

INUIT CHILD WELFARE AND FAMILY SUPPORT: POLICIES, PROGRAMS AND STRATEGIES

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INUIT CHILD WELFARE AND FAMILY SUPPORT

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Foreword and Acknowledgements

This paper was written after the Governing Committee and elder advisors of Inuit Tuttarvingat – National Aboriginal Health Organization (NAHO) identified children's health as a priority area within the Inuit Tuttarvingat strategic plan. Within this area, specific concerns for children's well-being and family preservation were raised, as well as concerns for the overall experience of Inuit families with child welfare and family support services. This report is meant to be a step in an ongoing Inuit Tuttarvingat project to address the social program needs and current social service gaps for Inuit children.

It is important to recognize the limitations of this report. It does not provide a comprehensive account of Inuit children receiving family support or in the care of child welfare authorities, a thorough examination of the historical and social factors that continue to contribute to the large numbers of Inuit children in contact with child welfare services, or an account of the inequalities Inuit children face in comparison to other Canadian children. The goal of this paper is to identify child welfare issues of concern to Inuit; and highlight some of the initiatives underway, including programs and policies, to address these issues in First Nations, Inuit and Métis communities, and Indigenous communities internationally.

To ensure the perspective of Indigenous organizations is reflected in this report, every effort has been made to include data and other information from First Nations, Inuit, and Métis organizations. However, the lack of reliable population-specific data on First Nations, Inuit, and Métis children created significant obstacles.

I would like to thank Dianne Kinnon, Director of Inuit Tuttarvingat, and Mary Ashoona Bergin, Community Liaison Officer, for their support during the writing of this report. I also thank all of the members of the Inuit Children and Social Services Reference Group as well as the Inuit Tuttarvingat Governing Committee for their valuable contributions and feedback (a complete list of the Inuit Children and Social Services Reference Group membership follows). In addition, I thank Janice Linton, Aboriginal Health Librarian at the University of Manitoba, who conducted the preliminary literature review. Finally, I extend a special thank you to the Sauvé Foundation for supporting my research.

Lisa Rae
Montreal, April 2011

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Introduction

Inuit Tuttarvingat of the National Aboriginal Health Organization (NAHO) is concerned about the health and wellness of Inuit across Canada. Recently, the Inuit Tuttarvingat's strategic plan identified children's health as an important priority. Within this area, the social services gaps and needs of Inuit children were seen as research priorities.

A reference group of individuals working in the four Inuit regions, as well as Inuit from urban centres in Southern cities with significant Inuit populations, was formed to identify common areas of concern. The group held three teleconferences in 2010-2011 and identified the following issues:

- Gaps in services for Inuit families and children in need of support.
- High numbers of child protection cases.
- Difficulties with custom (extended family) adoption and foster care including recruitment, training and support.
- Tensions between Inuit culture and values and service agencies' mandates and approaches;
- Need for more prevention services in the home and in the community.
- Need to support social services employees.

The following report describes some of these issues with respect to Inuit children either receiving family support or in the child welfare system. It also outlines interventions that have shown promise in First Nations, Inuit, and Métis communities in Canada as well as for Indigenous Peoples¹ internationally in trying to ensure the best possible outcomes for children and families in need of services from the child welfare system.

¹ The term "Indigenous Peoples" is an all-encompassing term that includes the Aboriginal or First Peoples of Canada, and other countries. The term "Indigenous Peoples" is generally used in an international context.
www.itk.ca/publications/note-terminology-inuit-first-nations-metis-and-aboriginal

The Context

INUIT REGIONS

Presently, the majority of Inuit live in small communities in the North. Four land claims agreements have been signed in the regions where Inuit live. From east to west, these are: Inuvialuit Settlement Region in the Northwest Territories (Inuvialuit Final Agreement 1984); the creation of Nunavut in 1999 (Nunavut Land Claims Agreement 1993); Nunavik in Northern Quebec (the James Bay and Northern Quebec Agreement 1975), and Nunatsiavut in Newfoundland and Labrador (Labrador Inuit Land Claim Agreement 2005).

INUIT FAMILIES

Before contact with Europeans, Inuit families lived nomadically off the land in these regions. Inuit were self-sufficient: hunting, fishing,

and gathering country foods was traditional practice. Laws were enforced through social pressures and were informal and flexible in nature (Pauktuutit Inuit Women of Canada, 2006). Many traditional practices are still found today in combination and sometimes in conflict with Western ways.

Pauktuutit Inuit Women of Canada has noted that Inuit child-rearing practices differ significantly from non-Inuit practices. For example, Inuit parents are less disciplinary than non-Inuit parents, and Inuit children are granted a

higher degree of freedom compared to Western culture. Historically, Inuit children were taught by example and observation of adults rather than through direct instruction. Neglect was uncommon in Inuit communities, since many adults helped to ensure that children were cared for appropriately. Of course, as in all cultures, some instances of abuse occurred, but these were uncommon.

The bonds between adults and children are more fluid in Inuit culture as compared to the mainstream. Extended family members and other adults in the community often assist in taking responsibility for children. Historically, adoption has been more common among Inuit than in Western culture, with extended family and other members of the community raising children who are not biologically their own. These children would maintain ties and knowledge of their biological parents, while being raised in other family units.

CHILD AND FAMILY WELLBEING

Significant social changes within Inuit communities have created many pressures on the health and well-being of families and children. The research literature points to the erosion of the Inuit way of life as a contributing factor to many of today's social ills including family breakdown, child neglect, physical and sexual abuse, family violence, crime, and addictions (Government of Nunavut, 2010; Pauktuutit Inuit Women of Canada, 2006).

The *Alienait Inuit Mental Wellness Action Plan* states that "A mental health and wellness approach recognizes that many social and

Inuit child-rearing practices differ significantly from non-Inuit practices. For example, Inuit parents are less disciplinary than non-Inuit parents, and Inuit children are granted a higher degree of freedom compared to Western culture

health factors (determinants) contribute to a person's mental health and that issues like violence or addictions cannot be separated and seen as distinct or be dealt with in isolation. In a mental wellness approach, they are seen as symptoms. Determinants of health (e.g. housing, social supports, etc.) have impacts on mental wellness." (Alianait Inuit-specific Mental Wellness Task Group, 2007, p.10).

Given this context, supporting child safety and welfare necessarily involves supporting and strengthening Inuit families and communities so they can build the resilience to cope with present and future challenges.

Inuit Children and Social Services Reference Group members agree that children's safety and family support are the twin pillars of child welfare. Services to promote family stability and integrity should be available to all families in order to prevent the need for children to be removed from the home. Reference Group participants favoured the least intrusive measures to promote better parenting skills, healthy lifestyles, and re-instilled cultural values.

The Reference Group also discussed the role of poverty as a driving force behind family distress. The high cost of food and housing in Inuit communities compared to the South plays a role in food insecurity and overcrowding. In a comparison study of Edmonton, Alberta and Kugaaruk, Nunavut, the cost of food for a family of four was double in the Northern community, and given these prices and the income levels in the community, 75 per cent of Kugaaruk families would not have sufficient funds to cover a healthy

diet (Boult, 2004). The cost and availability of housing is also a serious problem (Inuit Tapiriit Kanatami, 2004). Considerable research evidence supports the view that poverty is a significant factor behind the number of Aboriginal children in the child welfare system. (Bennett, Blackstock, & De La Ronde, 2005; Mandell, Clouston, Carleson, Fine & Blackstock, 2003; Trocmé, Knoke, & Blackstock, 2001)

Also, a large body of research points to the long history of colonization, residential schools, discrimination, and racism behind the current state of poverty, social inequality, poor housing, mental health issues, substance abuse, and violence that plagues First Nations, Inuit, and Métis families and communities (Bennett et al., 2005; Mandell et al., 2003; Trocmé et al., 2004). All of these factors contribute to family instability (Bennett et al., 2005; Mandell et al., 2003; Trocmé et al., 2004).

Supporting child safety and welfare necessarily involves supporting and strengthening Inuit families and communities so they can build the resilience to cope with present and future challenges.

Historical Factors Contributing to Inuit Children in Need of Support

Many of the challenges faced by Inuit communities today can be traced to historical events. These include the:

- Imposition of non-Inuit values on Inuit communities.
- Imposition of the Canadian justice system.
- Introduction of the wage economy.
- Mandatory schooling of Inuit children and the residential school system.
- Erection of southern bureaucratic governance over Inuit way of life.
- Assimilationist government policies.
- Loss of Inuit self-reliance, culture, and way of life (Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council & the Royal Canadian Mounted Police, 2010).

These severe changes, particularly the trauma experienced by many Inuit during the residential school period, have resulted in increased suicide rates and the normalization of suicide in Inuit communities, elevated rates of drug and alcohol

abuse, family violence, mental health challenges, and a lack of coping skills (Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council & the Royal Canadian Mounted Police, 2010). All of these results may be further exacerbated by the remoteness of many Inuit communities and the challenges presented by the lack of economic opportunity. Moreover, these results have further contributed to the large number of Inuit children in the child welfare system or receiving family support (Trocmé et al., 2004).

Too many First Nations, Inuit, and Métis children across Canada are involved in the child welfare system (Trocmé et al., 2004). According to a national study using data from 2000–2002, 30 to 40 per cent of children placed in out-of-home care during that time period were Inuit, First Nations, or Métis, while comprising only five per cent of the Canadian population (Trocmé et al., 2004).

Overview of Inuit Children in Canada

According to the most recent Census (2006), there are 17,670 Inuit children in Canada. Children aged 14 and under comprise about a third (35 per cent)

of the total Inuit population. In Nunavik, 39 per cent of Inuit are 14 and under; similarly, in Nunavut, children make up 38 per cent of the population.

Table 1: Inuit Children 0 – 14 Years, by Region

Region	Inuit Population	Inuit children 0-14 years of age	Percentage of total Inuit population, 0-14 years of age
Canada	50,485	17,670	35%
Inuit Nunangat (Total)	39,475	14,606	37%
Nunatsiavut	2,160	583	27%
Nunavik	9,565	3,730	39%
Nunavut	24,635	9,361	38%
Inuvialuit Region	3,115	935	30%
Outside Inuit Nunangat	11,005	3,081	28%

(Calculated by the author using data from Census 2006, Statistics Canada. Figures may not add to totals due to rounding.)

The majority of Inuit children (83 per cent) live in Inuit communities in the Inuit Nunangat, but 17 per cent now live outside the Inuit Nunangat,

mostly in urban centres such as Ottawa, Gatineau, Yellowknife, Edmonton, Montréal, and Winnipeg (Statistics Canada, 2006).

Table 2: Inuit Children 0 – 14 Years, In and Outside Inuit Nunangat

Region	Number of Inuit children 0-14 years of age	Percentage of Inuit children, 0-14 years of age, by region
Canada	17,670	100%
Inuit Nunangat (Total)	14,606	83%
Outside Inuit Nunangat	3,081	17%

(Calculated by the author using data from Census 2006, Statistics Canada.
Figures may not add to totals due to rounding.)

According to Statistics Canada, the Inuit population in Canada is on average younger than the general Canadian population and growing at a much faster rate (Statistics Canada, 2006). This makes the issue of support to children and families in distress all the more pressing.

Additionally, while the majority of the Inuit population still resides in Inuit communities in the North (78 per cent), there is an increase in the number of Inuit living in urban centres, namely Ottawa, Gatineau, Yellowknife, Edmonton, Montréal, and Winnipeg (Statistics Canada, 2006a).

Children in Care of the Child Welfare System and Receiving Family Support

All provincial and territorial legislation recognizes parents as having the primary responsibility for child rearing. It also outlines the duty of provinces and territories to intervene when a child is found in need of protection. There are many children in Canada who are in contact with their provincial or territorial child welfare systems. Some of these children are receiving family home-based supports, others have been temporarily removed from their families and placed in foster care or group homes, and some have been adopted. Although provincial and territorial legislation recognizes that the primary responsibility for child rearing lies with parents, they also have a duty to intervene when a child is found in need of protection.

It is difficult to determine the number of children in the child welfare system across Canada. As child welfare falls under provincial and territorial jurisdiction, there are differences in the relevant legislation across the country, including variations in child protection mandates by jurisdiction, age eligibility for services, length of time that children can receive out-of-home care, and other parameters of out-of-home care and relevant social services (Mulcahy & Trocmé, 2010). Also, data are not collected nationally, making comparisons at a national level difficult.

The Northwest Territories conducted a territory-wide incidence study of reported abuse and neglect, using data collected from 372 child maltreatment investigations in 2003, which are weighted for annual estimates (MacLaurin et al., 2005b). This study found that fully 29 per cent of the substantiated maltreatment cases involved Inuit children. Given that Inuit represent less than ten per cent of the population in the territory, it

is clear that Inuit children make up a far larger proportion of those in the child welfare system (MacLaurin, 2005b; Northwest Territories Bureau of Statistics, 2010; Statistics Canada, 2006b).

The Canadian Incidence Study (CIS) of Reported Abuse and Neglect examines the incidence of reported child abuse and neglect across Canada.

Provincial and territorial directors of child welfare and child welfare service providers participate in the study and provide data (Trocmé, Fallon et al., 2005). While this information cannot provide a complete picture, it is an important starting point in understanding children's safety and well-being in Canada. Three rounds of data collection have taken place in 1998, 2003, and 2008.

The Canadian Incidence Study captures national trends and does not have an Inuit-specific focus, nor does it capture enough data to allow for meaningful analyses for Inuit. For example, the 2003 study included 133 cases involving Inuit children. This sample size does not provide enough data to analyze the causes driving Inuit children into care (Trocmé, Fallon et al., 2005). Further, of those 133 children, there is not representation across all four (4) Inuit regions and, therefore, the study does not allow for cross-jurisdictional comparison (Personal communication, Barbara Fallon, Canadian Incidence Study Researcher, January 2011). See Table 1 for a description of the number of children in out-of-home care in 2007 across Canada.

Although provincial and territorial legislation recognizes that the primary responsibility for child rearing lies with parents, they also have a duty to intervene when a child is found in need of protection.

Table 3: Children and Youth in Out-of-Home Care in 2007, by Jurisdiction

Province/Territory	Children in out-of-home care	Total population of children (0-18 years of age)	Children in out-of-home care: Rate per 1,000
British Columbia	9,271	915,168	10.1
Alberta	8,891	841,392	10.6
Saskatchewan	5,447	251,271	21.7
Manitoba	7,241	297,004	24.4
Ontario	18,763	2,931,745	6.4
Quebec	12,750	1,625,581	7.8
New Brunswick	1,388	154,395	9.0
Nova Scotia	1,706	194,389	8.8
Prince Edward Island	166	31,713	5.2
Newfoundland and Labrador	1,329	102,857	12.9
Yukon	178	7,212	24.7
Northwest Territories	365	12,810	30.8
Nunavut	197	12,839	15.3
Canadian Average			9.2

Source: Mulcahy & Trocmé, 2010.

It is clear from this limited data that in the areas where Inuit live (see bold text in Table 1), there is a higher rate of children in the child welfare system compared to the national rate (excluding Quebec). However, in separate studies carried out in Nunavik, results indicate that the rates of children in care in this region are higher than elsewhere in Quebec (Commission des droits

de la personne et de droits de la jeunesse Québec, 2007). A better understanding of the factors that force children into care is critically needed. This information will allow a further assessment of whether appropriate supports are in place to reduce risk factors and support families so that removal of children becomes a rare last resort.

The Determinants of Health

Research literature on the determinants of health provides a useful framework for understanding the high numbers of First Nations, Inuit, and Métis children in the child welfare system and receiving family support. The determinants of health model takes into account a range of personal, economic, social, and environmental factors that contribute to poor health outcomes and unhealthy families and communities. These include:

- Income and social status
- Social support networks
- Education
- Employment and working conditions
- Social environment
- Physical environment
- Gender
- Personal health practices and coping skills
- Healthy child development
- Genetic endowment
- Access to health services
- Culture

(Public Health Agency of Canada, 2010)

The National Aboriginal Health Organization includes additional determinants of health for First Nations, Inuit, and Métis:

- Colonization
- Globalization
- Migration
- Cultural continuity
- Access
- Territory
- Poverty
- Self-determination

(National Aboriginal Health Organization, 2007)

The high numbers of First Nations, Inuit, and Métis children in care must be understood within the context of Indigenous Peoples' experiences in Canadian child welfare systems (Galley, 2010). The Canadian Incidence Study indicates 'neglect' as the primary reason for First Nations, Inuit, and Métis children being taken into care. This factor can largely be accounted for by poverty, poor housing, and caregiver substance misuse (Galley, 2010; Trocmé et al., 2004), which is consistent with the views of the First Nations Child and Family Caring Society of Canada, and in recent government reviews that have taken place in the Northwest Territories, Saskatchewan, and Nunavut (Galley, 2010). Changes in the child welfare and family support system alone will not be sufficient to effectively address many of the issues that drive children into care. Rather, by strengthening Inuit cultural practices that include going out on the land, berry picking, hunting, walking, fishing, sewing, and playing with the children, greater family healing could take place. By providing programs to heal trauma and strengthen parental coping and resiliency skills, the legacy of suffering, addictions, and ill health may be reversed with greater speed.

The Canadian Incidence Study has recommended key areas for future research that include investigating poverty, poor housing and substance abuse, as well as making preliminary comparisons between mainstream agencies and First Nations child and family service agencies (Centre for Research on Children and Families, 2008; MacLaurin et al., 2011). Inuit agencies may also want to consider how they can be included in future rounds of data collection to ensure a more accurate picture of Inuit children in child welfare and family support services. Such research could be valuable in determining the protective factors that promote healthy families.

Structure of Service Delivery Systems by Inuit Region

The creation of Nunavut in April of 1999 marked a great achievement in Inuit self-government. In the 1960s and 70s, Inuit leaders began discussing and proposing self-government, with the initial proposal for the creation of Nunavut given to the Government of the Northwest Territories from Inuit Tapirisat of Canada [now Inuit Tapiriit Kanatami (ITK)] in 1976. Presently, the Government of Nunavut works closely with Nunavut Tunngavik Incorporated (NTI), an Inuit organization that is responsible for monitoring the implementation of the *Nunavut Land Claims Agreement*.

Three other land claims agreements have been signed in the regions where the majority of Inuit live: Inuvialuit in the Northwest Territories (1984), Nunavik in Northern Quebec (1975), and Nunatsiavut in Newfoundland and Labrador (2005). While these agreements are significant landmarks for Inuit, the transfer of control over services and building capacity in Inuit communities to take on those services is a slow process with many challenges.

The following section describes the way in which child welfare and family support services are organized within each Inuit region. Services for Inuit may also apply to non-Inuit living in the same jurisdiction.

- In **Inuvialuit Settlement Region** (Northwest Territories), child welfare services are currently provided through Beaufort-Delta Health and Social Services Regional Health Authority. The Inuvialuit Regional Corporation is in the process of negotiating a self-government agreement, according to the Inuvialuit Self-Government Process and Schedule Agreement (Aboriginal and Territorial Relations, Indian and Northern Affairs Canada, 2008). Currently, there is an agreement in principle in place with regard to child and family services (Gwich'in Tribal Council, Inuvialuit Regional Corporation, Government of the Northwest Territories, & Government of Canada, 2003). Within the current framework, provisions are in place for community agreements among First Nations, Inuit, and Métis communities to take more control over child welfare using specific agreements and provisions for custom adoption.
- In **Nunavut**, all mandated child welfare and child protection services are provided by the Department of Health and Social Services, Government of Nunavut, through the Child and Family Services Branch. There are provisions for community agreements for Aboriginal communities to take more control over child welfare and custom adoption. Legislation is currently under review.
- In **Nunavik**, child welfare services are provided through the Nunavik Regional Board of Health and Social Services, one of 17 regional services in Quebec. Child protection services are provided through two health centres: the Tulattavik Health Centre (Ungava Bay) in Kuujuaq and the Inuulitsivik Health Centre (Hudson Bay) in Puvirnituq. The Kativik Regional Government is represented on the board of directors of the Regional Board of Health and Social Services.
- In **Nunatsiavut** (Newfoundland and Labrador), child welfare services are provided through the Labrador-Grenfell Regional Health Authority's Child, Youth and Family Services. Nunatsiavut settled their self-government agreement in 2005. Currently, the Child, Youth and Family Services department is undergoing restructuring and will be adopting more protective strategies for working with children and families (Government of Newfoundland and Labrador, 2010). Discussions are taking place about devolving control of child welfare services to the Nunatsiavut Government.

Reviews of Child and Family Services Legislation

Recently, the Northwest Territories conducted a review of their *Child and Family Services Act*. Nunavut is also in the process of a review. The *Commission des droits de la personne et des droits de la jeunesse* also conducted an investigation into child and youth protection services in Ungava Bay and Hudson Bay in Nunavik in 2007.

NORTHWEST TERRITORIES

Recently, the Standing Committee on Social Programs of the Government of the Northwest Territories conducted a review of the *Child and Family Services Act*. The report was tabled on October 21, 2010 and suggests changes to both the legislation and the way that services are delivered. The report states that addressing the root causes of maltreatment and expanding on early intervention and preventative services are key elements to promoting child and family well-being and supporting families (Standing Committee on Social Programs: 16th Legislative Assembly of the Northwest Territories, 2010). The report further indicates that increasing community engagement and empowering communities to be involved in child welfare and family support are also essential, as are increasing the availability of voluntary social services and supports, and increasing the number of families receiving services in the home (Standing Committee on Social Programs: 16th Legislative Assembly of the Northwest Territories, 2010).

The report states that children should not be apprehended if the safety concerns in the home can be met through financial supports, or additional social services are made available to the family (Standing Committee on Social Programs: 16th Legislative Assembly of the Northwest Territories, 2010).

NUNAVUT

Nunavut is also in the process of conducting a review of its *Child and Family Services Act*. Since the review began, a judge has found that the Act is in violation of the *Canadian Charter of Rights and Freedoms*, because of its failure to provide a mechanism that allows for timely post-apprehension screening on the grounds of removal (Nunatsiaq News, 2010, November 18). Currently, after children are removed from their parents by a social worker, there is no way for parents to appeal the decision through the courts in a timely manner.

Additionally, a recent report from the Auditor General of Canada to the Legislative Assembly of Nunavut indicates significant shortcomings in the Department of Health and Social Services. It specifically notes failures in the department's ability to meet their own standards and procedures, including safety checks on foster homes, poor record keeping, a lack of coordination between services, social worker shortages, and unmanageable workloads (Office of the Auditor General, 2011). The report makes numerous recommendations on these issues, and calls for more community involvement to assess needs and find solutions for issues such as addressing the training needs of staff and improving data collection and record keeping. The Government of Nunavut has accepted the recommendations presented in the report and has stated a course of action for improvement (Office of the Auditor General, 2011).

Addressing the root causes of maltreatment and expanding on early intervention and preventative services are key elements to promoting child and family well-being and supporting families.

NUNAVIK

An investigation into child and youth protection services in Ungava Bay and Hudson Bay was conducted by the *Commission des droits de la personne et des droits de la jeunesse* in April 2007. The investigation was carried out after the commission received numerous complaints that described major problems in the way that social services are delivered in Nunavik. The problems include: no services being provided to children and families that have repeatedly been referred to social services; overworked, poorly trained social workers and staff; high staff turnover; lack of training and tools for staff; insufficient knowledge of the *Youth Protection Act* and lack of local involvement (Commission des droits de la personne et de droits de la jeunesse Québec, 2007).

The investigation made numerous recommendations in multiple areas of service structure and delivery including making children and families a priority, improving the governance structure of service organizations and delivery, improving specialized resources such as addictions services, conducting assessments of foster families, offering training and supports for foster families, building an employee assistance program to support and train workers, as well as recommendations in the areas of housing, adoption, and the application of the *Youth Justice Act*.

In June 2010 a follow-up study was conducted. Slow progress has been made on some of the recommendations, but the situation is still considered to be extremely challenging (George, 2010). Thirty per cent of children living in Nunavik are reported to child protection services, crime is increasing, the suicide rate remains high, and drug and alcohol abuse is one of the key areas of investigation and child placement (Commission des droits de la personne et de droits de la jeunesse Québec, 2010). Recruitment, training, and assessment of foster families remain a challenge as does the recruitment and retention of staff, meeting housing needs, and involving regional organizations.

Inuit Child Welfare Issues

In a series of teleconferences and e-mail exchanges in 2010–11, the Inuit Children and Social Services Reference Group identified the following key issues for Inuit in relation to family support and child welfare services.

1. ADDRESSING CHILD AND FAMILY POVERTY

Reference Group members strongly believe that poverty, brought on by the high cost of living in Inuit communities, and addictions are major challenges for many Inuit families. This perspective is further affirmed by the research on First Nations, Inuit, and Métis child welfare in Canada. As indicated in the Context section of this report above, poverty and social factors, including overcrowded housing and substance abuse, play a significant role in the overrepresentation of First Nations, Inuit, and Métis children in the child welfare system (Galley, 2010). Therefore, it is clear that making changes to the child welfare and family support system alone will not be sufficient in addressing many of the issues that drive children into care.

2. FOSTERING MORE COMMUNITY INVOLVEMENT IN SUPPORTING FAMILIES AND CHILDREN

Reference Group members discussed the importance of involving communities in creating solutions to their challenges as a key to success. Inuit community members have the knowledge and the cultural values to develop an Inuit child welfare and family support system, based on traditional knowledge of child rearing and dealing with crises. Over the last several decades, poverty, loss of culture, rapid social change, and resulting

addictions and family problems have become barriers for communities and families to provide for the welfare of their children as they did for centuries before.

This trend must be reversed, with Inuit communities once again taking responsibility for child welfare and family support. Dealing with the current crisis in child welfare requires the active involvement of Inuit.

This view is further reinforced by the strategies that are informing reforms in First Nations child welfare and family support in Canada and the Reconciliation in Child Welfare Movement in Canada and the United States (see www.reconciliationmovement.org/index.html).

Poverty, brought on by the high cost of living in Inuit communities, and addictions are major challenges for many Inuit families.

3. TAKING AN INUIT-SPECIFIC APPROACH TO CHILD WELFARE

Reference Group members concluded that an Inuit-specific approach to child welfare and family support is essential in order to build healthy Inuit families. If Inuit are to achieve the same level of service as other Canadians, Inuit-specific approaches need to be developed.

The Reference Group members shared many promising practices and suggested reforms to the current system. Inuit have a distinct culture and history that is different from First Nations and Métis. Child welfare and family support practices need to reflect Inuit values and build on the strengths of families and communities in caring for children. Also, program funding levels need to be geared to the high cost of living in

the North and the availability of social services in Inuit communities, rather than simply applying Aboriginal (primarily First Nations and Métis) or Southern Canadian funding formulas.

Improving the collection of data focused on what is driving Inuit children into care and the pressures on Inuit families could help

Reference Group members see the need for mandatory cultural competency training prior to working with Inuit. This training would help to reduce the many biases, assumptions, and miscommunication that presently occur.

inform an Inuit-specific approach. Materials produced by Inuit Nipingit – National Inuit Committee on Ethics and Research (Inuit Tapiriit Kanatami and Inuit Tuttarvingat – National Aboriginal Health Organization, www.naho.ca/inuit/research-and-ethics) and Naasautit: Inuit Health Statistics (Qaujisarvingat: The Inuit Knowledge Centre, www.inuitknowledge.ca/naasautit) might help in this process.

4. DEVELOPING MORE CULTURALLY APPROPRIATE SERVICES

Reference Group members agreed on the need for more culturally competent services and for service providers to be better educated about Inuit culture and values. This remains a problem both in the North, where many service providers come from the South, and in urban areas in the South where Inuit families are served by mainstream Canadian agencies.

Participants observed that social workers in urban settings as well as those Southerners

working in Northern communities may not be familiar with Inuit culture, the intergenerational effects of residential schooling, and other key topics that affect families. Reference Group members see the need for mandatory cultural competency training prior to working with Inuit. This training would help to reduce the many biases, assumptions, and miscommunication that presently occur among child welfare workers when dealing with Inuit families and their advocates.

5. FOCUSING ON SUPPORTING FAMILIES AND PREVENTING CHILD WELFARE CRISES

Reference Group members discussed the critical need to support families before they enter a state of crisis. Worry and fear in the home are traumatic for a child or children, parents, extended family members, and often the whole community. Removal of children from their homes should be a last resort, after less intrusive preventative and support services have been provided. Families need the opportunity to work collaboratively with social services staff to address their challenges.

Health and social programs for Inuit children and their families delivered in their communities can help prevent crises in child welfare by enabling social services providers to intervene early to reduce harm. Prevention efforts can be a community-wide responsibility. For example, by recognizing the early signs of family distress or problems with a child's behaviour in school or in community recreation programs, community members can take action earlier in a supportive way, which is much less damaging to all involved.

6. IMPROVING SUPPORTS IN THE HOME

Reference Group members agreed that more supports are needed in Inuit homes experiencing distress. These supports may be financial or preventative social services. One model that has shown promise in Inuit communities is a home-visit care model that is being used in Nunatsiavut, where the service provider works closely with and visits the family whose child has come to the attention of the child welfare system.

7. SUPPORTING TRADITIONAL INUIT PRACTICES

Reference Group members agreed that supporting traditional Inuit practices, such as custom adoption, is essential to improving family and child security. This practice is widely used in Inuit regions, for example, when there is a teenage pregnancy or a parent unable

Health and social programs for Inuit children and their families delivered in their communities can help prevent crises in child welfare by enabling social services providers to intervene early to reduce harm.

to care for her or his children, the child may be adopted by the extended family or other designated community members. The new parents may live in the same community or a different community. It is common practice for the child to grow up knowing his or her biological parents and siblings.

Support for traditional Inuit practices such as kinship relationships and extended family and community responsibility for children also is essential to creating healthy

family environments for all Inuit children. Kinship care is not new to Inuit, but in modern times, program support for this traditional practice would greatly increase its positive effects and ensure that extended family members have the resources they need to continue to provide care.

8. ENSURING INUIT HAVE ACCESS TO LEGAL SERVICES

Reference Group members raised the need for better representation of Inuit in the court system. Often, Inuit families and advocates lack information on their rights within the legal system and are unprepared for court intervention in their cases. The legal system needs to improve its services both on an individual and systemic level.

9. GETTING MORE INUIT KNOWLEDGE IN CHILD WELFARE AND FAMILY SUPPORT

Reference Group members stated the need for more Inuit direction about how child welfare and family support services are provided and how best to meet the needs of Inuit families. The preservation of Inuit families and communities should be the priority concern, as well as looking at alternative ways of helping families in more culturally appropriate ways. Greater involvement of Inuit in the design and delivery of child welfare and family support services will improve outcomes. In order to achieve such involvement, Inuit need support to increase their knowledge of the different models of care.

10. MAINTAINING CULTURAL TIES AND COMMUNITY CONNECTIONS FOR ADOPTED CHILDREN

Reference Group members discussed the significant number of Inuit children who are adopted by non-Inuit parents and sent outside their communities and territories. This is hard on the children struggling to understand their identity, the Inuit families losing their children, and the communities that are weakened by family breakdown.

11. INVOLVING FAMILIES AND COMMUNITIES IN DECISION-MAKING

Each Inuit region as well as Southern communities will need to develop its own solutions and models, and can benefit from sharing information about promising developments

Reference Group members agreed that Inuit families and communities should be more involved in decisions that affect their children and youth. Elders committees have sometimes mediated disputes among family and community members, and under the right conditions, community justice committees have been useful in ensuring that everyone affected by a community member's actions has a voice in the outcome (often called restorative justice).

12. BUILDING CAPACITY IN INUIT COMMUNITIES

Reference Group members agreed that building capacity in Inuit communities is key to ensuring strong and healthy Inuit families and children. Each Inuit region as well as Southern communities will need to develop its own solutions and models, and can benefit from sharing information about promising developments. In addition, increased self-determination and economic prosperity will have positive effects.

Promising Practices: First Nations, Inuit and Métis Communities in Canada

This section provides examples of child welfare and family support practices that have shown promise in promoting positive outcomes for children and families in First Nations, Inuit, and Métis communities in Canada. Each example cited below addresses a specific challenge identified by members of the Reference Group on Inuit Children and Social Services with respect to addressing Inuit child and family health and safety issues.

1. MAKING COMMUNITY AND FAMILY INVESTMENTS

Using data from the Canadian Incidence Study, an analysis was conducted at the organizational (agency) level to determine what organizational characteristics may contribute to disparities in placement decisions for First Nations, Inuit, and Métis children (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010). The study found that the number of Aboriginal reports made to an agency (or the number of First Nations, Inuit, and Métis cases opened) helps to predict the placement decision (Fluke et al., 2010). That is, if an agency is handling more Aboriginal cases, it is likely more of those children will be placed in care. This finding implies that a key reason behind the large numbers of First Nations, Inuit, and Métis children in care in Canada may be the lack of resources available at the community or agency level (Fluke et al., 2010). Simply stated, the agencies serving First Nations, Inuit, and Métis children do not have enough resources to meet the needs of the communities they serve. This study, along with other research, indicates that a lack of resources creates gaps in services for children and families in need that

can lead to too many Aboriginal children in care (Blackstock & Trocmé, 2005; Fluke et al., 2010; Trocmé et al., 2006).

2. INCREASING ABORIGINAL INPUT: ENABLING COMMUNITIES TO DRIVE THE VISIONING PROCESS

The First Nations Child and Family Caring Society of Canada launched the Touchstones of Hope: Reconciliation in Child Welfare Project in 2005. This project is based on five principles:

- **Self-determination:** Respecting that Indigenous Peoples are in the best position to make decisions regarding Indigenous children.
- **Holism:** Respecting the child as part of an interconnected reality where family, community, nation, and world are all honoured.
- **Culture and language:** The culture and language of an Indigenous child will be honoured and supported through the provision of culturally based child welfare and family support services.
- **Structural interventions:** Addressing poverty, poor housing, and substance misuse are key components to effective child welfare and family support services for Indigenous children.
- **Non-discrimination:** Indigenous children should receive a comparable level of child welfare and allied services to non-Aboriginal children. Indigenous knowledge will be given preference when responding to the needs of Aboriginal children (Blackstock, Cross, George, Brown, & Formsma, 2006).

Presently, in northern British Columbia, there are a number of different agencies/ organizations and entities participating in the project including:

- Gitxsan Child and Family Services Society.
- Carrier Sekani Family Services.
- Haida Child and Family Services.
- First Nations Child and Family Caring Society of Canada.
- Ministry of Children and Family Development, British Columbia.
- Nisga'a Child and Family Services.
- Nezul Be Hunuyeh Child and Family Services Society.
- Northwest Inter-Nation Family and Community Services Society.

The reconciliation movement stems from an understanding of how past injustices have affected First Nations Peoples in Canada. It offers the following framework:

- Acknowledge the mistakes of the past and establish a child welfare profession based on non-discriminatory values, social justice, and fundamental human rights.
- Set a foundation of open communication that affirms and supports Indigenous families and communities as the best caregivers for Indigenous children and youth.
- Respect the intrinsic right of Indigenous children, youth and families to define their own cultural identity.
- Improve the quality of, and access to, services for all children, youth and families to free the potential of each person.
- Build a united and mutually respectful system

of child welfare capable of responding to the needs of all children and youth.

- Strengthen the ability of the child welfare profession to learn, ensuring past mistakes do not become tomorrow's destiny (Blackstock, Cross, George, Brown, & Formsma, 2006).

The process of reconciliation was distilled into four key phrases at the Reconciliation: Looking Back, Reaching Forward gathering, on October 26-28, 2005 in the Territory of Six Nations of the Grand River (held in Niagara Falls, Ontario). These phrases are found in *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth and Families* as follows:

Truth telling:	The process of open exchange (listening and sharing) regarding the history of child welfare in First Nations, Inuit, and Métis communities.
Acknowledging:	Affirming and learning from the past and embracing new possibilities for the future.
Restoring:	Addressing the problems of the past and creating a better path for the future.
Relating:	Working respectfully together to design, implement, and monitor the new child welfare system.

Touchstones of Hope uses the Planning Alternative Tomorrows with Hope (PATH) process to lead communities in a visioning process, identify the indicators necessary to measure their progress, and set out the necessary steps and responsible parties for achieving their goals.

3. UNDERSTANDING WHAT DRIVES CHILDREN INTO THE CHILD WELFARE SYSTEM AND PARTICIPATING IN POPULATION-SPECIFIC DATA COLLECTION

First Nations child and family services agencies have greatly increased their participation in the Canadian Incidence Study (CIS) to build a clearer picture of First Nations children in care. However, there remain significant limitations in data collection and data availability for Inuit regions, and agency participation is not widespread.

The Canadian Incidence Study offers some insight into the main contributing factors for Canadian children entering the child welfare system. The 2008 round of data collection

Participation in data collection efforts can inform evidence-based policy and advocacy efforts.

significantly increased the number of First Nations child welfare agencies participating in the study (from eight to 22 agencies) (Sinha & Trocmé, 2008). The study adheres to the Ownership, Control, Access and Possession (OCAP) principles for research ethics through the oversight of a First Nations

Advisory Committee. The First Nations Child and Family Caring Society of Canada also played a significant role in the organization of the study cycles (Centre for Research on Children and Families, 2008).

Participation in data collection efforts can inform evidence-based policy and advocacy efforts. Data from the Canadian Incidence Study has been used to inform:

- The draft *United Nations Committee on the Rights of the Child General Comment on the Rights of Indigenous Children*.
- A national funding formula for First Nations child welfare agencies.
- Re-designed services by First Nations Child and Family Services Agencies and provinces.
- *The Wen:de Report: The Journey Continues: The National Policy Review on First Nations Child and Family Services Research Project* (Loxley et al., 2005).
- A review of First Nations child and family services produced by the First Nations Child and Family Caring Society of Canada and ratified by the Assembly of First Nations and the Department of Indian Affairs and Northern Development.

The collection of population-specific data on First Nations, Inuit, and Métis with respect to child welfare has also been championed by the National Collaborating Centre for Aboriginal Health. The centre supports agencies to better understand how they can meet the needs of the population they serve and improve the effectiveness of their services (National Collaborating Centre for Aboriginal Health, 2009-2010b).

4. IMPROVING CULTURAL COMPETENCY IN SERVICES THROUGH CONSULTATION AND INTER-AGENCY COLLABORATION

In order to address the challenge of cultural competency, the Children's Aid Society of Ottawa began consulting with First Nations, Inuit, and Métis social services providers in Ottawa to get feedback about the Society's services (Engelking, 2009; Galley, 2010). Using the principles of reconciliation (truth telling, acknowledging, restoring, and relating) as a framework, the social services providers identified the following issues:

- The need for Society staff to understand differences in communications approaches and to increase their cultural sensitivity.
- The availability of First Nations, Inuit, and Métis staff, kin, and caregivers are key issues.
- Many cases require interagency consultation and case planning.
- Recognition of additional First Nations, Inuit, and Métis services is crucial to effective interaction with clients.
- Material needs to be made available in an accessible and culturally relevant way.
- The Society must demonstrate a commitment to improving services and making sustainable changes in working with First Nations, Inuit, and Métis families (Engelking, 2009; Galley, 2010).

Following this consultation, the Society went directly to their First Nations, Inuit, and Métis clients, who offered the following feedback:

- Society staff are punitive, judgmental, insensitive, and have little knowledge or understanding of First Nations, Inuit, or Métis history or culture.

- Experiences with the Society have been painful, leaving clients feeling powerless.
- Experiences with Society staff continue to have devastating effects on children, families, and communities (Engelking, 2009; Galley, 2010).

Two committees were established to address the findings of the consultations. The Internal Forum included Society staff charged with learning more about the history and culture of their First Nations, Inuit, and Métis clients and disseminating this information among their colleagues. The Liaison Group included Ottawa-based First Nations, Inuit, and Métis service providers. The Liaison Group struck a working group to develop an alternative dispute resolution program to incorporate traditional practices (e.g., "Circle of Care"), create a resource toolkit and family care resources for children and youth, and increase opportunities for First Nations, Inuit, and Métis foster parent recruitment (Engelking, 2009; Galley, 2010).

As a result of these consultations, an Inuit "pod" of Society workers was established as a pilot project. These workers undergo Inuit-specific training by the Ottawa Inuit Children's Centre. As a result, Inuit families can be served by a trained Society employee who is aware of Inuit culture and Inuit-specific services in the Ottawa area. According to Society staff, the project will soon expand to include Métis and First Nations pods.

5. PRESERVING FAMILIES AND PROVIDING A VARIETY OF SERVICES

Early interventions using family preservation and support models can help care for children in distressed families and prevent their removal

from the home. At this time, family preservation models are integrated into some First Nations, Inuit, and Métis child and family services agencies, including the Vancouver Aboriginal Child and Family Services Society. The Society's approach involves having a family preservation counsellor work with parents, other caregivers, children, and youth to develop a plan that addresses child protection issues to help prevent the removal of children. The services are time limited and generally offered for two to six months (Vancouver Aboriginal Child and Family Services Society, 2010).

The principle behind family preservation models is to offer supports to families that do not meet the specifications of child "maltreatment" but

The principle behind family preservation models is to offer supports to families that do not meet the specifications of child "maltreatment" but are still considered at risk. Since First Nations, Inuit, and Métis families suffer disproportionately from low income, poor housing situations, mental health issues, and drug and alcohol abuse, increasing family-oriented supports stands to benefit these families. Recently, the *Saskatchewan Child Welfare Review Panel Report* recommended a "differential response model" to counter the currently used "threshold model" that offers services only *after* families have met the criteria of maltreatment. The panel found that the threshold model effectively disqualifies families from receiving the supports they need before they reach a higher risk state (Saskatchewan Child Welfare Review Panel, 2010). The result of the threshold model is that children's interests and rights are viewed

in opposition to the rights and interests of other family members and communities (Saskatchewan Child Welfare Review Panel, 2010). Further, the report states:

"Best interests of children are defined by a relatively short-term view of safety and bonding in a stable nuclear family, assuming a good long-term result and not by successful identification as a member of a culture and a community. For First Nations, Inuit and Métis children and families, these opposing perspectives and decision-making frameworks are at the heart of the view that the system is not working for them and needs fundamental change." (Saskatchewan Child Welfare Review Panel, 2010, p. 29)

A differential response model is meant to address some of these tensions by streaming families into different services according to their needs. For example, there may be one stream of services for high-risk cases involving sexual abuse, serious physical or emotional harm, chronic neglect, and cases that may involve criminal charges. A second track could handle less severe cases where interventions could involve family services and coordination of services to address individual and family needs (Saskatchewan Child Welfare Review Panel, 2010). Ontario, Alberta, and British Columbia have differential response models, and Manitoba is presently testing and piloting several differential response models (Saskatchewan Child Welfare Review Panel, 2010).

Some research has also been done on differential response models, with mixed results, on the effectiveness of the interventions including family counselling, respite care, parenting education, housing assistance,

substance abuse treatment, child care, and home visits (Children's Bureau & U.S. Department of Health and Human Services, 2009; Conley, 2009; Marshall, Charles, Kenrick, & Pakalniskiene, 2010; Waldegrave & Coy, 2005; Waldfogel, 2009). It was found that too often, families receive very little attention beyond a few visits from an overworked case worker, and services are generally poor in quality (Waldfogel, 2009). Home visitation has demonstrated some promising outcomes, but the evidence on the overall effectiveness of these types of services is difficult to determine (Waldfogel, 2009).

However, it is thought that differential response models show tremendous promise in the child welfare system and could be beneficial for Inuit, Métis, and First Nations clients if there are appropriate considerations given to the quality and cultural relevancy of the services (Children's Bureau & U.S. Department of Health and Human Services, 2009).

6. INCREASING HOME SUPPORTS

Increasing in-home supports is a preventative strategy that has been called for by researchers (Blackstock & Trocmé, 2005; Shangreux & Blackstock, 2004). Further, if poverty is a contributing factor to neglect, then in-home financial supports – on par with the funding received by foster parents – should be considered as an alternative to removing children (Galley, 2010).

7. FURTHER SUPPORTING CUSTOM ADOPTION

Territorial legislation in Nunavut and Northwest Territories allows for custom adoption; that is, a privately arranged adoption between two Inuit families, where responsibility for a child is transferred to another family as administered through a Commissioner of Custom Adoption. This is an important cultural and historical practice for Inuit and is strongly supported by Inuit communities. It should be noted that the responsibilities of the Commissioner are administrative, non-invasive and respect the requests of the families. No home study is conducted, and social workers and lawyers are not involved in the process. Ensuring that there are ways to maintain and further support this practice is important to Inuit.

Custom adoption allows the adopted child to grow up knowing and/or being aware of their biological parents and extended family. The adoption is more transparent

than most practices in the rest of Canada where adopted children may not have information about their biological families until they are legal adults. Researchers have found that while custom adoption continues to be supported in many communities, it has some challenges including conflicts between adoptive and biological parents, parents feeling pressure to give up children when they may not want to, adoptive parents feeling pressure to take a child

Custom adoption is an important cultural and historical practice for Inuit and is strongly supported by Inuit communities.

when they would prefer not to, multiple transfers of a child into different homes, and no verifications or assessments conducted of prospective adoptive parents (Commission des droits de la personne et de droits de la jeunesse Québec, 2007). Some research has suggested that supervision from social service staff, or implementing stronger guidelines for the practice could be helpful (Commission des droits de la personne et de droits de la jeunesse Québec, 2007; Rideout, 2000).

8. FIRST NATIONS AND INUIT USE OF THE LEGAL SYSTEM TO DRIVE CHANGE

There are presently a number of examples of First Nations, Inuit, and Métis using the legal system to improve the situation for children and families. In Nunavut, Justice Robert Kilpatrick ruled that parts of *Nunavut's Child and Family Services Act* are in violation of the *Canadian Charter of Rights and Freedoms*. Specifically, the ruling found the sections dealing with the removal of children from their homes and the absence of a mechanism for timely post-apprehension screening of the grounds for removal by a judicial officer are in violation of Section 7, which states that laws must be consistent with principles of fundamental justice (Nunatsiaq News, 2010, November 18). The ruling came after a Nunavut parent filed a lawsuit when her children were removed from February to October 2009. The children were in the care of the territorial government during this time before being ordered returned to their family in October. The Judge gave the Government of Nunavut one year to amend the *Child and Family Services Act* or have parts of it cease to apply.

Another instance of using the courts to drive change is the case brought forward by the

Assembly of First Nations and the First Nations Child and Family Caring Society of Canada. In 2007, they launched a joint complaint under the *Canadian Human Rights Act*, "alleging that chronic underfunding of First Nations child and family services agencies amounts to discriminatory treatment of First Nations children" under the *Charter of Rights and Freedoms* (Galley, 2010, p. 46). This action has been supported by the international human rights organization, Amnesty International (Amnesty International, 2011).

The First Nations Child and Family Caring Society of Canada, Indian and Northern Affairs Canada, the Assembly of First Nations, the National Advisory Committee on First Nations Child and Family Services, the Auditor General of Canada, numerous academics and researchers, and members of federal and provincial parliaments have all recognized the inequity of the funding formula for First Nations child and family services on reserve. In 2010, the Government of Canada presented a loophole, stating that "funding" cannot explicitly be considered a "service" and therefore the complaint cannot be considered within the Canadian Human Rights Tribunal's mandate (Galley, 2010). To date, judgment has been reserved and the tribunal has not yet formally heard the complaint.

However, despite delays, some enhanced funding has been made available through Indian and Northern Affairs Canada, hoping that this will lead to a reduction of children in care and future cost savings for the government (Galley, 2010). While these investments are welcome, they have been criticized for being piecemeal, and incorporating the same flaws that are present in the existing funding formula (Galley, 2010).

The human rights complaint continues to serve as a focal point in the First Nations child welfare community for advocating for equitable funding for First Nations children.

The human rights complaint continues to serve as a focal point in the First Nations child welfare community for advocating for equitable funding

for First Nations children. Numerous reports and documents, including the 2008 report of Auditor General of Canada state that funding is inadequate and “must be changed in order to ensure First Nations children and families on reserves receive comparable and culturally based child welfare services” (First Nations Child and Family Caring Society of Canada,

2011, last paragraph). Over 600 pages of evidence supporting the complaint have been compiled. These reports all point to the need for:

- Equitable funding for First Nations, Inuit, and Métis children in child welfare.
- Ways to address the poor outcomes of First Nations, Inuit, and Métis children in child welfare through more culturally appropriate services.
- More preventative or “least disruptive” services.
- More coordination between services.
- Clear definition of roles between different agencies.
- Better information collection and outcome indicators to be established in partnership with communities in order to ensure quality services.

Data collection that has allowed for cross-jurisdictional analysis has been important in moving this case forward. Increasing the disaggregated data collection on child safety,

program availability, and funding for social services in Inuit communities could greatly support ongoing efforts to improve services available in Inuit regions.

9. ESTABLISHING SPECIALIZED SERVICES: MÉTIS-SPECIFIC CHILD AND FAMILY SERVICES AGENCY IN MANITOBA

The delegation of more responsibility to Inuit organizations for the delivery of child welfare and family support services is one way to increase Inuit oversight and direction. In 2003, the first Métis Child and Family Services Agency was established in Manitoba. This historic event came out of the recommendations of the 1991 Aboriginal Justice Inquiry in Manitoba, but was not acted upon until the New Democratic Party came into power in 1999.

The Aboriginal Justice Inquiry recommended that child welfare services be delegated to First Nations and Métis authorities delivering off-reserve services in Manitoba. For the first time, child welfare services would be delivered to off-reserve, non-status First Nations and Métis by agencies that were accountable to these same populations. This represented a significant accomplishment in how child welfare services are organized and delivered.

Prior to the implementation of this policy, the Métis Nation did not have a history of or experience in providing mandated child welfare services (Hudson & McKenzie, 2003). Additionally, the provision of child welfare services delivered off-reserve to Métis and non-status

Aboriginal people had not received significant attention. Negotiations with the Government of Manitoba led to three separate memoranda of understanding (MOUs)

The delegation of more responsibility to Inuit organizations for the delivery of child welfare and family support services is one way to increase Inuit oversight and direction.

between the Manitoba Métis Federation (MMF), the Northern and Southern First Nations, and the province. The result was the Joint Intake Response Unit that identifies the appropriate agency for continued service delivery for each new client (First Nations, Métis, or mainstream). Some restrictions apply on a

client's ability to choose his or her own service provider, but it is possible if agreed to by the respective authorities (Hudson & McKenzie, 2003). Common registries for information sharing have been created between the authorities with four separate authorities responsible for delivering services to distinct populations (First Nations North, First Nations South, Métis, and General).

While challenges remain, both in the transition planning as well as in funding among and between authorities, there has been continued support for the new model of service delivery. In particular, the inclusion of both the First Nations and Métis of Manitoba as partners in the policy design and development phase has been regarded as a significant milestone in First Nations, Inuit, and Métis child welfare in Canada.

10. CONNECTING TO CULTURE AND BUILDING IDENTITY: MÉTIS COMMUNITY SERVICES CULTURAL PLANNING POLICY

Métis Community Services (MCS) on Vancouver Island has developed a Cultural Planning Policy that informs Cultural Safety Agreements for prospective adoptive parents of Métis children. The policy incorporates the concept of "cultural safety" defined as "the acknowledgement of and attendance to a child's needs and cultural frame of reference" (Métis Community Services, 2009, p. 2) and provides guidelines for adoptive parents so that adopted children maintain ties to the Métis community and knowledge of Métis history and experience while being raised in non-Métis families. Adoptive families, supported through Métis Community Services, are encouraged to remain in contact with the child's extended family and encourage the child's self discovery of his or her Métis ancestry and identity.

These agreements also outline the responsibilities of the Métis Community Services in assisting and supporting families to maintain linkages to the community. It also addresses issues that would arise should the family decide to relocate. Agreements are signed between prospective adoptive parents of Métis children, the Métis Community Services worker and executive director, the child, birth family representatives, and potentially other community members such as Elders or members of the Cultural Planning Committee at Métis Community Services.

Promising Practices: International Indigenous Communities

The following section provides examples of child welfare and family support practices that have proven effective in promoting positive outcomes for Indigenous children and families in other countries.

1. USING ALTERNATIVE DISPUTE RESOLUTION APPROACHES

Alternative dispute resolution (ADR) models such as “family group conferencing,” “Aboriginal family decision-making,” and “family circles” are all models currently used by Indigenous Peoples internationally as well as in Canada to resolve child welfare issues.

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The family group conferencing model of child welfare and family support programming was adopted in New Zealand in 1989. It developed out of concerns voiced by the Maori and their dissatisfaction with the high rates of removal of Maori children from their families and communities for placement in non-Maori households or care (Desmeules, 2007).

Family group conferencing is a solutions-focused decision-making process

(Helland, 2005). It allows for families to be active participants in addressing the issues that challenge their family stability. This approach calls on families and their support networks:

extended family, friends, community members and others to engage in the decision-making around children’s safety, social services needs, and options for family support. Research has indicated that the principles that underlie this model reflect Indigenous practices such as peacemaking circles, group decision-making, and other restorative practices (Helland, 2005). Family group conferencing has a more communal and holistic view of justice that is shared by many Aboriginal communities.

It begins by calling together families and others who play an important role in a child’s life to decide how best to support the child and family. Participants may include the child, parents, siblings, extended family members, people close to the families such as friends, community members, religious or cultural community members, advocates, and people working to support the child or family such as doctors, counsellors or teachers (Ministry of Children and Family Development, no year).

The family group conferencing model has six phases:

- 1) **Pre-conference preparation:** Dialogue with the client and others to determine who the participants will be and explain the process.
- 2) **Opening ceremonies:** Introductions, prayer or other customary practices used by the respective Indigenous group and establishing the ground rules.
- 3) **Sharing information about the situation:** Dialogue about the issues and exploration of courses of action.

- 4) **Family caucus:** Family members meet and decide on the course of action without social workers or other professionals present.
- 5) **Reporting back:** Agreement from phase 4 is reported back to the whole group, responsibilities and timeframes are established, and the required agency approval is granted.
- 6) **Follow-up meetings:** Agreements are monitored as they are implemented and changes are made to the plan as needed (Galley, 2010).

The Children's Aid Society of Ottawa recently began using an alternative dispute resolution model following the recommendation of its Aboriginal Liaison Group. Group members have expressed satisfaction with the outcomes of this effort and its ability to empower Aboriginal families and communities in the decision-making process about the welfare of their children.

2. SUPPORTING KINSHIP CARE

"Kinship care" is the government or agency placement of children with extended family members, instead of with foster parents or other out-of-home placements. It is a growing phenomenon in the U.S., Canada, Western Europe, U.K., New Zealand, and Australia (Paxman, 2006). It may be informal, as a private arrangement between families, or a formal arrangement through a statutory agreement. Kinship care has been practiced in Inuit communities for years, along with custom adoption.

Indigenous children are more likely to be in kinship care than other children (Paxman, 2006). Advocates of kinship care highlight its ability to allow for cultural continuity and for children to often stay in their own communities when

it is not possible for them to remain with their birth parents. Kinship care is a practice rooted in Indigenous traditions, where the extended family and community take responsibility for raising a child under a more holistic and fluid view of family.

Long-term outcomes for children in kinship care compared to foster care have yet to be evaluated (Paxman, 2006). One report, by the Government of Alberta indicates that kinship care does provide better outcomes for children, but other reports state that the research is still inconclusive (Government of Alberta, 2009; Paxman, 2006).

Some international studies have indicated that kinship caregivers are generally single older women, less educated, and poorer than the average foster parent (Paxman, 2006). This may be due to the prominence of kinship care in Indigenous communities. Evidence suggests that kinship caregivers receive less training, less financial support, fewer services, and are less likely to be supervised by a regulatory body (Paxman, 2006).

While kinship care does offer significant opportunities to maintain cultural continuity for children and has been supported by Indigenous communities, considerations need to be given to the supports – both financial and social – that are required for kinship caregivers. Further training and screening processes that enhance outcomes for children and the sufficient consideration of safety are essential. Kinship caregivers should be eligible for the same types of benefits and access to supports as foster parents, such as a respite care and other financial and social services.

3. INCREASING INDIGENOUS AUTONOMY

Significant research in Canada and internationally has pointed to the critical role of increased Indigenous autonomy on improving economic, health, and social outcomes for Indigenous Peoples (Chandler & Lalonde, 1998; Cornell, 2006; Royal Commission on Aboriginal Peoples, 1996). Research studies conducted by the Harvard Project on American Indian Economic Development at the Kennedy School of Government have looked at predictors

of economic prosperity and economic development. Their findings indicate that the degree of self-government (genuine decision-making power) and quality of governance are key factors in improving economic outcomes for Indigenous communities (Cornell, 2006). Within the Canadian context, indicators have also shown a strong relationship between meaningful self-government and improved health, social, and economic outcomes (Chandler & Lalonde, 1998; Cornell, 2006).

Models of Child Welfare Delivery for First Nations and Métis in Canada

This section considers the different models of child welfare delivery in First Nations and Métis communities in Canada to gain insight, information, and knowledge from the experiences of communities that already have jurisdiction over child welfare.

Child welfare and family support services are delivered differently to First Nations, Inuit, and Métis across Canada. Different arrangements offer varying degrees of authority to Indigenous Peoples (see Appendix A). One study has found that cultural continuity, including First Nations control over their own services, is a moderating factor in reducing suicide rates (Chandler & Lalonde, 1998). While this is a stark indicator of community health, it is nevertheless indicative of the great variation that exists with regard to the health of Aboriginal communities and the factors that are critical in creating better conditions and reducing harm.

The following descriptions of different governance arrangements for child welfare services are taken from reports by the First Nations Child and Family Caring Society of Canada (Gough, Blackstock, & Bala, 2005), as well as Jurisdictional Models laid out in the Partnership for Children and Families Project at Wilfrid Laurier University (Harvey, Mandell, Stalker, & Frensch, 2003).

1. SELF-GOVERNMENT

The self-government model is present in some communities that have settled land claims agreements. It recognizes the right of First Nations, Inuit, and Métis to assert jurisdictional authority over child and family services. Laws created by First Nations, Inuit, and Métis governments are permissible, so long as they meet respective provincial/territorial standards. Many First Nations governments and an Inuit government, the Nunatsiavut Government in Newfoundland and Labrador, have expressed a desire to move towards this model for child welfare services.

The self-government model recognizes the right of First Nations, Inuit, and Métis to assert jurisdictional authority over child and family services.

2. BAND BY-LAW

The Indian Act allows for band chiefs and councils to pass their own by-laws that apply on reserve. These by-laws need to be approved by the Minister of Indian and Northern Affairs Canada.

The Spallumcheen First Nation of British Columbia is currently the only First Nation operating under this model. On reserve, they have established themselves as the sole provider of child and family services. This band is now receiving provincial funding to support their services.

3. TRIPARTITE AGREEMENT

Under this model, law-making authority is delegated to the First Nation from the provincial and federal governments, and the First Nation generally must adhere to provincial standards of child welfare. Three levels of government are involved in setting up these agreements.

Given that First Nations agencies act as the administrators of provincial laws in this model, tripartite agreements give greater First Nation authority than the delegated delivery model outlined below, but less authority than the band by-law or self-government models noted above. This model is used in the Sechelt First Nation in British Columbia.

4. DELEGATED DELIVERY

Delegated delivery is the most common model of service delivery for Aboriginal Peoples in Canada. Provincial or territorial governments delegate the responsibility for the delivery of child welfare services to First Nations child and family services agencies. They may operate on or off reserve, depending on the statutes of the provincial or territorial government and varying degrees of authority may be granted to them.

The Indian and Northern Affairs Canada funding formula, Directive-20-1, requires that First Nations child and family services agencies operate under this model in order to receive funding to deliver services on reserve. There are a number of challenges associated with

the delegated delivery model, including the inadequacy of Directive-20-1. The shortcomings have been pointed out by the Assembly of First Nations and the First Nations Child and Family Caring Services of Canada in a Joint National Policy Review and have been cited in advocacy efforts for equal funding for First Nations children (McDonald & Ladd, 2000). Conforming to provincial legislative standards also gives inadequate attention to the cultural relevancy of services as well as the social factors that contribute to child and family well-being.

5. PARTIALLY DELEGATED SERVICES OR PRE-MANDATED MODEL

Under this approach, Aboriginal and First Nations child and family services agencies provide services according to licensing agreements with the provincial or territorial government. This model is mainly present in Ontario where clearly defined criteria exist for becoming a mandated agency, and some agencies fail to meet those criteria (Mandell et al., 2003).

6. MAINSTREAM SERVICES

Most First Nations, Inuit, and Métis in Canada are served by mainstream services. This is particularly apparent off reserve, in urban environments, and in the territories. Some mainstream agencies, such as the provincially mandated Children's Aid Society of Ottawa have made significant steps in improving the way they work with Aboriginal, and specifically Inuit, clients.

Conclusion

The Inuit Children and Social Services Reference Group recognizes that there are many challenges facing Inuit children and families in Northern and Southern communities. The goal of this paper has been to highlight some of the initiatives, programs, and policies that are striving to improve outcomes for First Nations, Inuit, and Métis families in Canada and Indigenous children and families internationally, who are receiving family support services or are involved with child welfare authorities.

It is important to bear in mind that changes in the child welfare and family support system alone will provide some benefits, but will not be sufficient in addressing many of the issues that drive children into care such as poverty, poor housing, alcohol and drug abuse.

Child safety and support for vulnerable families must be the twin pillars of child welfare.

The Inuit Children and Social Services Reference Group members agreed that child safety and support for vulnerable families must be the twin pillars of child welfare. Efforts that promote family stability and integrity should be available

to all families so that the need to remove children from their homes may be prevented. The Reference Group favours strategies that focus on building the capacity and skills of the community to support its vulnerable families. The least-intrusive measures that promote healthy families, healthy communities, and cultural values are also seen as essential in the promotion of Inuit well-being.

Looking forward, the Reference Group called for an Inuit-specific approach, firmly rooted in Inuit values, to address child welfare issues. This approach could be enhanced through the ongoing sharing of experiences across Inuit regions. More partnerships are required to connect Inuit across the North and collect more reliable data on child welfare and family support. It is the hope of the Inuit Children and Social Services Reference Group that such work will be undertaken to support and help heal those families that are struggling with poverty, and alcohol and drug addiction, and to ultimately improve outcomes for Inuit children, families, and communities across the North as well as in Southern Canada.

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Appendix A – The Role of Aboriginal Communities in Child Welfare in Canada

The following table was created by the National Collaborating Centre for Aboriginal Health and demonstrates the differing levels of control that

Aboriginal communities can have in child welfare (National Collaborating Centre for Aboriginal Health, 2009-2010a).

Role of Aboriginal Communities in Child Welfare in Canada, 2007					
A = Aboriginal Peoples P/T = provincial/territorial government Fed = federal government FN = First Nation					
	Government Authority	Lawmaker	Services	Funding Control	Potential Application
Self-Government	A	A	A	A	A
Band by-law: (one instance: Spallumcheen First Nation of British Columbia)	Fed	A (Fed. Approval)	A	Fed	FN on reserve
Tripartite Agreement (one instance: Sechelt First Nation in British Columbia)	P/T	A (Fed/P/T approval)	A	Fed	Most likely FN
Delegated Delivery	P/T	P/T	A	On reserve: Fed. Off reserve: P/T	Usually FN
Support Services (partially delegated services)	P/T	P/T	A (partial)	Varies	All
Mainstream Services	P/T	P/T	P/T	P/T	All



National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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Inuit Tuttarvingat

