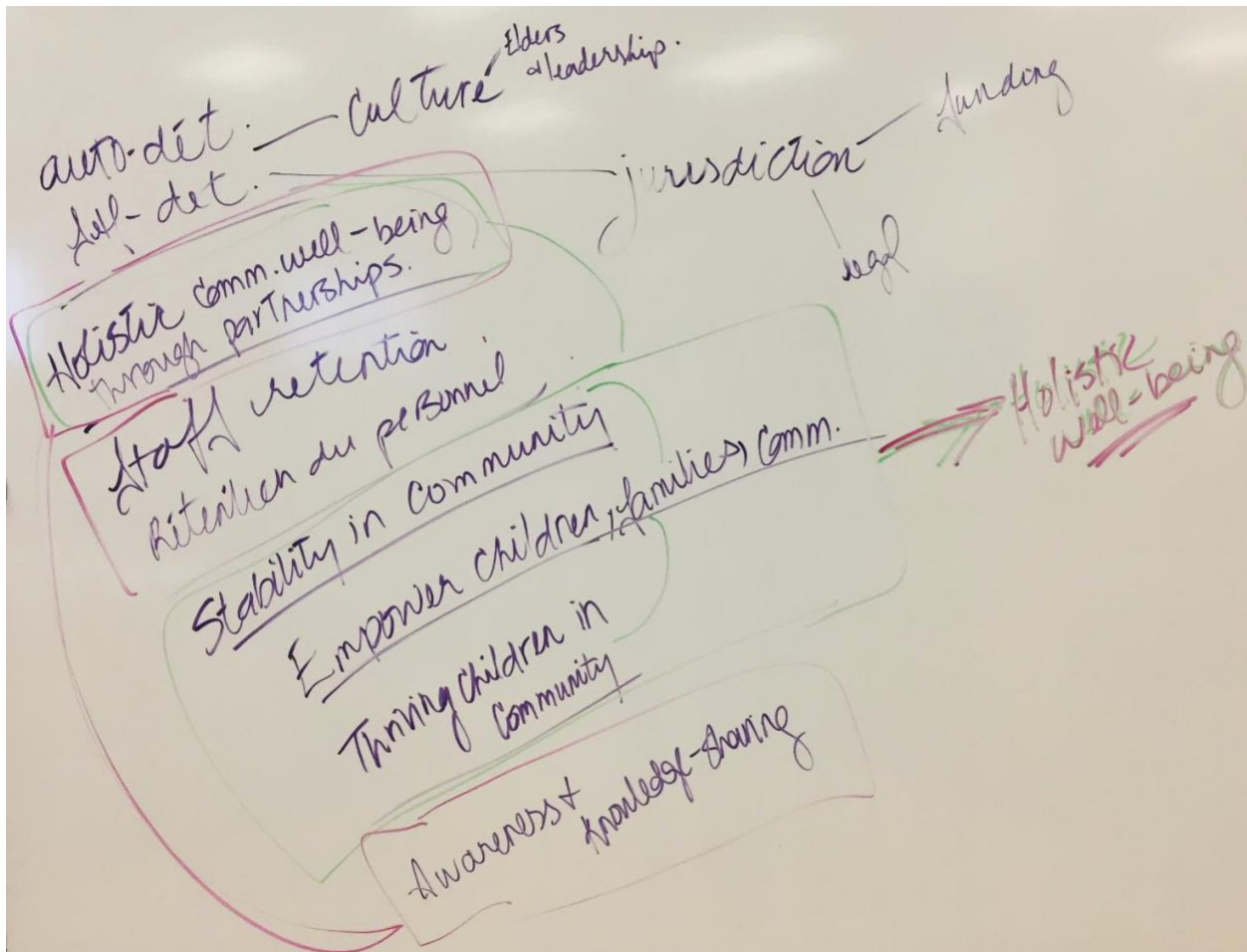
The goal of agencies is to empower children, families, and communities so that children can thrive. Retaining long-term staff at agencies is as an important way to encourage stability in the community. Agency success in nurturing holistic well-being might be measured by the rate and volume of families leaving the system, the number of families accessing services voluntarily, reduced instances of addiction or social problems, less emergency reporting calls, and by families reuniting.

Partnerships through Awareness and Knowledge

Partnerships involve establishing protocols between agency and partners, promoting intergovernmental collaboration and true consultation, establishing protocols with children and families off reserve, and building good relationships through knowledge sharing and understanding.

Sustainable Capacity Building

Skills among staff, families and children must be expanded and developed to improve well-being, community structures should be responsive to community needs, and investments must be made to services delivered now so that they can adapt and survive in the future.



Photos of workshop exercise

1) Auto-dét. Self-det.

Capacité de la comm. à se détacher de
l'oligarchie pour se arriver à se gérer
seule + arriver à l'auto-dét. soutenue
par l'ID culturelle.

2) Holistic well-being

- working voluntarily w/ agency services
- family well-being w/o addictions + social probs
- less emergency reporting calls
- families remaining

Rate + volume of families
leaving the sys.
Independence of families
to access services on
their own.

3) Partnerships through awareness + knowledge

- # of protocols signed b/w
agency + partners
- inter-organ. collaboration +
true consultation.
- protocols w/ children
+ family opt. reserve.

4) Sustainable Capacity building

Expand + develop
skills among staff,
families + children to
improve well-being.

Investment
in how services
are delivered
now + can
adapt +
Survive
in the future

Building good
relationships through
knowledge sharing +
understanding.

Community structures should be
responsive to community needs.



Services à l'enfance et à la famille des Premières Nations (SEFPN)

Exercice en atelier : Détermination des états idéaux pour les agences

2018

Pour les agences et les communautés, il existe quatre facteurs de succès : l'auto-détermination; le bien-être holistique; les partenariats fondés sur la prise de conscience et le savoir; un renforcement durable des capacités.

Auto-détermination

L'auto-détermination réside dans la capacité d'une communauté à tracer sa propre voie. L'atteinte de cet objectif passe obligatoirement – et peut être favorisée – par une délimitation et une compréhension claires des responsabilités juridiques et financières qui incombent au gouvernement fédéral et aux provinces à l'égard des agences. Le soutien des aînés et des leaders de la communauté a également été jugé important pour ancrer l'auto-détermination dans une solide identité culturelle.

Bien-être holistique

Les agences ont pour objectif de donner aux enfants, aux familles et aux communautés les outils nécessaires à l'épanouissement des enfants. La rétention à long terme du personnel des agences est un moyen important d'encourager la stabilité dans la communauté. Le degré auquel les agences réussissent à favoriser un bien-être holistique peut être mesuré par le taux et le nombre de familles qui quittent le système, par le nombre de familles accédant volontairement aux services, par la baisse du nombre de cas de dépendance ou de problèmes sociaux, par la diminution du nombre d'appels signalant des urgences et par la réunion de familles.

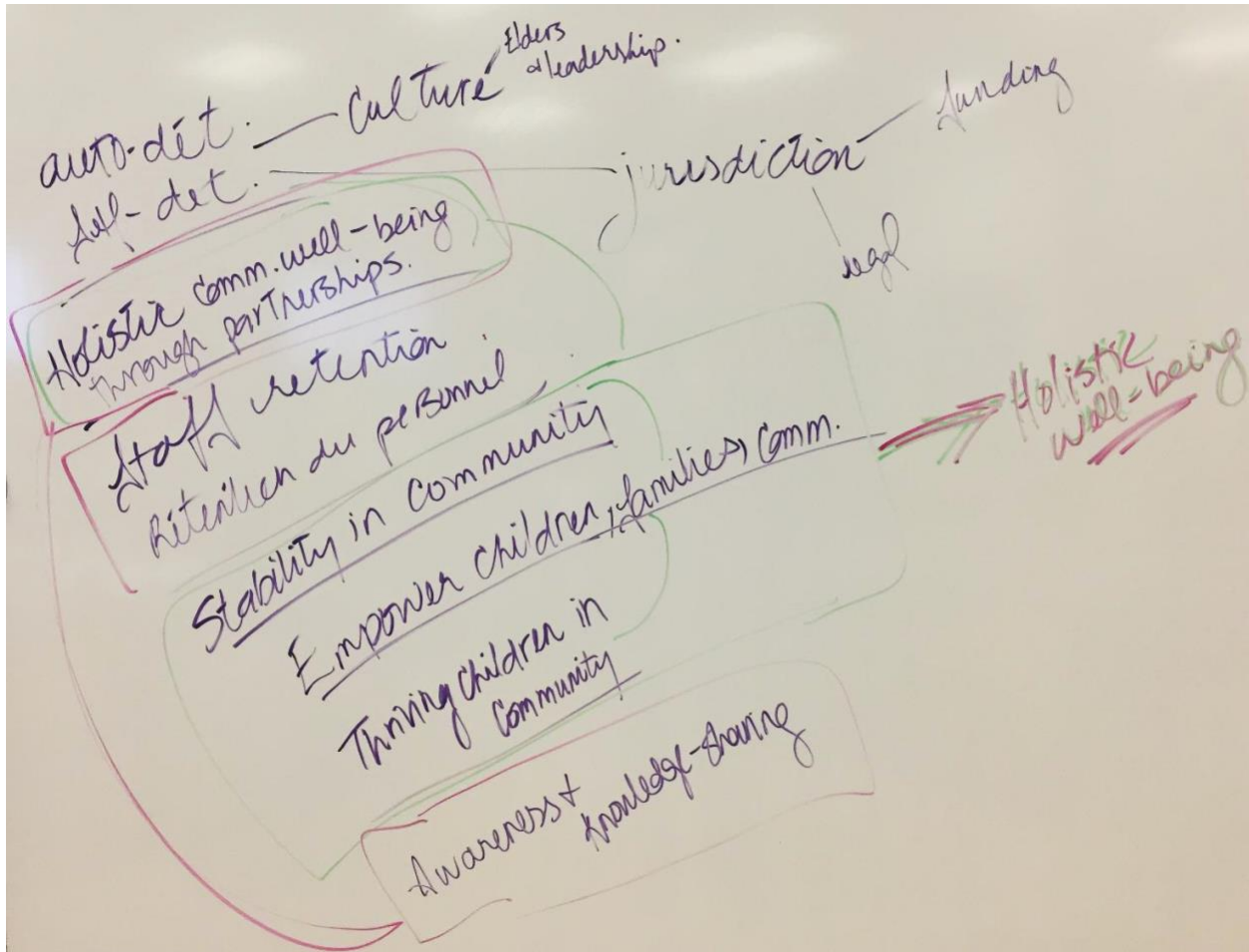
Partenariats fondés sur la prise de conscience et le savoir

Les partenariats consistent à établir des protocoles entre l'agence et ses partenaires, à promouvoir une collaboration intergouvernementale et une réelle consultation, à

instaurer des protocoles pour les enfants et les familles vivant hors-réserve et à forger de bonnes relations par le partage du savoir et la compréhension.

Renforcement durable des capacités

Il faut élargir et développer les compétences du personnel, des familles et des enfants pour améliorer le bien-être communautaire, il faut que les structures communautaires donnent suite aux besoins de la communauté, et il faut investir maintenant dans les services offerts pour pouvoir ultérieurement les adapter et les pérenniser.



Photos de l'exercice en atelier

1) Auto-dét. Self-det.

Capacité de la comm. à se détacher de
l'oligarchie pour se arriver à se gérer
seule + arriver à l'auto-dét. soutenue
par l'IB culturelle.

2) Holistic well-being

- working voluntarily w/ agency services
- family well-being w/o addictions + social probs
- less emergency reporting calls
- families remaining

Rate + volume of families
leaving the sys.
Independence of families
to access services on
their own.

3) Partnerships through awareness + knowledge

- # of protocols signed b/w
agency + partners
- inter-organ. collaboration +
true consultation.
- protocols w/ children
+ family opt. reserve.

4) Sustainable Capacity building

Expand + develop
skills among staff,
families + children to
improve well-being.

Investment
in how services
are delivered
now + can
adapt +
Survive
in the future

Building good
relationships through
knowledge sharing +
understanding.

Community structures should be
responsive to community needs.



First Nations Child and Family Services (FNCFS)

Workshop Exercise: Identifying Ideal States for Agencies

2018

Healthy communities, pursuing “the good life” is the ultimate goal for agencies. Working toward the “the good life” involves a holistic approach to community health, in which the community is engaged from “womb-to-tomb” in the economic, legal, social and political aspects of an individual’s life.

Togetherness, unity, and a sense of belonging, through truth telling, empowerment and knowledge sharing are integral to overall community well-being. Connections to community, land and self are paramount. The ability of communities to know and lay claim to their inherent rights and to self-govern are necessary to achieve an ideal state for agencies and communities.

A holistic approach to community well-being embraces culture and tradition, such as language, land-based practices and Elders, to foster identities firmly grounded in cultural roots. Importantly, this approach involves encouraging emotional intelligence and helping individuals build foundational skills, such as the ability to adapt and respond to challenges in a healthy way.

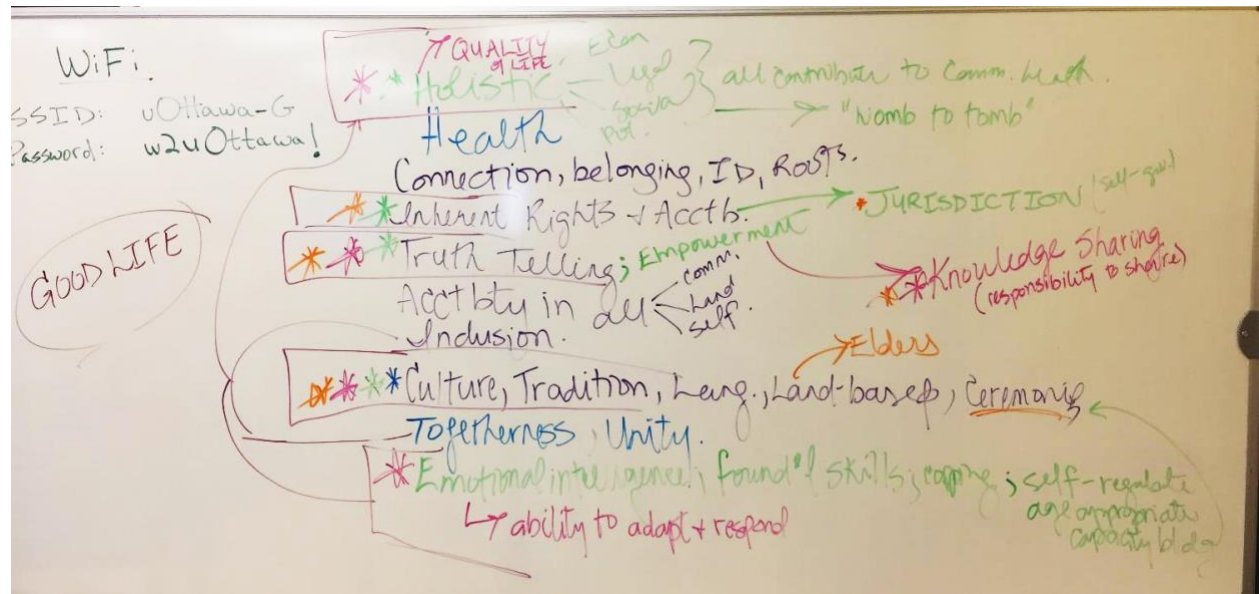


Photo of workshop exercise



Services à l'enfance et à la famille des Premières Nations (SEFPN)

Exercice en atelier : Détermination des états idéaux pour les agences

2018

Les agences ont comme objectif ultime de faire émerger des communautés en santé et en quête de « la bonne vie ». Cheminer vers « la bonne vie » suppose l'adoption d'une approche holistique de santé communautaire, où la communauté participe « du berceau au tombeau » aux aspects économiques, juridiques, sociaux et politiques de la vie des individus.

Le vivre-ensemble, l'unité et un sentiment d'appartenance sont essentiels au bien-être global de la communauté et nécessitent le dévoilement de la vérité, l'autonomisation et le partage du savoir. Les liens avec la communauté, avec le territoire et avec soi-même revêtent une importance vitale. Pour les agences et les communautés, l'atteinte d'un état idéal passe par la capacité des communautés à connaître leurs droits inhérents et à se gouverner elles-mêmes.

Une approche holistique du bien-être communautaire recouvre la culture et la tradition (langue, pratiques basées sur le territoire, aînés, etc.) afin d'encourager la constitution d'identités solidement enracinées dans la culture. Point important, cette approche exige qu'on encourage l'intelligence émotionnelle et qu'on aide les individus à acquérir des habiletés de base, telles que la capacité de s'adapter et de réagir aux défis d'une façon saine.

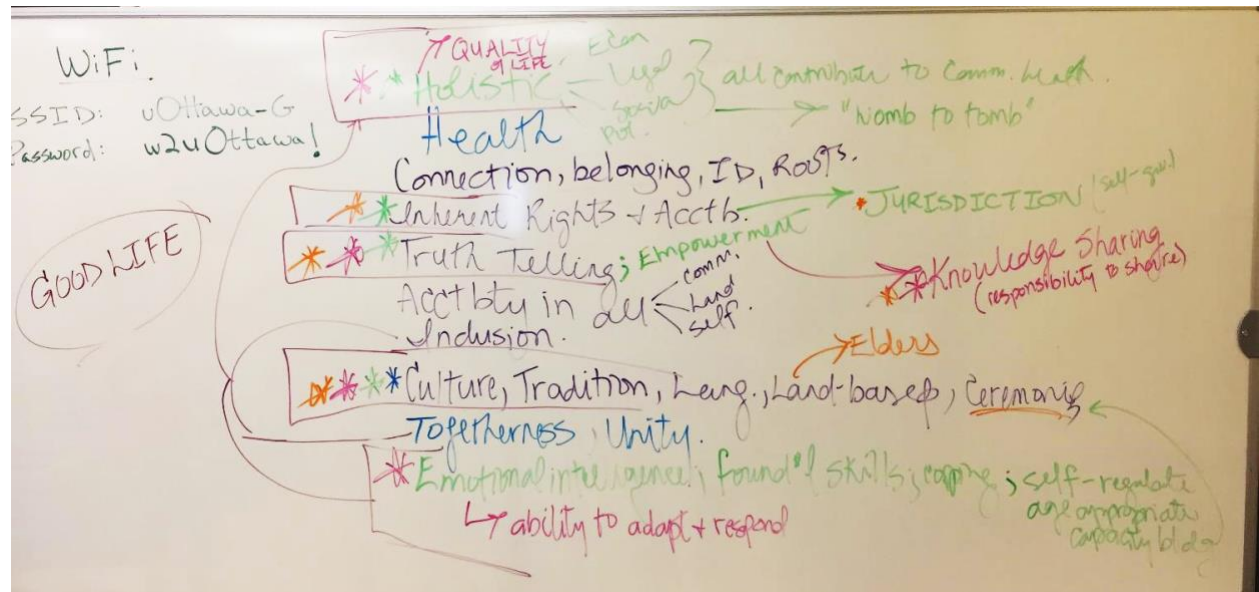


Photo de l'exercice en atelier



First Nations Child and Family Services (FNCFS)

Workshop Exercise: Identifying Ideal States for Agencies

2018

Relational Accountability, Family Connection and Community Support, and Continuity and Stability through Flexibility are key components of community and agency success.

Relational Accountability

Relational accountability is about “relating as one,” by promoting relationships grounded in ritual, being perceptive to the uniqueness of communities and stakeholders, and encouraging mutual respect (rather than one-way compliance).

The emphasis on relational accountability recognizes people as a community’s strongest resource, encourages strong family and community connections, and values knowledge sharing and giving back to the community.

Relational accountability might be measured according to agency engagement with the community, such as through agency participation in non-Child Family Services activities, or in meetings with stakeholders and funders that aim to build relationships and dialogue. Success might be tracked according to the number of legal fees or cases in court.

Family Connections, Well-Being and Community Support

A holistic approach to child and family services is one that creates a “circle-of-care” around the child to ensure their well-being throughout their life in the community.

Collaboration within the agency and with different departments, engaging with communities and leadership to make holistic well-being a focus, drawing on Elder and community knowledge, rebuilding trust with communities, and taking into account social determinants of health were identified as ways of fostering a holistic approach.

Measuring success in developing family and community support could be measured by the number of attendees at programs offered by the agency, and by the extent that agencies have the support and participation of community leadership (Chief, council, board).

Success might also be indicated by the level of trust community members place in the agency, which might be measured by families and individuals accessing services by self-referral. Social determinants of health might be tracked by establishing a checklist for different ages and life stages. Also identified as important to overall community well-being was education, which might be tracked by grading at age level, and the number of people graduating high school or accessing post-secondary education.

Continuity and Stability through flexibility

With the child at the centre of care, sometimes plans have to be adapted to support them. A holistic approach to chart paths for healing requires ongoing communication between child, family, and community. A child's ongoing adaptability is an important marker of success.

It is also important for an agency to be adaptable and flexible. Flexibility might be fostered through exercises such as seeking community opinion to evaluate the usefulness and efficacy of programs. This might also be measured through entrance and exit interviews with children in care to identify implications, as well as internal and external reviews for staff and agency.

Accessing services can sometimes be a challenge, especially when some are not aware of options and opportunities available to them. Those who require services must be able to access equitable services and resources across the country without being deterred by bureaucratic barriers or limited experience.

Relational Accountability

"Reciprocated respect through relationship bds w/ communities"

- grounded in ritual
- Connection to family + comm
- Dif. ^{ways/hearings} means to Stakeholders + Comm
- Mutual respect; not only about compliance
- building relat'shps
- understanding dif. in goals
- Reciprocated respect + relationships
- Recognizing People as strongest resource
- Sharing Knowledge + giving back

Handwritten notes:
 - Qualitative + stakeholders
 - impact of cultural activities
 - Relating to activities
 - # of attendees at programs
 - support leadership (chrt) board
 - trust of community
 - # of community staff roles/activities
 - social determinants of health
 - decision making
 - not stable
 - learning based social relationships
 - base on trust
 - community
 - # of community staff roles/activities
 - # of community staff roles/activities

Family Connections, Well-being + Community support

"Family Circle of care for holistic well-being"

- holistic new + approach of CFS
- collaboration w/in agency + del. resources/depts
- engaging w/ communities + leadership to make holistic well-being a focus
- Community Knowledge + elders
- Rebuilding trust w/ comm + ways of knowing
- Social det. of health

Handwritten notes:
 - # of attendees at programs
 - support leadership (chrt) board
 - trust of community
 - # of community staff roles/activities
 - social determinants of health
 - decision making
 - not stable
 - gradually reduction
 - moving at my own pace
 - becoming public etc

Continuity + Stability

Through flexibility:

- using a "ongoing adaptability" for the child
- holistic lens to chart courses/paths for healing
- ongoing dialogue
- openness to changing/altering direction
- Child always at centre
- Accessing equitable services and resources across country w/o having to govt sys.

Handwritten notes:
 - Community survey around applicability of program
 - Enhance intermed w/ kids (ID imp)
 - Internal fort. runways for staff + community

Photo of workshop exercise

Relational Accountability

"Reciprocated respect through relationship bldg w/ communities"

- grounded in ritual
- Connection to family + comm
- Dif. ~~means~~ ^{ways/meanings} to Stakeholders + Cen m
- Mutual respect; not only about compliance
- building relat'shps
- understanding dif. in goals
- Reciprocated respect + relationships
- Recognizing People as strongest resource
- Sharing Knowledge + giving back

① Participation in non-rts activities + Stakeholders
 ② Qualitative impact of cultural activities
 "relating as activities"
 ③ Meaning relationships through community influence or committee of communities
 ④ Res'l mtgs w/ funders to build relationships & dialogue
 w/ Stakeholders w/ Communities

① Child voices
 ② Knowledge sharing
 ③ Number of cases in court or allc in legal files
 ④ Learning based Council Resolution (BCE) for Customary Care
 Collaboration by reporting care w/ community w/ comm in which resource

F
 W
 hot
 CF
 # of attendees at pro
 - eng
 lead
 well-
 - Comm
 - Rebu
 kn
 - Soc

"Relational Accountability"

MS,
 continuity support
 for holistic well-being
 approach of
 /in agency +
 depts.
 ③ Trust of community
 → self-referring community
 → accessing services

communities +
 the holistic
 us ④ Social
 determinants
 of health
 checklists for
 diff. ages &
 stages

edge: elders;
 ② ~~Proactive~~
 support

Comm. + ways
 ③ quality
 of education
 - grading at
 age 1 only
 - grad. 4-5
 - accessing
 post-12

health.

Continuity & Stability
 Through flexibility:
 using a "ongoing adaptability
 for the child"
 - holistic lens to chart
 courses/paths for healing.
 ongoing dialogue
 - openness to changing/
 altering direction.
 - child always at centre
 ① Community survey around efficacy of program
 ② Entrance interviews w/ kids (ID imp.)
 ③ Internal/Ext. reviews for staff + support
 + history

Accessing equitable
 services and resources
 across country
 w/o having to go to sys.

"Continuity and Stability through Flexibility"



First Nations Child and Family Services (FNCFS)

Workshop Exercise: Identifying Ideal States for Agencies

2018

A holistic approach to Child and Family Services, is one that promotes a “good life” and “good mind.” A community-based and culturally rooted approach to the well-being of individuals and places the child at the centre of a circle of care, supported by their extended family, the community, and the Nation.

Community connection, cultural awareness, inclusivity and respect are important components of community well-being. Reviving, revaluing and following traditional First Nation laws and practices, while at the same time striving to balance First Nations laws with modern life, are elements of community-building.

Living fully in culture by “walking in culture” might involve embracing traditional cultural practices such as traditional adoption ceremonies, co-parenting, or naming ceremonies. Speaking traditional language, practicing traditional medicine, and respecting the land were also identified as elements of cultural connection. As important as promoting cultural connection is ensuring community members’ basic needs are met (such as access to clean water and housing).

Education and awareness between First Nations and non-First Nations to work towards reconciliation are crucial. Identified as equally important was the need to acknowledge history and past, to revalue connection to the land, and to continue to challenge the existing system where injustices exist.

This workshop identified the importance of trust and stability for agencies. They emphasized the importance of regular communication with children and families to appreciate their unique needs, exercising empathy for parents of children in care to



First Nations Child and Family Services (FNCFS)

Workshop Exercise: Identifying Ideal States for Agencies

2018

Self-determination is crucial for nations and agencies because they are distinct.

There is no “cookie cutter” approach for child and family service agencies. Agencies are unique, as are the individuals and communities they serve. The uniqueness of provinces, traditions, languages, and cultures must be taken into account.

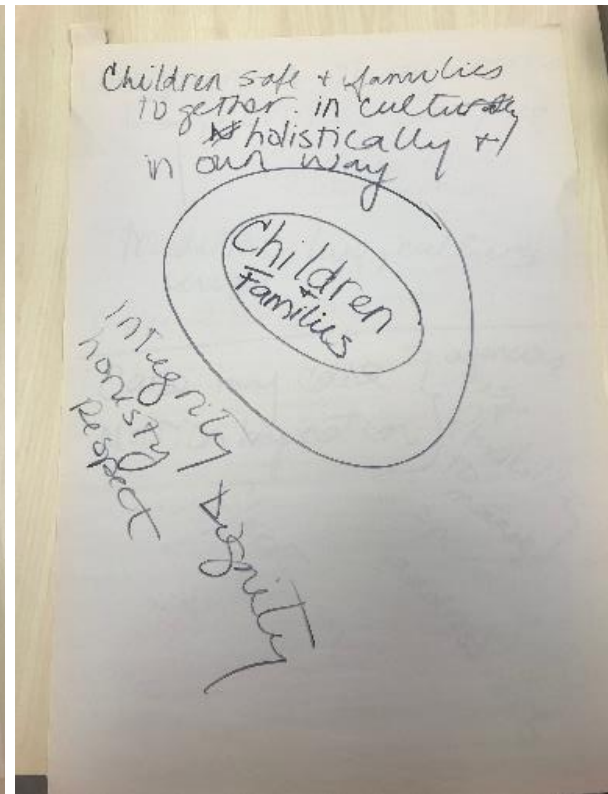
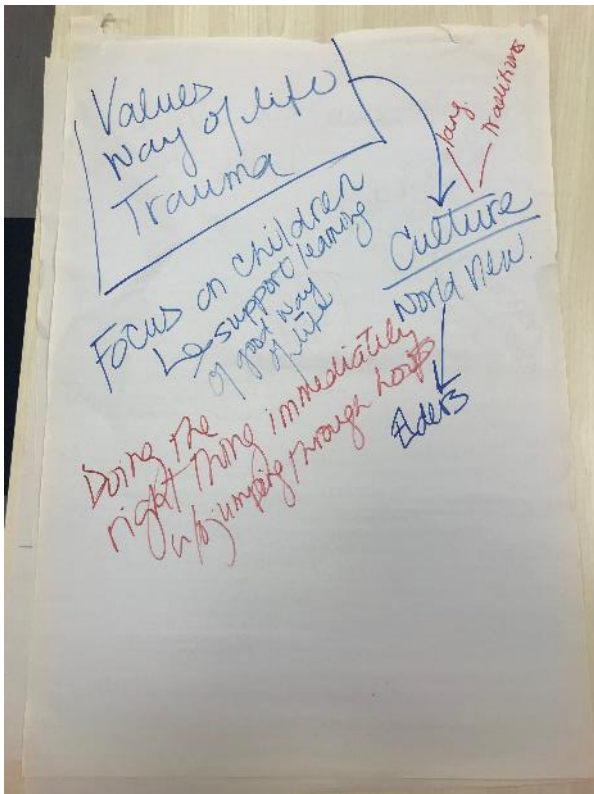
An actuals-based funding formula will be rejected.

Financial autonomy is a tool that recognizes self-determination and distinctness as it would enable spending based on community needs. Agencies need the authority to allocate funding as needed to achieve their goals and require flexibility to manage spending and respond case-by-case.

Clear legislation regarding jurisdiction is necessary to define the responsibilities of the Provincial and Federal governments to Child and Family Service agencies.

Community well-being is very important and requires resources and staff to be oriented towards the well-being of the whole community. Doing the right thing for the child, family or community, regardless of institutional obstacles is important.

Integral to the well-being of the community is the well-being of families. Relationships with children and families must be grounded in integrity, honesty, dignity, and respect. The intention of agencies is to have children safe and families together. This focus involves supporting children as they learn good and healthy “ways of life”.



Photos of workshop exercise

First Nations laws
 ↳ self det.

Lack of connection
 b/w FN & services

Jurisdiction
 Community
 of FN

Children

Results

Culture → Honesty, Integrity, Dignity

Defining the good life
 in our terms (self)

Well-being (Community
 practices)

↳ new Gap
 First

↳ Staff

↳ Resources

Knowledge-sharing
 w/ communities
 families.

Authority to ~~spend~~ allocate
 funding to achieve

Spend to meet
 Community needs

Fin'l autonomy

Uniqueness of agencies
 ↳ provinces unique

↓

Traditions, lang., cultures
 unique.

orig'n not an agency

Cannot have cookie
 cutter approach.

Case by case } agencies
 Nation by nation } reg.

Clarity on
 Jurisdiction

↳ self-det.

possibility
 to manage
 spending to
 address needs

Goals.

1) Self-Net.

a) spending → based on
 community
 needs.

b) jurisdiction

↳ control over
 FN debt of all E

CFS controlled
 for off-reserve

↳ whatever is developed
 for the Fed'll gov. will
 apply FN/leg

* SA will reject an
 opt-in - based on
 funding formula



APPENDIX G

Workshop Evaluation Form

First Nation Child and Family Services (FNCFS) Agency Workshop

Feedback Form

1=Strongly disagree Agree 2=Disagree 3=Somewhat 4= Agree 5= Strongly Agree

Compared to other experiences in data collection, did you find the workshop approach helpful in completing the survey? 1 2 3 4 5 N/A

Did the materials provided prior to the workshop (i.e. the letter from NAC, the project website) prepare you for what to expect at the workshop? 1 2 3 4 5 N/A

Overall, were the survey questions clear and comprehensive? 1 2 3 4 5 N/A

Was it helpful to have IFSD staff on-hand to ask questions related to the survey? 1 2 3 4 5 N/A

Were you comfortable sharing your data with IFSD? 1 2 3 4 5 N/A

Was the collaborative process conducive to peer-to-peer learning? 1 2 3 4 5 N/A

Did you use the project website to access information about the workshop? 1 2 3 4 5 N/A

Overall, was the workshop value for your time? 1 2 3 4 5 N/A

What was the most valuable part of the workshop for you?

What would you change about the workshop?

Other comments?

Atelier des agences de services à l'enfance et à la famille des Premières Nations (SEFPN)

Formulaire de rétroaction

1=Fortement en désaccord 2=En désaccord 3= Moyennement 4= D'accord
5= Fortement d'accord

Comparativement à d'autres expériences de collecte de données, jugez-vous utile l'approche retenue (atelier) pour remplir l'enquête? 1 2 3 4 5 S.o. (sans objet)

Est-ce que la documentation fournie avant l'atelier (lettre du Conseil consultatif national, site web du projet) vous a préparé(e) à la tenue de l'atelier? 1 2 3 4 5 S.o.

Dans l'ensemble, est-ce que les questions de l'enquête étaient claires et complètes? 1 2 3 4 5 S.o.

Avez-vous trouvé utile que du personnel de l'IFPD soit présent sur place pour répondre aux questions concernant l'enquête? 1 2 3 4 5 S.o.

Étiez-vous à l'aise avec le fait de partager vos informations avec l'IFPD? 1 2 3 4 5 S.o.

Est-ce que le processus de collaboration favorisait l'apprentissage entre pairs? 1 2 3 4 5 S.o.

Avez-vous consulté le site web du projet pour obtenir de l'information sur l'atelier? 1 2 3 4 5 S.o.

Globalement, est-ce que le temps que vous avez consacré à l'atelier en valait la peine? 1 2 3 4 5 S.o.

Quelle partie de l'atelier vous a été le plus utile?

Quels changements recommanderiez-vous d'apporter à l'atelier?

Autres commentaires?

Participants were generally satisfied with the workshops and the exchanges with their colleagues.

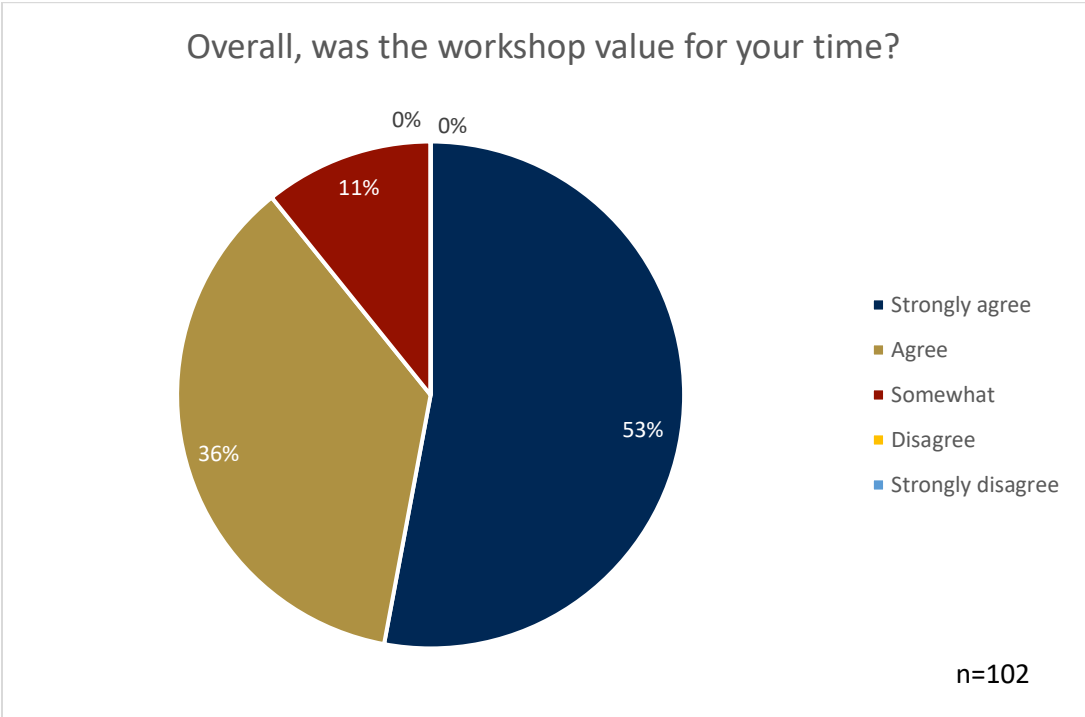


Figure 1: Participant feedback from workshop.



APPENDIX H

Agency Outreach for Workshops

Le texte français suit l'anglais.

May 1, 2018

Attention: First Nation Delegated Child and Family Services Agencies

I am writing on behalf of the National Advisory Committee (NAC).

We at the Institute of Fiscal Studies and Democracy (IFSD) are pleased to be working with NAC, the Assembly of First Nations (AFN), and the Family Caring Society of Canada (Caring Society) to support Canada's efforts in developing a data-driven program architecture for First Nations Child and Family Services agencies. I invite you to review the attached letter from NAC on this matter.

Members of my team at IFSD will contact you this week with an invitation to participate in this project. Should you have any questions, I invite you to contact Dr. Helaina Gaspard (helaina.gaspard@ifsd.ca).

With kind regards,

Kevin Page

PRESIDENT & CEO | PRÉSIDENT & PDG
+1.613.797.2444 | kevin.page@ifsd.ca | IFSD.CA

IFSD | IFPD @UOTTAWA

SENIOR FELLOW, MASSEY COLLEGE
UNIVERSITY OF TORONTO

1^{er} mai, 2018

À l'attention des: Organismes de services à l'enfance et à la famille délégués des Premières Nations

Je vous écris de la part du Comité consultatif National (CCN).

Nous à l'Institut des finances publiques et de la démocratie (IFPD), ont le plaisir de travailler avec le CCN, l'Assemblée des Premières Nations (APN) et la Société de soutien à l'enfance et à la famille des Premières Nations du Canada (Société de soutien) afin de soutenir les efforts du Canada de développer une architecture de programme axé sur les données pour les agences de services à l'enfance et à la famille des Premières Nations. Je vous invite à consulter la lettre du CCN ci-jointe à cet effet.

Mon équipe à l'IFPD vous contactera cette semaine avec une invitation à participer à ce projet. Pour toutes questions, je vous invite à contacter la Dr. Helaina Gaspard (helaina.gaspard@ifsd.ca).

Très cordialement,

Kevin Page

PRESIDENT & CEO | PRÉSIDENT & PDG

+1.613.797.2444 | kevin.page@ifsd.ca | IFSD.CA

—

IFSD | IFPD @UOTTAWA

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SENIOR FELLOW, MASSEY COLLEGE
UNIVERSITY OF TORONTO

May 1, 2018

Attention: First Nation Delegated Child and Family Services Agencies

The Canadian Human Rights Tribunal (CHRT), in its January 2016 decision and subsequent rulings, has found that Canada has used a discriminatory funding approach for First Nations Child and Family Services and has issued specific orders regarding funding for First Nations child and family service agencies. Canada states it is committed to implementing these orders.

In support of Canada's efforts to meet the CHRT compliance orders, the National Advisory Committee (NAC) (see Appendix 1 for a description), the Assembly of First Nations (AFN) and the First Nations Child and Family Caring Society of Canada (Caring Society) are working with Mr. Kevin Page, former Parliamentary Budget Officer and now President & CEO of the Institute of Fiscal Studies and Democracy (IFSD) | l'Institut des finances publiques et de la démocratie (IFPD) at the University of Ottawa to develop reliable data collection, analysis and reporting methodology for analyzing the needs of First Nations child and family services agencies (see Appendix 2 for Mr. Page's biography).

Many of you may be familiar with the work undertaken by Mr. Page and his team at IFSD in Fall 2017 at NAC's request on the characteristics of First Nations child and family services agencies. Thanks to your participation, the research initiative was successful with a 57% response rate. The [final report](#) helped to inform Indigenous and Northern Affairs Canada (INAC) on the financial needs of agencies in the areas of salaries and benefits, capital, etc.

With the recent CHRT orders, we are at a critical juncture for First Nations child welfare and have an important opportunity to create meaningful positive change in the funding approach for First Nations child and family services that supports culturally based and equitable services. We can only do this with your help.

This week, you will receive a phone call followed by a letter of invitation from IFSD to participate in a project that will help to inform a way forward in First Nations child welfare through a cost estimation of current and future needs. This is a significant undertaking that will depend on the participation of agencies. We urge you to support IFSD's efforts by responding to their request for participation.

IFSD is committed to working in partnership with agencies to develop baseline information on cost and need, work that has not been done since the Wen:de reports in 2005. This data will be crucial in establishing a program architecture with funding that meets the needs of agencies and the communities that they serve.

For this project, IFSD has been resourced to support the participation of agencies in an Ottawa-based workshop to complete the data request. IFSD is inviting up to two representatives per agency to join them in Ottawa. We hope you will participate. IFSD will provide you with as much support as possible to ensure your meaningful participation does not detract from your important work with children, their families and communities.

Any information collected from this survey will be shared publicly or with the government only in an anonymized and aggregate form to protect the rights of agencies and communities. The collection and use of this information will follow the OCAP principles of Ownership, Control, Access and Possession as well as the Tri-Council Policy on Research Ethics.

Please do not hesitate to contact Dr. Helaina Gaspard at IFSD (helaina.gaspard@ifsd.ca) or Martin Orr at AFN (morr@afn.ca) at any time with questions or concerns.

Sincerely,

The National Advisory Committee

Appendix 1

TERMS OF REFERENCE National Advisory Committee on First Nations Child and Family Services (FNCFS) Program Reform

Purpose:

The purpose of these Terms of Reference is to set out the mandate, membership and roles and responsibilities of the National Advisory Committee.

Background:

1. The Joint INAC/AFN NAC met regularly from 2001-2008, primarily to oversee implementation of the National Policy Review's 17 Recommendations to the Minister of INAC on changes needed to the DIAND policy governing the FNCFS Program. In 2004 and 2005, the NAC produced three reports regarding the FNCFS Program known as the *Wen:De* reports.
2. On January 26, 2016, the Canadian Human Rights Tribunal ("the Tribunal") released its decision (2016 CHRT 2 "Decision") in *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada* ("the Complaint"). The Complaint had been filed in 2007. The Tribunal determined that the federal government discriminated against First Nations children on the grounds of race and national ethnic origin by failing to ensure substantive equality in the provision of child and family services for First Nations peoples. The Tribunal also found that the federal government's definition, policies and application of Jordan's Principle to be discriminatory. The Tribunal has retained jurisdiction over the matter and issued a subsequent order on April 26, 2016 (2016 CHRT 10). A further Tribunal order is pending.
3. The Tribunal ordered Aboriginal Affairs and Northern Development Canada (now Indigenous and Northern Affairs Canada ("INAC")), to cease its discriminatory practices and reform the First Nations Child and Family Services ("FNCFS") Program and the *Memorandum of Agreement Respecting Welfare Programs for Indians* applicable in Ontario ("1965 Agreement") to reflect the findings in the Decision. INAC was also ordered to cease applying its narrow definition of Jordan's Principle and to take measures to immediately implement the full meaning and scope of the principle. In 2016 CHRT 10, the Tribunal further clarifies that the order is to "immediately implement" not immediately start discussions to review the definition in the long term. The Tribunal further "orders INAC to immediately consider Jordan's Principle as including all jurisdictional disputes (this includes disputes between federal departments) and involving all First Nations children (not only those children with multiple disabilities). Pursuant to the purpose and intent of Jordan's Principle the government organization that is first contacted should pay for the service without the need for policy review or case conferencing before funding is provided." In 2016 CHRT16, the

Tribunal further noted that Jordan's Principle applies on and off reserve and ordered INAC to immediately implement several measures regarding child and family services funding.

4. INAC has committed to working with First Nations leadership and organizations; child and family services agencies; front-line service providers; the parties to the Complaint; and other stakeholders, on steps towards FNCFS Program reform and meaningful change for First Nations children and families.
5. The Tribunal has deferred consideration of medium- to long-term relief until its consideration of immediate relief has concluded. In their submissions to the Tribunal, both the AFN and the Caring Society sought the establishment of a joint policy development initiative between INAC and the Complainants to reform the FNCFS Program, and which also may guide the Tribunal in determining appropriate Orders on mid-terms and long-term relief.
6. INAC has undertaken to immediately establishing and adequately resourcing a NAC, in order to begin the necessary and critical reform of the FNCFS Program. Establishing a NAC is a crucial first-step in addressing the medium to long-terms changes to the FNCFS Program.

Guiding Principles

7. The National Advisory Committee's process will be guided by the following principles:
 - a. Consistent with the United Nations Convention on the Rights of the Child, the United Nations Committee on the Rights of the Child General Comment 11, the United Nations Declaration on the Rights of Indigenous Peoples and the TRC's Calls to Action, the best interests and well-being of First Nations children will be paramount.
 - b. Federal, provincial/territorial and First Nations' decision-making processes must be respected.
 - c. Involvement of community, parents, and extended family as a corner stone of effective and culturally based child and family services.
 - d. INAC and other federal government departments engaged in the provision of services to First Nations children and families have a legal obligation not to discriminate against those children and families.
 - e. Policies, programs and services must be responsive and relevant to the distinct needs of children and to community needs and realities.
 - f. Whenever possible, families have the right to stay together. All services and preventative measures ought to be exhausted before a child is removed from the family.
 - g. First Nations have an interest in the well-being of all of their members, regardless of where they live.

Mandate

8. The NAC is mandated to provide advice, input into the design and assist in the development of reforms of First Nations child and family services policies and programs on-reserve to First Nations leaders and agencies and the Minister of INAC. The NAC shall review across-

the-board reforms, including federal government authorities, policies and practices, to the national framework to support FNCFS Agencies, the greater needs of First Nation children, each First Nations community's cultural vision of safe and healthy children and families, provincial/territorial variances, and mechanisms to ensure communication, accountability and dispute resolution.

9. The National Advisory Committee will provide advice on future reforms to the First Nations Child and Family Services Program in a way that promotes the safety and best interests of First Nations children, taking account of the distinct needs and circumstances of First Nations children and families – including historical and ongoing disadvantage and their cultural, linguistic and geographical needs and circumstances – in order to ensure substantive equality in the provision of child and family services to them.
10. Upon agreement by the members of NAC, NAC may select and retain experts to assist it in its work, on an as-needed basis. Preference will be given to experts with demonstrated expertise regarding First Nations child and family services.
11. In addition, the NAC may establish action tables to further the goals, work and objectives of NAC, as appropriate.
12. The NAC will address, but will not be limited to, the elements of the current FNCFS Program. The NAC can provide advice to assist in the reform of the program on an interim basis throughout its term as well as producing reports or research as it sees fit.
13. The NAC's deliberations, and the information provided to and/or produced by the NAC, will be made available to the public.
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15. INAC agrees to provide documentation on an ongoing basis of all CFS and Jordan's Principle documents, reports, data, budgets and policies that it is legally able to provide to the NAC and the NAC will be provided with copies of documents requested (including portions of documents that are not redacted), in a timely manner, to enable the NAC to complete its work and mandate.
16. The members of the Committee agree to work together to achieve the mandate of the Committee and to collectively provide recommendations for the program reform of the FNCFS program.

Term of the NAC

17. The NAC will commence its work in January 2017 and will complete its recommendations by January 31, 2018. Extension of time will be agreed to by the members of the Committee.

Membership

18. The National Advisory Committee will be composed of the following members:
 - a. One (1) national chair;
 - b. Three (3) representatives of the Federal Government including one or more regional INAC representatives;
 - c. One (1) representative of the AFN;
 - d. One (1) representative of the First Nations Child and Family Caring Society of Canada;
 - e. Ten (10) regional representatives, one representative from each of AFN's regions, with alternates available when needed;
 - f. One (1) First Nation youth representative; and
 - g. One (1) First Nation Elder(s) representative.
19. The ten (10) regional representatives/their alternates, youth and elder members will be selected by the AFN through its ordinary processes. Observers are also welcome to attend.
20. INAC will provide adequate funding that is necessary for the NAC to complete its work, activities and mandate.
21. The National Advisory Committee will be chaired by a person agreed to by INAC, the AFN, and the First Nations Child and Family Caring Society of Canada.
22. By consensus representatives of the Provinces and Yukon Government may be invited to participate in the NAC's work, in order to provide assistance to the NAC and its members.
23. The Canadian Human Rights Commission may participate as an interested party.

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24. The Committee will be responsible for:
 - a. Making recommendations, input into the design and assist in the development of FNCFS Program reform(s).
 - b. Making recommendations on the design of engagement processes to assist in developing approaches for reform.
 - c. Providing an advisory and support role to existing regional tables in the engagement processes and supporting the development and operation of regional tables in regions where they do not currently operate.
 - d. Developing mechanisms for sharing information of the work and the activities of NAC, including with First Nations and Provincial Territorial Organizations, as appropriate.
 - e. Developing and providing approval of a work plan for the work of the committee and

- the work of any advisory or expert action tables
- f. Overseeing processes for decision making, and recording decisions, understandings and minutes of NAC meetings.
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- 27. These Terms of Reference shall be filed with the Tribunal. The Committee shall provide reports and/or minutes of its meetings to the Tribunal as long as the Tribunal retains jurisdiction over the complaint or until it orders otherwise or the parties to the complaint agree otherwise.

ANNEX A

Suggested Topics to be addressed by the National Advisory Committee (to be discussed once Committee is fully formed)

The National Advisory Committee may address the following elements of the FNCFS Program:

A. General

- i. Jurisdictional models eligible for funding under the FNCFS Program
- ii. General funding structure, stacking provision considerations, and considerations of eligible costs including funding arrangements between INAC and Provinces/Territories and non-Aboriginal service providers.
- iii. Provisions for First Nations children not served by a FNCFS Agency to ensure comparable and culturally appropriate services.
- iv. Provisions for extraordinary costs related to unusual occurrences that engage higher child welfare costs such as natural disasters, substantial increases in mental health or substance misuse, and unusual requirements for mandatory staff participation in inquiries.
- v. Provisions for organizational networking and learning to promote the sharing of research and best practices among FNCFS Agencies.
- vi. A process for economically modelling revisions to funding policy and formula and evaluating the efficacy of such changes on an ongoing basis to ensure they are non-

discriminatory and safeguard the best interests of the children.

- vii. A funding structure that takes into account costs related to historic disadvantage and distinct cultures and languages of First Nations.
- viii. FNCFS Agency staff salaries, benefits, and training.
- ix. Training for public servants involved in the FNCFS Program to ensure proper training for management of the program, including professional development on child development, First Nations cultures/histories, the Truth and Reconciliation Commission, and the history of the FNCFS Program including the Tribunal decisions.
- x. Creating a new definition of “neglect” that takes into account First Nation norms, values and culture.
- xi. Mechanisms for ensuring that reforms do not reduce current funding levels or numbers of arrangements for FNCFS Agencies.
- xii. Levels of service provided by FNCFS service providers and INAC reporting requirements imposed on FNCFS service providers should be comparable to the level of service provided by or imposed on provincial territorial governments and not pose an undue burden on agency staff .
- xiii. FNCFS funding agreements should promote long term planning, sustainable service provision and evaluation.
- xiv. FNCFS services should be based on effective First Nations models, including jurisdictional models, for the design, delivery and evaluation of First Nations Child and Family Services and on sharing information and effective practices.
- xv. FNCFS service providers serving small populations of eligible children should receive sufficient resources to allow them to provide culturally appropriate services that are comparable to those provided by FNCFS service providers serving large populations of eligible children.
- xvi. FNCFS funding for service providers serving more than 1000 children in care must account for the full population served.
- xvii. There are to be no reductions or further restrictions in the level of FNCFS funding for any agency.
- xviii. INAC approval criteria and processes for the development and operation of new First Nations child and family service agencies.
- xix. First Nations efforts to exercise jurisdiction and/or initiatives to create separate self-

governing child welfare regimes are to be supported and acknowledged

- xx. The Touchstones of Hope framework for the design and implementation of community based visions of child safety and wellbeing.

B. Creation of a new FNCFS regime

- i. Creation of a new FNCFS regime to fully replace the existing programs and services.
- ii. New regime shall consider the distinct needs and circumstances of First Nations children and families living on-reserve, including their cultural, historical and geographical needs and circumstances.
- iii. Program shall address the higher service needs of First Nation children resulting from intergenerational impacts of Indian Residential School and effects of colonization, along with higher costs to deliver those services
- iv. Ensure substantive equality in the provision of child and family services to First Nations children and families living on-reserve.
- v. Develop enhanced funding mechanisms to ensure isolated, remote and northern communities serviced by agencies will be provided with equitable services and a full range of programs offered elsewhere.

C. Maintenance

- i. Calculation of yearly maintenance.
- ii. Appeal mechanisms regarding eligible maintenance expenses.
- iii. Reimbursement of legal costs.
- iv. Funding of support services intended to reunite children in care with their family.

D. Operations

- i. Baseline assumptions of children in care for funding of FNCFS Agencies.
- ii. Mechanisms to account for historical and ongoing inflation losses and annual adjustments going forward to ensure FNCFS Agency funding keeps pace with inflation.
- iii. Corporate legal costs and costs for liability claims.
- iv. Funding of remote agencies and agencies in urban areas to account for higher operations and maintenance costs.
- v. Funding for records management, policy development and human resources management, liability insurance, audits, janitorial services, and security.
- vi. Funding of costs related to the receipt, assessment and investigation of child welfare

reports for all FNCFS Agencies that hold delegation for these functions including costs for after-hours service delivery.

- vii. Funding of capital costs that takes into account increased need due to augmentation of prevention staff, services, and programs, and to ensure that buildings, computers, and vehicles meet the applicable safety regulations, are child safe, accessible by persons with disabilities, and support comparable child and family services.
- viii. Funding of emergency repairs and maintenance of buildings.
- ix. Funding for staff travel and travel costs related to children and families receiving child welfare services.
- x. Definition of eligible child.
- xi. Any changes to the funding structures to FNCFS Agencies or their reporting requirements.

E. Prevention Funding

- i. Funding for the adequate and sustained provision of primary, secondary, and tertiary prevention services.
- ii. Funding for the development, operation and evaluation of culturally-based prevention programs and reforms based on those evaluations.

F. Jordan's Principle

- i. An approach to implement the full meaning and scope of Jordan's Principle in compliance with the CHRT orders across all children, all jurisdictional disputes and all federal services ensuring no delays in service provision related to the child's First Nations status.
- ii. The creation of a non-discriminatory, accessible and transparent process for reporting of federal Jordan's Principle cases.
- iii. The creation of non-discriminatory and transparent assessment criteria and assessment processes for reports of federal Jordan's Principle cases.
- iv. The creation and implementation of an independent appeal process for federal Jordan's Principle cases.
- v. Recommending mechanisms and required resources for public education regarding Jordan's Principle among First Nations, FNCFS Agencies, federal/provincial/territorial government officials and other stakeholders (such as: health professionals, teachers, and early childhood educators).

G. Accountability

- i. The creation of an independent permanent expert structure with the authority, resources and mandate to monitor and publicly report on INAC's performance in maintaining non-discriminatory and culturally-appropriate First Nations child and family services and in fully implementing Jordan's Principle.
- ii. The creation of a mechanism to act as a national and publicly accessible repository for all non-privileged information relevant to the provision of FNCFS services.
- iii. All proposed reforms will be presented to the AFN Chiefs-in-Assembly for consideration, discussion and input.
- iv. INAC shall carry out its duty to consult with first Nation governments and accommodate any First Nation interests with regard to any final proposal for program reform.
- v. Training and capacity building for INAC and other federal government officials to ensure non-discriminatory, culturally based and equitable child and family services and implementation of Jordan's Principle.

Appendix 2
Kevin Page, Biography

Kevin Page is the founding President & CEO of the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa.

Mr. Page was appointed Canada's first Parliamentary Budget Officer on March 25, 2008 where he served a five-year term providing Canadian parliamentarians and taxpayers with independent analysis on trends in the national economy, the state of nation's finances and the estimates of the government. Mr. Page led a small but talented team that built the first legislative budget office in Canada and one that was viewed as a leading practice among peer nations by such organizations as the IMF and OECD. While PBO, Mr. Page documented the shortfalls in [First Nations school funding](#) in 2009.

Following his tenure as Parliamentary Budget Officer and a 27-year career in the federal public service (many of these years were spent in central agencies, e.g. Department of Finance, Treasury Board of Canada, Secretariat and Privy Council Office), Mr. Page was appointed Chair of the Jean-Luc Pepin Research Chair at the University of Ottawa. As Chair, Mr. Page designed and taught courses in public finance and economics and oversaw research and advisory projects in Canada and around the world.

A globally recognized authority on fiscal matters, Mr. Page serves as advisor to the South African Parliamentary Budget Office, the Slovakian Fiscal Council, as well as the World Bank's Global Network of Parliamentary Budget Offices (GN-PBO).

1^{er} mai, 2018

**À l'attention des: Organismes de services à l'enfance et à la famille délégués
des Premières Nations**

Le Tribunal canadien des droits de la personne (TCDP), dans sa décision de janvier 2016 et ses décisions ultérieures, a déterminé que le Canada a utilisé une approche de financement discriminatoire envers les agences délivrant le Programme des services à l'enfance et à la famille des Premières Nations (SEFPN) et a publié les ordonnances en ce qui concerne le financement pour les SEFPN. Le Canada déclare qu'il s'engage à mettre en œuvre ces ordonnances de conformité.

En soutien aux efforts du Canada de respecter les ordonnances exécutoires du TCDP, le Comité consultatif national (CCN) (pour une description, voir l'annexe 1), l'Assemblée des Premières Nations (APN) et la Société de soutien à l'enfance et à la famille des Premières Nations du Canada (Société de soutien) travaillent présentement avec M. Kevin Page, ancien Directeur parlementaire du budget et maintenant président et directeur général de l'Institut des finances publiques et de la démocratie (IFPD) | Institut of Fiscal Studies and Democracy (IFSD) de l'Université d'Ottawa, pour développer une méthodologie de collecte de données, d'analyse et de rapport fiable pour analyser les besoins des agences du programme de services à l'enfance et à la famille des Premières Nations (voir l'annexe 2 pour la biographie de M. Page).

Plusieurs d'entre vous sont peut-être familiers avec le travail entrepris par M. Page et son équipe de l'IFPD | IFSD en Automne 2017 à la demande du CCN sur les caractéristiques des agences du programme de services à l'enfance et à la famille des Premières Nations. Grâce à votre participation, l'initiative de recherche a été un succès avec un taux de réponse de 57%.

Le [rapport final](#) a aidé à informer le ministère des Affaires indiennes et du Nord Canada (AINC) sur les besoins financiers des agences dans les domaines des salaires et des avantages sociaux, du capital et autres caractéristiques.

Avec les ordonnances de conformité du TCDP, nous sommes à un point crucial concernant le bien-être des enfants des Premières Nations et avons une occasion énorme de créer un changement positif significatif dans l'approche financement pour les agences de services à l'enfance et à la famille des Premières Nations qui soutient des services équitable et basé culturellement. Nous ne pouvons pas l'accomplir sans votre aide.

Cette semaine, vous recevrez un appel suivi d'une lettre d'invitation de la part de l'IFPD | IFSD afin de participer à un projet qui aidera à informer sur le moyen d'aller de l'avant à propos du bien-être des enfants des Premières Nations à travers une estimation des coûts des besoins actuels et futurs. C'est une entreprise significative qui dépendra de la participation des agences. Nous vous exhortons à soutenir les efforts de l'IFPD | IFSD en répondant à sa demande de participation.

L'IFPD | IFSD s'engage à travailler en partenariat avec les agences afin de développer une base de référence sur les coûts et les besoins qui n'a pas été établie depuis les rapports Wen :de en 2005. Ces données seront cruciales pour l'établissement d'une architecture de programmes avec un financement qui respecte les besoins des agences et des communautés qu'ils servent.

Pour ce projet, l'IFPD | IFSD a obtenu les moyens financiers pour soutenir la participation des agences à un atelier à Ottawa afin de compléter la demande des données. Nous espérons que vous y participerez en envoyant jusqu'à deux représentant(e)s de votre agence. L'IFPD | IFSD vous soutiendra autant que possible pour assurer que votre participation significative ne diminuera pas votre travail essentiel avec les enfants, leurs familles et leurs communautés.

Tout renseignement recueilli dans ce sondage sera partagé publiquement ou au niveau gouvernemental uniquement, sous une forme anonyme et cumulative, afin de protéger les droits des agences et des communautés. La collecte et l'utilisation de ces renseignements suivront les principes de PCAP (propriété, contrôle, accès et possession) ainsi que l'Énoncé de politique des trois Conseils en matière d'éthique de la recherche.

N'hésitez pas à contacter la Docteure Helaina Gaspard à L'IFPD | IFSD (helaina.gaspard@ifsd.ca) ou bien Martin Orr de l'APN (morr@afn.ca) à tout moment pour toute question ou toute préoccupation sur ces enjeux.

Sincèrement,

Le Comité consultatif national

TERMS OF REFERENCE
National Advisory Committee on
First Nations Child and Family Services (FNCFS) Program Reform

Purpose:

The purpose of these Terms of Reference is to set out the mandate, membership and roles and responsibilities of the National Advisory Committee.

Background:

1. The Joint INAC/AFN NAC met regularly from 2001-2008, primarily to oversee implementation of the National Policy Review's 17 Recommendations to the Minister of INAC on changes needed to the DIAND policy governing the FNCFS Program. In 2004 and 2005, the NAC produced three reports regarding the FNCFS Program known as the *Wen:De* reports.
2. On January 26, 2016, the Canadian Human Rights Tribunal ("the Tribunal") released its decision (2016 CHRT 2 "Decision") in *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada* ("the Complaint"). The Complaint had been filed in 2007. The Tribunal determined that the federal government discriminated against First Nations children on the grounds of race and national ethnic origin by failing to ensure substantive equality in the provision of child and family services for First Nations peoples. The Tribunal also found that the federal government's definition, policies and application of Jordan's Principle to be discriminatory. The Tribunal has retained jurisdiction over the matter and issued a subsequent order on April 26, 2016 (2016 CHRT 10). A further Tribunal order is pending.
3. The Tribunal ordered Aboriginal Affairs and Northern Development Canada (now Indigenous and Northern Affairs Canada ("INAC")), to cease its discriminatory practices and reform the First Nations Child and Family Services ("FNCFS") Program and the *Memorandum of Agreement Respecting Welfare Programs for Indians* applicable in Ontario ("1965 Agreement") to reflect the findings in the Decision. INAC was also ordered to cease applying its narrow definition of Jordan's Principle and to take measures to immediately implement the full meaning and scope of the principle. In 2016 CHRT 10, the Tribunal further clarifies that the order is to "immediately implement" not immediately start discussions to review the definition in the long term. The Tribunal further "orders INAC to immediately consider Jordan's Principle as including all jurisdictional disputes (this includes disputes between federal departments) and involving all First Nations children (not only those children

with multiple disabilities). Pursuant to the purpose and intent of Jordan's Principle the government organization that is first contacted should pay for the service without the need for policy review or case conferencing before funding is provided." In 2016 CHRT16, the Tribunal further noted that Jordan's Principle applies on and off reserve and ordered INAC to immediately implement several measures regarding child and family services funding.

4. INAC has committed to working with First Nations leadership and organizations; child and family services agencies; front-line service providers; the parties to the Complaint; and other stakeholders, on steps towards FNCFS Program reform and meaningful change for First Nations children and families.
5. The Tribunal has deferred consideration of medium- to long-term relief until its consideration of immediate relief has concluded. In their submissions to the Tribunal, both the AFN and the Caring Society sought the establishment of a joint policy development initiative between INAC and the Complainants to reform the FNCFS Program, and which also may guide the Tribunal in determining appropriate Orders on mid-terms and long-term relief.
6. INAC has undertaken to immediately establishing and adequately resourcing a NAC, in order to begin the necessary and critical reform of the FNCFS Program. Establishing a NAC is a crucial first-step in addressing the medium to long-terms changes to the FNCFS Program.

Guiding Principles

7. The National Advisory Committee's process will be guided by the following principles:
 - a. Consistent with the United Nations Convention on the Rights of the Child, the United Nations Committee on the Rights of the Child General Comment 11, the United Nations Declaration on the Rights of Indigenous Peoples and the TRC's Calls to Action, the best interests and well-being of First Nations children will be paramount.
 - b. Federal, provincial/territorial and First Nations' decision-making processes must be respected.
 - c. Involvement of community, parents, and extended family as a corner stone of effective and culturally based child and family services.
 - d. INAC and other federal government departments engaged in the provision of services to First Nations children and families have a legal obligation not to discriminate against those children and families.
 - e. Policies, programs and services must be responsive and relevant to the distinct needs of children and to community needs and realities.
 - f. Whenever possible, families have the right to stay together. All services and preventative measures ought to be exhausted before a child is removed from the family.

- g. First Nations have an interest in the well-being of all of their members, regardless of where they live.

Mandate

8. The NAC is mandated to provide advice, input into the design and assist in the development of reforms of First Nations child and family services policies and programs on-reserve to First Nations leaders and agencies and the Minister of INAC. The NAC shall review across-the-board reforms, including federal government authorities, policies and practices, to the national framework to support FNCFS Agencies, the greater needs of First Nation children, each First Nations community's cultural vision of safe and healthy children and families, provincial/territorial variances, and mechanisms to ensure communication, accountability and dispute resolution.
9. The National Advisory Committee will provide advice on future reforms to the First Nations Child and Family Services Program in a way that promotes the safety and best interests of First Nations children, taking account of the distinct needs and circumstances of First Nations children and families – including historical and ongoing disadvantage and their cultural, linguistic and geographical needs and circumstances – in order to ensure substantive equality in the provision of child and family services to them.
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- iii. Corporate legal costs and costs for liability claims.
- iv. Funding of remote agencies and agencies in urban areas to account for higher operations and maintenance costs.
- v. Funding for records management, policy development and human resources management, liability insurance, audits, janitorial services, and security.
- vi. Funding of costs related to the receipt, assessment and investigation of child welfare reports for all FNCFS Agencies that hold delegation for these functions including costs for after-hours service delivery.
- vii. Funding of capital costs that takes into account increased need due to augmentation of prevention staff, services, and programs, and to ensure that buildings, computers, and vehicles meet the applicable safety regulations, are child safe, accessible by persons with disabilities, and support comparable child and family services.
- viii. Funding of emergency repairs and maintenance of buildings.

- ix. Funding for staff travel and travel costs related to children and families receiving child welfare services.
- x. Definition of eligible child.
- xi. Any changes to the funding structures to FNCFS Agencies or their reporting requirements.

E. Prevention Funding

- i. Funding for the adequate and sustained provision of primary, secondary, and tertiary prevention services.
- ii. Funding for the development, operation and evaluation of culturally-based prevention programs and reforms based on those evaluations.

F. Jordan's Principle

- i. An approach to implement the full meaning and scope of Jordan's Principle in compliance with the CHRT orders across all children, all jurisdictional disputes and all federal services ensuring no delays in service provision related to the child's First Nations status.
- ii. The creation of a non-discriminatory, accessible and transparent process for reporting of federal Jordan's Principle cases.
- iii. The creation of non-discriminatory and transparent assessment criteria and assessment processes for reports of federal Jordan's Principle cases.
- iv. The creation and implementation of an independent appeal process for federal Jordan's Principle cases.
- v. Recommending mechanisms and required resources for public education regarding Jordan's Principle among First Nations, FNCFS Agencies, federal/provincial/territorial government officials and other stakeholders (such as: health professionals, teachers, and early childhood educators).

G. Accountability

- i. The creation of an independent permanent expert structure with the authority, resources and mandate to monitor and publicly report on INAC's performance in maintaining non-discriminatory and culturally-appropriate First Nations child and family services and in fully implementing Jordan's Principle.

- ii. The creation of a mechanism to act as a national and publicly accessible repository for all non-privileged information relevant to the provision of FNCFS services.
- iii. All proposed reforms will be presented to the AFN Chiefs-in-Assembly for consideration, discussion and input.
- iv. INAC shall carry out its duty to consult with first Nation governments and accommodate any First Nation interests with regard to any final proposal for program reform.
- v. Training and capacity building for INAC and other federal government officials to ensure non-discriminatory, culturally based and equitable child and family services and implementation of Jordan's Principle.

Annexe 2

Biographie de Kevin Page

Kevin Page est le président fondateur et le président directeur général de l'Institut des finances publiques et de la démocratie (IFPD) de l'université d'Ottawa.

M. Page a été nommé tout premier Directeur parlementaire du budget le 25 mars 2008, où il a exécuté un mandat de 5 ans afin de fournir aux parlementaires et contribuables canadiens une analyse indépendante sur les tendances de l'économie nationale, l'état des finances de la nation et les dépenses du gouvernement. M. Page a dirigé une petite mais talentueuse équipe qui a bâti le premier bureau du budget législatif au Canada qui a été remarqué pour ses pratiques d'excellence parmi les nations paires par des organisations telles que le FMI et l'OCDE. En tant que DPB, il a documenté les insuffisances du [financement des écoles des Premières Nations](#) en 2009.

Suite à son mandat de Directeur parlementaire du budget et une carrière de 27 ans dans la fonction publique fédérale (dont plusieurs années au sein des agences centrales : ministère des finances, Conseil du Trésor du Canada, Secrétariat et Bureau du Conseil privé) M. Page a été nommé président de la chaire de recherche Jean-Luc Pépin de l'université d'Ottawa. En tant que titulaire de la chaire, il a conçu et a donné des cours en finances publiques et en économie et a supervisé des projets de recherche et de consultation au Canada et à l'international.

Figure d'autorité reconnue internationalement en ce qui concerne les enjeux financiers, M. Page agit en tant que conseiller du Bureau parlementaire du budget d'Afrique du Sud, le Conseil des finances de Slovaquie ainsi que le Réseau mondial des Bureaux parlementaires du budget de la Banque Mondiale.

May 2, 2018

Dear

The Institute of Fiscal Studies and Democracy (IFSD), led by Kevin Page, is pleased to be working with the Assembly of First Nations (AFN), the National Advisory Committee (NAC) and the First Nations Child and Family Caring Society of Canada (Caring Society) to support Canada's efforts in developing a data-driven program architecture for First Nations Child and Family Services (FNCFS) agencies.

You may remember the [research](#) IFSD conducted at NAC's request in Fall 2017 to identify gaps in salaries and benefits in FNCFS agencies. IFSD will be building on this work by analyzing and providing strategic advice on how to best monitor and respond to actual agency needs from financial and governance perspectives. For further information, please consult the [project overview](#).

The success of this project depends on your participation. FNCFS agencies have an historic opportunity in response to the Canadian Human Rights Tribunal's (CHRT) orders to revisit the program architecture and associated funding for First Nations child welfare. **We need your help** to develop a baseline of existing resources (financial, human, programmatic, etc.) in order to measure the gap between the current and desired states of FNCFS agencies.

A survey will be the main tool for data collection to complete the baseline (a copy of the survey is attached). IFSD is committed to working collaboratively with FNCFS agencies throughout this project. To this end, **you and a colleague are invited to attend a two-day workshop in Ottawa** during which time you will complete the agency survey, working with IFSD staff. For further information on preparing for the workshop, please [consult our short guide](#). Travel, accommodation, and related expenses for up to two representatives per agency will be covered by IFSD (e.g. Executive Director and Director of Finance).

In an effort to work with the response timelines of the CHRT, you are requested to register for an Ottawa workshop on or before May 8, 2018 by completing the [online registration form](#). Shortly after your registration, you will receive a travel booking request from Merit Travel in Ottawa, who will directly manage all travel-related information.

As an affiliate of the University of Ottawa, IFSD is guided by ethical research guidelines respecting Indigenous peoples. The project will follow the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans and OCAP principles in all of its work. All information that will be collected will only be shared in an aggregate, anonymized (i.e. unidentifiable) form. For further information, please consult the overview of the [project's research ethics guidelines](#).

As your agency's delegate for this exercise, you will play an important role as representative and liaison between IFSD and your agency. You are invited to visit the [project website](#) where you will find helpful information on the project.

Your efforts will directly contribute to the development of the first-ever baseline on the cost and needs of FNCFS agencies since the Wen:de reports in 2005. We value your time and your commitment, and we look forward to working collaboratively with you to improve outcomes for First Nations communities, children, and families.

I welcome your comments, questions, and feedback. Please do not hesitate to reach out to me directly via phone or email.

With kind regards,

Helaina Gaspard, Ph.D.

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APPENDIX I

Expert Opinion: Data Reliability and Methodological Review

An Assessment of Major Phases of the Research Methodology Used in IFSD's First Nations
Child and Family Services Project

By: Scott Edward Bennett, PhD

October 22, 2018

Preface

The author was involved with commenting on and observing many aspects of this project and was given good access to relevant documents and data. In addition, when constructing the final stages of this assessment, he was able to communicate with key personnel in order to clarify final questions. Dr. Helaina Gaspard and Ms. Janoah Willsie were particularly helpful as sources of final clarification.

Although the author of this assessment was not involved in the decisions preceding this study, it is important to consider the decisions and processes that led to the project which this assessment considers. These decisions and processes cannot be described in detail here, but readers of this assessment are encouraged to look at the relevant documents leading to the IFSD's First Nations Child and Family Services Project. A brief overview of the background follows.

The organizational and policy history preceding the IFSD study is complex and involves a variety of institutional actors. The National Advisory Committee (NAC) has been one of the central organizations in this area. The National Advisory Committee was created after the "First Nations Child and Family Services Joint National Policy Review Final Report" was issued in 2000, and this was done in order to fulfill the recommendations made by the report. Recently, The NAC took on guidance and oversight of some activities that followed from a number of Canadian Human Rights Tribunal (CHRT) decisions.

In 2016, the Canadian Human Rights Tribunal issued a decision (2016 CHRT 2) stating that First Nation's Child and Family Services (FNCFS) have been subject to discrimination and ordered that this discrimination be addressed by the Government of Canada. This was shortly followed by 3 other CHRT decisions relating to non-compliance

(2016 CHRT 10, 2016 CHRT 16 and 2017 CHRT 14) which provided for clarification and implementation of the original decision. Basically, discriminatory policies had to be changed immediately, applied with a broad definition of coverage and not hindered by intergovernmental disputes about financial responsibility for service. Most recently an order was issued (2018 CHRT 4) which had a number of components. Of central importance to the project on which the paper focuses is the requirement that a study be done to assess the needs to be met by FNCFS agencies and to cost those needs. The IFSD was charged with the conduct of such a study of the current and future states of First Nations Child and Family Services, This assessment covers the main part of the IFSD's data oriented activities in this area. The NAC (composed of a various stakeholder representatives)¹ was charged with oversight and guidance of the research. The Assembly of First Nations (AFN) plays a central role in providing functional support to the NAC and financial support to the IFSD project.

Much more could be said about the complexity of the organizational background to the IFSD research, but the above at least suggests the basic organizational relationships of interest. In addition, the IFSD had to work within fairly exacting ethical standards. These standards include: OCAP principles and the Tri-Council Policy Statement on research involving humans as well as the University of Ottawa's research standards. In light of all this, the successfully conducted study to be considered in the following comments is particularly remarkable

¹ One national chair, three representatives of the federal government including at least one or more regional INAC representatives, one representative of the AFN, one representative of the First Nations Child and Family Caring Society of Canada, 10 regional representative one from each of AFN's regions, one First Nations youth representative, one First Nations Elders representative

Introduction

The IFSD was tasked with gathering and analyzing data to assist in the description and possible improvement in Child and Family Services organizations that serve various First Nations communities. Central to this project was the characterization of costs of providing services and using this characterization to suggest improvements in funding arrangements. Between the initial conception of the project and the final analysis leading to recommendations are a great many stages of activity, and each one affects the quality of the project.

This report will consider the major stages of activity in the project and comment on the quality of each stage. For our purpose, the major stages to be considered are:

- General research design
- Design of the data collection instruments
- Administering the instruments to gather data
- Coding and quality control procedures used with gathered data
- Analytic decisions and techniques
- Foundation for reporting and recommendations

At a general level, this project is based on a fairly well known type of research design. However, this design has been implemented in a way that is complex, and it serves analytic purposes that have special policy implications. All of this was intended as it suited the policy making purposes of this project, which are indeed innovative, and the organizations being studied.

General Research Design

The design used in this project is similar to what is often called a “cross-sectional survey”. A cross-sectional survey is simply a survey questionnaire based project that is administered to a sample (or, in some cases, a population) at one point in time or during a definable period of time. This is a very strong design if one is primarily concerned with measuring the characteristics of a group at a given point or period of time. This includes both the basic univariate characteristics as well as more elaborate bivariate and multivariate relations. At the same time, this design, while very powerful and often used, is less useful in sorting out some kinds of causal relationships that require measurement over several points or period in time. Having said that, very few commonly used policy designs provide a flawless basis for sorting out causality, and causality is not always a central analytic concern. Furthermore, project researchers for this study took some care to understand the temporal context in which the data emerged, and this strengthens our ability to make reasonable assumptions about causal patterns.

One other important aspect of the logic of research design is the way researchers conceive of the sample being used and its relation to the population. In very broad, non-technical terms, samples can be thought of as probability samples, non-probability samples and censuses. Of course, there are many variations within each of these categories. The appropriate way to view the case selection aspect of this project is that it is an attempted census. Since some readers will be unfamiliar with this perspective, some further elaboration of this point is provided below.

A census is any survey in which the intent is to give every element in the population of interest a chance to provide data. So, the intended sample is the same as the population

of interest, and the population of interest is the intended sample. Since most people probably associate a census with the near perfect coverage of a census of individuals conducted by a national statistical agency, it is important to remember that the concept of census has a broader meaning. Thus, there will be censuses where the intent is to measure a whole population, but it is not implemented at the near perfect levels of typical official censuses of individuals.

In the case of the IFSD study, the population was child welfare agencies that provide services to First Nations communities. An attempt was made to contact every one of them. A high degree of success was achieved with 80 out of 106 agencies providing some useful information. Thus, the census was successfully implemented with respect to 75.5 percent of the population. While this is a lower response rate than a government census of individuals, it compares very favorably with other censuses of organizations in which the author has been involved. It is certainly much better than the typical response rate in almost any sort of sample survey conducted in recent years for almost any sort of reasonably large population.

By way of specific comparison with other types of studies, a very well conducted census of individuals might achieve a response rate percentage in the high 90s. Of course, this is achieved with a massive infusion of government resources and the compulsion of law. In a recent non-mandatory census of Canadian municipalities focused on infrastructure, there was a gross response rate of 57 percent. Note that this is an organizational population where most organizations have some established capacity for dealing with information requests. Of course, when one looks beyond censuses to samples

surveys, contemporary response rates are often below 20 percent apart from surveys done by official statistical agencies with massive resources and the support of legislation.

Since this is viewed as a census, it will have implications for analysis and decisions about statistical presentation. This will be discussed in more detail later. The important point to summarize here is that this is a well-conceived and well implemented example of an organizational census and based on a design logic that is suitable for the analytic purposes at hand. The specific suitability of design features to analytic goals will emerge in various parts of this report.

Design of the Data Collection Instruments

The questionnaire was developed during the period of April 9, 2018 to May, 16 2018. However, the form of the questionnaire was influenced by even earlier activities. Specifically, the IFSD was involved in an earlier version of this data collection activity in the fall of 2017. Based on that experience, the contents of the current questionnaire were expanded. In addition, there were additions to the current questionnaire made in response to an order from the Canadian Human Rights Tribunal of February, 2018. Several experts reviewed the questionnaire as well as the National Advisory Committee. It is worth noting that there were some minor updates made to the instrument after the first set of workshops involving child welfare agencies was held in May of 2018. Additional questions were added, and some questions were reformulated. Those who took the slightly different earlier version of the instrument were given a chance to complete the later questions, and some did this. All information from the initial early form of the survey was easily merged into the slightly different new format. Basically, this is a simple example of adaptive survey research design.

Once the instrument was stabilized, it was translated from English into French. After translation, the instrument was input into SurveyMonkey for online administration. There were some minor problems in using SurveyMonkey initially, but workarounds were found for this, and, ultimately, formatting was successfully adjusted to use with SurveyMonkey. However, in the early stages before issues with SurveyMonkey were resolved, respondents had to submit responses in WORD or Excel Format. This was then entered into a master Excel spread sheet.

The most important thing to consider when viewing the instrument is that it differs in certain general ways from a typical, survey questionnaire. However, this was intended and appropriate to the goals of the project. This is a very long instrument that often requires detailed information of numeric and textual natures. The PDF version of the instrument is 90 pages long with 105 questions, many of which have detailed subsets. It is not the typical survey questionnaire which must be constructed with an eye to reduce respondent fatigue while measuring certain features of a respondent in a highly condensed and sometimes artificial manner. This was a detailed framework for recording fundamental budgetary and organizational information about child welfare agencies and the communities they serve.

Despite it being different it worked very well, and there are very good reasons for this. First of all, the respondents represented organizations that had a definable interest in improving information on budgetary information relating to child welfare services for First Nations communities. Second, considerable energy and resources were directed to helping respondents think through and work with the questionnaire. More will be said on this later. Third, the project has always been conceived as one in which participants could gain a

better basis for future organizational decision making, and, in this respect, more is involved here than measuring more or less complex characteristics during a given period of time. So, the instrument made it possible to characterize organizations while, at the same time, involving respondents in a learning experience with ample time to refer to relevant informational sources.

It is useful to understand the scope of the instrument and to get some idea of what it does include and what it doesn't include. The major blocks of items in the instrument are: Agency Details --- This includes the agency name, its relevant contact information and coordinates, the catchment areas served by the agency, the identifiers for the First Nations communities served by the agency, the form of transport used to access each community, the number and locations of any satellite office of the agency, definitional aspects of the administrative meaning of child as well as the number of children served by an agency (on or off reserve), number of children currently in protective care of agency (on or off reserve), number of times requests from off -reserve for certain types of services (prevention and protection) were received during fiscal year 2017-2018, agency's designation to provide child protection, types of ancillary services provided by an agency, a detailed description of an agency's mandate, a detailed description of an agency's history, an agency's functions in both protection and prevention, an agency's activities in the realms of governance and data collection

Budget and Finances --- an agency's total annual budget for fiscal year 2017-2018; total annual budget for fiscal year 2017-2018 specifically related to child and family services; percentage breakdown of budget for protection, prevention, governance, data collection and reporting; maintenance costs in 2017-2018 for each of foster care, group homes,

institutional care and kinship care; percentage of total annual budget allocated by the federal government exclusively for protection and related services, i.e. intake and investigation (excluding maintenance); a detailed breakdown of an agency's protection related costs for fiscal year 2017-2018; annual amount allocated by federal government for prevention and least disruptive services; a detailed breakdown of agency's budget for various aspects of prevention and least disruptive services; detailed description of best practices for prevention and related funding and costs; spending and service description relating to child service purchase amount under definitions determined by CHRT; presence of intake and investigation and mode of delivery; for an agency with intake and investigation functions how many staff are utilized and what are their average caseloads; detailed additional cost breakdown for different aspects of intake and prevention; spending ratio between protection and prevention costs, presence and funding of a band designate; detailed breakdown of sources of funds for 2017-2018 fiscal year; identification of current funding model and administrative features of payment frequency and reporting; any transferring of funds from one category to another to cover shortfalls during fiscal year 2017-2018, was agency in deficit in 2017-2018 fiscal year; agency experienced any change in funding or operating budget with descriptions; physical features and ownership status of agency headquarters

Capital Assets --- breakdown of agency's capital expenditure budget for fiscal year 2017-2018; operating and maintenance costs for main categories of assets for fiscal year 2017-2018; nature of agency headquarters accessibility; ownership status of agency satellite office; locations and physical features of satellite offices; accessibility of each satellite office; indigenous language capability of each satellite office; does associated First Nation

provided rental accommodations for agency; cost of building repairs needing for agency in fiscal year 2017-2018

Technical Profile --- Detailed indication of how new agency software, hardware and related are; satisfaction with current software and related; detailed breakdown of estimated costs to bring agency's technology platform to a state where it can fully support requirements; description of any cloud based technology used by the agency

Operating and Maintenance Costs --- Salaries and benefits for the fiscal year including employee salaries, costs of professional services and contractor, other expenses similar to salary or fees; employee benefit expenses for the fiscal year including health and dental, retirement, other benefits; staff professional development expenses for the fiscal year including training, well-being; agency fiscal year costs for audit and evaluation, travel; legal fees for the fiscal year including total legal fees, legal fees pertaining exclusively to children; any shortfalls in capacity to cover legal fees either through not using legal service or through budget reallocation

Employee Details --- Number of full-time equivalents employed by agency; number of part-time equivalents employed by agency; distribution of number of employees by type of job; distribution of number of part time employees by type of job; Average hours worked per week for different types of employees; length of time different types of employees typically spend in a position; do the scope of different types of employees typically exceed their contractual duties for different types of employees; salary ranges for different types of employees; is agency able to pay its employees at a level comparable to provincial employees who do similar work; are employees compensated for over time; agency and clients able to access services at a reasonably commutable distance; gaps ins services due

to lack of reasonably commuting distances; amount in fiscal year spent on connecting community members to services beyond mandate

Small Agencies, Remoteness, Travel Costs, Gaps in Service --- Does agency remunerate for remote work; cost of different forms of remuneration to agency; distances travelled by different types of employees to do their job; average distances people seeking help from agency must travel; cost of different types of travel expenses to the agency during the fiscal year

Caseloads --- Current total caseload; number of cases within total caseload served in a culturally appropriate manner; agency's current exclusively child based case load; average number of staff assigned to an open case; average number of cases per social worker; average caseload for each of various categories of employees; percentage of cases per various ranges of hours of service per week; percentage of substantiated maltreatment cases during fiscal year per various types of maltreatment

Governance --- How agency governed; are chiefs members of the board; agency standards of practice; how are communities involved in governance; characterization of relations with communities; does community engage in prevention activities; do communities guide prevention activities.

Data and Reporting --- Describe agency's definition of success; how agency measures success in prevention programs; how agency measures success respecting protection activity outcomes; how does agency monitor activities and measure success, does agency have program to support children aging out of care and if relevant an indication of resources devoted to this; any circumstances for agency not covered in the survey with a

description and resource implications if relevant; any other comments on practices or services of agency not covered in survey.

It is clear that there is a lot of detail here. Agency representatives sometimes, but not always, had appropriate data on hand from existing documents. However, it was often the case that an agency would not have a clear response to some detailed item without doing a bit of special assessment of some aspect of the agency. So, the instrument is something like a conventional questionnaire but a questionnaire in which agency respondents could draw on existing or producible records and reports. In some ways, the instrument represents a melding of administrative data and the reasoned response of the agency representatives. It produced a data set that is essentially a merging of individual responses and administrative data. This, by the way, is not a negative thing. Many surveys would be better if they allowed for thoughtful assessment of records prior to a final informed response. In addition, one of the latest themes in survey methodology concerns how different data sources can be integrated to reduce overall error.

This sometimes means that questions will be posed in the instrument in a way which is not purely consistent with what one might find in a conventional survey questionnaire. However, this is appropriate because the instrument is not a typical questionnaire. As noted it merges data from a variety of sources as filtered through the judgement and participation of the agency representatives.

Perhaps the point that will stand out most for those who are used to conventional policy oriented questionnaires is that it does place a heavy weight on asking agency respondents their subjective views about how well the agency was doing in some area or how satisfied they were with some aspect of the agency. There is some of this, but there are

many parts of the instrument that do not generate that kind of data. In light of this, it should be stressed that this is all consistent with the purposes of the project. The main concern was to get at objective organizational dimensions of agencies and to analyze those with a view to predicting costs. Furthermore, this all had to be done with an emphasis on obtaining particular kinds of hard organizational data.

It may well be that future iterations of this project could ask additional subjective questions about satisfaction, preferences, etc. this would seem more feasible once participants are used to the core aspects of the questionnaire. At the same time, it is worth noting that the motivations behind people's responses to preference and satisfaction questions can be very complex and somewhat strategic. This is particularly true when dealing with the funding of agencies where respondents are employed. Thus, there is a certain wisdom to the balance of question formats used here, and a stress on the more objective aspects of organizational profiles is wise.

In summary, the instrument differs in some ways from what has come to be seen as a typical survey questionnaire, but that is perfectly acceptable in that serves a purpose different from a typical questionnaire. Furthermore, it gathers and integrates much more complex kinds of data than a typical survey questionnaire. The instrument was developed with very detailed attention to the policies of interest and with detailed involvement of the organizations and communities involved in the policy. Thus, it is well designed to reflect the current state of child welfare agencies serving First Nations communities, and it also provides a basis for reflective learning by all those involved in the administration and development of these services.

As we shall see this level of detailed attention to quality and usefulness is further pursued in the next stage of the research process, data collection.

Administering the Instruments to Gather Data

Data collection took place from between May 14, 2018 to July 31, 2018.²The first part of this stage began with an email from Kevin Page May 1, 2018, President and CEO of the IFSD, to the Executive Directors of the 104 First Nations Child and family service agencies that formed the initial population of interest in this study. The initial contact information was provided by Indigenous Services Canada (ISC). The email contained an endorsement of the project from the National Advisory Committee (NAC). This is excellent practice for this type of project. It serves to underline the legitimacy of the research and to prepare agencies for the content of interest in the project. This sort of early description and support for a project is critical to encouraging a good response rate.

Dr. Helaina Gaspard, Director of Governance and Institutions at IFSD, emailed a letter to the agency Executive Directors on May 3, 2018. It provided a more detailed outline of the project and invited agency representatives to attend one of four workshops scheduled in Ottawa in May or one in Saskatoon at the end of May. The Saskatoon workshop was added a bit later in the decision process based on suggestions from First Nations Child and Family Services agencies in Saskatchewan. A sixth workshop in June was added to further accommodate agencies who could not attend a May workshop. This is

² It should be kept in mind that a few responses that come in after this deadline will not be refused, and, if they are received before too much time passes, it may be possible to integrate them into the final analysis data set. It is just worth noting that eventually one must decide to accept a given set of agency responses as a stable data set so that a final report can be produced.

further evidence of the detailed groundwork that was laid to ensure participation in the project.

It is also worth noting that those agency representatives who came to the Ottawa workshops had their relevant expenses covered or reimbursed. Flights and accommodations for up to two representatives per agency were booked for them by IFSD. Representatives were reimbursed for any travel by car or taxi as well as provided a per diem for food and expenses. This is in some ways similar to the response incentive systems that are part of many well-funded research programs. In some respects, it is more neutral than an incentive because it is covering costs of participation and not providing a reward or a payment for time utilized.

Further advance preparation and participation priming took place when every agency in the population received at least one phone call starting on email on May 4, 2018. At least one email reminder was sent to each agency starting on May 9, 2018. Response rates for the project were further encouraged by NAC regional outreach and by Cindy Blackstock's video promoting the project and associated workshops. This was sent to all project stakeholders including potential participants on May 8, 2018.

So, as we can see, there were extensive preparations made to alert agencies about the study and to encourage to participate in the workshops. The level of effort in this area is at a superior level compared to basic standards for contacting and encouraging respondents. Ultimately, the proof of its excellence is in the level of response, and we shall see that that was very good. One of the secondary effects of this contact effort is that 2 agencies came forward that had not been included on ISC lists. They were not on those lists

because of some of their special characteristics. However, they were relevant to the study and were included in the relevant population which now counted 106 agencies.

Of the 106 agencies that constituted the population, 68 were able to attend one of the 6 workshops thus yielding an initial response rate of 64 percent. Those who attended a workshop were administered the instrument in a format presented on SurveyMonkey. They were assisted with necessary by IFSD staff who were available at the workshops. This is an interesting feature of the study in that it very directly allows respondents to seek clarification regarding questions and formats in the instrument. This kind of clarification is sometimes provided in other types of surveys through contact emails or phone numbers, or in a telephone interview, it might be provided remotely by an interviewer or supervisor. In this case, assistance was provided in a much more direct and potentially detailed way. It assisted the respondents in providing more detailed context to their responses, and this was an intended and important part of the project.

Another aspect of the workshop experience was that respondents were involved in future state exercises to discuss goals and measures of success for their agencies and communities. While this might not be a standard aspect of a conventional survey or strictly designed policy experiment, it was always intended that there would be a qualitative element to this project as well as an element that allows respondents to put current and future responses into a richer context.

Even though the level of response encouragement had been very high and the results of that initial effort were very good, the project staff went even further and extended the initial deadline to register for a workshop. There was additional email or telephone follow up to encourage participation. A fifth Ottawa workshop was scheduled for

June 4-5, 2018 to accommodate those who had not been able to attend a May workshop. Finally, 5 agencies that were not able to make any of the workshops were allowed to complete the instrument remotely online with assistance from IFSD staff.

Data Collection was finally closed off on July 31. In conjunction with these data collection activities, there were also initial quality control activities that will be described in the next part of these comments. Again, note that there may be some minor adjustments to this cutoff date depending on the amount and nature of any late responses.

As we can see, efforts to encourage the response rate were at a very high level. Furthermore, efforts to make sure that respondent could seek clarification about the instrument were also at a very high level. The final results of this data collection stage were 80 completions out of a sample of 106 yielding a response rate of 74.5 percent. In the current era, this is an extremely good response rate and well above what is achieved in surveying many types of populations. At the end of the day, the only things that I would recommend here are of a very secondary nature and could be explored at a later time. For example:

1. Examine the differences between late responding agencies and early responding agencies.
2. In so far as possible, examine differences between non-responders and responders. This has already been done in a preliminary way, and there does not appear to be any major differential non-response by province.
3. As a very minor point, explore responses differences between those who completed the instrument remotely and those who completed it as part of a workshop.

4. Consider in more detail the relationship between the future state exercises at the workshop and various instrument topics. This is a legitimate part of the study and its long term trajectory, but more details about it would be useful.

The above are very minor points but will provide more context for considering secondary analysis of the data. They do not affect the fundamental excellence of the data collection stage. There are conventional ways to approach all of these aspects of data quality analysis

Coding and Quality Control Procedures Used with Gathered Data

The main coding and quality control phase of the project took place from June 12, 2018 to August 3, 2018. However, partially preceding this and overlapping with main coding and quality control activity, all submitted surveys were reviewed for completion. Follow-up emails and calls were made to address missing or unclear responses whenever they occurred. Follow-ups began in Mid-May of 2018 following the first workshop. They continued into early July of 2018. Approximately one third of the attempted follow-up contacts received responses. A final reminder was sent on July 13, 2018, and, as indicated before, data collection was closed on July 31, 2018.

While this activity is part of the data collection process, it is also part of quality control activities, and it is described here for that reason. This was a well-conceived and implemented part of the project which is seldom matched in data collection and quality control activities in the current era. Such high level quality control activity was once a common part of excellent surveys in an earlier era prior to the advent of various technologies for contacting respondents electronically.

The main quality control and coding phase came next as indicated. Here, the primary concern was accurate coding and data recording, but there was quality control

with respect to that activity itself. The main steps in this process as described by project staff member Janoah Willsie are as follows:

1. A spreadsheet was designed to capture responses and to facilitate coding. Codes were assigned for multi-part questions and for questions with qualitative responses. Data input sheets provide more information on coding details.
2. All surveys were printed. Data was entered into the spreadsheet from the surveys and marked on the paper copy as it was inputted. Each entry was inputted by one team member and checked at least once by another member of the team.
3. Following initial data entry, the more complex qualitative questions were coded and integrated into the master spreadsheet.
4. The full data set was spot-checked by a third person. Over half of the surveys (41/80) were selected at random and entries were checked to ensure consistent coding and accuracy.

Considerable effort was made to enter and code data in a manner that was checked at two different points in the process. This is an excellent level of quality control and coding. Perhaps the one thing that could be suggested for future activity is that a method should be found to transfer data entered in the computerized online instrument into a software based spreadsheet, thus avoiding any printing and transcription. This not so much a suggestion with respect to accuracy as with respect to efficiency. There were enough checks in the process to ensure that data were accurately input into a spreadsheet from a printout, but the activity could have been completed more quickly had there just been an export from the digital instrument to some kind of spreadsheet or data file software. It is likely that there is software that could accommodate this. Having said that, the step of

printing out survey results and entering them into a final file did create another opportunity to view some of the qualitative aspects of the data. Yet, I still think something like this could have been achieved without hard copy as an intermediate stage.

As a first major pass at this kind of project, the process that was used was fine. However, in the future hard copy printouts could probably be avoided. Coding can also be done on a digital spreadsheet and double checked or cross checked in that format as well. This is an appropriate point to discuss one other aspect of data quality having to do with any variations in the quality of responses across instruments across different types of questions. This can have just as much impact on the quality of data as the overall gross response rate. We can actually get a pretty good picture of this aspect of data quality because of the intimate involvement of the main coding and quality control people with the detail of the data. We will relate some of the determinations on these matters as they emerged from discussion with coding and quality control staff.

First of all, of the 80 responding cases, one of the agencies submitted an instrument that had so few useful responses that it was essentially unusable as a case. Two other instruments were lacking useful responses to about one third of the questions. So, these were of some use but not ideal. This does not substantially affect the overall quality of the data.

In addition, we can look across the whole spectrum of questions and see if there were some that generally did not yield many useful responses. Although there was nothing extremely problematic to report here, it does appear to be the case that respondents in general were less likely to give useful responses to items 99 to 104 near the end of the instrument. This is very likely just a function of respondent fatigue and is not unusual in

very long instruments. Other questions that tended to be answered in a less than ideal fashion or did not have many usable responses were items 31, 35, 36, 42, 43, 77, 90 and 91. In examining those items, it is likely that they required respondents to think in terms of accounting and administrative categorizations that may be relatively detailed and/or relatively rare in the context of some agencies. This is useful to be aware of for the future, but it does not fundamentally impact the main objectives of the project.

Analytic Decisions and Techniques

Analysis began on June 28, 2018, and is ongoing as this report is being written. It is expected that analysis will be completed by the end of September, 2018. The first part of the analysis was essentially an examination of the properties of the main variables represented in the data. For the most part, variables were examined independently in a kind of basic univariate analysis. Apart from providing a first view of the data, this was used to begin to conceptualize further characterizations of the data. These characterizations were called “typologies,” and they were focus of the next stage of analysis.

Initial analysis indicated that six typologies would be useful means to summarizing the data. These were defined in terms of: agency budget, child population served, distance from nearest city, rurality, province and funding formula that relates to an agency. Within each of these typologies, data were analyzed to see connections with other variables and relationships with agency costs across different parts of a typology. An example of the preliminary results of this part of the analysis was the finding that travels costs were an important cost-driver for agencies. This particular finding was further examined to see whether agencies with fly-in vs. road accessible communities differ in terms of travel costs

represented in their budgets. Of the original six typologies, it proved fruitful to direct further analysis to three in particular. These were the child population served typology, the remoteness typology and the accessibility typology. This typology analysis is essentially a form of bivariate analysis, and in, in some cases, verges on a very basic type of multivariate analysis. In later stages of analysis which are still ongoing, regression analysis will be used to see more directly how much certain variables can explain costs and how sensitive costs are to other factors.

What has been done thus far has proved to be quite useful and illuminating. The analysis is not based on the use of highly sophisticated statistical techniques, but it more in the realm of basic to intermediate techniques. Nevertheless basic techniques are often sufficient to reveal the main patterns of interest in a policy related research, and, in this instance, they have been applied with skill. Having said that, there is probably more that could be done with more complex regressions, cluster analysis, factor analysis and so forth. There is also probably more information to be mined from the richer qualitative responses. However, much of this can be left to researchers involved in secondary analysis of the data. The important point at this stage is that useful and illuminating analysis has been done in a way which provides insights into the central policy problems of interest. For the most part, that has been achieved.

Now that the basic outline of the analysis has been described, let us proceed to some background analytic issues that are useful to keep in mind and which are linked to comments in other parts of this report. These comments are more directed at potential readers of the results of the study on which this note comments. It is not intended as guidance or criticism of what has been done.

Specifically, let us consider how one approaches the analysis of census data and the sometimes unexpected features of such analysis. One of the interesting things about census data is that it does not need to be analyzed using conventional statistical inference or significance tests. This is not commonly understood in some circles, but it is a point that is making inroads into various official guidelines. So, while a full range of descriptive (non-inferential) statistics can be applied to much of the data, there is really no fundamental reason to apply tests of significance or inference. That is not to say, they can't or absolutely shouldn't be applied. It is just to say that it is not really necessary to apply them with this sort of data.

The reasoning here is that inference and significance is usually examined in terms of random sampling error generated when a subset of a population, the sample, is drawn to generate an estimate of the whole population. When one is targeting the whole population there is no sampling error as such. Therefore, significance and inference tests are not necessary or of central importance. However, to the extent that the census is not perfectly implemented there may well be non-response bias. This is worth considering, but it cannot be addressed with inference and significance statistics.

People sometimes make more or less knowledgeable defenses for the use of significance tests in these situations. Often, this has to do with having some tool to decide what relationships or estimates are more important than others. This is somewhat misguided, but since people are used to it, there is no harm in including such statistics as long as their limitations are noted. With census data, the important issue is how big are the effects and relationships generated from the population data. People have to arrive at their own benchmarks for this that are appropriate to a specific set of analytic goals. This forces

one to come to grips with the nature of census data. Also, as noted, one should give some thought to the possible non-response bias arising from less than 100 percent coverage of the population.

As a minor side comment, note that even if one wanted to deal with this kind of data as if it were a sample, the precision of the estimates it produced would be extremely good as this would then be an example of finite population sampling. However, as indicated, this writer does not favor viewing this as a sampling process.

Foundation for Reporting and Recommendations

To summarize and conclude, let us consider the foundation on which analysis and reporting will be constructed. We have found that the project:

1. Utilizes a well-known research design in that it is a cross-sectional attempted census. This is quite a powerful and useful design though, in and of itself, it might have some limitations in sorting out causality or over-time changes. However, it could be extended to cover the passage of time.
2. The instrument was designed with a great deal of care and attention to detail and translated in to both official languages. It differs to some extent from a typical survey research questionnaire in that it does not, for example, make use of certain overall preference questions to the same extent as a typical questionnaire, but this is consistent with the research purposes and future plans for this project. There are some preference items, and this writer was interested to see that additional ones are being experimented with in requests embedded in updates sent out to responding agencies and other relevant parties. It is also true that the instrument is quite long and detailed compared to many questionnaires, but this is also consistent

with research purposes and seemed to work well with the specific types of agencies studied and their representatives.

3. Enormous effort was made to prepare the relevant population of agencies for participation in the study and to make it possible for them to complete the instrument. The results were outstanding, yielding a response rate of 75.5 percent. Generally, completed instruments were consistently completed, but there may be some merit in considering in more detail whether there is a subset that tend to be less responsive on an item or question basis. Earlier we noted some of the question items that seemed to attract fewer useful responses. This is quite acceptable, and the writer expects that these will improve in any subsequent studies simply because respondents will have become more used to some of the concepts involved.
4. Quality control really began while some aspects of field work were being completed and continued on for some time. This happened in conjunction with coding and data transcription activities. All of this done with double checking and cross –checking throughout the process. These were well managed activities involving a very high level of effort, and this was obviously positive from the standpoint of data quality. It may be that future iterations of this sort of project could benefit from exporting directly from survey instrument software to spreadsheet or analytic software.
5. Initial analysis of the data was completed using basic and intermediate analytic techniques, and this was done with excellence. Some interesting and useful profiles were produced which will provide a foundation for further analysis and reporting. Readers of the report should be alerted to the census nature of the design and its

implication that significance tests are not all that useful and, if provided, are provided on an “as if” basis.³

6. There would probably be some merit in analyzing differences between non-respondents and respondents and similar kinds of distinctions.⁴In the longer term, it may also be useful to apply more advanced techniques to some of the data. However, this is more of a matter for late stage, secondary analysis.

In summary, this is a very high quality project that involved an enormous amount of effort in characterizing organizations that are not typically easy to reach. In many respects, it is outstanding. It should be a very reliable foundation for characterizing and analyzing the needs of the First Nations child and family service agencies. This is true in general as well as with respect to specific concerns with budgetary and cost analysis.

This is such high quality and interesting data that I hope its use will be permitted in a wide variety of secondary analysis.

³ To illustrate the “as if” aspect of the way some organizations portray sample precision, consider the following as an example. Some organizations try to create an imagined sense of precision for a non-probability sample by calculating confidence intervals for the non-probability sample results as if they were based on a probability sample with the same number of cases.

⁴ The basic idea in looking at differences between respondent and non-respondents is to take the background information we have on members of both groups and see if there are any major differences. We do indeed know some things about both responding and non-responding agencies in that we know their location. This creates the opportunity to look at a number of location based variables. For that matter, if one wanted to take this a step further, one could also get (in some cases) meaningful aggregate data about the socio-economic characteristics of communities associated with respondents compared to non-respondents. In some cases, this may not be possible because some standard government surveys do not deal with certain situations such as very remote communities or reserves.



APPENDIX J

Population Projections and Growth Rates

FIRST NATIONS POPULATION PROJECTIONS ON-RESERVE,
CONVERGENCE SCENARIO

TOTAL FIRST NATIONS POPULATION ON-RESERVE CONVERGENCE SCENARIO (IN THOUSANDS)

Year	Population	5-year overall growth	Annualized growth
2011	375		
2016	416	10.93%	2.10%
2021	451	8.41%	1.63%
2026	481	6.65%	1.30%
2031	504	4.78%	0.94%
2036	522	3.57%	0.70%

FIRST NATIONS 0-18 POPULATION PROJECTIONS ON-RESERVE,
CONVERGENCE SCENARIO

0-18 FIRST NATIONS POPULATION ON-RESERVE CONVERGENCE SCENARIO (IN THOUSANDS)

Year	Population	5-year overall growth	Annualized growth rate
2011	152		
2016	157	3.29%	0.65%
2021	160	1.91%	0.38%
2026	159	-0.63%	-0.13%
2031	150	-5.66%	-1.16%
2036	141	-6.00%	-1.23%

FIRST NATIONS POPULATION PROJECTIONS ON-RESERVE,
CONSTANT SCENARIO

TOTAL FIRST NATIONS POPULATION ON-RESERVE CONSTANT SCENARIO (IN THOUSANDS)

Year	Population	5-year overall growth	Annualized growth rate
2011	375		
2016	418	11.47%	2.19%
2021	460	10.05%	1.93%
2026	502	9.13%	1.76%
2031	544	8.37%	1.62%
2036	585	7.54%	1.46%

FIRST NATIONS 0–18 POPULATION PROJECTIONS ON-RESERVE,
CONSTANT SCENARIO

0–18 FIRST NATIONS POPULATION ON-RESERVE CONSTANT SCENARIO (IN THOUSANDS)			
Year	Population	5-year overall growth	Annualized growth rate
2011	152		
2016	159	4.61%	0.90%
2021	170	6.92%	1.35%
2026	180	5.88%	1.15%
2031	189	5.00%	0.98%
2036	200	5.82%	1.14%

Total populations and projections were provided at five-year intervals. The annual growth rate was needed to calculate program costs. By interpolation (assuming that every year has the same growth rate), the annual growth rate was determined by reverse compounding within the five-year interval. This approach can be modelled as:

$(1+r)^5$ = five-year growth rate, accounting for the previous year's population increase

To calculate the annual growth rate within that five-year period, the following interpolation was used:

$(1+r)^5$ = five-year growth rate

1 = the benchmark year's population

r = the growth rate

5 = the five-year period

As an example, the calculation for the annual growth rate between 2016-2021 for the 0-18 First Nation population (on-reserve only, constant scenario) is modelled below.

2016 is the benchmark population year

Population in 2016 = 159,000

Population in 2021 = 170,000

Five-year growth rate between 2016 and 2021 = 6.92%

The five-year growth rate was determined by calculating the percentage difference between the two populations in 2016 and 2021. The percentage difference calculation is modelled as:

% difference = $(B-A)/A$

B = population in 2021

A = population in 2016

% difference = $(170,000-159,000)/159,000$

% difference = $11,000/159,000$

% difference = 0.0692

% difference = 6.92%

To interpolate the annual growth rate, we solve for "r" in the formula:

$(1+r)^5$ = 6.92%

$(1+r) = \sqrt[5]{6.92\%}$

$r = (\sqrt[5]{6.92\%}) - 1$

r = 1.35%

Annual population growth rates for the convergence and constant scenarios were interpolated for the total First Nation population on-reserve (see. The total population growth rates were applied to current total agency catchment populations to estimate the costs of prevention funding per capita. The agency catchment populations were a custom tabulation using Statics Canada's census data.

**ANNUAL FIRST NATIONS POPULATION PROJECTIONS ON-RESERVE,
2016–2036, CONVERGENCE SCENARIO**

YEAR	ANNUALIZED GROWTH RATE	ENTIRE FIRST NATIONS POPULATION ON RESERVE: CONVERGENCE FERTILITY (IN THOUSANDS)
2016	2.10%	416.0
2017	1.63%	422.8
2018	1.63%	429.7
2019	1.63%	436.7
2020	1.63%	443.8
2021	1.63%	451.0
2022	1.30%	456.8
2023	1.30%	462.8
2024	1.30%	468.8
2025	1.30%	474.8
2026	1.30%	481.0
2027	0.94%	485.5
2028	0.94%	490.1
2029	0.94%	494.7
2030	0.94%	499.3
2031	0.94%	504.0
2032	0.70%	507.5
2033	0.70%	511.1
2034	0.70%	514.7
2035	0.70%	518.3
2036	0.70%	522.0

**ANNUAL FIRST NATIONS POPULATION PROJECTIONS ON-RESERVE,
2016–2036, CONSTANT SCENARIO**

YEAR	ANNUALIZED GROWTH RATE	ENTIRE FIRST NATIONS POPULATION ON RESERVE: CONSTANT FERTILITY (IN THOUSANDS)
2016	2.19%	418.0
2017	1.93%	426.1
2018	1.93%	434.3
2019	1.93%	442.7
2020	1.93%	451.3
2021	1.93%	460.0
2022	1.76%	468.1
2023	1.76%	476.4
2024	1.76%	484.8
2025	1.76%	493.3
2026	1.76%	502.0
2027	1.62%	510.1
2028	1.62%	518.4
2029	1.62%	526.8
2030	1.62%	535.3
2031	1.62%	544.0
2032	1.46%	552.0
2033	1.46%	560.0
2034	1.46%	568.2
2035	1.46%	576.6
2036	1.46%	585.0

**ANNUAL FIRST NATIONS 0–18 POPULATION PROJECTIONS ON-RESERVE,
2016–2036, CONVERGENCE SCENARIO**

YEAR	ANNUALIZED GROWTH RATE	0–18 FIRST NATIONS POPULATION ON RESERVE: CONVERGENCE FERTILITY (IN THOUSANDS)
2016	0.65%	157.0
2017	0.38%	157.6
2018	0.38%	158.2
2019	0.38%	158.8
2020	0.38%	159.4
2021	0.38%	160.0
2022	-0.13%	159.8
2023	-0.13%	159.6
2024	-0.13%	159.4
2025	-0.13%	159.2
2026	-0.13%	159.0
2027	-1.16%	157.2
2028	-1.16%	155.3
2029	-1.16%	153.5
2030	-1.16%	151.8
2031	-1.16%	150.0
2032	-1.23%	148.2
2033	-1.23%	146.3
2034	-1.23%	144.5
2035	-1.23%	142.8
2036	-1.23%	141.0

**ANNUAL FIRST NATIONS 0–18 POPULATION PROJECTIONS ON-RESERVE,
2016–2036, CONSTANT SCENARIO**

YEAR	ANNUALIZED GROWTH RATE	0–18 FIRST NATIONS POPULATION ON RESERVE: CONSTANT FERTILITY (IN THOUSANDS)
2016	0.90%	159.0
2017	1.35%	161.1
2018	1.35%	163.3
2019	1.35%	165.5
2020	1.35%	167.7
2021	1.35%	170.0
2022	1.15%	172.0
2023	1.15%	173.9
2024	1.15%	175.9
2025	1.15%	178.0
2026	1.15%	180.0
2027	0.98%	181.8
2028	0.98%	183.5
2029	0.98%	185.3
2030	0.98%	187.2
2031	0.98%	189.0
2032	1.14%	191.2
2033	1.14%	193.3
2034	1.14%	195.5
2035	1.14%	197.7
2036	1.14%	200.0



APPENDIX K

Children in Care Calculations

The calculation of estimated future number of children in care can be modelled as:

$$(1 + \text{annual growth rate}^*) \times \text{Number of Children in Care}^{**} \text{ in Year}_{n-1} = \text{Number of Children in Care in Year}_n$$

The annual growth rate is the rate at which the 0-18 on-reserve population increases or decreases.

ANNUAL CHILDREN IN CARE PROJECTIONS, 2018–2036, WITH AVERAGE NUMBER OF CHILDREN IN CARE AND CONVERGENCE SCENARIO

YEAR	ANNUALIZED GROWTH RATE	TOTAL PROJECTED FIRST NATIONS CHILDREN IN CARE
2017		20,032
2018	0.38%	20,108
2019	0.38%	20,184
2020	0.38%	20,261
2021	0.38%	20,338
2022	-0.13%	20,312
2023	-0.13%	20,287
2024	-0.13%	20,261
2025	-0.13%	20,236
2026	-0.13%	20,211
2027	-1.16%	19,976
2028	-1.16%	19,745
2029	-1.16%	19,516
2030	-1.16%	19,290
2031	-1.16%	19,067
2032	-1.23%	18,832
2033	-1.23%	18,600
2034	-1.23%	18,372
2035	-1.23%	18,146
2036	-1.23%	17,923

**ANNUAL CHILDREN IN CARE PROJECTIONS, 2018–2036, WITH AVERAGE
NUMBER OF CHILDREN IN CARE AND CONSTANT SCENARIO**

YEAR	ANNUALIZED GROWTH RATE	TOTAL NATIONAL CHILDREN IN CARE
2017		20,032
2018	1.35%	20,302
2019	1.35%	20,575
2020	1.35%	20,852
2021	1.35%	21,133
2022	1.15%	21,376
2023	1.15%	21,622
2024	1.15%	21,871
2025	1.15%	22,122
2026	1.15%	22,376
2027	0.98%	22,596
2028	0.98%	22,817
2029	0.98%	23,041
2030	0.98%	23,267
2031	0.98%	23,495
2032	1.14%	23,763
2033	1.14%	24,033
2034	1.14%	24,306
2035	1.14%	24,583
2036	1.14%	24,863

**ANNUAL CHILDREN IN CARE PROJECTIONS 2018–2036, WITH
CHILDREN IN CARE AS A % OF TOTAL CHILD POPULATION SERVED AND
CONVERGENCE SCENARIO**

YEAR	ANNUALIZED GROWTH RATE	TOTAL NATIONAL CHILDREN IN CARE
2017		19,252
2018	0.38%	19,325
2019	0.38%	19,398
2020	0.38%	19,472
2021	0.38%	19,546
2022	-0.13%	19,521
2023	-0.13%	19,497
2024	-0.13%	19,472
2025	-0.13%	19,448
2026	-0.13%	19,424
2027	-1.16%	19,199
2028	-1.16%	18,976
2029	-1.16%	18,756
2030	-1.16%	18,539
2031	-1.16%	18,324
2032	-1.23%	18,099
2033	-1.23%	17,876
2034	-1.23%	17,656
2035	-1.23%	17,439
2036	-1.23%	17,225

**ANNUAL CHILDREN IN CARE PROJECTIONS 2018–2036, WITH
CHILDREN IN CARE AS A % OF TOTAL CHILD POPULATION SERVED AND
CONSTANT SCENARIO**

YEAR	ANNUALIZED GROWTH RATE	TOTAL NATIONAL CHILDREN IN CARE
2017		19,252
2018	1.35%	19,511
2019	1.35%	19,774
2020	1.35%	20,040
2021	1.35%	20,310
2022	1.15%	20,544
2023	1.15%	20,780
2024	1.15%	21,019
2025	1.15%	21,261
2026	1.15%	21,505
2027	0.98%	21,716
2028	0.98%	21,929
2029	0.98%	22,144
2030	0.98%	22,361
2031	0.98%	22,580
2032	1.14%	22,837
2033	1.14%	23,097
2034	1.14%	23,360
2035	1.14%	23,626
2036	1.14%	23,895



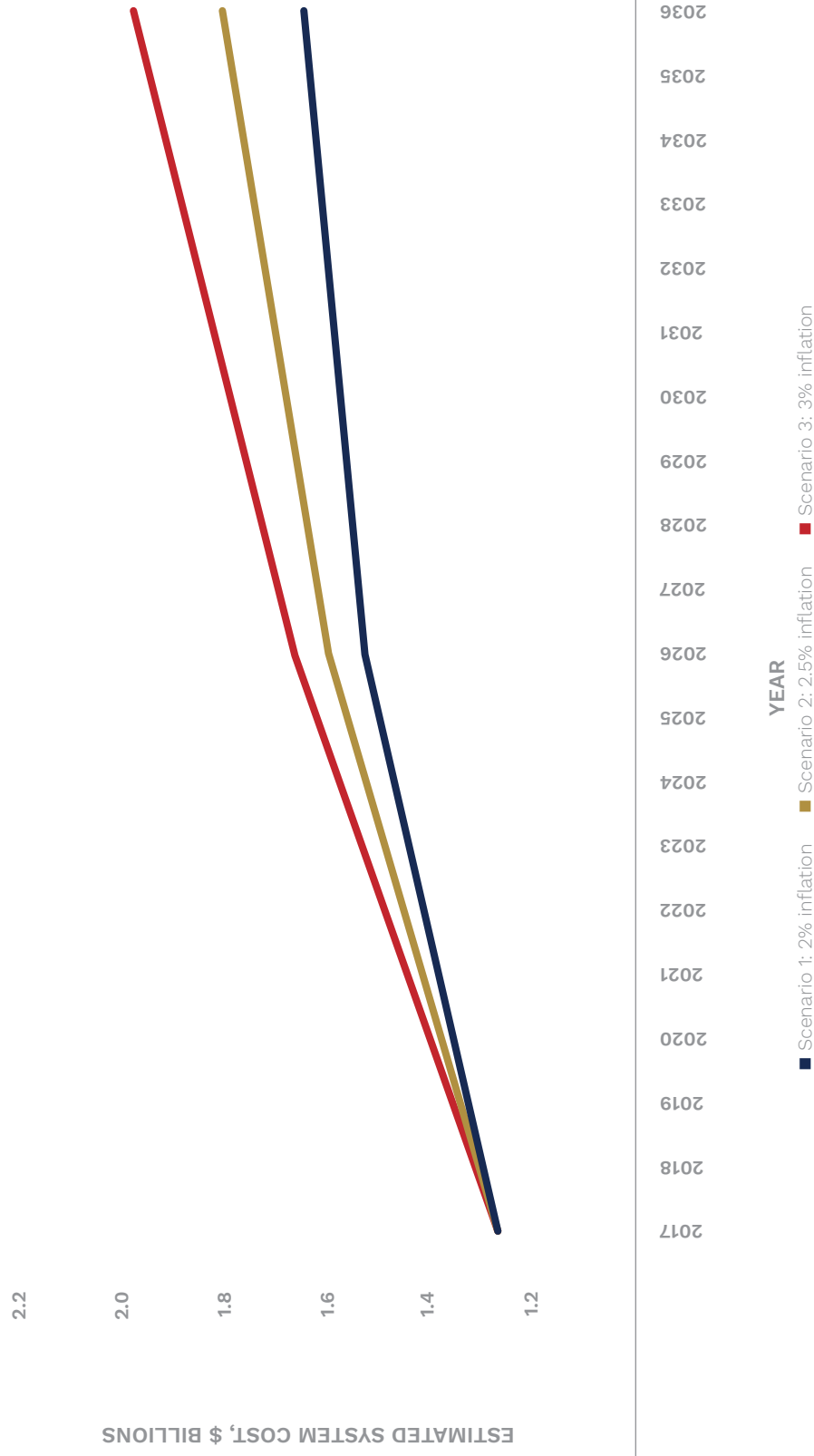
APPENDIX L

Total System Cost Estimates

TOTAL SYSTEM COST ESTIMATES, WITH AVERAGE NUMBER OF CHILDREN IN CARE AND CONVERGENCE SCENARIO

Year	AVERAGE NUMBER OF CHILDREN IN CARE (CIC)	SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION		
		Number of CIC	Program cost (CIC x \$63,136.87) + 2% inflation	Estimated program cost	Program cost (CIC x \$63,136.87) + 2.5% inflation	Estimated program cost	Program cost (CIC x \$63,136.87) + 3% inflation	Estimated program cost
2018	20,108		\$ 64,399.61	\$ 1,294,945,817.79	\$ 64,715.29	\$ 1,301,293,591.41	\$ 65,030.98	\$ 1,307,641,365.02
2019	20,184		\$ 65,687.60	\$ 1,325,854,402.91	\$ 66,333.17	\$1,338,884,834.73	\$ 66,981.91	\$ 1,351,978,985.05
2020	20,261		\$ 67,001.35	\$ 1,357,500,733.66	\$ 67,991.50	\$ 1,377,561,998.70	\$ 68,991.36	\$ 1,397,819,941.23
2021	20,338		\$ 68,341.38	\$ 1,389,902,419.04	\$ 69,691.29	\$ 1,417,356,452.94	\$ 71,061.10	\$ 1,445,215,206.53
2022	20,312		\$ 69,708.21	\$ 1,415,923,894.84	\$ 71,433.57	\$1,450,969,819.24	\$ 73,192.94	\$ 1,486,706,278.84
2023	20,287		\$ 71,102.37	\$ 1,442,432,539.51	\$ 73,219.41	\$1,485,380,344.50	\$ 75,388.72	\$ 1,529,388,529.52
2024	20,261		\$ 72,524.42	\$ 1,469,437,473.74	\$ 75,049.90	\$1,520,606,933.77	\$ 77,650.39	\$ 1,573,296,156.41
2025	20,236		\$ 73,974.91	\$ 1,496,947,988.97	\$ 76,926.15	\$1,556,668,940.44	\$ 79,979.90	\$ 1,618,464,339.18
2026	20,211		\$ 75,454.40	\$ 1,524,973,550.57	\$ 78,849.30	\$ 1,593,586,176.88	\$ 82,379.29	\$ 1,664,929,267.46
2027	19,976		\$ 76,963.49	\$ 1,537,451,094.43	\$ 80,820.53	\$ 1,614,500,732.04	\$ 84,850.67	\$ 1,695,008,339.95
2028	19,745		\$ 78,502.76	\$ 1,550,030,731.27	\$ 82,841.04	\$ 1,635,689,774.15	\$ 87,396.19	\$ 1,725,630,829.27
2029	19,516		\$ 80,072.82	\$ 1,562,713,296.44	\$ 84,912.07	\$ 1,657,156,905.64	\$ 90,018.08	\$ 1,756,806,552.95
2030	19,290		\$ 81,674.27	\$ 1,575,499,632.10	\$ 87,034.87	\$ 1,678,905,776.21	\$ 92,718.62	\$ 1,788,545,505.88
2031	19,067		\$ 83,307.76	\$ 1,588,390,587.33	\$ 89,210.74	\$ 1,700,940,083.47	\$ 95,500.18	\$ 1,820,857,863.50
2032	18,832		\$ 84,973.91	\$ 1,600,232,355.56	\$ 91,441.01	\$ 1,722,021,033.21	\$ 98,365.19	\$ 1,852,417,356.11
2033	18,600		\$ 86,673.39	\$ 1,612,162,406.53	\$ 93,727.04	\$ 1,743,363,254.03	\$ 101,316.14	\$ 1,884,523,844.51
2034	18,372		\$ 88,406.86	\$ 1,624,181,398.41	\$ 96,070.21	\$1,764,969,984.05	\$ 104,355.63	\$ 1,917,186,809.33
2035	18,146		\$ 90,175.00	\$ 1,636,289,994.27	\$ 98,471.97	\$ 1,786,844,501.50	\$ 107,486.29	\$ 1,950,415,895.55
2036	17,923		\$ 91,978.50	\$ 1,648,488,862.13	\$ 100,933.77	\$ 1,808,990,125.26	\$ 110,710.88	\$ 1,984,220,915.30

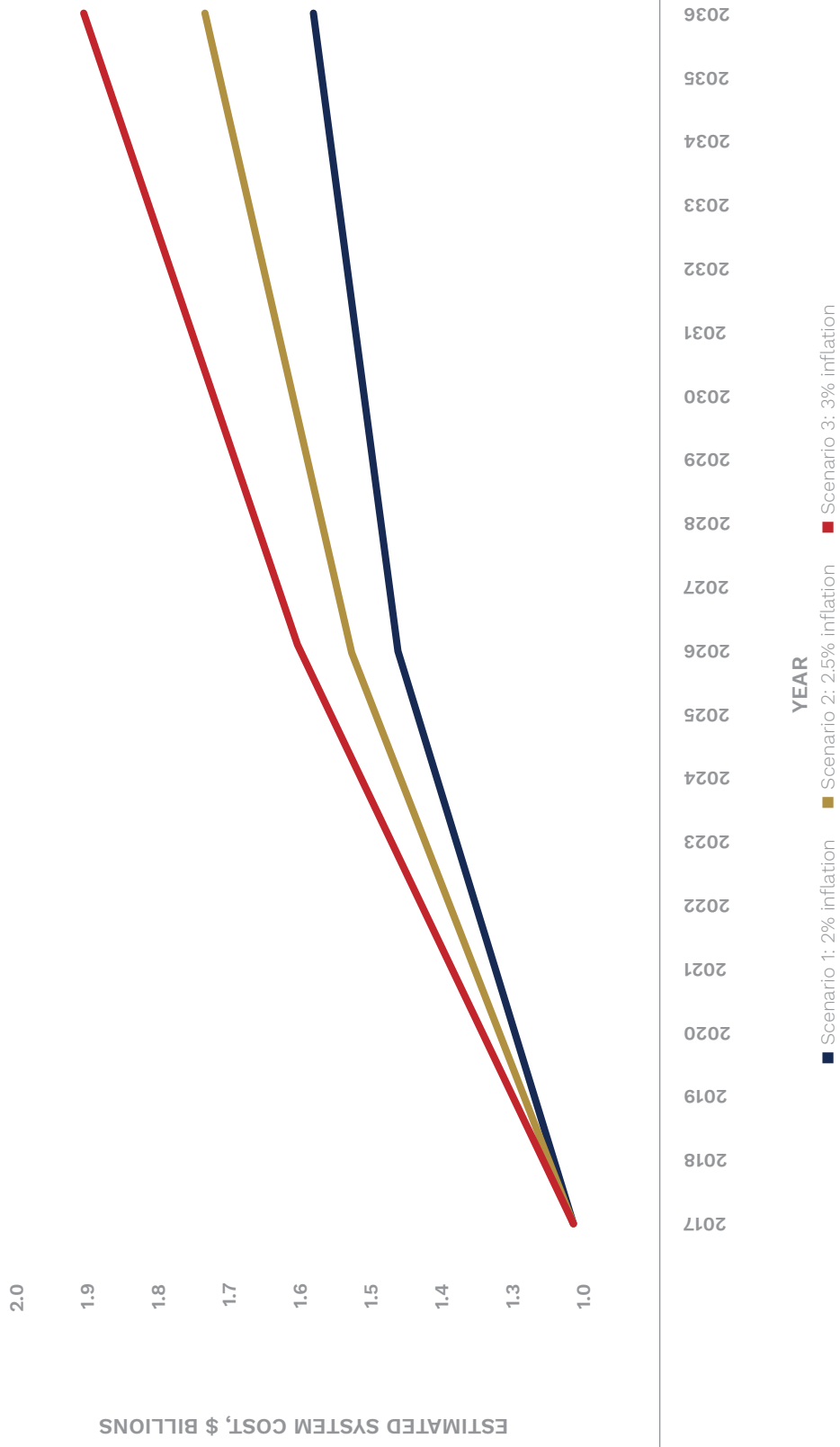
TOTAL SYSTEM COST ESTIMATES, WITH AVERAGE NUMBER OF CHILDREN IN CARE AND CONVERGENCE SCENARIO



TOTAL SYSTEM COST ESTIMATES, WITH CHILDREN IN CARE AS A % OF TOTAL CHILD POPULATION SERVED AND CONVERGENCE SCENARIO

CHILDREN IN CARE (CIC) AS A % OF TOTAL CHILD POPULATION SERVED		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Number of CIC	Program cost (CIC x \$63,136.87) + 2% inflation	Estimated program cost	Program cost (CIC x \$63,136.87) + 2.5% inflation	Estimated program cost	Program cost (CIC x \$63,136.87) + 3% inflation	Estimated program cost
2017	19,252	\$ 63,136.87	\$ 1,215,511,021.24	\$ 63,136.87	\$ 1,215,511,021.24	\$ 63,136.87	\$ 1,215,511,021.24
2018	19,325	\$ 64,399.61	\$1,244,523,606.43	\$ 64,715.29	\$ 1,250,624,212.35	\$ 65,030.98	\$ 1,256,724,818.26
2019	19,398	\$ 65,687.60	\$ 1,274,228,682.34	\$ 66,333.17	\$ 1,286,751,739.13	\$ 66,981.91	\$1,299,336,033.35
2020	19,472	\$ 67,001.35	\$ 1,304,642,777.78	\$ 67,991.50	\$1,323,922,903.30	\$ 68,991.36	\$1,343,392,048.15
2021	19,546	\$ 68,341.38	\$ 1,335,782,816.07	\$ 69,691.29	\$ 1,362,167,853.04	\$ 71,061.10	\$ 1,388,941,850.85
2022	19,521	\$ 69,708.21	\$ 1,360,791,075.45	\$ 71,433.57	\$1,394,472,392.18	\$ 73,192.94	\$ 1,428,817,356.25
2023	19,497	\$ 71,102.37	\$ 1,386,267,534.48	\$ 73,219.41	\$1,427,543,050.73	\$ 75,388.72	\$ 1,469,837,658.26
2024	19,472	\$ 72,524.42	\$ 1,412,220,958.69	\$ 75,049.90	\$ 1,461,397,997.65	\$ 77,650.39	\$ 1,512,035,623.16
2025	19,448	\$ 73,974.91	\$ 1,438,660,277.74	\$ 76,926.15	\$1,496,055,832.73	\$ 79,979.90	\$1,555,445,060.80
2026	19,424	\$ 75,454.40	\$1,465,594,588.43	\$ 78,849.30	\$ 1,531,535,596.91	\$ 82,379.29	\$ 1,600,100,751.66
2027	19,199	\$ 76,963.49	\$ 1,477,586,285.44	\$ 80,820.53	\$ 1,551,635,787.40	\$ 84,850.67	\$ 1,629,008,614.25
2028	18,976	\$ 78,502.76	\$ 1,489,676,100.16	\$ 82,841.04	\$ 1,571,999,776.95	\$ 87,396.19	\$ 1,658,438,734.28
2029	18,756	\$ 80,072.82	\$ 1,501,864,835.41	\$ 84,912.07	\$ 1,592,631,027.73	\$ 90,018.08	\$ 1,688,400,547.00
2030	18,539	\$ 81,674.27	\$ 1,514,153,300.58	\$ 87,034.87	\$ 1,613,533,047.31	\$ 92,718.62	\$ 1,718,903,658.11
2031	18,324	\$ 83,307.76	\$ 1,526,542,311.66	\$ 89,210.74	\$1,634,709,389.32	\$ 95,500.18	\$ 1,749,957,846.85
2032	18,099	\$ 84,973.91	\$ 1,537,922,988.68	\$ 91,441.01	\$1,654,969,495.38	\$ 98,365.19	\$ 1,780,288,485.42
2033	17,876	\$ 86,673.39	\$ 1,549,388,510.91	\$ 93,727.04	\$1,675,480,699.21	\$ 101,316.14	\$ 1,811,144,821.01
2034	17,656	\$ 88,406.86	\$ 1,560,939,510.90	\$ 96,070.21	\$ 1,696,246,112.86	\$104,355.63	\$ 1,842,535,965.11
2035	17,439	\$ 90,175.00	\$ 1,572,576,625.89	\$ 98,471.97	\$ 1,717,268,886.92	\$ 107,486.29	\$ 1,874,471,187.15
2036	17,225	\$ 91,978.50	\$ 1,584,300,497.89	\$ 100,933.77	\$ 1,738,552,211.04	\$ 110,710.88	\$ 1,906,959,917.20

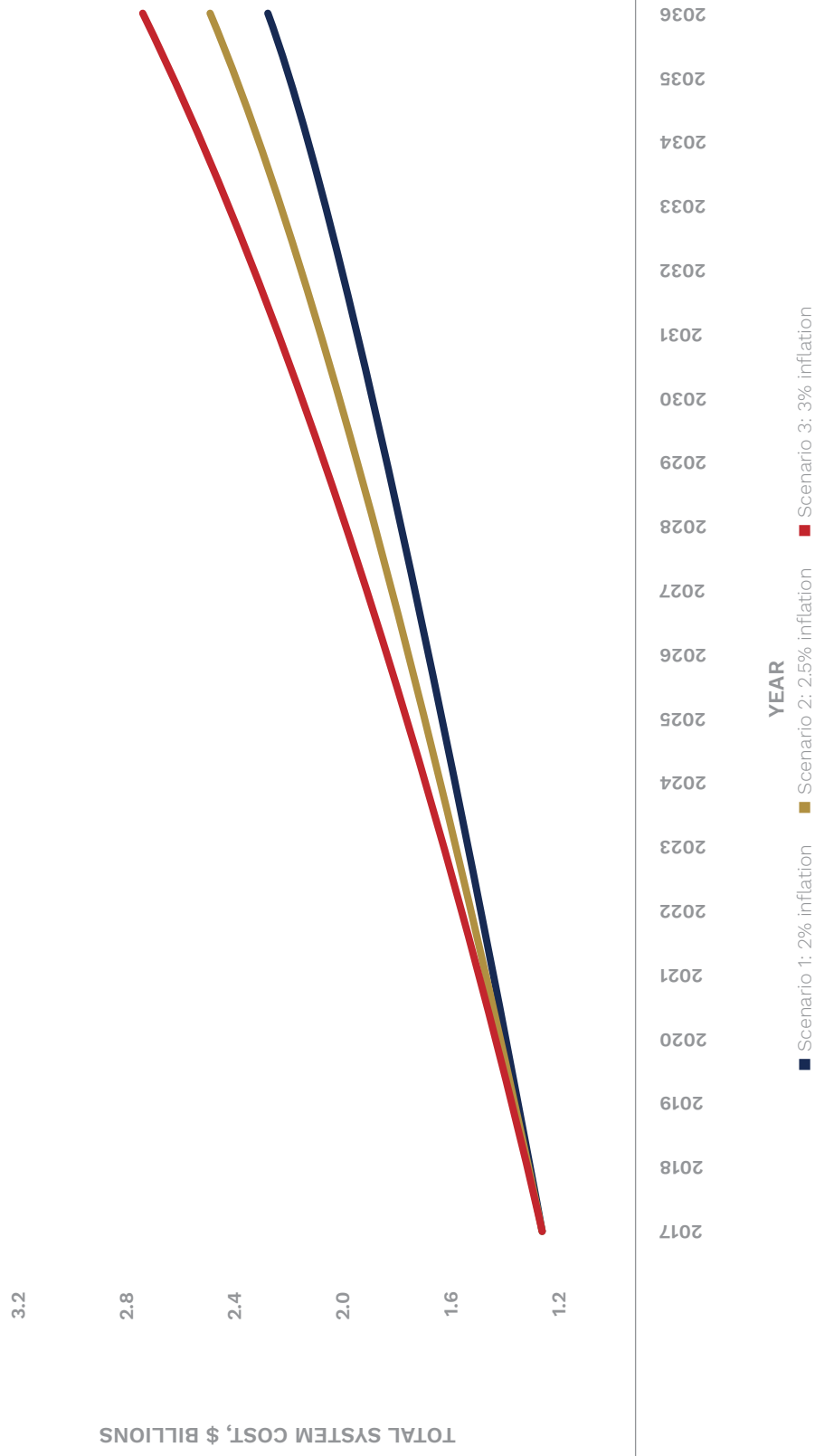
TOTAL SYSTEM COST ESTIMATES, WITH CHILDREN IN CARE AS A % OF
TOTAL CHILD POPULATION SERVED AND CONVERGENCE SCENARIO



TOTAL SYSTEM COST ESTIMATES, WITH AVERAGE NUMBER OF CHILDREN IN CARE AND CONSTANT SCENARIO

AVERAGE NUMBER OF CHILDREN IN CARE (CIC)		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Number of CIC	Program cost (CIC x \$63,136.87) + 2% inflation	Estimated program cost	Program cost (CIC x \$63,136.87) + 2.5% inflation	Estimated program cost	Program cost (CIC x \$63,136.87) + 3% inflation	Estimated program cost
2017	20,032	\$ 63,136.87	\$ 1,264,757,779.84	\$ 63,136.87	\$ 1,264,757,779.84	\$ 63,136.87	\$ 1,264,757,779.84
2018	20,302	\$ 64,399.61	\$ 1,307,428,328.43	\$ 64,715.29	\$ 1,313,837,290.82	\$ 65,030.98	\$ 1,320,246,253.22
2019	20,575	\$ 65,687.60	\$ 1,351,538,501.06	\$ 66,333.17	\$ 1,364,821,354.94	\$ 66,981.91	\$ 1,378,169,161.65
2020	20,852	\$ 67,001.35	\$ 1,397,136,867.96	\$ 67,991.50	\$ 1,417,783,879.26	\$ 68,991.36	\$ 1,438,633,310.64
2021	21,133	\$ 68,341.38	\$ 1,444,273,637.98	\$ 69,691.29	\$ 1,472,801,638.85	\$ 71,061.10	\$ 1,501,750,191.53
2022	21,376	\$ 69,708.21	\$ 1,490,096,424.91	\$ 71,433.57	\$ 1,526,978,214.15	\$ 73,192.94	\$ 1,564,586,711.95
2023	21,622	\$ 71,102.37	\$ 1,537,373,041.47	\$ 73,219.41	\$ 1,583,147,658.84	\$ 75,388.72	\$ 1,630,052,450.15
2024	21,871	\$ 72,524.42	\$ 1,586,149,613.62	\$ 75,049.90	\$ 1,641,383,280.04	\$ 77,650.39	\$ 1,698,257,418.36
2025	22,122	\$ 73,974.91	\$ 1,636,473,730.79	\$ 76,926.15	\$ 1,701,761,081.44	\$ 79,979.90	\$ 1,769,316,231.97
2026	22,376	\$ 75,454.40	\$ 1,688,394,492.28	\$ 78,849.30	\$ 1,764,359,862.52	\$ 82,379.29	\$ 1,843,348,302.13
2027	22,596	\$ 76,963.49	\$ 1,739,049,558.01	\$ 80,820.53	\$ 1,826,202,338.81	\$ 84,850.67	\$ 1,917,266,516.70
2028	22,817	\$ 78,502.76	\$ 1,791,224,372.64	\$ 82,841.04	\$ 1,890,212,452.20	\$ 87,396.19	\$ 1,994,148,849.57
2029	23,041	\$ 80,072.82	\$ 1,844,964,531.55	\$ 84,912.07	\$ 1,956,466,180.39	\$ 90,018.08	\$ 2,074,114,161.81
2030	23,267	\$ 81,674.27	\$ 1,900,316,998.07	\$ 87,034.87	\$ 2,025,042,164.21	\$ 92,718.62	\$ 2,157,286,080.81
2031	23,495	\$ 83,307.76	\$ 1,957,330,144.51	\$ 89,210.74	\$ 2,096,021,800.90	\$ 95,500.18	\$ 2,243,793,191.39
2032	23,763	\$ 84,973.91	\$ 2,019,193,291.64	\$ 91,441.01	\$ 2,172,867,775.26	\$ 98,365.19	\$ 2,337,403,493.80
2033	24,033	\$ 86,673.39	\$ 2,083,011,678.14	\$ 93,727.04	\$ 2,252,531,136.23	\$ 101,316.14	\$ 2,434,919,186.75
2034	24,306	\$ 88,406.86	\$ 2,148,847,101.08	\$ 96,070.21	\$ 2,335,115,177.04	\$ 104,355.63	\$ 2,536,503,201.84
2035	24,583	\$ 90,175.00	\$ 2,216,763,310.68	\$ 98,471.97	\$ 2,420,726,977.90	\$ 107,486.29	\$ 2,642,325,268.11
2036	24,863	\$ 91,978.50	\$ 2,286,826,072.05	\$ 100,933.77	\$ 2,509,477,544.90	\$ 110,710.88	\$ 2,752,562,195.63

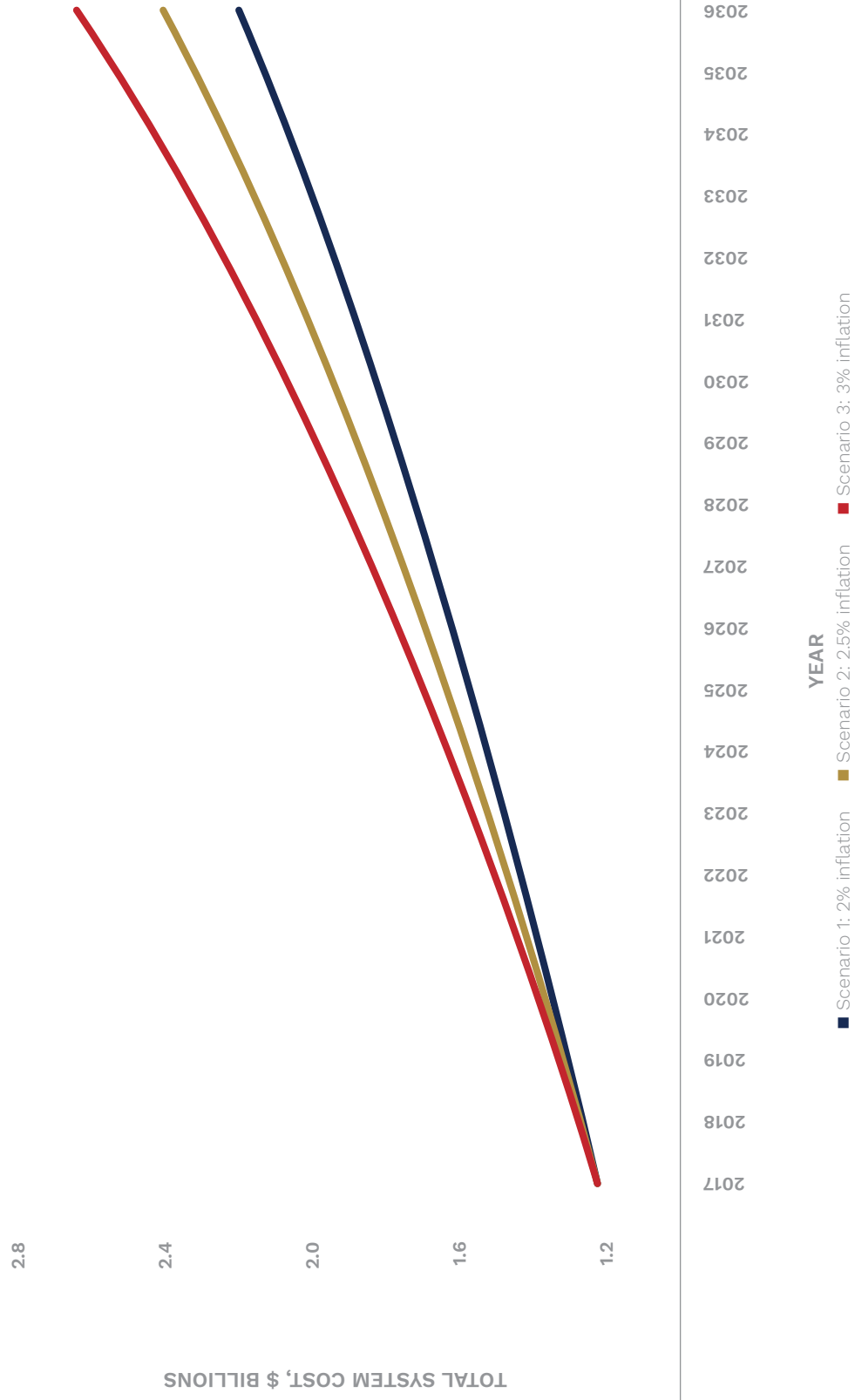
TOTAL SYSTEM COST ESTIMATES, WITH
AVERAGE NUMBER OF CHILDREN IN CARE AND CONSTANT SCENARIO



TOTAL SYSTEM COST ESTIMATES, WITH CHILDREN IN CARE AS A % OF TOTAL CHILD POPULATION SERVED AND CONSTANT SCENARIO

CHILDREN IN CARE (CIC) AS A % OF TOTAL CHILD POPULATION SERVED		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
		Program Cost (CIC x \$63,136.87) + 2% inflation	Estimated program cost	Program Cost (CIC x \$63,136.87) + 2.5% inflation	Estimated program cost	Program Cost (CIC x \$63,136.87) + 3% inflation	Estimated program cost
Year	Number of CIC						
2017	19,252	\$ 63,136.87	\$ 1,215,511,021.24	\$ 63,136.87	\$ 1,215,511,021.24	\$ 63,136.87	\$ 1,215,511,021.24
2018	19,511	\$ 64,399.61	\$ 1,256,520,076.82	\$ 64,715.29	\$ 1,262,679,488.96	\$ 65,030.98	\$ 1,268,838,901.10
2019	19,774	\$ 65,687.60	\$ 1,298,912,700.80	\$ 66,333.17	\$ 1,311,678,350.90	\$ 66,981.91	\$ 1,324,506,424.72
2020	20,040	\$ 67,001.35	\$ 1,342,735,572.18	\$ 67,991.50	\$ 1,362,578,636.36	\$ 68,991.36	\$ 1,382,616,238.84
2021	20,310	\$ 68,341.38	\$ 1,388,036,944.81	\$ 69,691.29	\$ 1,415,454,130.95	\$ 71,061.10	\$ 1,443,275,493.58
2022	20,544	\$ 69,708.21	\$ 1,432,075,497.83	\$ 71,433.57	\$ 1,467,521,195.03	\$ 73,192.94	\$ 1,503,665,304.44
2023	20,780	\$ 71,102.37	\$ 1,477,511,271.68	\$ 73,219.41	\$ 1,521,503,530.75	\$ 75,388.72	\$ 1,566,581,957.38
2024	21,019	\$ 72,524.42	\$ 1,524,388,596.32	\$ 75,049.90	\$ 1,577,471,590.82	\$ 77,650.39	\$ 1,632,131,181.02
2025	21,261	\$ 73,974.91	\$ 1,572,753,208.13	\$ 76,926.15	\$ 1,635,498,419.52	\$ 79,979.90	\$ 1,700,423,127.89
2026	21,505	\$ 75,454.40	\$ 1,622,652,294.60	\$ 78,849.30	\$ 1,695,659,748.07	\$ 82,379.29	\$ 1,771,572,559.53
2027	21,716	\$ 76,963.49	\$ 1,671,334,968.59	\$ 80,820.53	\$ 1,755,094,220.59	\$ 84,850.67	\$ 1,842,612,568.86
2028	21,929	\$ 78,502.76	\$ 1,721,478,215.96	\$ 82,841.04	\$ 1,816,611,927.40	\$ 87,396.19	\$ 1,916,501,280.55
2029	22,144	\$ 80,072.82	\$ 1,773,125,856.70	\$ 84,912.07	\$ 1,880,285,887.82	\$ 90,018.08	\$ 1,993,352,927.48
2030	22,361	\$ 81,674.27	\$ 1,826,323,025.51	\$ 87,034.87	\$ 1,946,191,680.58	\$ 92,718.62	\$ 2,073,286,323.27
2031	22,580	\$ 83,307.76	\$ 1,881,116,211.17	\$ 89,210.74	\$ 2,014,407,533.49	\$ 95,500.18	\$ 2,156,425,045.96
2032	22,837	\$ 84,973.91	\$ 1,940,570,549.65	\$ 91,441.01	\$ 2,088,261,302.38	\$ 98,365.19	\$ 2,246,390,378.52
2033	23,097	\$ 86,673.39	\$ 2,001,903,994.98	\$ 93,727.04	\$ 2,164,822,755.33	\$ 101,316.14	\$ 2,340,109,034.71
2034	23,360	\$ 88,406.86	\$ 2,065,175,938.00	\$ 96,070.21	\$ 2,244,191,163.56	\$ 104,355.63	\$ 2,437,737,601.93
2035	23,626	\$ 90,175.00	\$ 2,130,447,646.63	\$ 98,471.97	\$ 2,326,469,437.83	\$ 107,486.29	\$ 2,539,439,200.36
2036	23,895	\$ 91,978.50	\$ 2,197,782,325.23	\$ 100,933.77	\$ 2,411,764,261.90	\$ 110,710.88	\$ 2,645,383,755.50

TOTAL SYSTEM COST ESTIMATES, WITH CHILDREN IN CARE AS A % OF
TOTAL CHILD POPULATION SERVED AND CONSTANT SCENARIO





APPENDIX M

Indigenous Services Canada (ISC) Program Spending Breakouts

Program Name	17-18 Fundings ⁵	Breakout in Departmental Costs vs. funds to First Nations ⁶	Performance criteria and results reporting for each program
FNIHB / HC			
Aboriginal Head-start on-reserve	\$30,561,340	Vote 1 \$607,678 Vote 10 \$29,953,662	Number of children in First Nations communities accessing early literacy and learning services and supports https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1
Healthy child development	\$32,044,848	Vote 1 \$5,638,051 Vote 10 \$26,406,797	Percentage of First Nations communities that screen for risk factors for developmental milestones through participation in healthy child development programs and services https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1 Percentage of First Nations communities with maternal and child health programming that provide group breastfeeding support activities. https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1
Mental Wellness	\$160,210,929	Vote 1 \$11,245,084 Vote 10 \$148,965,845	Percentage of addictions counsellors in treatment centres serving First Nations and Inuit clients who are certified workers. https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1 Percentage of First Nations communities that report service linkages with external service providers in delivering Mental Wellness promotion https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1
Canada Prenatal Nutrition Program (on-reserve First Nations and Inuit)	\$12,935,948	Vote 1 \$240,866 Vote 10 \$12,695,082	Number of women in First Nations communities accessing Prenatal and Postnatal Health services and supports including Nutrition https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1
Brighter Futures	\$56,295,405	Vote 1 \$39,319 Vote 10 \$56,256,086	Brighter Futures focuses on community-based health promotion and ill-health prevention programs for First Nations and Inuit communities. Performance criteria and results for programs such as these are sought from Healthy Child Development, Mental Wellness, and Healthily Living

⁵ Information collected from Program staff

⁶ For most programs this is distinguished through Vote 1 (departmental operations) and Vote 10 (Grants and Contributions)

Program Name	17-18 Fundings	Breakout in Departmental Costs vs. funds to First Nations	Performance criteria and results reporting for each program
Building Healthy Communities	\$46,241,107	Vote 1 \$457,533 Vote 10 \$45,783,554	Building Healthy Communities is designed to assist First Nations and Inuit communities to develop community-based approaches to drug abuse and mental health crises. Performance criteria and results are sought from Mental Wellness.
Children's Oral Health Initiative	\$6,300,779	Vote 1 \$1,991,149 Vote 10 \$4,309,630	Average number of decayed teeth in the 0-7 year population in First Nations communities with access to the Children's Oral Health Initiative (COHI). https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1
Fetal Alcohol Spectrum Disorder Initiative – First Nations and Inuit component	\$7,735,902	Vote 1 \$208,966 Vote 10 \$7,526,936	% of communities with access to a Fetal Alcohol Spectrum Disorder Community Coordinator or Mentoring programs* Indigenous Services Canada, First Nations Inuit Health Branch, Community Based Level Reporting-National Summary Report 2015-16 Fiscal Year.
Maternal and Child Health Program	\$15,694,477	Vote 1 \$354,878 Vote 10 \$15,339,599	Difference in percentage of children aged 0 to 11 who we Percentage of First Nations children on-reserve who have received the MMR vaccine.re breastfed longer than six months in First Nations communities with Maternal Child Health (MCH) programs versus those without MCH programs. https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1 Percentage of First Nations communities with maternal and child health programming that provide group breastfeeding support activities. https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1 Percentage of women in First Nations communities accessing maternal and child health program activities who breastfed for 6 months or more https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1

Program Name	17-18 Fundings ⁵	Breakout in Departmental Costs vs. funds to First Nations ⁶	Performance criteria and results reporting for each program
Jordan's Principle	\$145,067,987	Departmental \$3,193,423 First Nations \$141,874,564	Number of approved service requests for services and supports under Jordan's Principle https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html
Other			Percentage of First Nations children on-reserve who have received the MMR vaccine. https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1 Percentage of First Nations communities that deliver physical activities. https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1 Percentage of First Nations and Inuit communities that deliver healthy eating activities under the Aboriginal Diabetes Initiative. https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a4_1
ISC - Social Programs			
Family Violence Prevention Program	\$41,795,145	Vote 1 - \$1,576,939 Vote 10 - \$40,218,206	Number of women and children accessing the department's funded shelters Percentage of projects directed to community priorities/needs
Income Assistance	\$973,376,126 (Includes day care)	Vote 1 - for 2017-2018: \$7,557,278.15 Vote 10 - for 2017-2018: \$965,818,847.74 (includes day care)	https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a2_2_1

Program Name	17-18 Fundings ⁵	Breakout in Departmental Costs vs. funds to First Nations ⁶	Performance criteria and results reporting for each program
On reserve Day Care in AB and MB ON	<p>\$19,249,525</p> <p>This amount is also included in the 2017-2018 funding for Income Assistance as on-reserve day care in AB and ON is funded within the Income Assistance Program.</p>	<p>Vote 10 for 2017-2018: ON: \$2,657,313.00 AB: \$16,592,212.00</p> <p>National total: \$19,249,525.00</p> <p>This amount is included in the Income Assistance Vote 10 amount.</p>	See Income Assistance
Assisted Living	\$115,899,008	<p>Vote 1 for 2017-18: \$1,888,651.79 Vote 10 for 2017-18: \$114,010,356.14</p>	https://www.sac-isc.gc.ca/eng/1538154166265/1538154312961#a2_2_2
ISC – Education			

Program Name	17-18 Fundings ⁵	Breakout in Departmental Costs vs. funds to First Nations ⁶	Performance criteria and results reporting for each program
Elementary & Secondary	\$ 1,245,608,813	Vote 1- \$27,252,721 Vote 10- \$1,218,356,092	In 2017-18, Education programs sought to measure results on 6 publically-reported indicators, as listed on the GC Infobase. Funding recipients are required to submit data through a number of DCIs, which are uploaded to the Education Information System (EIS). EIS is an information technology system that was designed to provide the Department with the ability to analyze and report on education data, to reduce the reporting burden to First Nations, and to provide a reporting mechanism back to the funding recipients. Once reports are finalized within the EIS system, data is transferred to the Education Reports and Analysis Solution (ERAS), where de-personalized data is extracted and used for purposes such as reporting on performance indicators, informing program decisions, and developing policy to improve education outcomes for First Nations students.
High Cost Special Education Program (HCSEP)	\$270,428,162	Vote 1- \$1,747,894 Vote 10- \$268,680,268	Collected through Education Information System (EIS). See note above.
First Nation Student Success Program (FNSSP) – Ending Apr 1, 2019	\$106,323,084	Vote 1- \$1,763,595 Vote 10- \$104,559,489	Proposal based program ending April 1, 2019. Funding flowing directly to First Nations' education budget to support principle of First Nation control of First Nation education.

Program Name	17-18 Fundings ⁵	Breakout in Departmental Costs vs. funds to First Nations ⁶	Performance criteria and results reporting for each program
New Paths for Education (NP) – Ending Apr 1, 2019	\$133,972,831	Vote 1- \$173,753 Vote 10- \$133,799,078	Proposal based program ending April 1, 2019. Funding flowing directly to First Nations' education budget to support principle of First Nation control of First Nation education.
Cultural Education Centres Program (CECP)	\$9,894,600	Vote 1- NA Vote 10- \$9,894,600	Collected through Education Information System (EIS). See note above.
Post-Secondary Education (PSE)	\$369,414,978	Vote 1- \$2,435,317 Vote 10- \$366,979,661	Collected through Education Information System (EIS). See note above.
Post-Secondary Partnerships Program (PSP)	\$25,032,745	Vote 1- NA Vote 10- \$25,032,745	Collected through Education Information System (EIS). See note above.
Indspire	\$7,817,000	Vote 1- NA Vote 10- \$7,817,000	Annual reporting to the Department.



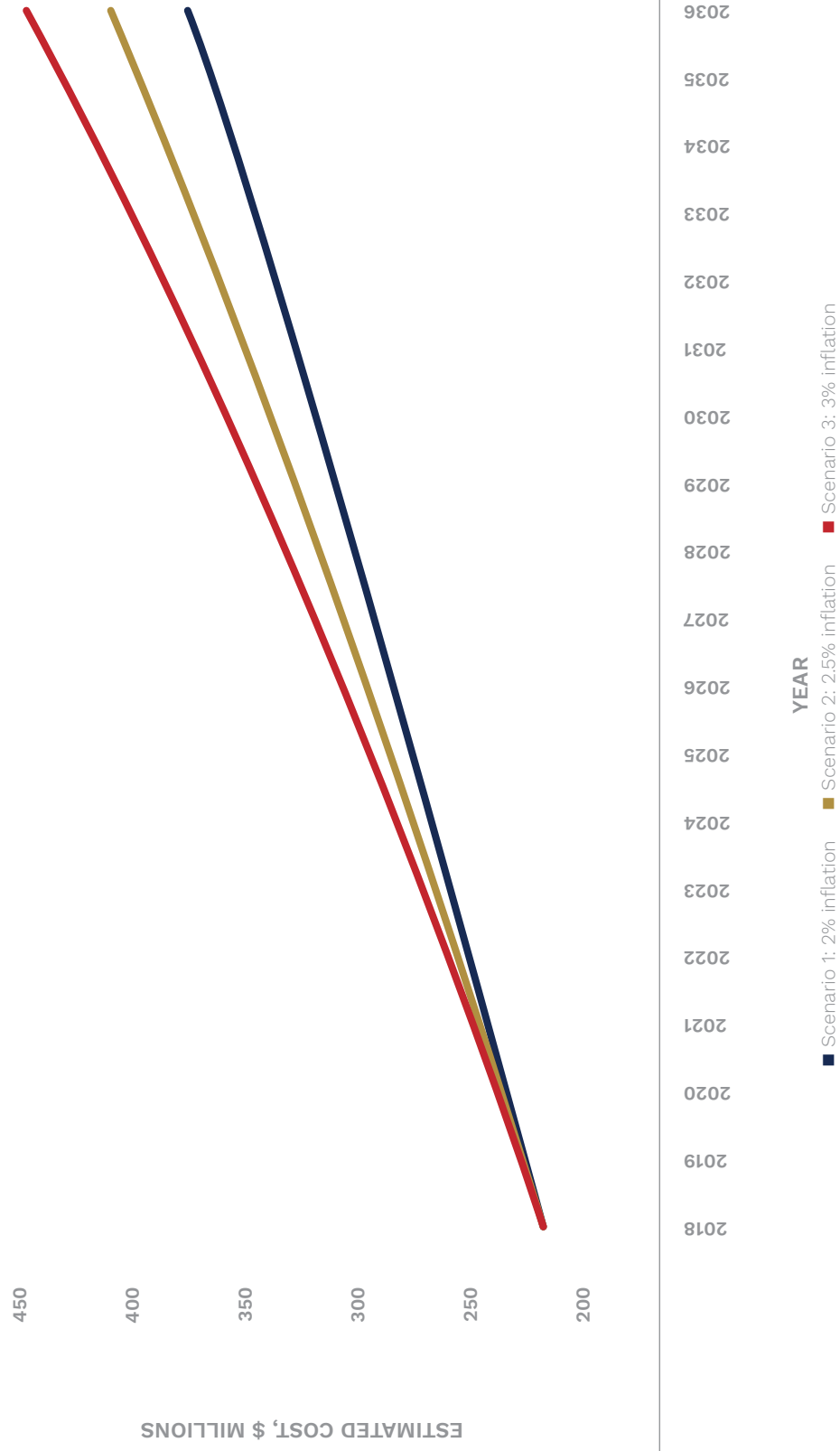
APPENDIX N

Prevention Cost Estimates

PREVENTION COST ESTIMATE, \$800 PER PERSON WITH CONVERGENCE SCENARIO

CONVERGENCE SCENARIO		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Population	\$800/person + inflation 2%	Total program cost	\$800/person + inflation 2.5%	Total program cost	\$800/person + inflation 3%	Total program cost
2018	271,038	\$ 800.00	\$ 216,830,415.81	\$ 800.00	\$ 216,830,415.81	\$ 800.00	\$ 216,830,415.81
2019	275,453	\$ 816.00	\$ 224,769,312.22	\$ 820.00	\$ 225,871,122.57	\$ 824.00	\$ 226,972,932.92
2020	279,939	\$ 832.32	\$ 232,998,878.52	\$ 840.50	\$ 235,288,780.03	\$ 848.72	\$ 237,589,879.11
2021	284,499	\$ 848.97	\$ 241,529,757.14	\$ 861.51	\$ 245,099,105.10	\$ 874.18	\$ 248,703,446.39
2022	288,187	\$ 865.95	\$ 249,553,993.08	\$ 883.05	\$ 254,483,305.88	\$ 900.41	\$ 259,485,285.23
2023	291,922	\$ 883.26	\$ 257,844,814.64	\$ 905.13	\$ 264,226,803.05	\$ 927.42	\$ 270,734,540.39
2024	295,707	\$ 900.93	\$ 266,411,078.49	\$ 927.75	\$ 274,343,353.13	\$ 955.24	\$ 282,471,475.39
2025	299,540	\$ 918.95	\$ 275,261,935.53	\$ 950.95	\$ 284,847,239.33	\$ 983.90	\$ 294,717,232.21
2026	303,423	\$ 937.33	\$ 284,406,840.66	\$ 974.72	\$ 295,753,291.74	\$ 1,013.42	\$ 307,493,869.40
2027	306,271	\$ 956.07	\$ 292,817,684.30	\$ 999.09	\$ 305,992,332.70	\$ 1,043.82	\$ 319,691,271.00
2028	309,145	\$ 975.20	\$ 301,477,264.20	\$ 1,024.07	\$ 316,585,851.41	\$ 1,075.13	\$ 332,372,508.61
2029	312,047	\$ 994.70	\$ 310,392,936.29	\$ 1,049.67	\$ 327,546,119.97	\$ 1,107.39	\$ 345,556,774.61
2030	314,976	\$ 1,014.59	\$ 319,572,274.06	\$ 1,075.91	\$ 338,885,835.31	\$ 1,140.61	\$ 359,264,022.71
2031	317,932	\$ 1,034.89	\$ 329,023,074.98	\$ 1,102.81	\$ 350,618,133.98	\$ 1,174.83	\$ 373,514,998.10
2032	320,171	\$ 1,055.58	\$ 337,967,175.30	\$ 1,130.38	\$ 361,914,707.85	\$ 1,210.07	\$ 387,430,014.80
2033	322,426	\$ 1,076.69	\$ 347,154,410.34	\$ 1,158.64	\$ 373,575,246.31	\$ 1,246.37	\$ 401,863,424.85
2034	324,697	\$ 1,098.23	\$ 356,591,389.42	\$ 1,187.60	\$ 385,611,475.92	\$ 1,283.77	\$ 416,834,540.60
2035	326,984	\$ 1,120.19	\$ 366,284,901.53	\$ 1,217.29	\$ 398,035,501.10	\$ 1,322.28	\$ 432,363,393.86
2036	329,287	\$ 1,142.60	\$ 376,241,920.21	\$ 1,247.73	\$ 410,859,816.24	\$ 1,361.95	\$ 448,470,762.71

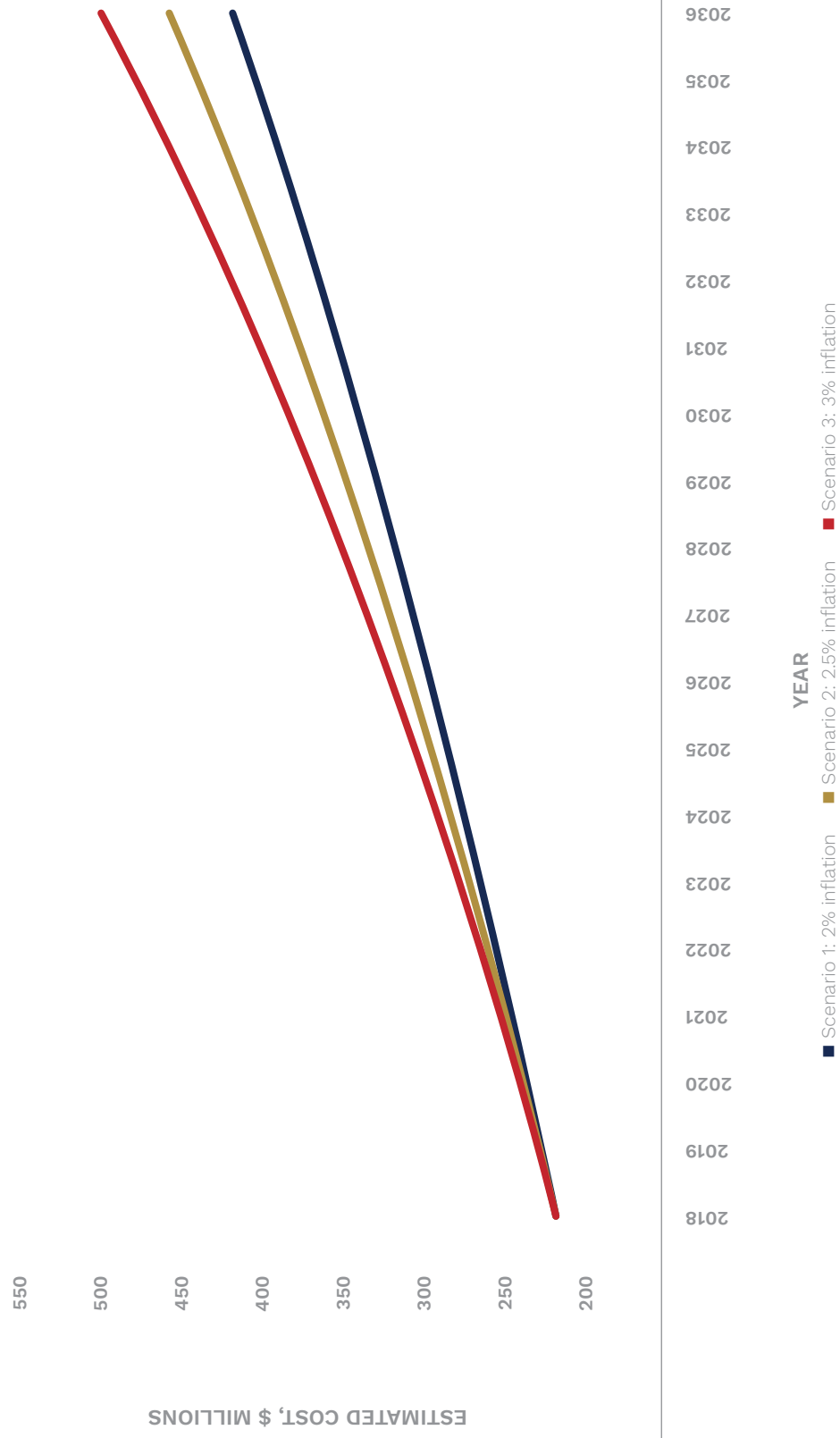
PREVENTION COST ESTIMATE, \$800 PER PERSON, WITH CONVERGENCE SCENARIO



PREVENTION COST ESTIMATE, \$800 PER PERSON, WITH CONSTANT SCENARIO

CONSTANT SCENARIO		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Population	\$800/person + inflation 2%	Total program cost	\$800/person + inflation 2.5%	Total program cost	\$800/person + inflation 3%	Total program cost
2018	272,665	\$ 800.00	\$ 218,132,078.75	\$ 800.00	\$ 218,132,078.75	\$ 800.00	\$ 218,132,078.75
2019	277,937	\$ 816.00	\$226,796,328.59	\$ 820.00	\$ 227,908,075.30	\$ 824.00	\$ 229,019,822.00
2020	283,310	\$ 832.32	\$235,804,724.16	\$ 840.50	\$ 238,122,201.39	\$ 848.72	\$ 240,451,011.02
2021	288,788	\$ 848.97	\$ 245,170,935.02	\$ 861.51	\$ 248,794,092.62	\$ 874.18	\$ 252,452,771.09
2022	293,878	\$ 865.95	\$254,482,740.03	\$ 883.05	\$ 259,509,407.85	\$ 900.41	\$ 264,610,177.41
2023	299,059	\$ 883.26	\$ 264,148,215.48	\$ 905.13	\$ 270,686,221.11	\$ 927.42	\$ 277,353,049.79
2024	304,331	\$ 900.93	\$ 274,180,794.09	\$ 927.75	\$282,344,408.64	\$ 955.24	\$290,709,582.60
2025	309,696	\$ 918.95	\$284,594,418.74	\$ 950.95	\$294,504,702.77	\$ 983.90	\$ 304,709,327.98
2026	315,155	\$ 937.33	\$295,403,561.90	\$ 974.72	\$ 307,188,728.73	\$ 1,013.42	\$ 319,383,261.22
2027	320,261	\$ 956.07	\$ 306,192,772.97	\$ 999.09	\$ 319,969,202.28	\$1,043.82	\$334,293,869.57
2028	325,449	\$ 975.20	\$ 317,376,045.22	\$1,024.07	\$ 333,281,402.71	\$1,075.13	\$349,900,589.04
2029	330,721	\$ 994.70	\$ 328,967,771.20	\$1,049.67	\$ 347,147,452.32	\$ 1,107.39	\$ 366,235,918.01
2030	336,078	\$1,014.59	\$340,982,869.11	\$1,075.91	\$ 361,590,393.80	\$ 1,140.61	\$ 383,333,872.10
2031	341,523	\$1,034.89	\$353,436,802.04	\$ 1,102.81	\$ 376,634,228.52	\$ 1,174.83	\$ 401,230,054.92
2032	346,522	\$1,055.58	\$365,782,845.46	\$ 1,130.38	\$ 391,701,328.79	\$ 1,210.07	\$ 419,316,618.85
2033	351,595	\$1,076.69	\$ 378,560,153.51	\$ 1,158.64	\$ 407,371,182.32	\$1,246.37	\$ 438,218,485.11
2034	356,742	\$1,098.23	\$ 391,783,790.84	\$ 1,187.60	\$ 423,667,902.01	\$1,283.77	\$ 457,972,405.72
2035	361,964	\$1,120.19	\$405,469,348.39	\$ 1,217.29	\$ 440,616,565.40	\$1,322.28	\$ 478,616,789.40
2036	367,262	\$1,142.60	\$ 419,632,961.66	\$ 1,247.73	\$ 458,243,253.22	\$ 1,361.95	\$ 500,191,776.27

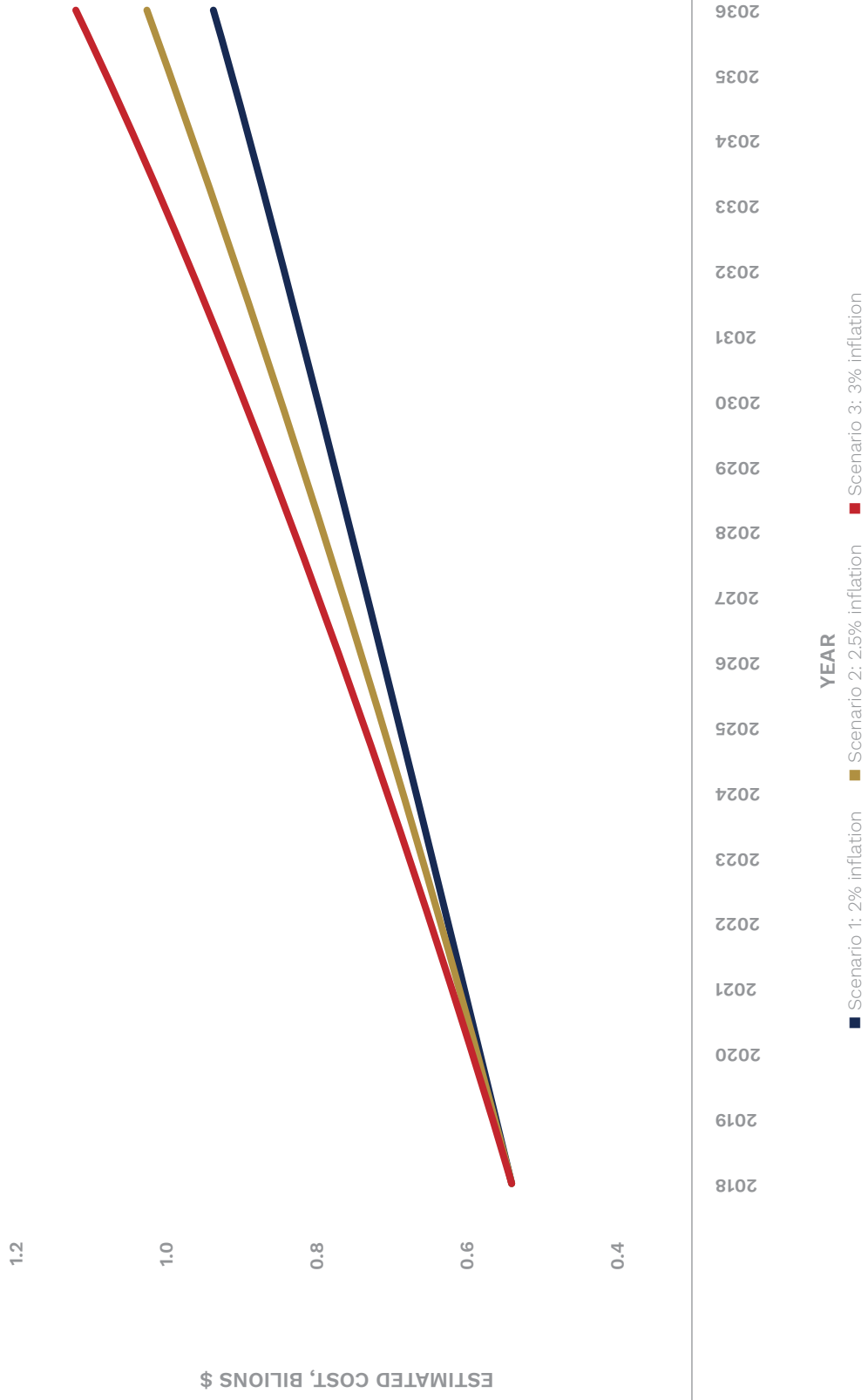
PREVENTION COST ESTIMATE, \$800 PER PERSON, WITH CONSTANT SCENARIO



PREVENTION COST ESTIMATE, \$2,000 PER PERSON, WITH CONVERGENCE SCENARIO

CONVERGENCE SCENARIO		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Population	\$2,000/person + inflation 2%	Total program cost	\$2,000/person + inflation 2.5%	Total program cost	\$2,000/person + inflation 3%	Total program cost
2018	271,038	\$ 2,000.00	\$ 542,076,039.53	\$ 2,000.00	\$ 542,076,039.53	\$ 2,000.00	\$ 542,076,039.53
2019	275,453	\$ 2,040.00	\$ 561,923,280.54	\$ 2,050.00	\$ 564,677,806.42	\$ 2,060.00	\$ 567,432,332.31
2020	279,939	\$ 2,080.80	\$ 582,497,196.31	\$ 2,101.25	\$ 588,221,950.09	\$ 2,121.80	\$ 593,974,697.77
2021	284,499	\$ 2,122.42	\$ 603,824,392.86	\$ 2,153.78	\$ 612,747,762.76	\$ 2,185.45	\$ 621,758,615.97
2022	288,187	\$ 2,164.86	\$ 623,884,982.70	\$ 2,207.63	\$ 636,208,264.70	\$ 2,251.02	\$ 648,713,213.08
2023	291,922	\$ 2,208.16	\$ 644,612,036.61	\$ 2,262.82	\$ 660,567,007.63	\$ 2,318.55	\$ 676,836,350.98
2024	295,707	\$ 2,252.32	\$ 666,027,696.24	\$ 2,319.39	\$ 685,858,382.82	\$ 2,388.10	\$ 706,178,688.47
2025	299,540	\$ 2,297.37	\$ 688,154,838.82	\$ 2,377.37	\$ 712,118,098.33	\$ 2,459.75	\$ 736,793,080.53
2026	303,423	\$ 2,343.32	\$ 711,017,101.64	\$ 2,436.81	\$ 739,383,229.34	\$ 2,533.54	\$ 768,734,673.50
2027	306,271	\$ 2,390.19	\$ 732,044,210.75	\$ 2,497.73	\$ 764,980,831.76	\$ 2,609.55	\$ 799,228,177.50
2028	309,145	\$ 2,437.99	\$ 753,693,160.49	\$ 2,560.17	\$ 791,464,628.54	\$ 2,687.83	\$ 830,931,271.52
2029	312,047	\$ 2,486.75	\$ 775,982,340.72	\$ 2,624.17	\$ 818,865,299.91	\$ 2,768.47	\$ 863,891,936.53
2030	314,976	\$ 2,536.48	\$ 798,930,685.16	\$ 2,689.78	\$ 847,214,588.28	\$ 2,851.52	\$ 898,160,056.77
2031	317,932	\$ 2,587.21	\$ 822,557,687.45	\$ 2,757.02	\$ 876,545,334.95	\$ 2,937.07	\$ 933,787,495.24
2032	320,171	\$ 2,638.96	\$ 844,917,938.26	\$ 2,825.95	\$ 904,786,769.63	\$ 3,025.18	\$ 968,575,037.00
2033	322,426	\$ 2,691.74	\$ 867,886,025.85	\$ 2,896.60	\$ 933,938,115.77	\$ 3,115.93	\$ 1,004,658,562.13
2034	324,697	\$ 2,745.57	\$ 891,478,473.54	\$ 2,969.01	\$ 964,028,689.81	\$ 3,209.41	\$ 1,042,086,351.50
2035	326,984	\$ 2,800.48	\$ 915,712,253.81	\$ 3,043.24	\$ 995,088,752.76	\$ 3,305.70	\$ 1,080,908,484.65
2036	329,287	\$ 2,856.49	\$ 940,604,800.53	\$ 3,119.32	\$ 1,027,149,540.60	\$ 3,404.87	\$ 1,121,176,906.79

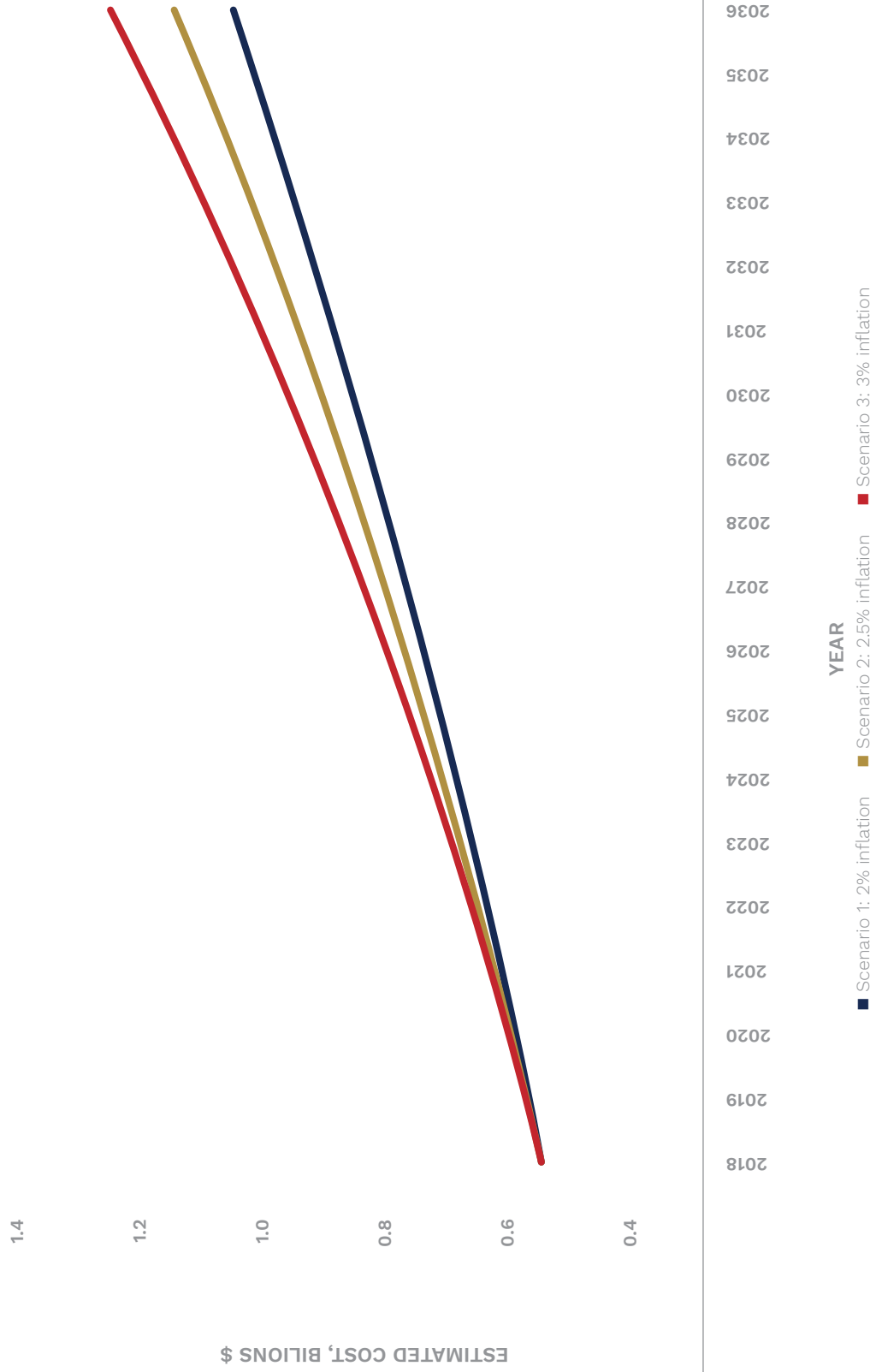
PREVENTION COST ESTIMATE, \$2,000 PER PERSON, WITH CONVERGENCE SCENARIO



PREVENTION COST ESTIMATE, \$2,000 PER PERSON, WITH CONSTANT SCENARIO

CONSTANT SCENARIO		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Population	\$2,000/person + inflation 2%	Total program cost	\$2,000/person + inflation 2.5%	Total program cost	\$2,000/person + inflation 3%	Total program cost
2018	272,665	\$ 2,000.00	\$ 545,330,196.87	\$ 2,000.00	\$ 545,330,196.87	\$ 2,000.00	\$ 545,330,196.87
2019	277,937	\$ 2,040.00	\$ 566,990,821.47	\$ 2,050.00	\$ 569,770,188.24	\$ 2,060.00	\$ 572,549,555.01
2020	283,310	\$ 2,080.80	\$ 589,511,810.41	\$ 2,101.25	\$ 595,305,503.47	\$ 2,121.80	\$ 601,127,527.55
2021	288,788	\$ 2,122.42	\$ 612,927,337.54	\$ 2,153.78	\$ 621,985,231.55	\$ 2,185.45	\$ 631,131,927.73
2022	293,878	\$ 2,164.86	\$ 636,206,850.07	\$ 2,207.63	\$ 648,773,519.64	\$ 2,251.02	\$ 661,525,443.53
2023	299,059	\$ 2,208.16	\$ 660,370,538.70	\$ 2,262.82	\$ 676,715,552.77	\$ 2,318.55	\$ 693,382,624.47
2024	304,331	\$ 2,252.32	\$ 685,451,985.21	\$ 2,319.39	\$ 705,861,021.60	\$ 2,388.10	\$ 726,773,956.50
2025	309,696	\$ 2,297.37	\$ 711,486,046.84	\$ 2,377.37	\$ 736,261,756.92	\$ 2,459.75	\$ 761,773,319.95
2026	315,155	\$ 2,343.32	\$ 738,508,904.74	\$ 2,436.81	\$ 767,971,821.81	\$ 2,533.54	\$ 798,458,153.05
2027	320,261	\$ 2,390.19	\$ 765,481,932.43	\$ 2,497.73	\$ 799,923,005.69	\$ 2,609.55	\$ 835,734,673.92
2028	325,449	\$ 2,437.99	\$ 793,440,113.06	\$ 2,560.17	\$ 833,203,506.77	\$ 2,687.83	\$ 874,751,472.59
2029	330,721	\$ 2,486.75	\$ 822,419,428.00	\$ 2,624.17	\$ 867,868,630.80	\$ 2,768.47	\$ 915,589,795.04
2030	336,078	\$ 2,536.48	\$ 852,457,172.78	\$ 2,689.78	\$ 903,975,984.50	\$ 2,851.52	\$ 958,334,680.24
2031	341,523	\$ 2,587.21	\$ 883,592,005.11	\$ 2,757.02	\$ 941,585,571.31	\$ 2,937.07	\$ 1,003,075,137.29
2032	346,522	\$ 2,638.96	\$ 914,457,113.66	\$ 2,825.95	\$ 979,253,321.98	\$ 3,025.18	\$ 1,048,291,547.14
2033	351,595	\$ 2,691.74	\$ 946,400,383.76	\$ 2,896.60	\$ 1,018,427,955.80	\$ 3,115.93	\$ 1,095,546,212.79
2034	356,742	\$ 2,745.57	\$ 979,459,477.11	\$ 2,969.01	\$ 1,059,169,755.04	\$ 3,209.41	\$ 1,144,931,014.31
2035	361,964	\$ 2,800.48	\$ 1,013,673,370.97	\$ 3,043.24	\$ 1,101,541,413.50	\$ 3,305.70	\$ 1,196,541,973.51
2036	367,262	\$ 2,856.49	\$ 1,049,082,404.16	\$ 3,119.32	\$ 1,145,608,133.06	\$ 3,404.87	\$ 1,250,479,440.67

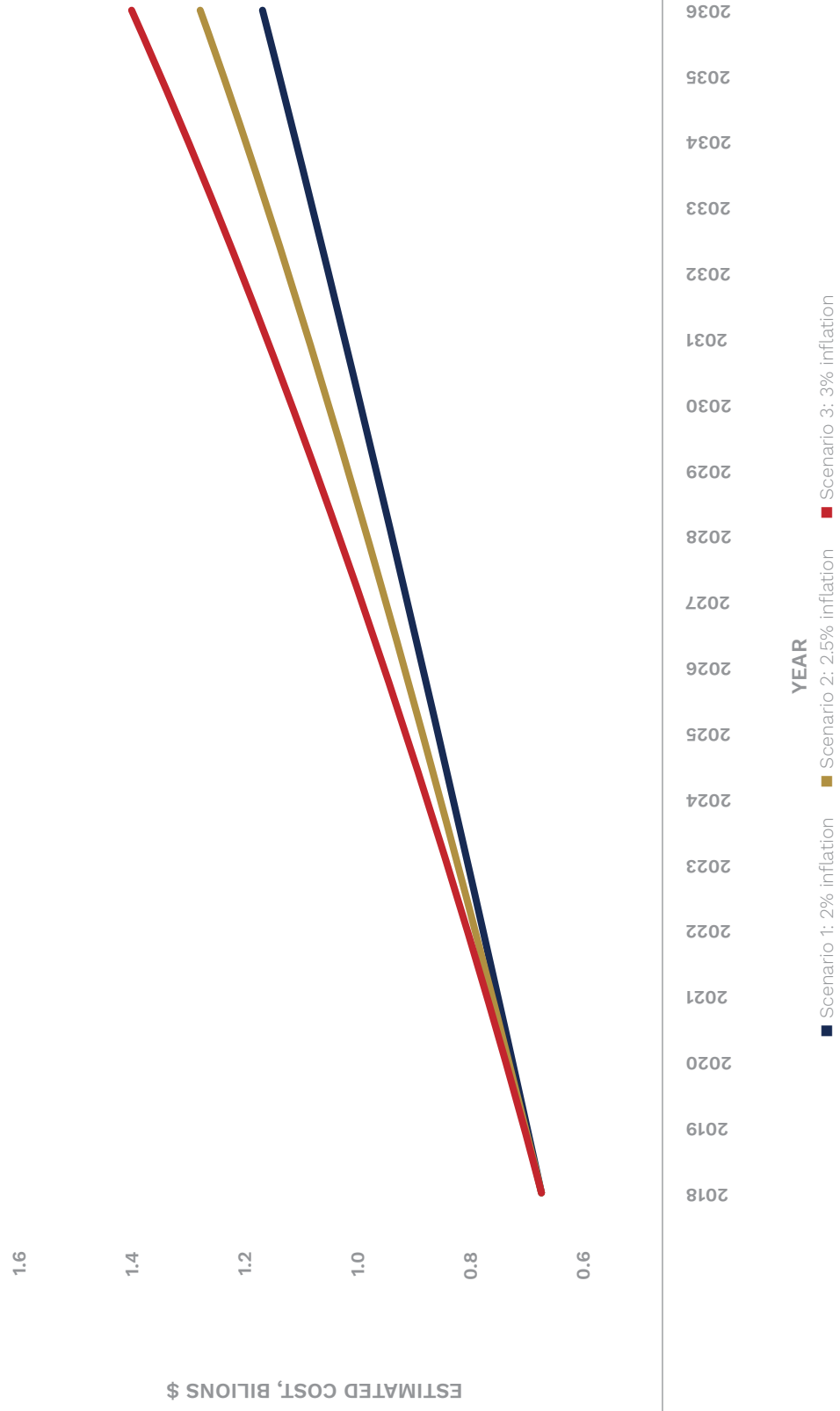
PREVENTION COST ESTIMATE, \$2,000 PER PERSON, WITH CONSTANT SCENARIO



PREVENTION COST ESTIMATE, \$2,500 PER PERSON, WITH CONVERGENCE SCENARIO

CONVERGENCE SCENARIO		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Population	\$2,500/person + inflation 2%	Total program cost	\$2,500/person + inflation 2.5%	Total program cost	\$2,500/person + inflation 3%	Total program cost
2018	271,038	\$ 2,500.00	\$ 677,595,049.41	\$ 2,500.00	\$ 677,595,049.41	\$ 2,500.00	\$ 677,595,049.41
2019	275,453	\$ 2,550.00	\$ 702,404,100.67	\$ 2,562.50	\$ 705,847,258.03	\$ 2,575.00	\$ 709,290,415.39
2020	279,939	\$ 2,601.00	\$ 728,121,495.38	\$ 2,626.56	\$ 735,277,437.61	\$ 2,652.25	\$ 742,468,372.22
2021	284,499	\$ 2,653.02	\$ 754,780,491.08	\$ 2,692.23	\$ 765,934,703.45	\$ 2,731.82	\$ 777,198,269.97
2022	288,187	\$ 2,706.08	\$ 779,856,228.38	\$ 2,759.53	\$ 795,260,330.88	\$ 2,813.77	\$ 810,891,516.35
2023	291,922	\$ 2,760.20	\$ 805,765,045.76	\$ 2,828.52	\$ 825,708,759.54	\$ 2,898.19	\$ 846,045,438.73
2024	295,707	\$ 2,815.41	\$ 832,534,620.30	\$ 2,899.23	\$ 857,322,978.53	\$ 2,985.13	\$ 882,723,360.59
2025	299,540	\$ 2,871.71	\$ 860,193,548.52	\$ 2,971.71	\$ 890,147,622.91	\$ 3,074.68	\$ 920,991,350.66
2026	303,423	\$ 2,929.15	\$ 888,771,377.05	\$ 3,046.01	\$ 924,229,036.68	\$ 3,166.93	\$ 960,918,341.88
2027	306,271	\$ 2,987.73	\$ 915,055,263.44	\$ 3,122.16	\$ 956,226,039.70	\$ 3,261.93	\$ 999,035,221.88
2028	309,145	\$ 3,047.49	\$ 942,116,450.61	\$ 3,200.21	\$ 989,330,785.67	\$ 3,359.79	\$ 1,038,664,089.40
2029	312,047	\$ 3,108.44	\$ 969,977,925.90	\$ 3,280.22	\$ 1,023,581,624.89	\$ 3,460.58	\$ 1,079,864,920.66
2030	314,976	\$ 3,170.60	\$ 998,663,356.45	\$ 3,362.22	\$ 1,059,018,235.34	\$ 3,564.40	\$ 1,122,700,070.96
2031	317,932	\$ 3,234.02	\$ 1,028,197,109.31	\$ 3,446.28	\$ 1,095,681,668.68	\$ 3,671.33	\$ 1,167,234,369.05
2032	320,171	\$ 3,298.70	\$ 1,056,147,422.83	\$ 3,532.43	\$ 1,130,983,462.04	\$ 3,781.47	\$ 1,210,718,796.25
2033	322,426	\$ 3,364.67	\$ 1,084,857,532.31	\$ 3,620.75	\$ 1,167,422,644.71	\$ 3,894.92	\$ 1,255,823,202.66
2034	324,697	\$ 3,431.96	\$ 1,114,348,091.92	\$ 3,711.26	\$ 1,205,035,862.26	\$ 4,011.77	\$ 1,302,607,939.37
2035	326,984	\$ 3,500.60	\$ 1,144,640,317.27	\$ 3,804.05	\$ 1,243,860,940.95	\$ 4,132.12	\$ 1,351,135,605.81
2036	329,287	\$ 3,570.62	\$ 1,175,756,000.67	\$ 3,899.15	\$ 1,283,936,925.76	\$ 4,256.08	\$ 1,401,471,133.48

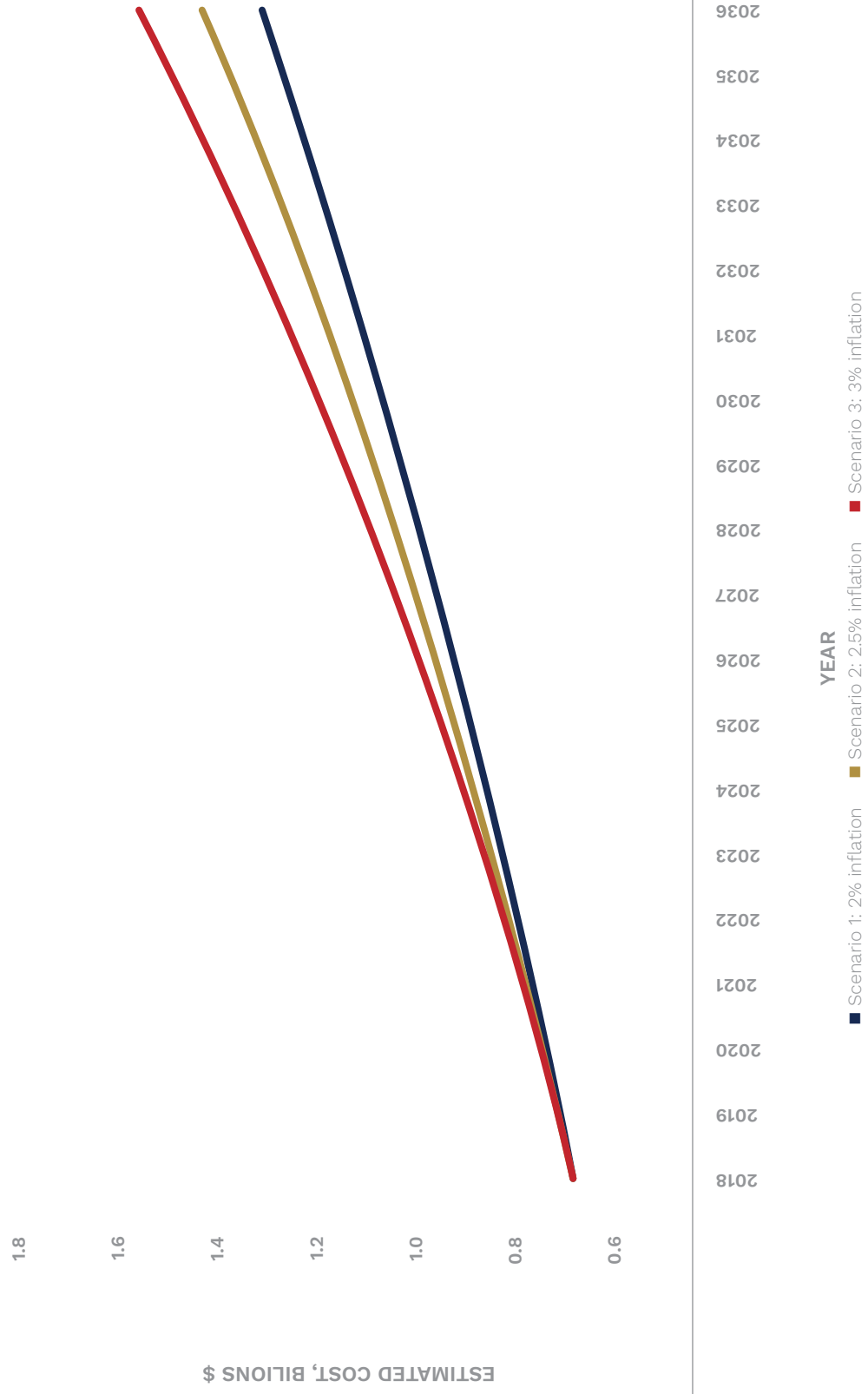
PREVENTION COST ESTIMATE, \$2,500 PER PERSON, WITH CONVERGENCE SCENARIO



PREVENTION COST ESTIMATE, \$2,500 PER PERSON, WITH CONSTANT SCENARIO

CONSTANT SCENARIO		SCENARIO 1: 2% INFLATION		SCENARIO 2: 2.5% INFLATION		SCENARIO 3: 3% INFLATION	
Year	Population	\$2,500/person + inflation 2%	Total program cost	\$2,500/person + inflation 2.5%	Total program cost	\$2,500/person + inflation 3%	Total program cost
2018	272,665	\$ 2,500.00	\$ 681,662,746.09	\$ 2,500.00	\$ 681,662,746.09	\$ 2,500.00	\$ 681,662,746.09
2019	277,937	\$ 2,550.00	\$ 708,738,526.83	\$ 2,562.50	\$ 712,212,735.30	\$ 2,575.00	\$ 715,686,943.76
2020	283,310	\$ 2,601.00	\$ 736,889,763.01	\$ 2,626.56	\$ 744,131,879.34	\$ 2,652.25	\$ 751,409,409.44
2021	288,788	\$ 2,653.02	\$ 766,159,171.92	\$ 2,692.23	\$ 777,481,539.44	\$ 2,731.82	\$ 788,914,909.67
2022	293,878	\$ 2,706.08	\$ 795,258,562.59	\$ 2,759.53	\$ 810,966,899.55	\$ 2,813.77	\$ 826,906,804.41
2023	299,059	\$ 2,760.20	\$ 825,463,173.38	\$ 2,828.52	\$ 845,894,440.96	\$ 2,898.19	\$ 866,728,280.59
2024	304,331	\$ 2,815.41	\$ 856,814,981.52	\$ 2,899.23	\$ 882,326,277.01	\$ 2,985.13	\$ 908,467,445.62
2025	309,696	\$ 2,871.71	\$ 889,357,558.55	\$ 2,971.71	\$ 920,327,196.15	\$ 3,074.68	\$ 952,216,649.94
2026	315,155	\$ 2,929.15	\$ 923,136,130.93	\$ 3,046.01	\$ 959,964,777.27	\$ 3,166.93	\$ 998,072,691.32
2027	320,261	\$ 2,987.73	\$ 956,852,415.53	\$ 3,122.16	\$ 999,903,757.11	\$ 3,261.93	\$ 1,044,668,342.39
2028	325,449	\$ 3,047.49	\$ 991,800,141.32	\$ 3,200.21	\$ 1,041,504,383.46	\$ 3,359.79	\$ 1,093,439,340.74
2029	330,721	\$ 3,108.44	\$ 1,028,024,285.00	\$ 3,280.22	\$ 1,084,835,788.50	\$ 3,460.58	\$ 1,144,487,243.80
2030	336,078	\$ 3,170.60	\$ 1,065,571,465.98	\$ 3,362.22	\$ 1,129,969,980.62	\$ 3,564.40	\$ 1,197,918,350.31
2031	341,523	\$ 3,234.02	\$ 1,104,490,006.39	\$ 3,446.28	\$ 1,176,981,964.14	\$ 3,671.33	\$ 1,253,843,921.61
2032	346,522	\$ 3,298.70	\$ 1,143,071,392.08	\$ 3,532.43	\$ 1,224,066,652.47	\$ 3,781.47	\$ 1,310,364,433.92
2033	351,595	\$ 3,364.67	\$ 1,183,000,479.70	\$ 3,620.75	\$ 1,273,034,944.75	\$ 3,894.92	\$ 1,369,432,765.98
2034	356,742	\$ 3,431.96	\$ 1,224,324,346.39	\$ 3,711.26	\$ 1,323,962,193.80	\$ 4,011.77	\$ 1,431,163,767.88
2035	361,964	\$ 3,500.60	\$ 1,267,091,713.72	\$ 3,804.05	\$ 1,376,926,766.88	\$ 4,132.12	\$ 1,495,677,466.89
2036	367,262	\$ 3,570.62	\$ 1,311,353,005.20	\$ 3,899.15	\$ 1,432,010,166.33	\$ 4,256.08	\$ 1,563,099,300.83

PREVENTION COST ESTIMATE, \$2,500 PER PERSON, WITH CONSTANT SCENARIO





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