



Final Report

Implementation Evaluation of the Enhanced Prevention Focused Approach in Saskatchewan and Nova Scotia for the First Nations Child and Family Services Program

Project Number: 1570-7/11008

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Evaluation, Performance Measurement,
and Review Branch
Audit and Evaluation Sector

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List of Acronyms¹

AANDC	Aboriginal Affairs and Northern Development Canada
CFS	Child and Family Services
EPFA	Enhanced Prevention Focused Approach
EPMRB	Evaluation, Performance Measurement and Review Branch
FGC	Family Group Conferencing
FNCFS	First Nations Child and Family Services
IM/IT	Information Management/Information Technology
IMS	Information Management System
MFCS	Mi'kmaq Family and Children's Services
NOM	National Child Welfare Outcomes Matrix

¹ A Glossary of Terms can be found in Appendix A.

Executive Summary

This Implementation Evaluation of the Enhanced Prevention Focused Approach in Saskatchewan and Nova Scotia is part of a multi-year Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach (EPFA) for the First Nations Child and Family Services (FNCFS) Program, which began with an implementation evaluation in Alberta in 2009-10. The purpose of the strategic evaluation is to look at jurisdictions individually two-three years after the approach has been implemented to examine issues of relevance, performance, efficiency and effectiveness. In 2010-11, a Mid-Term National Review was conducted to consider the relevance of the EPFA from a national perspective, provide insight on discussions held to establish tripartite frameworks, as well as to consolidate promising practices in prevention programming nationally and internationally to raise awareness of innovative and effective practices that may support First Nation agencies in serving their communities. To the extent possible, this evaluation elaborates on findings from the Mid-Term National Review.

The FNCFS Program funds FNCFS agencies to provide culturally appropriate child and family services in their communities, so that the services provided to First Nations children and their families on reserve are reasonably comparable to those available to other provincial residents in similar circumstances and geographic location within Aboriginal Affairs and Northern Development Canada (AANDC) program authorities. FNCFS agencies receive their mandate and authorities from provincial/territorial governments and function in a manner consistent with provincial or territorial child and family services legislation. In areas where FNCFS agencies do not exist on reserve, AANDC funds those services provided by provincial organizations or departments.

Starting in 2007, AANDC began reforming the FNCFS program from a protection to a prevention focused approach on a jurisdiction by jurisdiction basis, beginning in Alberta.² Prevention services may include, but are not limited to, respite care, after-school programs, parent/teen counselling, mediation, in-home supports, mentoring and family education. AANDC, provincial and First Nations representatives must enter into a Tripartite Accountability Framework in order to move to an enhanced prevention model. The framework can vary from region to region but is based on reasonably comparable funding amounts provided to agencies by provincial governments in communities in similar geographic areas and circumstances.

In Saskatchewan, there are 17 FNCFS agencies that provide mandated child and family services to 67 of the 70 First Nations communities in the province, while the remaining three communities are served by the province. In Nova Scotia, the Mi'kmaw Family and Children's Services (MFCS) provides services to all 13 Mi'kmaw communities in that province.

Some of the limitations of this report include a lack of agency directors in Saskatchewan willing to be interviewed for the study, and a low response rate for a web-based survey aimed at agency staff and community members. Consequently, the survey results were not included in the

² Followed by Saskatchewan and Nova Scotia in 2008, Quebec and Prince Edward Island in 2009 and Manitoba in 2010.

findings of this report. Moreover, while two case studies were conducted as part of this evaluation, only one received the community support needed to be included in the findings. The evaluation supports the following conclusions regarding relevance, performance/effectiveness and efficiency/economy based on the analysis and triangulation of four lines of evidence: document review, literature review, key informant interviews and a case study.

Relevance

This section focused primarily on the identified prevention and capacity needs of FNCFS agencies in Saskatchewan and Nova Scotia, given that a national review covered the relevance of the EPFA in 2010-11.

The main child welfare issues in Saskatchewan and Nova Scotia stem from an over-representation of First Nations children in care, a rise in complex medical needs and high cost institutional care, and a rise in older children coming into care. Furthermore, poverty, housing, substance abuse, mental health, child abuse and neglect, poor parenting skills and a lack of alternative care options were cited as the most common parental and community issues facing First Nations communities in these jurisdictions.

Training and capital infrastructure are the primary capacity needs identified by agencies. Agencies are largely supported in their work through federal and provincial government resources, and in Saskatchewan by the First Nation Child and Family Institute. The evaluation found that proper supports are in place to allow agencies to deliver services in a way that is culturally appropriate to their communities.

Performance/Effectiveness

Design and Delivery: In terms of financial effectiveness, it is unclear whether the EPFA is flexible enough to accommodate provincial funding changes throughout the 5-year funding cycle. There is also a risk that if maintenance costs exceed the agencies' allocation, this could affect agencies in their ability to provide consistent programming.

In terms of human resources, AANDC Headquarters has recently staffed its vacant positions. Both the Saskatchewan and Atlantic regional offices struggle to effectively perform their work given their current staffing limitations. Agencies in Saskatchewan report a continuing struggle with staffing shortages, and MFCS has experienced caseload ratios that exceed the provincial standard, though these numbers have fluctuated from year to year. Most agencies report that it is difficult to recruit and retain qualified staff, particularly First Nation staff.

The evaluation found evidence to support an increase in communication between AANDC Headquarters and the regions, the Saskatchewan and Nova Scotia provincial governments and agencies.

Overall, some of the most common challenges identified in the implementation of the EPFA are unrealistic expectations of what FNCFS agencies can carry out, particularly by community leadership, as well as difficulties based on large geographical distances/travel.

Monitoring and Reporting: Although a significant number of reports are currently required from agencies, outcomes are generally not reported at the departmental level. The Information Management System (IMS) is expected to support more robust data collection, though the Department has noted certain risks, including the timeliness and implementation of the system, a lack of operational protocols, as well as challenges in human resources, financing and change management. Areas for improvement include the improvement of data sharing, streamlining of reporting and providing better feedback to agencies on their performance.

Impacts: MFCS in Nova Scotia is supported legislatively in providing prevention services but this is not the case in Saskatchewan. Most agencies report that awareness of prevention programming has increased in their communities and that it will take time to change community perspectives. Overall, there has been an increase in access to prevention services. The EPFA is largely considered to support the security and well-being of children and families through a variety of measures, including an increase in prevention activities.

Economy/Efficiency

Economy and efficiency was found through the extensive use of inter-agency and community-level partnerships. AANDC has spent a significant amount of money on Information Management/Information Technology (IM/IT) systems at both the federal and agency level, though there remains great potential for continued economic and data inefficiencies, duplication of information and continued reporting burden for agencies. The evaluation found that FNCFS agencies have invested in capital expenditures to meet an increasing variety of needs, and concludes that AANDC could improve the efficiency of the EPFA by better coordinating various federal programming that affect children and parents requiring child and family services.

Based on these findings, it is recommended that AANDC:

1. Ensure that there are regular reviews of the costing models to ensure agencies are able to meet changing provincial standards and salary rates while maintaining a high level of prevention programming to meet community needs;
2. Work collaboratively with MFCS and the Province of Nova Scotia to ensure that the agency is providing adequate services to all communities as per provincial legislation and standards;
3. Ensure AANDC regional offices have adequate capacity to effectively carry out their current job functions, as well as the successful and ongoing monitoring of the IMS;
4. Work with the provinces, agencies and appropriate First Nation organizations to develop and implement a coordinated approach to information management, in order to improve efficiency, reduce the reporting burden for agencies and allow AANDC to fully report on outcomes; and
5. Work with other AANDC programming and federal partners (including Health Canada, Public Health Agency of Canada, the Department of Justice and Human Resources and Skills Development Canada) to facilitate the coordination of services affecting children and parents requiring child and family services.

Management Response / Action Plan

**Project Title: Implementation Evaluation of the Enhanced Prevention Focused Approach in Saskatchewan and Nova Scotia for the First Nations Child and Family Services Program
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The First Nations Child and Family Services Program agrees with the recommendations produced in this Implementation Evaluation. However, it is important to provide some context to clarify the degree to which AANDC will be able to implement some of the recommendations. This is especially important with respect to Recommendations 1, 3 and 5. Recommendation 1 is to “Ensure that there are regular reviews of the costing models to ensure agencies are able to meet changing provincial standards and salary rates while maintaining a high level of prevention programming to meet community needs. Recommendation 3 outlines the need to “Ensure AANDC regional offices have adequate capacity to effectively carry out their current job functions, including the successful and ongoing monitoring of the Information Management System (IMS)”. AANDC can review costing models under EPFA as per Recommendation 1, but any changes to costing models that result in increased funding will create cost pressures on the program that may not be able to be addressed without seeking external funding sources (reallocations within AANDC or new funding). In the same vein, although there are actions that can be taken by AANDC to increase capacity in regional offices to perform these tasks, efforts in this area will be limited by the current overall environment of workforce adjustment and reduced spending. For Recommendation 5, which is to “Work with other AANDC programming and federal partners, as appropriate, to facilitate the coordination of services affecting children and parents requiring child and family services”, similar limitations apply, as workforce adjustment and reduced spending impacts the availability and capacity of human resources in multiple departments to pursue horizontal work. Another limitation to AANDC’s ability to effectively implement this recommendation is the limited scope of control it has over other government departments and other levels of government, which would all have to agree and commit to working together on this “whole-of-government” issue.

Recommendations	Actions	Responsible Manager (Title / Sector)	Planned Start and Completion Dates
1. Ensure that there are regular reviews of the costing models to ensure agencies are able to meet changing provincial standards and salary rates while maintaining a high level of prevention programming to meet community needs;	We do concur.	Director General, Social Policy and Programs Branch	Start Date: Fall 2012
	AANDC will participate in tripartite meetings with provinces and agencies on EPFA implementation, which will include the review of costing associated with EPFA. AANDC Headquarters will also continue to liaise with Regions through monthly conference calls and regular meetings to review financial pressures that may arise during EPFA implementation. These meetings and discussions will allow Headquarters to determine whether pressures can be addressed and forecast future costing, while also allowing Headquarters and regions to develop possible mitigation		Completion: Ongoing

<p>2. Work collaboratively with MFCS and the Province of Nova Scotia to ensure that the agency is providing adequate services to all communities as per provincial legislation and standards;</p>	<p>strategies for arising issues.</p> <p>We do concur.</p> <p>AANDC will intensify its collaborative work with the Department of Community Services and MFCS to achieve a thorough understanding of agency resources and expenditures; to develop a sustainable plan for effective agency operations and service delivery; and to support a delivery mechanism that serves on reserve First Nation populations within provincial standards and within current allocations.</p> <p>AANDC has provided funds to MFCS to address Maintenance and Operational shortfalls since fiscal year 2010-2011. Since the fall of 2011, the tripartite Working Group in Nova Scotia has met regularly to discuss the Agency's staffing structure and to develop draft Terms of Reference for a consultant to assist the Agency in developing an updated Business Plan/service delivery model.</p> <p>AANDC has regular bilateral calls with the province, and the tripartite Executive Steering Committee held meetings in February, September, November of 2012 and January 2013, to discuss the Working Group results, and to develop an appropriate plan of action.</p>	<p>Director General, Social Policy and Programs Branch</p>	<p><i>Start Date:</i> Fall 2012</p> <p><i>Completion:</i> Fall 2013</p>
<p>3. Ensure AANDC regional offices have adequate capacity to effectively carry out their current job functions, including the successful and ongoing monitoring of the Information Management System; and</p>	<p>We do concur.</p> <p>AANDC will update the National Social Programs Manual and will produce technical interpretation bulletins and information circulars, as required, in order to clarify program requirements, enhance compliance and reduce reporting burden in the regions. These documents will ensure that proper processes are followed which will eliminate unnecessary steps in reporting and program management, serving to alleviate the administrative burden on regional staff.</p> <p>Through the implementation of the Social Policy and Programs Branch's Management Control Framework, the Branch will continue to streamline the reporting process, in particular Social Policy and Programs Branch's Data Collection Instruments, in support of creating efficiencies and effectiveness in the implementation of the IMS. AANDC Headquarters and regions will</p>	<p>Director General, Social Policy and Programs Branch</p>	<p><i>Start Date:</i> Fall 2012</p> <p><i>Completion:</i> Fall 2013</p>

	<p>continue to support one another through regular teleconferences and face-to-face meetings/ videoconferences to identify these efficiencies in order to help ease the workload burden that has been identified and to ensure that operation support tools and mechanisms are in place come time for the IMS implementation.</p> <p>The FNCFS IMS Team is in the process of developing an Organizational Change Management Framework that will support on an ongoing basis the transition to the FNCFS IMS. This framework includes: an organizational readiness assessment; a transition plan that reflects all necessary activities to ensure that regional offices and Headquarters staff are ready for the implementation and use of the system; Headquarters to regions communications plan (for both pre and post-production of the system), and; a training strategy which includes the different training methods to address the needs of all the users, and actual delivery of training. Once implemented, there will be post-implementation on-going support from both Headquarters FNCFS program staff and the Information Management Branch.</p> <p>Training for regions on the first phase of the IMS began January 28, 2013, and will continue during the week of March 11-14, 2013.</p> <p>In early 2013, additional on-site regional training sessions are planned to help ensure that regional staff clearly understand how to utilize the new system.</p>		
<p>4. Work with the provinces, agencies and appropriate First Nation organizations to come up with and implement a coordinated approach to information management, so as to improve efficiency, reduce the reporting burden for agencies and allow AANDC to fully report on outcomes.</p> <p>First point made by EPMRC: "While the agency and provincial IM system may be linked, the recommendation speaks to collaboration between</p>	<p>We do concur.</p> <p>Implementing the recommendation is a multi-year process that involves rationalizing the reporting data that AANDC seeks from First Nations and other sources for program management and performance measurement purposes.</p> <p>AANDC is currently involved in many collaborative initiatives to streamline processes pursuant to the Modernizing Grants and Contributions Initiative. Social Policy and Programs Branch remains engaged with AANDC regions</p>	<p>Director General, Social Policy and Programs Branch</p>	<p><i>Start Date:</i> Underway</p> <p><i>Completion:</i> March 2013</p>

<p>all three parties to reduce duplicative reporting – enhance the first point to address this issue.”</p> <p>Second point made by EPMRC is to re-word the second point (of an earlier version) to reflect that: “AANDC is currently undertaking discussions...” This point is moot because the sentence in question has been re-worded entirely.</p> <p>Third point made by EPMRC is that “Under the multi-step plan for DCIs, clarification is required for what is meant by “collect authoritative data only that will inform results?””</p>	<p>to support regional innovation. For example, many regions are working with First Nations to support performance measurement that is meaningful at the community level. Social Policy and Programs Branch will access this data and ensure that information is collected only once. Social Policy and Programs Branch also remains engaged with provincial and territorial innovation, with the intent to share knowledge (like reciprocal indicators and data source sharing), streamline and access performance information where possible.</p> <p>AANDC has an evergreen multi-step plan that includes:</p> <ul style="list-style-type: none"> • Alignment of the FNCFS performance indicators with the indicators collected by the provinces (completed); • IMS development - AANDC has conducted a National Engagement Strategy and has met with federal, provincial and agency representatives to identify opportunities for information sharing as well as to explore the potential for future opportunities. These meetings will be ongoing in fiscal year 2013-2014; • AANDC is exploring the feasibility of entering into data sharing agreements with provinces and territories where possible. Early discussions regarding data sharing agreements are underway in Alberta and Manitoba; and, <p>Data Collection Instrument management (ongoing):</p> <ul style="list-style-type: none"> • AANDC collects data in accordance with the Performance Measurement Strategy and related Key Performance Indicators; • Frequency - AANDC has updated and aligned the timing of the First Nations Child and Family Services Consolidated Annual Report for the EPFA and Directive 20-1 Recipients to one consolidated annual report consistent with normal recipient business planning cycles; • Consistency – through the use of a single national Data Collection Instrument and data set; • Duplication –where possible, the program will collect all relevant data from the Provinces and 		
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	Territories in order to satisfy program requirements. However, as a last resort, AANDC requires funding recipients to complete data collection instruments to meet reporting requirements.		
5. Work with other AANDC programming and federal partners, as appropriate, to facilitate the coordination of services affecting children and parents requiring child and family services.	We do concur.	Director General, Social Policy and Programs Branch	<i>Start Date:</i> Ongoing
	AANDC will continue to work collaboratively with relevant internal and other federal partners, as well as provincial ministries through existing tripartite tables, bi-lateral forums and other communication opportunities. As an example, AANDC will continue to participate in discussions with Health Canada in order to further align programming available to First Nations children and families. AANDC will continue to collaborate with its internal partners on related programs such as Family Violence Prevention Program and Education. AANDC has participated in two meetings of the FPT Working Group of the Directors of Child Welfare, with the most recent being in October 2012, in order to identify ways in which AANDC can work collaboratively with other partners moving forward, and will continue to engage this group on FNCFS matters.		<i>Completion:</i> Fall 2013

I approve the above Management Response and Action Plan

Original signed by:

Françoise Ducros

Assistant Deputy Minister, Education and Social Development Programs and Partnerships Sector

The Management Response / Action Plan for the Implementation Evaluation of the Enhanced Prevention Focused Approach in Saskatchewan and Nova Scotia for the First Nations Child and Family Services Program were approved by the Evaluation, Performance Measurement and Review Committee on April 25, 2013.

1. Introduction

1.1 Overview

This Implementation Evaluation of the Enhanced Prevention Focused Approach in Saskatchewan and Nova Scotia is part of a multi-year Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach (EPFA) for the First Nations Child and Family Services Program, which began with an implementation evaluation in Alberta in 2009-10. The purpose of the strategic evaluation is to look at jurisdictions individually two-three years after the approach has been implemented to address issues of relevance, and to the extent possible, performance, efficiency and effectiveness. In 2010-11, a Mid-Term National Review was undertaken to consider the overall relevance of the EPFA, promising practices in prevention programming, as well as to provide some insight on discussions to establish tripartite frameworks to date. Following the current evaluation, implementation evaluations are scheduled for Prince Edward Island and Quebec in 2012-13 and for Manitoba in 2013-14. Further evaluative work will be considered as agreements are reached in remaining jurisdictions.

1.2 Program Profile

1.2.1 Background and Description

The First Nations Child and Family Services (FNCFS) Program funds FNCFS agencies to provide culturally appropriate child and family services in their communities, so that services provided to First Nations children and their families on reserve are reasonably comparable to those available to other provincial residents in similar circumstances within program authorities. To this end, the program funds and promotes the development and expansion of child and family services agencies designed, managed and controlled by First Nations. Since child and family services is an area of provincial jurisdiction, these First Nation agencies receive their mandate and authorities from provincial or territorial governments and function in a manner consistent with existing provincial or territorial child and family services legislation.

Government funding for child welfare is complex, and involves hundreds of bilateral and trilateral agreements. The program currently funds 105 First Nation agencies. In areas where First Nations Child and Family Services agencies do not exist, Aboriginal Affairs and Northern Development Canada (AANDC) funds services provided to on-reserve recipients by provincial or territorial organizations or departments.

In 2007, the FNCFS Program began its reform to the EPFA from the previous funding model for all jurisdictions except Ontario and Alberta³ known as Directive 20-1. Directive 20-1 has been in place since April 1, 1991, and strictly funds according to a formula for operations (including limited prevention services) and reimburses for eligible maintenance expenditures, based on actual costs.

The EPFA reorganized the FNCFS Program's funding structure to include three targeted streams of investment – maintenance, operations, and prevention/least disruptive measures – that are only eligible for use for Child and Family Service (CFS) activities, though FNCFS agencies have the ability to move money between the three streams to better meet their needs.

The EPFA represents a refocusing of FNCFS funding towards a more prevention-based approach. Prevention services may include, but are not restricted to, respite care, after-school programs, parent/teen counselling, mediation, in-home supports, mentoring, and family education. Prevention services may also assist in the earlier and safe return of a child to their family. The rationale for this shift is that the implementation of prevention services in the early stages of a child's life often mitigates the need to bring children into care, and thereby supports keeping First Nation families together. This is consistent with provinces that have largely refocused their own CFS services/system from protection to prevention services.

The EPFA supports:

- Families getting the support and services they need before they reach a crisis;
- Community-based services and the child and family system working together so families receive more appropriate services in a timely manner;
- First Nations children in care benefitting from permanent homes (placements) sooner by, for example, involving families in planning alternative care options;
- Services and supports co-ordinated in the way that best helps the family; and
- Coordination of services – funding for staff/purchase services.

To date, six jurisdictions covering 68 percent of all First Nation children ordinarily living on reserve are currently under the EPFA model⁴ and it is expected that the remaining jurisdictions⁵ will move to the EPFA by 2014-15.

AANDC's FNCFS programming is funded through the following authority: Payments to support Indians, Inuit and Innu for the purpose of supplying public services in social development (support culturally appropriate prevention and protection services for Indian children and families resident on reserve), and is derived from the *Department of Indian Affairs and Northern Development Act*, R.S.C. 1985, c. I-6, s.4 and subsequent policy proposals.⁶ Under AANDC's

³ These jurisdictions are funded under separate agreements.

⁴ Alberta (2007), Saskatchewan (2008), Nova Scotia (2008), Quebec (2009), Prince Edward Island (2009), and Manitoba (2010).

⁵ British Columbia, Ontario, New Brunswick, Newfoundland and Labrador, and Yukon.

⁶ INAC, 2007, *Results-Based Management and Accountability Framework (RMAF) for the First Nations Child and Family Services Program – Appendix B*.

Program Alignment Architecture, the program falls under the Strategic Outcome ‘The People,’ which aims to promote “Individual and family well-being for First Nations and Inuit.”

1.2.2 Program Objectives and Expected Outcomes

AANDC funds a suite of social programming, including the First Nations Child and Family Services Program, the Family Violence Prevention Program, the Income Assistance Program, the National Child Benefit Reinvestment Program and the Assisted Living Program. The overall objective of AANDC’s social programs is to “provide funding to First Nations administrators to provide on-reserve residents with individual and family supports and services that have been developed and implemented in collaboration with partners in order to contribute to:

- fostering greater self-sufficiency for First Nation individuals and communities;
- improving the quality of life on reserve;
- creating a community environment where incidences of family violence and child abuse are reduced or eliminated; and
- supporting greater participation in the labour market and fully sharing in Canada’s economic opportunities.”⁷

More specifically, the objective of the FNCFS Program is to ensure the safety and well-being of First Nations children on reserve by supporting culturally appropriate prevention and protection services for First Nations children and families, in accordance with the legislation and standards of the province or territory of residence. In addition, the incremental investments of the EPFA are expected to allow agencies to deliver child and family services in accordance with provincial legislation, including enhanced prevention services.

According to the original program documentation, the immediate outcome expected from EPFA investments was increased access to services that protect children and families at risk at a standard reasonably comparable to non-First Nations communities in similar circumstances. Social workers are expected to be able to strengthen partnerships through horizontal integration with other community services/organizations for better case management (i.e. through case conferencing) to improve service delivery and provide integrated responses to meet the real needs of First Nation children and families. Capacity development support would be provided to smaller agencies that may lack the economies of scale to deliver the full continuum of services.

Currently, program outcomes are captured in the Social Development Programs’ performance measurement strategy. The relevant immediate outcome for the FNCFS program is that “men, women and children in need or at-risk have access and use prevention and protection supports and services.” Key indicators for this outcome include: percentage of First Nations men, women and children in need or at-risk, ordinarily resident on reserve, that are using prevention and protection supports and services and rates of ethno-cultural placement matching. The first indicator is meant to determine the extent to which prevention and protection supports and services either on or off reserve, or on another reserve, are available to First Nations ordinarily

⁷ AANDC, 2011, Social Development Programs Performance Measurement Strategy, p.8.

resident on reserve, and the latter adopts the National Child Welfare Outcomes Indicator Matrix (NOM), which states: “Given that placement matching for Aboriginal children is legislated in most jurisdictions, the priority NOM measure tracks the proportion of placed Aboriginal children in homes with at least one of the caregivers is Aboriginal.”⁸

Intermediate outcomes according to original program documentation were expected to include a more secure family environment, reduced need for the removal of children from parental homes, reduced incidents of abuse, and overall improvement in child well-being. To measure attainment of this goal, more quantifiable outcome data was to be gathered. At the planning phase of this approach, AANDC committed to partner with provinces and First Nations to ensure that First Nations’ indicators can be extracted directly from the provincial database.

In the performance measurement strategy, this intermediate outcome translates to “Men, women and children are safe.” Performance measures for this outcome include mortality rates, injury rates and recidivism rates. The mortality rates indicator is reflective of the NOM indicator “percentage of children who die while in the care of child welfare services,” and is meant to assess the overall conditions of safety. The purpose of measuring injury rates is to assess overall safety in the communities and is reflective of the NOM indicator “serious injury and death.” Finally, recidivism rates are expected to reflect the long term effectiveness of services, and is also reflective of NOM.

The expected ultimate outcome for the FNCFS Program is to have a more secure and stable family environment for First Nation children ordinarily resident on reserve.

The logic model for the Social Development Programs’ Performance Measurement Strategy can be found in Appendix B.

1.2.3 Program Management, Key Stakeholders and Beneficiaries

AANDC Headquarters establishes on a national basis the program guidelines, the terms and conditions that must be included in each funding arrangement, as well as the policy related to monitoring and compliance activities. The specific role of Headquarters is to:

- Provide, through the regions, funding for recipients to provide services to children and families as authorized by the approved policy and program authorities;
- Lead in the development of FNCFS policy;
- Consider proposals for change coming from regional representatives and First Nations practitioners;
- Provide oversight on program issues related to the FNCFS policy as well as to assist regions and First Nations in finding solutions to problems arising in the regions;
- Provide leadership in collecting data and ensuring that reporting takes place in a timely manner ;
- Interpret FNCFS policy and assist regions in providing policy clarification to recipients, provinces and territories; and

⁸ Nico Trocmé et al., 2009, National Child Welfare Outcomes Indicator Matrix (NOM).

- Provide amendments to the National Program Manual as required and to ensure that program policy documentation is consistent with approved policy and program authorities.

With the support of regional staff, the Regional Director General in each region is responsible for implementing and administering the social development programs in accordance with the guidelines issued by the program managers at Headquarters. This includes, for example:

- assessing the eligibility of recipient applications;
- entering into financial arrangements with approved recipients in accordance with the transfer payment Terms and Conditions; and
- monitoring, collecting and assessing both the financial and program performance results of individual recipients, and taking appropriate remedial action as appropriate.

FNCFS falls within provincial/territorial jurisdiction. It is the role of the province or territory to:

- Mandate recipients in accordance with provincial or territorial legislation and standards;
- Regulate recipients in their activities as they relate to the legislation and standards;
- Provide ongoing oversight to recipients and to take action if the requirements are not being met;
- Participate in tripartite activities such as negotiations, dispute resolution and consultations as well as regional tables;
- Apply the legislation and standards for all child and family services equally to all residents of the province or territory on and off reserve;
- Provide information on outcome data to the federal government; and
- Adhere to other roles and responsibilities as determined through agreements, such as the Tripartite Accountability Framework.

FNCFS agencies are responsible for delivering the FNCFS Program in accordance with provincial legislation and standards while adhering to the terms and conditions of their funding agreement. FNCFS service providers include, but are not limited to, First Nations (as represented by Chiefs and Councils); and their organizations such as tribal councils or agencies (such as CFS agencies in various communities).

Eligible recipients for FNCFS funding are:

- Councils of Indian bands recognized by the Minister of AANDC;
- Tribal councils;
- FNCFS agencies or societies duly mandated by the relevant province/territory;
- Provincial/territorial government;
- Other mandated CFS providers, including provincially mandated agencies/societies; and
- First Nations and First Nations organizations who apply to deliver capacity-building activities, including the development of newly-mandated FNCFS programs.

Beneficiaries of the FNCFS Program include at-risk First Nations children and their families on reserve that require access to prevention/least disruptive measures services and/or child protection services, including child placement out of the parental home.

1.2.4 Program Resources

The total estimated funding level for the FNCFS Program in 2010-11 is \$579 million in contributions, including new resources through the EPFA. In Saskatchewan, funding has gone up by approximately 50 percent over the past five years, and in the Atlantic region funding has gone up slightly. Table 1 provides a regional breakdown of FNCFS funding allocations over the past five fiscal years.

Table 1: AANDC First Nations Child and Family Services Expenditures by Regions (\$000)

Region	Funding Type	2006/07	2007/08	2008/09	2009/10	2010/2011
BC	A Based	37,688.2	49,782.4	52,095.1	50,353.6	52,543.5
	EPFA	0.0	0.0	0.0	0.0	0.0
AB	A Based	107,786.9	105,437.9	105,213.6	96,747.1	103,313.6
	EPFA	0.0	15,300.0	18,700.0	21,700.0	21,700.0
SK	A Based	54,614.5	55,724.6	51,838.8	56,570.8	60,961.2
	EPFA	0.0	0.0	19,100.0	20,000.0	21,000.0
MB	A Based	72,818.7	78,384.3	85,244.5	95,566.4	85,435.6
	EPFA	0.0	0.0	0.0	0.0	17,600.0
ON	A Based	104,087.2	102,966.4	104,338.2	114,351.7	116,246.0
	EPFA	0.0	0.0	0.0	0.0	0.0
QC	A Based	38,283.0	45,913.2	45,796.7	49,291.6	49,215.2
	EPFA	0.0	0.0	0.0	6,100.0	11,400.0
AT	A Based	25,933.5	28,118.5	29,953.6	27,938.0	28,935.5
	EPFA**	0.0	0.0	1,900.0	2,200.0	2,300.0
YK	A Based	8,283.4	8,263.6	8,886.9	8,819.1	8,400.0
	EPFA	0.0	0.0	0.0	0.0	0.0
All Regions	A Based	449,495.3	474,590.9	483,367.5	499,638.4	505,050.5
	EPFA	0.0	15,300.0	39,700.0	50,000.0	74,000.0
Total FNCFS		449,495.3	489,890.9	523,067.5	549,638.4	579,050.5
**These figures are for Nova Scotia and Prince Edward Island.						
A-Based = Existing Funding prior to EPFA						
EPFA = Enhanced Prevention Focused Approach						

As a result of moving towards the EPFA, a significant amount of new resources have been invested into the FNCFS Program. More than \$100 million annually in additional funding will be dedicated to the implementation of the prevention-based model by 2012-13. In Saskatchewan, an additional \$104.8 million dollars was provided for the implementation of the EPFA over five years, with \$22.8 million dollars in ongoing annual funding. In Nova Scotia, an additional \$10.2 million dollars was provided over five years, with \$2.2 million in ongoing annual funding.

Allocation from Headquarters to Regional Offices

For regions under the EPFA, funding models are designed during tripartite meetings between First Nations, AANDC officials and provincial representatives and reflect information provided during those discussions about provincial funding of child welfare. These costing models are particular to each jurisdiction and take into account the respective provincial program salaries and caseload ratios to determine provincial comparability within FNCFS Program authorities. The costing models under this approach include three distinct funding streams:

- **Operations** – Funding supports administration (i.e. staff salaries, rent, insurance, etc.) and protection casework. The amount of funding provided to a recipient is formula-driven, based on an amount per First Nations child on reserve 0-18 years, plus an amount per band and an amount based on the remoteness where applicable.
- **Maintenance** – Maintenance is budgeted annually based on actual expenditures of the previous year. Funding is based on needs and reimburses actual (per diem and special needs) non-medical eligible costs for Indian children ordinarily resident on reserve taken into care and placed in an alternate care situation outside of the parental home (i.e. foster home, group homes or institutions). Placements can occur on or off reserve.
- **Prevention** – Prevention is used to support programs that reduce the need to remove children from the parental home by providing tools that allow individuals to better care for their children, as well as to promote increased permanency planning for eligible children in care. Eligible expenditures may include services designed to keep families together and children in their own homes (i.e. homemaker and parent aid services, mentoring services for children, home management, non-medical counseling services not covered by other funding sources).

Under the EPFA, funding can be moved between streams for the purpose of addressing needs and circumstances facing individual communities.

In each jurisdiction, a costing model is developed based on discussions among First Nations, the province/territory and AANDC. The costing model provides an amount for core operations that does not change with the percentage of children in care to allow for a stable flow of funding to agencies. Maintenance costs, however, are funded based on actual expenditures from the previous year, and are not dependent on an assumed fixed percentage of children in care.

Funding of these agencies is through Flexible Transfer Payments, which enables agencies to direct funds to program areas as required within the authorities of the FNCFS Program. Those funds are only eligible for use for FNCFS, but agencies have the ability to move money between the three streams.

In addition to the EPFA, First Nation organizations/Indian bands may be eligible for funding under the Social Development Program Management Infrastructure Initiative, so long as they have a population catchment of at least 1,400 and meet the following criteria:

- Integrated delivery of multiple social development programs;
- Show interface/linkages with provincial/territorial and/or federal programs; and
- Demonstrate the capacity to perform specified functions.

Eligible costs under this initiative include:

- Salaries, wages and benefits;
- Travel and accommodation;
- Insurance;
- Research, policy development and program modification or adaptation;
- Instructional services, public education and information materials;
- Office supplies and office equipment;
- Telecommunications, printing, professional services, other related office costs;
- Specific costs related to providing capacity development and professional development opportunities for First Nations Child and Family Service agencies to deliver a full range of provincially comparable services;
- Conduct of workshops on governance, conflict of interest, training of culturally specific child care and family support workers, Executive Director training, and the documentation and dissemination of best practices in child welfare delivery;
 - o Provision of policy coordination and analysis, program training, research and development, and agency operational support and assisting in making linkages to holistic and integrated service delivery to enhance agencies abilities to provide effective planning, services and programs for their children, families and communities; and
- Facilitation of discussions on issues of mutual interest among First Nations, AANDC and provinces/territories and playing a role in the development and support of provincially approved First Nations child and family services standards and the development of a compatible FNCFS management information system.

Allocation from Regions to Stakeholders

Under the EPFA, funds are allocated from regions to recipients based on a formula that accounts for operations and prevention services. Child maintenance funding allocations are based on the previous year's actual maintenance expenditures. Operations, maintenance and prevention funding can be found within a recipient's contribution agreements.

1.3 Regional Profiles

1.3.1 Saskatchewan

In Saskatchewan, there are 17 FNCFS agencies that provide mandated child and family services to 67 of the 70 First Nations communities in the province, while the remaining three communities are served by the province. FNCFS agencies thus provide services to over 95 percent of the 0-18 age group on reserve, and receive funding directly from AANDC. Overall, Saskatchewan has approximately 1/5 of the on reserve population in Canada.⁹

⁹ AANDC, 2012, Better Outcomes for First Nation Children: AANDC's Role as a Funder in First Nation Child and Family Services.

Child and Family Services in Saskatchewan are managed by the Ministry of Social Services through a delivery system, which consists of three provincial regions with offices in 22 communities staffed by provincial social workers. The Ministry of Social Services administers these services through the Saskatchewan *Child and Family Services Act* (Chapter C-7.2 of the *Statutes of Saskatchewan, 1989-90*) and subsequent legislation and amendments pertaining to delivery of child and family welfare services (e.g., *The Adoption Act, 1998*). The *Child and Family Services Act* enables the Minister to enter into delegation agreements for the provisions of children services to First Nations families living on reserves (s 61(6)). The Province of Saskatchewan delegates on reserve child protection services to FNCFS agencies.

In 2008, AANDC announced the establishment of the Tripartite Framework Agreement for the Province of Saskatchewan. AANDC committed an additional \$104.8 million over five years to support the implementation of the EPFA in Saskatchewan.

The current provincial system is designed in such a way that only families who meet a “threshold”^{10,11} of need are helped by the system. This means that the vast majority of referrals at the provincial level are not served. The Saskatchewan Child Welfare Review Panel in 2010 noted that “we need to get out in front of child protection issues by refocusing the provincial child welfare response around prevention.”¹² As of August 2011, the province had signed two historic Letters of Understanding with First Nation agencies to renew the CFS delivery system and move towards a more risk prevention methodology in delivering CFS.¹³

Moreover, the Saskatchewan First Nations Family and Community Institute was recently established to provide support to the First Nations Child and Family Service Agencies in Saskatchewan in such areas as research, policy analysis and development, training, and the development of standards.

1.3.2 Nova Scotia

In Nova Scotia, the Department of Community Services manages Child and Family Services for children at risk due to abuse and/or neglect, while all other family support services are provided through the Family and Youth Services division of the department. Service is delivered through provincial district offices and independent agencies including the Mi’kmaq Family and Children Services (MFCS).

¹⁰ Threshold (child welfare) systems – Systems typical of Anglo-American countries, with the common trait that families must meet minimum levels of “dysfunction” to qualify for family support services. These systems are usually associated with an adversarial legal context and an emphasis on investigation. In Saskatchewan, a child protection officer must have reasonable grounds to believe that a child is in need of protection as defined by *The Child and Family Services Act* in order to initiate a child protection investigation, open a case, and provide service.

¹¹ Saskatchewan Child Welfare Review Panel, 2010, *For the Good of Our Children*, p. 5.

¹² *Ibid*, p.29.

¹³ Government of Saskatchewan, 2011, *Backgrounder – Saskatchewan Children and Youth Agenda: Progress to Date*. Available at: <http://www.gov.sk.ca/adx/asp/adxGetMedia.aspx?mediaId=1643&PN=Shared>.

The Nova Scotia *Children and Family Services Act* mandates the function of all child welfare agencies in the province. Sections 36 and 68 of the *Children and Family Services Act* names the MFCS as the sole service provider for care of First Nation children and families in Nova Scotia, with the singular authority to provide permission for the care of any Aboriginal child to be transferred to any other agency; and to enter into any adoption agreements for Aboriginal child placements. The Act has emphasized the importance of prevention for families at risk since its enactment in 1991. Overall, the Province of Nova Scotia qualifies working with families while children are still in the home as basic child protection services. Prevention services, in their estimation, are the larger community services that work to increase the overall community well-being.

Funding for the MFCS is provided by AANDC for delivering services to the 13 Mi'kmaw bands, while MFCS also receives financial support from the Department of Community Services when dealing with Mi'kmaw children off reserve. MFCS currently has two offices: Eskasoni (Cape Breton) and Indian Brook (near Halifax).

In 2008, AANDC, MFCS and the Province of Nova Scotia reached a Tripartite Framework Agreement, which solidified the move towards the EPFA and includes the following basic principles:

- Culturally appropriate services;
- An alternative response model;
- Effective case management;
- Customary care and adoptions as permanent care solutions for children;
- Partnerships supported by engagement with interagency committees and relevant community resources; and
- A program based on holistic desired outcomes for child, family and community health and well-being.¹⁴

¹⁴ AANDC, 2008, *Nova Scotia Partnership Framework for Enhancement Focused Approach*. Available at: <http://www.aadnc-aandc.gc.ca/eng/1326484197841/1326484269727>.

2. Methodology

2.1 Evaluation Scope and Timing

The scope of the evaluation includes perspectives from AANDC, the provinces of Saskatchewan and Nova Scotia, as well as FNCFS agencies and First Nation community members in these two provinces with regards to relevance, performance/effectiveness and efficiency/economy.

The evaluation examined relevant documents and literature over the past 10 years as well as program activities around the EPFA from 2007 to present. Terms of Reference were approved by AANDC's Evaluation, Performance Measurement and Review Committee in June 2011. Field work was conducted between December 2011 and March 2012.

2.2 Evaluation Issues and Questions

In line with the Terms of Reference, the review focused on the following key issues:

- **Relevance**
 1. What are the identified child welfare and prevention needs of First Nations in Saskatchewan and Nova Scotia?
 2. What are the program support and capacity needs in Saskatchewan and Nova Scotia?
- **Performance/Effectiveness**
 3. To what extent does the design and delivery of the program support the achievement of outcomes?
 4. To what extent does program monitoring and reporting support the achievement of outcomes?
 5. What impact has the program had on expected outcomes?
- **Economy/Efficiency**
 6. To what extent do collaboration and partnerships assist in the achievement of desired outcomes?
 7. Are there efficiencies in inputs towards the achievement of outcomes?
 8. Are there more economical/efficient alternatives for achieving the same outcomes?

The Mid-Term National Review¹⁵ conducted in 2010-11 responded to Treasury Board's core evaluation questions on relevance, namely: the ongoing need for prevention funding, consistency of the EPFA with government and departmental priorities, as well as the role of the federal government in child welfare on reserve. Thus, relevance in this evaluation is addressed through the identification of specific prevention and program needs in Saskatchewan and Nova Scotia.

¹⁵ AANDC, 2011, *Mid-Term National Review for the Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach for the First Nations Child and Family Services Program*. Available at: <http://www.aadnc-aandc.gc.ca/eng/1355513515956/1355513832876>

2.3 Evaluation Method

2.3.1 Data Sources

The evaluation's findings and conclusions are based on the analysis and triangulation of the following lines of evidence:

- *Literature Review*

The literature review examined mostly national academic literature, as well as studies produced by organizations that have expertise in the field of child welfare and/or Aboriginal child welfare. The purpose of the review was to provide insight on the state of Aboriginal/non-Aboriginal child welfare in Canada and abroad, as well as gaps and best practices related to improving outcomes for children, families and communities. Analysis of this line of evidence was facilitated using NVivo 9 software.

- *Document and file review:*

This line of evidence was used to inform the review findings and assist in the development of the program profile and contextual background. The documents reviewed include, among others:

- Business Plans;
- EPFA Final Reports;
- Policy documents;
- Provincial and Aboriginal policies, programs, plans, reports, strategies and initiatives;
- Tripartite Accountability Frameworks;
- Previous audits, evaluations, Management Response and Action Plans and follow-ups;
- Terms and Conditions;
- Program and project documents (e.g.: Performance Measurement strategies, Information Management System documentation, etc.); and
- Statistical data where possible.

- *Key informant interviews:*

Key informant interviews were conducted to validate findings found in the literature and document reviews. Key informants were identified by the Children and Families Directorate at AANDC, Evaluation, Performance Measurement and Review Branch (EPMRB) and other key informants, and were asked to contribute any documentation that could substantiate their assertions. Analysis of this line of evidence was facilitated using NVivo 9 software.

A total of 15 people were interviewed for this evaluation, and the list can be broken down in the following manner: AANDC representatives (Headquarters and regions) (eight); representatives from FNCFS agencies and relevant organizations (five); and provincial child welfare representatives (two). Key informant interview guides are attached in Appendix B.

Case Studies

Two case studies were conducted by Auguste Solutions and Associates Inc. to provide qualitative insights into the extent to which identified needs are being addressed, as well as the extent of effective program performance and efficiency. One case study was conducted with MFCS in Nova Scotia, and the other was conducted with the Sturgeon Lake Child and Family Services Agency in Saskatchewan.

The case studies examined program outcomes in communities by identifying factors that facilitated or hindered program success, and considered promising practices and lessons learned from front-line workers and community members.

During the case studies, the evaluators used individualized interview guides for each of the primary groups to be interviewed: the agency director, agency staff, chief and counselors, health and wellness staff, Elders and foster parents.

For each of the case studies, the interview results were tabulated and findings were produced to answer the specific evaluation questions and issues. No attempts were made to formally compare the results from the Saskatchewan and Nova Scotia case studies because of the jurisdictional differences between the two provinces. Furthermore, the Nova Scotia case study covered all of the First Nation communities in Nova Scotia, while the Saskatchewan case study was specific to the Sturgeon Lake First Nation.

Both case studies included:

- A review of linkages to other community programming and partnerships;
- A review of the Agency's Business Plan and other relevant documents;
- Interviews with FNCFS Agency staff, their Board of Directors, and community members (including chief and counselors, Elders, foster parents, etc.); and
- Community visits, including a visit to FNCFS agencies and/or other relevant community facilities.

Surveys

A web-based/telephone survey was conducted by Auguste Solutions and Associates Inc. to FNCFS agency staff and representatives from all 67 communities in Saskatchewan and 13 communities in Nova Scotia. In total, only 17 individuals agreed to participate in the web-based survey, 11 of which agreed to participate by telephone.

Invitations were mailed to all chiefs in the participating regions and e-mail invitations were sent to each agency director. The invitations requested their participation in completing the web-based survey as well as solicited their assistance in requesting that FNCFS agency staff and community members respond as well. At least three attempts were made to reach each chief by telephone and reminders were emailed to each agency director followed by at least three telephone calls.

Data from the web-based survey was collected using SnapSurvey software and was converted into SPSS format for tabulation.

2.3.2 Considerations and Limitations

Considerations

- In evaluating child welfare services, it may have been beneficial to interview some of the families and children that were receiving support from the prevention services being provided to families and children. Because of privacy and other concerns, it was decided not to interview families and children that were receiving support but rather to interview foster parents who, for the most part, are able to provide information from the perspective of families and children.
- Case-specific information was not gathered for this evaluation as this information was not required to address the three main evaluation issues.
- The evidence provided in the evaluation must be also considered in the context of the quality of data available regarding First Nations child welfare. Documentary, literature and interview sources reiterate that there is insufficient data on the actual needs, resources, or state of care being provided, both on and off reserve. Canada does not have a national child welfare data collection system; a situation that makes analyzing comparative information a challenge.

Limitations

- Only a five agency directors agreed to be interviewed for this evaluation. Some of the reasons provided include a high workload and a general fatigue regarding audit/evaluation work.
- Both communities that agreed to participate in a case study had significant contentions with the technical report. As a result, one agency refused to have its information used in the evaluation report, and the other provided major revisions to the evaluation staff.
- A large number of agency staff and community members who were asked to participate in a web-based survey as a line of evidence for this evaluation refused on the basis that the topic is contentious and that it is difficult to express their opinions through a web-based format, resulting in only 17 individuals agreeing to participate in the survey. Given this low response rate, it was determined that the evaluation would not use the survey data as part of the evaluation.

2.4 Roles, Responsibilities and Quality Assurance

EPMRB of AANDC's Audit and Evaluation Sector was the project authority and managed the evaluation in line with EPMRB's Engagement Policy and Quality Assurance Strategy. The Quality Assurance Strategy is applied at all stages of the Department's evaluation and review

projects, and includes a full set of standards, measures, guides and templates intended to enhance the quality of EPMRB's work.

An advisory committee was established for the purpose of this evaluation and included representatives from EPMRB and the Child and Families Directorate at AANDC Headquarters, AANDC regional offices, the governments of Saskatchewan and Nova Scotia, and a FNCFS agency in Saskatchewan and Nova Scotia, respectively. The purpose of the committee was to ensure that results are based on reliable and defensible evidence, anchored in appropriate methodology, and that issues are consistent with Treasury Board Secretariat policies and guidelines. The committee operated from July 2011 to November 2012, and was asked to convene as required to review and provide feedback on deliverables.

The majority of the work for this evaluation was completed by EPMRB staff, with the assistance of a consultant for the case studies and surveys. Oversight of daily activities was the responsibility of the EPMRB evaluation team, headed by a Senior Evaluation Manager. The methodology and draft final reports were peer reviewed by EPMRB for quality assurance; these reports and a key findings deck were also sent to the Advisory Committee for feedback.

3. Findings – Relevance

The Mid-Term National Review conducted in 2010-11 responded to Treasury Board’s core evaluation questions on relevance, namely: ongoing need for prevention funding, consistency of the EPFA with government and departmental priorities, as well as the role of the federal government in child welfare on reserve. This evaluation built on that knowledge and focused on the most prevalent issues identified in Saskatchewan and Nova Scotia.

3.1 What are the Identified Child Welfare and Prevention Needs of First Nations in Saskatchewan and Nova Scotia?

3.1.1 Children in Care Needs

Finding: The main Children in Care needs in Saskatchewan and Nova Scotia stem from an over-representation of First Nations children in care, a rise in complex medical needs and high cost institutional care, and a rise in older children coming into care.

Over-Representation of First Nations Children in Care

In line with national statistics, First Nations children are over-represented in both Saskatchewan and Nova Scotia, both on reserve and off. In Saskatchewan overall, the average rate of Children in Care as of 2009 was 21.7 per 1,000 compared to the national average of 9.2.¹⁶ Of this number of children in care, approximately 80 percent are Aboriginal children, and more than one quarter are served by FNCFS agencies. This represents a doubling of the number of permanent wards of the system between 2004-2009 in Saskatchewan.¹⁷

Part of the reason for the increasing number of First Nations and Métis children coming into care, according to a 2010 Saskatchewan Child Welfare Review Panel, is the “threshold” system in place in Saskatchewan, which disqualifies many who need assistance from receiving any. In other words, those children and families in need of assistance have historically not received services unless the situation reached a crisis point. While the Province of Saskatchewan is working to change this system, FNCFS agencies have offered some preventive services, even prior to the EPFA where capacity existed, to deal with the need. Between 2009 and 2011, 11 of the 17 FNCFS agencies in Saskatchewan reported an increase in the number of children coming into their care, while six of the 17 reported a decrease.

¹⁶ Ontario Association of Children’s Aid Societies, 2010, *Your Children’s Aid: Child Welfare Report 2009/10*, p. 51. <http://www.oacas.org/pubs/oacas/papers/oacaschildwelfarereport2010.pdf>.

¹⁷ Saskatchewan Child Welfare Review Panel, 2010, *For the Good of Our Children and Youth*, p. 21.

In Nova Scotia both on and off reserve, Mi'kmaw children represent approximately 16 percent of Children in Care though only six percent of the total child population is Mi'kmaw.¹⁸ Other statistics for Nova Scotia have shown that Mi'kmaw children in Nova Scotia are between 3.3 percent and six percent more likely to be removed from the home than non-Mi'kmaw children.¹⁹ MFCS reported that as of March 2012, MFCS had a case load of 669, which includes children still within the parental home and children in care out of the parental home.²⁰

Complex Medical Needs and the Rise of High Cost Institutional Care

Many First Nation children coming into care require an elevated level of specialized care, and must, at times, be placed in high cost facilities off reserve that can support their needs. It is reported that children in the child welfare system in Saskatchewan have a much higher than average incidence of disabilities and special needs compared to the national average.²¹ Some of the reasons provided for this include children born with Fetal Alcohol Spectrum Disorder or who are otherwise substance-dependent at birth, which can lead to severe and complex medical needs throughout their life.

The costs for these placements are reported to be on the rise in both provinces examined. Compared to other forms of care for which AANDC collects data, institutional care costs are much higher, and have risen significantly in Saskatchewan since 2007 (see Figure 1). At the time that the Saskatchewan Framework was signed, approximately \$20 million of the \$28 million in maintenance costs were for institutional care.²² Similar concerns were raised in Nova Scotia, though data was not sufficiently available to report on this.

¹⁸ Assembly of First Nations, 2011, *Kiskisik Awasisak: Remember the Children - Understanding the Overrepresentation of First Nations Children in the Child Welfare System*, p.5.

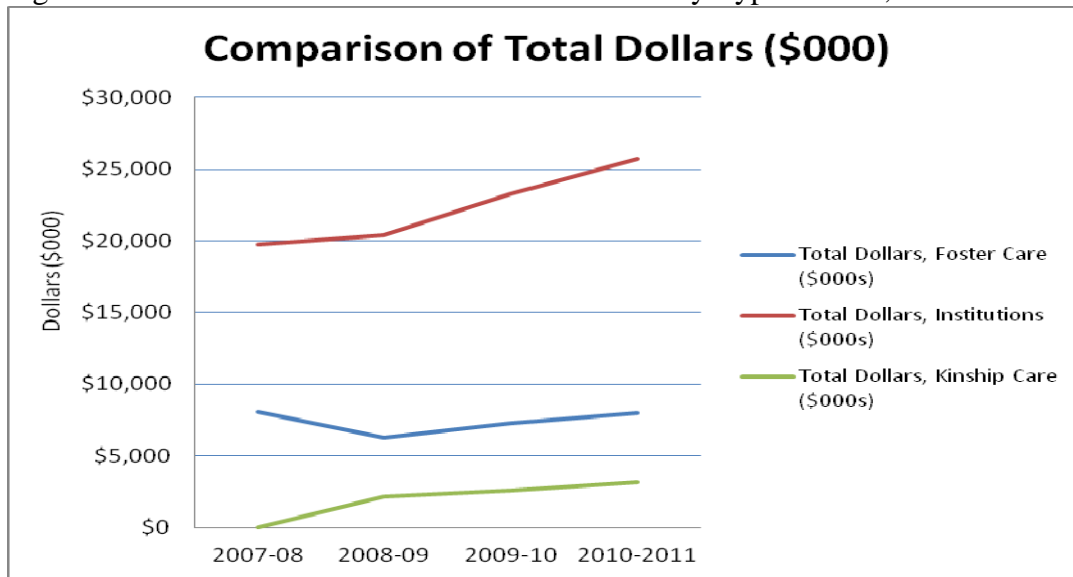
¹⁹ Cindy Blackstock, 2009, *When Everything Matters: Comparing the Experiences of First Nations and non-Aboriginal Children Removed from their Families in Nova Scotia from 2003-2005*, p.11.

²⁰ AANDC, 2012, *Recipient Audit Mi'kmaw Children and Family Services Agency*, p.18.

²¹ Ibid.

²² Federation of Saskatchewan Indian Nations (on behalf of the Saskatchewan First Nations Child and Family Services Agencies), the Province of Saskatchewan and Indian and Northern Affairs Canada 2007, *Saskatchewan First Nations Prevention Services Model and Accountability Framework Agreement*, p.6.

Figure 1: Cost of Children in Care in Saskatchewan by Type of Care, 2007-2011



Depending on the complexity of the medical needs, parents have, at times, had no choice but to send their children into institutional care. Where there has been a lack of placement options, agencies have had to be resourceful in coming up with child care solutions. Three instances were reported in Saskatchewan where children were placed in nursing homes to accommodate their needs.

Where the cases are less severe, a small number of agencies in Saskatchewan have opened group homes on reserve with the goal of bringing down institution care costs while keeping their children in the community. A few other agencies expressed an interest in opening group/safe homes on reserve, though their funding does not allow for capital infrastructure. When possible, agencies with this interest have rented spaces in their communities.

Rise in Older Children Coming into Care

According to several business plans in Saskatchewan, agencies have seen a rise in older children coming into care. This has been attributed to an increase in the extent and severity of gang violence in communities, as well as substance addictions. Research conducted by the Canadian Center for Justice Statistics suggests that the violent crime rate on reserve in Saskatchewan is about five times higher than the provincial rate.²³ Research also suggests that almost one-third (31 percent) of Aboriginal youth accused of criminal activity were aged 12 to 17 years.^{24,25}

²³ Federation of Saskatchewan Indian Nations, 2003, *Aboriginal Youth Gangs Exploration: A Community Development Process*. Available at: <http://www.fsin.com/fsindownloads/justice/downloads/violence3.pdf>.

²⁴ Statistics Canada, 2000, *Police-reported Aboriginal Crime in Saskatchewan*, p.8. Available at: <http://www.publications.gc.ca/Collection-R/Statcan/85F0031XIE/0019785F0031XIE.pdf>.

²⁵ The remainder of the youth accused were under the age of 12, or between 18-24 years of age.

In 2006, the law enforcement community in Saskatchewan reported that given the demographic trends and the current youth gang problems, future recruitment of youth to gangs and gang related crimes would increase among Aboriginal communities in Saskatchewan. As it stands, Saskatchewan is reported to have the highest per capita concentration of youth gang members (1.34 per 1,000 people) in Canada,²⁶ with 96 percent of members being of Aboriginal descent.²⁷ Police and Aboriginal organizations have further noted an increase in the number of female gang members in several provinces, including Saskatchewan.²⁸

While Nova Scotia does report having some Aboriginal gang violence, it is largely concentrated in the Halifax region and was not noted as a major concern for MFCS.

Given the young age at which Aboriginal youth generally enter into gangs, several Saskatchewan agencies noted that parents are often ill-equipped to handle such cases, and will, in some cases, voluntarily relinquish care of their children to FNCFS agencies.

3.1.2 Parental/Community Issues

Finding: Poverty, housing, substance abuse, mental health, child abuse and neglect, poor parenting skills and a lack of alternative care options were cited as the most common parental and community issues facing First Nations communities in Saskatchewan and Nova Scotia.

Poverty

According to the literature, there is no better predictor of involvement in the child welfare system than poverty.²⁹ In line with other parts of Canada, poverty levels are deeper among First Nation people than for Métis and non-Aboriginal people living in Saskatchewan, and poverty levels for First Nation people are reportedly deeper on reserve than off reserve.³⁰ Similarly, using Statistics Canada's Low Income Cut-Off and the Market Basket Measure, it was estimated that the Mi'kmaw in Nova Scotia face higher rates of poverty than the rest of the province – 51 percent of unattached First Nation women lived below the Low-Income Cut Off, compared to only 13.8 percent of the total population.³¹ The significance of this statistic lies in the fact that Mi'kmaw households on reserve in Nova Scotia were most likely to be lone-parent households, at 31 percent.³² Moreover, income was shown to be an important factor in streaming children towards removal. The average income in Nova Scotia is \$46,000 per year, while 95 percent of

²⁶ Royal Canadian Mounted Police, 2006, *A Research Report on Youth Gangs: Problems, Perspectives and Priorities*, p.55.

²⁷ Native Women's Association of Canada, 2010, *Aboriginal Gang Violence – The Facts*, p.1.

²⁸ Public Safety Canada, 2007, *Youth Gangs in Canada – What Do We Know?*

²⁹ Case, Lubotsky and Paxson, 2002, *Economic Status and Health in Childhood: The origins of the gradient*; Dearing, 2008, *The Psychological Costs of Growing up Poor*; Raver, Gershoff, and Aber, 2007, *Testing Equivalence of Mediating Models of Income, Parenting and School Readiness for White, Black, and Hispanic Children in a National Sample*.

³⁰ Galley, V., 2010, *Summary Review of Aboriginal over representation in the child welfare system*, p. 14. Available at: <http://saskchildwelfarereview.ca/Aboriginal-Over-representation-VGalley.pdf>.

³¹ MacEwan, A & Saulnier, C., 2010, *The Cost of Poverty in Nova Scotia*.

³² CMHC, 2011, 2006 Census Housing Series: Issue 13—On-Reserve Housing Conditions.

families who had their children removed made under \$25,000 per year.³³ From statistics available on poverty on reserve, approximately 55 percent of homes in Nova Scotia and 56 percent in Saskatchewan were at or below the Low-Income Cut Off line.³⁴

Agencies state that some families are unable to meet their basic needs (i.e. food, fuel for heating, transportation to medical appointments, etc.) and find themselves unable to care for their children. This is exacerbated by the lack of economic opportunities in some communities, which, as one key informant noted, makes it easy for the family to slide back into its unhealthy behaviours.

Housing/Foster Homes

Housing issues and overcrowding are some of the main factors for why children come into care. In Canada, Aboriginal homes are approximately four times more likely than non-Aboriginal homes overall to require major repairs, and mould contaminates almost half of First Nations homes.

According to the 2006 Census, 83 percent of homes on reserve in Saskatchewan are in need of repairs, 52 percent of which are considered major repairs. For Nova Scotia, 65 percent of homes on reserve are in need of repairs, 32 percent of which are major repairs.³⁵

In Saskatchewan, overcrowding is reported to be putting strain on the housing structures, which can lead to other problems such as black mould and a lack of quality water. Such conditions can lead to severe medical problems and intensify the number of children coming into care with specialized needs. Overcrowded housing is also linked with an increase in family violence and child abuse. In this province, 36 percent of First Nations people on reserve lived in overcrowded conditions.³⁶ The Federation of Saskatchewan Indian Nations reports that there is a lack of approximately 1,400 houses to meet the demand on reserve.

The Province of Saskatchewan has recently raised its standards for foster homes, and some agencies report that between the housing shortage and the new standards, some of the families willing to foster on reserve will not meet the proper criteria. The overcrowding of foster homes has been a contentious issue in Saskatchewan, a condition which has steadily worsened over the past two decades.³⁷ While this problem exists mainly off reserve, and the provincial government is taking steps to rectify the situation, it is a worrisome issue for FNCFS agencies in the province when children are placed off reserve because of the lack of available homes on reserve.

While housing was reported as an issue in Nova Scotia, its severity and impact on the number of children coming into care or foster care could not be determined.

³³ Ibid, p. 12.

³⁴ Statistics Canada, 2006 Census - Total Households On Reserve by Low Income Status.

³⁵ Statistics Canada, 2006 Census - Total Aboriginal Households by Condition of Dwelling.

³⁶ <http://www12.statcan.ca/census-recensement/2006/as-sa/97-558/p18-eng.cfm>.

³⁷ Saskatchewan Children's Advocate Office, 2009, *A Breach of Trust: An Investigation into Foster Home Overcrowding in the Saskatoon Service Centre*.

Abuse, Neglect and Parenting Practices

The Canadian Incidence Study of Reported Child Abuse and Neglect for 2001, 2003 and 2008 show that neglect is the most likely form of abuse among Aboriginal maltreatment cases at over 50 percent of substantiated cases, and that physical abuse is one of the least likely forms of abuse found in Aboriginal communities. This finding is reflective of key informant responses in Saskatchewan and Nova Scotia. A review of existing literature supports this finding and suggests that neglect is more common in First Nations than in non-Status Indian, Métis or Inuit families.³⁸ Literature also points to the negative effects that abuse and neglect can have on children, as they are more likely to grow up having mental illness, drug and alcohol misuse, risky sexual behaviour, obesity and criminal behaviour persisting into adulthood.³⁹

The 2008 Canadian Incidence Study reports that First Nations children are investigated and their investigations are substantiated at higher rates than non-Aboriginal children. First Nations children are more likely to receive ongoing services after a substantiated investigation than non-Aboriginal children and are more likely to be removed from their home than non-Aboriginal children.⁴⁰ Key informants in Saskatchewan and Nova Scotia noted that in many instances families are brought to the attention of the agencies on repeated occasions.

At the root of this neglect, several key informants and the literature suggest that it is the residual effects of the Residential School system, where many students lost their Aboriginal identity and the opportunity to observe normal parenting practices, which impeded their own ability to parent their children in a healthy way. Much of the prevention programming offered through EPFA funding in Saskatchewan, and to the extent possible in Nova Scotia, is focused on rebuilding communities and assisting parents to care for their children.

Addictions/Mental Health

Similar to national statistics, alcohol and drug abuse (prescription and illicit), along with a lack of program supports for mental health for parents who have suffered trauma, are common in Saskatchewan and Nova Scotia, and are among the main reasons cited when children are brought into care. In Nova Scotia, parental alcohol and drug addictions were cited as the primary reason First Nations children came into care. Over half of the business plans reviewed noted a shortage of supportive programming for referral of clients for mental health and addictions. Business plans also referred to the isolated nature of many First Nation communities, which means that clients must travel long distances in order to receive the care they require when it is not available in the community, and are often put on long waiting lists.

It is well documented that there is often a link between child maltreatment and neglect in Aboriginal communities to addiction and mental health issues, although in-depth research in this

³⁸ Trocmé et al., 2001, *Canadian incidence study of reported child abuse and neglect-Final report*; Trocmé et al., 2005; PHAC, 2008; Commission to Promote Sustainable Child Welfare, 2010.

³⁹ Commission to Promote Sustainable Child Welfare report (2010).

⁴⁰ Commission to Promote Sustainable Child Welfare, 2010, *Appendices to Working Paper no. 2*, 33; Bay Consulting Group, 2010.

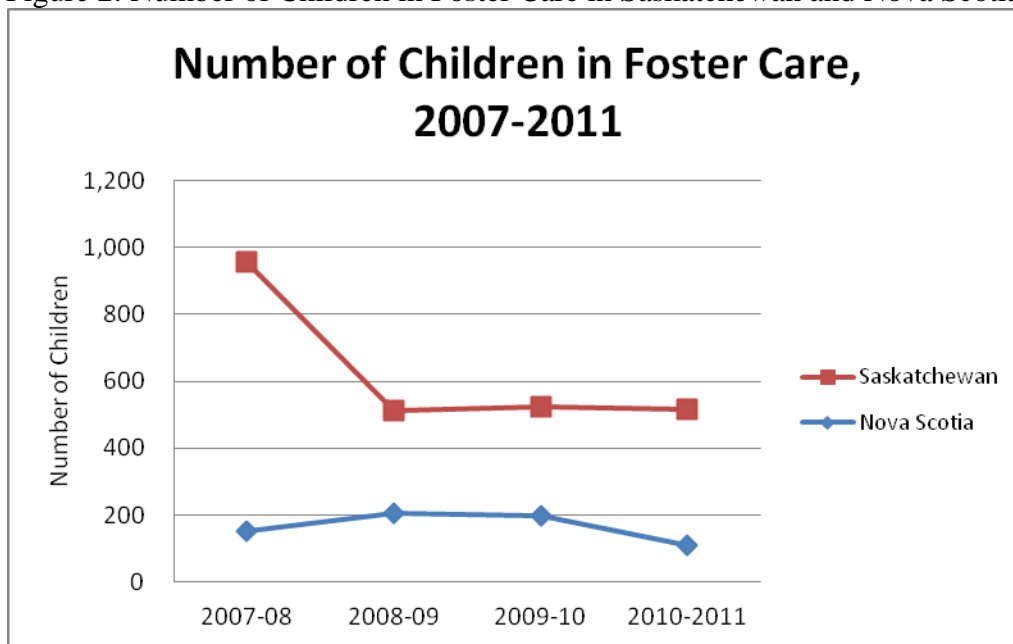
field is limited.⁴¹ The Office of the Auditor General report of 2008 (Chapter 4) notes an increasing number of infants are born addicted to drugs in First Nation communities.⁴²

Foster Parents / Kinship Care / Adoption

In both Saskatchewan and Nova Scotia, it is reported that there is a need for more alternative care options on reserve. Alternative care options can include foster parents, kinship care and adoption, and are all supported under the EPFA.⁴³

The number of children being placed in foster homes has leveled off in Saskatchewan after a sharp decline between 2008 and 2009, and has decreased by almost half in Nova Scotia between 2010 and 2011 (see Figure 2).

Figure 2: Number of Children in Foster Care in Saskatchewan and Nova Scotia, 2007-2011.



⁴¹ PHAC, 2008; OAG, 2008; Saskatchewan Child Welfare Review Panel, 2010.

⁴² OAG, 2008.

⁴³ AANDC, 2010, *Better Outcomes for First Nations Children: AANDC's Role as a Funder in FNCFS*.

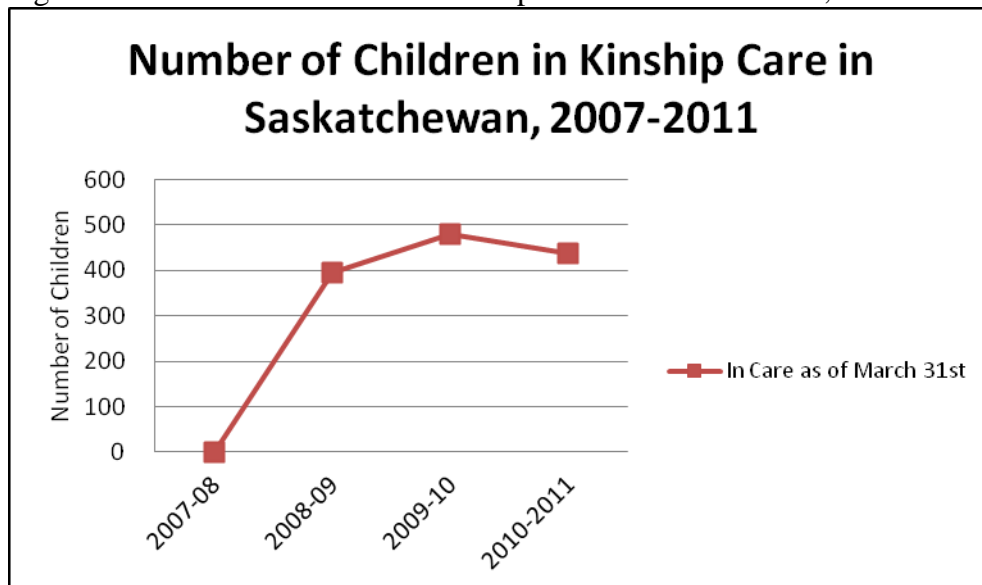
There are reportedly not enough foster homes available on reserve to meet the current need. Some of the reasons provided for the lack of available foster homes in Nova Scotia include:

- An increase in the number of children requiring temporary and longer-term placements outside the family home;
- Younger families are less inclined to become involved;
- The police security check process has become more demanding; and
- The training demands, particularly for those who care for children with special needs, are both challenging and time-consuming.

As a mitigation strategy, a toll-free number is advertised for the recruitment of foster parents. As it stands, over 100 Mi'kmaw children are currently placed in non-Aboriginal foster homes.

In Saskatchewan, a few agencies reported that allocations to foster care families are not high enough to cover costs in northern/remote areas. The higher cost of food and other necessities, such as diapers and formula, were cited as examples whose costs could be more than double than what is paid in the South. Moreover, it was also noted that there are few supports for people who would like to serve as foster parents. New requirements from Ministry of Social Services related to foster home training, including a 3-hour session with Elders, have led to an increase in trained homes in a few communities. Finally, a lack of day care subsidies for foster parents means that some families who are willing to foster are unable to do so, because both parents are employed; one agency in Saskatchewan is paying this to keep foster parents, although this is not a reimbursable expense under the agreement. As for kinship care, the number of kinship care cases has risen significantly in Saskatchewan over the past few years, signaling a move towards more family-oriented care when possible (Figure 3).

Figure 3: Number of Children in Kinship Care in Saskatchewan, 2007-2011



Statistics on kinship care and adoption were not available for Nova Scotia, though kinship care and custom adoptions are considered priorities for MFCS. Statistics were similarly unavailable for post-adoption subsidies and supports in Saskatchewan FNCFS agencies.

3.2 What are the Program Supports and Capacity Needs in Saskatchewan and Nova Scotia?

3.2.1 Capacity Needs

Finding: The two main capacity needs identified in Saskatchewan and Nova Scotia are training and capital infrastructure.

Training

Training was identified as the number one need of FNCFS agencies in Saskatchewan and Nova Scotia. The main areas for training identified include administration (business plans and other reporting requirements), case management, mediation and conflict resolution, custom adoption/ repatriation, cultural sensitivity and prevention (including parenting skills). Responsibility for training depends on the type of training required, though it is mainly offered by the province due to the requirement to meet provincial standards.

In Nova Scotia, and for the most part in Saskatchewan, FNCFS agency staff participate in all training that is required for provincial workers. For agencies in Saskatchewan, the province currently has five consultants that can provide on-site mentoring and training. When necessary, agency staff participate in college or university training to maintain their professional certifications.

In Saskatchewan, AANDC's regional office receives \$500,000 annually for capacity development, which largely flows to the Saskatchewan First Nations Family and Community Institute. In Nova Scotia, capacity dollars were directly built into the EPFA formula for MFCS.

Every year, staff from AANDC's Saskatchewan regional office meet with agency directors and key personnel to go over the processes for reporting, AANDC expectations and templates. It is acknowledged that training will be required at both the federal and agency level as AANDC's FNCFS Information Management System (IMS) is rolled out (discussed in Section 4.2).

Capital Infrastructure

Eighty-three percent of agencies in Saskatchewan and Nova Scotia reported in their business plans that implementation of EPFA required more capital infrastructure for either office space or space for programming (such as group homes and youth facilities). A couple of agencies noted the need to leave the community for meetings due to the shortage of office space. Four more agencies also noted a lack of quality telecommunications (poor internet and cell phone service) as being issues in the conduct of their work.

In Nova Scotia, a 2009 provincial compliance audit states that the lack of a third office in the south-western part of the province has contributed to longer travel times and the agency's inability to comply with provincial standards with regards to response times. The provincial government has submitted its findings to AANDC requesting that AANDC provide funding for

the establishment of a new office in western Nova Scotia. AANDC officials agree that there are structural problems related to MFCS and is currently considering options on how best to address the issue. The agency recently built a new agency building in Indian Brook, which is reported to have improved working conditions for that office.

3.2.2 Program Supports

Finding: Agencies are largely supported in implementing the EPFA by the federal and provincial governments, as well as the First Nation Child and Family Institute in Saskatchewan.

Federal Government Supports

In addition to funding, AANDC supports the agencies through policy development, manuals and guidance. AANDC has recently updated its program manual, which is available to agencies and is expected to be made available online. The manual provides national and comprehensive program information for all regions.

AANDC Headquarters, in order to better align the FNCFS Program to the Treasury Board's *Policy on Transfer Payments*, is currently in the process of updating its Management Control Framework, Integrated Risk Management Framework and Data Collection Instrument Management Framework for reporting into the First Nations and Inuit Transfer Payment System.

As discussed in the Mid-Term National Review,⁴⁴ there are various programs at the federal level that aim to increase the health and well-being of children, families and communities, particularly from Human Resources and Skills Development Canada, Health Canada, the Public Health Agency of Canada, the Department of Justice and other social programs within AANDC. As noted in the previous report, child welfare literature speaks to the lack of coordination of programming at the federal level, and the Office of the Auditor General explicitly recommends that AANDC take a coordination role at the federal level.⁴⁵

Provincial Government Supports

In Nova Scotia, the provincial Department of Community Services provides the following supports to MFCS:

- o Funding for Aboriginal children transferred from provincial agencies;
- o quality assurance and oversight;
- o consultation;
- o staff training;
- o access to agency liability insurance;
- o access to child welfare specialists;
- o specialized training components for staff and foster families;

⁴⁴ AANDC, 2011, *Mid-Term National Review*, Section 3.3.

⁴⁵ Office of the Auditor General, 2008, *Chapter 4-First Nations Child and Family Services Program-Indian and Northern Affairs Canada*, Section 4.3.8. Available at: http://www.oag-bvg.gc.ca/internet/English/parl_oag_200805_04_e_30700.html#hd5g.

- o access to provincial allegation support services for foster families;
- o inclusion within child welfare initiatives; and
- o access to the provincial child welfare data base system.

In essence, all services available to the provincial agencies, including access to foster care and secure treatment centres, are available to MFCS. The province considers itself to have an open door policy with regards to the agency, and MFCS staff reciprocated this sentiment.

For FNCFS agencies in Saskatchewan, the Ministry of Social Services provides supports such as quality assurance for case management, agency oversight through file audits, training, family and extended family supports and Information Management/Information Technology (IM/IT) hardware and support. The province recently invested in a new case management system, LinkIn, which is currently being piloted in one FNCFS agency. The Ministry has also recently invested in a new risk assessment tool, the Structured Design Model, which is ultimately expected to reduce the number of children ending up in care by better identifying high/very high risk families and providing them with more supports, while low or moderate risk families will be referred to the community for prevention services.

In response to the Child Welfare Review Panel report of 2010, the Government of Saskatchewan has developed a Saskatchewan Children and Youth Agenda with investments of approximately \$34 million. The Agenda is designed as an inter-governmental approach, which includes four main strategies to improve the lives of children and youth in the province: Child Welfare Review Investments; Autism Strategy and Fetal Alcohol Spectrum Disorder Strategy; First Nations and Métis Education and Employment Strategy; and a strategy to reduce crime and violence.⁴⁶ The key underlying themes in all the strategies are prevention, First Nations and Métis engagement, and the recognition of socio-economic determinants of health.

The Government of Saskatchewan provided additional funding in 2011-2012 for the following amounts:

- \$1.5 million for First Nations Case Management Payments (direct supports to FNCFS agencies).
- \$300,000 for the Saskatchewan First Nations Family and Community Institute to support capacity building and training for standards and policies in FNCFS agencies.
- \$280,000 for Early Childhood Intervention Programs and *KidsFirst* (which is not exclusively Aboriginal, but does have a significant Northern/Aboriginal component).
- \$350,000 for First Nations and Métis engagement.
- \$2.6 million in Prekindergarten Programs (not exclusively Aboriginal).
- A total of \$600,000 for Fetal Alcohol Spectrum Disorder Supports, prevention, and Diagnosis/Assessment.
- \$350,000 to increase the capacity of the Family Finders program, which finds First Nation families for First Nation children in care off reserve.
- \$200,000 for more pilots of the Aboriginal Court Worker Program, with emphasis on supporting child welfare cases.

⁴⁶ Government of Saskatchewan, 2011, *Saskatchewan's Children and Youth Agenda, Backgrounder*. Available at: <http://www.finance.gov.sk.ca/budget2011-12/SSBackgrounder.pdf>.

Saskatchewan First Nations Family and Community Institute

In Saskatchewan, all interview respondents spoke to a newly established organization, the Saskatchewan First Nations Family and Community Institute Inc., as an organization that has the potential to assist FNCFS agencies in the further development and implementation of the EPFA. The Institute was created to provide support to the FNCFS agencies in Saskatchewan through published research, training, as well as policy analysis and standards development. The Institute has four strategic priorities:

1. Build credibility and expertise in research, training, governance, standards, policies, program design, evaluation and service delivery practices appropriate for First Nations;
2. Secure new and sustainable financial resources to expand capacity to provide additional services for members;
3. Participate in the Saskatchewan Child and Youth Agenda particularly in relation to child welfare; and
4. Assist First Nations agencies to develop service outcomes, performance measures, databases, information technology and management information systems.

Since its inception in 2007-08, the Institute has grown in size and capacity. Agencies report that the Institute has been helpful in providing training for their Boards of Directors, legal guidance, as well as assistance in reporting and communications. Perhaps more importantly, some agencies state that the Institute has helped them to connect to one another in a meaningful way where they otherwise felt isolated. In addition to working directly with the agencies, the Institute has led on special projects such as outcome-based measurement on behalf of AANDC.⁴⁷ The common performance measures are being developed in line with the NOM indicators and the performance measures developed at the national level. A final report is expected in November 2012 and reporting on these measurements would begin in 2013-14. All agencies will be required to report on the common set of performance measures, while still having the flexibility to report on other performance measures to meet their requirements.

3.2.3 Support for Culturally Appropriate Programming

Finding: Proper supports are in place to allow agencies to deliver services in a way that is culturally appropriate to their communities and their clients.

Sections 36 and 68 of the *Children and Family Services Act* in Nova Scotia provide the MFCS as the sole service provider for care of First Nation children and families in Nova Scotia, with the singular authority to provide permission for the care of any Aboriginal child to be transferred to any other agency; and to enter into any adoption agreements for Aboriginal child placements, respectively. The province's Children in Care Custody Manual outlines various placement options that promote maintaining cultural heritage when Aboriginal children come into care.⁴⁸

⁴⁷ This work was completed over five sessions between 2010 and 2012.

⁴⁸ Government of Nova Scotia, 2004, *Children in Care Custody Manual – Section 4.5*. Available at: http://novascotia.ca/coms/families/documents/Children_in_Care_Manual/CareandCustodyManual.html.

The manual further acknowledges that some placements require the supports and skills “that can only be taught in kinship placements,”⁴⁹ though kinship options are not currently legislated. The province is looking into making this amendment.

Section 53 of the *Child and Family Services Act* in Saskatchewan similarly emphasizes the importance of cultural heritage for placement considerations, though not as strongly as in Nova Scotia. It states that when placing a child, consideration should be given to placing a child with a member of their extended family, and attempt to maintain the child in an environment that is consistent with the child’s cultural background. Section 61 gives full delegated authority to FNCFS agencies. The 2010 Report of the Child Welfare Review Panel recommends making culturally appropriate care a priority for Aboriginal children and youth in Saskatchewan.

At the federal level, AANDC policy statements support delivery of culturally appropriate care. The Performance Measurement Strategy for the Social Development programs describes that the Department supports culturally appropriate protection and prevention services that are more closely aligned with a culturally-based, holistic, Aboriginal model of child and family services.⁵⁰ The principle on “culturally appropriate services” has also been articulated as a part of the Government Response to the 2009 recommendations of the Public Accounts Committee, and more recently to the Standing Committees on Aboriginal Affairs and Northern Development and Status of Women. This principle has been included in the revised National FNCFS Manual.

Some agencies report that they measure culturally appropriate indicators, though these are not generally reported to AANDC. A few agencies also note the difficulty in translating certain concepts onto paper, as their knowledge transfer is primarily oral-based. As the Department moves towards measuring outcome data, tapping into measures already being collected by agencies could serve the Department in better understanding the needs and priorities of its stakeholders. It could further develop flexible mechanisms to accommodate the various ways in which knowledge can be shared.

The tripartite frameworks developed for the EPFA in Saskatchewan and Nova Scotia further describe the importance of culturally appropriate services. For example, the Saskatchewan Framework describes the Federation of Saskatchewan Indian Nations’ *Indian Child Welfare and Family Support Act*, which, although it is not legislated, is recognized by the province as being in accordance with provincial legislation, and states that “preventive services will be based on the guidance and involvement of Elders, the support of family and community members and on traditional spiritual and cultural values.”⁵¹

There is also strong evidence to suggest that programming from FNCFS agencies is culturally appropriate. A majority of agencies make note of culturally-based prevention programming, including healing circles, conflict resolution and family counselling by Elders, Aboriginal language service provision, culture camps for youth, custom adoption and kinship care, as well

⁴⁹ Ibid, p.7.

⁵⁰ AANDC, 2011, *Performance Measurement Strategy for the Social Development Programs*.

⁵¹ AANDC, 2007, *Saskatchewan First Nations Prevention Services Model and Accountability Framework Agreement*. Available at: <http://www.aadnc-aandc.gc.ca/eng/1326400134161/1326400183723>.

as Family Group Conferencing adapted to Mi'kmaw culture in Nova Scotia. Agencies from both provinces note that there is no specific funding for Elder's services despite its importance in prevention services, though AANDC does not prescribe, and therefore, does not separately fund the types of culturally appropriate services agencies choose to provide. Aside from this, agencies generally noted that AANDC staff are supportive of the effort to ensure that all programming is culturally appropriate.

4. Findings – Performance/Effectiveness

This section discusses three key components for determining the EPFA’s performance and effectiveness in Saskatchewan and Nova Scotia: design and delivery, monitoring and reporting, and impacts.

4.1 To What Extent Does the Design and Delivery of the Program Support the Achievement of Outcomes?

4.1.1 Effectiveness of Financial Resources

Finding: It is unclear whether the EPFA is flexible enough to accommodate provincial funding changes throughout the five-year funding cycle. There is also a risk that if maintenance costs exceed the agencies’ allocation, their ability to provide consistent programming could be affected.

A costing model was developed in each jurisdiction transitioning to the EPFA based on discussions among First Nation agencies and organizations, the provincial government and AANDC. The model took into account respective provincial program salaries and caseloads in determining reasonable provincial comparability within FNCFS program authorities. As of November 2010, the Standing Committee on Aboriginal Affairs and Northern Development noted that AANDC had not yet conducted a comparison of funding levels for child welfare between the provinces/territories and the federal government, to which AANDC responded that comparison of this nature is very complex and that the role of FNCFS agencies can vary greatly based on the differences in provincial legislation.⁵²

Upon agreeing to the EPFA framework, an agreed upon allocation is provided over a 5-year period and cannot be changed or renegotiated throughout that timeframe, despite having annual funding agreements. Agencies are able to retain their surpluses, and AANDC has been able to provide agencies with additional resources where there have been deficits.

The majority of agency directors interviewed explained that there are many requirements around the annual funding agreements that can be quite complex. They also noted that the agreements can limit their ability to respond to increasing costs and/or community needs for prevention services.

Given the 5-year structure of the EPFA, it is not clear if it is flexible enough to accommodate changes in provincial funding that occur periodically based on changes in caseloads, salary adjustments or funding to cover travel costs.⁵³ AANDC, in its original design of the costing

⁵² Standing Committee on Aboriginal Affairs and Northern Development, 2010, *Report on Motion Adopted March 25th, 2010*. Available at: <http://openparliament.ca/committees/aboriginal-affairs/40-3/5/?singlepage=1>.

⁵³ Commission to Promote Sustainable Child Welfare 2010, *Appendices – to Working Paper No. 2 – Jurisdictional Comparisons of Child Welfare System Design*. Available at: <http://www.sustainingchildwelfare.ca/the-commissions-work/>.

model, attempted to mitigate part of this issue by providing funding at the middle or high range of the provincial salary grid (see Table 2).

Table 2: Comparison of AANDC and Provincial Salary Range for CFS Agencies in Saskatchewan and Nova Scotia⁵⁴

<i>Saskatchewan</i>			<i>Nova Scotia</i>		
Salaries	AANDC Formula	Provincial	Salaries	AANDC Formula	Provincial Range/Classifications
Executive Director	\$77,000	\$67,452-\$96,444 Level 7-Level 8	Executive Director	\$77,137	\$64,200-\$83,500 (MCP 24)
Administrative Support	\$36,150	\$30,854-\$38,664 Level 4	Administrative Support	\$35,334	\$29,902- \$36,838 (CL 14-18)
Human Resources Administrator	\$39,300	N/A	Human Resources Administrator	\$41,612	N/A in province
Financial Support	\$51,000	N/A	Financial Support	\$61,730	\$52,700-\$65,900 (MCP 17)
Social Workers - protection	\$53,950	\$47,883-\$60,004 Level 9	Social Workers - protection	\$55,031	\$40,763-\$63,182 (PR 8-14)
Social Workers - prevention	\$53,950	\$47,883-\$60,004 Level 9	Social Workers - prevention	\$55,031	\$40,763-\$63,182 (PR 8-14)
Supervisors	\$59,350	\$52,672-\$66,007 Level 10	Supervisors	\$65,979	\$56,056-\$68,568 (PR 16)
			Director- Direct delivery	\$67,819	\$55,700-\$72,400 (MCP 20)
			Employee benefits	20.45% of salaries	17.5% of salaries

In Saskatchewan and Nova Scotia, the AANDC formula for FNCFS staff salaries is broadly comparable to those in the province. According to business plans in Saskatchewan, however, almost half of the agencies reported that over the last year that they had to increase staff salaries to match provincial rates.

More than half of FNCFS agencies believe that the funding they receive is insufficient to meet their needs, particularly around salaries, training, the rising costs of institutional care, and the need for capital infrastructure. AANDC staff noted that concerns were raised by agencies at the costing phase of the EPFA that the amount would not be sufficient for effective implementation.

⁵⁴ Government of Canada, 2010, *Overview of Child Welfare for those Provinces Implementing the Enhanced Prevention Framework Approach (PEI, NS, QC, SK, AB): APPENDIX A*. Available at: http://www.parl.gc.ca/Content/HOC/Committee/403/PACP/WebDoc/WD4595936/Action_Plans/06-Department%20of%20Indian%20Affairs%20and%20Northern%20Development%20-%20Appendix%20A-e.htm.

There is also concern in both provinces that maintenance costs will no longer be reconciled at year end when there are shortfalls. Agencies in these cases would be expected to go to their Operations/Prevention budgets to cover these costs, which could jeopardize their ability to provide consistent prevention programming. A few agencies noted that it would be helpful if AANDC could assist them in coordinating access to other types of funding (i.e. health care, daycare, etc.) because of a lack of capacity at their level to do so.

4.1.2 Effectiveness of Human Resources

Finding: In terms of human resources, AANDC Headquarters has recently staffed its vacant positions. Both the Saskatchewan and Atlantic regional offices struggle to effectively perform their work given their current staffing limitations. Many agencies in Saskatchewan continue to struggle with staffing shortages, and MFCS has experienced caseload ratios that exceed the provincial standard, though these numbers vary from year to year. Most agencies report that it is difficult to recruit and retain qualified staff, particularly First Nation staff.

AANDC

Headquarters

Headquarters staff conveyed that they have seen a vast improvement within the Branch over the past few years. They have built up their staffing through reallocation of internal resources and believe they are in a good position to take on better performance measurement practices and discussions with stakeholders, both for establishing the EPFA in jurisdictions where it has not been implemented, and ongoing tripartite discussions for those jurisdictions where the EPFA already exists.

Regions

Both the Saskatchewan and Atlantic regions report having staffing shortages in the Social Development area, which encompasses all social programming offered by AANDC. Despite the complexity of the FNCFS file, managers at the regional level may also be required to manage the Family Violence Prevention Program, the Income Assistance Program, the National Child Benefit Reinvestment Program and the Assisted Living Program. Moreover, the Atlantic region has the additional responsibility of working within four different legislative frameworks. It was noted in both regions that stronger agencies may not receive the same attention as those agencies requiring critical assistance.

In the Atlantic region, it was reported that Nova Scotia was “put aside” once the EPFA agreement was reached in favour of turning towards other jurisdictions that had not yet transitioned to the EPFA. During this period, concerns were raised over MFCS’s ability to comply with provincial standards and there was a lack of staff in the region to be able to focus solely on this issue. The largest concern raised by the Atlantic region with regards to staffing was its ability to build and maintain relationships with all the agencies. The region is considering realigning the Social Directorate to effectively carry out its work.

Agencies

As a result of the EPFA, there has been an increased demand for social workers at the agency level that can be difficult to fill. At times, agencies are forced to compete with off-reserve agencies for the best workers.

Staffing remains a significant issue for FNCFS agencies, particularly in Saskatchewan. Twelve of the 17 agencies reviewed reported staff shortages or vacancies, and only two reported to be fully staffed. In 2010-2011, a small number of agencies reported in their business plans that budget deficits forced them to layoff several staff, including prevention workers. What is more, the province has noted that in implementing its new risk assessment tool, FNCFS agencies may not have sufficient staff to meet the anticipated increase in contact standards or possess sufficient resources for the intensive family supports. Moreover, almost 60 percent of agencies reported in their business plans that staff recruitment and retention was an issue. Some reasons given include the rural/remoteness factor, salary levels, stress/trauma and a shortage of people with the necessary qualifications.

In Nova Scotia, MFCS is reported to be fully staffed, though in order to achieve full staffing, the agency has had to bring in provincial workers to fill in the gaps. Key informants at all levels claim that the number of staff is insufficient to carry out the work of the agency.

Caseload Ratios

Caseload ratios were of particular concern for MFCS in Nova Scotia, where according to a 2009 provincial audit, the ratio could be as high as 26.7 children per caseworker at the Indian Brook office, and 21.2 in the Eskasoni office. Though these numbers can fluctuate from year to year, the province's caseload standard is a maximum of 20 cases per caseworker. Moreover, this ratio assumes that there is an equal distribution of high, medium and low risk cases being assigned to each case worker. In MFCS's case, the majority of children are considered to be high risk and high need.

Caseload ratios in Saskatchewan were not available for the purposes of this evaluation, though a few key informants noted that the caseloads were increasing but still fell below the provincial caseload standard of 20 cases per caseworker.

Qualifications

Only 28 percent of agencies reported having staff with all the required minimum education levels. Forty-four percent of agencies reported that their staff do not meet all the requirements, and 50 percent reported that their staff need more skills to address the complex and changing needs of child welfare on reserve.

Both provinces require a minimum Bachelor's Degree in Social Work from an accredited social work program at a university that is recognized by the Canadian Association of Social Workers and/or the Canadian Association of Schools of Social Work for its social workers, and some FNCFS agencies are reporting that they now also require their prevention workers to have degrees. A few agencies in Saskatchewan noted that there is at times a discrepancy between what new graduates have learned at school and what is necessary to be successful in a community setting, and have had to provide additional training.

Cultural Competencies

Agencies in both provinces report that there are not enough qualified First Nation staff to fill the demand. This can create barriers when agency staff are either unable to speak the prevalent language in the community, or do not fully grasp community traditions and customs. Thus, this can require additional training and can lead to additional mistrust of the agency by community members.

4.1.3 Presence of Effective Communication

Finding: There is evidence to support an increase in communication between AANDC Headquarters and regions, the Saskatchewan and Nova Scotia provincial governments and agencies.

Though they do not occur regularly, tripartite meetings are considered effective for discussing concerns, problem-solving, protocol negotiations, and the monitoring and evaluation of the agreement, particularly in Nova Scotia but increasingly in Saskatchewan. Regional offices receive \$30,000 per year for ongoing bilateral and tripartite discussions (\$60,000 for the Atlantic region) and must provide minutes from these meetings to receive funding the following year.

In Saskatchewan, attendance is said to improve when meetings are bilateral between AANDC and agencies. These meetings were reported to be more productive and less politically motivated than when provincial representatives and other First Nation organizations are involved, though representation from these parties was seen as important.

A tripartite working group is being developed in Nova Scotia that would include other key stakeholders, such as Health Canada. This type of working group was created at the outset of the EPFA's implementation but it has not received adequate follow up.

There has been a noted improvement in the presence of effective communication between AANDC Headquarters and regions. This is credited largely to the implementation of monthly calls between both levels where each are able to discuss current issues and problem-solve. It was also reported that the lines of communication are more open, and that regions are more likely to bring up potential problems on an ad hoc basis. Furthermore, two national meetings were held in 2011 on FNCFS. There was, however, concerns that the policy directives are often adjusted for this program, and that the regions felt they do not consistently have input into these matters.

The frequency of communication between AANDC and the provinces of Saskatchewan and Nova Scotia has improved overall since the implementation of the EPFA, particularly in Nova Scotia. It was noted that the sharing of information between the different levels of government could be improved, and that this could be addressed through data sharing agreements.

All FNCFS agency directors interviewed felt that communication between their agency and AANDC could improve. In Saskatchewan, the lack of sufficient staff at the regional level was noted as a reason by agencies as to why the relationship was not as strong as it could be. Some of the agencies felt that AANDC only came to them when there was a problem, though others did mention that AANDC regional staff came to their agencies annually to discuss reporting requirements.

Communication between the Government of Nova Scotia and MFCS was reported to have improved over the past few years but that it was already quite strong prior to the implementation of the EPFA. Agencies in Saskatchewan noted that there are more provincial staff to assist them in training for reporting requirements and case management. A few agencies mentioned that they were not always made aware of policy changes in a timely manner, making it difficult for them to respond effectively to these changes.

4.1.4 Challenges and Gaps

Finding: The main challenges and gaps identified in Saskatchewan and Nova Scotia include unrealistic expectations, mainly by community leadership, of what FNCFS agencies can carry out and difficulties based on large geographical distances/travel.

Unrealistic Expectations

One of the main challenges of the EPFA expressed by key informants was unrealistic expectations, largely by community leadership, of what agencies are able to achieve with the funding they receive. For example, community leadership occasionally expect agencies to cover costs that are social in nature but that do not fall under the agency's eligible expenditures. In the Saskatchewan Child Welfare Review report from 2010, it notes that "commentators and researchers are increasingly clear on the fact that the conditions which contribute most to a child's risk are conditions that the child welfare system itself often does not have the mandate or capacity to directly address...we use a child welfare solution when the primary drivers are outside the child welfare mandate."⁵⁵ Thus, it is important to recognize that the FNCFS Program is one of many programs that serve the needs of children and families, and that it is important for the program to work collaboratively with other programs to achieve optimal results.

⁵⁵ Saskatchewan Review Panel, p.14.

Geography and Travel

One third of agencies report the high cost and time commitment required for travel, and the risks associated with not reaching a high risk case in a timely manner. When considering northern agencies in Saskatchewan, the territory in which they have to cover can span over a 500 kilometre radius and can, especially, present challenges in the winter months. Some agencies attempt to have workers in each community they serve in order to minimize the harm to a child in emergency situations. In Saskatchewan's EPFA agreement, there was a cost provision for remoteness.

Geography and response times that fall below standards in Nova Scotia are the main drivers for the province's recommendation that AANDC provide funding to support a third office for MFCS in the southwestern part of the province. While it can take two to three hours for MFCS to reach a child in that area of the province, the provincial model is structured so that its agencies are no more than a half hour away from a child in need. In extreme cases, MFCS will call in the provincial agencies for assistance.

4.2 To What Extent Does Program Monitoring and Reporting Support the Achievement of Outcomes?

4.2.1 Presence of Baseline and Outcome-based Data

Finding: A significant number of reports are required from agencies; however, current reporting does not provide the Department much in the way of baseline or outcome data. The FNCFS Program is in the process of changing its reporting requirements, as current information collected is insufficient to allow for outcome-based reporting.

In Saskatchewan and Nova Scotia, agencies are required to submit enhanced prevention reports (EPFA quarterly reports and EPFA final reports), compliance data, audited financial statements, periodic self-evaluation reports, business plans (progress reports on business plans and annual updated business plans) as well as quarterly maintenance reports to AANDC. The evaluation found no evidence to support the consistency of reporting or the analysis of the information provided leading to baseline data.

To address the volume of reports required by agencies, the FNCFS Program has recently reduced their Data Collection Instruments from 68 to 31, with further reductions anticipated in the future. They are also looking to implement a risk-based reporting system, where AANDC would determine the frequency of reporting (monthly, quarterly plus monthly for the last quarter, quarterly or annually) based on an agency's risk profile score.

On an annual basis, a roll-up report that is based on data extracted from the annual regional submission of the FNCFS Agency forms is provided to Headquarters by the Corporate Information Management Directorate. This spreadsheet provides Headquarters with regional data, including, but not limited to, the number of children in care, total annual care days, the type of care they receive, and total expenditures by region. There is some acknowledgement from

program staff that this data does not provide the department much in the way of valuable insights; instead, this information serves to facilitate expenditure management.

With regards to outcome measurement, the Social Development Programs' Performance Measurement Strategy has recently been revised, though the program does not presently collect on many of its indicators. It does, however, include several NOM indicators to support their outcome statements. Out of nine indicators specific to the FNCFS program, five of them are rooted in NOM.

It should be noted that there are differences between the outcome statements provided in the Performance Measurement Strategy and those originally identified in program documents at the creation of the EPFA (outlined in Section 1.2.2). In terms of immediate outcomes, the program moved beyond simply providing increased access to services by including the use of these services in its Performance Measurement Strategy statement. However, other results statements from the original documentation such as strengthened partnerships and capacity development are not captured, and there appears to be no formal mechanism for the program to assess the extent to which these critical elements are occurring. This data is collected in part through the enhanced prevention reports, though the information collected could be strengthened by asking for more outcome information (impacts) as opposed to quantifiable outputs or results (e.g. number of workshops, attendance records).

In terms of intermediate outcomes, the outcome statement in the Performance Measurement Strategy (“men, women and children are safe”) is much broader and potentially more difficult to measure than the statement in the original documentation (“a more secure family environment, reduced need for the removal of children from parental homes, reduced incidents of abuse, and overall improvement in child well-being”). The Performance Measurement Strategy identifies three NOM-reflective indicators to measure this outcome (mortality, injury and recurrence rates), which is in line with current research that states: “Safety is generally measured by the rates of abuse recurrence, as a key indicator of how successfully children are protected from further abuse and neglect. In some cases, this includes tracking child injuries and/or fatalities.”⁵⁶ Collecting on these types of indicators, along with further insight from strong qualitative reporting mechanisms on family wellness,⁵⁷ could go a long way in giving the Department a better picture FNCFS needs and outcomes.

4.2.2 Support for Robust Analysis

Finding: A significant amount of manual reporting is currently required by the FNCFS program, though the implementation of the IMS is expected to reduce manual reporting and support more robust data collection. Moreover, the Province of Saskatchewan is simultaneously working on a new accounting/case management system that is considered as a great example of risk-based reporting for future maltreatment.

⁵⁶ Brad McKenzie et al., 2009, *An Exploratory Regional Study on Child Welfare Outcomes in Aboriginal Communities*, p.20. Available at: <http://www.fncaringsociety.com/sites/default/files/docs/ANCFSAO-Final-Report-Nov2009.pdf>.

⁵⁷ Ibid, 36.

AANDC

Currently, there is a significant amount of manual input required, as well as a high level of manual data exchange between FNCFS agencies and AANDC. In order to alleviate this issue, the program is preparing to implement the FNCFS IMS system, which is expected to meet identified business requirements for data collection, validation, simplification, reporting, analysis and information sharing.⁵⁸

The FNCFS IMS will be administered through AANDC's Social Policy and Programs Branch, and it is intended to provide national information to both assist the department with meeting financial accountability and providing program enhanced information management. The database will not integrate data from existing regional systems.

A significant number of benefits are expected to be derived from the development of the IMS, particularly around the establishment of reliable data. In particular, some of the expected benefits include:

- Streamlining the reporting process for First Nation agencies and improved quality of data collected;
- Improvement of the time-frame and timeliness of data collection; and
- Capacity for analysis and measurement of FNCFS data.

The IMS is expected to use the Social Development Performance Measurement Strategy in part to develop the specific system requirements needed to support business needs for AANDC regions and FNCFS agencies. It is further anticipated that there will be a focus on streamlining reporting and a large component of risk management involved in the development and production of the IMS. However, there have been risks identified with regards to the implementation of the system, such as the timeliness and implementation of the system, a lack of operational protocols, as well as challenges in human resources, financing and change management that will have to be more closely scrutinized.

Provinces

The Province of Saskatchewan's LinkIn system is anticipated to simplify reporting by making it easier to input data. It is designed to interface with agencies' individual financial electronic system to potentially increase the linkages between case work and expenditures.⁵⁹ This system aligns with the implementation of the Structured Decision Making risk assessment tool, which increases quality and consistency of decisions made, and better identification of cases, which require intensive case management or diversion. Structured Decision Model would also mean moving to "outcome management" to bring new focus on tracking, measuring and reporting on

⁵⁸ AANDC, 2010, *Business Case for the Information Management System*.

⁵⁹ Government of Saskatchewan, Ministry of Social Services, 2012, *LinkIn*.

previously un-reported outcomes.⁶⁰ The Structured Decision Model is considered to have the best track record in the field,⁶¹ in part because of its seven assessment tools throughout the case management cycle, including a recidivism risk assessment and family reunification assessment.⁶²

Some of the current and projected benefits of the LinkIn system include:

- An automated province-wide case management system that allows the province to consider providing mobile devices to field workers;
- Improved access to client and case information and, thus, better decision-making capability;
- Improved management reports;
- A reduction in information redundancy across multiple files (therefore, a more efficient, timely and streamlined process); and
- Improved tools and processes to create efficiencies for child protection agencies to allow the realignment of existing resources.⁶³

While this system has many potential advantages, its implementation remains optional for FNCFS agencies. This is discussed further in Section 5.2.

The Province of Nova Scotia, for its part, has recently developed a child welfare case management information system. As of 2010, it has been considered among the most data deprived provinces by the Commission to Promote Sustainable Child Welfare.⁶⁴ Over the past few years, the province has reported implementing much more stringent monitoring processes with regards to casework.

4.2.3 Challenges to Reporting

Finding: Some of the challenges to reporting include inconsistencies in reporting, changes to reporting requirements and the time and effort related to reporting.

Agencies do not consistently use the same format when reporting; some follow the guidelines and templates, while others provide the information through other formats. Much of the reporting is done manually, which can also add to inconsistencies. In all, this makes analysis difficult at the regional level. In particular, MFCS in Nova Scotia only developed one business plan at the

⁶⁰ Ibid, p.3. ⁶¹ Shlonsky, Aron and Liz Lambert, n.d., *The Perceived Utility of Child Maltreatment Risk Assessment and Clinical Assessment Tools*, p.3. Available at: http://cwrp.ca/sites/default/files/publications/en/Perceived_Utility-RiskAssessment.pdf

⁶¹ Shlonsky, Aron and Liz Lambert, n.d., *The Perceived Utility of Child Maltreatment Risk Assessment and Clinical Assessment Tools*, p.3. Available at: http://cwrp.ca/sites/default/files/publications/en/Perceived_Utility-RiskAssessment.pdf

⁶² National Council on Crime and Delinquency, 2011, *The Structured Decision Making® System for Child Protective Services: Policies and Procedures Manual*. Available at: <http://www.socialservices.gov.sk.ca/SDM-manual.pdf>.

⁶³ Government of Saskatchewan, Ministry of Social Services, 2012, *LinkIn*.

⁶⁴ Commission to Promote Sustainable Child Welfare, 2010, Appendices – to Working Paper No. 2 – Jurisdictional Comparisons of Child Welfare System Design. July 2010. Accessed at: <http://www.sustainingchildwelfare.ca/the-commissions-work/>.

outset of the implementation of the EPFA. Since then, they have provided AANDC with an annual report that does not provide the same level of detail expected from the business plan, but has been accepted by AANDC.

A few agencies claimed that reporting to AANDC requires experience in understanding how the Government uses and interprets their data, otherwise there may be issues in getting their reports approved on time. As part of their funding agreements, 10 percent of funds are held back if reporting requirements are not met. This has been adjusted so that half of this amount can be paid when the EPFA Progress Report is received and the remaining half when the Final Report is received.

Some agencies report that the amount of time and effort spent on reporting does not provide any return to the agency, and therefore, reporting is often viewed as taking time away from their “real” work with clients. A lot of the reporting required from AANDC is quantitative, and was referred to by a few key informants as “bean counting” for the sake of cost containment as opposed to the benefit of communities.

4.2.4 Areas for Improvement

Finding: Areas for improvement include the improvement of data sharing, streamlining of reporting, becoming familiar with other programming that affect agencies’ abilities to attain outcomes and providing better feedback to agencies on their performance.

The most common area for improvement as noted by key informants relates to data sharing and streamlining of reporting, both of which are expected to be addressed by the FNCFS IMS in conjunction with the efforts being made to move towards more robust risk-based reporting. Several agencies stated that the timing of reporting could be improved by ensuring that where information must be shared with both the federal and provincial governments, agencies only have to report on this information once. Communication in terms of understanding federal and provincial requirements for agencies could assist in this endeavor. Future evaluative work will determine the extent to which the new reporting requirements are able to reduce the reporting burden in this area.

Some agencies have also asked for feedback from AANDC to improve their programming. While they submit reports, some key informants felt that the little information they received back from AANDC was not helpful to them in terms of assessing how the agency is doing. They also believed that sharing information on what other agencies were doing could help them identify potential areas for improvement. Some agencies further identified that they did not understand what the Government does with their information or how it is used.

In order to have a fulsome understanding of the realities that FNFCS agencies face, it is important that AANDC further familiarize itself with programming internally and from other departments (i.e. from Human Resources and Skills Development Canada, Health Canada/Public Health Agency of Canada and Department of Justice) and organizations to determine how these play a role in the agencies’ ability to attain expected outcomes. This was noted by some agencies

who claim that there is a disconnect between AANDC and others who offer social programming in the communities.

4.3 What Impact has the EPFA had on Expected Outcomes?

4.3.1 Agencies Supported in Moving to a Prevention Approach to FNCFS

Finding: Prevention is supported legislatively in Nova Scotia but not in Saskatchewan. Business plans are also considered to be useful tools for agencies in developing their prevention framework.

Provincial legislation in Nova Scotia has explicitly supported child welfare agencies in providing preventive services since 1991. Thus, the move to the EPFA model as of 2008 was well received in this province, though MFCS was already undertaking some preventive programming prior to signing the Tripartite Agreement.

The current legislation in Saskatchewan does not provide provisions on prevention. That being said, the province is currently pursuing major reforms to its child welfare system and intends to include a preventive approach as part of the changes. In 2011, the Province of Saskatchewan signed Letters of Understanding with FNCFS agencies to renew the CFS delivery system in moving towards a more prevention-based approach. In Saskatchewan, FNCFS agencies are considered “ahead of the game” when it comes to prevention; some agencies have been providing prevention programming for years prior to the EPFA, and the funding model provides assistance to agencies to further develop their programming. The provincial agencies are looking to the FNCFS agencies for how to implement prevention services (i.e. culturally appropriate services in urban areas with high First Nation and Métis populations).

Business plans have also allowed agencies to give critical thought to their communities’ prevention needs. The implementation of business plans has provided agencies with the opportunity to think outside of the box in how to better support their children and families instead of having to conduct serious protection activities, like apprehensions. The extent to which agencies have been able to do so is unclear, since it is reported that they were not provided with clear direction on eligibility and targets from the beginning, and told to provide targets for which they had no way of measuring. An updated business plan template has been created that integrates the business plan and the EPFA final report into one document.

4.3.2 Increased Capacity for Management and Delivery of EPFA

Finding: FNCFS agencies do not have the same managerial capacity as provincial agencies, and do not have their own internal quality management units.

Program management and planning at the agency level is reported to be slightly better defined since the implementation of the EPFA through increased awareness of roles and responsibilities and more staff, when possible, to provide services. However, key informants note a lack of capacity for middle management, particularly in Saskatchewan, where provincial agencies have managers that support supervisors and FNCFS agencies do not. Moreover, provincial agencies have Quality Management Units whereas FNCFS agencies do not necessarily have the capacity

for internal quality management. The province assists where it can in this regard, but it was noted that FNCFS agencies could benefit from this sort of support to improve their quality assurance practices and compliance.

4.3.3 Increased Awareness of Prevention

Finding: There is a clear sense in most agencies that awareness of prevention programming has increased, with some agencies reaching community members by the thousands. However, it is acknowledged that it will take time to change community perspectives.

Programming that focuses on prevention awareness has become more common in First Nation communities; one agency reported reaching a community audience of over 6,000 participants. Business Plans in Saskatchewan have noted an increased awareness in band offices and schools, as well as an increase in the number of self-referrals by families for prevention. Protection workers are also said to be becoming more aware of prevention methods and are using these methods in working with families.

In addition, agencies have reported some of the following initiatives that have aided in promoting awareness of their prevention approach:

- Violence and abuse prevention provided to 150 students in school and an overall increase of awareness activities delivered at schools;
- Twenty-five prevention awareness workshops in 2010-11;
- A family conference and suicide prevention conference which had 600 participants;
- Information sessions with community-based programs and leadership;
- Youth camps and mentoring programs;
- Extensive consultations for program planning, reaching 2,500 people; and
- Use of local radio ads, newspaper media campaigns and newsletters to create awareness.

Almost half of the agencies in Saskatchewan reported that their communities are more aware of the agency's prevention programming, and that the communities' attitude towards the agency has improved at varying rates. It is acknowledged that this will take time and that the agencies must continue to focus on the benefits of preventive measures.

In Nova Scotia, MFCS staff noted that community events and workshops have helped to build trust between the community and the agency. As of March 2009, MCFS provided family support and healing to 150 families, and held 200 events on family and community healing. These events are estimated to have impacted about 4,000 people.⁶⁵

⁶⁵ George Savoury & Debbie Boyd, 2010, *Alberta Child Intervention Symposium: First Nations Child Welfare and Family Services Lessons We Have Learned*. Presentation. March 18, 2010, p.12

Conversely, several agencies reported little to no increase in prevention awareness, and claim that it will take time to change negative community perceptions around the agency and child welfare more generally. These agencies continue to struggle with their image as they become more able to provide community resource services, as they have historically been seen as apprehenders who send children out of their communities. This is compounded by the fact that some agencies have re-assigned protection workers to prevention positions because of staffing shortages, making trust-building even more challenging.

4.3.4 Increased Access to Prevention Services

Finding: Overall, there has been an increase in access to prevention services by families and communities at large.

In terms of access to services, almost half of the agencies have reported an increase in community members coming forward to request services. More families are said to be becoming involved in prevention services to keep their families together. This is evidenced by an increase in Parental Services Agreements in Saskatchewan; one agency reported having over 100 such agreements in 2010-11. A Parental Services Agreement is a framework for all services designed to reduce risk to the child and strengthen the family, including direct services from the caseworker.⁶⁶ Moreover, another agency was able to work with 77 children in prevention, which effectively kept them from entering the protection stream.

It was also reported that agencies are able to concentrate on services that are available to the whole community as opposed to family and children in crisis. Before the EPFA, such preventive work was considered much more limited.

A few agencies further reported that they have staff in all the communities they serve, which has increased local access to preventive services.

4.3.5 Protection Services Ensuring the Safety and Well-Being of Children on Reserve

Finding: Lac La Ronge in Saskatchewan has earned an international accreditation for child welfare, while both MFCS and several agencies in Saskatchewan use Family-Group Conferencing (FGC) to develop family plans designed to protect the safety and well-being of children. There is further evidence that the EPFA has had positive effects on child protection services, including the use of customary care/adoption.

After 16 years of service delivery, the Lac La Ronge Indian Child and Family Services Agency has earned a three-year accreditation with the Commission on Accreditation of Rehabilitation Facilities International, making it the first on reserve organization in Canada to receive Commission on Accreditation of Rehabilitation Facilities recognition.⁶⁷ The Agency had to meet 1,800 program and administrative standards to achieve this accreditation. This feat was

⁶⁶ Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002, *The Role of Provincial and Territorial Authorities in the Provision of Child Protection Services*, pp.125-126. Available at: <http://publications.gc.ca/collections/Collection/RH4-17-2000E.pdf>.

⁶⁷ CARF Canada, n.d.

considered particularly challenging because up until this point many of the business practices were shared orally. This process required that they write down their practices and procedures. As a result of their accreditation, the agency hopes to provide leadership in improving child welfare among First Nations communities and openly welcomes contact from other agencies.⁶⁸

Another four FNCFS agencies in Saskatchewan are currently following Lac La Ronge's lead and are in the Readiness Assessment and Costing analysis phase of the process. Accreditation of this nature is seen as a measure for ensuring that the agencies are of the highest quality to support children and families in their safety and well-being.

Furthermore, family group conferencing is being pursued in both Saskatchewan and Nova Scotia as a means of involving all relevant family and interested parties in making decisions in the best interest of the child. FGC is a solution-centred process that brings together the nuclear and extended family, as well as friends and service providers to develop a permanency plan that can meet the needs for safety and well-being of the child and the family." The approach is often delivered through the Aboriginal Justice Strategy at Justice Canada, though in Nova Scotia, MFCS will often fund it under the EPFA.

MFCS has reported that the FGC has been a positive experience in terms of the cultural appropriateness of the intervention and the outcomes they have witnessed through this approach for families, the agency and the community. In particular, participants of the FGC process reported that it provided the opportunity for extended family members and others to give support and demonstrate affection for the client. Participants "appreciated the fact that they had a say in the process, and that cultural ceremonies and traditions were incorporated into the proceedings."⁶⁹

MFCS staff reported that some of the results obtained for families through FGC were surprising and even thought to be impossible. As a promising practice, programs like FGC have the potential to cast agencies in a new light, allowing them to be facilitators instead of being viewed as domineering or controlling.

FGC is also reported to have positive implications for community well-being, in that the family and the community are able to regain primary responsibility for child welfare and are then assisted by the agency. The community and the agency become more familiar with the issues in the case and a range of community supports can be put in place."⁷⁰

⁶⁸ Lac La Ronge Indian Band Child & Family Services Agency Inc. n.d, *Lac La Ronge ICFS Case Study*. Available at: <http://www.icfs.ca/docs/downloads/Case%20Study.pdf>.

⁶⁹ Fred Wien, Chapter 6: *Evaluating Family Group Conferencing in a First Nation Setting: An Example of University-First Nation Child Welfare Agency Collaboration*, in *Research-Community Partnerships in Child Welfare*, 2011, p.144. Available at: http://cwrp.ca/sites/default/files/publications/rcbook/R-C_partnerships_BOOK.pdf.

⁷⁰ *Ibid*, p.145.

Interestingly, in both Saskatchewan and Nova Scotia, some of the First Nation communities have come to the conclusion that since the source of child removal from the home is often the parents themselves, it is the parents that ought to leave the home while they undergo treatment, not the children. In these cases, agencies will attempt to coordinate extended family members or other trusted community members to come into the home and look after the children while the parents are away. This is considered a cost-effective and least disruptive measure.

Overall, agencies are demonstrating that the implementation of the EPFA is having some positive effects on the safety and well-being of children in their communities. Other reported results that led to increased safety and well-being include:

- More children in permanency planning particularly with First Nation families through Family Finders;
- A reduction in off-reserve placement;
- A better identification process for children in need of protection;
- The establishment of an emergency receiving home to support children in need of immediate removal; and
- Greater retention of children in the community and number of children returning to their families through family interventions.

Custom adoption, or customary care, is further regarded in First Nation communities as an effective response to children in need of care outside their parental home. Customary care is based on a traditional Aboriginal practice of child upbringing that involves all members of the family, extended family, relatives and community, and is considered to be an important promising practice by key informants. The Saskatchewan Child Welfare Review Panel Report of 2010 asserts that “an excellent solution regarding the adoption of Aboriginal children lies in the recognition and promotion of “custom adoption.”

4.3.6 Prevention Services Supporting Children Staying Safely in their Family Home

Finding: Since the implementation of the EPFA, there has been an increase in prevention activities in the majority of FNCFS agencies in Saskatchewan. While MFCS has dedicated staff for prevention services, the increase in demand for core protection services has significantly reduced the agency’s ability to deliver on prevention programming.

Business plans in Saskatchewan have overwhelmingly reported an increase in prevention activities as a result of the EPFA. For the most part, agencies have primarily focused on developing and delivering prevention services at the community level in the early stages of EPFA in order to build awareness and promote themselves as a positive presence in their communities. This is reported to have had some positive impacts in most communities, though it is clear that this change is still in its infancy despite some prevention services being offered prior to the EPFA.

Some of the prevention activities agencies have provided include:

- Parenting programs (such as Triple P);
- Home supports;
- Creating case plans through Family Enhancement/Support Workers;
- Family counselling;
- Conflict resolution and anger management courses;
- Referrals to drug, addiction and mental health supports;
- Mental health supports; and
- Healing circles and Elder support.

Some early reports from agencies suggest that prevention services have reduced the number of children coming into care, even if the national number of children in care has increased. It is still too early to appreciate the potential extent and impact of these services. What is clear is that some communities are beginning to see families who are making positive changes, such as not leaving their children unattended and seeking assistance before the situation becomes dire.

In Nova Scotia, an increase in the number of children coming into care has made it difficult for MFCS to provide much in the way of prevention services on its own. Despite having dedicated staff for prevention, the agency struggles to provide a full range of prevention services. On a positive note, the agency offers a Family and Community Healing Program in partnership with other organizations, which is seen as having a positive impact (with the potential for greater impact) in the communities they serve. The Family and Community Healing Program has been in place since 2007 and offers a suite of resources (home based support, guidance and information to care givers on parenting skills, life skills, and access to community resources, among others) to enhance family strengths and contribute to community capacity building. It is acknowledged that part of the success of the MCFS' Family and Community Healing Program is in the creation and maintenance of collaborations and partnerships with Mi'kmaq communities.⁷¹

⁷¹ George Savoury & Debbie Boyd, 2010, *Alberta Child Intervention symposium: First Nations Child Welfare and Family Services in Nova Scotia Lessons We Have Learned*. Presentation. March 18, 2010

5. Findings – Efficiency/Economy

This section considered three key components for determining the EPFA’s efficiency and economy in Saskatchewan and Nova Scotia: collaboration and partnerships, efficiencies in inputs and more economical and efficient alternatives for producing the same outcomes.

5.1 To what Extent do Collaboration and Partnerships Assist in the Achievement of Desired Outcomes?

Finding: A number of agencies report the use of inter-agency and community-level partnerships to leverage funds and meet a large number of interrelated community needs.

A number of agencies report undertaking interagency collaboration as part of their integrated care model. These partnerships are considered a critical element to the success of these agencies so that broader community issues can be addressed. Reported examples of co-operation, partnering or cost/resource sharing include:

- Development of protocols/agreements for a coordinated approach to program delivery;
- Cost sharing through interagency committees, meetings and workshops (particularly with health and justice programs);
- Facility-sharing;
- Partnerships with local organizations, social development programs and health centres;
- Funding application processes to other organizations offering prevention services, with partnerships being a main criterion;
- Programming offered through the community school;
- Jointly-organized culture camps with other communities;
- Collaboration with organizations such as Big Brothers and Big Sisters, Roots of Empathy, etc.;
- Linkages with day care through Human Resources and Skills Development Canada;
- Linkages with Health Canada through programming for maternal child health, the National Native Alcohol and Drug Abuse Program, mental health, Fetal Alcohol Spectrum Disorder and general health promotion;
- Linkages with the Aboriginal Justice Strategy, which includes the following federal partners: Royal Canadian Mounted Police (RCMP), the Police Management Board, Corrections Services Canada, and Public Safety using, among other programming, holistic healing and restorative justice processes, victim/offender services, addiction counselling, dispute resolution, healing/sentencing/reintegration circles, mediation; and
- Cost-sharing with the RCMP and youth organizations for Youth Cadet programs.

Community partnerships have provided agencies with an opportunity to have more resources for the required programming to successfully implement a prevention-focused approach. They increase capacity at the community level and are generally well supported by community leadership. Lac La Ronge, for example, has stated that “strong ties must be established with all

community agencies and organizations so the full power and resources of our communities can be focused on the joint challenges.”⁷² However, it was reported that while linkages are being made, partners at times have very different ideas of how to implement a collaborative approach, which can make it difficult to produce real results. Furthermore, AANDC has identified the risk that if partnerships are not established, developed and/or sustained, FNCFS agencies will only be able to provide basic services.

Still, some agencies do not report any partnering or cost-sharing, particularly when services in communities are limited (such as in northern remote communities). As some agencies noted, partnerships can only go as far as the services available in the community. Where cases are more severe, agencies must then look to outside resources, and there was much less evidence that partnering is happening with organizations outside the communities.

From a provincial standpoint, the Saskatchewan Child Welfare Review Panel recently recommended that the province create inter-ministry and community planning groups to improve access to the supportive services necessary to address the determinants of child welfare.⁷³ The province further delivers a program called Kids First, a paraprofessional home visiting program where families receive home supports in various communities across the province, including some First Nation communities in its Kids First North component. An evaluation of this program showed that its benefits were often of modest magnitude, primarily because of deep-rooted community issues such as poverty and its related challenges. The report goes on to emphasize the importance of “community engagement, program integration and collaboration, and maintaining attention to broader policy solutions”⁷⁴ to achieve positive results, and noted the lack of interagency collaboration and a shortage of supportive services in the North.⁷⁵

5.2 Is the EPFA Cost Effective?

Finding: AANDC has spent a significant amount of money on IM/IT systems at the federal and agency level, though there remains great potential for continued economic and data inefficiencies, duplication of information and continued reporting burden for agencies. Capital expenditures have also been a primary focus in the implementation of the EPFA in Saskatchewan and Nova Scotia.

While cost-effectiveness is covered largely through discussion of partnerships and promising practices, the evaluation found a troubling trend emerging from Saskatchewan in the area of IM/IT. In the absence of a common platform for accounting/case management, over half of the FNCFS agencies in Saskatchewan have spent a significant amount of funding on developing

⁷² CARF Canada, n.d., *Indian Child and Family Services Inc. Lac la Ronge Indian Band*. Available at: <http://www.carf.org/WorkArea/DownloadAsset.aspx?id=23820>.

⁷³ Saskatchewan Child Welfare Review Panel, 2010, *For the Good of Our Children and Youth*, p.39.

⁷⁴ Robert Gates, 2010, *The Effectiveness of Home Visitation Interventions similar to KidsFirst Saskatchewan: A Focused Literature Review*, Saskatchewan Ministry of Education, Early Childhood Development Unit, Early Learning and Childcare Branch. Prepared in collaboration with the Evaluation Research Team of the Saskatchewan Population Health and Evaluation Research Unit, p.38. Available at: <http://kidskan.ca/>.

⁷⁵ *Ibid*, p.56.

their own IM/IT systems. In many cases these upgrades/ database developments are estimated to be high cost (i.e. \$100,000-\$275,000 +) and have come out of operational/prevention dollars.

As discussed previously, the Government of Saskatchewan is currently implementing its LinkIn/ Structured Design Model system, which FNCFS agencies have the choice to adopt or continue to use their own system. One of the main concerns for FNCFS agencies in implementing this system is the cost. Licenses for the system cost \$6,500 each, 20 percent of which includes the annual maintenance costs. Additional support and training costs are not included in this amount, and will only be considered after the provincial roll-out is complete and as individual agencies implement the system over the next four years. There is an acknowledgement from the province that this system will not necessarily be able to build on the existing information management systems in FNCFS agencies and that since implementation of this system is not mandatory, issues of reporting consistency can be expected.

At the same time, AANDC is undertaking the creation of its IMS system, which is estimated to cost approximately \$9.6 million to develop and implement. The IMS is expected to be an internal database, which will not incorporate provincial data and will not tie into individual agencies' systems. Thus, in terms of IM/IT, there remains great potential for continued economic and data inefficiencies, duplication of information and continued reporting burden for agencies.

Another area currently affecting costs since the implementation of the EPFA is capital expenditures. Items such as new buildings, new vehicles, and computer hardware are often funded through prevention dollars as these expenditures were not anticipated when formalizing the costing model. These items have all been identified as being necessary to achieve compliance and making the agency a more desirable place to work. A few agencies reported that changes since the EPFA have improved their work environment dramatically. One clear example of cost savings through capital expenditures identified by some agencies is the extensive use of videoconferencing.

5.3 Are there more Economical/Efficient Alternatives for Achieving the Same Outcomes?

Finding: There is a need to better coordinate federal programming that affects children and parents requiring child and family services. Over the long term, evidence suggests that there are clear policy advantages to investing in disadvantaged and high-risk children.

It is clear that the FNCFS Program does not and cannot work in isolation from other programming. Too many factors affect the overall need for child and family services programming, and it would be unrealistic to assume that agencies can fully deliver services related to all of them. The FNCFS program could improve its efficiency by having a better understanding of other AANDC or various level programming that can positively affect children and parents requiring child and family services and facilitating the coordination of these programs. Economic development, health promotion, education and cultural integrity are key areas where an integration of programming and services has been noted as potentially addressing community well-being in a way that is both effective and necessary for positive long-term outcomes, and ultimately a sustained reduction in the number of children coming into care.

This is supported by research that highlights the importance of a coordinated/family-centred approach to child welfare. For example, the Report of the Child Welfare Review Panel in Saskatchewan recommends taking a ‘determinants of health’ approach that addresses the structural causes of child maltreatment and neglect such as poverty and inadequate housing; and claims that a failure to do this will likely result in an increase in child apprehensions.⁷⁶ There are many promising practices in the field of child welfare; the Mid-Term National Review discusses several approaches, including strength-based, holistic, parent-focused and Aboriginal-specific.⁷⁷ Some of these approaches have been introduced by FNCFS agencies as a result of the EPFA, while others were identified as provincial or international promising practices to consider.

In considering the long-term benefits of positive child welfare outcomes, the Organisation for Economic Co-operation and Development states that there are clear policy advantages in investing in the well-being of disadvantaged children during early childhood, and that the “rates of return to skill formation for disadvantaged young children are higher because of the high long-term social costs, including crime, which can result from the negative developmental trajectories to which they are more vulnerable.”⁷⁸ Moreover, the Organisation for Economic Co-operation and Development claims that if governments are serious about reducing inter-generational transmission of disadvantages and high social costs, “greater resources committed during early childhood will need to be heavily weighted towards the high-risk spectrum⁷⁹ of early childhood.”⁸⁰

⁷⁶ Saskatchewan Child Welfare Review Panel, 2010.

⁷⁷ Ibiations of family circumstances such as parental education levels, low income, parental absence, young mother, large family, parental mental illness and drug and alcohol dependence, social isolation, older siblings with problems, or parental benefit dependence.

⁷⁸ Organisation for Economic Co-operation and Development, *Doing it Better for Children: The Way Forward*, p.179. Available at: <http://www.oecd.org/els/familiesandchildren/43570597.pdf>.

⁷⁹ This includes risks related to parental education levels, low income, parental absence, young mother, large family, parental mental illness and drug and alcohol dependence, social isolation, older siblings with problems, or parental benefit dependence.

⁸⁰ *Ibid*, p.180.

6. Conclusions and Recommendations

6.1 Conclusions

This review was undertaken to consider the relevance, performance/effectiveness and efficiency/economy of the implementation of the EPFA in Saskatchewan and Nova Scotia. Its findings and conclusions are based on the analysis and triangulation of four lines of evidence: document review, literature review, key informant interviews and case studies.

Relevance

The main children in care needs in Saskatchewan and Nova Scotia stem from an over-representation of First Nations children in care, a rise in complex medical needs and high cost institutional care, and a rise in older children coming into care. Furthermore, poverty, housing, substance abuse, mental health, child abuse and neglect, poor parenting skills and a lack of alternative care options were cited as the most common parental and community issues facing First Nations communities in these jurisdictions.

Training and capital infrastructure are the primary capacity needs identified by agencies. Agencies are largely supported in their work through federal and provincial government resources, and in Saskatchewan by the First Nation Child and Family Institute. The evaluation found that proper supports are in place to allow agencies to deliver services in a way that is culturally appropriate to their communities.

Performance/Effectiveness

Design and Delivery: In terms of financial effectiveness, it is unclear whether the EPFA is flexible enough to accommodate provincial funding changes throughout the five-year funding cycle. There is also a risk that if maintenance costs exceed the agencies' allocation, this could affect agencies in their ability to provide consistent programming.

In terms of human resources, AANDC Headquarters has recently staffed its vacant positions. Both the Saskatchewan and Atlantic regional offices struggle to effectively perform their work given their current staffing limitations. Many agencies in Saskatchewan report a continuing struggle with staffing shortages, and MFCS has experienced caseload ratios that exceed the provincial standard, though these numbers have fluctuated from year to year. Most agencies report that it is difficult to recruit and retain qualified staff, particularly First Nation staff.

The evaluation found evidence to support an increase in communication between AANDC Headquarters and regions, the Saskatchewan and Nova Scotia provincial governments and agencies.

Overall, some of the most common challenges identified in the implementation of the EPFA are unrealistic expectations of what FNCFS agencies can carry out, as well as difficulties based on large geographical distances/travel.

Monitoring and Reporting: Although a significant number of reports are currently required from agencies, outcomes are generally not reported at the departmental level. The IMS is expected to support more robust data collection, though the Department has noted certain risks, including the timeliness and implementation of the system, a lack of operational protocols, as well as challenges in human resources, financing and change management. Areas for improvement include the improvement of data sharing, streamlining of reporting and providing better feedback to agencies on their performance.

Impacts: MFCS in Nova Scotia is supported legislatively in providing prevention services but this is not the case in Saskatchewan. Most agencies report that awareness of prevention programming has increased in their communities and that it will take time to change community perspectives. Overall, there has been an increase in access to prevention services. The EPFA is largely considered to support the security and well-being of children and families through a variety of measures, including an increase in prevention activities.

Economy/Efficiency

Economy and efficiency was found through the extensive use of inter-agency and community-level partnerships. AANDC has spent a significant amount of money on IM/IT systems at both the federal and agency level, though there remains great potential for continued economic and data inefficiencies, duplication of information and continued reporting burden for agencies. The evaluation found that FNCFS agencies have invested in capital expenditures to meet an increasing variety of needs, and concludes that AANDC could improve the efficiency of the EPFA by better coordinating various federal programming that affect children and parents requiring child and family services.

6.2 Recommendations

It is recommended that AANDC:

1. Ensure that there are regular reviews of the costing models to ensure agencies are able to meet changing provincial standards and salary rates while maintaining a high level of prevention programming to meet community needs;
2. Work collaboratively with MFCS and the Province of Nova Scotia to ensure that the agency is providing adequate services to all communities as per provincial legislation and standards;
3. Ensure AANDC regional offices have adequate capacity to effectively carry out their current job functions, as well as the successful and ongoing monitoring of the Information Management System;
4. Work with the provinces, agencies and appropriate First Nation organizations to develop and implement a coordinated approach to information management, in order to improve efficiency, reduce the reporting burden for agencies and allow AANDC to fully report on outcomes; and

5. Work with other AANDC programming and federal partners (including Health Canada, Public Health Agency of Canada, the Department of Justice and Human Resources and Skills Development Canada) to facilitate the coordination of services affecting children and parents requiring child and family services.

Appendix A: Glossary

Alternate Care – Placement of a child out of the parental home in a foster home, kinship care home, group home, institution or in an independent living arrangement. This does not include children eligible for the Children Out of Parental Home available in some provinces under Income Assistance.

Child in Care - A child in an alternate care placement out of the parental home, in accordance with provincial/territorial legislation and standards.

Child at Risk - A child deemed to be at risk of neglect and/or abuse in accordance with the legislation and standards of the reference province/territory.

Differential Response Model – Differential response models include a range of potential response options customized to meet the diverse needs of families reported to child welfare. Differential response systems typically use multiple “tracks” or “streams” of service delivery. High-risk cases include all reports of sexual abuse, serious physical or emotional harm, chronic neglect and cases in which criminal charges may be laid. Less urgent cases are shifted to an alternative “assessment” or “community” track, where the focus of intervention is on brokering and coordinating services to address the short and long-term needs of these children and families. In [some] cases, responsibility for service provision is shared with community-based resources and services are provided on a voluntary basis.⁸¹

Ethno-cultural Placement – Ethno-cultural placement is a NOM indicator (see below). When children must be removed from their biological families, child welfare services attempt to place them as much as possible within their community; this includes extended family, individuals emotionally connected to the child, or a family of a similar religious or ethno-cultural background. For Aboriginal children, this preference is specifically stated in most provincial and territorial statutes. Given that placement matching for Aboriginal children is legislated in most jurisdictions, the priority NOM measure tracks the proportion of placed Aboriginal children in homes where at least one of the caregivers is Aboriginal.

Institution – An alternate residence for a Child in Care, regulated in accordance with the standards of the reference province or territory, which may accommodate larger numbers of children in a setting that is designed to provide more intensive intervention.

Least Disruptive Measures – Least disruptive measures is a decision making process to determine the most appropriate level of service required for families whose children are at risk of being abused.

Low-Income Cut Off – Low-Income Cut Off is an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the

⁸¹ Nico Trocmé, Theresa Knott and Della Knoke, 2003, *An Overview of Differential Response Models*. Available at: <http://www.ct.gov/dcf/lib/dcf/drs/pdf/pc-dr-overview-models.pdf>.

average family. The approach is essentially to estimate an income threshold at which families are expected to spend 20 percentage points more than the average family on food, shelter and clothing. It is Statistics Canada's most established and widely recognized approach to estimating low income cut-offs.

Maintenance (Funding) – Maintenance is budgeted annually based on actual expenditures of the previous year. Funding is based on needs and reimburses actual (per diem and special needs) non-medical eligible costs for Indian children ordinarily resident on reserve taken into care and placed in an alternate care situation outside of the parental home (i.e. foster home, group homes or institutions). Placements can occur on or off reserve.

National Child Welfare Outcomes Indicator Matrix - The National Child Welfare Outcomes Indicator Matrix (NOM) was developed through a series of consultations initiated by the provincial and territorial Directors of Child Welfare and Human Resources Development Canada. It provides a framework for tracking outcomes for children and families receiving child welfare services that can be used as a common set of indicators across jurisdictions. The NOM is designed to reflect the complex balance that child welfare authorities maintain between a child's immediate need for protection; a child's long-term requirement for a nurturing and stable home; a family's potential for growth, and; the community's capacity to meet a child's needs. The NOM includes four nested domains: child safety, child well-being, permanence, and family and community support.⁸²

Operations (Funding) – Operations support administration (i.e. staff salaries, rent, insurance, etc.) and protection casework. The amount of funding provided to a recipient is formula-driven, based on an amount per First Nations child on reserve 0-18 years, plus an amount per band and an amount based on the remoteness where applicable.

Prevention/Least Disruptive Measures (Funding) – Prevention is used to support programs that reduce the need to remove children from the parental home by providing tools that allow individuals to better care for their children, as well as promoting increased permanency planning for eligible children in care. Eligible expenditures may include services designed to keep families together and children in their own homes (i.e. homemaker and parent aid services, mentoring services for children, home management, non-medical counseling services not covered by other funding sources).

Prevention Services - Services designed to reduce the incidence of family dysfunction and breakdown or crisis and to reduce the need to take children into Alternate Care or the amount of time a child remains in Alternate Care.

Protection Services - Provincially or territorially legislated services designed to protect children from neglect and abuse

⁸² Nico Trocmé et al., 2009, National Child Welfare Outcomes Indicator Matrix (NOM). Available at: http://www.centralalbertacfsa.gov.ab.ca/home/documents/ProgramsServices/NOM_Sept09.pdf

Appendix B: Social Development Programs Logic Model

