



SENT VIA EMAIL

March 29, 2019

Ms. Judy Dubois, Registry Officer
Canadian Human Rights Tribunal
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Ottawa, ON K1A 1J4
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Dear Ms. Dubois:

RE: *First Nations Child and Family Caring Society v. Canada*, Tribunal File #T1340/7008

Please direct this correspondence to the Panel. I am writing on behalf of Nishnawbe Aski Nation (“NAN”), one of the parties to the Remoteness Quotient Table (“RQ Table”). Further to our last correspondence on February 28, 2019, we write pursuant to instructions from NAN to file the Remoteness Quotient Phase II Final Report (“the Final RQ Report”) with the Canadian Human Rights Tribunal (“the Tribunal”).

By way of background, the Tribunal endorsed the establishment of the RQ Table and its work in decisions in 2017 and 2018.¹ You will recall that the RQ Report for Phase I of the RQ Project was jointly filed with the Tribunal on September 8, 2017. The Phase II Interim Report was jointly filed on August 22, 2018, while work on the Final RQ Report was ongoing. Today, NAN is pleased to be filing, by way of this letter and enclosed report, the Final RQ Report prepared by the Barnes Management Group (“the experts”). The experts’ work went through a rigorous independent third-party review process, passing review on February 22, 2019.²

The Final RQ Report represents the first robust economic modeling in respect of funding of child and family services for remote communities relative to non-remote communities. The modeling developed by the experts, as you will see in the Final Report, identifies disparities that remote First Nations communities suffer as a result of remoteness. For the first time, a remoteness coefficient and quotient have been developed using a semi-log regression model to quantify how remoteness increases the cost of providing child and family services. This modeling can be extended to other service areas where remoteness also increases the cost of service provision.

¹ *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada)*, 2017 CHRT 7, at paras 19-24; *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2018 CHRT 4, at paras 338-347. The CHRT mentioned in both decisions that it has retained jurisdiction.

² The Final RQ Report contains the expert advice mentioned at paragraph 341 of the Tribunal’s decision in *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2018 CHRT 4.



NAN is pleased to be filing this report today. NAN is proud to be presenting the Tribunal with expert work on remoteness that is a key building block to remedying inequities and injustices experienced by children and families in NAN communities and in other remote communities.

Yours very truly,



Julian N. Falconer

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All RQ Table and Consultation Committee Members

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PHASE II OF THE REMOTENESS QUOTIENT

RESEARCH PROJECT (“RQ PROJECT”)

FINAL REPORT

A Report for the Nishnawbe Aski Nation¹

Barnes Management Group Inc.

76 Victor Avenue

Toronto, ON M4K 1A8

February 20, 2019



¹ Prepared pursuant to the order of the Canadian Human Rights Tribunal in the matter of *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada)*, 2017 CHRT 7, dated March 29, 2017.

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I have been here a long time with the development of the band office. Lots of government come and go over the years, ministers have come as well to come see our community and have seen local leadership. We have told them what the community needs. Most times things that they promise don't actually happen, they don't follow through. We need our needs met and it is my hope that we can see results from this discussion. They come see our community, talk with us and we share our needs but nothing more. My hope is that we can really help the young people and things like the housing problem. That's what I have to say for now, thank you.

Community Elder

TECHNICAL EXECUTIVE SUMMARY

The objectives of the Phase II Remote Quotient research include the development of a remoteness coefficient methodology that can be readily applied to funding for child and family services to determine the additional funding needed to provide the same standard of service as found in non-remote areas of the province. The remoteness coefficient is the basis for the remoteness quotient for each of the Child and Family Services (CFS) agencies serving the Nishnawbe Aski Nation (NAN) communities (Tikinagan Child and Family Services, Payukotayno James and Hudson Bay Family Services, and Kunuwanimano Child and Family Services). The research also examines various aspects of remoteness and how these affect child-welfare program and service delivery costs in the northern Indigenous communities and the applicability of the remoteness coefficients across Canada.

The report begins with a brief history of the Remoteness Quotient research project and is then divided into three chapters. Chapter 1 presents the analytic basis for the calculations of Child Welfare Remoteness Coefficients and Remoteness Quotients (RQs). Chapters 2 and 3 provide context and support for the remoteness definition used in the analysis, examining the actual and perceived child welfare needs of NAN community members: Chapter 2 reviews how remoteness has been measured and its impact on child welfare funding models; Chapter 3 describes various kinds of childhood deprivation experienced in First Nations communities and proposes metrics to be considered for comparison of relative needs across Indigenous and other communities in addition to traditional demographic measures. As part of the research, a professional social worker engaged 19 NAN communities to document the stories and recommendations that should be considered as part of funding adjustments for remoteness and part of a needs-based child welfare funding model. (See Appendix III, “Community Engagement from a Child-Welfare Perspective,” for a fuller account of the key findings and list of recommendations based on this research.)

“**Remoteness**” can be defined in more than one way—in terms of travel costs, but also in terms of attributes of a place such as population scale and adjacency to population centres or services, of living costs, the costs associated with the climate and/or isolation—“remoteness” depends on the weight given to each and all of these dimensions, and others. This analysis takes a geographic approach, using the Statistics Canada Remoteness Index as the best available metric. This remoteness index is scaled from 0 (least remote) to 1 (most remote) and measures the ability to reach population centres within a reasonable amount of time. The higher the value of the index, the more difficult it is to reach larger population centres.²

A **reference point** must be chosen in order to measure the effect of geographic remoteness on the costs for child welfare agencies. Since geographic remoteness is highest for the three NAN agencies, it is important to have a reference set of comparable non-remote agencies. Since no non-remote agency

² Statistics Canada, Government of Canada et al., “Measuring Remoteness and Accessibility.”

serves predominantly First Nations communities except Native Child and Family Services of Toronto, the reference point was chosen to be the 10 agencies with highest percentage of the population identifying as Aboriginal and at or below the median remoteness index of 0.118.

By quantifying the impact of geographic remoteness based on the costs to provide services, a **remoteness coefficient** can be applied to child and family services funding agencies to estimate the additional funding needed to provide the same standard of service. The difference in costs of providing services can vary between agencies for many reasons besides remoteness, such as varying demographic factors or access to other services. To arrive at the remoteness coefficient, a semi-log regression model was used to analyze the differences in costs to provide comparable services, considering various factors, including the Statistics Canada Remoteness Index. **The remoteness coefficient is the component of the cost differences associated with the remoteness index.** (Details of the regression can be found in Chapter 1.)

The remoteness coefficient applies only to the cost to provide a given level of service and does not include the impact of varying demand (both met and unmet) across agencies. It is an estimate of the increase in required funding due to remoteness and is the basis for calculating each location's **remoteness quotient (RQ)**, which can be used as a means to allocate a fixed pool of funds based on remoteness. The sum of all RQs across agencies is 1.0. (See Figure II and Figure III, Chapter 1, for the range of remoteness coefficient and remoteness quotient values calculated for 43 agencies in Ontario. The numeric table that includes all 49 Ontario Child and Family Service (CFS) agencies can be found in Appendix I.)

Agency	Remoteness Coefficient	Remoteness Quotient
Tikinagan	1.68	11.7
Payukotayno	1.59	10.2
Kunuwanimano	1.47	8.1

When compared to the significant range of remoteness coefficients and remoteness quotients for Ontario's CFS agencies found on pages 20 and 21, it can be seen that the three NAN agencies have the highest values for both, indicating that they should receive a higher level of funding from any pool of funding designed to take into account the impact of remoteness. The high RQs demonstrate that northern remote communities require many more resources than non-remote communities, with greater costs to provide services and greater community needs. Alternatively, the values provide support for topping up existing child welfare payments to appropriately account for remoteness, since the remoteness coefficient is a variable that can be applied to child and family services funding agencies to determine the additional funding required to provide the same standard of service to these communities. **The remoteness coefficient for Tikinagan, at 1.68, indicates an increase in funding of 68 per cent, for**

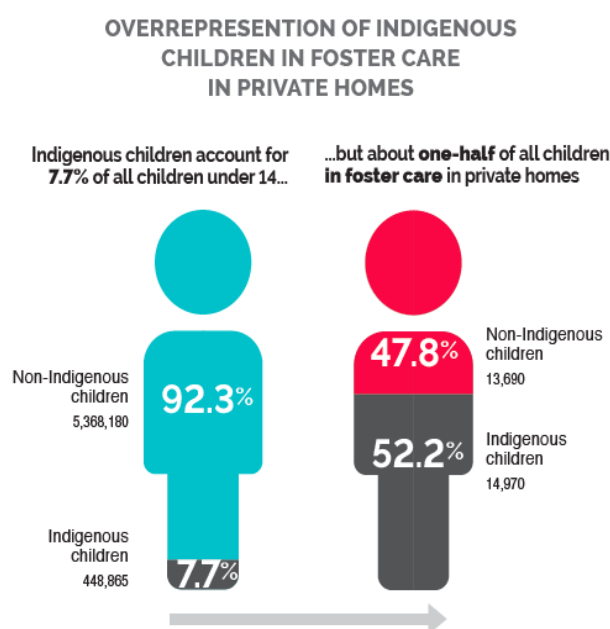
Payukotayno at 1.59 an increase of 59 per cent, and for Kunuwanimano at 1.47 an increase of 47 per cent. The remoteness quotients, on the other hand, support any remoteness-related allocation of 11.7 per cent to Tikinagan; of 10.2 per cent to Kunuwanimano; and of 8.1 per cent to Payukotayno.

The three NAN agencies represent an approximately 30 per cent allocation of any remoteness funding pool. As more detailed data is used to calculate the child welfare remoteness coefficient, the general trend is for the value of the coefficient to increase. Without an understanding of the on-the-ground situation, however, agencies and communities will tend to underestimate the relative remoteness of a region from a child-welfare point of view. Though the remoteness quotients provide a credible means to allocate a pool of funds, the only way to truly determine appropriate funding for the NAN communities is to factor in actual community conditions, resource requirements and gaps.

INTRODUCTION

The hardships and challenges faced by Indigenous communities regarding the delivery of child and family services have been well-documented through two decades of scholarly research and government-commissioned reports, and these have been instrumental in moving the Federal Government to recognize the severe overrepresentation of First Nations children in the child welfare system. The 2018 Federal Budget reminds Canadians of this fact:

FIGURE 1: OVERREPRESENTATION OF INDIGENOUS CHILDREN IN FOSTER CARE



In a historic decision taken on January 26, 2016, the Canadian Human Rights Tribunal found that the Federal Government racially discriminates against First Nations children by not providing enough funding for child and family services on reserves. Following this decision, the Nishnawbe Aski Nation and the former Department of Indigenous and Northern Affairs (INAC) announced the establishment of a Remoteness Quotient Table (RQ Table) and a child-centred approach to comprehensive child welfare reform that includes research on remoteness coefficients, which are measures of the relative costs of providing services in different communities.

The Phase I Remoteness Quotient research consisted of a 2017 Remoteness Quotient report by Barnes Management Group (BMG), which was an update to the BMG 2006 study that recommended an increase to the baseline funding for the two northern Indigenous Child and Family Services agencies (Tikinagan

Child and Family Services and Payukotayno James and Hudson Bay Family Services) to meet the cost of providing child welfare services in the NAN communities. In 2006, child welfare remoteness quotients were calculated for the two Indigenous agencies as a measure of relative access to child welfare services. The results indicated significant discrepancies between the resources available to child welfare agencies and the needs of the communities.

In the 2017 Remoteness Quotient report the researchers developed an initial version of the child welfare remoteness quotient (RQ) that measured the relative access to child welfare services based on the expenditure of each agency and the current caseloads served. In addition, the estimated expenditures required by the three northern Indigenous agencies serving the NAN communities were calculated in order to bring their expenditures in line with provincial averages. The results also pointed to substantial increases in resources for the three agencies.

The Engagement Letter of January 19, 2018, stipulated that BMG was to calculate a remoteness quotient for child welfare funding. As this report illustrates, remoteness and the associated socio-economic factors contribute to both the need for services in communities as well as the greater costs of providing services. The development of remoteness coefficients and the resulting calculation of a remoteness quotient constitute important components of a funding model but by themselves do not constitute a complete funding model. The remoteness coefficient can only provide an estimate of the incremental costs due to remoteness of providing child welfare services relative to the reference standard of service.

Remoteness quotients can be considered as gauges which reflect relative conditions, demand for, and costs of child welfare services in northern communities. Remoteness impacts the cost of delivering these services. As such, remoteness quotients provide a good measure as to where greater resource requirements may lie. Given a set of funds to be distributed, a remoteness quotient can be used to allocate a portion of the pool of funds to those who need it most.

In contrast, a complete “funding model” is used to calculate the budget provided to an agency. The development of a funding model is technically outside the scope of this project; the federal government has asked the Institute for Fiscal Studies and Democracy to develop a detailed child welfare funding model, and while this report will defer to that exercise, our analysis does provide certain foundational principles to be considered in building a child welfare funding model.

This research paper stops short of detailing all the considerations and components that should be included in the development of a child welfare funding model. Notable recommendations in this regard can be found in the 2011 report by the Commission to Promote Sustainable Child Welfare, “A New Approach to Funding Child Welfare in Ontario: Final Report,”³ and in the 2005 Wen:de report, “Wen:de: We are Coming to the Light of Day.”⁴ These reports will be discussed later. Nonetheless, the construction of remoteness coefficients and remoteness quotients for the child welfare sector requires an

³ Ontario Commission to Promote Sustainable Child Welfare, “A New Approach to Funding Child Welfare in Ontario Final Report.”

⁴ Blackstock et al., “Wen:de: We Are Coming to the Light of Day.”

understanding of child welfare in Ontario and the factors that contribute to child welfare needs in the NAN communities.

This paper begins with the development of the child welfare remoteness coefficients and remoteness quotients. The following chapter, The Concept of Remoteness, offers the contextual framework for understanding how remoteness can be measured to support the choices used in the analysis. The chapter makes clear that remoteness is not a unique concept definable only in one way. It can be defined in terms of travel costs but also in terms of attributes of place such as population scale and adjacency to large population centres, and in terms of living costs. In practice, a place will be considered remote depending on the weight given to each and all of these and other dimensions. As stated in the Engagement Letter, “remoteness for the purpose of the RQ project will focus exclusively on the mandate of child and welfare services,” and the authors have concluded that the recent remoteness index developed by Statistics Canada is the most suitable geographic remoteness metric for this analysis.

Child-welfare professionals recognize that a technical study on remoteness coefficients and remoteness quotients, while critical for advancing budgetary discussions on the incremental costs associated with remoteness, will fall short of meeting communities’ needs if at the same time there is no acknowledgment of the factors that influence the likelihood of children being taken into care. A significant body of literature indicates a strong correlation between social factors and high incidences of the need for child welfare services. These factors are identified in Chapter 3 of our report, Factors of Child Deprivation, which is based on the community-specific engagement undertaken by a professional social worker. These factors provide the basis for testing a number of variables in the remoteness coefficient regression model. The community-based analysis supplies critical information that cannot be extracted from simple regression models.

While community engagement was not a step required in the Engagement Letter for this research project, it was included in BMG’s work plan, and in a planning session early in the process the NAN Deputy Grand Chief made it very clear that the voices of the communities must be reflected in the report filed with the Tribunal. The authors concur that any analysis of funding for child and family services for Indigenous communities must acknowledge how community members perceive and express their needs for additional resources. With that in mind, consultations took place with 19 NAN communities within the time frame and budget available to us. The planning and implementation of these consultations were made possible by the vital support of NAN in providing access to the communities and the funding from the Department of Indigenous Services Canada (DISC), but would not have happened if the people did not welcome us into their communities, share their stories and acknowledge the importance of the work we were undertaking on their behalf. The conversations with elders, youth, political leaders and service providers in these communities were consistent and powerful.

A full account of the significant contributions made by the communities that shared their experiences and viewpoints with the professional social worker who conducted the consultations can be found in Appendix III. The authors of this paper wish to emphasize, however, that placing the community

engagement findings in an appendix by no means diminishes the value of the communities' perceived needs in the context of a remoteness analysis. The members of NAN communities pointed repeatedly to the profound trauma associated with the residential schools, the Sixties' Scoop and the continuing imposition of a Euro-Canadian model of child welfare, a trauma that has not been overcome and had led to an inevitable overrepresentation of First Nations children and families in the child welfare system. Intergenerational effects of this trauma are observable both in the harm it causes to individual children and families and in the devastation of larger social structures in some communities. Parents had no children to nurture because their sons and daughters had been taken from them, and children grew up neither with parents, relatives, nor elders from whom they could learn how to be parents. The trauma that was experienced then is still suffered by individuals today—whether embodied as depression, substance abuse or other symptoms—hampering resiliency and exacerbating the conditions that contribute to child neglect and abuse. And at the level of the communities, grief and trauma compromise their capacity to change, no matter how committed and optimistic they may be. While the trauma described above may be common to all Indigenous communities and cuts across geographic remoteness, the costs of providing social and health-related services are compounded by the geographical location of the NAN communities.

The objective of these consultations in the Phase II Report was not to put a value or price tag on what is needed to bring the level of services for families and children up to the provincial standard. Every community requires a detailed accounting of services that are being provided and services that will be needed to ensure that children have the opportunity to reach their full potential within their own communities. The community factors affecting the well-being of children and the need for services to address these concerns must be clearly articulated and reflected in any report intended to address the inequities in the current service delivery model. The experts on what is needed are the communities themselves. The task facing researchers and decision-makers is to clearly understand those needs and the costs of both providing and supporting the implementation of necessary services. A one-size-fits-all approach will not work. It is really not possible, nor did the authors intend, to translate the community engagement findings directly into a funding model. However, the community engagement findings do provide support for the choices made in the development of the remoteness coefficient.

As detailed in Appendix III, the stories and insights of members of communities reveal that the vicious cycle of deprivation in remote communities has arisen in part because of the communities' geographic and social isolation; it has been compounded by deleterious external interventions; and it is being perpetuated by geographic and other barriers to accessing the resources that are needed to remedy their deficiencies in resources.

Furthermore, the importance of factoring remoteness into the allocation of child welfare funding in Ontario cannot be addressed without acknowledging The Ontario Memorandum of Agreement Respecting Welfare Programs for Indians, often referred to simply as the 1965 Welfare Agreement or the 65 Agreement. This bilateral agreement between the Province of Ontario and the Government of Canada established federal funding obligations for certain programs and the related arrangements between the

federal government and Ontario. No other province is affected by it, nor does any other province or territory have a similar arrangement for its child welfare program.

Chapter 1: CALCULATION OF THE REMOTENESS COEFFICIENT AND REMOTENESS QUOTIENT

The cost to provide child welfare services across the country vary considerably from agency to agency. The differences arise from many factors including services provided, community demographics, social and historical factors, as well as the remoteness of the communities covered by the agencies. In order to understand the impact of remoteness on the costs of providing services, a detailed analysis of Ontario's CFS agencies was undertaken.⁵

This research adopted a geographic approach to remoteness, and the Statistics Canada Remoteness Index was chosen as the best metric available. In general terms, the remoteness index is a relative measure of the ability to reach population centres within a reasonable amount of time. The index's scale ranges from 0 (least remote) to 1 (most remote); the more difficult it is to reach larger population centre the greater the value of the index.

Data Sources

The researchers started with the Statistics Canada Remoteness Index, as well as Census demographic data, which is available at the Census Subdivision (CSD) level. Keeping the mandate of child and family services in mind and in order to align the data to Ontario's child welfare agencies, the CSDs covered by each agency were identified.⁶ Some CSDs are covered by multiple agencies. For example, the Toronto CSD has

- Children's Aid Society of Toronto;
- Native Child and Family Services of Toronto;
- Catholic Children's Aid Society of Toronto; and
- Jewish Family & Child Service of Greater Toronto.

In such cases the CSD was assigned to each of the agencies. The effective geographic characteristics for each agency were the weighted average of the individual CSDs with each agency. Since agencies provide services for children, the average was weighted by the population of children 19 and under.⁷ Basic demographic characteristics (populations) for each agency were simply summed for each of the CSDs.

The following outlines the methodology taken to arrive at the remoteness coefficients and remoteness quotients for 43 Ontario Child and Family Service agencies.

⁵ All data supporting the analysis are included in the supplementary spreadsheets.

⁶ Ontario Association of Children's Aid Societies, "Locate a Children's Aid Society."

⁷ Statistics Canada Census Profiles provide the age group "19 and under," which corresponds most closely to the ages of children receiving child welfare services in Ontario.

The Reference Point

In order to measure the effect of geographic remoteness on the costs for child welfare agencies, a reference point must be chosen. Since geographic remoteness is highest for the three NAN agencies, it was important to have a comparable reference set of non-remote agencies. Since no non-remote agency other than Native Child and Family Services of Toronto services predominantly First Nations communities, the reference point was chosen to be the 10 agencies with the highest percentage of the population in the agency's geographic region identifying as Aboriginal⁸ and at or below the median remoteness index (0.118) of the agencies included in the analysis. This includes

- The Children's Aid Society of Brant
- Simcoe Muskoka Family Connexions
- Kawartha-Haliburton Children's Aid Society
- The Children's Aid Society of Haldimand and Norfolk
- The Children's Aid Society of the Niagara Region
- Children's Aid Society of Ottawa
- Children's Aid Society of London and Middlesex
- Catholic Children's Aid Society of Hamilton
- Children's Aid Society of Hamilton
- Family & Children's Services of St. Thomas and Elgin.

In order to ensure a reliable reference point, enough agencies must be chosen so that the anomalous features of any particular agency within the reference group do not dominate the average.⁹ As shown in Appendix II, the results are relatively insensitive to the number of agencies chosen, with either 8 or 12 yielding statistically insignificant differences to 10 in the final results.

Agency Finances and Costs to Provide Services

Most child welfare agencies in Ontario are members of the Ontario Association of Children's Aid Societies (OACAS), and they submit their financial and service information quarterly to OACAS, which aggregates the data to generate a consistent financial and service summary for each member agency and provincial totals. Kunuwanimano Child and Family Services does not submit information to OACAS, but equivalent

⁸ Census Profile 2016, Census Subdivision level. Due to the relatively low First Nation population in the City of Toronto, resulting in a low First Nation percentage of the population, Native Child and Family Services of Toronto was excluded from the reference group despite serving First Nations populations.

⁹ However, too many agencies resulted in smaller agencies with a very small fraction of the population identifying as Aboriginal.

data were obtained directly from the agency. Our analysis included 43 agencies that reported their data to OACAS in 2017–18.¹⁰ (See Appendix I for the list of these 43 agencies.)

Using the information in the aggregate financial and service data set, the unit costs of services based on the OACAS tabulations can be calculated for each agency. The service categories include

- 1) Non-Residential – Direct Service/Financial Data: Admission Prevention;
- 2) Non-Residential – Direct Service/Financial Data: Community Links;
- 3) Non-Residential – Direct Service/Financial Data: Investigation & Assessments;
- 4) Non-Residential – Direct Service/Financial Data: Kinship Service;
- 5) Non-Residential – Direct Service/Financial Data: Non-residential Client Service;
- 6) Non-Residential – Direct Service/Financial Data: Ongoing Open Protection;
- 7) Non-Residential – Direct Service/Financial Data: Part II – Family Service; and
- 8) Other: Customary Care.
- 9) Other: Infrastructure & Administration;
- 10) Other: Legal Services;
- 11) Other: Travel;
- 12) Permanency: Adoption: Completed;
- 13) Permanency: Adoption – Probation;
- 14) Permanency: Adoption – Subsidy;
- 15) Permanency: Legal Custody, Sec. 65.2;
- 16) Permanency: Targeted Subsidies;
- 17) Residential – Direct Service/Financial Data: Boarding Rates;
- 18) Residential – Direct Service/Financial Data: Children in Care;
- 19) Residential – Direct Service/Financial Data: Foster Resources; and
- 20) Residential – Direct Service/Financial Data: Residential Client Services.

Note that not all agencies provide all services.

For the reference agencies, the aggregate costs and services were used to determine the reference unit costs. The aggregate is used to ensure robust reference point. Specifically, the reference unit costs of service category i was calculated as

$$\text{Reference Unit Cost}_i = \frac{\sum_a \text{Expenditure}_{i,a}}{\sum_a \text{UnitsOfService}_{i,a}}$$

where the sums are over the reference agencies. An alternative would be to calculate the unit costs for each of the reference agencies, then compute the average of the unit costs; however, this could result in smaller agencies biasing the reference.

¹⁰ In 2017–18 OACAS had 48 members, of whom 42 submitted financials, 3 were perennial non-submitters, and 3 were new members who did not submit. Because equivalent data were obtained directly from Kunuwanimano, 43 agencies in total were included in the analysis.

Depending on the category, the ratio of the agency unit costs to reference unit costs, or the reciprocal, is calculated.

- Some categories are known to increase with remoteness, such as travel. These cost ratios are defined as the ratio of the agency unit costs to reference unit costs.
- Other categories are largely staff-based and below reference unit costs, implying that in order to deliver the service, salaries are less. These costs ratios are defined as the ratio of the reference unit costs to the agency unit costs.

The division of service categories:

- Categories which depend on full-time employees (FTEs):
 - Non-Residential – Direct Service/Financial Data, Investigation & Assessments
 - Non-Residential – Direct Service/Financial Data, Ongoing Open Protection
 - Non-Residential – Direct Service/Financial Data, Part II – Family Service
 - Non-Residential – Direct Service/Financial Data, Community Links
 - Non-Residential – Direct Service/Financial Data, Kinship Service
 - Residential – Direct Service/Financial Data, Children in Care
 - Residential – Direct Service/Financial Data, Foster Resources
 - Permanency, Completed Adoptions
- Categories which do not depend on FTEs:
 - Non-Residential – Direct Service/Financial Data, Non-residential Client Service
 - Non-Residential – Direct Service/Financial Data, Admission Prevention
 - Residential – Direct Service/Financial Data, Residential Client Services
 - Residential – Direct Service/Financial Data, Boarding Rates
 - Permanency, Adoption, Subsidy
 - Permanency, Adoption, Probation
 - Permanency, Legal Custody Sec. 65.2
 - Permanency, Targeted Subsidies
 - Other, Customary Care
 - Other, Travel
 - Other, Infrastructure
 - Other, Legal Services

If the unit costs for the agency are the same as in the reference agency, the unit cost ratio would be equal to one. If the expenditure in a service category is dominated by staff salaries, and the average unit costs are less than the reference costs, either the staff are not equivalently trained (and are at a lower pay scale), or agencies have insufficient funds to pay at the appropriate scale. In either case, the funding is below the level required and the ratio of the unit costs of the reference agency to the agency of interest is used instead of the reverse ratio. In particular, based on the OACAS data set, the services are divided into those that depend heavily on staff resources and are child- and family-facing, and those that do not depend on staff resources, such as travel.

The **Cost Ratio** for a given agency is the average across categories weighted by the expenditure in that category for the agency. The weighted average is used instead of a simple average since despite the cost of delivery being much higher for a service, the higher cost of delivery is less relevant if the agency does not provide that service to a significant degree. The cost ratio for agency **a** is calculated as

$$\text{Cost Ratio}_a = \frac{\sum_i E_{a,i} \left(\frac{U_{a,i}}{U_{r,i}} \right)^{\gamma_i}}{\sum_i E_{a,i}}$$

relative per unit cost expressed + or -, then multiplied by expenses to give units, then divided by cost to see how many units received for that cost

where the sums are over service categories **i**, **E_{a,i}** is the expenditure of agency **a** in category **i**, and **U** are the unit costs. The exponent, **γ_i**, takes on the value of +1 or -1, depending on the service. It is +1 if the service category does not depend on FTEs and -1 if it does.

Analysis

this is this

Once the differences in unit costs that arise from all sources were estimated for each agency, the next step was to decompose that cost ratio into the portion due to geographic remoteness and the portion due to other factors. A semi-log regression was chosen to model cost ratio:

$$\log(\text{Cost Ratio}) = \alpha \times \text{RemotenessIndex} + b \times \text{Fraction19andUnder} + c \times \text{Population Ratio} + d$$

should be 1 for teacher-collective agreement...

with 'a', there is a subjective determination of how much someone should be paid

where **Population Ratio** is the population of an agency relative to the average catchment area population.

The inclusion of the constant term accounts for omitted or unknown variables.

is catchment student pop?

In addition to the final regression model many other variables were tested, including the INAC Social Assistance Accessibility Index and Heating Degree Days. These variables were found to be insignificant (see Appendix II) as the information content was mostly captured in the remaining terms in the more parsimonious equation above. In addition, a full log-linear model was tested but the semi-log model, as presented, performed better. The inclusion of the constant in the regression model also resulted in better quality of fits.

The results from the regression yielded:

a	0.6827
b	3.6089
c	0.0602
d	-0.8939

The full results from the regression can be found in Appendix II.

Remoteness Coefficients

The remoteness coefficient is the component of the cost ratio associated with the remoteness index. Since a semi-log was used, it can be calculated as:

$$\text{Remoteness Coefficient} = \exp(\text{un-logs value} \times 0.6827 \times \text{Remoteness Index})$$

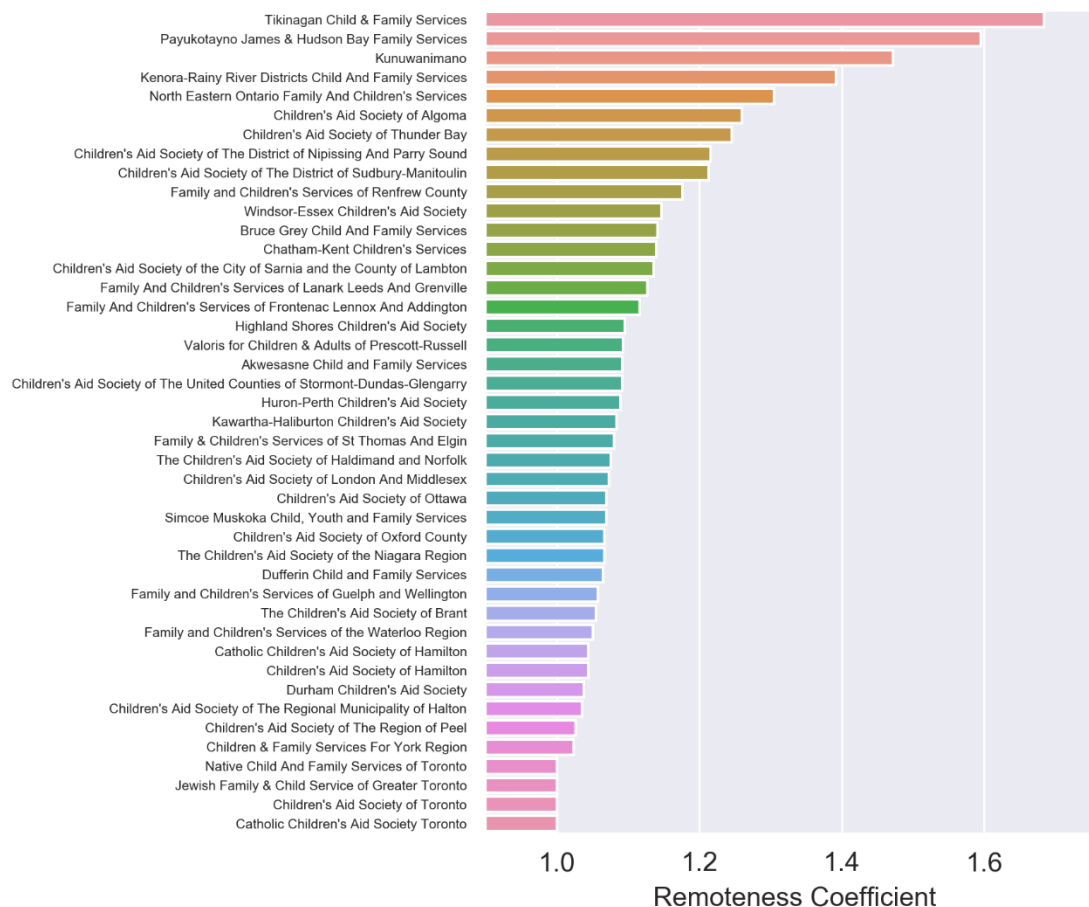
The coefficient shown is derived from the estimated equation reported above. Note that in this case the lower bound of the remoteness coefficient is 1 (no increase in costs due to remoteness) since the minimum value of the remoteness index is 0. The remainder of the cost ratio is due to other factors not directly associated with the remoteness index.

This remoteness coefficient can be calculated for any agency given the remoteness index. A similar remoteness coefficient could be calculated for other agencies outside Ontario. However, ideally, these calculations would be performed for the specific services and agency structures in each jurisdiction.

Figure 2 shows the calculated Remoteness Coefficient for each agency in Ontario. The numeric table can be found in Appendix I.

so in summation, you determine the cost ratio, which is then broken down by cost added by factor, you pull the remoteness part and use it to determine funding for remoteness

FIGURE 2: REMOTENESS COEFFICIENTS FOR CHILD WELFARE AGENCIES IN ONTARIO



It is important to note that the remoteness coefficient applies only to the cost to provide a given level of service and does not include the impact of varying demand (both met and unmet) across agencies. Chapter 3 provides a discussion on how unmet needs may affect total funding requirements.

Remoteness Quotient

While the remoteness coefficient estimates the increase in funding due to remoteness, it cannot be used directly to allocate funds in a funding model. Instead, based on the remoteness coefficients, a remoteness quotient can be defined for agency a as:

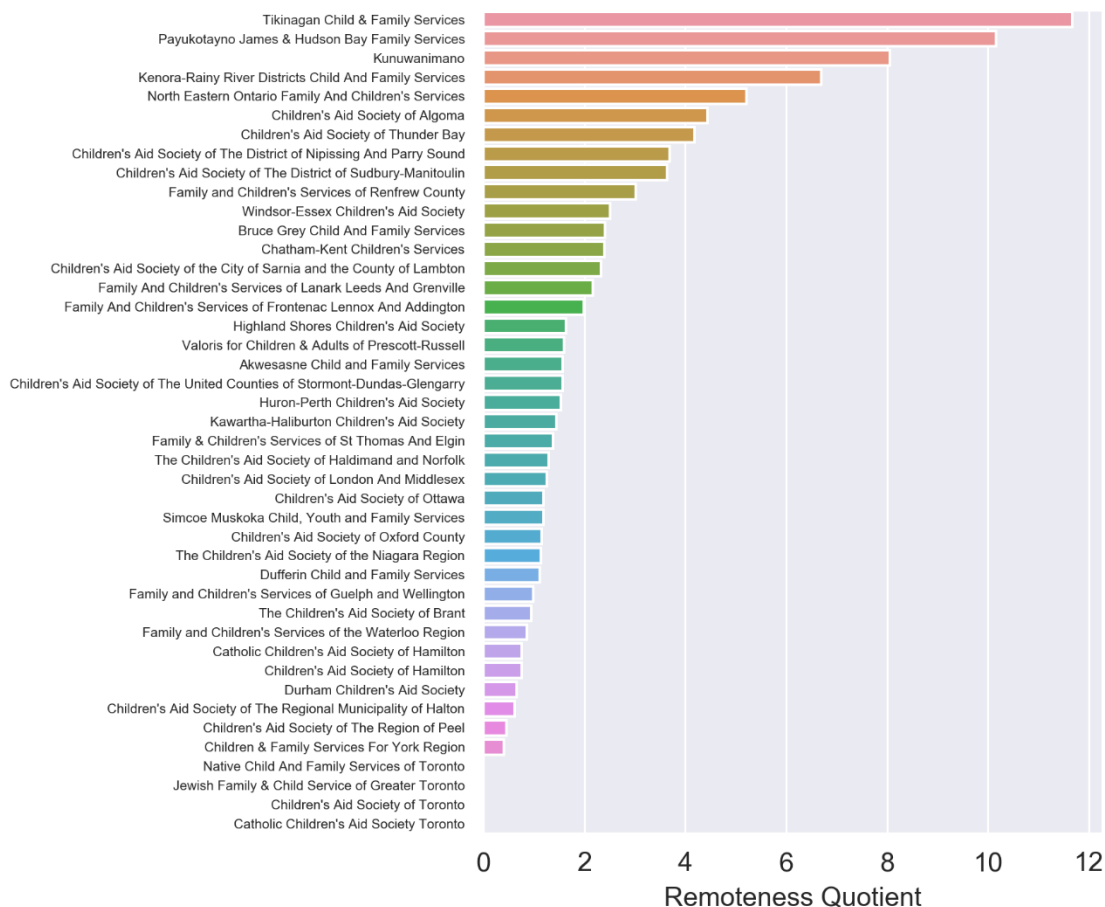
$$RQ_a = \frac{RC_a - 1}{\sum_k (RC_k - 1)}$$

SO this is RC of a divided by sum of all of other RCs, giving you spending among a as a % of all spending in an allocated fund

Note that the sum of all RQs across agencies is 1.0 and the RQ can be used as one means to allocate a fixed pool of funds based on remoteness.

Figure 3 shows the calculated Remoteness Quotient for each CFS agency in Ontario.

FIGURE 3: REMOTENESS QUOTIENTS FOR CHILD WELFARE AGENCIES IN ONTARIO



The coefficient for the remoteness index in the regression model was very highly statistically significant (t-ratio of 4.4). This is very strong evidence that remoteness affects unit costs of providing child welfare services.

Even with this high level of statistical significance, the 95 per cent confidence interval around the regression coefficient of 0.6827 is from 0.366 to 1.000, as is presented in Appendix II. However, the regression coefficient for the Statistics Canada Remoteness Index provides the best estimate of the impact of remoteness on unit costs. It is therefore reasonable to use the RQs generated from these regression estimates for the initial allocation of funds to remote agencies.

Additional data points could improve the confidence interval; however, data from other provinces would likely not be compatible due to different services and reporting requirements. Similarly, data from other years may not be directly comparable to the current year (and in particular, Kunuwanimano is a new agency with only a couple of years of data available).

Other Observations

While the RQs provide a means to allocate a pool of funds, the only way to truly determine appropriate funding is to work from the bottom up, to incorporate direct observations and site data in order to appropriately evaluate estimates of actual resource requirements and gaps. This is reinforced, where feasible, by considerations of background indicators of community well-being such as income, housing adequacy, substance abuse and other societal measures. In Chapter 3 a correlation between remoteness and the community well-being index for selected children's aid societies shows that the remoter the location of the agency the lower the community well-being score.

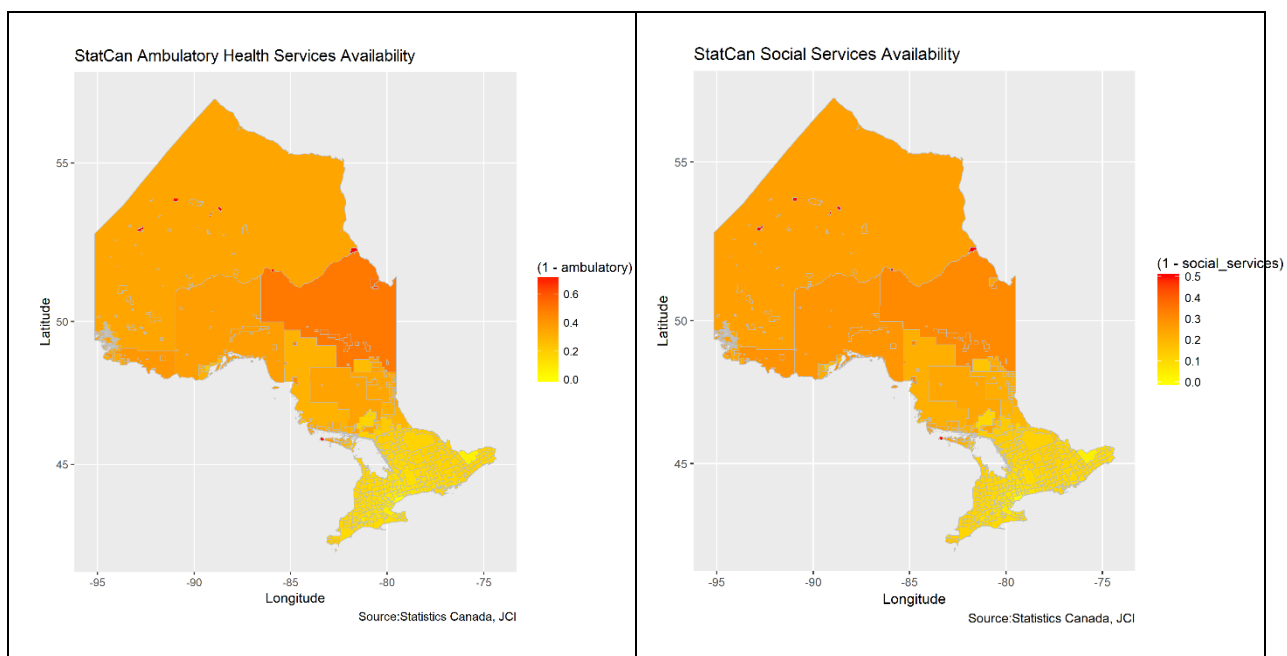
Such an approach identifies both existing strengths in the analysis undertaken with the child welfare funding and services that are still needed. The summary measures are transferable only to areas with very similar and proportionate characteristics, but their solid foundation of community analysis offers a possible model for adoption more broadly. An advantage of the bottom-up approach to child welfare funding is that estimates of the actual operational/business model are used for each area. This makes the analysis much more practical. However, this may also limit the general applicability of the conclusions with respect to other areas where alternative operational models might be required. Nonetheless, the analytic framework constructed to arrive at the remoteness coefficients and remoteness quotients for Ontario CFS agencies can be replicated, assuming equivalent Statistics Canada and agency data are available in the other provinces and territories.

The RQ is designed with the concept of equitable resource allocation in mind. The general concept of equitable resource allocation—that is, directing resources where the most benefit can be obtained—is often interpreted to mean where the greatest need exists, because that is where the most benefit can be achieved. It is constructed to reflect the level of child welfare services provided across child welfare agencies relative to the provincial average, and to point out communities with the greatest need.

Chapter 2: THE CONCEPT OF REMOTENESS

Large countries such as Canada must often deal with the fact that many of their citizens in remote areas face difficulty in accessing public and private services. The figures below illustrate the difficulties of access that remote First Nations face with respect to ambulatory services, social services and travel costs. It is important to note that the ambulatory and social services figures show the minimum availability, with 1.0 corresponding to the most remote. As the Statistics Canada figures show, remote areas have much less access to ambulatory and social services while also facing much higher travel costs compared to non-remote areas.

FIGURE 4: SERVICE ACCESSIBILITY MAPS

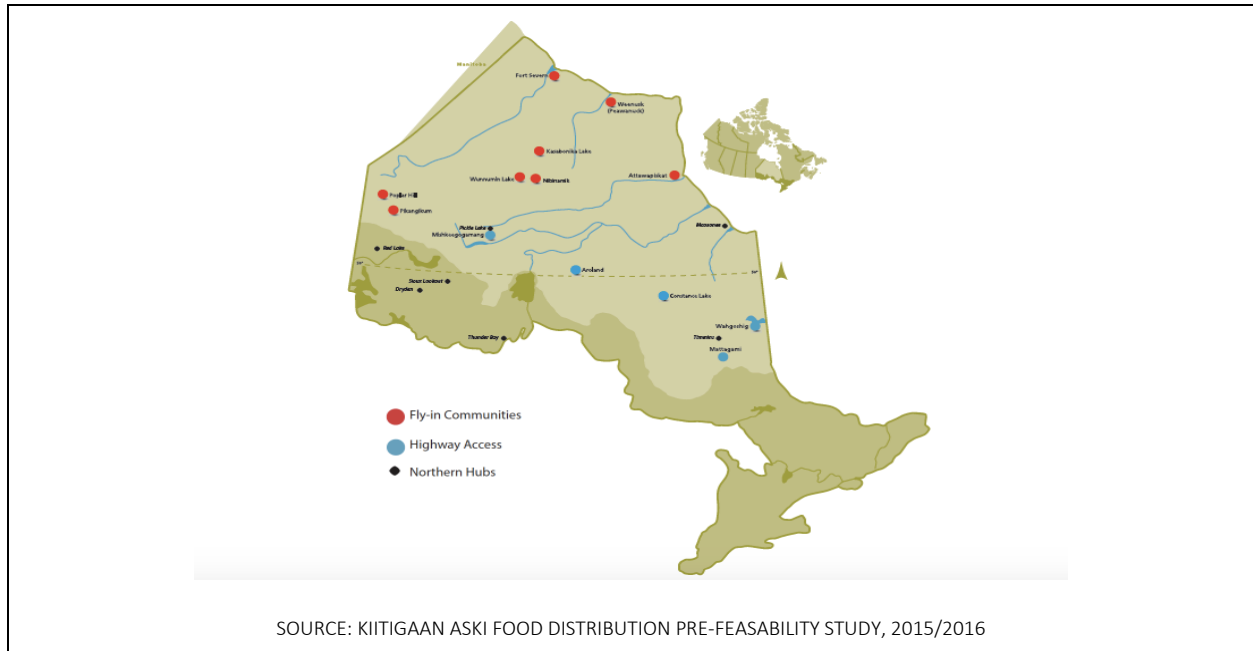


This has led to the idea of developing a remoteness factor that can be incorporated into decision-making and budget allocation, to help compensate for remoteness. But first it is important to develop an understanding of exactly what the concept of remoteness means. It is clear from the academic literature and government research papers that remoteness is not a unique concept definable only in one way. It can be defined in terms of travel costs but also in terms of attributes of place such as population scale and adjacency to population. It can also be defined in terms of living costs. In practice, a place will be considered remote depending on the weight given to each and all of these and other dimensions. As requested by the funders, “remoteness for the purpose of the RQ project will focus exclusively on the mandate of child and welfare services.” To operationalize remoteness from a child-welfare perspective, this research paper will capture

- The varying costs of child welfare’s various service components, and
- The impact of scale on the efficiency of providing services.

The figure below illustrates examples of service hubs and the various methods of transportation required to reach them. It can be seen that some communities have highway access while some are accessible only by airplane; the communities with strictly fly-in access should be recognized as more geographically remote.

FIGURE 5: METHODS OF TRANSPORTATION



It should be noted that one place may be considered remote based on one definition but not on another. For example, a town may be geographically distant from other communities (and therefore have high geographic remoteness) but have a full set of local services and infrastructure (and low service remoteness). Therefore, it is important to broaden the context of the remoteness research question to include terms of scale such as population and service availability as appropriate.

Measuring Remoteness

The challenge for countries such as Canada is determining how to measure the degree of remoteness in a way that is both reasonable and fair. Given the breadth of remoteness concepts, a single unique value for any region is not possible. However, a common methodology for evaluating remoteness, known as a “gravity-type” model, can examine how areas are related in terms of proximity to adjacent services and their size, as well as what services are locally provided. This approach relies on geographic information systems like Google Maps that can assist in determining distance and travel costs. An earlier paper by

Minore et al. and a recent literature review in a Statistics Canada working paper provide useful summaries of approaches, including work being done in Australia and other jurisdictions.¹¹ The concept and challenges of remoteness have long been an important topic; Statistics Canada has had discrete classifications of rural and urban locations and a discrete classification of remoteness for many years, but it uses six different definitions for “rural” that depend on their context.¹²

A recent working paper by Statistics Canada, “Measuring remoteness and accessibility: A set of indices for Canadian communities,” outlines a more detailed approach to measuring remoteness, developed in conjunction with Indigenous and Northern Affairs Canada and based on travel-time cost for all populated locations in Canada.¹³ The analysis is conducted on a census subdivision (CSD) level of geographic classification, with a CSD comparable to a municipality. One of the major advantages of this approach is the summarization of geographic analysis into a continuous scale between 0 and 1, with larger urban centres such as Toronto being zero and 1 corresponding to the most remote locations. Travel-time cost is used in the Statistics Canada Remoteness Index as the integrating concept, with road-network usage representing connected municipalities and the cheapest method of the more elaborate travel methods, such as air and ferry, being used for places that are off the road network. A statistic such as population size can be used as a proxy for the general availability of services. Statistics Canada conducted a detailed analysis of the size and availability of key social and other services and found a strong correlation to population size.¹⁴ Included in their analysis, as a proxy for the cost of doing business in the jurisdiction, were the number of heating-degree days (HDD, or the number of degrees below 18°C a day’s average temperature is, when buildings need to be heated). If analysis could be simplified by grouping the data, the authors of the paper suggest that turning points at 0.2, 0.4 and 0.6 might be used. It should be noted that Statistics Canada no longer publishes the HDD metric, but information to determine it is available through DISC.

The service availability measures and the environmental measure could be used in applications to supplement the basic geographic remoteness concept to indicate the impact of remoteness. Such service availability and environmental measures could be used as a proxy for heating/living costs. However, direct cost estimates, such as the Isolated Posts measures discussed later in this report, likely measure this in a more direct and accurate way. In terms of this child welfare analysis, the Statistics Canada service availability measures developed from the Business Registry are critical because they reflect available supportive services and infrastructure, including retail stores. Extending the socio-economic measures to include broader indicators of economic activity such as total employment could be considered, which would allow researchers to see the strength of the settlement itself. There are some anomalies in the

¹¹ Government of Canada et al., “Measuring Remoteness and Accessibility”; Aird and Kerr, “Factors Affecting Rural Medicine,” 2007; Kralj, “Measuring Rurality - RIO2008_BASIC: Methodology and Results.”

¹² Du Plessis et al., “Definitions of ‘Rural’: Agricultural and Rural Working Paper Series No. 61.”

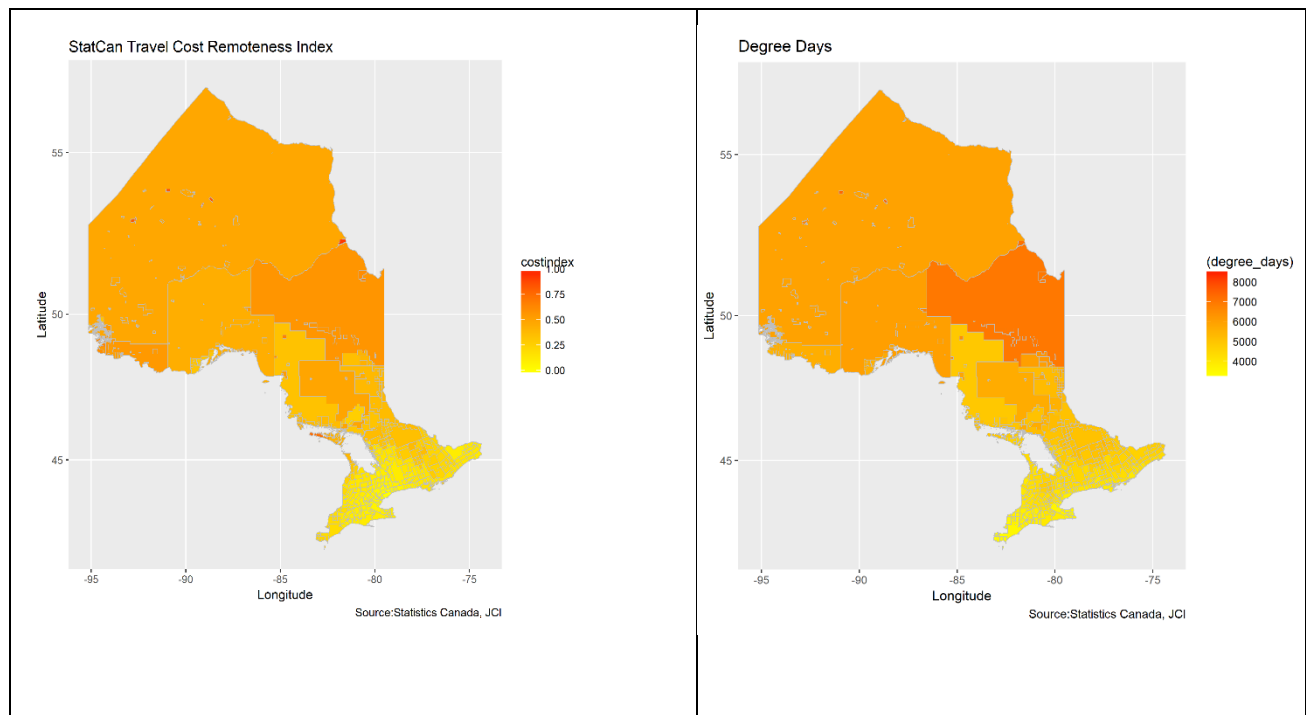
¹³ Government of Canada et al., “Measuring Remoteness and Accessibility.”

¹⁴ Government of Canada et al.

allocation of the CSD concept in Ontario. In the north, for example, some very large CSDs are essentially unoccupied, which assume the characteristics of small areas in their southern portions.

The following figure, obtained from INAC, shows the importance of the heating-degree-days concept, and clearly demonstrates that it does not correspond completely to latitude.

FIGURE 6: INAC REMOTENESS INDEX



There are many similar approaches to the Statistics Canada method explained above, including those undertaken in Scotland and Australia. In Australia, perhaps because of how the population is distributed unevenly across a vast geography, there has been a considerable amount of emphasis on the use of geographic information to define access to services,¹⁵ particularly when measuring access to health

¹⁵ Australian Bureau of Statistics, "The Australian Statistical Geography Standard (ASGS) Remoteness Structure."

services.¹⁶ As well, there has been significant interest in remote food costs.¹⁷ The Accessibility and Remoteness Index of Australia (ARIA) system is explicitly geographical by design, calculating remoteness as accessibility to service centres based entirely on road distances;¹⁸ population size and socio-economic factors are not considered. Closer to home, Newfoundland has created a very similar index that has been used to fund support to municipalities,¹⁹ where the index is weighted with households in eligible municipalities (and seem to be those with populations of under 11,000).

In Ontario, there is a tradition of compensating physicians to provide services in rural areas. A continuous index based on travel time to service centres (e.g., for referrals) and population scale and density known as the Rurality Index for Ontario (RIO) has been used for many years.²⁰ Statistics Canada conducts a special cost-of-living survey for use in adjusting compensation for federal employees in remote locations.²¹ Data from the survey is not published but is factored into negotiated compensation along with environmental factors (pure geographical remoteness), the cost of living, fuel and utilities.²²

The Casino Rama funding formula features a distribution method that allocates funding as follows: 40 per cent for the equal allocation between communities (base amount), 50 per cent for the population-based amount, and the remaining 10 per cent for the remoteness consideration. The formula was designed to provide a more equitable distribution of income compared to simply splitting it evenly among all parties and has not been changed since its adoption in 1998. However, it was not designed to allocate funds targeted for a specific objective, such as child welfare and prevention services, and while the methodology behind the remoteness component of the Casino Rama funding formula does introduce the cost implications of remoteness along certain cost-of-living indices, it excludes many factors that contribute to relative child deprivation and the resulting need for services. The April 2018 BMG Interim Report focused on a review of the Casino Rama funding formula.

¹⁶ Clark et al., “Application of Geographic Modeling Techniques to Quantify Spatial Access to Health Services Before and After an Acute Cardiac Event: Clinical Perspective”; Glover and Tennant, *Remote Areas Statistical Geography in Australia*; Eckert, Taylor, and Wilkinson, “Does Health Service Utilisation Vary by Remoteness?”

¹⁷ Burns et al., “Food Cost and Availability in a Rural Setting in Australia”; Sullivan, Gracey, and Hevron, “Food Costs and Nutrition of Aborigines in Remote Areas of Northern Australia.”

¹⁸ Glover and Tennant, *Remote Areas Statistical Geography in Australia*, 2003.

¹⁹ Government of Newfoundland & Labrador, Department of Municipal Affairs and Environment, “Funding - Municipal Operating Grant.”

²⁰ Kralj, “Measuring Rurality - RIO2008_BASIC: Methodology and Results.”

²¹ Government of Canada, “Isolated Posts Allowance Indexes (Living Cost Differential Indexes) (LCD).”

²² Government of Canada, “Isolated Posts and Government Housing Directive.”

The Ontario Government's child welfare funding model also recognizes remoteness. Under the 1965 Welfare Agreement, Ontario's First Nations child welfare services are dependent on the Province's funding levels and approach. The current Ontario approach to allocation of child welfare funding was introduced in 2013–2014 in an effort to better align funding to the needs of children, youth and families. The Ministry has committed to ongoing adjustments to the model as better data on socio-economic factors become available.

In general, the funds are distributed to all CASs and NCFs on three bases:

Pre/post-formula adjustments (which account for about 20 per cent of the total distribution):

- Ministry policy priorities; and
- IT, infrastructure and travel costs;

Socio-economic factors (40 per cent):

- child population (aged 0 to 15) – 30 per cent;
- low-income families – 30 per cent;
- lone-parent families – 30 per cent;
- **remoteness – 5 per cent;**
- Aboriginal child population (aged 0 to 15) – 5 per cent;

Volume-based factors (40 per cent):

- investigations completed – 10 per cent;
- average number of open-protection cases – 40 per cent;
- average number of children in care – 40 per cent; and
- children moving to permanency – 10 per cent.

In principle, this approach to funding acknowledges that remoteness is a factor in costs for child and family services agencies; there are other factors built into the formula that, in theory, could benefit those served by remote First Nations agencies. However, the remoteness factor is very small (approximately two per cent of the funding available) and the activity- and volume-based factors reinforce historical funding patterns and inequities. For example, “children in care” has eight times the weight as “remoteness” does, and agencies are rewarded for opening and maintaining protection cases (40 per cent) rather than encouraging prevention and voluntary service (zero per cent—that is, nothing).

The tendency to treat the concept of a geographic remoteness factor as a simple scalar coefficient that could be applied to budgets for resources to account for the impact of remoteness is far too simplistic, and the assumption that geographic distances or travel costs correspond to budget requirements does not account for a number of other factors such as size of communities and varying environmental and social conditions. In fact, the composition of a community's infrastructure will be more affected by the scale of required child welfare services because of the socio-economic factors that drive maternal and family stress than by pure geographic remoteness. This will not be a proportionate relationship but be dependent on the community scale, income and structure. Other socio-economic factors that may drive

maternal and family stress are assumed to be proportionate to the scale of community and to remoteness.

There are problems with applying a simple geographic scalar to adjust budgets:

- Remoteness adjustments have frequently been a binary “remote” or “non-remote” classification even though geographic remoteness is not a constant but should be seen as a continuous variable similar to all Statistics Canada measures;
- Geographic remoteness has a differing impact on the major components’ budgets—for example, child welfare services, transportation, staffing and infrastructure expenditures all have different dependencies on geographic remoteness;
- The shares of the budget allocated to those components will vary with geographic remoteness; and
- The need for child welfare services is not independent of geographic remoteness.

The key point here is that it is possible to measure a proportionate relationship between the resources required to deliver services in two otherwise identical communities (need and scale) and allocate that to remoteness as an expression of the cost difference. In this context, a remoteness quotient is an output of the analysis after having understood the differences between the communities and not an input to an analysis.

In theory, it is possible to calculate a remoteness coefficient for Area X by comparing it to another non-remote area with similar needs and size, as an output from the analysis. However, it should not be an input variable to the calculation for the target Area X, as the resource requirements for Area X should be determined through some independent model, calculation or process. A key part of the methodology is to compare the target budget to the budget for services delivered in another area with a similar scale. The rationale for this is simply that the “business model” for child welfare service delivery is not independent of the scale of delivery, since smaller agencies are necessarily more dependent on external resources than larger ones; the relative shares of key components will vary with scale. It is theoretically possible for the impact of scale to be simplified into a step function, but that itself should be the subject of detailed analysis.

As previously stated, geographic remoteness has a differing impact on the cost of major components such as transportation, staffing and infrastructure. Since Statistics Canada’s measure of geographic remoteness reflects travel costs, it is a good reflection of the costs of transportation for child welfare service delivery, which may include the need of moving children to other areas and moving staff and resources in and out. The requirements for infrastructure will be different, related to remoteness in some ways because of climate issues, some which may be captured by the degree-day measure in the Statistics Canada data originally supplied to INAC.

The key point is that the scale of infrastructure will be more affected by the scale of required child welfare services because of the socio-economic factors that drive maternal and family stress than by pure

geographic remoteness. This will not be a proportionate relationship but be dependent on the community scale, income and structure. Other socio-economic factors that may drive maternal and family stress are assumed to be proportionate to the scale of community and to remoteness.

The impact of remoteness on the cost of staffing arises not just from the fact that living costs are higher in remote areas but also that an increase in salary compensation is often required to attract people with the appropriate skill sets to remote locations. This aspect would require independent analysis as it is not likely to be proportionate to a travel-cost metric. One example is the Ontario medical system, whose incentive structure, the Rurality Index for Ontario (RIO), is a continuous measure with 10 variables based on the relative degree of cost or service deprivation. As population centres get smaller, there is less population to support services. Therefore, more travel time is required to access a service centre, and the score increases. Thus, a major city like Toronto, with its large health and social-service network, would have a value of 0.

Some examples of RIO scores for northern Ontario locations and their incentive values over a 4-year period, as calculated in 2008:

TABLE 1: NORTHERN ONTARIO RIO SCORES

Communities by RIO Score		
Community	2008 RIO Score	Incentive Value over 4 Years
Chapleau	100	\$117,600
Dryden	91	\$115,800
Hornepayne	100	\$117,600
Manitouwadge	99	\$117,400
Rainy River	95	\$116,600
Sioux Lookout	97	\$117,000
White River	100	\$117,600
Source: Ministry of Health and Long-Term Care, Northern Ontario RIO Scores ²³		

The RIO includes 10 variables: travel time to nearest basic referral centre, travel time to nearest advanced referral centre, community population, number of active GPs, population-to-GP ratio, presence of a hospital, availability of ambulance services, social indicators, weather conditions, and selected services to determine degree of rurality. (Bruce Minore, Mary Ellen Hill, Irene Pugliese, Tara Gauld. *Rurality Literature Review*. Centre for

²³ Government of Ontario, "Communities by Rurality Index for Ontario (RIO) Score - Northern Health Programs - Health Care Professionals - MOHLTC."

Rural and Northern Health Research, Lakehead University. Thunder Bay, Ontario, February 1, 2008.) RIO has only been adjusted twice for methodology.

Special grants in the Ontario Municipal Partnership Fund (OMPF) funding model are also indicative of the recognition of these issues by other funded programs.²⁴ Another example of an incentive structure is the Isolated Posts Allowance used by the federal government in Canada. The Isolated Posts Allowance Indexes provide cost-of-living adjustments for workers in many isolated posts. There are three categories of allowances: the environmental allowance, the living-cost differential and the fuel and utilities differential. Each post is assigned a classification number which links to a set allowance, while accounting for family status—as the posts get further from Southern Ontario, the allowance increases. This suggests that special funding and sustainable community organizations are required for appropriate child welfare in the north. It is worth noting that the post adjustments do not necessarily represent true costs but represent negotiated adjustments to labour agreements related to the willingness of civil servants to accept jobs in the communities. This makes their direct inclusion in calculations of remoteness coefficients somewhat problematic.

Some examples, which demonstrate that there is a precedent for compensating workers in remote communities:

²⁴ Government of Ontario, “OMPF 2017 Technical Guide”; Aird and Kerr, “Factors Affecting Rural Medicine,” 2007; Kralj, “Measuring Rurality - RIO2008_BASIC: Methodology and Results”; Kralj, “Measuring ‘Rurality’ for Purposes of Health-Care Planning”; Government of Canada, “Isolated Posts and Government Housing Directive”; Government of Canada, “Isolated Posts Allowance Indexes (Living Cost Differential Indexes) (LCD).”

TABLE 2: NORTHERN ONTARIO ISOLATED POSTS INDEX

Post	Isolated-Post Adjustment for Employees with Dependents in the NAN Communities								
	(Salaried Employees)								
	Environment Allowance			Living-Cost Differential			Fuel & Utilities Differential		
	<i>Differential</i>	Employee with dependents \$ per year	Employee with no dependents \$ per year	<i>Differential</i>	Employee with dependents \$ per year	Employee with no dependents \$ per year	<i>Differential</i>	Employee with dependents \$ per year	Employee with no dependents \$ per year
Attawapiskat	4	7,891	4,735	9	16,790	10,074	30	7,375	4,425
Deer Lake	3	5,750	3,450	11	19,710	11,826	30	7,375	4,425
Kashechewan Indian Reserve	4	7,891	4,735	9	16,790	10,074	30	7,375	4,425
Kee-Way-Win Indian Reserve	4	7,891	4,735	12	21,170	12,702	30	7,375	4,425
Fort Albany	3	5,750	3,450	9	16,790	10,074	30	7,375	4,425
Moose Factory	3	5,750	3,450	2	6,570	3,942	18	4,375	2,625
Muskrat Dam Indian Reserve	4	7,891	4,735	10	18,250	10,950	20	4,875	2,925
Nibinamik (Summer Beaver)	3	5,750	3,450	9	16,790	10,074	30	7,375	4,425
North Spirit Lake	3	5,750	3,450	11	19,710	11,826	30	7,375	4,425
Peawanuck	4	7,891	4,735	12	21,170	12,702	30	7,375	4,425
Pickle Lake	3	5,750	3,450	3	8,030	4,818	22	5,375	3,225
Poplar Hill	3	5,750	3,450	11	19,710	11,826	30	7,375	4,425

Post	Isolated-Post Adjustment for Employees with Dependents in the NAN Communities								
	(Salaried Employees)								
	Environment Allowance			Living-Cost Differential			Fuel & Utilities Differential		
	<i>Differential</i>	Employee with dependents \$ per year	Employee with no dependents \$ per year	<i>Differential</i>	Employee with dependents \$ per year	Employee with no dependents \$ per year	<i>Differential</i>	Employee with dependents \$ per year	Employee with no dependents \$ per year
Sachigo Lake	4	7,891	4,735	9	16,790	10,074	30	7,375	4,425
Sandy Lake	4	7,891	4,735	10	18,250	10,950	30	7,375	4,425
Webequie	3	5,750	3,450	9	16,790	10,074	30	7,375	4,425
Wunnumin Lake	4	7,891	4,735	9	16,790	10,074	30	7,375	4,425
Source: National Joint Council, Isolated Posts and Government Housing Directive ²⁵									

The essential methodology outlined in this section is to define the cost impact of remoteness as a proportionate relationship between the resources required to deliver services in two otherwise identical communities. However, as stated earlier, this is an output of the analysis and cannot be an input. The cost differences between a remote location and one that is not remote will have to be analyzed through detailed reviews of business models, scale and community factors. It is important to recognize that there are likely to be non-linearities involved—for example, the organization of business and social activity tend to change and grow as the scale or population of a place increases, and other anomalies might arise because things tend to be done differently in small and large places. Therefore, the analysis of relative costs and resource requirements must be done for differently organized locations and it is also likely that the relationships will vary geographically because of the organization of government and services.

²⁵ National Joint Council, “Isolated Posts and Government Housing Directive.”

The pervasiveness of the effects of remoteness makes it a major contributor to conditions that result in the need for child protection and it is a key driver of demand, volume and costs. Consequently, if the purpose of funding Child and Family Services agencies is to improve the situation of children, not just to maintain the current, unacceptable state of affairs, then relative remoteness must be given significant weight when allocating resources.

Statistics Canada's "Measuring remoteness and accessibility: A set of indices for Canadian communities" has been chosen as the fundamental remoteness metric, both because the remoteness coefficient and quotient analysis must be widely applicable across Canada, and because the Statistics Canada set of indices provides a continuous measurement that varies smoothly from region to region, which furnishes a richer description of remoteness, rather than discrete classifications.

The remoteness quotients developed in this report demonstrate not only the need for significantly more federal child welfare funding dealing with remoteness but also that the federal government needs to fully meet its responsibility to support Indigenous peoples and commit to increase funding in recognition of the cost of remoteness.

The authors of this report would like to emphasize that other important research initiatives having their origins in the Tribunal proceedings are being conducted at this time. (Please see Appendix V for a description of these initiatives.)

Chapter 3: THE FACTORS OF CHILD DEPRIVATION

This chapter describes various kinds of childhood deprivation experienced in First Nations communities and explains why along with traditional demographic measures, several other metrics should be considered for comparison of relative needs across Indigenous and other communities. These metrics include income level, housing adequacy, availability/stability of employment, accessibility of mental-health and other social services, hospitalizations, food security and cost, family structure (including the availability of family support), and the prevalence of substance abuse. The purpose of this chapter is not to estimate the cost of addressing the associated gaps in service; these factors can only be measured directly with site-specific data. The community research undertaken, however, which recorded the community members' perspective on child welfare needs, is a first step in that direction and can be correlated with the geographic definitions of remoteness. Thus, with appropriate adjustments, such geographic measures can serve as valid proxies. Statistics Canada data are used to illustrate the position of the NAN communities relative to Canada and Ontario along certain social metrics.

Impacts on Community Well-Being

There is a significant body of literature that indicates a strong correlation between social factors and the high need for child welfare services, and a review of these factors presents a basis for the development of a child welfare funding model.²⁶ To develop remoteness coefficients and remoteness quotients without acknowledging the factors that influence the likelihood of children being taken into care would present only a partial picture of the management of Indigenous child welfare in Ontario. The research project's community engagement process reconfirmed the merit of considering these metrics.

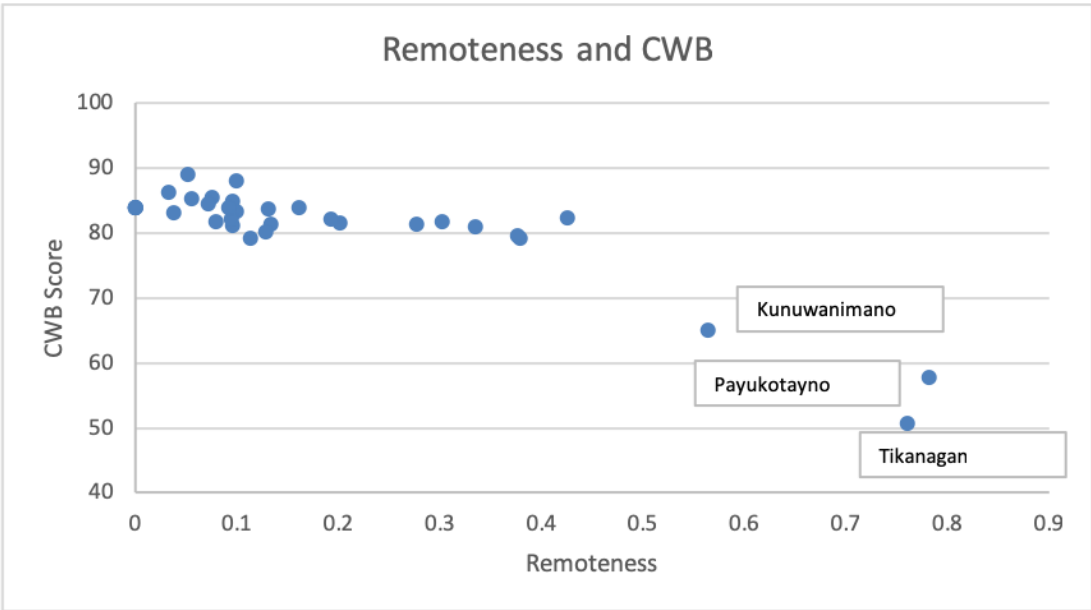
The generous participation of NAN communities was both enlightening and reinforced the authors' understanding of the precursors of child welfare needs, demands and costs. The communities made recommendations about the resources needed to address child, youth and family well-being needs. The insights gathered were based on actual lived experience, and reaffirmed our conviction that housing and infrastructure inadequacy, addictions and mental health challenges, employment status and the myriad challenges in delivering services are all factors that impact community well-being. It is worth noting that the federal government's concept of "remoteness" is based on variable access to services necessary for the healthy functioning and well-being of a community. Only part of this definition concerns physical proximity. However, access and proximity are closely related.

As demonstrated in Chapter 2, remoteness can undermine well-being in a concrete sense because of the lack of available jobs within a reasonable distance, limited access to good, affordable food, and lack of ready access to many forms of health care, education and other assets that are taken for granted in larger communities with year-round roads and easier proximity to large centres. Comparing Children's Aid

²⁶ Carr-Hill, Dixon, and Owen, "Options for the Funding Formula for Children's Social Services," 2007.

Societies from across Ontario against remoteness cost, income and housing indices results in a clear indication that the remoter the location of the agency the lower the community well-being score. The three lowest scores are from Payukotayno, Kunuwanimano, and Tikanagan.

FIGURE 7: CORRELATION BETWEEN REMOTENESS AND COMMUNITY WELL-BEING INDEX FOR SELECTED CHILDREN’S AID SOCIETIES IN ONTARIO



When assessing the significance of remoteness to decide how to allocate resources and determine the weight it should be given relative to other factors it is worthwhile considering how extensive and deep its effects actually are. Infrequent contact with loved ones, a paucity of community networks and social isolation are all common elements of remoteness that can lead to family and child dysfunction. Remoteness can generate tension and anger, a loss of connectedness to culture and erosion of a healthy identity.

And remoteness is not only a contributing factor to compromised well-being. Since time, energy and money are all required to secure many of the resources from outside the community to meet basic needs for food and shelter, remoteness is also a major barrier to overcoming those deficits. Similarly, local health and social services and educational opportunities are very limited. The greater the isolation and barriers to access, the less capacity the community has to overcome the deficits it experiences.

The struggles faced by First Nations are magnified in remote areas, and the level of funding provided by governments has been and continues to be disproportionately low relative to the needs of these communities. Child welfare and family services specifically require an analysis of relative need so that adequate resources can be determined and then allocated. There is a growing and sophisticated body of

significant research on factors affecting the demand for welfare, and summaries of key material can be found in the final report of the Commission to Promote Sustainable Child Welfare (CPSCW).²⁷ The research focuses essentially on factors such as income, housing, and the lack of work, which all contribute to both family and maternal stress. Its August 2011 report, “A New Approach to Funding Child Welfare in Ontario: Final Report,” notes the unique history and current circumstances surrounding the need for child welfare services for Indigenous children and youth:

Aboriginal communities live with the profound impacts of a history that has undermined their capacity to care for their children. These communities also face a range of socio-economic stressors and challenges associated with a growing youth population. Northern Aboriginal communities face additional complexities associated with the cost of living, isolation, and limited local services [...]. As a result, the Commission has recommended that a project be undertaken to develop a distinct funding approach for the designated Aboriginal CASs.²⁸

“Children First: The Aboriginal Advisor’s Report on the Status of Aboriginal Child Welfare in Ontario, Presented to the Honourable Laurel Broten, Minister of Children and Youth Services” was tabled by John Beaucage in May 2016. On the topic of funding, the author notes:

We must also take into account the vast differences in costs of maintaining services in the north as opposed to southern Ontario. Above all, we must respect the variance in capacity across First Nations. The new formula needs to include costs associated with program and service delivery with associated new positions. It must also include a budget that is reflective of the geography, remoteness and associated travel costs that current budgets inadequately address. Currently, the funding formula is proportional to volume; however, if a program is prevention-focused and has success, it is penalized by receiving less funding for its smaller volume.²⁹

The Impact of Remoteness on Staff Recruitment and Retention

Researchers use different theoretical frameworks to analyze trends in child and family service staff recruitment and retention. No specific measure dominates these investigations—rather, a number of variables have been commonly observed that are characteristic of the profession overall: rapidly increasing caseloads; increasing complexity of societal problems; concern over adequacy of education

²⁷ The Commission to Promote Sustainable Child Welfare, “A New Approach to Funding Child Welfare in Ontario.”

²⁸ The Commission to Promote Sustainable Child Welfare.

²⁹ Ministry of Children and Youth Services Government of Ontario, “The Aboriginal Advisor’s Report on the Status of Aboriginal Child Welfare in Ontario.”

and training; complex agency structure, geographical remoteness, and inadequate funding for child welfare generally.³⁰

Academic literature on the staffing challenges facing remote and rural child and family services agencies focuses predominantly on Australia, the U.S. and the U.K. A comprehensive scan of Canadian literature conducted as part of a 2018 Canadian Association of Social Workers report did not find many studies that focused on retention or turnover of staff in remote Indigenous agencies. One of the 2018 report's authors commented that when frontline staff from the Northwest Territories and Nunavut were interviewed they identified high turnover rates for frontline workers and supervisors as a core issue, one that resulted in high caseloads and less-than-ideal services.³¹

A 2001 study looking at how the northern environment necessitates special consideration for the delivery of human services and social work practice posited the concept of "northern" as an idea of marginalization bounded by a framework of relative isolation and remoteness. The author comments that the practice of social work in a northern environment is characterized by a poor fit between urban educated social workers and northern communities and clients and by high staff turnover, which can be seen as resulting from an individual social worker's difficulties in coming to terms with his or her role and/or in adapting to the structure and lifestyle: "Social workers in remote isolated communities experience high visibility and often feel that they are living in a fishbowl where each and every aspect of their behavior is observed, recorded, and measured by a critical community."³² The author also cites other research suggesting that newly graduated social workers experience a form of culture shock, and struggle with issues of professional values and personal integration into the community. This is not a challenge unique to social workers, however, and it has been noted that other groups also experience difficulties related to living and working in the north.³³

In 2017, British Columbia's Ministry of Children and Family Development (MCFD) issued a report on the challenges faced by child protection social workers and their supervisors in Delegated Aboriginal Agencies (DAAs).³⁴ The report suggested that the difficulty DAAs have in recruiting and retaining staff is a

³⁰ Hodgkin, "Competing Demands, Competing Solutions, Differing Constructions of the Problem of Recruitment and Retention of Frontline Rural Child Protection Staff."

³¹ "Understanding Social Work and Child Welfare: Canadian Survey and Interviews with Child Welfare Experts," 2018 Canadian Association of Social Workers.

³² Schmidt, "Remote, Northern Communities," 344.

³³ Schmidt, "Remote, Northern Communities," 344.

³⁴ Representative for Children and Youth, "Delegated Aboriginal Agencies: How resourcing affects service delivery," Canadian Child Welfare Research Portal, 4–5.

contributing factor to heavy caseloads; often, because of funding constraints, the DAAs cannot afford to pay wages equal to those offered by the Ministry or to offer comparable training and benefits. Staffing levels in most agencies fluctuate due to high turnover, sick leave, stress leave and parental leave, for all of which there is insufficient coverage. One DAA worker interviewed for the report had this to say: “There’s just not enough time; you end up putting out fires and making sure kids are safe, and the rest falls to when you can get back to it.” The lack of reliable or adequate funding for DAAs also means a shortage of services for children and families served by many of these agencies, especially in rural and remote areas, most notably child and youth mental health services, parenting programs and early childhood development programs.³⁵

In contrast, the challenges of recruitment and retention of health care professionals and educators in Australia and Canada’s Indigenous communities have been investigated more extensively; studies indicate that in Australia’s Northern Territory, for instance, strategies designed to reduce inequality in Indigenous education need to take a multitude of causal factors into consideration. An article in the *Australian Journal of Education* noted, “Issues associated with education delivery and outcomes in remote Indigenous communities are endemic nationally, yet the communities of the Northern Territory are uniquely disadvantaged due to their geographical and cultural isolation.”³⁶ The article goes on to discuss the significant impact of high turnover of teachers at Indigenous schools had on the quality of curriculum planning and implementation. The researchers further note that such turnover impedes the fostering of meaningful community relationships and their research demonstrates that there is much evidence that strong community links are vital in establishing good practice in Indigenous education.³⁷ The impact of low teacher retention on Indigenous education outcomes is measurable. In 2004, the *Australian Education Review* published “The Case for Change: A review of contemporary research on Indigenous education outcomes,” which specifically identified high teacher mobility as an issue of concern in Indigenous learning.

Closer to home, a teacher recruitment and retention study of select First Nation schools in Saskatchewan pointed to several factors, including a lack of teacher experience and appropriate training, inconsistencies in hiring practices, lack of job security and comprehensive benefits packages, teacher isolation and transition difficulties within the context of rural communities, as contributing to the difficulty of retaining teachers. Furthermore, new teachers in remote and rural areas also face cultural, linguistic, and social

³⁵ Representative for Children and Youth, “Delegated Aboriginal Agencies: How resourcing affects service delivery,” Canadian Child Welfare Research Portal, 4–5

³⁶ Brasche and Harrington, “Promoting Teacher Quality and Continuity,” 110

³⁷ Brasche and Harrington, “Promoting Teacher Quality and Continuity,” 111

challenges. Working conditions due specifically to remoteness are perceived to be problematic when student needs are high, support services are limited, and professional support networks are inadequate.³⁸

On the healthcare front, nurses are also in short supply, and many western countries, including Canada, are reporting current shortages and predicting others, particularly in rural and remote areas. Healthcare studies indicate that an aging workforce coupled with an aging population and a growing burden of chronic disease is creating the difficult situation where demand for nursing services is increasing just at the time when many experienced nurses are retiring.³⁹ The reliance on relief nurses for short-term coverage in many of Canada's northern FN communities is a stark indication of the difficulty in recruiting and retaining appropriate nursing staff, and a study conducted in three northern Ontario Ojibwe communities found that nurse staffing deficits that included shortages, turnover, and inadequate preparation seriously compromised the continuity of care provided to their patients.⁴⁰

One study in particular identifies the additional cost of filling health care professional gaps in remote Australian communities. The researchers found that population size and geographical remoteness are important cost drivers for remote clinics; elsewhere in Australia the high use of short-term staff to fill positions has been identified as a major contributor to higher nurse-turnover costs and overall health service costs. The study examines data that show high staff turnover exacerbates the already high cost of providing primary care in remote areas, and results in an additional AUD \$21 million annual cost for the Northern Territory government.⁴¹

Similarly, high staff turnover and instability rates in Ontario's remote child and family service agencies mean that more funding is required to adequately prepare and orient new staff to the health services in various communities, with much of the already limited funding available for remote health services diverted to recruitment, agency fees and transport, housing and other expenses for new staff and for agency staff. Testimony of each of the executive directors from Tikinagan, Kunuwanimano, and Payukotayno cited the March 18, 2016, affidavit of Bobby Narcisse and his statement on staff recruitment and retention:

Staff recruitment and retention is also challenging in the North, particularly with developing and keeping qualified staff in communities. Communities are isolated and the population is dispersed amongst a large mass.... Additionally, there are challenges obtaining accreditation for local

³⁸ Mueller et al., "Teacher Recruitment and Retention in Select First Nations Schools," 6.

³⁹ Province of British Columbia, Office of the Auditor General, "An Independent Audit of the Recruitment and Retention of Rural and Remote Nurses in Northern B.C.," 14.

⁴⁰ Minore et al., "The Effects of Nursing Turnover on Continuity of Care in Isolated First Nation Communities," 86–101.

⁴¹ Zhao et al., "Cost Impact of High Staff Turnover on Primary Care in Remote Australia."

community workers who wish to work in the field. These factors amongst many lead to a high turnover of staff and community professionals.⁴²

The literature on the nature of human-services delivery in Indigenous and rural communities corroborates the similar concerns and challenges expressed by community during the community engagement phase of the research. A 2008 Auditor General report attributes this, at least in part, to the failure of federal funding to adequately support competitive salaries and benefits.⁴³ Interviewees have told Canadian researchers that on-reserve child welfare workers often do not meet the same educational/credential requirements as off-reserve child welfare workers do; a detailed comparison of qualifications and workload across remote and not-remote agencies should be undertaken as the next stage of research. While relative human resource availability, capabilities/education and remuneration at the three remote child welfare agencies in the NAN territory are certainly key issues, the only way to really understand the resource strategy needed by each agency is to complete a full inventory by agency, which would be best accomplished by a major subsequent study.

With finite resources available, services that address family or individual First Nations child and family well-being are funded based on budgeted amounts. It is critical, then, that this funding be allocated equitably. Due to the various issues that First Nations face, “equitable allocation” is often a complex notion and difficult to define. However, one could argue that a good definition for equity would be “putting resources where they can do the most good,” whether that means in a health or social-services context.⁴⁴ Research on funding formulas generally emphasizes focusing resources on areas with low-income parents or families,⁴⁵ following the reasoning that because these low-income individuals are at the highest risk for adverse situations, more resources will make them better off. Dependent variables in a structural analysis might range from the probability of taking children into care to the budget share of a specific entity, such as an agency or community.

The advantage of multivariate structural models is that they facilitate the inclusion and interaction of factors such as family size, remoteness, community size and other socio-economic variables. The

⁴² Paragraph 35 of Bobby Narcisse’s March 18, 2016, affidavit.

⁴³ Sinha et al., “The Context of Jordan’s Principle in Health and Child Welfare Services,” in *Without Denial, Delay, or Disruption: Ensuring First Nations Children Access to Equitable Services through Jordan’s Principle*, (Ottawa, ON: Assembly of First Nations, 2015), Ch. 3.

⁴⁴ Culyer, “Equity of What in Healthcare? Why the Traditional Answers Don’t Help Policy – and What to Do in the Future.”

⁴⁵ Carr-Hill, Dixon, and Owen, “Options for the Funding Formula for Children’s Social Services,” 2007; Carr-Hill, Rice, and Smith, “The Determinants of Expenditure on Children’s Personal Social Services”; Durkin, Christine et al., “Options for Allocating State Child Welfare Dollars to Wisconsin Counties”; Perry and Bax, “Allocation of Family Safety Child Protection Resources.”

formulation of the dependent variable, if a structural regression model is used, is naturally dependent on the scope of any funding model. Thus, it is important for the scope to be well-defined in terms of the purpose of the model, and for the dependent variable to be an accurately measured representation. For instance, if the purpose or scope of a model is to assess the need for child welfare services in remote communities, the probability of taking children into care would be a good dependent variable since it is an easily and accurately measured representation of the scope.

Traditional Deprivation

Key components to consider when analyzing child welfare needs are indicators of deprivation or other significant drivers. Generally, factors related to family stress such as income challenges, substance abuse issues, food and accommodation problems have all been found to relate to child welfare problems,⁴⁶ and are all common factors both in the Indigenous context and in other segments of society. There are also structural issues related to the level of deprivation and other problems in child welfare.⁴⁷ Relative deprivation is difficult to measure since it depends by definition on its social context. Hood et al. highlights the impact that deprivation has on child welfare caseloads.⁴⁸ In the U.K., the Ministry of Housing, Communities and Local Government (formerly the Department of Communities and Local Government) calculates an index of multiple deprivations combining several metrics, including⁴⁹

- income deprivation;
- employment deprivation;
- education, skills and training deprivation;
- health deprivation and disability;
- crime;
- barriers to housing and services; and
- living environment deprivation.

The observed disparity of rates of children in Indigenous or specific ethnic groups taken into care is likely a reflection of the poverty, social stress and housing issues that are disproportionately prevalent in those

⁴⁶ Slack et al., “Risk and Protective Factors for Child Neglect during Early Childhood.”

⁴⁷ Bywaters et al., “Inequalities in Child Welfare Intervention Rates”; Bywaters et al., “Child Welfare Inequalities”; Freisthler and Maguire-Jack, “Understanding the Interplay Between Neighborhood Structural Factors, Social Processes, and Alcohol Outlets on Child Physical Abuse”; Antwi-Boasiako, Kofi et al., “Ethno-Racial Categories and Child Welfare Decisions: Exploring the Relationship with Poverty”; Hood et al., “Exploring Demand and Provision in English Child Protection Services.”

⁴⁸ Hood et al., “Exploring Demand and Provision in English Child Protection Services.”

⁴⁹ Communities and Local Government, “English Indices of Deprivation - GOV.UK.”

communities.⁵⁰ Housing challenges leading to maternal stress may also be a key issue affecting the need for child protection.⁵¹

One of the challenges with statistical analysis is its dependence on available data. Income measures such as wages, salaries, unemployment or other social statistical measures are often proxies for socio-economic status. However, socio-economic status is also tied to factors such as education and employment or occupation. Thus, factors such as employment status and security, income, and language are all important aspects that need to be considered. As a measure of usefulness and as part of a study for the Ministry of Children and Youth Services, Sharma used the number of rooms as one factor in a multivariate model including population to forecast child welfare caseloads.⁵² Many alternatives can be used as proxy variables for deprivation in most statistical systems.

In Canada, the Labour Force Survey (LFS) publishes measures of job permanence, unemployment and even education. These are available for economic regions but, unfortunately, not for Indigenous reserves. However, such factors might be considered for some types of sub-provincial analysis based on the assumption that conditions adjacent to the Indigenous reserves will be a good proxy for issues on the reserve. Detailed measures of income and some data on family type, including the number of children in a family, are available from Statistics Canada for most postal codes; it can be useful to use taxation information as a base for analysis because refundable transfers such as the HST credit give most families a strong incentive to file their income tax returns. One problem with assuming average income is low is that the income band is still relatively broad: some areas might have people clustered at the top of the band and others at the bottom. Additional research might incorporate income distribution variables developed from Canadian taxation statistics.

⁵⁰ Fallon et al., “Child Maltreatment-Related Service Decisions by Ethno-Racial Categories in Ontario in 2013”; Antwi-Boasiako, Kofi et al., “Ethno-Racial Categories and Child Welfare Decisions: Exploring the Relationship with Poverty”; Fallon et al., “Placement Decisions and Disparities among Aboriginal Children”; Fallon et al., “Exploring Alternate Specifications to Explain Agency-Level Effects in Placement Decisions Regarding Aboriginal Children”; Sinha et al., “Understanding the Investigation-Stage Overrepresentation of First Nations Children in the Child Welfare System”; Blackstock et al., “Wen”; Loxley et al., “Wen:de The Journey Continues: The National Policy Review on First Nations Child and Family Services Research Project - Phase Three.”

⁵¹ Warren and Font, “Housing Insecurity, Maternal Stress, and Child Maltreatment”; Suglia, Duarte, and Sandel, “Housing Quality, Housing Instability, and Maternal Mental Health”; Fowler and Farrell, “Housing and Child Well Being”; Fowler et al., “Housing and Child Welfare.”

⁵² Sharma, “Selecting Social Indicators to Forecast Child Welfare Caseload.”

While the issues discussed so far have typically been those of traditional deprivation, it is also important to consider more Indigenous-specific issues. Research has shown that the trauma of attending residential schools, experiencing the Sixties Scoop, and/or abuse suffered as a child may be associated with substance abuse and other problems.⁵³ As previously stated, because these substance-abuse and addiction problems can contribute and lead to family stress, the child welfare system must be appropriately resourced to meet the challenge. The Ontario First Nations Regional Health Survey (RHS) 2008/10 reports that 82 per cent of on-reserve First Nations adults and 76 per cent of First Nations youth perceived alcohol and drug abuse to be the main challenge currently facing their communities.⁵⁴ The evolution of child welfare policy in most jurisdictions over the last few decades has included an increasing recognition of the importance of Indigenous responsibility for and involvement in child welfare activities. Research has shown that blending Indigenous healing and Western treatments can be a successful strategy to alleviate these problems.⁵⁵ A NAN report on the supports and resources needed for the early years of child development notes that “clinical mentorship in Western modalities, as well as traditional approaches to early-years learning and parenting, are essential to the success of a holistic, culturally based program.”⁵⁶

Domestic Violence

Another component of family stress stems from intimate partner violence (IPV), which can have significant and lasting impacts on child welfare. This type of family violence can have negative effects on the cognitive, emotional and behavioural function of children and also impact their peer relationships and school adjustments.⁵⁷ Children tend to emulate the behaviour they see, and thus exposure to IPV can put

⁵³ Ross et al., “Impact of Residential Schooling and of Child Abuse on Substance Use Problem in Indigenous Peoples.”

⁵⁴ Government of Ontario, “The Journey Together: Ontario’s Commitment to Reconciliation with Indigenous Peoples.”

⁵⁵ Marsh et al., “Blending Aboriginal and Western Healing Methods to Treat Intergenerational Trauma with Substance Use Disorder in Aboriginal Peoples Who Live in Northeastern Ontario, Canada”; Marsh et al., “Indigenous Healing and Seeking Safety”; Marsh et al., “Impact of Indigenous Healing and Seeking Safety on Intergenerational Trauma and Substance Use in an Aboriginal Sample. *J Addict Res Ther* 7.”

⁵⁶ Nishnawbe Aski Nation, “Early Years Summit, Da Vinci Conference Centre, Thunder Bay.”

⁵⁷ McWhirter et al., *At-Risk Youth: A Comprehensive Response for Counselors, Teachers, Psychologists, and Human Service Professionals*; Whitaker and Lutzker, *Preventing Partner Violence: Research and Evidence-Based Intervention Strategies*; Wolf et al., “Predicting Abuse in Adolescent Dating Relationships Over 1 Year: The Role of Child Maltreatment and Trauma.”

the child at risk of future involvement in IPV, either as a victim, perpetrator, or both.⁵⁸ A 2006 Ipsos-Reid study commissioned by Indian and Northern Affairs Canada utilized a series of focus groups to study the attitudes of Indigenous women and the professionals, including first responders such as the police, health-care workers, social workers and crisis centre staff who worked with them. The first responders included individuals with experience working with Indigenous communities across Canada, both on and off reserves and on the provincial and federal level. The study found that first responders perceived that there is a higher incidence of intimate partner abuse in Indigenous communities than elsewhere. The study also identified several aggravating factors for this, the largest being drug and alcohol consumption by both the victim and perpetrator.⁵⁹ These results are further supported by a 2014 Statistics Canada report that found that Indigenous people were more likely than the non-Indigenous to have been victims of spousal violence in the previous five years.⁶⁰ Since such studies provide compelling evidence that intimate partner violence is more likely to occur in Indigenous communities than elsewhere, it indicates that these communities require more resources such as welfare services to help victims. The following graphs illustrate the crime issues in remote regions. The rates per 100,000 population for total drug violations and total sexual violations against children are presented for both a selected number of northern and southern remote regions. The graphs illustrate that while the rates are high in both regions, the northern communities have a higher rate of drug violations and sexual violations against children, evidence that the problem may be worse in the north than the south.

⁵⁸ McWhirter et al., *At-Risk Youth: A Comprehensive Response for Counselors, Teachers, Psychologists, and Human Service Professionals*.

⁵⁹ Public Health Agency of Canada, "Aboriginal Women and Family Violence."

⁶⁰ Government of Canada, Statistics Canada, "Victimization of Aboriginal People in Canada, 2014."

FIGURE 8: TOTAL SEXUAL VIOLATIONS AGAINST CHILDREN

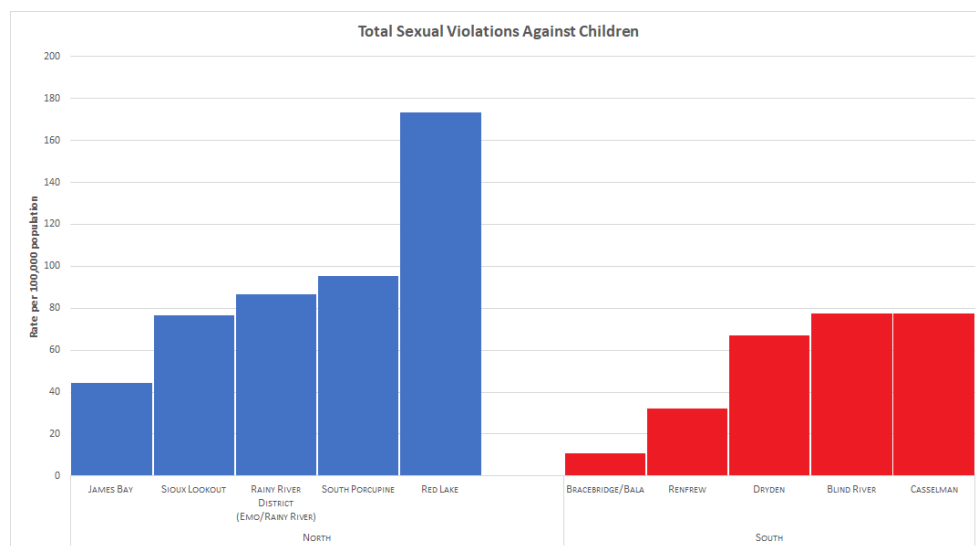
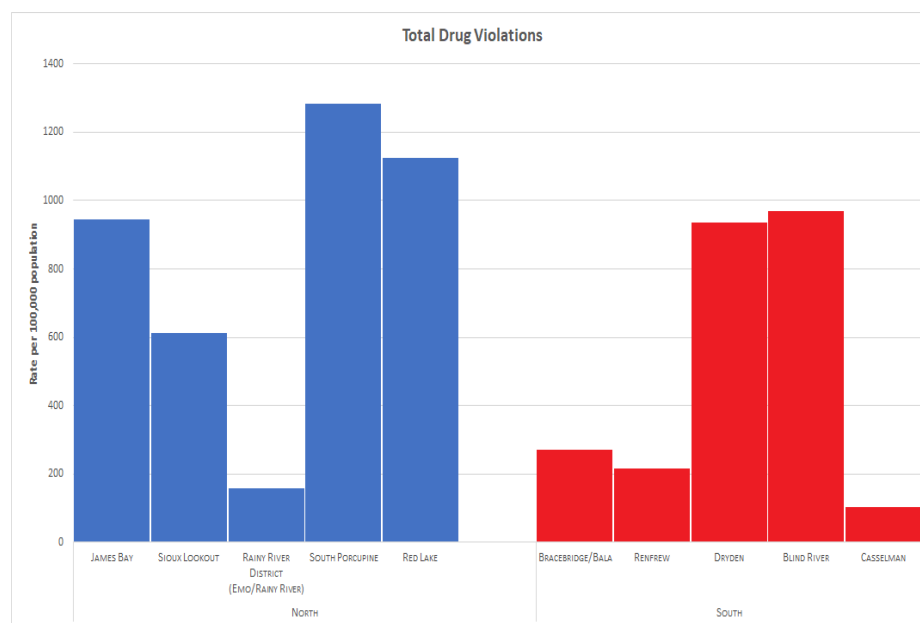


FIGURE 9: TOTAL DRUG VIOLATIONS



Source: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510017701>. 2016 data. Violations data were not available for many northern communities and the selection of southern communities was random.

While simply providing more funding may seem to be a solution, it is also important to understand what resources are already in place for victims, and to identify how these resources might be improved or better coordinated. The Ipsos-Reid study noted that several resources exist for victims on reserves and

especially in urban centres, including informal networks of families and friends, crisis centres or shelters, hotlines or counselling,⁶¹ but such resources are very limited. An interim study undertaken in 2010 by the Standing Committee on the Status of Women identified the need for emergency shelters and adequate housing to support the victims of family violence; in this study, Indigenous women reported that the relative lack of emergency shelters poses a significant problem for victims wanting to escape domestic violence but have nowhere to go.⁶² Such situations are further exacerbated in remote communities because resources are much harder to access, if they exist at all—some services to help victims may only be found in urban centres, making it difficult or impossible for women living in remote communities to access them and get the help they need. Thus, providing more financial resources to remote communities may help in improving the access needed to these vital services for victims seeking help.

Overrepresentation in Child Welfare

There has been an increasing concern about the overrepresentation of Indigenous children and families in child welfare.⁶³ There is a general acceptance that higher relative levels of poverty, housing deprivation and stress are key factors in child welfare need.⁶⁴ In *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System*, Sinha et al. noted issues of larger family sizes and overcrowding as significant correlates in child welfare investigations. Specific indicators for such measures might be appropriate in funding analyses. In fact, housing issues, particularly overcrowding, have been found to be related to an increased risk of hospitalization for respiratory problems, including tuberculosis.⁶⁵ Larcombe et al. surveyed housing in two First Nations communities to provide a picture of their housing challenges and their association with

⁶¹ Public Health Agency of Canada, “Aboriginal Women and Family Violence.”

⁶² Standing Committee on the Status of Women “Call Into the Night: An Overview of Violence Against Aboriginal Women,” 2010.

⁶³ Blackstock, Trocmé, and Bennett, “Child Maltreatment Investigations Among Aboriginal and Non-Aboriginal Families in Canada”; Sinha, Vandna et al., *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System*; Sinha and Kozlowski, “The Structure of Aboriginal Child Welfare in Canada”; Antwi-Boasiako, Kofi et al., “Ethno-Racial Categories and Child Welfare Decisions: Exploring the Relationship with Poverty.”

⁶⁴ Brittain and Blackstock, *First Nations Child Poverty*; Bennett, Blackstock, and De La Ronde, *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada*.

⁶⁵ Carrière, Garner, and Sanmartin, “Housing Conditions and Respiratory Hospitalizations among First Nations People in Canada”; Clark, Riben, and Nowgesic, “The Association of Housing Density, Isolation and Tuberculosis in Canadian First Nations Communities”; Larcombe et al., “Housing Conditions in 2 Canadian First Nations Communities,” February 18, 2011.

health problems such as stress and TB.⁶⁶ Funding from the federal government is part of the picture for on-reserve First Nations. The relationship between actual costs and needs should be considered.⁶⁷

This was addressed in some detail in the Wen:de reports, which looked at First Nations child and family services. The two Wen:de reports represent a milestone achievement in Indigenous child welfare literature: “Wen:de We are Coming to the Light of Day” (2005), and “Wen:de The Journey Continues (2005).” The research underscored how First Nations children are overrepresented at every level of the child welfare decision-making continuum. The reports highlighted the lack of budget coverage for information technology and such normal staffing as human resources for child welfare agencies.⁶⁸ Specifically, the agencies that service remote areas indicated that they are unable to meet the costs of remoteness, such as shipping costs for goods and services, annual costs of buildings and utilities, staffing costs, travel and transportation costs. All of these costs exist in First Nations but are much higher in remote areas, so the funding for remote agencies also needs to be higher than for less remote agencies. The Wen:de reports also called attention to the need for support for family services and mental health. It is important to distinguish true family support from early intervention.⁶⁹ Major financial and resource support is particularly needed to prevent sex trafficking of Indigenous girls.⁷⁰

Food Security

Food security is essential for personal and family health and security, and remote communities well understand the food crisis they are facing. A less balanced and nutrition-poor diet can lead to the accumulation of excess body fat and the development of insulin resistance that lead to Type 2 diabetes and cardiovascular disease. These diseases are more difficult to treat in isolated communities due to the lack of local services, access to health care providers, and higher costs of health care services. As a recent report prepared for NAN states:

The current food system in the NAN territory is broken and needs action. It is unaffordable, unhealthy and unsustainable. Communities have limited food choices, and access to healthy foods is an everyday challenge. Foods that are bought and consumed are highly processed with sodium and unhealthy fats. Very little produce is available, and what is available is often past

⁶⁶ Larcombe et al., “Housing Conditions in 2 Canadian First Nations Communities,” February 18, 2011.

⁶⁷ Sinha and Kozlowski, “The Structure of Aboriginal Child Welfare in Canada.”

⁶⁸ Blackstock et al., “Wen”; Loxley et al., “Wen:de The Journey Continues: The National Policy Review on First Nations Child and Family Services Research Project – Phase Three.”

⁶⁹ Featherstone, Morris, and White, “A Marriage Made in Hell.”

⁷⁰ Sethi, “Domestic Sex Trafficking of Aboriginal Girls in Canada.”

expiry or spoiled. The costs of healthy foods are astronomical when transportation, freshness, and accessibility are considered.⁷¹

To complicate matters, concerns over access to traditional foods and the safety of that food continue to mount. The same report goes on:

Both residents of Peawanuck and Wunnumin Lake discussed contaminants in wild-caught meat, where this too causes food safety concerns. The community of Wunnumin Lake discourages its residents from consuming fish from shallow waters surrounding the community due to mercury contamination. Members of Constance Lake must go upstream from the nearby lumber mill to fish because their local fishing lake is too polluted. Several communities in the vicinity of the Ring of Fire mining region expressed concerns about contamination of the wildlife and water, which would make the meat unsafe to eat.

One challenge is that people in the north do not have access to competitive retail pricing since the pressures of supply and demand that often lead retailers in southern cities to lower prices are absent. The Isolated Post adjustment is an acknowledgement of these food-cost differentials.⁷² In 2011, the Federal government initiated a food subsidy program to adjust costs for remote communities across Canada. The subsidy is available to registered northern retailers, southern suppliers, and national food processors/distributors supplying northern communities via air.⁷³ In 2016 the program was expanded, and it now covers 30 remote northern Ontario communities of an eligible 121 communities Canada-wide. The lack of retail competition is still a challenge, but there are compliance reviews, and a major engagement process was undertaken in 2016 with communities and stakeholders. Commentary included:

- Everything in the north is expensive and, given the high cost of living paired with the prevalence of fixed incomes, many families are not able to afford healthy food even with the program. It was heard consistently throughout the engagement that the NNC subsidy is not having a big enough effect on the price of food; and
- Respondents expressed concerns that the subsidy is a “Band-Aid solution” that does not address reasons behind high food costs such as transportation infrastructure and storage space.⁷⁴

⁷¹ Kigigaan Aski Food Distribution Pre-Feasibility Study, 2015–16, 9.

⁷² Government of Canada, “Isolated Posts and Government Housing Directive.”

⁷³ Canada, “How Nutrition North Canada Works.”

⁷⁴ Government of Canada, Indigenous and Northern Affairs Canada, “What We Heard about Nutrition North Canada.”

Galloway et al. indicate that the calculation of the subsidy rates might be improved as competition improves.⁷⁵ It is also worth noting that since program inception 2011–2012 to 2015–2016, the northern Ontario communities received 4 per cent of the total amount of subsidies available per year, which is equivalent to an annual average of \$2,537,433. As of the fourth quarter for 2016–2017, the subsidy was at 8.4 per cent for northern Ontario, reflecting the additional communities added to the program in October 2017.

Food Secure Canada defines food security as “assurance that all people at all times have both the physical and economic access to the food they need for an active, healthy life. The food itself is safe, nutritionally adequate, and culturally appropriate and is obtained in a way that upholds basic human dignity.” What many of the NAN communities face is the reality of food insecurity, “the inability to access adequate food, based on a lack of financial and other material resources.”⁷⁶

Though the subsidies help, their positive effects on family budgets are not as great as one would hope. Five grocery bills rung up in northern stores in the spring of 2017 demonstrate this point. A \$368.71 grocery bill in Attawapiskat had 14 items eligible for NNC subsidies, which totaled \$23.81, but unsubsidized items on the bill included rice, dry pasta, canned soups and fruits; a grocery bill from Fort Albany’s Northern Store that totaled \$353.59 had a total NNC subsidy of \$6.66; a smaller bill from the Kashechewan Northern Store, for \$36.89, had a NNC subsidy of less than a dollar.⁷⁷ A grocery bill from Moose Factory for \$298.06 received no subsidy for food items at all, as the community is not eligible under the program. The 2016 engagement undertaken by Nutrition North Canada pointed to the desire of communities to have their own customized eligibility lists with an emphasis on

- ingredients for baking bannock and bread (such as flour, baking soda, butter, and lard);
- support for country/traditional food through a variety of channels;
- staples, including rice, pasta, nutritious dried/dehydrated foods, coffee/tea; and
- all sizes of juice and canned goods.

As a concluding comment on food security, it is interesting to note that Canada’s food subsidy policy appears to be unique among circumpolar nations. In the U.S., for example, Alaska administers a federal food stamp program in which vouchers are given directly to residents, with the federal government funding 100 per cent of the benefit and the state paying half the costs of operating the program. To qualify for the benefit, the main qualification is household income, and the amount a household receives is determined by its income, size, and remoteness. Recipients living in remote areas are also able to use

⁷⁵ Galloway, “Is the Nutrition North Canada Retail Subsidy Program Meeting the Goal of Making Nutritious and Perishable Food More Accessible and Affordable in the North?”; Galloway, “Canada’s Northern Food Subsidy Nutrition North Canada.”

⁷⁶ Veeraraghavan et al., “A Report on Food Costing in the North.”

⁷⁷ Payukotayno James Hudson Bay Family Services, “Our Unique Circumstances and Needs – A Report.”

food stamps to purchase specified hunting and fishing supplies. Eligibility requirements are extensive and include conditions for residency, age and relationships of individuals in the household, work requirements, tests of resources and income, and other factors.⁷⁸ Table 3 lists the maximum monthly benefits based on household size and location of residence.

TABLE 3: MAXIMUM MONTHLY FOOD STAMP BENEFIT, ALASKA

Maximum Monthly Food Stamp Benefit			
(Effective 10/1/17 through 9/30/18)			
Household Size	Urban	Rural I	Rural II
1	230	293	357
2	422	538	655
3	604	771	938
4	767	979	1191
5	911	1162	1415
6	1094	1395	1698
7	1209	1542	1876
8	1382	1762	2145
Each Additional	173	220	268
Source: Alaska Department of Health and Social Services			

As the table indicates, Alaskans in rural areas are eligible for a higher benefit to account for the impact of remoteness on food prices. The program determines remoteness by sorting the various communities in Alaska into three categories, Urban, Rural I and Rural II. This is done by assessing communities based on their access to retail stores and means of transportation (such as paved highways, train service or ferries).⁷⁹

Greenland, on the other hand, employs a strict regulatory framework for pricing healthy food. Its *Kalaallit Niuerfiat* (“Greenland Trade”) chain of suppliers includes the state-run *Pilersuisoq* stores, which provide food at regulated prices in the country’s smaller towns and villages.⁸⁰ Greenland also has a system of country food markets where “country goods,” mainly nutritious and culturally valued wildlife, are traded in a tightly regulated market setting. These markets provide economic opportunities for local hunters and

⁷⁸ Alaska Department of Health and Social Services, “Supplemental Nutrition Assistance Program (Food Stamps).”

⁷⁹ Alaska Department of Health and Social Services, “Alaska Food Stamp Manual,” 52.

⁸⁰ KNI A/S, “The Largest Retail Chain in Greenland.”

help generate higher rates of food security in remote regions. This system relies on hunting and fishing as the means to obtain food and as a source of income, which can be at risk from various social, economic, cultural and environmental factors.⁸¹ Fishing is one of Greenland's primary industries and a major component of the country's economy, and thus it is possible to succeed in such a system. But a similar system does not appear to be feasible in Ontario, both because of the limited availability of abundant wildlife to hunt and because such a system also requires that someone in the household hunt full-time which may not be possible if the members of that household need to spend time searching for employment in other sectors.

A Statistical Overview of NAN Communities

Overall, this general discussion suggests that, along with traditional demographic measures, several metrics should be considered for comparison of relative needs across Indigenous and other communities. These metrics include

- measures of low income/poverty, with an emphasis on distribution within the low-income category;
- housing adequacy;
- employment availability and/or stability;
- accessibility of mental health and other social services;
- hospitalizations (often for respiratory and similarly avoidable causes);
- food security and cost;
- family structure (including the availability of family support); and
- the prevalence of substance abuse.

For metrics to be useful for allocating resources both equitably and fairly it is important to choose measures with sufficient regional discrimination power. As stated earlier, an equitable funding allocation would provide more resources to those who need them the most. While all First Nations face the challenges described throughout this section, they are even more pronounced in remote areas. This statement is supported by Statistics Canada data obtained in the 2016 Census from the 49 NAN First Nations. It is important to note that some data were suppressed due to the *Statistics Act*. Income data were similarly suppressed for areas with populations of less than 250. Thus, the remainder of this section will use what statistics were available to highlight the needs in remote areas by considering some of the metrics described above, such as income, housing, employment, and family structure.

In order to assess the low income/poverty measure, it is important to look at income and education. Table 4 highlights median after-tax income, and the percentage of adults aged 25 to 64 who have

⁸¹ Ford et al., "Food policy in the Canadian North: Is there a role for country food markets?"

attained at least a high-school level of education in remote areas, in Canada and in Ontario. This allows a comparison of income differentials and thus to determine if these remote areas are indeed low-income areas compared to Ontario and Canada overall. Since these remote areas generally have small populations, the sample sizes are relatively small and so median after-tax income has been used instead of average after-tax income; smaller sample sizes are more likely to be impacted by any outliers in the data, so using the median avoids this kind of impact and provides a clearer picture. It is important to note that in order to account for outliers the average in First Nation communities is also weighted, based on their reported populations. This weighted average can also be applied to values to give areas with higher populations more influence. Education is seen as a key factor tied to income since a higher education generally increases employability and provides access to higher-wage jobs. By looking at the percentage of the adult population with at least a high-school education, for example, one can see the impact of education in remote areas. As the table illustrates, the percentage of the Indigenous population with at least a high school diploma is only 37.5 per cent of the Ontario average, indicating the disadvantage residents of these remote areas face in terms of education.

TABLE 4: LOOKING AT INCOME AND EDUCATION

Looking at Income and Education				
First Nation	GNR (%) ¹	Total Population	Median After-Tax Income (\$)²	Percent of Population with at least High School Education (%)³
Canada	4.00	35,151,728	30,866	86.30
Ontario	3.70	13,448,494	30,641	87.90
First Nation Average ⁴	-	925	16,504	32.96
Aroland	27.1	366	13,920	43.8
Attawapiskat	38.6	1,501	17,792	31.6
Bearskin Lake	10.1	355	17,920	37.5
Brunswick House	10.5	85	N/A	22.2
Cat Lake	8	565	15,584	13
Constance Lake	11.9	590	18,112	34.5
Deer Lake	12.1	867	17,704	19.4
Eabametoong	11.8	1,014	17,552	19
Fort Severn	29.1	361	19,904	24.1
Kasabonika Lake	13.8	849	17,248	21.7
Kee-Way-Win	17.7	421	17,744	26.5
Kingfisher Lake	22.5	511	25,392	22.7

Looking at Income and Education				
First Nation	GNR (%) ¹	Total Population	Median After-Tax Income (\$)²	Percent of Population with at least High School Education (%)³
Kitchenuhmaykoosib Inninuwig	32.4	1,024	14,573	17.7
Lac Seul	18.6	974	17,675	50.5
Marten Falls	32.1	252	14,944	27.8
Matachewan	11.2	61	N/A	28.6
Mattagami	24.4	190	N/A	63.2
Mishkeegogamang (Osnaburgh 63A)	25.7	232	N/A	10.5
Mishkeegogamang (Osnaburgh 63B)	13	435	15,520	19.4
Moose Cree	14.3	1,560	19,797	58
Muskrat Dam Lake	27.9	281	20,715	40.9
North Spirit Lake	30	293	14,848	20.8
Poplar Hill	21	473	20,544	11.8
Sachigo Lake	11	514	17,856	28.2
Sandy Lake	15.7	2,017	14,912	42
Saugeen	46	1,041	17,120	62.3
Slate Falls	13.9	187	N/A	11.8
Summer Beaver	16.9	382	15,840	19.4
Taykwa Tagamou	20.2	94	N/A	60
Wahgoshig	19.3	144	N/A	50
Wapekeka	19.6	440	19,456	17.1
Weagamow Lake	13	886	20,800	29.9
Webequie	25	778	17,664	30.6
Weenusk	30.9	195	N/A	47.1
Wunnumin Lake	14.1	593	15,488	33.3
Cochrane ⁵	8.40	2,865	35,872	69.10
Hornepayne ⁵	6.50	980	43,136	69.10
Moosonee ⁵	6.30	1,481	34,304	77.30

Looking at Income and Education				
First Nation	GNR (%) ¹	Total Population	Median After-Tax Income (\$)²	Percent of Population with at least High School Education (%)³
¹ Global Non-Response Rate used by Statistics Canada as an indicator of data quality; smaller GNR indicates lower risk of inaccuracy. ² Based on income statistics in 2015 for the population aged 15 years and over in private households – 100% data. ³ Based on the population aged 25 to 64 who have completed a high school diploma or equivalent certificate – 25% data. ⁴ Calculated through a weighted average based on total population for all First Nation communities; excluding areas that are not considered reserves in the 2016 Census. ⁵ NOTE: <ul style="list-style-type: none"> • Please see Appendix IV for Statistics Canada Census Subdivision Identifier of community names. • These areas are not considered Indian Reserves in the 2016 Census. Cochrane and Hornepayne fall under the jurisdiction area of Kunuwanimano Child and Family Services and Moosonee falls under the jurisdiction area of Payukotayno James and Hudson Bay Family Services. 				
SOURCE:				
Statistics Canada. 2017. Census Profile, 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa, Ontario. Data products, 2016 Census.				
Statistics Canada. 2017. Focus on Geography Series, 2016 Census. Statistics Canada Catalogue no. 98-404-X2016001. Ottawa, Ontario. Data products, 2016 Census.				

Table 4, which illustrates that the median after-tax income in the remote areas are substantially less than median after-tax incomes both in Ontario and Canada as a whole, not only highlights the income differential between the areas, it can also be used to classify these remote areas as low-income. It also provides a good first step in understanding to what extent residents in each of these remote First Nations face living in low-income communities. While income can be impacted by a number of factors, one of these factors is certainly education. The data in Table 4 indicate that on most of these reserves fewer than half the adults have attained at least a high-school level of education, which is significantly lower than the average in Canada or Ontario and puts these individuals at a disadvantage in terms of employment and thus income. As expected, low education rates on reserves are also reflected in depressed employment rates.

Seen another way, educational attainment rates for Indigenous individuals have been significantly lower than that of their non-Indigenous counterparts; the aim should be to improve these rates until they reach equal levels.

TABLE 5: EDUCATIONAL ATTAINMENT, 2011

Educational Attainment, 2011				
	Age 25–44		Age 15–24	
	First Nations	Non-Indigenous	First Nations	Non-Indigenous
No certificate, diploma or degree	35.5%	8.8%	65.0%	34.0%
High school diploma or equivalent	23.6%	20.8%	25.7%	39.1%

Educational Attainment, 2011				
	Age 25–44		Age 15–24	
	First Nations	Non-Indigenous	First Nations	Non-Indigenous
Post-secondary certificate or diploma	40.9%	70.5%	9.3%	26.9%
Bachelor's degree	5.8%	21.1%	0.7%	7.0%

The Post-Secondary Student Support Program (PSSSP) aims to improve the employability of Indigenous students by providing them with funding to access education and skills development opportunities at the post-secondary level. Eligible costs to be covered include tuition, books, travel support and living allowances.⁸² Post-secondary students who wish to access this funding must apply through their local band office. For the past 20 years, successive federal governments have capped annual PSSSP funding increases to 2 per cent. Due to this restriction, funding has fallen behind the growing demand for post-secondary education, increasing costs of living and rising tuition and other fees, which have tripled since 1993, according to a study by the Canadian Centre for Policy Alternatives.⁸³

More funding for PSSSP would provide additional resources to fund a larger number of students and more of their expenses, such as tuition fees and books. In the 2017 budget the federal government pledged \$90 million over two years for PSSSP, to support over 4,600 students—but this number is insufficient to fully fund Indigenous youth, since non-Indigenous youth are also competing for the same funding.

Most Indigenous students do not receive grants from government programs, subsidies and scholarships. Instead, they rely on other sources of funding such as family and their own savings. Indigenous students are debt-averse and reluctant to take advantage of loan-based assistance programs, which creates an additional obstacle to Indigenous access to education.

Table 6 compares working-age populations, participation rates and unemployment rates in Canada, Ontario, and a number of First Nation communities, where “working age” is defined as persons aged 15 to 64 years old. It is important to include the participation rate, since it indicates both the total labour force (i.e., persons aged 15 to 64) as a fraction of the total population, and the potential size of the

⁸² Government of Canada, Indian and Northern Affairs Canada, Communications Branch, “Post-Secondary Student Support Program.”

⁸³ Shaker and Macdonald, “What’s the Difference? Taking Stock of Provincial Tuition Fee Policies.”

workforce—“potential” since some individuals may not be actively participating in the labour force. The unemployment rate accounts for this by strictly defining who is included in the measure. For instance, “unemployed persons” include individuals who are out of work but still actively looking for jobs and those who are on temporary layoff but still available for work; people currently without work but scheduled to begin work within four weeks of a specified reference period are also included.⁸⁴ As expected, unemployment rates in remote First Nations are significantly higher compared to both Ontario and Canada, as illustrated in Table 6. It is also important to note that the participation rate for most communities is lower than the provincial average. This can be a result of factors such as discouraged workers dropping out of the labour forces or of familial factors such as a high proportion of lone-parent families.

TABLE 6: EMPLOYMENT

Employment				
First Nation	GNR (%) ¹	Working-Age Population ²	Participation Rate (%) ³	Unemployment Rate (%) ³
Canada	4.00	23,376,530	65.20	7.70
Ontario	3.70	8,988,865	64.70	7.40
First Nation Average ⁴	-	564	51.34	23.92
Aroland	27.1	225	52.1	20
Attawapiskat	38.6	935	50	32.4
Bearskin Lake	10.1	220	64	12.5
Brunswick House	10.5	55	50	0
Cat Lake	8	345	32.4	25
Constance Lake	11.9	350	48.1	30.8
Deer Lake	12.1	510	46.3	26
Eabametoong	11.8	585	49.6	22.6
Fort Severn	29.1	220	49	12
Kasabonika Lake	13.8	505	42.3	23.4
Kee-Way-Win	17.7	255	53.8	21.4
Kingfisher Lake	22.5	310	61.8	14.3
Kitchenuhmaykoosib Innuuwug	32.4	580	36.6	14.6

⁸⁴ Government of Canada, “Guide to the Labour Force Survey, 2017.”

Employment				
First Nation	GNR (%) ¹	Working-Age Population ²	Participation Rate (%) ³	Unemployment Rate (%) ³
Lac Seul	18.6	605	59.4	36.7
Marten Falls	32.1	145	50	18.8
Matachewan	11.2	40	70	0
Mattagami	24.4	135	50	26.7
Mishkeegogamang (Osnaburgh 63 A)	25.7	130	48.1	30.8
Mishkeegogamang (Osnaburgh 63 B)	13	245	39.6	23.8
Moose Cree	14.3	990	53.3	20
Muskrat Dam Lake	27.9	165	67.6	16
North Spirit Lake	30	175	51.3	20
Poplar Hill	21	260	50	40.7
Sachigo Lake	11	300	73.4	27.7
Sandy Lake	15.7	1,235	53.1	30.2
Saugeen	46	710	51.6	28.9
Slate Falls	13.9	110	45.8	41.7
Summer Beaver	16.9	230	58	20.7
Taykwa Tagamou	20.2	65	64.3	22.2
Wahgoshig	19.3	105	68.2	20
Wapekeka	19.6	250	51.9	14.8
Weagamow Lake	13	515	65.5	23
Webequie	25	450	43.6	9.1
Weenusk	30.9	115	51.7	20
Wunnumin Lake	14.1	360	49.4	18.4
Cochrane	8.40	1,960	63.60	9.10
Hornepayne	6.50	695	70.60	18.60
Moosonee	6.30	960	65.60	8.60
¹ Global Non-Response Rate used by Statistics Canada as an indicator of data quality. Smaller GNR indicates lower risk of inaccuracy. ² Based on total age groups and average age of the population – 100% data (15-64 years). ³ Based on total population aged 15 years and over by labour force status – 25% sample data.				

Employment				
First Nation	GNR (%) ¹	Working-Age Population ²	Participation Rate (%) ³	Unemployment Rate (%) ³
⁴ Calculated through a weighted average based on total population for all First Nation communities; excluding areas that are not considered reserves in the 2016 Census. SOURCE: Statistics Canada. 2017. Census Profile, 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa, Ontario. Data products, 2016 Census.				

The 2012 Aboriginal Peoples Study reports that 72 per cent of off-reserve Indigenous individuals who completed high school were employed compared to 47 per cent of those who did not complete high school.

The unemployment rate for Indigenous people living off-reserve was 52 per cent in 2012. The median employment income for Indigenous people living on-reserve was \$20,000 compared to \$30,000 for those who lived off-reserve.⁸⁵

The lack of job openings, inadequate education or training, and work inexperience were three leading reasons for unemployment. Absences from the workforce were primarily due to illnesses and disabilities, family care obligations, and discouragement.

The median income for Indigenous people living off-reserve who had completed high school was \$10,000 higher than those who had not completed high school. Those who had completed high school and then a university degree earned from \$40,000 to \$50,000.⁸⁶

TABLE 7: EFFECTS OF EDUCATION ON INCOME

	Did Not Complete High School	Completed High School	Completed High School and University
Employment income range for First Nations living off-reserve	\$20,000–\$30,000	\$30,000–\$40,000	\$40,000–\$50,000

To assess housing adequacy, several measures can be used to indicate crowding. One way to assess overcrowding is by examining the size and number of housing units in use. Table 8 presents the number of occupied private dwellings in each community, the average household size and the average number of

⁸⁵ National Collaborating Centre for Aboriginal Health, “Employment as a Social Determinant of First Nations, Inuit and Métis Health.”

⁸⁶ Bougie et al., *The Education and Employment Experiences of First Nations People Living off Reserve, Inuit, and Métis*.

bedrooms in each home as compared to Ontario and Canada as a whole. Comparing household size to the number of bedrooms available to residents allows us to get a sense of overcrowding within the households. Table 8 also includes the rates of unsuitable housing based on measures determined by the National Occupancy Standard (NOS), which assesses suitability by whether the dwelling has enough bedrooms for the number of people in the household. Lastly, median after-tax household income is included, since it is understood that overcrowding is generally tied to lower overall household income but also to housing availability. In this context, income refers to the sum of receipts including employment income, investment income (excluding capital gains), and any transfers such as government sources and social assistance. After-tax income is the amount left over after income taxes are deducted, where income taxes include the total of all federal and provincial taxes less any abatements.

As indicated in Table 8, in both Canada and Ontario the average number of bedrooms is greater than the average household size, which indicates a lack of overcrowding. Conversely, in remote areas, the figures across communities almost consistently show fewer numbers of bedrooms as compared to household size, an indication that overcrowding is much more prevalent in remote First Nations compared to Ontario and Canada. The figures indicating the households in unsuitable housing provide further proof of this and show that the percentage is substantially higher on the reserves compared to Ontario and Canada. Lastly, similarly to Table 7, Table 8 shows that median household after tax-incomes are significantly lower on the reserves. This is important to note since lower household income can prevent individuals from improving their situations even if suitable housing becomes available.

TABLE 8: HOUSING ADEQUACY

Housing Adequacy						
First Nation	GNR (%) ¹	Occupied Private Dwellings ²	Average House-hold Size ³	Average Number of Bedrooms ⁴	Households Not in Suitable Housing (%) ⁵	Median After-Tax Household Income (\$) ⁶
Canada	4	14,072,079	2.40	2.72	4.94	61,348
Ontario	3.70	5,169,174	2.60	2.77	6.02	65,285
First Nation Average ⁷	-	240	3.93	2.90	27.64	46,479
Aroland	27.1	108	3.3	3.09	14.29	39,552
Attawapiskat	38.6	387	3.8	2.88	26.92	48,341
Bearskin Lake	10.1	109	3.2	3.19	22.73	43,802
Brunswick House	10.5	35	2.4	2.44	33.33	36,736
Cat Lake	8	136	4	2.83	32.14	40,704
Constance Lake	11.9	191	3.1	2.76	12.82	37,504
Deer Lake	12.1	211	4.1	2.67	41.86	43,136

Housing Adequacy						
First Nation	GNR (%) ¹	Occupied Private Dwellings ²	Average House-hold Size ³	Average Number of Bedrooms ⁴	Households Not in Suitable Housing (%) ⁵	Median After-Tax Household Income (\$) ⁶
Eabametoong	11.8	233	4.3	2.85	36.17	43,552
Fort Severn	29.1	81	4.6	3.19	41.18	62,848
Kasabonika Lake	13.8	179	4.9	3.17	38.89	62,080
Kee-Way-Win	17.7	89	4.7	2.84	41.18	60,992
Kingfisher Lake	22.5	103	5	3.5	20	73,472
Kitchenuhmaykoosib Inninuwug	32.4	306	3.3	2.62	24.59	25,344
Lac Seul	18.6	297	3.2	2.71	16.95	41,856
Marten Falls	32.1	64	3.9	2.46	30.77	48,896
Matachewan	11.2	25	2.4	3	0	83,456
Mattagami	24.4	75	2.5	2.67	14.29	47,424
Mishkeegogamang (Osnaburgh 63 A)	25.7	50	4.7	2.64	50	50,176
Mishkeegogamang (Osnaburgh 63 B)	13	86	5.1	2.72	38.89	44,629
Moose Cree	14.3	430	3.6	3.17	12.79	55,680
Muskrat Dam Lake	27.9	84	3.3	3.4	11.76	44,160
North Spirit Lake	30	78	3.7	2.94	20	37,248
Poplar Hill	21	92	5	2.82	52.63	55,168
Sachigo Lake	11	116	4.5	3.13	34.78	48,000
Sandy Lake	15.7	472	4.3	2.96	32.63	39,552
Saugeen	46	391	2.7	2.72	11.39	36,480
Slate Falls	13.9	50	3.8	2.67	20	45,696
Summer Beaver	16.9	88	4.2	2.58	38.89	48,896
Taykwa Tagamou	20.2	30	3.6	2.8	40	61,056
Wahgoshig	19.3	55	2.5	2.67	18.18	39,296
Wapekeka	19.6	110	4	2.83	27.27	45,056
Weagamow Lake	13	241	3.7	2.96	22.92	50,304

Housing Adequacy						
First Nation	GNR (%) ¹	Occupied Private Dwellings ²	Average House-hold Size ³	Average Number of Bedrooms ⁴	Households Not in Suitable Housing (%) ⁵	Median After-Tax Household Income (\$) ⁶
Webequie	25	154	5	3.06	41.94	54,485
Weenusk	30.9	70	2.8	2.75	15.38	46,976
Wunnumin Lake	14.1	138	4.4	3.07	25	46,848
Cochrane	8.40	1,167	2.40	2.93	2.58	69,856
Hornepayne	6.50	408	2.40	3.14	2.44	82,603
Moosonee	6.30	487	3	2.79	12.12	68,352
¹ Global Non-Response Rate used by Statistics Canada as an indicator of data quality. Smaller GNR indicates lower risk of inaccuracy. ² Based on private dwellings occupied by usual residents. Refers to a private dwelling in which a person or a group of persons is permanently residing. ³ Based on total private households by household size – 100% data. ⁴ Based on total occupied private dwelling by number of bedrooms – 25% sample data, calculated as an average based on existing data. ⁵ Based on total private households by housing suitability – 25% sample data, where housing suitability is according to National Occupancy Standard (NOS). ⁶ Based on total income statistics in 2015 for private households by household size – 100% data. ⁷ Calculated through a weighted average based on total population for all First Nations communities; excluding areas that are not considered reserves in the 2016 Census.						
SOURCE: Statistics Canada. 2017. Census Profile, 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa, Ontario. Data products, 2016 Census.						

Another factor to consider in determining housing adequacy is housing availability. Table 9 shows the growth rates of both population and housing stock in a number of communities and illustrates that in Ontario and Canada housing stock is growing at a faster rate than the population, which diminishes the likelihood of overcrowding. Conversely, the data for First Nations communities show that most communities' populations are growing at faster rates than the housing stock in those communities, indicating that even more overcrowding is likely to occur, since as the population increases demand for housing will increase, but supply is not keeping up with demand. Generally, more remote communities have a higher number of persons per dwelling.

TABLE 9: HOUSING AVAILABILITY

Housing Availability			
First Nation	Percentage Change in Total Population (2006 to 2016) (%) ¹	Percentage Change in Total Private Dwellings (2006 to 2016) (%) ²	Percentage Change in Total Occupied Private Dwellings (2006 to 2016) (%) ³
Canada	11.19	13.52	13.16

Housing Availability			
First Nation	Percentage Change in Total Population (2006 to 2016) (%) ¹	Percentage Change in Total Private Dwellings (2006 to 2016) (%) ²	Percentage Change in Total Occupied Private Dwellings (2006 to 2016) (%) ³
Ontario	10.59	12.58	13.50
First Nation Average ⁴	12.72	2.84	8.68
Aroland	12.62	11.71	21.35
Bearskin Lake	-22.66	-5	-14.17
Brunswick House	3.66	-18.42	0
Cat Lake	14.84	17.14	24.77
Constance Lake	-15.95	5.61	-0.52
Deer Lake	27.31	12.7	14.67
Eabametoong	-11.36	-19.67	-13.38
Kasabonika Lake	24.67	0.94	16.23
Kee-Way-Win	32.39	-2.04	12.66
Kingfisher Lake	23.13	0.88	0.98
Kitchenuhmaykoosib Inninuwug	11.79	6.12	12.09
Lac Seul	18.64	18.65	30.84
Marten Falls	14.03	-2.6	-3.03
Matachewan	-15.28	-13.79	-14.29
Mattagami	0.53	9.2	21.67
Mishkeegogamang (Osnaburgh 63 A)	51.63	22.45	50
Mishkeegogamang (Osnaburgh 63 B)	25.36	10.91	7.5
Muskrat Dam Lake	11.51	6.25	9.09
North Spirit Lake	13.13	18.68	16.42
Poplar Hill	3.5	-0.86	-14.81
Sachigo Lake	14.22	-12.41	0.87
Sandy Lake	9.44	-6.4	3.06
Saugeen	37.34	4.77	41.67

Housing Availability			
First Nation	Percentage Change in Total Population (2006 to 2016) (%) ¹	Percentage Change in Total Private Dwellings (2006 to 2016) (%) ²	Percentage Change in Total Occupied Private Dwellings (2006 to 2016) (%) ³
Slate Falls	14.02	11.67	16.28
Summer Beaver	5.52	-11.76	-12
Taykwa Tagamou	28.77	20	17.39
Wahgoshig	26.32	61.54	48.65
Wapekeka	25.71	10.24	8.91
Weagamow Lake	26.57	12.78	10.55
Webequie	26.71	-6.06	10.79
Weenusk	-11.76	19.51	4.62
Wunnumin Lake	21.77	4.2	6.15
Cochrane	17.08	-1.91	19.08
Hornepayne	-18.94	-4.86	-15.00
Moosonee	-26.17	-3.95	-18.29

¹ Based on population data obtained from the 2006 and 2016 Census, calculated as a percentage change using 2006 as the base year.

² Based on total private dwellings data obtained from the 2006 and 2016 Census, calculated as a percentage change using 2006 as the base year.

³ Based on private dwellings occupied by usual residents, with data obtained from the 2006 and 2016 Census. Refers to a private dwelling in which a person or a group of persons is permanently residing. Calculated as a percentage change using 2006 as the base year.

⁴ Calculated through a weighted average based on total population for all First Nation communities, excluding areas that are not considered reserves in the 2016 Census.

NOTE:

- 2006 data is not available for these communities: Attawapiskat, Moose Cree, and Fort Severn.
- Total private dwellings comprise three major groups; occupied dwellings, dwellings occupied by solely foreign residents and unoccupied dwellings. Note that occupied dwellings may be significantly higher due to the increase in population and slow growth of the housing stock.

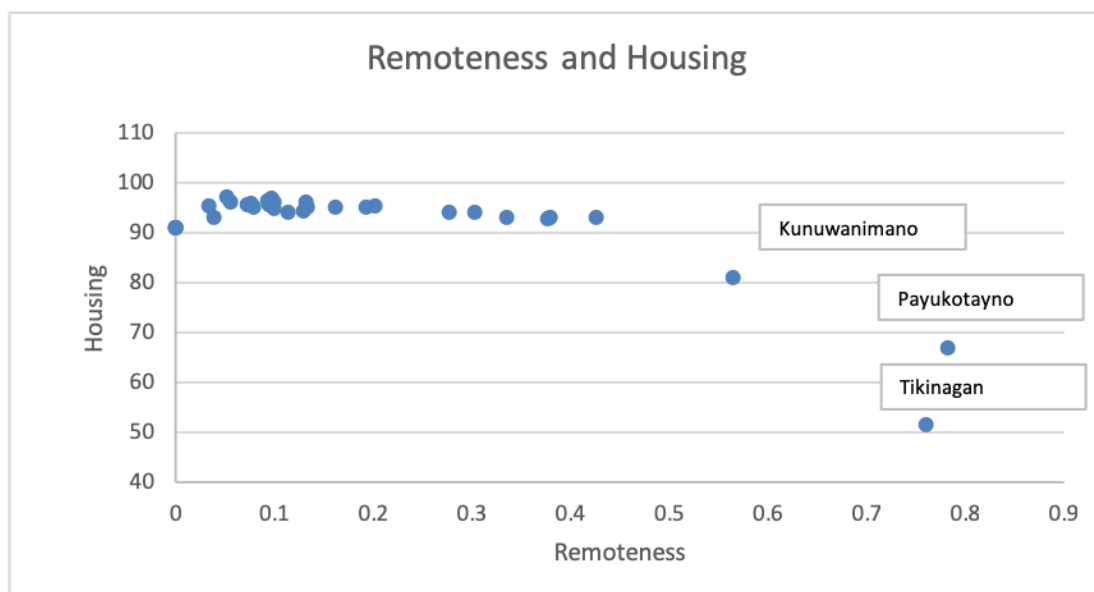
SOURCE:

Statistics Canada. 2017. Census Profile, 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa, Ontario. Data products, 2016 Census.

Statistics Canada. 2007. Population and dwelling counts, for Canada, provinces and territories, and census subdivisions (municipalities), 2006 census - 100% data (table). Population and Dwelling Count Highlight Tables. 2006 Census.

The Housing Community Well-Being Index indicates a direct correlation between housing adequacy and remoteness. The highest remoteness index is seen among the three Indigenous Child and Family Services agencies.

FIGURE 10: REMOTENESS AND HOUSING



In fact, NAN has undertaken its own assessment of infrastructure needs and a 2017 report indicates that the communities immediately require over 5,000 additional units and \$3 billion in infrastructure and associated costs.⁸⁷ Mold in homes, poor ventilation and indoor air quality can lead to reduced lung function, chronic respiratory problems and infections such as tuberculosis, which have all been identified as some of the consequences of inadequate housing conditions. According to a 2017 Statistics Canada report, among those living in rural areas, Indigenous people living on reserve are three times more likely than non-Indigenous people to be hospitalized for a respiratory-tract infection.⁸⁸

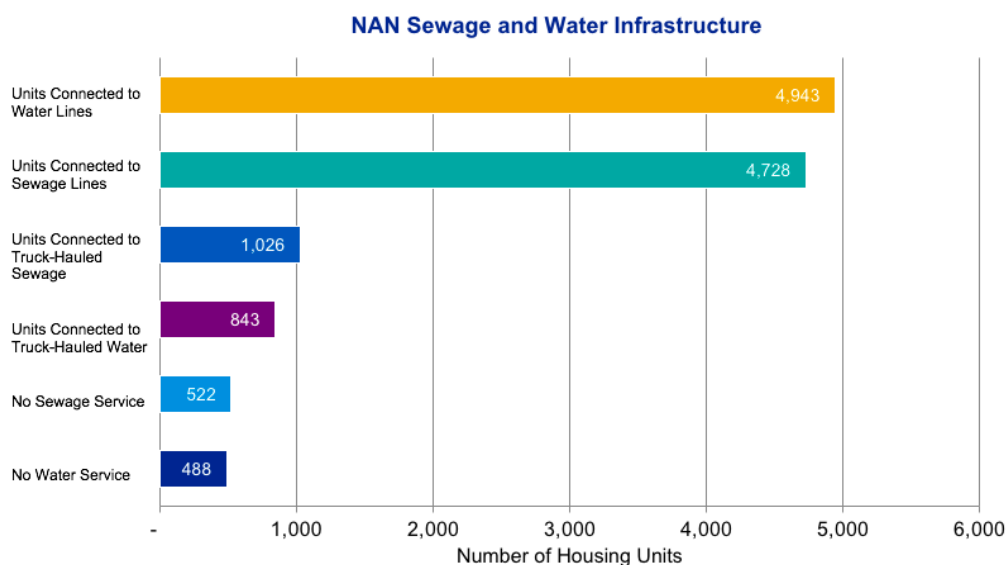
Significant investments in physical infrastructure are needed, but such investments will fall short of their objectives unless community members are also taught the skills needed to maintain housing, and the importance of investing in general capacity-building and managerial skills training cannot be overstated. In addition, many communities continue to lack electricity hook-ups and sewage systems for their housing. Of the total units available in NAN communities, only 63 per cent are deemed as adequate, with the remainder requiring replacement or major renovations. More than one in six housing units does not have access to either water or sewage.⁸⁹ Inadequate housing is a structural risk factor that is often correlated with poverty.

⁸⁷ Nishnawbe Aski Nation, "Comprehensive Infrastructure Plan for Nishnawbe Aski Nation," September 28, 2017.

⁸⁸ Carrière, "Housing Conditions and Respiratory Hospitalizations among First Nations People in Canada."

⁸⁹ INAC, "NAN Housing – INAC 2015/2016 Integrated Capital Management System Data."

FIGURE 11: NAN SEWAGE AND WATER INFRASTRUCTURE



Poor housing quality and overcrowded housing are directly associated with psychological ill health and social dysfunction.⁹⁰ In situations where it is not now accessible, the development of safe and affordable housing would be a structural intervention that reduces the rates of psychological and emotional harm caused by the unnecessary removal of a child from the home.⁹¹ Adequate housing fosters the human dignity and emotional well-being that support overall health.

The metric of family structure can be affected by any or all of the factors mentioned so far. An important aspect to investigate is the number of children in these remote areas, to help understand the need for better child welfare services. Another familial issue that impacts welfare services is lone-parent households, since these types of households can be seen as contributors to family stress. Table 10 provides family-structure statistics, which are an indication of the struggles facing residents of these remote First Nations. Specifically, it makes clear that the percentage of children aged 0 to 14 years old in First Nations communities is significantly higher than in the general population of Ontario or Canada. This greater proportion of children leads on its own to a greater need for child welfare services. Statistics Canada defines census families as “a married couple and the children, if any, of either and/or both spouses; a couple living common law and the children, if any, of either and/or both partners; or a lone parent of any marital status with at least one child living in the same dwelling and that child or those children.” Table 10 shows that for a majority of the reserves the percentage of lone-parent census families is higher than in Ontario and Canada, as is the percentage of children aged 0 to 14 living in lone-parent households. These combined statistics show that there are significant numbers of children in lone-

⁹⁰ Larcombe et al., “Housing Conditions in 2 Canadian First Nations Communities,” February 18, 2011.

⁹¹ First Nations Child & Family Caring Society of Canada, “Information Sheet: Structural Interventions in Child Welfare.”

parent households, which can cause familial stress since these households are generally also “lone-parent economic families,” that is, having only one source of income. Table 10 also includes the average family size and after-tax income of lone-parent economic families. Simply because there is not enough income to meet the family’s needs, these types of households are often under family stress that leads to the need for welfare services. Compared to Ontario and Canada, this issue is much more critical in remote First Nations.

TABLE 10: FAMILY STRUCTURE

Family Structure							
First Nation	GNR (%) ¹	Percent of Total Population Aged 0-14 (%) ²	Percent of Lone-Parent Census Families in Private Households ³ (%)	Percent of Children in a Lone-Parent Family (%) ⁴	Median After-Tax Income of Lone-Parent Economic Families (\$) ⁵	Average After-Tax Income of Lone-Parent Economic Families (\$) ⁵	Average Family Size of Lone-Parent Economic Families ⁵
Canada	4.00	16.60	16.39	19.20	31,446	38,685	3.00
Ontario	3.70	16.40	17.05	19.00	50,317	40,830	2.70
First Nation Average ⁶	-	33.34	36.89	31.89	11,546	18,930	3.74
Aroland	27.1	35.6	38.89	23.1	15,520	24,590	3
Attawapiskat	38.6	31.9	39.44	30.2	24,640	30,593	4
Bearskin Lake	10.1	29.6	45	38.1	18,016	24,809	3.3
Brunswick House	10.5	29.4	50	60	- N/A -	- N/A -	3.5
Cat Lake	8	34.5	42.31	25.6	18,112	19,731	4
Constance Lake	11.9	30.5	43.33	27.8	18,688	24,311	3.1
Deer Lake	12.1	37.6	24.39	20	9,216	13,574	4
Eabametoong	11.8	37.9	48	39	- N/A -	21,007	3.9
Fort Severn	29.1	28.8	38.89	33.3	- N/A -	19,908	5.7
Kasabonika Lake	13.8	34.1	34.15	29.3	- N/A -	25,862	4.3
Kee-Way-Win	17.7	36.9	36.36	32.3	- N/A -	- N/A -	4.3
Kingfisher Lake	22.5	32	29.63	30.3	- N/A -	- N/A -	3.8
Kitchenuhmaykoosib Inninuug	32.4	35.4	45.1	39.2	17,846	22,995	3.4
Lac Seul	18.6	32	32.65	30.6	17,728	20,709	3.2

Family Structure							
First Nation	GNR (%) ¹	Percent of Total Population Aged 0-14 (%) ²	Percent of Lone-Parent Census Families in Private Households ³ (%)	Percent of Children in a Lone-Parent Family (%) ⁴	Median After-Tax Income of Lone-Parent Economic Families (\$) ⁵	Average After-Tax Income of Lone-Parent Economic Families (\$) ⁵	Average Family Size of Lone-Parent Economic Families ⁵
Marten Falls	32.1	35.3	33.33	27.8	- N/A -	30,294	3.7
Matachewan	11.2	25	0	66.7	- N/A -	- N/A -	3
Mattagami	24.4	21.1	33.33	50	- N/A -	- N/A -	4
Mishkeegogamang (Osnaburgh 63 A)	25.7	41.3	20	26.3	- N/A -	- N/A -	5
Mishkeegogamang (Osnaburgh 63 B)	13	39.1	41.18	29.4	- N/A -	- N/A -	5
Moose Cree	14.3	27.9	37.35	36.4	21,824	34,873	3.4
Muskrat Dam Lake	27.9	33.9	26.67	26.3	- N/A -	28,244	3.7
North Spirit Lake	30	33.9	41.18	35	- N/A -	- N/A -	4
Poplar Hill	21	41.1	36.84	35	- N/A -	21,863	4
Sachigo Lake	11	37.9	42.31	38.5	- N/A -	21,472	4.7
Sandy Lake	15.7	35	39.6	30.5	17856	19506	3.8
Saugeen	46	22.1	30.77	34	36309	20148	3.3
Slate Falls	13.9	35.1	30	30.8	- N/A -	- N/A -	3
Summer Beaver	16.9	34.2	35	30.8	- N/A -	17,292	4
Taykwa Tagamou	20.2	26.3	0	16.7	- N/A -	- N/A -	2
Wahgoshig	19.3	25	25	28.6	- N/A -	- N/A -	2.5
Wapekeka	19.6	39.8	31.82	17.1	- N/A -	31,885	3
Weagamow Lake	13	35.6	34.69	31.3	17877	24841	3.3
Webequie	25	35.5	39.02	38.2	- N/A -	- N/A -	4
Weenusk	30.9	25.6	30	40	- N/A -	- N/A -	3
Wunnumin Lake	14.1	35.3	41.94	28.6	- N/A -	- N/A -	3.5
Cochrane	8.40	16.10	10.44	24.90	37,632	36,960	2.70
Hornepayne	6.50	16.30	15.79	19.40	51,968	53,655	2.70

Family Structure							
First Nation	GNR (%) ¹	Percent of Total Population Aged 0-14 (%) ²	Percent of Lone-Parent Census Families in Private Households ³ (%)	Percent of Children in a Lone-Parent Family (%) ⁴	Median After-Tax Income of Lone-Parent Economic Families (\$) ⁵	Average After-Tax Income of Lone-Parent Economic Families (\$) ⁵	Average Family Size of Lone-Parent Economic Families ⁵
Moosonee	6.30	30.10	33.33	34.10	51,584	54,720	3.20
¹ Global Non-Response Rate used by Statistics Canada as an indicator of data quality. Smaller GNR indicates lower risk of inaccuracy. ² Based on total distribution (%) of the population by broad age groups – 100% data. ³ Based on total number of census families in private households – 100% data, total lone-parent families by sex of parent. ⁴ Based on percentage of children 0 to 14 by family type – 25% data. ⁵ Based on total -income statistics in 2015 for lone-parent economic families in private households – 100% data. ⁶ Calculated through a weighted average based on total population for all First Nation communities, excluding areas that are not considered reserves in the 2016 Census. SOURCE: Statistics Canada. 2017. Census Profile, 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa, Ontario. Data products, 2016 Census. Statistics Canada. 2017. Focus on Geography Series, 2016 Census. Statistics Canada Catalogue no. 98-404-X2016001. Ottawa, Ontario. Data products, 2016 Census.							

Lastly, health and health care challenges cannot go unaddressed. In July 2017, the Charter of Relationship Principles Governing Health System Transformation was signed as an agreement between NAN and the Ontario and federal governments. The Charter emphasized the goal of delivering equitable access to health care for NAN communities.⁹² However, despite the federal government’s investment of \$828 million for Indigenous health in its 2017 budget, the current approach to health care in Indigenous communities has not lived up to local expectations and requirements. NAN has thus been seeking changes in health care delivery that better incorporate best practices, standards of care, community capacity-building, data-driven decisions, and the removal of accessibility barriers to health care.⁹³

The residential school system continues to inflict harm on Indigenous communities by way of intergenerational trauma. Such trauma has led to higher rates of depression, suicide and domestic abuse. Dr. Amy Bombay, an expert in Indigenous historical trauma, stated that Indigenous adults living on reserve experience higher levels of psychological distress than the general Canadian population—40 per cent compared to 33 per cent, respectively. Indigenous adults who directly experienced the residential schooling system were even more susceptible to psychological distress, at 55 per cent.⁹⁴ As reported in

⁹² Mamakwa and Mercredi, “Health Transformation in Nishnawbe Aski Nation.”

⁹³ “Nishnawbe Aski Nation - March 22, 2017”; Health Canada, “Charter of Relationship Principles for Nishnawbe Aski Nation Territory.”

⁹⁴ House of Commons of Canada, “Standing Committee on Indigenous and Northern Affairs, ‘Evidence - INAN (42-1) - No. 30.’”

the community engagement, high rates of drug use and abuse characterize many Indigenous communities.

Exacerbating the problem, stigma and discrimination have dissuaded community members from seeking out mental health services or using them. Outside of Indigenous mental health settings, Indigenous cultures and traditions are poorly understood and not well incorporated in the delivery of services. The quality of existing services is thus not well aligned to the expectations and requirements of Indigenous communities.⁹⁵ Overall, it is clear that northern First Nations need additional resources in order to provide better welfare services to those living in the remote communities, to keep their families intact and to build and sustain resilient communities.

The basket of critical infrastructure that is needed to support resilient and sustainable communities goes beyond housing. It is beyond the scope of this research paper to assess the impact of infrastructure gaps, but a brief overview is warranted. Infrastructure can also influence access to amenities and public services. Current government investments in Indigenous infrastructure have not kept pace with population growth and the rate of inflation. In the 2017 budget the federal government pledged \$4 billion over 10 years to build and improve infrastructure in Indigenous communities, which amounts to \$400 million per year.⁹⁶ In comparison, the Ontario First Nations Technical Services Corporation puts the annual infrastructure funding gap in Indigenous communities at over \$500 million.⁹⁷

Transportation and the access it facilitates is a key determinant of business costs. Transportation infrastructure is vitally important for remote communities, enabling both the movement of all people and of supplies. The availability of transportation infrastructure plays a large part in attracting investment and in the economic development of northern regions.⁹⁸ In addition to the reduced winter road season from an average of 77 days to 28 days due to climate change, remote and northern communities continue to face obstacles to commercial and personal transportation. In May 2015, the Ontario Ministry of Transportation developed the 2041 Northern Ontario Multimodal Transportation Strategy to guide transportation policy in northern Ontario. This strategy is particularly relevant to Indigenous communities as it aims to improve the quality of winter roads and collaboratively pursue the expansion of all-season roads. The strategy also emphasizes coordinated land use and transportation in northern Ontario to improve accessibility to NAN communities. The 2041 Northern Ontario Multimodal Transportation

⁹⁵ Boksa, Joobar, and Kirmayer, “Mental Wellness in Canada’s Aboriginal Communities.”

⁹⁶ Government of Canada, Indigenous and Northern Affairs Canada, “Budget 2017 Highlights – Indigenous and Northern Investments.”

⁹⁷ The Canadian Council for Public-Private Partnerships, “P3s: Bridging the First Nations Infrastructure Gap.”

⁹⁸ Centre for the North, “Study on Addressing the Infrastructure Needs of Northern Aboriginal Communities Developed for the National Aboriginal Economic Development Board.”

Strategy passed the assessment and analysis phase in September 2017; plans for implementation were expected to be released in winter 2018.

Many Indigenous communities, especially in the remote areas, do not have modern water distribution networks. As of June 30, 2017, there were 34 Boil Water Advisories and one Do Not Consume Advisory across 23 NAN First Nations. Indigenous communities do not have legally enforceable protections for safe drinking water. To address this, the *Safe Drinking Water for First Nations Act* came into effect in November 2013 to ensure clean water access, eliminate all Boil Water Advisories by March 2021 and develop a plan to connect all residents to a water and wastewater distribution system.

While road-connected communities are connected to Ontario's electricity grid, remote NAN communities continue to lack clean and reliable energy, relying instead on generators powered by diesel fuel for their electricity. These communities can experience blackouts, fuel spills, and a shortage of capacity that frustrates growth and development plans. Diesel is expensive and subject to cost volatility, which can deter business investments and economic development more generally.⁹⁹ Individuals may also resort to using oil burners and wood stoves in their homes for heating and cooking, which affects air quality and can lead to respiratory problems and carbon-monoxide poisoning, and increases the risk of house fires from poorly maintained chimneys and aged equipment.¹⁰⁰ Developing environmentally friendly and renewable power sources in these remote communities is key to transitioning these areas from diesel fuel. Clean energy will have a positive effect on the health and safety of community members, expand infrastructure opportunities, and lead to long-term environmental benefits. The Government of Canada, in partnership with Ontario, has progressed toward energy sustainability with the Wataynikaneyap Power Grid Connection Project, which will connect 16 NAN communities. Construction on this project, which is federally funded at \$1.6 billion,¹⁰¹ is expected to take place from 2019 to 2023.

As has been outlined, and as evidenced by the community voices captured in Appendix III, the factors of deprivation affecting First Nations are multiple and deep, and they cannot be addressed without a holistic and integrated-services approach that recognizes the unique governance structure of the First Nation communities and their respective treaties. The equitable distribution of resources, ensuring that those who need the most funding can receive the amount that is adequate to those needs, depends on how the concept of remoteness is understood and its role as one factor in the decision-making process of government.

The preceding commentary on the state of the remote Northern Ontario communities and the community concerns expressed during the engagement process underscore the acute reality that sustaining the well-being of First Nations children and youth is interwoven with the total health of the

⁹⁹ *The Globe and Mail*, "Push to End Energy Poverty in Indigenous Communities Underway."

¹⁰⁰ Kitts, "The Real Effect of Unreliable Electric Power on Quality of Life," TVO.org.

¹⁰¹ Indigenous Services Canada, "Northern Ontario Grid Connection Project."

person within a healthy community and environment. Unfortunately, the NAN communities continue to suffer from systemic barriers:

- Lower educational levels that may correlate with lower income levels, which is a major stressor on families, contributing to child neglect and maltreatment;
- Continued unemployment and underemployment that exacerbate that situation by contributing to family stress;
- Inadequate housing, including overcrowding and poor accommodation that represent a direct threat to both psychological and physical safety for children and youth;
- Family structures that include large numbers of one-parent households that do not have support within the home and cannot share the burden and responsibility of nurturing and caring for children; and
- The lack of appropriate mental health services for Indigenous people, which compounds the health challenges they face.

All the factors discussed in this chapter contribute to the increased need for child welfare services in the NAN communities compared to equivalent non-remote communities.

Chapter 4: CONCLUDING COMMENTS

The remoteness coefficients and remoteness quotients for the NAN agencies, when applied to a funding envelope, will help ensure the well-being of children, strengthen the capacity of parents, and be a step in the right direction to wisely allocate the assets available to communities for child welfare funding.

Communities are living social and economic arrangements that support their members; in turn, communities themselves are maintained by their members. When a community is weakened, the well-being of its members is compromised, and their capacity to sustain and strengthen the community is undermined. Many factors, both historical and current, interfere with the capacity of First Nations communities and contribute to the deprivation of the families and children who live in them, which leads to their overrepresentation in child protection caseloads and the grossly disproportionate numbers of children removed from their homes and communities. By improving allocation approaches with specific reference to remote communities, this remoteness quotient research paper aims to help halt and reverse these dynamics.

To optimize the use of Child and Family Services dollars, a relevant, well-informed basis for funding decisions must be established. Remoteness is demonstrably a major driver of the need for child protection as well as of the cost of delivering child and family services, and so it must be given adequate weight in the allocation of resources. Remoteness is more than geographic distance; it is also influenced by social isolation, barriers to accessing needed supports and services, and diminished community capacity in terms of the level and type of local assets that are available.

The high remoteness coefficients and remoteness quotients for three NAN child and family service agencies support a significant budget allocation of any remoteness allocation within a funding model. By definition, equitable allocation entails directing resources to where the greatest need exists so that the greatest benefit can be realized. Top-down formulaic approaches to allocation based on indicators of past need such as caseload volumes or geographical size may be logical approximations of need, but they do not factor in actual community conditions, resource requirements and gaps. The next step in the research would be to validate the community-engagement findings through alternative experts and to estimate the unmet demand.

The approach employed in the current project has been based on a definition of remoteness that relies on the Statistics Canada Remoteness Index in our quantitative analysis; we reviewed background indicators of income, housing adequacy, substance abuse and other measures of deprivation and community well-being. The report has also benefited from the insights and actual experience of individuals and communities, incorporating their wisdom to formulate recommendations. This approach permitted an understanding of what people really require, what needs to be delivered and what costs must be considered in the services areas analyzed. This level of specificity may limit the general usefulness of the conclusions for other places, where alternative models might be required. But it is

meaningful in a way that matters most: in its potential to positively impact the well-being of children, the capacity of parents and the assets available in actual, specific NAN communities.

Although developing appropriate remoteness coefficients was a main objective of this report, there are larger questions that continue to require careful attention and fall outside the scope of this report. The more modest changes that would occur by adopting the remoteness calculations recommended in this report are also important, however, and they can be advanced much more readily—by rethinking how remoteness should be defined and significantly increasing the weight it should be given in allocation decisions, and by adopting the philosophical and methodological features of the analytical approach we have taken.

Since many of the remoteness coefficients are relatively inflexible—it simply does cost more to operate in remote northern communities—many opportunities to improve child welfare services lie on the demand side. The many socio-economic factors associated with remoteness outside of the strict child-welfare envelope highlight the need for a broad-based approach to overall community well-being, incorporating what history and experience have taught us.

APPENDIX I: NUMERIC TABLE REMOTENESS COEFFICIENTS AND REMOTENESS QUOTIENTS

Agency Name	Remoteness Coefficient	Remoteness Quotient
Akwesasne Child and Family Services	1.09	1.57
Bruce Grey Child and Family Services	1.14	2.41
Catholic Children's Aid Society of Toronto	1.00	0.00
Catholic Children's Aid Society of Hamilton	1.04	0.76
Chatham-Kent Children's Services	1.14	2.39
Children's Aid Society of Algoma	1.26	4.43
Children's Aid Society of Hamilton	1.04	0.76
Children's Aid Society of London and Middlesex	1.07	1.25
Children's Aid Society of Ottawa	1.07	1.19
Children's Aid Society of Oxford County	1.07	1.15
Children's Aid Society of the District of Nipissing and Parry Sound	1.22	3.69
Children's Aid Society of the Districts of Sudbury and Manitoulin	1.21	3.64
Children's Aid Society of the Region of Peel	1.03	0.45
Children's Aid Society of the Regional Municipality of Halton	1.04	0.61
Children's Aid Society of Stormont, Dundas & Glengarry	1.09	1.57
Children's Aid Society of Thunder Bay	1.25	4.19
Children's Aid Society of Toronto	1.00	0.00
Dufferin Child and Family Services	1.07	1.11
Durham Children's Aid Society	1.04	0.65
Family & Children's Services of St. Thomas and Elgin County	1.08	1.38
Family and Children's Services of Frontenac, Lennox and Addington	1.12	1.99
Family and Children's Services of Lanark, Leeds and Grenville	1.13	2.17
Family and Children's Services of Guelph and Wellington County	1.06	0.98
Family and Children's Services of Renfrew County	1.18	3.02
Family and Children's Services of the Waterloo Region	1.05	0.86
Highland Shores Children's Aid Society	1.10	1.63
Huron-Perth Children's Aid Society	1.09	1.53
Jewish Family & Child Service of Greater Toronto	1.00	0.00
Kawartha-Haliburton Children's Aid Society	1.08	1.44
Kenora-Rainy River Districts Child and Family Services	1.39	6.69
Kunuwanimano Child & Family Services	1.47	8.05
Native Child and Family Services of Toronto	1.00	0.00

North Eastern Ontario Family and Children's Services	1.31	5.21
Payukotayno James & Hudson Bay Family Services	1.59	10.15
Sarnia-Lambton Children's Aid	1.14	2.33
Simcoe Muskoka Child, Youth and Family Services	1.07	1.19
The Children's Aid Society of Brant	1.06	0.95
The Children's Aid Society of Haldimand and Norfolk	1.08	1.29
The Children's Aid Society of the Niagara Region	1.07	1.14
Tikinagan Child & Family Services	1.68	11.68
Valoris for Children & Adults of Prescott-Russell	1.09	1.59
Windsor-Essex Children's Aid Society	1.15	2.51
York Region Children's Aid Society	1.02	0.40

Agency	Reference Agency	Fraction 19 And Under	Fraction Aboriginal	Heating Degree Day	Population, 19 and under	Population, Aboriginal Identity	Population, Total	Remoteness Index	Social Assistance Accessibility
Tikinagan Child & Family Services		0.450411862	0.992421746	6895.72517	6835	15060	15175	0.763401086	0.158311092
Payukotayno James & Hudson Bay Family Services		0.317105263	0.665789474	7107.654306	2410	5060	7600	0.683714165	0.679640039
Kunuwanimano Child & Family Services		0.296728972	0.563084112	6335.382536	635	1205	2140	0.566110404	0.707198597
Kenora-Rainy River Districts Child and Family Services		0.240083658	0.303620366	5923.602542	16645	21050	69330	0.48441998	0.730982066
Children's Aid Society of Thunder Bay		0.20298621	0.145750527	5682.787829	29365	21085	144665	0.321485913	0.825171893
Children's Aid Society of Algoma		0.190549859	0.135873409	4956.219513	21555	15370	113120	0.338256533	0.793492265
Children's Aid Society of the Districts of Sudbury and Manitoulin		0.210206995	0.121188947	5104.402656	41230	23770	196140	0.283068962	0.872664033
Children's Aid Society of the District of Nipissing and Parry Sound		0.192999167	0.116124936	5078.911336	24315	14630	125985	0.286990806	0.870168119
North Eastern Ontario Family and Children's Services		0.218629642	0.105701108	5985.575275	22990	11115	105155	0.39018318	0.803990502
Family and Children's Services of Renfrew County		0.21297065	0.082580456	4915.88791	21805	8455	102385	0.238244534	0.880345494
Sarnia-Lambton Children's Aid		0.209530954	0.054287745	3788.118936	26535	6875	126640	0.187031307	0.882584516
Highland Shores Children's Aid Society		0.196381539	0.05206856	4197.598789	48465	12850	246790	0.133493766	0.896154925
The Children's Aid Society of Brant	TRUE	0.236690138	0.051488395	3979.893625	31765	6910	134205	0.079003011	0.915563785
Simcoe Muskoka Child, Youth and Family Services	TRUE	0.219861175	0.044627487	4397.423265	118780	24110	540250	0.098764788	0.905580713
Akwesasne Child and Family Services		0.211143436	0.042801728	4420.328466	23950	4855	113430	0.128889556	0.904116173
Children's Aid Society of Stormont, Dundas and Glengarry		0.211143436	0.042801728	4420.328466	23950	4855	113430	0.128889556	0.904116173
Chatham-Kent Children's Services		0.224018815	0.039884365	3606.799532	22860	4070	102045	0.191888192	0.887266599
Family and Children's Services of Frontenac, Lennox and Addington		0.202084195	0.038606744	4229.319211	39075	7465	193360	0.161569613	0.90372194
Kawartha-Haliburton Children's Aid Society	TRUE	0.187752196	0.037459811	4484.60587	43505	8680	231715	0.118378533	0.905384798
Family and Children's Services of Lanark, Leeds and Grenville		0.199456377	0.035571838	4444.039528	33755	6020	169235	0.174914633	0.892956281
Bruce Grey Child and Family Services		0.205155117	0.034079333	4330.022695	33230	5520	161975	0.193275765	0.881905433

Agency	Reference Agency	Fraction 19 And Under	Fraction Aboriginal	Heating Degree Day	Population, 19 and under	Population, Aboriginal Identity	Population, Total	Remoteness Index	Social Assistance Accessibility
The Children's Aid Society of Haldimand and Norfolk	TRUE	0.218801239	0.031472035	3960.106428	24020	3455	109780	0.107012336	0.899922456
Valoris for Children & Adults of Prescott-Russell		0.22490904	0.031234257	4714.855204	20090	2790	89325	0.130376484	0.901713705
The Children's Aid Society of the Niagara Region	TRUE	0.206476964	0.027338997	3653.233919	92480	12245	447895	0.094499946	0.912557524
Windsor-Essex Children's Aid Society		0.230558097	0.024752785	3440.060852	91980	9875	398945	0.20106252	0.875287225
Children's Aid Society of Ottawa	TRUE	0.227852437	0.024570643	4667.769043	212870	22955	934245	0.098942185	0.954469129
Children's Aid Society of London and Middlesex	TRUE	0.224177875	0.024133956	3915.590044	102085	10990	455375	0.103709555	0.916589795
Catholic Children's Aid Society of Hamilton	TRUE	0.222092882	0.022601343	3671.697998	119245	12135	536915	0.063707403	0.939631441
Children's Aid Society of Hamilton	TRUE	0.222092882	0.022601343	3671.697998	119245	12135	536915	0.063707403	0.939631441
Family & Children's Services of St. Thomas and Elgin County	TRUE	0.250407418	0.022141051	3851.367928	22280	1970	88975	0.113553926	0.894987031
Durham Children's Aid Society		0.2464273	0.019400189	4115.342269	159160	12530	645870	0.054811921	0.928163249
Dufferin Child and Family Services		0.254576381	0.018872509	4600.777886	15715	1165	61730	0.092493936	0.907910391
Children's Aid Society of Oxford County		0.238443152	0.018490957	3969.467074	26435	2050	110865	0.095206796	0.90385712
Family and Children's Services of the Waterloo Region		0.24103072	0.016780028	4215.022808	128990	8980	535160	0.072073646	0.921907066
Family and Children's Services of Guelph and Wellington		0.239392987	0.015197773	4386.693971	53320	3385	222730	0.081981298	0.914941398
Huron-Perth Children's Aid Society		0.236580079	0.013520961	4189.207831	32195	1840	136085	0.125497365	0.891756406
Children's Aid Society of Regional Municipality of Halton		0.261942966	0.009964627	3852.161447	143660	5465	548440	0.051622073	0.935051832
Catholic Children's Aid Society of Toronto		0.199028398	0.008443862	3853.801025	543660	23065	2731570	0	1
Children's Aid Society of Toronto		0.199028398	0.008443862	3853.801025	543660	23065	2731570	0	1
Jewish Family & Child Service of Greater Toronto		0.199028398	0.008443862	3853.801025	543660	23065	2731570	0	1
Native Child and Family Services of Toronto		0.199028398	0.008443862	3853.801025	543660	23065	2731570	0	1
Children's Aid Society of the Region of Peel		0.253793238	0.006600397	4084.719846	350675	9120	1381735	0.037906451	0.946688874
York Region Children's Aid Society		0.243708949	0.005324756	4183.281865	270495	5910	1109910	0.034123271	0.938007635

APPENDIX II: REGRESSION ANALYSIS RESULTS

PRIMARY REGRESSION RESULTS

OLS Regression Results						
Dep. Variable:	np.log(CostRatio)	R-squared:		0.787		
Model:	OLS	Adj. R-squared:		0.770		
Method:	Least Squares	F-statistic:		47.94		
Date:	Wed, 19 Dec 2018	Prob (F-statistic):		3.73e-13		
Time:	11:32:25	Log-Likelihood:		30.530		
No. Observations:	43	AIC:		-53.06		
Df Residuals:	39	BIC:		-46.02		
Df Model:	3					
Covariance Type:	nonrobust					
	coef	std err	t	P> t	[0.025	0.975]
Intercept	-0.8939	0.118	-7.576	0.000	-1.133	-0.655
Remoteness_Index	0.6827	0.157	4.355	0.000	0.366	1.000
Fraction19AndUnder	3.6089	0.565	6.383	0.000	2.465	4.753
PopulationRatio	0.0602	0.015	4.076	0.000	0.030	0.090
Omnibus:	4.690	Durbin-Watson:		2.545		
Prob(Omnibus):	0.096	Jarque-Bera (JB):		3.509		
Skew:	-0.513	Prob(JB):		0.173		
Kurtosis:	3.952	Cond. No.		58.2		

This table summarizes the primary regression results from the analysis using 10 reference agencies, and the reciprocal ratio for the FTE-dependent categories.

USING 8 REFERENCE AGENCIES

OLS Regression Results						
Dep. Variable:	np.log(CostRatio)	R-squared:	0.777			
Model:	OLS	Adj. R-squared:	0.760			
Method:	Least Squares	F-statistic:	45.41			
Date:	Wed, 19 Dec 2018	Prob (F-statistic):	8.49e-13			
Time:	11:40:59	Log-Likelihood:	32.903			
No. Observations:	43	AIC:	-57.81			
Df Residuals:	39	BIC:	-50.76			
Df Model:	3					
Covariance Type:	nonrobust					
	coef	std err	t	P> t	[0.025	0.975]
Intercept	-0.8142	0.112	-7.292	0.000	-1.040	-0.588
Remoteness_Index	0.6287	0.148	4.238	0.000	0.329	0.929
Fraction19AndUnder	3.3243	0.535	6.213	0.000	2.242	4.407
PopulationRatio	0.0567	0.014	4.054	0.000	0.028	0.085
Omnibus:	4.733	Durbin-Watson:	2.520			
Prob(Omnibus):	0.094	Jarque-Bera (JB):	3.537			
Skew:	-0.523	Prob(JB):	0.171			
Kurtosis:	3.939	Cond. No.	58.2			

USING 12 REFERENCE AGENCIES

OLS Regression Results						
Dep. Variable:	np.log(CostRatio)	R-squared:	0.797			
Model:	OLS	Adj. R-squared:	0.781			
Method:	Least Squares	F-statistic:	51.06			
Date:	Wed, 19 Dec 2018	Prob (F-statistic):	1.42e-13			
Time:	11:43:52	Log-Likelihood:	28.226			
No. Observations:	43	AIC:	-48.45			
Df Residuals:	39	BIC:	-41.41			
Df Model:	3					
Covariance Type:	nonrobust					
	coef	std err	t	P> t	[0.025	0.975]
Intercept	-1.0076	0.124	-8.094	0.000	-1.259	-0.756
Remoteness_Index	0.7456	0.165	4.508	0.000	0.411	1.080
Fraction19AndUnder	3.9190	0.597	6.569	0.000	2.712	5.126
PopulationRatio	0.0627	0.016	4.023	0.000	0.031	0.094
Omnibus:	5.651	Durbin-Watson:	2.588			
Prob(Omnibus):	0.059	Jarque-Bera (JB):	4.986			
Skew:	-0.489	Prob(JB):	0.0826			
Kurtosis:	4.351	Cond. No.	58.2			

INCLUDING SOCIAL ASSISTANCE AND HEATING DEGREE DAYS

OLS Regression Results

Dep. Variable:	np.log(CostRatio)	R-squared:	0.791
Model:	OLS	Adj. R-squared:	0.762
Method:	Least Squares	F-statistic:	27.93
Date:	Wed, 19 Dec 2018	Prob (F-statistic):	1.31e-11
Time:	11:46:43	Log-Likelihood:	30.922
No. Observations:	43	AIC:	-49.84
Df Residuals:	37	BIC:	-39.28
Df Model:	5		
Covariance Type:	nonrobust		

	coef	std err	t	P> t	[0.025	0.975]
Intercept	-0.9249	0.172	-5.392	0.000	-1.272	-0.577
Remoteness_Index	0.5214	0.401	1.301	0.201	-0.291	1.334
Fraction19AndUnder	3.7365	0.860	4.346	0.000	1.995	5.478
PopulationRatio	0.0575	0.015	3.741	0.001	0.026	0.089
Social_Assistance_Accessibi	-0.0842	0.469	-0.180	0.858	-1.034	0.865
Heating_Degree_Day	0.1515	0.203	0.747	0.460	-0.260	0.563

Omnibus:	5.380	Durbin-Watson:	2.545
Prob(Omnibus):	0.068	Jarque-Bera (JB):	4.147
Skew:	-0.595	Prob(JB):	0.126
Kurtosis:	3.947	Cond. No.	94.9

INCLUDING SOCIAL ASSISTANCE

OLS Regression Results

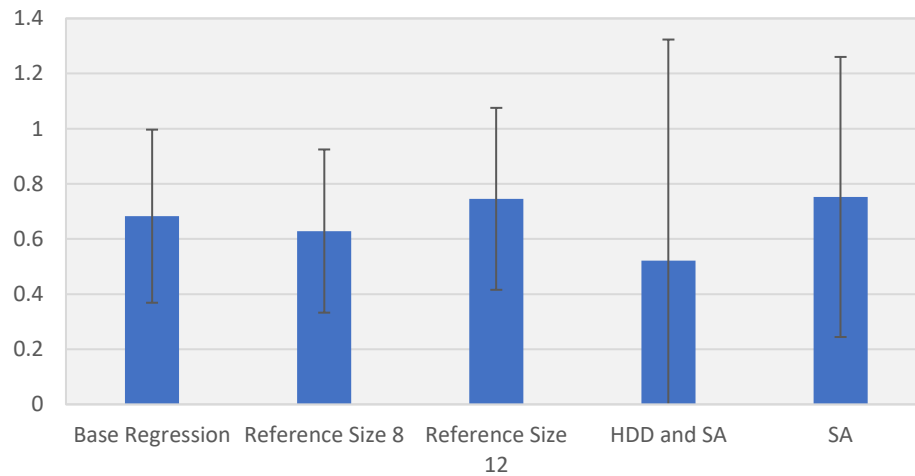
Dep. Variable:	np.log(CostRatio)	R-squared:	0.787
Model:	OLS	Adj. R-squared:	0.765
Method:	Least Squares	F-statistic:	35.18
Date:	Wed, 19 Dec 2018	Prob (F-statistic):	2.68e-12
Time:	11:48:19	Log-Likelihood:	30.600
No. Observations:	43	AIC:	-51.20
Df Residuals:	38	BIC:	-42.39
Df Model:	4		
Covariance Type:	nonrobust		

	coef	std err	t	P> t	[0.025	0.975]
Intercept	-0.9364	0.170	-5.514	0.000	-1.280	-0.593
Remoteness_Index	0.7524	0.254	2.966	0.005	0.239	1.266
Fraction19AndUnder	3.8283	0.846	4.526	0.000	2.116	5.541
PopulationRatio	0.0597	0.015	3.982	0.000	0.029	0.090
Social_Assistance_Accessibility	-0.1601	0.455	-0.352	0.727	-1.081	0.761

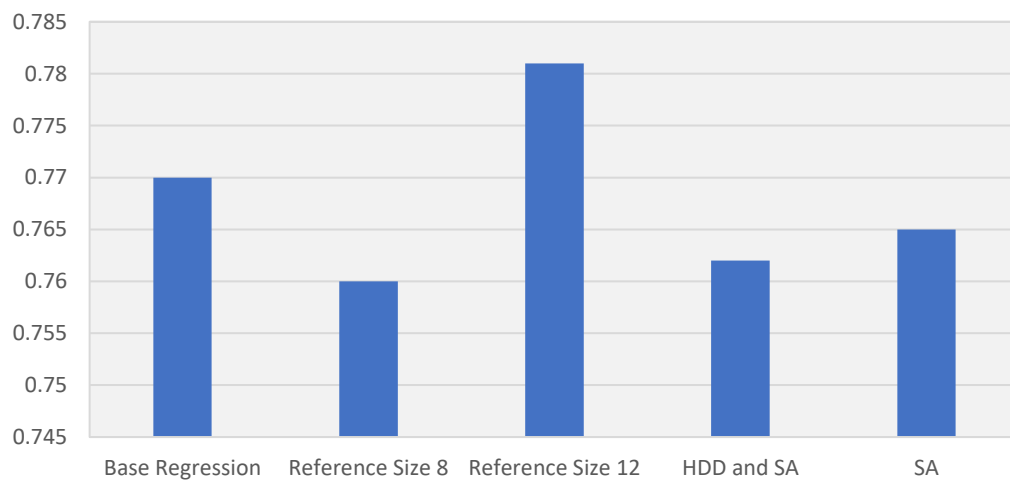
Omnibus:	5.013	Durbin-Watson:	2.512
Prob(Omnibus):	0.082	Jarque-Bera (JB):	3.786
Skew:	-0.561	Prob(JB):	0.151
Kurtosis:	3.925	Cond. No.	92.5

The following figures summarize the quality of fit and resulting remoteness index coefficient for each of the above regressions. The errors bars in the Remoteness Index Coefficient indicate the 95% confidence interval.

Remoteness Index Coefficient



Adjusted R-Squared



NO COST RATIO INVERSION

In order to explore the importance of inverting the FTE categories, an additional model was tested where no cost ratios were inverted. The results of the regression are shown below:

OLS Regression Results						
=====						
Dep. Variable:	np.log(CostRatio)	R-squared:	0.364			
Model:	OLS	Adj. R-squared:	0.315			
Method:	Least Squares	F-statistic:	7.435			
Date:	Wed, 02 Jan 2019	Prob (F-statistic):	0.000471			
Time:	13:36:24	Log-Likelihood:	-3.0879			
No. Observations:	43	AIC:	14.18			
Df Residuals:	39	BIC:	21.22			
Df Model:	3					
Covariance Type:	nonrobust					
=====						
	coef	std err	t	P> t	[0.025	0.975]

Intercept	-0.6433	0.258	-2.495	0.017	-1.165	-0.122
Remoteness_Index	0.5489	0.343	1.602	0.117	-0.144	1.242
Fraction19AndUnder	3.2216	1.236	2.607	0.013	0.722	5.721
PopulationRatio	0.0607	0.032	1.881	0.067	-0.005	0.126
=====						
Omnibus:	23.726	Durbin-Watson:	2.128			
Prob(Omnibus):	0.000	Jarque-Bera (JB):	36.377			
Skew:	1.698	Prob(JB):	1.26e-08			
Kurtosis:	5.960	Cond. No.	58.2			

The performance of this alternative model is much poorer than the main model. The R^2 is only 0.364, whereas the R^2 of the main model is 0.787. This indicates that the alternative model does not fit the observed data very well. In addition, the statistical significance of all 3 regressors is reduced substantially in this alternative model relative to the main model. Only the fraction of the population 19 and under remained statistically significant.

While the coefficient for the Remoteness Index (RI) is 0.549 in this alternative model, it is not significantly different from zero. However, it is also not significantly different from the 0.683 coefficient for RI in the main model.

These results indicate that the process of inverting the FTE-related cost categories produces a better statistical description of the connection between remoteness and child welfare agency requirements.

In addition, as shown in the table below, the cost ratios for the three NAN agencies are dominated by the non-FTE expenditure components.

	Total Cost Ratio	FTE %	Non-FTE %
Kunuwanimano	2.202	19.5%	80.5%
Payukotayno James & Hudson Bay Family Services	2.411	15.6%	84.4%
Tikinagan Child & Family Services	3.516	10.8%	89.2%

APPENDIX III: COMMUNITY ENGAGEMENT FROM A CHILD-WELFARE PERSPECTIVE

BMG is honoured to have had the opportunity to visit 19 NAN communities and seek input from the people and leaders in order to better understand the factors contributing to the Remoteness Quotient, and thanks NAN and DISC for facilitating this part of the project. It is important to acknowledge the complex relationships and range of expectations that exist among the three Indigenous agencies serving the NAN communities, and how a Remoteness Quotient can contribute to the efforts of agencies and communities to improve the lives of children and families.

OVERVIEW

Child and Family Services (CFS) agencies provide services for the protection and well-being of children and families in the communities within their jurisdiction. From time to time differences of opinion can arise between an agency and a community over the best services to deliver or the best course of action to take in a specific case. The resolution of these differences is facilitated where there is a positive ongoing relationship in which the agency recognizes that it is not only accountable to its funder and regulating authority (the Ministry of Children and Youth Services in the case of Ontario), but also to the communities it serves. In Ontario, it is accepted that when an agency or society services First Nations, Métis or Inuk children, community involvement is not only desirable, it is required by law. *The Supporting Children, Youth and Families Act, 2017* (SCYFA) S.71 states:

A society or agency that provides services or exercises powers under this Act with respect to First Nations, Inuit or Métis children shall regularly consult with their bands and First Nations, Inuit or Métis communities about the provision of the services or the exercise of the powers and about matters affecting the children, including

- a) the apprehension of children and the placement of children in residential care;
- b) the provision of family support services;
- c) the preparation of plans for the care of children;
- d) status reviews under Part V (Child Protection);
- e) temporary care agreements under Part V (Child Protection);
- f) society agreements with 16- and 17-year-olds under Part V (Child Protection);
- g) adoption placements;
- h) the establishment of emergency houses; and
- i) any other matter that is prescribed.

And the Act requires consultation in specific cases, under S.72:

A society or agency that proposes to provide a prescribed service to a First Nations, Inuk or Métis child, or to exercise a prescribed power under this Act in relation to such a child, shall consult

with a representative chosen by each of the child's bands and First Nations, Inuit or Métis communities in accordance with the regulations.

Customary care is one of the most effective ways to avoid placing children in faraway and culturally inappropriate homes, and of maintaining their identity and connections to the community. It is also one of the most controversial, and represents the conflicts that can arise between agencies and communities. According to Subsection 2(1) (iii) para 3 of the SCYFA,

“customary care” means the care and supervision of a First Nations, Inuk or Métis child by a person who is not the child's parent, according to the custom of the child's band or First Nations, Inuit or Métis community; (“soins conformes aux traditions”).

And S.70 allows an agency to pay the person for caring for the child.

But in practice, agencies are bound not only by the provisions of the Act but also by the regulations and by the standards and directives issued by the Ministry, some of which are inconsistent with “the custom of the child's band or First Nations, Inuit or Métis community,” but are instead Euro-Canadian in nature and resemble “kin care.” Some agencies have been able to understand the local customs of the many communities they serve and together seek ways of respecting the local culture even while complying with the legislative and accountability requirements that bind them. But to do so requires a robust, ongoing relationship with each community.

Customary care is a key example of the need for time, resources and patience from both the communities and the agencies, which must consult each community on an ongoing basis about overall plans and services (as per s.71 of the Act), and on specific cases (S.72). Yet the funding for band representatives was cut years ago, and small communities have little flexibility to be able to assign resources to this role. In turn, CASs have no one with whom to work.

The array of governance, legislative and funding issues that are raised above go well beyond the scope of the current engagement. They are important contextual matters, however. And if additional dollars are to be provided for First Nation Child Welfare Services in NAN communities to effectively mitigate the effects of remoteness and related deprivation, the views of the communities themselves must be given weight and a process should be put in place to achieve that.

One way of securing community input would be to require that any incremental funding provided to deal with remoteness only be released to a service provider (agency) after it has satisfactorily demonstrated that it has engaged each community in meaningful discussion and has a plan to use the new dollars to address at least some of the issues identified by the community.

During our visits, the communities made several recommendations that are directly relevant, such as that steps be taken to ensure that all children can take part in land-based activities; that youth and elder councils be created in every community; that support be provided to create a space and process designed

to bring community services together regularly for planning and communication purposes; that there be a practice of holding “circles of care” or a version of the Wee-chee-way-win Circle in each community, where appropriate; that training plans be developed and culturally relevant training curricula be delivered for all community service providers; and that current prevention services be reviewed with the goal of enriching in-home supports for parents, including basic life skills, parenting and addictions aftercare support.

The communities also made several recommendations related to foster care and customary care, such as reviewing the restrictive provincial standards and agency policies that pertain to foster homes in community, with the aim of opening up opportunities for more foster homes as needed; fully implementing a properly resourced and community-driven customary care model across NAN communities; and identifying safe emergency homes in every community. Any of these recommendations could warrant funding. In any given community some would be higher-priority than others. Each agency could be expected to determine together with each community it serves what the most relevant initiatives are for each of them and use that as the basis for a plan.

While there are similarities across NAN’s 49 communities, each of them has its own distinct character and local culture. The three CFS agencies that are mandated to serve those communities face the challenges of keeping well-informed and responsive. But it is both good practice and a legal obligation that they do so. A step in that direction can be taken by ensuring that the voices of all the communities are heard in planning how to use any increase in funding associated with remoteness, or funding formulas that weight remoteness according to RQs.

ENGAGEMENT WITH THE NAN COMMUNITIES

We would like to acknowledge the significant contribution made to this report by the communities we visited in Nishnawbe Aski Nation territory. The willingness of those who shared their experiences and viewpoints openly and fully is deeply appreciated. As well, we thank them all for welcoming us so warmly into their communities. We wish to honour their contribution by presenting our findings as accurately as possible to reflect their input, and to be respectful of the considerable commitment they show to the children, families and communities they live in and serve. In our readings we found the following quote from an elder: “You’re always asking questions. You never just watch and listen. You can usually learn what you need to know by watching and listening.” We sincerely hope that we listened attentively and respectfully, and that participants find their words in what is written below.

The purpose of the community engagement work was to offer community members an opportunity to share their lived experience of child welfare services and to identify the resources needed to address child, youth and family well-being needs. Community members were invited to share their wisdom and their insights into the strengths within their communities as well as the barriers to achieving family well-being. Community members offered their hopes and dreams as they related to child welfare, harm prevention, and early intervention approaches and services.

During the months of April and May of 2018 a team of NAN staff and BMG consultants visited 19 communities. Because of the limitations of timelines and resources, these communities were chosen based on geographic location, size and the CFS agency providing services. Several other potential community visits were not made because of inclement weather, the death of a child in one community, and feelings of having been overly consulted in recent months in one other.

The engagement was undertaken with an understanding of the historical, cultural and social complexities facing communities and with respect for the individual character of each community.¹⁰² The engagement process was resourced and supported by NAN, with the guidance of elders and endorsement of the leaders within the communities. NAN family well-being officers helped with sometimes complicated travel arrangements and worked with community service providers to arrange the visits and introduce our teams to the communities.

The engagement process took the uniqueness of each community into account, which ensured thoughtful, holistic, strength-based personal responses.¹⁰³ Four core principles—integrity, inclusion, deliberation and influence¹⁰⁴—were adhered to, which allowed for openness about the purpose and scope of the engagement and created opportunities for a diverse range of views to be expressed.

The community engagement process brought together community leaders, elders, and youth, community service providers, educators and police. Participants were asked to share their lived experiences of child welfare services and identify the community resources needed to address child, youth and family well-being needs. BMG met with 502 individuals, of which 124 were youth representing age groups 8 to 18 and young adults 19 to 24. Discussions took place in community halls, schools, Council offices, and at community feasts. Senior leadership from the three Child and Family Services agencies serving NAN territory were also consulted over the phone.

Community members shared their wisdom and their insights about community strengths and the barriers to achieving family well-being, and subjects included child welfare, community wellness, harm

¹⁰² Hunt, “Engaging with Indigenous Australia—Exploring the Conditions for Effective Relationships with Aboriginal and Torres Strait Islander Communities.”

¹⁰³ Ontario Centre of Excellence for Child and Youth Mental Health, “Evidence In-Sight: Engaging First Nation, Inuit and Métis Families.”

¹⁰⁴ Hunt, “Engaging with Indigenous Australia—Exploring the Conditions for Effective Relationships with Aboriginal and Torres Strait Islander Communities.”

prevention, early intervention, and ongoing treatment services. A focus on strengths encouraged discussions about opportunities, hopes and possible solutions.¹⁰⁵

The discussions reflected each community's unique history and current realities, as well as those of the individual participants, some of whom were survivors of residential schools and the Sixties' Scoop. Their experiences and perspectives on the overwhelming devastation associated with these historical events and the ongoing impact of Euro-western child welfare practices reflected in the loss of culture, language, and identity and all aspects of well-being for Indigenous people contributed to our understanding of the intergenerational trauma still being felt today.¹⁰⁶ (Details on the interview approach and participating communities are found at the end of this section.)

Community Voices

While each community's members voiced specific areas of concern and thoughts about how to make their communities healthier and better places to live, there are also strong commonalities. We have tried to identify important similarities and differences between communities or within communities. The following feedback is presented in the authentic voices of the community, with quotes that arose during our engagement sessions. Care has been taken to ensure confidentiality, however, so neither speakers nor communities are identified. The recommendations listed at the end of each topic theme come from the communities; they are in line with and supported by what the collective wisdom of First Nations people has already taught us.

Community Strengths

Every conversation started with a question about the strengths of the community. We asked participants what makes their community special and what they are most proud of.

Communities described feeling strong when the community members come together, whether for a feast, Jeremiah Days, a harvest week, drumming and dancing, a sporting activity, a camp, a hunt, or any other communal activity. Said one, "Whenever we do plan and coordinate together, the end result is excellent." Communities also described coming together in times of tragedy and loss to care for and support one another.

Every community we visited expressed very real concerns about their young people while also seeing their young families as an important strength. "Young families are keeping traditions alive and we are proud of that," said one informant. "They train their young children well, using land-based activities and teachings of the traditional medicines from the environment," said another.

¹⁰⁵ Libesman, *Child Welfare Approaches for Indigenous Communities*.

¹⁰⁶ Aguiar, *Aboriginal Peoples and Historic Trauma*.

Where practiced, cultural land-based activities seem to provide the greatest sense of well-being, and there was a strong feeling that such activities “will be very beneficial and healing” in the communities where they are slowly being reintroduced. “The highlight of the community is our hunting week; we continue to build upon the community cohesiveness with the traditions and celebrations of this important community event,” said one participant. The practice of customary care was also raised as a strength, notwithstanding that its implementation comes with challenges (addressed later in the chapter). “Families are willing to come forward to take in and care for children when there is a child protection concern,” noted one informant. In each community there was at least one program that seemed to work well, or a building that community members were proud of. Comments ranged from “Jordan’s Principle is working well here” and “We have a good Healthy Babies, Healthy Children Program” to “We have a beautiful school,” or a good daycare or community women’s shelter. In the few communities where service providers work together, this work was highlighted: “Our Circle of Care case-planning meetings are good because we all talk about how to help as a community.”

Community plans, although not undertaken in every community, were also raised as a strength. “Chief initiated a community visioning process where they developed a strategy for housing and other infrastructure supports, and they were successful in receiving funding,” observed one person. Other common responses to what made the community special and what participants were most proud of:

- “We are able to care for our children.”
- “We are working hard to find solutions to the hardships [such as drug & alcohol abuse] that are present in the community.”
- “The band does try to help out whenever they can.”
- “A few new homes are being built each year.”
- “Our elders.”
- “Where the deputy chief acts as a band representative—they respond to all child-protection concerns for our families anywhere in the province.”
- “The band works hard to keep children safe and well-protected.”
- “Youth Councils and Elders’ Group.”
- “‘Choose Life’ is a strong new program.”

Opportunities for Growth

“Aboriginal People are not a people without hope. We have overcome seemingly insurmountable obstacles in our long and painful histories because our Creator has given us the tools necessary for survival. We must not be shy to use themWe must look to ourselves for our own guarantees, for we are the only ones that we can trust to ensure that our needs are met.”

Justice (now Senator) Murray Sinclair, quoted by Freeman and Lee in “Towards an Aboriginal Model of Community Healing”

The importance of engaging communities in planning cannot be overstated. Objections to outside agencies and governments making decisions for communities was the strongest and most powerful message we heard: “Programs, services and supports designed out of community don’t work”; “The communities need to find their own solutions, they need to decide what programs to offer”; simply “throwing more money at us is not the answer, not the solution We need to look deep into the hearts and souls of our elders.”

The following themes were identified during the engagement sessions:

- Intergenerational trauma
- Basic needs—for housing, water and food security
- Employment and income
- Coordination and accountability of existing services
- Community staff training and supports
- Prevention programming and reunification
- Foster care and customary care
- Self-governance
- Addictions and mental health
- Parenting
- Partner abuse
- Youth programming
- Access to services for special-needs children

INTERGENERATIONAL TRAUMA

We heard from communities that ...

The communities we visited shared their stories of pain, loss and the ever-present grief stemming from their experiences with residential schools and mainstream child welfare services. Yet there was a strong sense of hope, and an understanding and acknowledgment of the need to move beyond the pain and reclaim their lives by renewing their language and traditions. “Our kids want to dance, and no one is dancing. No one remembers how. We need to go back to being proud and having fun.” We heard from the elders that communities are “grieving ... sometimes every day,” because “I was born and raised on the land. I lived a good life, a happy life and then one day a plane came and took us away to the residential school. I lost my traditions, my language ...”; “I never lived with my mom for the first ten years of my life. I still feel a sadness”; “We suffer from generational impacts of residential schools; there has been tremendous suffering. An elder, 71, and a child of 10 recently committed suicide.”

Service providers talked about the “normalization” of lateral violence in communities. In the words of one chief, “The root of the problem needs to be addressed—the parents need help. The parents need to be healed and along with that the children will flourish”; another said, “There is always a cloud over us of the expectations from the white society Yes, there is a cloud over us all of the time.”

Intergenerational trauma and its impact on communities cannot be overstated. “Once we deal with our childhood issues we will be free.” In addition, the ongoing grief experienced in communities as the result of crisis and loss of life is prevalent and requires treatment and support services. An elder described his history this way: “We used to climb a hill pulling all our belongings, all that we needed to get to our destination. Then the white man came and we forgot who we were and we slid down that hill and accepted a treaty and money. We forgot how we were as native people. We need to pick up what we left behind on that hill and continue to our destination; we need to go back in time before we go forward as strong people.”

There is a strong desire to revitalize language, culture and traditions, particularly using land-based activities. “The heart of who we are as a people is fading”; “Learned helplessness, the effects of cumulative and collective trauma appear to have led to a decline in traditional social relationships. The loss of protective factors leads to the perpetuation of trauma.” Cultural gatherings and activities present the “perfect opportunity to help families and communities to heal,” integrating cultural learnings, parenting, relationships, basic life skills and personal healing. “There is a deep disconnection between elders and youth. Cultural identity is an issue. We need to have elders pass on their knowledge. More gatherings will make a difference.”

History and experience has taught us that ...

The effects of residential schools, and their lingering effects on children, youth and families, spanning five generations, has led to the loss of cultural identity, language, and traditional systems of family life.¹⁰⁷ The trauma has been exacerbated by ongoing removal of children by child welfare and by continued oppressive policies and practices by various levels and ministries in government. Such trauma is cumulative and has resulted in “a legacy of physical, psychological, and economic disparities that persist across generations.”¹⁰⁸

“Residential schools interrupted and corrupted traditional child-rearing by separating Aboriginal children from their parents, extended family and culture, and by raising them instead within punitive, often abusive institutions.”¹⁰⁹ “Understanding how trauma theory relates to Aboriginal peoples is necessary if we are to devise treatment approaches that are better suited to the unique context in which trauma is experienced by Aboriginal individuals, families and communities.”¹¹⁰

¹⁰⁷ Rice and Snyder, “Reconciliation in the Context of the Settler Society: Healing the Legacy of Colonialism in Canada.”

¹⁰⁸ Aguiar, *Aboriginal Peoples and Historic Trauma*.

¹⁰⁹ Muir and Bohr, “Contemporary Practice of Traditional Aboriginal Child Rearing: A Review.”

¹¹⁰ Aguiar, *Aboriginal Peoples and Historic Trauma*.

Currently, there is “a revival of First Nations’ strength and determination across Canada that is being witnessed. The impetus behind this revival takes many forms: the restoration of traditional beliefs and practices, the resurgence and reclamation of languages, the growth of First Nations’ sense of national identity and the reconstruction and deconstruction of Aboriginal people’s history.”¹¹¹

Recommendation 1: Intergenerational Trauma
<div>a) Through a collaborative and multi-program planning process, explore opportunities to sustainably fund land-based cultural family activities. It is important that these activities be open to all families, and that they be sustainable over time. In some communities a gathering place will need to be created, and in others the tools to make it work will need to be acquired, such as boats, tents, etc. Most importantly, service providers can use these occasions as opportunities to integrate the teachings of life skills, parenting and personal well-being into the events. “It is critical to ensure that all the children are able to take part in the land-based activities”; and</div> <div>b) Create youth and elder councils in every community, to provide elders the opportunity to share skills and teachings, and empower youth by connecting them with their history, language and culture.</div>

BASIC NEEDS—HOUSING, WATER AND FOOD SECURITY

We heard from communities that ...

Basic needs such as safe housing, food security, and safe drinking water ranked at the top of needs expressed across the communities. “It is hard to survive as a people when we are all struggling daily to survive.” Chiefs and councils, service providers, community members, children and youth all spoke of the daily struggles to “keep a roof over their heads and put food on the table”; “This is an immediate crisis that needs to be resolved if families are to be able to look after their children.”

The conditions, accessibility, and cost of housing vary across the Indigenous communities in NAN territory. Stories of three generations sharing a two- or three-bedroom house were common, and in many communities it is the norm. Estimates of how many houses were needed varied widely from community to community, and were complicated by reports that most of the existing homes require extensive renovations or structural repairs for water damage, mold, etc.

The impact of the housing crisis on the welfare of children and the overall well-being of the family was a difficult and emotional conversation for many. “We need new housing for young families. There isn’t any capacity in the community. Many houses don’t have hydro or water”; “We are approximately 250 houses short. It’s a fast-growing community, with 65 new babies a year. The infrastructure we have is falling

¹¹¹ Wesley-Esquimaux and Smolewski, *Historic Trauma and Aboriginal Healing*.

apart. Nothing can change until this is fixed.” And the problem extends beyond housing to community infrastructure: “There are toxins in the school—children aren’t allowed there anymore”; “We have no place to gather, no community centre that we can use”; “There are also beautiful buildings that have been built in communities, including schools, arenas, and community centres, but only in some communities.” Lack of indoor plumbing, inadequate and unsafe heating and poor water quality were also raised as issues in many of the communities. We heard that new homes were being built in communities where there was a strategic approach to planning and the resources available to seek funding sources. One band councillor explained, “It’s all about applying for grants—there is no big plan. Some communities are good at that and some aren’t.”

Community members and service providers attributed health issues, family violence, addictions and child neglect to a critical lack of suitable housing. “Overcrowding is putting children into care. It’s killing people”; “With traditional customary care home, the relatives will try and assist their families—the relatives want to take in the children, but the issue is overcrowding and housing”; “I want to foster, I want to look after my niece, but I can’t because my house won’t pass the [CFS] rules for houses.” Food insecurity is also preventing families from providing customary care. “I have my grandchildren. They were dropped off yesterday [by CFS], but I have no food for them. I had nothing. I went to Council and they helped me, but what will I do tomorrow?”

Food prices in the remote communities remain very high and few communities have food banks or community cupboards. “There is no healthy food we can afford, and we are working. Go to the store and look—nothing”; “With the obesity epidemic, the children and youth are unable to participate in land-based activities because they cannot fit in the canoe. Diabetes is high because of the lack of traditional or healthy foods and lack of physical activity.” In some communities the practice of sharing food with those in need was seen as a strength, but also as a challenge, given the struggles around food access and affordability. Ideas raised around innovation in food production and access included community gardens, community-owned and -operated greenhouses and community-owned co-op stores. One community described the importance of developing a fish hatchery and a blueberry operation. “We need to grow our own food. I can’t afford to buy fruit and vegetables and when I can they are almost rotten. We need to learn how to grow food here.”

Pollution and climate change are also having an impact on community food supplies. Some lakes are polluted to the point that fish are contaminated, “we don’t let the children swim anymore,” and winter roads are open for fewer weeks than they have been historically.

Housing for service providers was also raised as a significant barrier to having services come into communities. “Receiving dental and eye care is a serious concern. Some communities have waited over a year to see a dentist or eye doctor—maybe because there is nowhere for them to stay if they come here?”

History and experience have taught us that ...

Safe, affordable housing is considered to be an important determinant of health. Guevremont et al. (2006) reported that poor housing conditions are associated with chronic illness, injuries, violence and mental health concerns. “Overcrowding, in conjunction with remoteness of communities, has been associated with the increased rates of infectious illnesses like influenza and tuberculosis In addition, health implications of overcrowding can include sleep deprivation, lower educational success amongst children, increased threats of apprehensions.”¹¹²

The Canada Mortgage and Housing Corporation (2013) states that acceptable housing is “adequate if it does not require any major repairs, according to its residents,” is suitable if it “has enough bedrooms for the size and make-up of resident households,” and is affordable when “housing costs less than 30 per cent of before-tax household income.” Alternatively, a household falls to the level of core housing need when one or more of these standards is not met or the cost of housing exceeds 30 per cent of household income. Currently, Inuit and First Nations on-reserve households fare the worst across all these standards in Canada.

Recommendation 2: Basic Needs—Housing, Water and Food Security
<div>a) Prioritize the building of new homes and repairs to existing dwellings. Housing is critical to the health and well-being of children and communities;</div> <div>b) Ensure that every community has mechanisms in place so that its residents can access food in emergency situations; and</div> <div>c) As a part of a comprehensive community planning process, explore innovative ways to produce and acquire food in remote communities, including community gardens, hunting and fishing, greenhouses and cooperative purchasing.</div>

EMPLOYMENT AND INCOME

We heard from communities that ...

A strong theme across the consultations was that communities need work for their members. We also heard that this is a complicated issue, affected not only by remoteness and the lack of economic development opportunities but also by access to education and skills development as well as housing, mental-health and addiction issues. “To be strong and healthy you need to work. To work you need to be strong and healthy. And you need training. It’s difficult.” Few communities are able to provide access to continuing education or local skills-based training. We heard that for a myriad of different reasons, including fears about safety, financial constraints and family situations, it is complicated for people to leave the community to acquire education and skills. In several of the consultations, youth and their

¹¹² National Collaborating Centre for Aboriginal Health, “Housing as a Social Determinant of First Nations, Inuit and Métis Health.”

parents expressed a great level of fear of leaving the safety of the community for schooling. “If we let our children leave, they get lost—they die”; “So they don’t finish school, so they have no jobs—so what are you going to do?”; but also “The kids just sit at home when they can’t go to school”; “We worry because our young people have no jobs.” An elder summed it up in one brief statement: “We need pride and courage and we need economic development. That’s it.”

Several of the road-access communities have stronger economies and are positioning themselves to be self-supporting in varying degrees. They also have greater infrastructure investments and fewer social and health-related challenges.

History and experience have taught us that ...

We know that meaningful employment is a key indicator of health. “Mental wellness is a balance of the mental, physical, spiritual and emotional. This balance is enriched as individuals have purpose in their lives, whether it is through education, employment, caregiving activities, or cultural ways of being and doing.”¹¹³ Employment opportunities are limited in the vast majority of the communities visited, and those opportunities that do exist often require training and/or education to acquire the needed skills, which community members cannot easily access. In addition, “Rural, remote and northern regions have barriers constraining business growth and economic development, including inadequate infrastructure (e.g., housing, roads, etc.), and unsettled land claims, which can create an unsettled investment climate.”¹¹⁴

Recommendation 3: Employment and Income
<div>a) Ensure that every community has an active economic development officer and a strong community plan to lead the community towards economic sustainability; and</div> <div>b) Explore innovative ways of bringing skills development and higher-education opportunities to the communities. Suggestions shared included skills-based work such as teaching community members to build the community homes, creating paid employment around community clean-up, community gardening, and using distance education to help youth finish high school.</div>

COORDINATION AND ACCOUNTABILITY OF EXISTING SERVICES

We heard from communities that ...

There are good examples of joint planning for children, youth and families across the NAN communities where service providers hold “circles of care” meetings, or the chief and council are closely involved in case planning to help families in need and in crisis so that fewer children have been removed. However,

¹¹³ Government of Canada, Health Canada, “First Nations Mental Wellness Continuum Framework - Summary Report.”

¹¹⁴ Prince George BC: National Collaborating Centre for Aboriginal Health, “Indigenous Children and the Child Welfare System in Canada.”

outside of these few strong exceptions, we heard that services are generally structured and managed in a way that actively impedes collaboration. We often heard that “services need to be better coordinated with more collaboration and better case management” if they are to meet the needs of families.

A strong and recurrent theme was that “there are lots of services, and duplication of services with deep pockets, but the lack of coordination is a poor use of the money and the service”; “We need more coordination of services with more creative decision-making and use of existing resources”; “It takes the whole community’s involvement to make a good strong community, but we don’t do that.” The clear recommendation in all communities was to “get services working together and then see what is missing”; “Don’t just give more money so more kids can be taken away.”

The unwillingness of many community members to avail themselves of existing services was a persistent theme among community-service providers and child welfare workers. Generally, the workers we spoke to were poorly informed about what other services the community offered. “I don’t know what they do, but it would be good to know. Maybe they can help my families.” In a number of communities, the disconnection between services is so extreme that “we look after babies and do prenatal services but the parents will not allow us into their homes to see and assess. We can’t go in. So we don’t know if it’s okay. But no, health services do not refer to [CFS], and they never refer to us.” The explanations behind the siloing of services included “All they do is remove kids so we don’t call them”; “We have funding battles in the community so none of the programs want to share, and geographically spread-out office space. We need all child and family workers in one office so they can gather and communicate about the well-being of families and the community”; “We need a mental-health building with staff, offices, counselling rooms, workshop rooms, a public education room ... daycare, circle room, kitchen [so that] we can bring people together to work together.” Confidentiality concerns were also identified as a significant barrier to collaboration.

Notwithstanding the current challenges, every community agreed that “the more we partner and work together, the more effective the programs will be and the greater the impact will be on the families and children.” Proposed solutions and wish lists were consistent in identifying that service providers “need more resources to work together, for coordination of services.” The general agreement is that “as service providers, we aren’t going out and finding what programs are in the community. We need to ask, think outside the box and get creative to meet our goals. Program coordination will make our community stronger and healthier.” One group of service providers was particularly adamant that they “need help to set up coordination meetings. We should gather community to the table, then make a plan to create and implement effective programming based on the community’s needs.”

History and experience have taught us that ...

Looking after children is a complex business. Positive outcomes occur when all service partners work together in a network of services or systems. A collaborative system creates strengthened supports for children and their families, stimulates community solutions to their challenges, and increases the number and range of perspectives and experiences that can combine to meet their needs.

As Swift (2001) argues, “The isolation of the [child welfare] field as ‘special’ and separate from its social context creates an extremely narrow version of social reality, one that distorts, covers over, and delegitimizes other realities [...]. The intractable problems of clients and workers engaged in this field of struggle recede to the background. Poverty, bad housing, malnourishment, insecure childcare arrangements, poor job possibilities, woman abuse, addictions, health and mental health problems are the everyday concerns of child welfare workers.”

Such community initiatives are demonstrated to have created opportunities to share resources, integrate planning and develop more effective services.

Collaborative service approaches are most effective when they are

- child- and family-centred, and respect the importance of engaging the child, family, community members and community-service providers as partners in service planning and delivery;
- dependent on available and flexible funding for services designed to meet the child’s and family’s individual needs;
- willing to share information to ensure services are planned and delivered based on the best available information, while respecting reasonable needs for confidentiality;
- self-evaluative, to ensure a reflective learning process which contributes to increased system competency;
- inclusive, inviting participation from key stakeholders in the planning and delivery of services to provide rich and diverse viewpoints; and
- collaborative, drawing service partnerships into a service in which all members share a stake in the outcome.

Several models have been developed to support collaborative service planning and provision that can be built on and used to strengthen communities:

- Nishnawbe Aski offers a “Talking Together” alternative dispute resolution process that utilizes the circle as a process to deal with child welfare matters that allows for people significant in the child’s life to come together and plan for the best interests of the child. “The Circle speaks to the vital importance of strengthening relationships through sharing, collaborating and striving for consensus in decision-making.”
- Tikinagan Child and Family Services has developed a model of service called “Mamow Obiki-ahwahsoowin” which in Ojibway/Oji-Cree means “Everybody working together to raise our children.” The model is designed to respect the authority of First Nations to care for their own children, and “recognizes First Nations as partners in protecting and caring for children and promoting the well-being of children and families.” A central feature of this model is the “Wee-chee-way-win Circle of Healing.” When a child is in the care of Tikinagan, everyone in the community who is known to the child and family and has an

interest in the matter is brought together for a planning process that may include parents and siblings, the First Nation chief and council, elders, a Child and Family Services committee, foster care or other caregivers, Tikinagan staff and other community resources.

While these models may be used in some communities, those communities we engaged had not yet developed them.

Recommendation 4: Coordination and Accountability of Existing Services

- a) Help communities create a space and process designed to bring community services together regularly to plan and communicate with each other. Advocate for more flexibility in how funding is spent and look for opportunities for collaboration and sharing of flexible program resources;
- b) Where possible, locate services in physical proximity to one another to facilitate information- and resource-sharing; and
- c) Develop the practice of holding “circles of care” or a version of the Wee-chee-way-win Circle where appropriate, where everyone in the community who is known to the child and family and has an interest in the matter is brought together into a planning process with the family.

COMMUNITY STAFF TRAINING AND SUPPORTS

We heard from communities that ...

We heard that there is a substantial and immediate need to increase access to staff training and supports. Across programs, community workers are overwhelmed by the level and complexity of their clients’ needs. At the same time many are struggling with their own challenges, which often mirror those faced by their clients. One worker shared that “I just got my own kids back and we live thirteen in my parents’ house. It is hard for me—even feeding my kids is difficult.”

We heard that in some communities CFS workers are no longer welcome in many homes, and that community members are often reluctant to attend counselling/support sessions. This disinclination to seek out and accept help is primarily attributed to addictions and mental health challenges and is creating stress and worry for workers who are not certain how to help. These concerns are compounded by a reluctance to involve child welfare. One participant reported that “There was a young baby and we were worried ... nothing would happen, I guess ... I don’t know ... unless police called CFS. And I am a social worker and I just don’t know what to do.” The concern is grounded in a belief that child welfare involvement too often ends in unnecessary apprehension, and a fear of reprisal from family and neighbours.

Community workers also talked about feeling isolated as they manage these difficult scenarios on a daily basis. “Every once in a while, I am scared Every decision has a significant effect on the community, the

families, and children, and I make them alone.” Community-based teams that are managed from outside the community expressed a sense of detachment from the main offices. They spoke of difficulty in accessing information, of being “out of the communication loop,” of “feeling neglected” and “off the radar.” They described how organizational and programming policies and practices create insurmountable barriers for community families and contribute to high rates of worker burnout. “We need more flexibility to deal with unique needs of the community but need a system to ensure flexibility isn’t being abused. The decisions are being made from outside of the community. They aren’t putting out the money for kids in need. We need to advocate, advocate, advocate for our families.” Workers noted the lack of prevention money available for them to use to help families avoid apprehension and facilitate reunification, and gave such examples as not being able to purchase cribs and diapers, or provide emergency food supplies, or afford to bring children back to the community for visits.

Managers are themselves overwhelmed with the complexity of the work. “There are young staff who have anxiety, grief and addictions. We want self-care programs and professional development. Workers are experiencing vicarious trauma [and] need training on how to deal with the issues they face.” Once again, we heard about the value and importance of land-based healing. “If there were resources to fund a camp, the staff could go for retreats there for their own mental/physical wellness [and recovery] from trauma.”

An unexpected outcome of the engagement sessions was the bringing together of service providers. The richness of the conversations that ensued and the support that individuals felt was powerful. “Our community faces trauma on a daily basis”; “Sharing helps to heal the soul.” Some conversations continued late into the evening.

In addition to the need for more ongoing supports and debriefing, critical gaps in training were identified, such as training to deal with withdrawal and overdose symptoms as new drugs come into communities, sexual assault, the dynamics of family violence, suicide prevention, grief and trauma recovery, and other issues.

Another issue that community workers raised was the difficulty of understanding what their own place was within the network of available community services. Many talked about not having job descriptions and being “uncomfortable” with the lack of clarity about their roles and the roles of the other service providers.

History and experience have taught us that ...

While child welfare work is rewarding it can also be very challenging, since it is complex work. Delivering child welfare services in rural and remote First Nations has its own unique challenges. More often than not, child welfare staff work in isolation from peers; in many instances supervision is provided from outside the community; and, typically, the worker has limited resources to assist families in need. All this can lead to a sense of helplessness. Training and ongoing staff development is critical to staff acquiring the knowledge and competencies needed to deliver child welfare services.

While child protection service agencies require their workers to take a core training program designed by the Ontario Association of Children's Aid Societies, many felt the training did not meet the cultural needs of the communities or with the tenets of community-based practice unique to First Nations. For training to be meaningful, the participants told us it needs to be based on trauma-informed practice, be appreciative, be strengths-based and have a nurturing self-care component. Whenever possible, although the child protection service agencies offer culturally relevant enhanced training to their staff, costs associated with travel often interfere with the agencies' ability to deliver the type and quality of training they'd like for their staff.

Recommendation 5: Community Staff Training and Supports

- a) Develop training plans and culturally relevant training curricula for all community service providers. Eurocentric training is not relevant in these communities. Expressed immediate training needs were related to
 - addictions;
 - trauma- and grief-informed clinical intervention strategies;
 - sexual health;
 - sexual assault;
 - family violence;
 - suicide prevention;
 - self-care;
 - debriefing after a crisis or serious investigation;
 - strength-based practice approaches:
 - family engagement strategies;
 - relationship-building/networking;
 - group work;
 - community development;
 - innovative practices in First Nations child welfare; and
 - team management training for community managers.
- b) For agencies not based in the community, including CFS agencies, explore what supports the community teams need. Review communication practices and have conversations about the policies and practices that create obstacles to effectively providing services.

PREVENTION PROGRAMMING AND REUNIFICATION

We heard from communities that ...

Many of the communities we visited have no resident prevention workers, whether because of staffing or retention challenges, programming practices or other reasons. There was also considerable confusion both as to what prevention entails and whose responsibility it is. The workers that we met in communities all want to be able to do more to strengthen families, but to do so they need more flexible prevention funding and more training. The greatest gap expressed was the lack of in-home supports. "There need to

be more resources available to help caregivers change their lifestyles [i.e., addictions]”; “more education regarding the basic needs of the children”; and “in the home, because families often don’t come out to services.”

Prevention funding is also very limited and difficult to access. Community staff “struggle to access prevention funds to keep children out of care or to return children home.” Examples ranged from funds to buy groceries to purchasing a bed, so that a child could be discharged back to his/her home.

The CFS agencies said that their ability to deliver comprehensive prevention services is compromised by a number of factors: inadequate funding, staffing vacancies, distance from the communities, and a lack of office space. The high turnover of staff was a complicating factor, since agencies have to constantly recruit and train, and there are often gaps in service. With sufficient funding, agencies would be able to improve their capacity to deliver prevention and early intervention services. One agency has separated its prevention service so that community members can feel more confident and comfortable accessing prevention programs.

History and experience have taught us that ...

There is limited information about early intervention and prevention in First Nations communities. What we know from experience and have gleaned from our research is that early intervention and prevention has usually been modelled on mainstream approaches with cultural adaptations.

Community members need to have opportunities to plan, design and implement early intervention and prevention programming within their communities to ensure they are culturally and linguistically sound and based on the traditions of each community.

To be truly preventive in nature programming needs to begin before a child is born and continue with both the child and parents until the child is school-age. This can ensure that supports and treatment interventions are offered concurrently to the parents if required and may also avert a cycle of responding to situations only when the sole option is treatment.

The province of Manitoba, in collaboration with Indigenous and Northern Affairs Canada, has developed a framework to ensure children and families have access to early intervention services with the goal of strengthening and supporting families, obviating admission to care. This framework could inform prevention work and training in northern Ontario communities.

Recommendation 6: Child Protection Service Agencies: Prevention Programming and Reunification
a) Fund more flexible prevention: CFS staff needs prevention funding and prevention workers. Current funding is still tightly linked to children in care. There is an urgent need for more flexible support for good family decisions;

Recommendation 6: Child Protection Service Agencies: Prevention Programming and Reunification

- b) Review current prevention services with the goal of enriching in-home supports for parents, including basic life skills, parenting and addictions aftercare; and
- c) Develop and implement training for CFS workers as well as other community-service providers on what prevention services are intended to do and what they can provide.

FOSTER CARE AND CUSTOMARY CARE

We heard from communities that ...

Questions around foster care, customary care and emergent placement options were raised in every community engagement. Individuals consulted had limited knowledge of the foster care available in their communities, but many of them were looking after family members under some form of customary care. A shortage of foster homes in communities was attributed to a shortage of housing in general, as well as “impossibly strict and community-inappropriate” provincial standards and agency policies. None of the communities were able to identify how many more foster homes were required to house children who have been apprehended. However, most felt that it was increasingly uncommon to see children placed out of community; when it does happen they are “reintegrated to the community care fairly quickly, provided they do not have special needs the community cannot meet.” This shift is attributed to a strong position taken by both CFS and chiefs and councils. In the words of one chief, “I was tired of having the children sent out to a scary strange white house that they had never been to, so we stopped that. Now we find homes here in community.” In communities that assigned funding to a band representative or if those responsibilities were assigned to a member of council, there appeared to be greater communication with the child welfare agency and collaborative planning to ensure that a culturally appropriate placement in the community was found.

In several communities we heard that they want to see a new child-care model: “Children remain in the home, cared for by community members or family, and the parents are removed”; “Children should not have to leave the home or their community when the parent is the problem”; “Let’s have no kids in care, but parents in treatment. A parent gets drunk and we punish the kid—no, that is wrong.”

The greatest expressed concern was around customary care. In many communities the providers of customary care receive no financial or other support unless the family is ready and able to pursue status as a foster home. We met with many families who are struggling to provide customary care, often at a great hardship to themselves. “We have no money to feed the mouths” and “No one pays us any money to look after community children” were often-repeated messages. There is an understanding that families have a choice to “go the informal route of customary care,” in which CFS does not remain involved, or they can apply to become foster homes and then go through the rigorous screening process, which many community homes fail to pass. One grandmother described how her three grandchildren had just been

dropped off “with a plastic bag.” She had no idea how she would support the children but was determined to do so.

There is also a very real need for “extended family members to receive counselling and support training so they can be available when other families are in crisis.” We were told by an elder that “I have no help to understand the difficulties that my grandchild has”; “Now kids are being born on suboxone and it changes them. Learning is difficult. We need to understand how to help them.”

Lack of emergency placements was also raised as a real concern. “We need a group emergency home in the community to keep kids from going into care”; “They have to use the high school as emergency rooming for kids because they don’t have a safe house.” We spoke to youth who described situations where they had to “hang outside” all night when things at home were unsafe—they were scared that if they went for help CFS would apprehend them and send them out of the community.

History and experience have taught us that ...

Even though the child welfare agencies delivering services in the communities have policies and procedures for the development and support of community-based foster, kinship and customary care, the communities expressed concerns regarding both the agencies’ practices and legislative requirements relating to caring for children.

There is a strong desire to restore traditional systems of care that support community cultural practices and traditions. “For centuries, Aboriginal peoples practiced their own dynamic systems and models of caring for and nurturing their children. These systems were connected to the values of each Nation, expressed in a variety of ways and based on unique world views, distinct cultures and traditions. Today we know that outcomes are improved when Aboriginal cultures, values and world views inform and shape culturally safe child, youth and family practice.”¹¹⁵

¹¹⁵ British Columbia: Ministry of Children and Family Development, “Aboriginal Policy and Practice Framework in British Columbia: A Pathway Towards Restorative Policy and Practice That Supports and Honours Aboriginal Peoples’ Systems of Caring, Nurturing Children and Resiliency.”

Recommendation 7: Foster Care and Customary Care

- a) Rewrite the restrictive provincial standards and agency policies that pertain to foster homes in communities so as to create opportunities for more foster homes, as needed;
- b) Fully implement a properly resourced and community-driven customary care model across NAN communities;
- c) Identify safe emergency homes in every community that can be used for emergency placement of children as well as by women and children fleeing violence;
- d) Request that CFS ask community members how they practice customary care to identify and remedy gaps in knowledge; and
- e) Conduct a full review of the number of additional foster homes that communities need and secure funding to build and maintain the homes.

SELF-GOVERNANCE

We heard from communities that ...

Throughout the engagement sessions we heard that the devolution of the child welfare authority is either being planned or is a goal. Over and over we heard about the communities' determination to reform child welfare services, to make them community-owned, designed and delivered, with a focus on family preservation, reunification and community capacity-building, and with an emphasis on supportive child, family and youth interventions that draw on the community's inherent resiliency and cultural ways of knowing. "Mainstream agency policies and legislation hinder our authority to have control over our children." We heard that communities "need to reset our minds and hearts and say 'Yes, we can do this, and succeed for better than government agencies,'" and "be involved in developing our own way of caring for our families." Some communities feel readier than others, but they all want to work towards "changing the fact that essential services are run by the community but child welfare services are dealt with by CFS."

History and experience have taught us that ...

"While Aboriginal people have faced many challenges, they have also demonstrated immense resiliency and unique strengths, and many are actively restoring and revitalizing their languages and cultural systems of care for their children" (p. 8, "Aboriginal Policy and Practice Framework in British Columbia"). Many of the First Nations articulated a desire for restoration of jurisdiction and authority over child welfare. This is consistent with a broader movement across Canada.¹¹⁶ Restoration of governance and authority over First Nations children is seen as foundational to nation-building.

¹¹⁶ Blackstock and Trocmé, "Community-Based Child Welfare for Aboriginal Children."

Recommendation 8: Self-Governance

Delegate authority for child welfare to the communities, ensuring that a proper transition process is followed, including capacity-building. Develop a flexible family-centred and holistic model of child welfare unique to the needs of First Nations communities, one that emphasizes family preservation, reunification and community capacity-building.

ADDICTIONS AND MENTAL HEALTH

We heard from communities that ...

Addictions

The overwhelming majority of communities visited are struggling with the impact of alcohol and drugs, and “it is getting worse every day”; “Alcohol and drugs dull the pain; this has an impact on our families and leads to neglect and child abandonment.” While in a few communities alcohol is the main challenge, in others service providers estimate that up to “75 or 80 per cent of adults are meth-addicted”; “Four years ago people were healthy and working, and now they are walking around like skeleton zombies looking for the next fix.” Addiction was cited across communities as “the number-one reason why families cannot support their children.” Every community expressed a “great sadness”; “Because of the heavy use of drugs and alcohol children’s basic needs are not being met, such as food, shelter, clothing and blankets for warmth”; youth are “struggling with teen pregnancy, depression and suicide,” and “community can’t work, they don’t come in—they don’t care.” We heard that children as young as nine and ten are drug-involved and that babies with serious developmental and behaviour problems are being born to meth-addicted parents. One youth described his isolation in his community: “The only way to stay clean is to stay away from people. My friends, my cousins, my parents are all addicted. So I stay home and they don’t talk to me.”

Preventing the flow of substances into communities is an ongoing challenge. A police officer described it “like playing a game of whack-a-mole—you get rid of one dealer and two more pop up”; “They don’t even bother hiding it anymore.” While some communities have instituted mandatory searches at community entrances, airports and winter roads, the general consensus is that these measures do not make a significant difference. Across many communities we heard reluctance on the part of community members to actively intervene in the drug trade. These are small communities, and safety, both physical and emotional, is a very real concern for people. “No one call[s] police regarding the drug problem. No one wants to be identified as calling or have to go to court.” Another contributing factor is economic: people are struggling to feed their families and drugs are profitable.

Community workers described feeling “scared and helpless—there is nothing I can do,” and lamented the “insufficient programs for prevention, early intervention, treatment and ongoing support.” While rehab programs are available to communities, they are situated “out of the community [in the city] and the waiting list is very long to get into the facilities. The people want help but they are getting tired of waiting for it and losing hope. You can only get on a list if you are visibly in crisis.” A lack of programs for youth was also cited as a real gap.

There is a lack of follow-up or aftercare in the communities. “They come back and there is nothing. It’s all the same. So they are sad and they start again, because everyone is using.” The value of land-based family aftercare programs was widely discussed. “Every community needs to have land-based help for the whole family. The family needs to heal together.”

Communities also talked about an alarming rise in Hepatitis C and HIV in the communities, and the need for more awareness of prevention and treatment programs similar to the “Know Your Status” programs in the larger communities.

The use of suboxone and methadone is controversial in communities, where the general perception is that the programs have “turned into another form of addiction in the community.” Many felt that suboxone and methadone have turned into “another drug problem—now the whole community is getting drugs every day and our babies are being born addicted.” There is no doubt that the programs are being used, but “the problem is the lack of support to get off.” We heard that too often “there is no treatment plan associated with the issue of suboxone”; “Methadone is not a treatment program ... it’s a prescription drug trade.”

Mental Health

Access to mental health services is sporadic and inconsistent across communities, particularly for children and youth. Barriers to accessing services include the cost of community programming, long waiting lists, the stigma associated with mental illness, a lack of options to address different needs—which could be individual or family needs, cultural or mainstream concerns, as well as concerns about confidentiality and lack of continuity of care; “Counsellors are coming into the community every week and it changes all the time.” In some communities “the services are there but no one uses them,” whereas in other communities, “there is nothing to help us.” The path to wellness was described as a “process in which cultural knowledge and traditions, particularly land-based, should be the basis of treatment.” Options are seen as important, however, and diagnosis is complex, so in some situations, aspects of more “mainstream clinical approaches to care may be appropriate.” The question of in-community services versus counsellors coming in was often raised; the general opinion was that both have value and provide options for community members.

History and experience have taught us that ...

The legacy of the residential school system and the Sixties' Scoop in Canada has been well-documented. "The schools left an historical and emotional legacy of shame, loss, and self-hatred that is the root cause of addiction and many of the associated problems facing Aboriginal communities today."¹¹⁷ Colonization has contributed to "lower levels of self-esteem, [...] mental health issues, physical disabilities and inadequate life skills."¹¹⁸

Good practice includes a full spectrum of culturally informed approaches to support mental wellness and combat addictions. This continuum includes

- health promotion, harm prevention, community development and education;
- early identification and intervention;
- coordination of care and care planning;
- detox;
- trauma-informed treatment; and
- support and aftercare.

With respect to the use of suboxone and methadone, the Ontario Ministry of Health and Long-Term Care has issued guidelines for First Nations community-based suboxone programs: "Community-based suboxone programs include four phases: preparation, induction, maintenance and discontinuation. Community-based suboxone programs are holistic programs that involve community consent and support, medical intervention and psychosocial supports."¹¹⁹

Recommendation 9: Addiction and Mental Health

- a) Ensure equitable and timely access to holistic land-based family healing. "Government will only pay for the individual to seek treatment, but addiction affects the whole family, and the healing needs to be done together." A network of treatment programs across the north could provide services out of community but close to home;
- b) Secure sustainable funding for year-round land-based community gathering and healing sites in each community. Communities heal when they come together. Too often lack of resources and infrastructure prevent that from happening;
- c) Create a long-term plan in communities for methadone and suboxone treatment, which now is a lifelong commitment. Institute programming to support the "discontinuation" phase of suboxone and methadone programs in accordance with Ministry of Health guidelines;

¹¹⁷ Aguiar, *Aboriginal Peoples and Historic Trauma*.

¹¹⁸ Prince George BC: National Collaborating Centre for Aboriginal Health, "Considerations for Indigenous Child and Youth Population Mental Health Promotion in Canada."

¹¹⁹ Ministry of Health and Long-Term Care, "Continuity of Community-Based Suboxone Programs during the Evacuation of First Nations."

- d) Review the availability and accessibility of mental health and aftercare services in communities to ensure that options are available for those needing services;
- e) Ensure that there are appropriate mental-health and addictions services for youth in every community; and
- f) Explore models for anonymous Hepatitis C and HIV testing in the communities as well as better awareness of prevention and treatment programs.

PARENTING

We heard from communities that ...

We met with many strong, resilient, attentive parents. Many parents are struggling, however. One wise eight-year-old told us that if he were chief, he would “fix the parents because they are sick.” We heard that “in order to help the kids we have to help the parents, too.” Another child spoke of “cleaning up the community so that it looks nice” for his parents. The “number one problem affecting parenting is intergenerational trauma, resulting in underdeveloped life skills, poor parenting skills, and addictions.” Long conversations with elders can be summed up in the following words: “No one taught us to love, to parent.”

Many communities are experiencing a baby boom and parents are getting younger as teenage pregnancy rates rise. “We now have a community of kids raising kids,” and so “those little kids are learning how to look after themselves. They see what is happening with their parents and they look after each other.” These young parents need supports that will “show them [how] to understand what a child needs.” Parents need have access to mental-health and addictions supports and to be shown how to attend to their children’s basic needs.

Service providers talked about the difficulty of getting parents to come out to programming, and how helpless they felt about getting the right services to those in need. Addictions and fear of CFS involvement were named as major barriers to accessing services. Young parents talked about “different” services that centred on communal healing and supports. Community members shared stories of when traditional parenting methods had been rejected by mainstream programming, leaving parents lost as to “how they can be parents when what they know in their hearts they are told is wrong.”

The housing crisis is having a huge impact on young parents. The vast majority of parents we spoke to are living in very overcrowded conditions with three or more families per home. “We are fourteen in our house, we live with my parents. It is very difficult. We are never alone and my mother says I am a bad parent on Facebook, so I am ashamed.”

Access to daycare is also an issue in many communities. Even in communities where there is a daycare, spaces are often limited.

History and experience have taught us that ...

The needs expressed by parents and their communities about culturally appropriate services and community capacity-building for health, families and looking after children is echoed in the literature.

According to the First Nations Mental Wellness Continuum Framework, in order for First Nations children, youth and families to experience wellness, communities need “culturally grounded community development and capacity-building that reduces risk factors and increases protective factors,” and “comprehensive, coordinated, high-quality, culturally responsive programs and services.”¹²⁰

Recommendation 10: Parenting

- a) Build accessible, quality daycares and early-years centres in communities where they do not yet exist. These not only help parents to acquire and sustain employment, they also provide children with a healthy start and support school readiness;
- b) Introduce a sustainable, culturally safe parenting programming that includes in-home supports for both the basic care that children need and an added focus on bonding and attachment; and
- c) Implement all community recommendations regarding mental-health and addictions supports.

PARTNER ABUSE

We heard from communities that ...

There was a reluctance to address the issue of family violence in communities other than to admit that it happens. We believe this was in large part due to the consultation format, with most conversations taking place in mixed groups. There is a stigma associated with family violence that was not felt during conversations about other challenges faced by the communities. We did not meet any service providers working directly in the field of family violence and heard of no current programming for men, women or children. Women fleeing abuse are either housed in communities where there is a safe house, or they are taken out to places of safety.

History and experience have taught us that ...

We know that family violence is strongly linked with other social determinants of health, including living conditions, poverty, employment, culture and education and that “Aboriginal women are eight times more likely than non-Aboriginal women to die as a result of violence.”¹²¹

¹²⁰ Government of Canada, Health Canada, “First Nations Mental Wellness Continuum Framework - Summary Report.”

¹²¹ National Collaborating Centre for Aboriginal Health, “Family Violence as a Social Determinant of First Nations, Inuit, and Métis Health.”

According to the National Collaborations Centre for Aboriginal Health, programs and strategies to address family violence must

- acknowledge the impact of the past;
- be holistic, encompassing not just the individual, but the individual within the context of the family, the community, and larger society;
- be innovative and culturally appropriate; and
- involve multi-sectoral, interagency collaboration.

Recommendation 11: Partner Abuse

- a) Ensure that places of safety have been identified in the community or in a neighbouring community; and
- b) Train service providers to provide counselling and supports that include safety planning.

YOUTH PROGRAMMING

We heard from communities that ...

We met with both children and youth in large group settings and small focus groups as well as individually. Community members, service providers, and elders told us that “youth are always overlooked” and “left to look after themselves,” particularly once they leave school, which for many happens at a young age. “There is a gap in youth programming. Babies are covered but when people age out of the younger-years’ program there aren’t services to support them.” Many of the teachers and instructors that we met with in the schools are struggling with school attendance and dropout rates.

Five themes raised by and about youth were prevalent:

The first, and most frequently mentioned is the need for a “place to be, to hang out, to do things”; “a place to feel safe when there is a crisis at home or if parents are struggling in a bad time,” where there are youth-positive and culturally relevant activities, sports and services available, a “hub where health and social services are all together with office hours for counselling and a drop-in at night. There can be recreation, counseling, tutoring ...” In a presentation by a junior chief and council we were told that “we are in dire need of a drop-in centre for all youth in the community. We do not have a place to meet and socialize in a positive environment. Most people just walk around in the evening and inevitably get into trouble of some sort.” Although all communities have some level of sports and land-based activities for their youth, they are often very restricted in scope, capacity, frequency and accessibility because of financial constraints, staffing challenges and difficulties acquiring the required tools such as boats, camping equipment, or sports gear.

We also met with youth workers who are overwhelmed by the complexity of issues facing youth they feel ill-equipped to help with, including addictions and overdoses, sexuality and mental health issues, violence, bullying, self-harm and suicidal ideation, and we heard that youth often have important basic needs for such things as food, clothing and medications. “Kids come here hungry. And they need socks—and shoes.”

The second theme was youth empowerment. “We need to hear the voices of our youth”; “They need to feel an important part of the community,” so that “when changes come, it’s our youth who will stand up.” In communities where there are youth councils, the participating youth felt strong and a part of the community; however, in many communities the youth are largely disengaged and “feeling hopeless, so bad things happen.”

The third theme raised was addictions and social media and the link between the two. Youth are struggling with the impact of being raised in homes and communities where addictions are prevalent, and they are also battling their own addictions. “When I go home I just go on Facebook and Instagram and Snapchat and ignore the drugs and the yelling.” We heard that “youth are using social media as a diary, they are feeling so alone that they type it online. Then there is bullying. And then they drink. And then they hurt themselves.”

The fourth theme was culture, and a need for youth to be more connected with their language, culture and lands: “We need a land-based curriculum to know our heritage and culture. We need to go out on the land and become familiar with our medicines and our land.” The Choose Life program has already made a huge difference in communities: “For the first time the youth are interacting with the elders and learning traditional skills.” There is a pervasive sense of hope, an understanding and acknowledgment of the need to move beyond the pain of their family members and reclaim their own lives by renewing their language and traditions.

Finally, youth spoke of the difficulties they experience in finishing high school and pursuing post-secondary education and skills development as a path to employment. While some communities have state-of-the-art schools, in others there are “not always enough high school courses to meet the requirements for graduation within four years.” Some schools are very overcrowded, and others have little or no support for the students who are struggling. Youth spoke about “being terrified” to leave the community to attend school in the south because of racism, gangs and violence. “When kids leave here, they disappear—they die.” For everyone in these communities jobs are hard to get, but for youth it is particularly difficult. Summer employment programs were described as an important opportunity to learn skills, make money and stay busy.

History and experience have taught us that ...

“The literature argues that the accumulated residential school experiences of separation, loss and abuse created a generation of people entering parenthood with limited capacity to form healthy emotional bonds or offer nurturing environments for their children.”¹²²

A review of the literature indicates that “key characteristics of successful mental health for children and youth include interventions that are holistic, community-driven and -owned; build capacity and leadership; emphasize strengths and resilience, [...] incorporate Indigenous values, knowledge and cultural practices, and meaningfully engage children, youth families and community.”¹²³

Dealing with youth suicide, alcohol and substance abuse requires an approach that focuses on the needs of the young person him- or herself but must also involve family and community healing. The problems facing youth are complex and closely tied to family and community well-being. “Promoting the mental health of children and youth must remain strongly linked to the reality of adult mental health problems in Aboriginal communities Adult mental health problems such as depression, substance abuse, violence or dealing with the aftermath of physical, emotional and sexual abuse have substantial effects on adults’ abilities to parent.”¹²⁴

Recommendation 12: Youth Programming

- a) Prioritize the building of youth centres in every community where they do not already exist. The centres need to be adequately and sustainably staffed and resourced with evening and weekend programming. Service partnerships would allow for a variety of programs and services while broadening the financial base of support. Centres can become a hub for
 - classes in music, art, dance, crafts, basic skills (such as cooking, budgeting, etc.), job readiness, sports;
 - land-based cultural activities;
 - opportunities to play hockey, basketball, baseball, volleyball or variations of these sports;
 - addictions supports;
 - counselling for youth who are depressed and suicidal; and
 - general safety and well-being;
- b) Develop youth-positive addictions programming including aftercare in communities;

¹²² Mussell, Cardiff, and White, “A Research Report Prepared for the British Columbia Ministry of Children and Family Development.”

¹²³ Prince George, BC: NNational Collaborating Centre for Aboriginal Health, “Considerations for Indigenous Child and Youth Population Mental Health Promotion in Canada.”

¹²⁴ Mussell, Cardiff, and White, “A Research Report Prepared for the British Columbia Ministry of Children and Family Development.”

- c) Create youth councils in every community and ensure that they have an active voice in community planning;
- d) Continue to offer land-based cultural events such as those being offered by Choose Life, and ensure that youth in every community have the same access to this type of programming;
- e) Create summer youth employment in communities, such as teaching the youth to build homes and start small businesses; and
- f) Work with the schools to explore innovative ways to provide a range of educational options to students.

ACCESS TO SERVICES FOR SPECIAL-NEEDS CHILDREN

We heard from communities that ...

There is a commendable commitment to and investment in children with special needs through Jordan's Principle funding. Not all communities have workers in place, however, and there are many challenges to securing the needed services and supports. We heard that there are many children with complex and unique needs that preclude them from fitting readily into programs that do exist—but in most cases programs do not exist at all, and it is often necessary to develop services and resources for each special-needs child individually. Accessing services for these children will require continued creativity, dedication, and finding individualized solutions through high levels of resourcing. There is also a major lag in assessment. Comments ranged from "It took two years to get an FASD diagnosis" to "We have so many children here with suspected autism spectrum disorder but they have not been diagnosed." Barriers to assessment include limited access to specialists, funding limitations and parents not wanting to seek help because of the stigma associated with many of their child's disabilities.

We suspect that the majority of children with special needs currently remain undiagnosed and poorly supported. High-needs children must leave the community for services, and that sometimes means living out of the community. A huge barrier to service access is that child welfare services are limited in what they can provide to children who are not in care; we heard from families that had to relinquish their parental authority in order to access specialized services for their children. Workers talked about trying to help families register because CFS doesn't support families who aren't in care but need special services, "even basic dental and health care sometimes"; "Children with extra needs go to specialized homes in the south We need better plans to link them to their communities"; "Parents can go and see their children four times per year, but the children are not coming into community."

There were no specialized group homes in the communities that we visited, and existing foster parents providing specialized care are "desperately in need of supports and training." The situation is even more challenging for customary-care providers, who are very much "on their own, and then they can't do it and the kids move."

History and experience have taught us that

Indigenous children with disabilities are one of the most oppressed and marginalized groups in Canada.”¹²⁵ A lack of appropriate services and inadequate funding for existing services coupled with jurisdictional issues continue to be significant barriers to service for Indigenous children and youth with disabilities and special needs. There are a range of social factors that contribute to the higher prevalence of disability in Indigenous communities. “For instance, there is a well-established link that shows poverty can be a direct cause of disability. In addition, disability can also result when there has been a breakdown in community life, or where people feel disenfranchised. Other contributing factors of disability in Aboriginal communities include poor access to quality health care, poor sanitation and the often poorly understood mental-health consequences of colonization.”¹²⁶

Recommendation 13: Access to Services for Special-Needs Children

- a) Continue to support Jordan’s Principle programming;
- b) Develop specialized foster homes in communities so that children can be raised closer to their homes and families;
- c) Implement training programs for service providers, educators, parents, foster parents and customary-care providers;
- d) Create opportunities for community capacity-building designed to lessen the stigma associated with special needs;
- e) Increase funding available for assessment and treatment and bring specialists into the community wherever feasible, making housing available so that they can come on a regular basis. Use these occasions as opportunities to educate the community and reduce stigmas; and
- f) Explore opportunities to use technologies such as telemedicine to benefit from timely expert consultations.

¹²⁵ Dion, “Falling Through the Cracks: Canadian Indigenous Children with Disabilities.”

¹²⁶ Griffis, “Disability in Indigenous Communities; Addressing the Disadvantage.”

COMMUNITY ENGAGEMENT METHODOLOGY

Every effort was made to make sure the process was respectful and empowering. Confidentiality and anonymity were guaranteed, and informants were assured that the final report would not identify individuals. Oral consent was obtained and documented, a summary of the conversation was made at the end of each engagement session, and it was made clear that in conformance with the principles of ownership, control, access and possession, anyone could review the notes that were taken.

Every community identified its unique strengths and challenges based on its own geographic location, culture, language, traditions and demographics. The richly informative community engagement sessions also varied widely among the different communities:

- **Participation:** While the team's intent in each community was to meet with its chief and council, community service providers, elders, youth and foster parents, sometimes this was impossible to achieve because of availability, time, or communication constraints. Some community engagement visits were more comprehensive than others, ranging from large community feasts, chief and council meetings and service-provider gatherings to prescheduled or spontaneous individual conversations.
- **Length of time in community:** For a variety of reasons including the logistics of travel, community availability and weather, the amount of time that the team was able to spend in each community varied from a half-day to a day. Such short visits meant that extensive engagements in each community were sometimes not possible, particularly when meetings had not been prescheduled. In such situations, however, when the teams sought out individuals and groups interested in participating, very rich conversations occurred that would not necessarily have happened within a more formalized context.
- **Depth and breadth of information gathered:** Naturally, some individuals were more prepared and able to answer our questions than others. For some people this was because they hadn't had the time to prepare for the conversation, and for others it was because they had a limited knowledge of the community's child welfare practices or of other available services. In many cases, however, people with personal experiences of community health and social services provided rich and meaningful information. In some instances, participating children who were too shy to express themselves out loud were encouraged to either draw their feelings about their community or to express themselves in writing.
- **Prior research:** Due to the nature of the report and time constraints only a cursory review of the literature related to the themes being examined was conducted.

While detailed community-level findings would require a much more in-depth and comprehensive engagement process, two important general categories emerged: community strengths and ongoing needs. This report is intended to provide an overview. In the words of one chief, "This is a good start.

Now you need to come back and let's spend the time that we need to figure out what we really need as a community. All of us. Together. The entire community."

COMMUNITY ENGAGEMENT LIST BY COMMUNITY												
	Chief	Council	CFS	Elders	NAPS (Police)	Service Providers	Community Members	Educators	Youth	Foster Parents/Customary Care	Total Adult Participants	Total Youth/Child Participants
1. Bearskin Lake	✓	✓	✓	✓	✓	✓	✓			✓	10	
2. Deer Lake	✓	✓	✓	✓		✓	✓			✓	21	
3. Sandy Lake	✓	✓	✓	✓		✓	✓	✓	✓	✓	38	4
4. Aroland	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	48	10
5. Ginoogaming				✓	✓	✓	✓				17	
6. Constance Lake	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	36	15
7. Pikangikum	✓	✓	✓	✓		✓	✓			✓	11	
8. Slate Falls	✓	✓	✓	✓		✓	✓				13	
9. Webequie	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	24	
10. Mishkeegogamang			✓	✓	✓	✓	✓		✓	✓	13	30
11. Kasabonika Lake			✓	✓		✓	✓	✓	✓	✓	11	36
12. Wunnumin Lake	✓	✓	✓								19	16
13. Summer Beaver	✓	✓		✓			✓		✓		16	10
14. Fort Albany	✓	✓				✓	✓	✓	✓		23	3
15. Kashechewan	✓					✓	✓	✓	✓		24	
16. Chapleau Cree	✓					✓					5	
17. Beaverhouse				✓		✓					10	
18. Mattagami											10	
19. Taykwa Tagamou		✓				✓	✓				27	

COMMUNITY ENGAGEMENT QUESTIONS

These questions served to guide the discussion with community members.

Discussion points for Elders

1. When you think about the children in your community, and their families, what makes them strong? What is your community really good at when it comes to raising healthy, happy children and youth?
2. What does traditional customary care look like in your community?
 - a. What needs to happen to increase the number of families able to provide customary care when needed?
3. What does foster care look like in your community?
 - a. What are the reasons that children end up in foster care rather than in traditional customary care?
4. Where are the greatest areas of need for the children, youth and their families in your community? (i.e., mental health, physical health, substance use, disabilities, poverty, etc.)?
5. What services are currently in place to support this community to be able to look after its children and prevent the further loss of children and youth to child welfare services?
 - a. Are they working well?
 - b. What is missing?
6. What services are currently in place to support children and youth with multiple needs (i.e., mental or physical health problems, substance use, disabled children, etc.)?
 - a. Are the services working well?
 - b. What is missing?
7. What extra resources does your community need to help parents raise healthy children with a strong sense of identity and well-being?
 - a. What would make these services successful?
 - b. Which ones are most important? Why?
8. What extra/new resources does the community need in order to be in a position to bring home children and youth who have been removed by mainstream child welfare?
9. If you could design and deliver child welfare services to families in your community what would it look like?

Discussion points for Youth

10. When you think about the children and youth in your community, and their families, what makes them strong?
 - a. What is your community really good at when it comes to raising healthy, happy children and youth?
 - b. Tell us how your community supports youth. Let's talk about:
 - ✓ Education

- ✓ Recreation
 - ✓ Culture and spirituality
 - ✓ Health
 - ✓ Well-being and happiness
 - ✓ Having a sense of identity
11. What would make your community a safer, happier place for children and youth to grow up in?
- a. Let's talk about:
- ✓ Education
 - ✓ Recreation
 - ✓ Culture and spirituality
 - ✓ Health
 - ✓ Well-being and happiness
 - ✓ Having a sense of identity
12. How important is it for children and youth to remain in the community when they are unable to remain in their own homes?
- a. What are the main reasons that children/youth are removed from the community when they cannot live at home?
13. If you could design and deliver child welfare services to families in your community what would it look like?
- a. What specific services would you like to see brought to your community to help children/youth/families to become stronger, healthier, and happier?

Discussion points for customary care and foster care providers

14. How long have you provided care for children/youth in your community?
- a. Are you a customary care provider or foster parent?
15. When you think about the children in your community, and their families, what makes them strong? What is your community really good at when it comes to raising healthy, happy children and youth?
16. What does traditional customary care look like in your community?
- a. What needs to happen to increase the number of families able to provide customary care when needed?
17. What does foster care look like in your community?
- a. What are the reasons that children end up in foster care rather than in traditional customary care?
18. How important is it for children and youth to remain in the community when they are unable to remain in their own homes?
- a. What do you feel the main reasons are children/youth are removed from the community when they cannot live at home?
19. Where are the greatest areas of need for the children, youth and their families in your community? (i.e., mental health, physical health, substance use, disabilities, poverty, etc.)?

20. What services are currently in place to support this community to be able to look after its children and prevent the further loss of children and youth to child welfare services?
 - a. Are they working well?
 - b. What is missing?
21. What services are currently in place to support children and youth with multiple needs (i.e., mental or physical health problems, substance use, disabled children, etc.)?
 - a. Are the services working well?
 - b. What is missing?
22. Are the children/youth you care able to maintain a relationship with their family? What changes would allow for these relationships to be strong?
23. What extra resources does your community need to help parents raise healthy children with a strong sense of identity and well-being?
 - a. What would make these services successful?
 - b. Which ones are most important? Why?
24. What extra/new resources does the community need in order to be in a position to bring home children and youth who have been removed by mainstream child welfare?
25. If you could design and deliver child welfare services to families in your community what would it look like?
 - a. What is the single greatest challenge facing your community when it comes to raising healthy children and youth?
 - b. What specific services would you like to see brought to your community to help children/youth/families to become stronger, healthier, and happier?
26. What additional knowledge, training, tools do you need in your role to support the children that you care for?
27. What does your community need in order to recruit more customary/foster care providers?
28. Do you receive adequate remuneration for being a care provider?

Discussion points for community service providers

1. When you think about the children in your community, and their families, what makes them strong? What is your community really good at when it comes to raising healthy, happy children and youth?
2. What does traditional customary care look like in your community?
 - a. What needs to happen to increase the number of families able to provide customary care when needed?
3. What does foster care look like in your community?
 - a. What are the reasons that children end up in foster care rather than in traditional customary care?
4. Where are the greatest areas of need for the children, youth and their families in your community? (i.e., mental health, physical health, substance use, disabilities, poverty, etc.)?
5. What services are currently in place to support this community to be able to look after its children and prevent the further loss of children and youth to child welfare services?

- a. Are they working well?
 - b. What is missing?
- 6. What services are currently in place to support children and youth with multiple needs (i.e., mental or physical health problems, substance use, disabled children, etc.)?
 - a. Are the services working well?
 - b. What is missing?
- 7. What extra resources does your community need to help parents raise healthy children with a strong sense of identity and well-being?
 - a. What would make these services successful?
 - b. Which ones are most important? Why?
- 8. What extra/new resources does the community need in order to be in a position to bring home children and youth who have been removed by mainstream child welfare?
- 9. If you could design and deliver child welfare services to families in your community what would it look like?
- 10. What additional knowledge, training, tools do you need in your role to support the children and families that you serve?

APPENDIX IV: STATISTICS CANADA CENSUS SUBDIVISION IDENTIFIER OF COMMUNITY NAMES

First Nation	CSD ID	CSD Name
Aroland	3558076	Aroland 83
Attawapiskat	3560051	Attawapiskat 91A
Bearskin Lake	3560095	Bearskin Lake
Beaverhouse	3554091	Timiskaming, Unorganized, East Part, Unorganized
Brunswick House	3552054	Duck Lake 76B
Cat Lake	3560054	Cat Lake 63C
Chapleau Cree	3552058	Chapleau 75
Chapleau Ojibway	3552053	Chapleau 74A
Constance Lake	3556095	Constance Lake 92
Deer Lake	3560070	Deer Lake
Eabametoong	3560053	Fort Hope 64
Flying Post	3556100	Flying Post 73
Fort Albany	3556093	Fort Albany (Part) 67
Fort Albany	3560050	Fort Albany (Part) 67
Fort Severn	3560078	Fort Severn 89
Ginoogaming	3558067	Ginoogaming
Hornepayne	3557096	Hornepayne
Kasabonika Lake	3560096	Kasabonika Lake
Kashechewan	3556092	Cochrane, Unorganized, North Part
Kee-Way-Win	3560104	Kee-Way-Win
Kingfisher Lake	3560098	Kingfisher Lake 1
Koocheching	N/A	N/A
Lac Seul	3560056	Lac Seul 28
Long Lake No. 58	3558068	Long Lake No.58
Marten Falls	3560052	Marten Falls 65
Matachewan	3554057	Matachewan 72

First Nation	CSD ID	CSD Name
Mattagami	3552052	Mattagami 71
McDowell Lake	3560102	McDowell Lake
Mishkeegogamang	3558085	Osnaburgh 63A
Mishkeegogamang	3560055	Osnaburgh 63B
Missanabie Cree	350037	Missanabie Services Local Board
MoCreebec Council of the Cree Nation	3556096	Moose Factory 68
Moose Cree	3556094	Factory Island 1
Muskrat Dam Lake	3560097	Muskrat Dam Lake
Neskantaga	3560093	Neskantaga
Nibinamik	3560086	Summer Beaver
North Caribou Lake	3560059	Wegamow
North Spirit Lake	3560080	North Spirit Lake
Pikangikum	3560077	Pikangikum 14
Poplar Hill	3560067	Poplar Hill
Sachigo Lake	3560076	Sachigo Lake 1
Sandy Lake	3560071	Sandy Lake 88
Slate Falls	3560046	Slate Falls
Taykwa Tagamou	3556102	New Post 69A
Wahgoshig	3556033	Abitibi 70
Wapekeka	3560088	Wapekeka 2
Wawakapewin	3560100	Wawakapewin (Long Dog Lake)
Webequie	3560079	Webequie
Weenusk	3560091	Peawanuck
Whitewater Lake	3547056	Whitewater Region
Wunnumin Lake	3560085	Wunnumin 1

APPENDIX V: CURRENT CHILD WELFARE RESEARCH

The Institute for Fiscal Studies and Democracy has been requested by DISC to develop a child welfare funding model that has applicability across Canada. Similarly, on October 13, 2017, Canada notified the Tribunal that the Child Welfare and Family Well-Being Technical Table was formed, which includes the Chiefs of Ontario, independent Ontario First Nations, INAC and the government of Ontario, working together to examine on-reserve child welfare services in Ontario. The final report, “Ontario First Nations Child and Family Well-Being: A Special Study for the Chiefs of Ontario,” was provided to BMG.

Ontario First Nations Child and Family Well-Being: A Special Study¹²⁷

The report provides a good summary of the issues that are at the heart of any serious attempt to examine child and family well-being in Ontario. It also provides a useful summary of funding proposals from Wen:de and the Commission to Promote Sustainable Child Welfare (CPSCW). The Wen:de funding recommendations emphasize the importance of setting higher salary rates and cost-of-living adjustments for child welfare agency staff located in remote locations. As noted previously, this type of adjustment can be reflected in the use of Isolated Post Adjustments, which are normally made to the base salary of civil servants assigned to remote locations and reflect the higher costs associated with housing, fuel, food and general isolation. Similar adjustments could be applied to the base salary of an MSW. The Special Study’s interpretation of the Wen:de recommendations is to significantly increase compensation funding

The Special Study outlines three funding options, and we offer a brief commentary on each:

- **Multidisciplinary:** This option simply mandates hiring additional staff for prevention and family support, compensated at professional levels, and includes higher operations and maintenance costs. The staffing levels suggested in the report seem appropriate to large-scale agencies rather than small community operations; the emphasis is on staff levels independent of case load and population.
- **Prevention Funding Tied to Children in Care or Families:** This approach ties prevention funding to current activities of the agencies, which raises incentive issues, as noted by CPSCW.
- **Prevention Funding Tied to Accreditation:** This approach appears to rely on accreditation as a means of acquiring additional funding to designated agencies or those in the process of designation.

In all three cases however, the recommendations do not address the issues of organization in the agency. An important feature of a child welfare funding model is to recognize that agencies with several service points are different than centralized ones, and those with multiple service points need much more infrastructure and staff than those dealing in only one or two service areas. Similarly, organizations whose operations are hierarchically structured have different resource needs than networked organizations. The Wen:de recommendations emphasizes a significant increase in staffing and this may lead to an increase in

¹²⁷ Ducharme, Seymour, and Franklin, “Ontario First Nations Child and Family Well-Being: A Special Study for the Chiefs of Ontario: Environmental Scan Report.”

the size of child welfare agencies providing family services but it still does not address distributed-service issues. Essentially, if services must be delivered in multiple geographically disparate locations, more staff person-years will be required because of the fixed costs of operating a service in a location. To the extent that cultural issues enter into services required in different areas, there may be additional resource requirements because of a need for separate resource support. These considerations of the complexity of service delivery possibly suggest a networked organization rather than a large centralized format. This will be discussed below.

It is worth also noting that the time and effort required to work together with many separate communities is significant, to build protocols, establish relationships and consult in a meaningful way on both the program level and on each and every case. The costs and efforts increase accordingly with the number of communities/locations.

CPSCW Recommendations

The Special Study highlights the work of the Commission on developing a needs-based model for funding allocation, and it acknowledges the Commission's view that Indigenous agencies should be given special consideration because of historical deficiencies and special needs. The report notes that the Commission recommended different organization forms be considered, designed to reflect the special requirements of culture and remoteness. The essential point to be drawn from references to the CPSCW is that there must be consideration of the multiple points of service in remote areas, with an emphasis on prevention, which is missing from the Ontario model.

Alternative configurations were outlined by the Commission:

- Vertical hierarchal structure: This would facilitate the local delivery of some services but with centralized specialized functions.
- Horizontal structure: The scope of Indigenous multiservice agencies could be extended to include health and social services.
- Networked configurations: Networked relationships between CASs (Indigenous and mainstream) could have networked service-sharing relationships with Indigenous Children's and Family Service agencies.
- Child Welfare Authorities: This more top-down model could be configured as a commissioner of services from other specialized agencies and could maintain accountability with funders.
- Shared-Service Models: This form of organization might integrate Indigenous agencies in a broader culture of shared-service models for CASs in more urban environments while still maintaining the cultural focus.

In developing options for a new First Nations child well-being policy and funding approach, it is essential to come to grips with the problem of establishing need relative to existing social data and potential requirements as revealed by emerging data. For example, the requirement to fund band representatives may disappear in more modern organizations. However, the report's emphasis on creating Indigenous structures to support alternative dispute mechanisms should not be lost. These mechanisms are normally

a quasi-judicial procedure to avoid court costs and still settle the issues of child custody in a formal way. Furthermore, these mechanisms can be configured to acknowledge some cultural realities, which seems to be the intent of the report's recommendations. The Special Study appears to recommend funding on the basis of the number of children in care, possibly reflecting the Wen:de approach, but that is where the challenge lies: prevention funding should simply emphasize population, possibly with a top-up based on children in care. The children-in-care calculation was an incentive issue raised by CPSCW. One of the difficulties is that the children-in-care calculation is reflective of past budget allocations rather than current need in the community and also encourages particular forms of response to child welfare issues that might not provide sufficient emphasis on preventive family support.

The current set of incentives built into the Ontario funding model will not lead to a resolution of the problems in the Indigenous communities because of its limited treatment of remoteness and the lack of recognition of geographically complex delivery models.

The issue of multiple service points with varying requirements for scale and infrastructure needs to be a priority consideration. The development of these location-and scale-specific multi-point business models should be the subject of further analysis. What the Special Study and the BMG research report have in common is their recommendation for much larger funding amounts than is implicit in the restricted budget approach of Ontario.

GLOSSARY

Admission prevention: Services to assist a family to avoid having a child of the family admitted to care.

Child-centred: Focused on what is best for the child; specifically, in child welfare practice, this may mean leaving the child in his or her family and assisting the family.

COO: Chiefs of Ontario, an advocacy forum and secretariat for collective decision-making and action for Ontario's First Nations communities.

CSD: Census subdivision, the general term for municipalities (as determined by provincial/territorial legislation) or areas treated as municipal equivalents for statistical purposes (e.g., Indian reserves, Indian settlements and unorganized territories).

DISC: Department of Indigenous Services Canada.

INAC: Indigenous and Northern Affairs Canada.

GNR (Global Non-Response Rate): An indicator combining complete non-response (per household) and partial non-response (per question) into a single rate. A smaller GNR indicates a lower risk of non-response bias and so a lower risk of inaccuracy.

HDD (Heating Degree Days): The number of degrees that a day's average temperature is below 18° Celsius, when buildings need to be heated; used to quantify energy costs in cold climates.

Indian reserve: Specified by the Indian Act as a "tract of land, the legal title to which is vested in Her Majesty, that has been set apart by Her Majesty for the use and benefit of a band."

Isolated-Post Adjustment: Bonuses paid to public-service employees delivering government programs in isolated locations across Canada, to help offset the higher costs and inherent disadvantages associated with living and working in isolated posts.

Jordan's Principle: a child-first principle intended to ensure that First Nations children living on and off reserve have equitable access to all government funded services.

Kinship service: A living arrangement in which a relative, community member, or other adult who has a connection to a child or their parent, such as a godparent, friend, teacher, or neighbour, takes primary responsibility for caring for and raising the child.

Lone-parent census family: A lone parent of any marital status with at least one child living in the same dwelling and that child or those children.

Lone-parent economic family: An adult and one or more children who live in the same dwelling and are related to each other by blood, adoption or a foster relationship.

NAN: Nishnawbe Aski Nation, a political territorial organization representing 49 First Nation communities in Northern Ontario, with a membership on and off reserve of about 45,000 people.

NNC: Nutrition North Canada, a Government of Canada subsidy program to provide northerners in isolated communities with improved access to nutritious perishable food.

Northern Ontario: A geographic and administrative region; the core geographic region lies north of Lake Huron (including Georgian Bay), the French River, Lake Nipissing, and the Mattawa River; the core statistical region extends south of the Mattawa River to include all of the District of Nipissing.

Ongoing open protection: Where an investigation has been completed and a decision has been made to open the case for ongoing family service.

Propensity to consume: The proportion of total income, or of an increase in income that consumers tend to spend on goods and services rather than to save.

Reference point: For this report, the 10 Ontario agencies with highest percentage of the population identifying as Aboriginal and at or below the median remoteness index (0.118). (Since geographic remoteness is highest for the three NAN agencies, it was important to have a comparable reference set of non-remote agencies, since no agency except Native Child and Family Services of Toronto services predominantly First Nations communities.)

Remoteness: A relative measure. The Statistics Canada Remoteness Index, chosen for this analysis as the best available metric, is a relative measure of the ability to reach population centres within a reasonable amount of time. It is scaled from 0 (least remote) to 1 (most remote): the greater the value of the index, the more difficult it is to reach larger population centres. (The 2017 Statistics Canada report, “Measuring Remoteness and Accessibility: A set of indices for Canadian communities,” offers a complete description of the approach.)

Remoteness Coefficient: The remoteness coefficient is a variable that can be applied to child and family services funding agencies to determine the additional funding to provide the same standard of service.

Remoteness Quotient (RQ): A factor to allocate funding based on the remoteness coefficient.

RIO Score: Rurality Index for Ontario Score, used to determine incentive and/or bonus payment levels to encourage physician recruitment and retention in rural communities; a higher score reflects a higher degree of rurality.

Scalar: A single real number used to measure magnitude (size) or a numerical value.

Service availability: Availability of social or health services within an acceptable distance.

Sixties’ Scoop: The large-scale apprehension of Indigenous children in the 1960s from their homes, communities and families of birth—often without their parents’ or band’s consent—and their subsequent adoption into predominantly non-Indigenous families across the United States and Canada.

Strata: Ordered more-or-less homogeneous layers or other divisions in a population.

Summary statistic: A measure that consolidates more complex information into one scalar.

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