

**STRAIGHT TO THE POINT: A CALL FOR ACTION
IN THE INTERESTS OF THE HEALTH, WELL-
BEING AND PROTECTION OF CHILDREN AND
YOUTH IN NEWFOUNDLAND & LABRADOR**

A REPORT COMPLETED FOR

THE INQUIRY RESPECTING THE TREATMENT, EXPERIENCES AND
OUTCOMES OF INNU IN THE CHILD PROTECTION SYSTEM

Dr. Ken Barter

2025

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SCOPE OF WORK

Reporting to the Lead Executive Officer, the Independent Consultant is retained as an expert witness to prepare and submit a Report to Commissioners which addresses the following matters:

1. A history of child welfare/protection legislation in NL. The report will succinctly describe the legislative changes which have taken place since 1949. The Independent Consultant will identify the legislative provisions, if any, which specifically addressed child protection in Indigenous communities.
2. An overview of incremental statutory, regulatory, and policy changes, and evolution and occasional reorganisation of GNL departments responsible for aspects of the child protection system, including rehabilitation and child protection, and an analysis of the extent to which these various changes impacted, differentially or otherwise, Indigenous peoples and communities in NL.
3. The recommendations of various reports that reviewed the child welfare/protection system such as the Hughes Inquiry (1991), the Turner Report (2006), the Deloitte Report (2007), and the Fowler Report (2008), and to assess the changes that the province made in response to these recommendations.
4. The structural/organizational changes that have taken place in the delivery of child welfare/protection within the Government of Newfoundland and Labrador, including a list of the names of the department or agency in which child welfare/protection operated since 1949. This part of the report will include a description of the reasons provided by the Government of Newfoundland and Labrador for the changes, and a description of the impact that the changes had on the child welfare/protection.
5. A literature review regarding child protection and Indigenous peoples in Canada and other jurisdictions. The review should not be a comprehensive review of all potentially relevant jurisdictions but rather a review which summarizes the most significant and applicable approaches of mainstream child welfare/protection and Indigenous peoples. The purpose of the review is to address the question: What does the literature and research say about what's been happening in Canada and elsewhere with respect to mainstream child welfare/protection and Indigenous peoples?
6. The Independent Consultant's own learnings, experiences, ideas and suggestions for change and better outcomes for Indigenous children, youth, families and communities in Newfoundland and Labrador.

The Commissioners would expect the Report to be organized in a manner not unlike the following:

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SECTION THREE – CHILD PROTECTION – A NL SYNOPSIS

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Upon receiving the report, the Commissioners will determine whether they wish to call the Independent Consultant as a witness. If so called, the Commissioners will consider what aspects of the report they wish the Independent Consultant to address during his testimony.

The Independent Consultant shall provide the Inquiry with a first draft no later than 31 July 2024, and the final Report on or before 31 July 2025.

EXECUTIVE SUMMARY

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This Straight to the Point Report (SPR) covers decades of what has taken place in Newfoundland and Labrador with respect to child welfare/protection services to both Indigenous and non-Indigenous children, youth and families. Completing the SPR involved reviewing and commenting on many documents related to child welfare/protection in the form of reviews, inquiries, research reports, organizational reviews, federal/provincial documents and press releases, evaluation reports, investigative reports, child welfare legislations, and relevant Indigenous and non-Indigenous child welfare literature. These documents have put forth hundreds of recommendations over the years in attempts to “fix” the child welfare system to achieve better outcomes for the health, well-being and protection of children and youth.

Yet, despite these many years of trying to “fix” the system, there is ample evidence to suggest that current outcomes for children, youth and families in NL who are receiving services under the mandate of the province’s 2019 Children, Youth and Families Act (CYFA) are a topic of grave concern. This concern is shared by the children, youth and families receiving services; by the authorities mandated to provide these services; by those involved in serving children, youth and families in terms of education, recreation, addictions, health, mental health, children’s rights, and police; the media; and the public. The 1989–1992 Hughes Inquiry; the 2006 Turner Review and Investigation; the 2007 Deloitte & Touche Report; the 2008 Fowler Report; the 2008 Clinical Services Review; the many Investigative Reports prepared by the Child Advocate’s Office from 2006 - 2025; the charges and arrests of Tony Humby and Bruce Escott in 2023; and many other reports/reviews/publications mentioned in this SPR, are reminders that despite learnings from these serious incidents of child maltreatment and deaths, the numerous recommendations for actions and improvements, and the many significant changes that have been made in attempts to “fix” things, current outcomes remain an ongoing concern.

Newfoundlanders and Labradorians have experienced these significant changes. Before Confederation they have seen the Commission of Government with its Department of Health and Welfare being responsible for child welfare services under the legislative mandate of the 1944 Act Respecting the Welfare of Children. Following Confederation, they have seen this responsibility shift from the Commission of Government to the NL Government with its Department of Public Welfare under the mandate of the 1964 Child Welfare Act. This Act was further amended in 1972 and again in 1990. In 1974 the Department of Public Welfare was renamed the Department of

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Social Services; further renamed the Department of Human Resources & Employment in 1997; and renamed again in 1998 as the Department of Health and Community Services. In 1998 the NL Government and its Department of Health and Community Services delegated responsibility for child welfare/protection services to Regional Health and Community Services Boards. The legislative framework for these services was the Child, Youth and Family Services Act (CYFS), which was proclaimed January 5, 2000, replacing the 1972 Child Welfare Act. In 2005 the Health Boards became a part of and accountable to Regional Integrated Health Authorities – Western, Central, Eastern and Labrador/Grenfell Regions. Child welfare/protection services became a part of this integration.

In 2009 the Department of Child, Youth and Family Services was established. Following the release of the Turner Child Death Review in 2006 a decision was made to return responsibility for child welfare/protection services from the Regional Integrated Health Authorities back to a line government department, namely the Department of Child, Youth and Family Services. This transition took place resulting in replacing the 2000 CYFSA with the 2011 Child and Youth Care and Protection Act (CYCPA). In 2016 the Department of Child, Youth and Family Services was reconfigured as the Department of Children, Seniors and Social Development (CSSD). This reconfiguration saw the 2011 CYCPA replaced with the 2019 Child, Youth and Families Act (CYFA).

In addition to these significant organizational and legislative changes, Newfoundlanders and Labradorians have seen child and family services shift from being preformed by Newfoundland Rangers prior to Confederation, by Relieving Officers, later renamed Welfare Officers, after Confederation, and with the 1990 amendment to the 1972 Child Welfare Act, social workers. The 1990 amended Child Welfare Act gave legislative recognition to social workers having responsibility for carrying out duties under the Act. When the 1972 Act was replaced by the Child, Youth and Family Services Act (CYFSA) in 2000, this legislative recognition included the requirement that social workers must be registered under the NL Social Workers Association Act. Ongoing expectations associated with this mandatory registration included a commitment to and demonstration of continuing professional education, membership in the Newfoundland & Labrador Social Work Association, and adherence to the Canadian Association of Social Workers Professional Code of Ethics/Conduct.

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NL's past efforts in introducing and changing legislation for the protection and well-being of children and youth, as well as establishing, staffing, and changing government bureaucracies to carry out the mandate of such legislation, are not rocket science. It is far more complex. Evidence and experiences have shown that this complexity, along with how child protection work is heavily influenced by political, economic, health, and social realities, elude programmatic, bureaucratic, and hierarchical top-down solutions. This SPR suggests that, despite past efforts to 'fix', the NL Government continues to fall short in realizing outcomes acceptable to the parents and families who require or need protective intervention services, to those providing these services, and to Newfoundlanders and Labradorians. A child welfare system that is: referral based, involuntary, crisis driven, reactive, primarily investigative in approach, reliant on risk assessment and risk management, child-centred, parent blaming, having difficulty recruiting and retaining social workers, policy driven, hierarchical in decision-making, and adversarial is not a system that promotes public trust and confidence to expect acceptable outcomes. As pointed out in this SPR, nor is it a system that reflects implementation of the numerous recommendations made in reports, inquiries, and reviews over the years. Nor is it a system that reflects evidence from child welfare research, literature, and best practices. These recommendations and such evidence suggest a child welfare system much different from what currently exists. It would be a system that embraces early intervention, outreach and prevention services; proactive in approach; voluntary involvement of parents; respect for professional autonomy in decision-making; rights and health driven; family and community centred; and supportive of providing the necessary protective factors to prevent maltreatment from occurring.

For Indigenous peoples of NL, trust and confidence in NL's current child welfare system are even more critical. Their experiences of being excluded from the Terms of Union during Confederation; forced relocation; forced assimilation and integration; residential and non-residential schools; 60's Scoop; over-representation of Indigenous children in care; violation of rights; and oppressive government policies and broken promises speak for this absence of trust and confidence. From the *Indian Act* of 1867 to the *Act respecting First Nations, Inuit and Métis children, youth and families* introduced in 2019 and enforced January 1, 2020, a span of 153 years, Indigenous peoples of NL, along with other Indigenous peoples of Canada, continue to struggle with what was lost/taken and needs to be reclaimed. The Royal Commission on Aboriginal Peoples (RCAP) provides an understanding of this lost and what needs to be reclaimed:

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- *Loss of land, loss of control over living conditions and restricted economic opportunity,*
- *Suppression of belief systems and spirituality,*
- *Weakening of social institutions,*
- *Displacement of political institutions,*
- *Pervasive breakdown of cultural rules and values and diminished self-esteem,*
- *Discrimination and institutional racism and their internalized effects, and*
- *Voluntary or involuntary adoption of elements of an external culture and loss of identity* (Bennett, et al., 2005, p. 42).

Of significance in this reclaiming is having the commitment and support from the Federal and NL Governments to act on the recommendations and evidence brought forth by The Royal Commission on Aboriginal Peoples, The Truth and Reconciliation Commission, The Human Rights Tribunal Decision, The Truth and Reconciliation: Calls to Action, Touchstones of Hope, Assembly of First Nations, and the First Nations Child and Family Caring Society. In addition, the recommendations and evidence brought forward by Child & Youth Advocates Offices across the country, the Child Welfare League of Canada, The National Collaborative Centre for Aboriginal Health, the Canadian Association of Social Workers and the many others in the form of research reports, academic peer reviewed publications, organizational reviews, workload reviews, and consultant reports are deserving of attention and action. The evidence overwhelmingly suggests the need for change in legislation, policies, practices, and management of child welfare/protection services to Indigenous children, youth, families, and their communities. This change must go well beyond past attempts to try and ‘fix’ the system or to try and integrate Indigenous knowledge, values and traditions into mainstream child welfare policies and manuals. As pointed out in this SPR, *‘When a system fundamentally fails over many years to meet the needs of Indigenous children, you don’t try to make it culturally appropriate – you build a new system’* (Cross et al., 2015, p. 6).

It is difficult for Indigenous peoples to have trust and confidence when there is ample evidence of lack of action and commitment in following through on recommendations for change. For example, knowing that after ten years only 13 of the 94 Truth and Reconciliation Calls to Action have been acted upon does little toward establishing trust and confidence. What is even more alarming is that the first five priority Calls having to do with child welfare are included in

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the 81 Calls to Action not acted upon. The Yellowhead Institute published annual reports entitled Calls to Action Accountability: A Status Update on Reconciliation from 2019 – 2023. In its final 2023 Status Report the Institute concluded that the lack of commitment to act on the Calls suggest ‘...the era of reconciliation in Canada is largely stagnant.’ (p. 23).

Another example is the continuing resistance on the part of the Government of Canada to comply with The Canadian Human Rights Tribunal’s (CHRT) decision made in January 2016 to end the discrimination against First Nations children and families by underfunding the First Nations Child and Family Services Program on-reserve and in the Yukon, and by applying a narrow interpretation of Jordan’s Principle. Since the 2016 decision the CHRT has issued more than 13 non-compliance orders due to the Federal Government’s failure to act on the CHRT’s orders (<https://www.fnchildcompensation.ca/>). The federal government is justifiably criticized for its lack of transparency and its actions that are continuing the legacy of colonialism and skirting underlying root causes associated with poverty; income insecurity; poor housing; lack of or unavailable health, mental health and addictions services; inequalities; lacking preventative and outreach services; staffing crisis; and other injustices. Despite political commitments to attend to these causes, this SPR provides evidence to suggest that not only do these causes continue to exist but are becoming even more pervasive.

Yet, another example is the over-representation of Indigenous children and youth in care. This over-representation has been labelled a ‘humanitarian crisis’ in Canada for over ten years. This crisis continues. In 2015 the NL Premier’s representative, along with representatives of Canada’s other provincial/territorial Premiers, labelled their child welfare systems as ‘dysfunctional’ and ‘inadequate’ when it comes to providing services to Indigenous children, youth and families. In NL this dysfunction and inadequacy continue to be the reality. This reality underpins why in 2018 the Nunatsiavut Government requested the NL Office of the Child and Youth Advocate to investigate Inuit children’s experiences in the NL child protection system. It is also the reality leading to why the Innu Nation advocated for an Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System.

The Yellowhead Institute, in its five annual Status Reports on progress being made on the Truth and Reconciliation’s Calls to Action, identified five main challenges to Reconciliation in Canada – paternalism, structural anti-Indigenous discrimination, the public interest, insufficient

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resources, and reconciliation as exploitation or performance. This SPR, based on the data presented, would suggest the Government of Newfoundland & Labrador stands side-by-side with the Canadian Government in being paternalistic, discriminatory, and failing to invest the necessary resources to act in the best interests of Indigenous children and youth in NL. As such, the NL Government has not taken seriously the Truth and Reconciliation Commission's principle #9: *Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.*

This important principle, in conjunction with the principles of the best interests of the child, cultural continuity, substantive equality, and priority to preventive care as outlined in the federal 2020 *An Act respecting First Nations, Inuit and Métis children, youth and families* serve to guide how contemporary child welfare services are to be provided to Indigenous peoples. As pointed by Metallic, Friedland and Morales (2019), the *Act* represents an inherent jurisdiction and not a jurisdiction that is granted or delegated. These authors put forward 21 implementation strategies for Indigenous communities to pursue in response to the *Act*. These strategies urge Indigenous leaders and communities to be proactive on such issues as defining the Best Interests of the Child and what it means for ones own Indigenous community; ensure the new National Standards are known and applied by provincial/territorial child welfare authorities; the importance of continuing advocacy for children and youth; and developing legislation/laws consistent with the National Standards.

The federal *Act* is a significant step forward to improve outcomes for Indigenous children and youth. It advocates for Indigenous self-government which includes jurisdiction over child welfare/protection services. It outlines principles to be applied by child welfare authorities in working with Indigenous children, youth, families and communities. And it promotes priority to be given to preventative services. With such an important step in providing child welfare/protection services to Indigenous peoples, it would be expected that the NL Government and its CSSD Department would be taking steps to honour the federal *Act* and integrate its principles into practices, policies and procedures in working with Indigenous children, youth, families and communities. Yet, in the mandate letter from the NL Premier to the Minister of CSSD, dated April 15, 2021, the federal *Act* was not mentioned as a consideration in improving services to Indigenous children and youth. Nor was there any mention of the notifications provided to the

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Federal Minister of Indigenous Services by the Innu Round Table Secretariat dated February 6, 2020, and the Miawpukek First Nation dated July 20, 2020, of their intentions to exercise their legislative authority in relation to child and family services. Acknowledgement of these intentions is fundamentally important in terms of child welfare services to Indigenous people in Newfoundland and Labrador. Although CSSD's Protection and In Care Policy and Procedure Manual, revised on December 10, 2024, references the *Act*, there is no reference to the *Act* in the CSSD Annual Report for 2023 – 24 in terms of its objectives to improve delivery of services to children and youth. Such significant advancements towards improving child welfare/protection services to NL's Indigenous children and youth are deserving of recognition in any child welfare future directions, and planning initiatives. One would expect such recognition in the interests of reconciliation, collaboration, and building trust and confidence.

This SPR suggests to *The Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System* that the time is right for the NL Government and its Departments of Education & Early Childhood Development, Health & Community Services, Justice & Public Safety, Labrador Affairs, and Department of Children, Seniors and Social Development to collaborate with the Government of Canada, Mushuau Innu First Nation (MIFN), Sheshatshiu Innu First Nation (SIFN), Innu Roundtable Secretariat (IRTS) and the Innu Nation to come together as collaborative partners, move forward with the federal *Act*, and build on advancements already in place. As pointed out in this SPR, Innu leadership has been working tirelessly to improve conditions for their children, youth, families and communities. Much has been accomplished. For example, the Innu Nation has provided notice of their intention to exercise its legislative authority in relation to child and family services to the federal and provincial governments on February 6, 2020. Other examples include the Innu Healing Strategy, the Innu Care Approach, the Innu Prevention Approach, and the Innu – CSSD Working Protocol. Other achievements include amendments to the Children, Youth and Families Act, introducing residential resources, appointing Indigenous representatives to be involved in child welfare decisions, creating Cultural Connection Plans for children and youth, and the provision of Annual Reports on Child Welfare Services to Indigenous Children, Youth and Families.

Of note, is that the principles underpinning the Order for the *Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System* in Newfoundland

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and Labrador reflect the Four Phases of Reconciliation (Relating, Restoring, Truth-Telling, Acknowledging) and the Guiding Values of the Touchstones of Hope (self-determination, culture and language, holistic approach, structural interventions, non discrimination). These Phases and Values support learning from past experiences, and in terms of child welfare, moving forward to design, implement, and monitor a new child welfare system based on Innu culture, values, traditions, vision, and control. The Touchstones of Hope are all about creating a new path.

The challenge for the Innu Nation and its collaborative partners is to create this new path based on their knowledge, culture, experiences, expertise, and leadership. In doing so, this SPR suggests promising directions for consideration by learning from the past, critically looking at the present, and responding to best knowledge, practices, and evidence for the future. A new path that is grounded in best practices and built on learnings from the past, is a path for change. Lippett (2003) proposes that change will occur if there is: 1. A clear vision, 2. Capabilities and skills to do the work, 3. A desire to change based on incentives, 4. Resources to do the implementation, and 5. Sufficiently detailed action plans to guide the change process. Investments and attention in all five are essential. Should one be overlooked in the process, for example, if there is no vision the result will likely be confusion, if there are no resources the result will be frustration, or if there are no action plans the result will be false starts (Appendix A). This SPR suggests there have been enough false starts, confusion, and frustrations in attempts to improve the child welfare system in NL (Devine & Kimberley, 2012; Barter, 2011).

SECTION I

CHILD PROTECTION – A NATIONAL SYNOPSIS¹

There can be no keener revelation of a society's soul than the way in which it treats its children.
Nelson Mandela

¹ Current and past experiences of Indigenous peoples in Canada with the Federal government and Provincial child protection systems, although briefly mentioned in this Section, are discussed in Section Two. A separate section is necessary given the devastation of the Indian Act and colonization on Indigenous communities, families, children, and youth. This devastation underpins the many challenges faced by mainstream child welfare systems and Indigenous peoples in Canada.

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INTRODUCTION

The Representative for Children and Youth in British Columbia, Dr. Jennifer Charlesworth, in an April 2023 report entitled *Missing: Why are children disappearing from B.C.'s child welfare system?* reported:

Over a nine-month period that ended the 2022 calendar year, my Office received more than 500 reports regarding children and youth in provincial government care who were lost, missing or away from their placement and who experienced a critical injury or were considered at risk of harm during the same time. Those reports to the Office of the Representative for Children and Youth (RCY) represented 198 distinct children, four of whom died. During this same time period, the Ministry of Children and Family Development (MCFD) received more than 12,000 calls about other children and youth who were also missing or absent from their placements but for whom there were no identified safety concerns (<https://rcybc.ca/wp-content/uploads/2023/04/RCY-Missing-April2023.pdf>, p.3).

A six-year-old boy taken from his parents by the B.C. Ministry of Children and Family Development on February 22, 2024 died on February 28 while in foster care <https://ca.news.yahoo.com/death-child-provincial-care-under-010308890.html>. On March 1, 2024, an Indigenous 11-year-old boy was taken off life support after suffering a traumatic brain injury from being repeatedly attacked by his Indigenous foster parents. The boy's younger sister was also abused ([Former Fraser Valley foster parents sentenced | CTV News](#)). Such tragic incidents are not new for B.C. Twenty years ago, the 1995 Gove Inquiry, looking into the death of five-year-old Matthew Vaudreuil, reported that between Matthew's birth in 1986 and early 1995, the B.C. Ministry of Social Services was informed of the deaths of 264 children who were in the care of the Superintendent of Child Welfare or who, like Matthew, were known to the Ministry (Gove Inquiry, 1995, p. 213). The 264 children over the nine-year period mentioned in the Gove Inquiry has increased dramatically according to the B.C. Office of the Representative for Children and Youth. From 2008 – 2016 there were 792 deaths of children and youth in foster care and receiving services from the B.C. government ([B.C. children's care: Number of kids' deaths, critical injuries jump | Vancouver Sun](#)). In the 2021/22 Annual Report of the B.C. Office of the Representative for Children and Youth there were 640 deaths of children in care or receiving services from the Ministry over the period from 2016/17 to 2021/22 ([RCY-AR-2021-22_FINAL.pdf \(rcybc.ca\)](#)). On March 31, 2022, there were 5,037 children and youth in care in B.C. Sixty-eight percent (68%) of these children and youth were Indigenous. Given this percentage, one can assume that a

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significant number of deaths over the past nineteen years were Indigenous children and youth. These tragic incidents and alarming statistics are not unique to B.C.

Every province and territory in Canada can appreciate B.C.'s experiences in child deaths, the number of children and youth in care, and the over-representation of Indigenous children and youth in care. Like B.C., provinces and territories have seen numerous recommendations emerging from a variety of reviews, reports, public inquiries, and task forces to better legislate and improve services designed for the protection of children and youth. These recommendations have been acted upon over the years and many changes and improvements have been made in endeavours to have better outcomes for Indigenous and non-Indigenous children and youth. However, despite decades of actions and improvements, children and youth continue to be harmed, injured, or are dying while in the care of or known to provincial child protection departments. Indigenous children and youth continue to be over-represented in the in-care caseloads of provincial/territorial child protection authorities. In fact, it is fair to say that hardly a week goes by in Canada without hearing about a child or children/youth involved with child protection systems being injured, hurt, missing, or have died. The recent deaths of the Vancouver Island six-year-old boy and the eleven-year-old Chilliwack Indigenous boy brought forward reactions and responses Canadians from coast to coast have grown familiar with and have heard over the past several decades. Examples include the following:

- The media is very quick to feed into the moral panic of the public when a child is harmed or dies while in the care of or involved with child protection systems. Inquiries are made, interviews are conducted, and conclusions drawn in attempts to determine who is to blame or responsible. Media coverage and investigations in these situations often create tensions between child protection systems and the parents and families who require or need protection services. In this coverage the media often lacks objectivity and portrays the image of incompetent parents and social workers. As well, the child protection system is under the microscope with the public inevitably hearing from politicians that the system is flawed and needs fixing. This fixing usually comes in the form of detailed reports from public inquiries, task forces, and consultation with experts. Every province and territory have seen such reports with recommendations for improvement and change in the management and delivery of mandated child protection services.

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- Canadians have seen, often in response to the media coverage of a child injury or death, the call from opposing political parties for the resignation of the Minister responsible. The premise seems to be one that a child's death or injury could have been prevented if the child protection department was doing its job. The Minister of the department is deemed responsible, is at fault, and the just and proper course of action is to remove himself/herself from office. Over the decades Premiers have acted on the calls of the opposition and the public. Ministers have been removed from office as a result. Politicians in power or those in opposition, as well as the public, are left with the impression that the child protection system is broken, flawed, and requires new leadership to 'fix it' or 'get it right'.
- In attempts to 'fix it' or 'get it right', Canadians have seen inquiries and reviews producing reports with recommendations to government for improvements in child protection systems and service delivery. Recommendations such as: the need for more prevention and early intervention services; more resources to strengthen and preserve families; more reasonable workloads for child protection social workers; more hiring of child protection workers; increased training and education for those involved in child protection work; and the need for more financial investments to support children, youth, parents, and families who require child protective services. Of significance in the recommendations are issues related to cultural awareness, cultural sensitivity, cultural competence, and culturally appropriate services.
- As a result of many of these recommendations, Canadians have experienced governments introducing amendments to child protection legislation or entirely new legislation with a new name. They have also experienced the introduction of newly named departments to be responsible for the management and delivery of child protection services. The message to the public is that things will move forward with improved legislation, revised policies and procedures, more accountability, enhanced supervision and training, better management, and more positive outcomes for children, youth, and families. Often, concomitant to these changes, are increased human and fiscal resources to improve services.
- Inevitably, many recommendations emerging from the various inquiries, reviews, and reports refer to the utmost importance of addressing root causes associated with why

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families require or need protective intervention services. There is a consensus that these root causes are closely associated with poverty such as inadequate housing, food insecurity, addiction and mental health challenges, lack of access to early childhood development and education programs, exposure to family violence, and lack of family and community supports. Poverty, although not the cause of abuse and neglect of children and youth, does create vulnerabilities for parents and families where children and youth are more likely to be placed in situations of risk. All inquiries and reports have acknowledged this connection. Canadians are familiar with the Campaign 2000 initiative. The champion for this initiative was the late Ed Broadbent. He introduced the House of Commons motion in 1989 to end child poverty in Canada by the year 2000. The motion was unanimously passed by all parties. Since 1989, Campaign 2000 has been raising awareness and garnering support for the motion. Although there have been years where poverty rates declined, the latest Report Card for the year 2024 reports a sharp increase in national child poverty rates from 2020 to 2021. This is the first increase in 10 ten years and indicates a reversal of the downward trend that began in 2015 ([Ending Child Poverty: The Time Is Now](#)). Federal strategies for poverty reduction are failing according to the 2024 Report Card. Each annual Report Card from Campaign 2000 contains recommendations for governments to act upon to better protect children from poverty. Many of these recommendations align with the recommendations contained in child injury/death reviews/inquiries. UNICEF's 2023 report card indicates that child poverty has increased in Canada for the first time in many years with the poverty rate rising more sharply for children than other Canadians. According to UNICEF Canada is a rich country with one of the greatest increases in wealth over the past decade and can do better than ranking 19th out of 39 countries. Canada is called upon to take urgent action to protect children from poverty (<https://www.unicef.ca/en/unicef-report-card-18#>). Food Banks Canada echoes the same call given almost two million Canadians visited food banks in March 2023 alone ([Mission - Food Banks Canada](#)). In March 2024 the number of visits exceeded two million, representing an increase of 6% (<https://foodbankscanada.ca/hunger-in-canada/?msclkid=5cae745aa32711e9efea1c6d3b43446a>). Thirty three percent (33%) of food bank users in March 2023, 2024, are children.

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- Canadians have also experienced other key stakeholders filing reports and/or making submissions to suggest improvements in child protection systems and services. One such stakeholder, the Canadian Council of Provincial Child and Youth Advocates, has a mandate to create opportunities for the rights and voices of children and youth to be represented and heard. Advocate offices throughout Canada are actively involved in working with children and youth, many of whom are in the care of or known to child protection authorities. The Council is active in approaching federal and provincial/territorial governments with recommendations to better attend to the rights and needs of Canadian children and youth. Provincial and Territorial advocate's office routinely investigate child/youth issues, submit reports to the child protection system with recommendations for improvements and better outcomes, and follow-up with annual reports to review progress on the implementation of recommendations.
- The Canadian Association of Social Workers (CASW) is another stakeholder Canadians have seen actively involved in child protection. It stands to reason their involvement given child protection workers are predominantly social workers. In the event of a child injury or death, the profession is very much under the microscopic eye of the media and the public. Over the years CASW has submitted reports to all levels of government advocating on behalf of children and youth as well as their Association members. These reports have dealt with such issues as heavy expectations placed on social workers without sufficient resources; social workers being bound by rigid policies; not having sufficient supports to deal with the many complexities of child protection work and having to work with children, youth and families at risk without a mandate to address the risk issues associated with poverty; and issues around professional autonomy and integrity when working in highly bureaucratic and hierarchical child protection systems ([understanding Social Work and Child Welfare: Canadian Survey and Interviews with Child Welfare Experts \(casw-acts.ca\)](#)).
- Another stakeholder familiar to Canadians is the Child Welfare League of Canada (CWLC). The League was established in 1994 and is committed to promoting the safety, well-being and protection of vulnerable children and youth. With this commitment comes working collaboratively with governments and Indigenous organizations to advocate for and promote necessary legislative, policy, and program changes to improve outcomes for

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children, youth, and families struggling with significant risk factors. The League plays a major role in research as well as being involved with provincial/territorial child protection departments in completing evaluations and/or reviews. The League's contributions to child protection literature and dissemination of information are significant ([2022-2023 Annual Report \(cwlc.ca\)](#)). One significant contribution was in a March 2022 report entitled *MOVING BEYOND NEGLECT: Recommendations and Future Directions for Child Welfare Policy and Practice*. This report identified six key themes to be addressed to realize more positive outcomes for children and youth in situations of risk due to maltreatment in the form of neglect. These themes align with the findings and recommendations of provincial/territorial reviews and inquiries into child protection services. The themes are as follows:

- 1) Identify and address the root causes underlying neglect.
 - 2) Recognize that neglect is usually a result of systems failure, not caregiver failure.
 - 3) Identify and acknowledge the real risks posed by neglect.
 - 4) Shift from a lens of child protection to one of family well-being.
 - 5) Reimagine "Healthy Families" through a strengths-based and culturally responsive lens.
 - 6) Empower and fund marginalized communities to respond to neglect
[Moving Beyond Neglect: Recommendations & Future Directions for Child Welfare Policy & Practice EN&FR \(cwlc.ca\)](#)
- Child protection is a well researched topic in Canada with substantial input from the academic/research sector. There is a plethora of books, peer reviewed journal articles, research reports, and other publications documenting child welfare/protection issues, challenges, trends, and suggestions for legislative, policy, and practice improvements. In addition, child protection research data and information are easily accessible through such venues as the Centre of Excellence for Child Welfare, the Canadian Child Welfare Information System, the Canadian Incidence Study of Reported Child Abuse and Neglect, First Nations Child and Family Caring Society, and others. These venues provide a rich source of child welfare information and data intended to assist and guide developments and advancements in child welfare legislation, policies, education, and practices. Themes

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emerging from the many academic publications and research align with recommendations emerging from provincial/territorial inquiries such as: the importance of child protection moving from its current reactive crisis driven approach to a more early intervention, prevention, and outreach approach; designing policies and procedures to promote child protection as being more of a health issue than parental fault; the over-representation of Indigenous children and youth in care; ensuring that child protection policies, procedures and practices are designed to address root causes and not skirt them; and moving beyond the investigative concentration on risks and risk management to a concentration on building protective health environments. Such themes suggest a re-thinking and moving child protection interventions beyond the four walls of parenting to include building capacities and support services in communities.

DISCUSSION

There is an abundance of knowledge, information, ideas, and experiences informing Canadians on the many complexities associated with child welfare, especially child protection. Over the past thirty plus years many advancements have been made, and positive outcomes have been realized for vulnerable children, youth, and families. Yet, it seems that no matter what is learned, what investments are made in creating new legislation and/or government departments, or how much attention is paid to trying to “fix” the child protection system in terms of expectations and standards, it does not seem to enable these systems to remain free from being the scapegoat and the brunt of public criticism should a child be harmed in any way. No matter what is done in attempts to correct any wrong, there is this tendency to travel in directions travelled before with no significant change in outcomes for both Indigenous and non-Indigenous children and their families or for the child protection systems themselves.

For certain, experiences, knowledge gained, and evidence from research suggest that realizing positive outcomes for vulnerable children, youth and their families require more than legislative changes, bureaucratic administrative adjustments, revised policy and procedural manuals, and increased fiscal and human resources. If the thinking underpinning and guiding these changes remain the same or only altered slightly, it is likely the current unacceptable outcomes will continue to surface. For example, according to the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS -2008, 2003, 1998), neglect in the form of physical, emotional,

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medical, and educational are the most prevalent forms of child maltreatment in Canada. The literature identifies three distinct models of neglect – the parental deficit model, the environmental deficit model, and the ecological-transactional model (Blumenthal, 2015).

It stands to reason that any attempt on the part of governments to address this prevalent form of child maltreatment would encompass all three models. In Canada, it seems, the primary emphasis surrounding maltreatment is parental fault. There is no argument that parents have a critical and vital role to play in protecting their children. They are accountable and responsible for their care. However, parenting does not take place in a vacuum. There are significant personal factors (mental health, maturity, depression, ill-health) and environment factors (poverty, root causes) that require social interaction and supports to assist parents in coping and fulfilling their parental responsibilities. The emphasis on environment factors and social supports in Canadian attempts to address the complexities of child protection have not been given the same attention as parental fault. Not attending to the environmental and social supports dimensions in working with vulnerable children, youth and families is not the fault of parents but rather of society (governments) itself. One can propose, given the information and evidence available, that child protection is perhaps more about parents and families in need of support and assistance than children in need of protection from their parents. This would suggest a paradigm shift in terms of planning, managing, and delivering child protective services. Also, when considering the three models of neglect, a move from individual to community responsibility for the well-being and protection of children is necessary. Evidence suggests that the neglect of vulnerable children and youth by society far outweighs neglect by their parents.

A real challenge for provincial/territorial child protection systems is public trust and confidence that children in their care and/or receiving protective services are protected from injury or harm. Experiences have proven that this trust and confidence quickly erodes in incidents of harm, injury, or death. It is perhaps true in Canada, given the evidence available in attempts to attend to past incidents, that old solutions have been recycled and emerged with new names. New legislation and new departments are examples. A repeat of the same recommendations in inquiry/review reports following a child injury or death is another example. Replacing Ministers of the departments responsible for child welfare is yet another example. Examples such as these being repeated over the years does little by way of establishing trust and confidence. The many

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complexities and uncertainties associated with child protection work, along with how this work is heavily influenced by political, economic, and social realities, having the trust and confidence of the public and the families who require protective intervention services are paramount. It is somewhat analogous to the airline or automotive industries. Should an incident occur, for example, when an emergency exit door on an Alaska Airlines Boeing 737 blew off the jet in mid-flight in January 2024, Boeing immediately went into action, grounded all makes of the same jet and proceeded to investigate and fix the problem. The automotive industry does the same thing when a mechanical malfunction is discovered. There is an immediate recall of all the same type of vehicle for repair. These industries are quick to act because not only does their survival depend on public trust and confidence, but human lives are at stake. The same for public child protection systems. Lives of vulnerable children and youth are at stake.

Current evidence and data, based on several decades of experiences, strongly suggest a flaw in thinking if there is a belief that the many social, economic, and political issues associated with child protection can be reduced to bureaucratic administrative solutions. These solutions have not realized the outcomes expected by parents and families requiring protective intervention services. More is required. The child protection field has amply demonstrated to Canadians that the outcomes they require in terms of the health, safety, and protection of children are not being adequately achieved within the current framework of administering and delivering child protection services.

Trust and confidence are built on the assurance that the best knowledge and evidence available guide decisions on policies and practices to achieve the best possible outcomes for vulnerable children and youth. Given the decades of experiences with provincial/territorial child protection systems attempts to “fix” child protection services:

- Do Canadians have the trust and confidence that provincial/territorial child protection services are guided by the best knowledge and data available in the child welfare field?
- Do parents, who find themselves in vulnerable situations due to risk factors influencing their lives, have the trust and confidence to reach out to child protection authorities for support and assistance?
- Do the various professional organizations engaged in advocacy, education, and research to advance the best interests and rights of children and youth have trust and confidence in

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federal and provincial/territorial governments to act in the best interest of vulnerable children, youth, families, and communities?

Straight to the point: these questions sound the call for open and honest dialogue in deciding if federal and provincial/territorial governments are operating in the best interests of the health, well-being and protection of children and youth.

SECTION II

CHILD PROTECTION AND INDIGENOUS PEOPLES IN CANADA: AN OVERVIEW

‘Non-Aboriginal Canadians cannot fully understand the crushing effect of colonialism on a people. They do not appreciate the negative self-image that people can have about themselves when another culture projects itself as being ‘superior’ and acts to impose its laws, language, values, and culture upon the other’ (Amagoalik, 2008, p. 93).

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INTRODUCTION

THE INDIAN ACT

Indigenous peoples of Canada have sustained themselves for thousands of years prior to the arrival/invasion by non-Indigenous settlers. They did so based on their culture, ceremonies, governance models, values, and traditions. A critical component of their abilities to thrive and survive was their capacity to live in harmony with and having the utmost respect for the land and environment. Children were gifts from the creator. Their development and education were a community/cultural responsibility in supporting their families and extended families. With the arrival of settlers to their lands, settlers with different values, beliefs, religions, and governance structures, things began to dramatically change for Indigenous populations.

Indigenous communities experienced the influences and imposition of Jesuit, Roman Catholic, and Protestant missionaries in their attempts to reform Indigenous cultural, spiritual, family, and child rearing traditions. These missionaries laid the groundwork for the residential school system as early as 1620 according to the Truth and Reconciliation Commission's (TRC) document entitled "*They Came for the Children*" (2012). They created church-led boarding schools that the government funded. Both the churches and government believed the role of schools, both residential and day schools, was to civilize and Christianize Indigenous children. With the creation of the Dominion of Canada on July 1, 1867, this role would be later legitimized and enforced under the umbrella of the Indian Act which was introduced on April 12, 1876. Under the Act "... *the Canadian government assumed control of Indian peoples' governments, economy, religion, land, education, and even their personal lives*" (p. 11, TRC, 2012).

The Indian Act represents the epitome of discrimination, racism, abuse of power, manipulation, oppression, and violence against a people. Although there have been amendments over the years to address the abuse of power within certain sections of the Act, its initial intention to eradicate Indigenous culture and identity has had long-lasting impacts. Eight (8) key issues associated with these impacts include: higher rates of death in children and youth; inadequate housing conditions; higher rates of suicide; lower levels of education; lower income levels; higher rates of unemployment; higher rates of incarceration; and poorer health (<https://www.ictinc.ca/blog/8-key-issues-for-indigenous-peoples-in-canada>). These issues align very well with the root causes underpinning why children, youth and families require, need, or

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come to the attention of child protection authorities. The First Nations Child & Family Caring Society of Canada, in a June 2013 Information Sheet, refer to these issues/root causes as structural risk factors that necessitate intervention to realize better outcomes for children and youth.

RESIDENTIAL SCHOOLS

The residential school system represented the method used by the Canadian Dominion, in partnership with Catholic, United, Anglican, and Presbyterian churches and in accordance with a 1920 amendment to the Indian Act, to assimilate Indigenous people into Canadian society. It was believed by the government and churches that one way to accomplish this assimilation was to take the youngest, remove them from the influences of family, culture, and community, and educate them the white way. To achieve this, the 1920 amendment made attendance in residential schools mandatory. As a result, Indigenous children were forcefully removed/taken from their parents and communities and housed in residential schools. In these schools they were prevented from using not only their language but any cultural teachings they learned from their parents/elders. The Truth and Reconciliation Commission Report (2008), along with numerous other reports and personal testimonies of residential school survivors, inform us those endeavours to achieve assimilation involved violence in the form of malnutritional; poor health care; and physical, sexual, and emotional abuse. For many children this violence resulted in death. In total, over 130 residential schools operated in Canada between 1831 and 1996. An estimated 150,000 children attended residential schools, and an estimated 6,000 children died. With the recent discovery of unmarked graves on the grounds of former residential schools, the number of deaths is an unknown (Sinha, et. al, 2011).

Residential schools, operating under the government's policy of assimilation, comprised the child welfare system for Indigenous children and youth in Canada for many years. Between the 1940s and 1950s there was an emerging opposition to these schools. The impetus for this opposition ranged from a realization that residential care and education were expensive to operate, increased resistance from Indigenous parents, lack of funding, the quality of care and education were being questioned, and the disclosure of neglect and abuse. The Indian Act was reviewed, and steps were taken to phase out residential schools. In 2006 the Indian Residential Schools Settlement Agreement was announced, and a Truth and Reconciliation Commission was established in acknowledgement of the many injustices imposed on Indigenous children, youth

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and their families. The Agreement opened avenues for financially supporting healing initiatives and compensation to residential school survivors (Miller, J.R., 2012). [Residential Schools in Canada | The Canadian Encyclopedia](#) . On June 11, 2008, the Government of Canada issued a formal apology and acknowledged the devastating impact of the residential school system.

SIXTIES SCOOP

In 1951 a further amendment to the Indian Act supported the transfer of Indigenous child welfare services from the church/government residential/educational system to provincial child welfare systems. This transfer involved many discussions and agreements over the years between the federal and provincial/territorial governments around funding, jurisdictions, and on and off reserve services. These discussions and agreements, in many instances, occurred without active participation of Indigenous communities. Provincial/territorial child welfare legislations during this time, like the residential schools, were imposed and enforced. During this period little attention was paid to the devastating impacts of residential schools on Indigenous families and communities. Likewise, the extent of social breakdown and economic disadvantage in Indigenous communities were overlooked. Indigenous values in reference to families, child rearing, and cultural practices were overruled by mainstream child welfare legislations resulting in the removal of Indigenous children from their families, communities and culture and placed in the mainstream foster and adoption homes in Canada and elsewhere – the Sixties Scoop (Fallon, et al, 2019; Mandell, et al, 2006). Removing children from their families is the most radical and dreadful of acts that can be bestowed upon a family. To remove them not only from their families but from their culture, community, and in many instances, their province or country, is indescribable. It is especially so knowing that underpinning many of the removals lies differences in values, worldviews, and beliefs with mainstream values, worldviews and beliefs overpowering those of Indigenous peoples. The Sixties Scoop, like the Indian Act, represents the epitome of discrimination, racism, violence, and oppression. During this Sixties early 70s era, Indigenous children were vastly overrepresented in provincial/territorial child welfare systems.

THE OVER-REPRESENTATION OF INDIGENOUS CHILDREN IN THE CHILD WELFARE SYSTEM

The over-representation of Indigenous children in care continues today. According to Statistic Canada, data from the 2021 census shows that although Indigenous children account for

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only 7.7 percent of all children 14 years and under in Canada, 53.8 percent of all children in foster care are Indigenous. This is an increase from the 2016 data showing 52.2 percent. This over-representation, according to Blackstock (2022), is to such an extent that there are more Indigenous “... children in child welfare care today than at the height of Indian residential schools, largely caused by the ongoing legacy of colonialism, discrimination, and structural inequities” (p. 17).

In November 2018 the provincial/territorial governments made it known to the Federal Minister of Indigenous Services that their child welfare systems were ‘*dysfunctional*’ and ‘*inadequate*’ when it comes to meeting the needs of Indigenous children ([Ottawa to hand over child welfare services to Indigenous governments | CBC News](#)). Three years previous (2015) a report was prepared for Canada’s Premiers highlighting the over-representation of Indigenous children-in-care as a major concern requiring immediate action. The report acknowledged the many complex social and economic factors associated with this over-representation. The Premiers committed to working with Aboriginal groups within their respective jurisdictions to address the issue with an understanding that any conceivable solutions must attend to dealing with the root causes of why children and youth require protective interventions. The Premiers report also highlighted the importance of focusing on prevention and early intervention, supporting child welfare systems in achieving better outcomes, and working in partnership with Aboriginal groups (http://www.canadapremiers.ca/wp-content/uploads/2017/09/aboriginal_children_in_care_report_july2015.pdf).

In June 2018 the Canadian Association of Social Workers (CASW) released a report suggesting that the over-representation of Indigenous children, youth and families in child welfare systems is a top priority issue to be addressed (CASW, 2018, p. 73). The Canadian Council of Child and Youth Advocates (CCCYA), in a press release on January 31, 2018, referred to the over-representation of Indigenous children as a ‘crisis’ in need of immediate attention and action (<https://www.rcybc.ca/reports-and-publications/statements/statement-canadian-council-child-and-youth-advocates-indigenous>). In this same press release CCCYA acknowledged the negative impacts that colonization, residential schools, the 60’s Scoop and the current child welfare systems have had on Indigenous children and youth. Indigenous youth in Canada are also saying the current child welfare and foster care systems continue to function in a manner that destroys Indigeneity, calling it the ‘*Millennium Scoop, an epilogue to the systematic removal of children in the Sixties*

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Scoop' (<https://www.cbc.ca/radio/thecurrent/a-special-edition-of-the-current-for-january-25-2018-1.4503172/the-millennium-scoop-indigenous-youth-say-care-system-repeats-horrors-of-the-past-1.4503179>).

For Indigenous people, this continuing over-representation of their children and youth in the care of mainstream child welfare systems is reminiscent of past experiences with the residential schools and the 60's Scoop. The destruction emanating from both oppressive acts is well acknowledged in the work of the Truth and Reconciliation Commission (TRC). The guiding principles of the Commission suggest the significance of upholding Indigenous rights to justice; acceptable social, health and economic outcomes; self-governance; and cultural revitalization ([The Truth and Reconciliation Commission Principles | Justice Institute of British Columbia \(jibc.ca\)](https://www.jibc.ca/trc-principles)) The United Nations Declaration on the Rights of Indigenous Peoples, ratified by Canada in 2016, endorses the principles of the Commission and specifically references the importance of children remaining in their families, culture and communities in the interests of their well-being and education.

The Declaration aligns with Canada's Charter of Rights and Freedoms (<http://publications.gc.ca/collections/Collection/CH37-4-3-2002E.pdf>) as well as the UN Convention on the Rights of the Child ([https:// www.ohchr.org/en/professionalinterest/pages/crc.aspx](https://www.ohchr.org/en/professionalinterest/pages/crc.aspx)). Despite the TRC principles and the three human rights frameworks, there is a consensus that the rights of Indigenous children in Canada continue to be violated (Leckey, et al. 2022; Filipetti, 2016; King, 2012). This consensus prompted the 2007 initiative on the part of First Nations Child and Family Caring Society and the Assembly of First Nations to file a human rights case against the Department of Indigenous and Northern Affairs Canada. The case argued that the funding provided to First Nations children on reserve was inequitable and therefore in violation of the Canadian Human Rights Act. On January 26, 2016, the Canadian Human Rights Tribunal ruled that the Federal government had indeed violated the human rights of 163,000 Indigenous children and ordered the Department of Indigenous and Northern Affairs Canada to take immediate action on this inequality.

The over-representation of Indigenous children in care was identified as the first of the 94 Calls to Action by the TRC (2015) ([trc-calls-to-action-english.pdf \(crc-canada.org\)](https://www.crc-canada.org/trc-calls-to-action-english.pdf)). The 2023 Status Update Report reporting on the progress of the Calls to Action reports that after 10 years,

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81 of the 94 Calls to Action have not been acted upon (Yellowhead Institute, 2023, [YI-TRC-C2A-2023-Special-Report-compressed.pdf \(yellowheadinstitute.org\)](https://yellowheadinstitute.org/yi-trc-c2a-2023-special-report-compressed.pdf)). Those that were acted upon did not include any of the first five Calls having to do with child welfare. The Canadian Human Rights Tribunal's order made in January 2016 to compensate for the inequality experienced by Indigenous children continues to face barriers and no compensation has yet been released. The federal government is justifiably criticized for its lack of transparency and its actions that are continuing the legacy of colonialism and skirting structural inequalities in its decisions (Blackstock, 2022).

The Yellowhead Institute's Status Update Reports for 2022 and 2023 identified five main challenges to Reconciliation and action on the TRC's Calls to Action:

- 1) *Paternalism – the deep-rooted, ongoing paternalistic attitudes and behaviours of politicians, bureaucrats, and policymakers, resulting in a “we know best” mentality that prevents Indigenous peoples from leading on issues with their own solutions,*
- 2) *Structural anti-Indigenous discrimination – Canada asserting legal myths to justify the ongoing dispossession of Indigenous lands and the subsequently manufactured poverty of Indigenous peoples,*
- 3) *The Public Interest – policymakers and Canada's legal teams have used the interests of a non-Indigenous Canadian public to shore up their inaction on compensation for First Nations children and as the beneficiary of exploited lands,*
- 4) *Insufficient resources – there's no shortage of promises, but with ongoing and rampant funding inequalities, meaningful reconciliation will always be out of reach, and*
- 5) *Reconciliation as exploitation or performance – in the cases where “reconciliation” purportedly occurs, exploitative or predatory behaviour is rampant; in the case of performance measures, actions serve to manage Canada's reputation (Yellowhead Institute, 2023, p. 14).*

In its 2023 Status Report the Institute concluded that the lack of commitment to act on the Calls suggest ‘...the era of reconciliation in Canada is largely stagnant.’ (p. 23).

INDIGENOUS JURISDICTION OVER CHILD WELFARE

Self-determination, Indigenous self-governance, and Indigenous authority over child welfare/protection services have surfaced over the past thirty years as a direction forward for Indigenous peoples and their communities. The Royal Commission on Aboriginal Peoples Report;

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the Truth and Reconciliation Commission's Calls to Action; the Premiers 2015 Report on the Over-representation of Indigenous Children-in-care of Provincial/Territorial child welfare systems; Child Welfare League of Canada; the Canadian Council of Provincial Child and Youth Advocates; Canadian Association of Social Workers; The First Nations Child and Family Caring Society; and the research and literature surrounding child protection support the direction of Indigenous jurisdiction over child welfare. Indigenous jurisdiction is a step forward and creates the opportunity for Indigenous people to embark on a journey of reclaiming what has been lost or taken because of the Indian Act, residential schools and the 60's Scoop. Bennett, et al., (2005) quote from the Royal Commission on Aboriginal Peoples (RCAP) provides an understanding of what was lost and needs to be reclaimed:

- *Loss of land, loss of control over living conditions and restricted economic opportunity,*
- *Suppression of belief systems and spirituality,*
- *Weakening of social institutions,*
- *Displacement of political institutions,*
- *Pervasive breakdown of cultural rules and values and diminished self-esteem,*
- *Discrimination and institutional racism and their internalized effects, and*
- *Voluntary or involuntary adoption of elements of an external culture and loss of identity (p. 42).*

Acknowledgement of the importance of this reclaiming is the number four recommendation of the Truth and Reconciliation Calls to Action (2015) in reference to child welfare:

4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that:

- i. Affirm the right of Aboriginal governments to establish and maintain their own child-welfare agencies.*
- ii. Require all child-welfare agencies and courts to take the residential school legacy into account in their decision making.*
- iii. Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate.*

On January 1, 2020, *An Act respecting First Nations, Inuit and Métis children, youth and families* became law. It is the first piece of legislation introduced by the Federal Government that acknowledges Indigenous jurisdiction and affirms the rights of Indigenous peoples to exercise control over child and family services. The *Act* is based on key principles and standards that

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support the best interests of Indigenous children, youth, and families; the significance of cultural continuity; the importance of substantive equality in terms of respect for the rights and needs of children, youth and families; and a shift from apprehension to an emphasis on early intervention and prevention. Although a positive step forward for Indigenous jurisdiction, the *Act* is seen as a rushed process and raises concerns about its implementation (Wilyman, 2020). One concern is the absence of collaboration between federal, provincial/territorial and Indigenous governments in the development of the *Act* and although there was Indigenous input, the Federal Government made the final decision. Another concern is the *Act*'s lack of commitment to having legislated guarantees of core funding (Metallic et al, 2019; Wilyman, 2020). Without committed and predictable core funding to fully implement the *Act*, there is concern funds might be subjected to jurisdictional disputes and past discriminatory funding to Indigenous populations becoming an issue. Yet, another concern is the *Act* does not fully recognize Indigenous jurisdiction over child welfare law in terms of the best interests of the child, especially if provincial child welfare laws become involved in the same situation. This has the potential for conflict for child protection workers, judges and Indigenous authorities in deciding what standards and definitions apply in Indigenous children's long term interests ([\(the-promise-and-pitfalls-of-c-92-report.pdf \(yellowheadinstitute.org\) Bill-c92_METL-Fact-Sheet.pdf \(fnlcchildrenandfamilies.ca\) \)](#)).

Indigenous communities have been involved in providing child welfare services since the 1980's. In 2019, there were more than 120 Indigenous child and family agencies across Canada (Fallon et al, 2019) providing services on and off reserves as well as in urban cities. Since the introduction of the Federal *Act respecting First Nations, Inuit and Métis children, youth and families*, as of January 17, 2025, 86 Indigenous governing bodies, representing over 110 Indigenous communities, have submitted 66 notices to exercise jurisdiction over child and family services, and 42 requests to enter co-ordination agreement discussions ([‘We Need to Take Care of Our Own Children’: Inside the fight for Indigenous jurisdiction over child services in Canada - Indigenous Watchdog](#)). In July 2020, Cowessess First Nation signed the first coordination agreement under the Federal *Act* with the Government of Canada and the Government of Saskatchewan ([The Act respecting First Nations, Inuit and Métis children, youth and families celebrates its second anniversary - Canada.ca](#)). In June 2024 the Cowichan Tribes on Vancouver Island signed the coordination agreement with the Provincial and Federal Governments to assume

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full responsibility for child, youth and family services ([Cowichan Tribes now fully responsible for child welfare services | CBC News](#)).

When the Department of Indian and Northern Affairs Canada introduced the policy framework Directive 20-1 in 1991, federal funding for child welfare services to Indigenous communities on reserve became available. Directive 20-1 supported and funded Indigenous authorities to control and manage child and family service agencies on the premise they operate in accordance with provincial/territorial child welfare legislation (Gough, Blackstock & Bala, 2005). All provinces/territories entered into agreements and funding arrangements with Indigenous authorities, except for Ontario, to establish child and family service agencies. In Ontario, Indigenous agencies are funded by the provincial government which in turn receives federal funding. The agreements and funding arrangements between Indigenous authorities and federal and provincial/territorial governments fall under several jurisdictional models that are outlined and discussed in the literature (Rae, 2011; National Collaborative Centre for Aboriginal Health, 2017; Bennett, 2004; Amaral, 2015; Sinha & Kozlowski, 2013; Gough, Blackstock, & Bala, 2005; Libesman, 2004).

- **The Delegated Model** – this is the most common model of jurisdiction. In this model the provincial or territorial child welfare authority delegates Indigenous child welfare agencies to provide services to Indigenous peoples on or off reserve in accordance with provincial or territorial legislation. The delegation varies from province to province but in all situations the delegation is formalized either by agreement or by Order in Council. Delegation can take the form of full delegation (operating with full child protection and prevention authority) or partial delegation to provide support and prevention services for families whilst the province provides child protection services.
- **Pre-Mandated Child and Family Services** – under this model Indigenous agencies provide prevention and family support services pursuant to agreements, including licensing agreements, with the provincial/territorial government. These agencies are primarily in Ontario. This model is viewed as a capacity building approach whereby the Indigenous authority, once having the necessary resources, support, and experiences can eventually move toward a delegated model and

provide full child protection and prevention services. The pre-mandated model ensures that Indigenous children, youth and families have access to culturally based preventative and foster care resources so communities are empowered to care for their children, youth and families.

- **The Band By-Law Model** – The Indian Act allows for Indian Band Chiefs and Councils to pass band by-laws that apply on reserve. The Spallumcheen First Nation in British Columbia is the only First Nation in Canada to operate under a band by-law.
- **The Tri-partite Model** – under this model the provincial/territorial and federal governments delegate their law-making authority to an Indigenous governing body. For this delegation to occur the Indigenous authority is required to meet provincial standards. One example of this model is the Sechelt First Nation in British Columbia. The tri-partite agreement permits the Sechelt First Nation to develop and implement tribal based authority for child and family services.
- **The Self-Government Model** – Indigenous jurisdictional authority is acknowledged under this model. This model has the benefit of being based on the worldview, cultures and histories of Indigenous peoples and affirms, versus competes with, traditional child and family caring processes. Many Indigenous groups across Canada are actively expressing an interest in the self-government model given that current child welfare policies and practices are driven and governed by mainstream thinking. Nunavut is the closest to self-government in Canada.
- **Mainstream services** - Indigenous populations in Canada are primarily served by mainstream child welfare legislation, policies, and services, namely provincial/territorial government departments or, as is the situation in Ontario, Children's Aid Societies (Rae, 2011). Although these jurisdictions strive to serve Indigenous peoples in a culturally appropriate manner, significant challenges remain. There is a 'clash of cultures' in terms priorities, policies, and values (Johnston, 2014). These mainstream services have been termed '*dysfunctional*' and '*inadequate*' when it comes to serving Indigenous families and communities (<https://www.cbc.ca/news/politics/tasker-ottawa-child-welfare-services->

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[indigenous-1.4927104](#)). The critical concern of the over-representation of Indigenous children in care is a major factor as to why these terms are being used.

DISCUSSION

From the *Indian Act* of 1867 to the *Act respecting First Nations, Inuit and Métis children, youth and families* of 2020, a span of 153 years, Indigenous peoples of Canada in 2025 continue to struggle with what was lost/taken and needs to be reclaimed. Of significance in this reclaiming is having the commitment and support from federal and provincial/territorial governments to act on the evidence brought forth by The Royal Commission on Aboriginal Peoples, The Truth and Reconciliation Commission, The Human Rights Tribunal Decision, The Truth and Reconciliation: Calls to Action, Touchstones of Hope, Assembly of First Nations and the many other reports, publications and reviews that have been submitted by Child & Youth Advocates Offices across the country, the Child Welfare League of Canada, The National Collaborative Centre for Aboriginal Health, First Nations Child and Family Caring Society, the Canadian Association of Social Workers and the many others. The evidence overwhelmingly suggests the need for change in legislation, policies, practices, and management of child welfare/protection services to Indigenous children, youth, families, and their communities.

This change clearly cannot be a repeat of what has happened in past endeavours to “fix” the child welfare system. There must be more. That is not to say many of the past changes have not been beneficial in improving services. There is evidence of improvements such as Memorandums of Agreements between Indigenous groups and mainstream child welfare authorities; more Indigenous input and participation in service delivery and decisions around the best interests of Indigenous children; more emphasis on cultural competency and culturally appropriate services; more collaboration in terms of policies and practices; more involvement of Indigenous social workers and staff; and more emphasis on acknowledging the need for changes given the current unacceptable outcomes for Indigenous children, youth, families and communities in their ongoing interactions with provincial/territorial child welfare authorities. These improvements, albeit worthwhile, like past attempts to “fix” the provincial/territorial child welfare systems, continue to fall short of realizing better outcomes.

What is the more that is required? There is a consensus it is not a question of knowledge, information or knowing what needs to be done to realize better outcomes. Volumes of reports from child death reviews, public inquiries, research, commissions, and task forces have contributed to

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this knowledge base and have made significant recommendations on actions to be taken based on this knowledge. Fundamentally important in this knowledge base is knowing that “*For thousands of years, Indigenous communities successfully used traditional systems of care to ensure the safety and well-being of their children. Instead of affirming these Indigenous systems of care, the child welfare systems disregarded them and imposed new ways of ensuring child safety for Indigenous children and youth, which has not been successful*” (Blackstock, et al, 2006, p. 6). Not affirming this important Indigenous knowledge and overruling it with residential schools, the 60’s Scoop, and the over-representation of Indigenous children and youth in mainstream child welfare systems have created a relationship where trust, respect, and confidence are in question. Relationship, like reconciliation, is not a feeling. It is an action on the part of all those involved to assume responsibility for respect, trust, and confidence. To be trusted, one must trust; to be respected, one must show respect; to have confidence, one must be confident that the trust and respect are felt.

Good relationships and meaningful collaboration between Indigenous peoples and provincial/territorial and federal governments is vital in establishing Indigenous child welfare systems based on Indigenous traditions, values, laws, worldviews, and structures. In international research by Libesman (2004), based on a review of legislation and services to Indigenous communities in Canada, the United States, and New Zealand, an important dimension in establishing good partnerships and relationships is the willingness of governments to relinquish some power. For example, a criticism about the *Act respecting First Nations, Inuit and Métis children, youth and families* is the absence of collaboration between federal, provincial/ territorial, and Indigenous governments in the development of the *Act*. Although there was Indigenous input, the Federal Government made the final decision. This does not represent a willingness to share power. Nor does it represent a relationship built on trust, respect, and confidence.

Given the past experiences of Indigenous peoples with the federal government and provincial/territorial child welfare systems:

- Do Indigenous peoples of Canada have the trust and confidence in the federal government to act in the best interests of Indigenous children, youth, families, and communities?
- Do Indigenous peoples of Canada have the trust and confidence in the provincial/territorial child welfare systems to act upon known data/evidence and in the best interests of Indigenous children, youth, families, and communities?

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- Are relationships between Indigenous groups and the federal government based on trust, respect, and sharing of power?
- Are relationships between Indigenous groups and provincial/territorial child welfare systems based on trust, respect, and sharing of power?

Straight to the point: these questions sound the call for action to move forward on Indigenous self determination and self-government in developing their own child welfare systems based on Indigenous laws, traditions, values, and standards. As pointed out by Cross et al. (2015) ‘*When a system fundamentally fails over many years to meet the needs of Indigenous children, you don’t try to make it culturally appropriate – you build a new system*’ (p. 6). Leckey et al. (2022) echo the same sentiment from their research findings. They concluded from interviews with lawyers, judges, social workers, and Indigenous parents in Quebec that due to barriers of language and culture there is a mistrust and epistemic injustice preventing meaningful participation of Indigenous parents. They contend “... *that our findings reinforce jurisdictional calls not to fix the colonial system but to transfer authority over child welfare to Indigenous communities*” (p. 560). For Indigenous peoples this means building a new Indigenous system of child welfare. There is an overwhelming consensus that culturally competent child welfare services can only come from having Indigenous authority and control (Sinha & Kozlowski, 2013; NCCAH, 2017; Gough, Blackstock, & Bala, 2005; Libesman, 2004).

SECTION III

CHILD PROTECTION: A NEWFOUNDLAND AND LABRADOR SYNOPSIS

“Criticism may not be agreeable, but it is necessary. It fulfills the same function as pain in the human body. It calls attention to an unhealthy state of things. If it is heeded in time, danger may be averted; if it is suppressed, a fatal distemper may develop” (Winston Churchill)

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PREAMBLE TO SECTION III

The 2008 Clinical Service Review found that the child protection system in Newfoundland & Labrador *..can be compared to a vehicle and driver that have embarked on a long journey over rough terrain and under grueling environmental conditions without any attention being paid to the need for tune-ups, oil changes, new tires or rest for the driver. Sooner or later, something is bound to fail, be it the vehicle or the driver or both* (p. 3).

Section III will show the reality of this representation. Child protection has been a long journey in NL, starting well before Confederation. There can be no more difficult terrain than working in the complex field of child protection. Complexities and uncertainties permeate a field of practice that is significantly impacted by social, economic, and political influences. It is said that child protection is not rocket science – it is far more complex. Nothing could be truer.

Gruelling environmental conditions have been present in the form of child injuries and deaths; violation of children's rights; poverty; domestic violence; and the failure on the part of the Newfoundland and Labrador Governments to properly invest the necessary human and fiscal resources to better protect the health and well-being of its children and youth. The environment has been difficult for both the children, youth and families as well as those who make up the child protection system to serve them.

Attention has been paid to tune-ups, oil changes, tires and rest for the driver. This is evidenced by seeing child welfare legislative amendments; the introduction of new legislations; changes in management and delivery of services; new policy and procedural manuals; changes in departmental names; workload studies; file audits; frequent changes in departmental ministers; more bureaucracy and accountability; and volumes of reports, investigations, and reviews with recommendations to continue regular tune-ups and make things better for the driver.

However, what has been happening is that the tune-ups have not kept pace with technology and knowledge in terms of research evidence and principles of best practices. It's as if the vehicle is being serviced by the wrong dealership, incorrect parts are being used causing more breakdowns, and some of the repairs have been short term patchwork of quick fixes over previous quick fixes. It is difficult to find and retain drivers under such circumstances.

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INTRODUCTION

The roots of child welfare/protection in Newfoundland and Labrador (NL) were very much grounded in assumptions and attitudes associated with a society dominated by patriarchy, whiteness, competition, and ethnocentric world views. These world views dominated the thinking in the early 20th century when NL was experiencing a high birth rate, high infant mortality rate, an alarming death rate for women giving birth, and a high number of families without either parent. Causes for the mortality rates included poor nutrition, lack of milk, poor sanitation, and contaminated water supplies (Cooper, 2024). In St. John's, a Child Welfare Association was formed in 1919 funded by charitable donations and staffed primarily by volunteers under the supervision and leadership of trained nurses. The concentration was on education, nutrition, health care, and immunization against numerous diseases such as polio, diphtheria, and measles (<https://www.heritage.nf.ca/articles/society/child-protection.php>). With the assistance of government funding the work of the Association expanded beyond St. John's to Bay Bulls, Petty Harbour, the Goulds, Torbay, Bauline, Portugal Cove and Mount Pearl. After Confederation these services were made available in other parts of NL.

During the Great Depression NL was bankrupt and became governed by a Commission. This Commission Government created a variety of government departments such as Home Affairs and Education, Justice, Public Works, Natural Resources, Health and Welfare and others. In addition, in 1935, legislation was introduced authorizing the organization of "The Newfoundland Rangers". These Rangers were recruited and deployed throughout the province. They represented, especially in the rural and remote areas of the province, the Commission Government with their duties and responsibilities spanning all government departments. They were assigned duties as truant officers, welfare officers, police officers, facilitators, and any roles required for people to have access to government services. In their duties as welfare officers, they processed and recommended payments for relief (social assistance for able-bodied and for those unable to be employed) and processed applications for widows' pensions, old age pensions, as well as arranged for medical treatment, hospitalization of patients, and certification and escort of mental patients. The Rangers Force ended in 1950, shortly after Confederation (<https://newfoundlandrangerforce.org/ranger-force/>).

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Although there was no specific mention of Rangers being involved in families regarding child welfare/protection issues, it is a fair assumption, given the range of their duties, they were the resource to be called upon, especially in rural NL. In those years, family was very much seen as a private entity and the responsibility of the father. Expressions such as “a man’s home is his castle”, “children should be seen and not heard”, “spare the rod and spoil the child”, “if you make your bed hard you have to lay on it”, “until death do us part” were commonly heard and adhered to. These expressions encouraged families to stay together and work through any incidents of violence, neglect and abuse directed toward wives, mothers, and children. Underpinning these expressions were beliefs that children were basically property to be disciplined, guided, and protected, primarily by the father. A father’s authority was rarely questioned within the family and certainly not questioned by anyone from outside the family. The mother assumed all responsibility for caregiving. This thinking was embedded in any legislative directives to support and assist families. In addition, the directives were influenced by the Elizabethan Poor Laws out of Britain which heavily relied on the distinction between the “deserving poor” and the “non-deserving poor”.

From the 1960’s to early 70’s the Department of Public Welfare in NL based its financial assistance programs on “deserving” “non-deserving” categories. For example, the deserving poor received financial assistance under such categories as – Disabled Persons Allowance, Widows’ Allowance, Blind Persons’ Allowance, Old Age Assistance, and Long-Term Assistance for those who were unable to be employed due to medical reasons. The “non-deserving poor” were the able-bodied individuals who were unemployed, the single unemployed person, the unwed mother, and anyone who failed to demonstrate responsibility in financially supporting themselves. The “undeserving” were expected to rely on family, relatives, friends, church, and charity. Should any assistance be given, it would be minimal and not in the same amount issued to the “deserving”. In the late 60’s in NL, the Department of Public Welfare introduced a policy in the welfare assistance program which required an individual to surrender the licence plates of their vehicle before any welfare assistance could be issued. The belief was, if you must rely on the state for assistance for food, shelter, and clothing, then you cannot afford to operate a vehicle. That policy demonstrates the thinking at that time towards those considered and labelled “non-deserving”. This thinking was influential in child welfare practices and policies and no doubt reflected in any legislation prior to the 1972 Child Welfare Act.

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CHILD WELFARE ACT: 1972

During those years, allegations of neglect and/or abuse were investigated by Welfare Officers who had authority under the Child Welfare Act, the Adoption of Children Act, and the Social Assistance Act. These investigations often resulted in assistance and support to families with the collaboration of extended family, friends, church, and other community resources. Apprehensions from parents were seldom. With the introduction of the Federal Canada Assistance Plan in 1966 the provinces and territories entered a 50/50 funding arrangement to improve and expand upon social programs. This expansion meant increases in staff with more staff being hired with the necessary educational credentials to provide child welfare services on a more concentrated basis. These educational credentials were more readily available with Memorial University's expansion from its Social Welfare Diploma Program to the School of Social Work offering degrees in social work at the undergraduate and graduate levels.

The Canada Assistance Plan created the opportunity for NL to expand its child welfare programs and services in terms of protection, foster care, support services and adoption. The Plan also expanded areas including welfare, work activity programs, nursing homes, and home care. With its goal of standardizing social assistance programs across the provinces and territories the Plan shifted thinking away from the 'deserving' 'non-deserving' categories and attended more toward prevention, meeting peoples needs and promoting self-sufficiency. The Canada Assistance Plan ended in 1996. During the Canada Assistance Plan era, the Department of Public Welfare was renamed the Department of Social Services. This renaming occurred in 1974.

The 1972 Child Welfare Act defined a child as any unmarried boy or girl under the age of 16. The Act recognized the best interests of the child as its one primary principle. Not surprisingly, given 1970's societal attitudes, the emphasis was more on rescuing a child in the event of neglect or abuse and labelling the parents as bad and not fit. The Act was silent on prevention, early intervention, family support services, community supports, and services to Indigenous peoples. The Act did stipulate that clergy members had the right of admission to every receiving home or other home, or institution established under the Act for the care of children for the purpose of religious instruction. Maintaining religious heritage was listed in the Act as a consideration in determining the best interests of the child.

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Prior to the introduction of the Canada Assistance Plan in 1966 and mandatory reporting laws in the 1970s – 80s child maltreatment was often overlooked. The expanded child welfare services that emerged with the Canada Assistance Plan, along with making it mandatory for doctors, teachers, nurses, police, and other professionals to report suspected child abuse, child protection investigations and protective intervention caseloads dramatically increased. Sexual abuse investigations became a major concern requiring increased professional training and education on the part of social workers, police officers, lawyers, and courts to collaboratively work together in the best interests and safety of children. Working protocols were established within the province to facilitate this collaboration such as the Collaborative Approach to the Investigation of Child Sexual Abuse training program. Increased workloads meant increases in social worker positions as well as increasing specialization in child welfare/protection work. The Child Welfare Act 1972 did not encompass the realities and complexities that were emerging in the child welfare field. However, the Act was the legislative framework in place when Canada's largest sexual abuse scandal was disclosed in 1989 involving the Christian Brothers and their operation of Mount Cashel Orphanage. From the time sexual abuse was first disclosed by two boys in 1974, and subsequent disclosures by 24 other boys in 1975, plus the confession of two Christian Brothers admitting to the abuse in 1975, it was in April 1989 that the NL government announced that a public inquiry would investigate the handling of the 1974 – 1975 disclosures by the police, social services, the Roman Catholic Archdiocese of St. John's, and the justice department. On March 31, 1989, retired Supreme Court Judge of Ontario, Samuel Hughes QC was appointed to lead a Royal Commission to investigate the obstruction of justice. The Commission commenced its work in June 1989, and its final report made public in April 1992.

THE HUGHES INQUIRY: 1989 – 1992

Following two years of work and personal testimonies from all those involved, the Commission filed its report with 35 recommendations. These recommendations covered necessary amendments to the Child Welfare Act 1972 in reference to the Director of Child Welfare and the police to lay charges in situations where reports of child abuse have not been acted upon; the Director of Child Welfare having direct access to the Minister of the Department of Social Services on issues concerning child welfare; more clarity around guardianship of children-in-care; compensation for victims and for the children-in-care who were placed in the Orphanage by the Department of Social Services; a process to be established for better communication and

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collaboration between social workers and police officers in investigating sexual abuse; and recommendations for the Department of Justice, Social Services and the police in terms of sharing information, maintenance of records, training, sensitivity to children being prepared for court proceedings; and access to records. Stemming from the Inquiry emerged the Collaborative Approach to the Investigation of Child Sexual Abuse which involved joint education of police and social workers. The Inquiry did not recommend replacing the 1972 Child Welfare Act despite its residual approach and being out of sync with emerging themes and trends associated with best child welfare practices.

CHILD, YOUTH AND FAMILY SERVICES ACT: 2000

In July 1996 the Minister of the Department of Social Services initiated a review of the child welfare system. The directive for the review was to design a system that could be managed and delivered by community-based agencies with a concentration on prevention and early intervention strategies. A primary goal of the review was to establish a policy framework to replace the 1972 Child Welfare Act. A document entitled *Towards the 21st Century: Designing Services for Children and Families in Newfoundland and Labrador* emerged from this review in 1997. This document recommended a significant shift in approach to child welfare/protection services in terms of new legislation with an emphasis on prevention, early intervention, and support services in the interests of family preservation and reunification. It also drew attention to the importance of advocacy to ensure voices of children and youth are heard, the important role of foster care and foster parent supports, and continuing professional education for social workers. The emphasis on education acknowledged the specialized skills required to do child protection work as well as having competencies in community development work, multi-disciplinary teamwork, and skills to work within community-based organizations.

The Department of Social Services was renamed the Department of Human Resources and Employment (DHRE) in 1997. In 1998 the Department of Health and Community Services assumed responsibility for child welfare/protection services. The Child, Youth and Family Services Act (CYFS), assented to in 1998, replaced the 1972 Child Welfare Act in 2000. In 1998 the Department of Health and Community Services devolved responsibility for child protection to Health and Community Services Boards. The CYFS Act and the delegation of child welfare/protection responsibilities to Health and Community Services Boards were

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recommendations in the *Towards the 21st Century* document. In 2004 the NL government consolidated the fourteen health and community services boards into four regional integrated health authorities – Eastern, Central, Western, and Labrador-Grenfell. Child welfare/protection services became the responsibility of these regional health authorities with this consolidation.

The 2000 CYFS Act was introduced with the intention of shifting child protection from a reactive crisis driven service to a more proactive prevention service with an emphasis on family and community support services. As outlined by Deloitte & Touche (2007), the Act recognized the need for: enhancement of services to youth and families; investments in prevention and early intervention strategies; child, youth and parent participation in decisions which affect them; partnerships with community in supporting the safety, health and well-being of children and youth; and timely responses to children who are maltreated. The Act was encompassing, comprehensive, flexible, and responsive to best practice attributes such as seeing children in the context of their families and communities and investing in prevention and early intervention services. These attributes aligned with the mandate of Health and Community Services Boards.

Although the *Towards the 21st Century* document recommended that any legislative framework to replace the 1972 Child Welfare Act include provisions for the protection of the cultural heritage of Aboriginal children and youth, the CYFS Act made no reference to Aboriginal children and youth. The Act did include a principle of respect for cultural heritage in a general sense but not specific to Indigenous children and youth in NL.

MINISTER'S ADVISORY COMMITTEE REPORT: 2005

In the interest of having an accountability mechanism in place to monitor the implementation of the CYFS Act, Section 75 of the Act required the Minister of the Department of Health and Community Services to establish an advisory committee to complete a review every two years and report on how the Act was doing in implementing its principles and achieving its purpose. The first Minister's Advisory Committee (MAC) was established in September 2002. Following several years of data collection the Committee completed its work and provided the Minister, in the fall of 2005, with the final report entitled *The Child, Youth & Family Services Act 2000 – 2005: How Are We Doing?*

The MAC concluded that the principles and purpose of the CYFS Act were being seriously compromised. This conclusion was the result of numerous consultations, interviews, presentations,

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13 facilitated workshops, and information gained through a toll-free number and MAC website. Representatives from the NL Department of Health and Community Services, Department of Justice, and the Regional Health and Community Services Boards were significant contributors to MAC Report. It was reported to the Minister that the fundamental shift proposed by the CYFS Act, in terms of moving child protection from its reactive crisis focus to one of prevention and early intervention, was not taking place. Instead, the MAC found frustrated individuals throughout NL (social workers, managers, supervisors, directors, lawyers, foster parents, police, and others) clearly stating they were not able to fulfil the expectations of the CYFS Act nor practice in accordance with its principles. There was a consensus on the part of all that the necessary human and fiscal resources were not available.

The MAC Report reaffirmed the CYFS Act was a comprehensive and all-encompassing legislative framework to support best practices in working with children, youth and families. Its recommendations emphasized the absolute necessity of investing the necessary financial and human resources within the Department of Health and Community Services, the Department of Justice, and within the Regional and Integrated Health and Community Services Boards to support and encourage education, community engagement and collaboration to implement the philosophy, intent and principles of the CYFS Act. The recommendations also highlighted the importance of the Regional and Integrated Health and Community Services Boards maintaining the child welfare/protection services mandate with a focus on prevention, early intervention, and family and community supports. As will be discussed in Section IV, the MAC Report also highlighted Labrador and Aboriginal issues and themes.

A second MAC was formed in 2007 with the objective of reporting on the progress of the implementation of the recommendations of the 2005 MAC Report. According to the Activity Plan 2008 – 2011 prepared by the Committee, a report would be submitted to the Minister by March 31, 2011 ([MINISTER'S ADVISORY COMMITTEE \(assembly.nl.ca\)](#)). This report, if indeed there was one, could not be retrieved. Given the CYFS Act was replaced by the Children and Youth Care and Protection Act in 2011, in addition to the legislative mandate for child protection being removed from Regional and Integrated Health and Community Services Boards and returned to the newly established Department of Child, Youth and Family Services in 2009, the mandate and role for a MAC were no longer necessary. <https://www.gov.nl.ca/hcs/files/publications-health-report-2005.pdf>

TURNER REVIEW AND INVESTIGATION: 2006

At the time of Zachary Turner's death in August 2003, the CYFS Act had been in effect for three years. Child protection services were in year five of being under the umbrella of Regional Health and Community Services Boards. For the first two years the Boards operated under the mandate of the 1972 Child Welfare Act. This Act was replaced by the CYFS Act in 2000. The introduction of the CYFS Act and the delegation of child welfare from government to the Community Health Boards, meant significant changes in the management and delivery of child protection services. These changes included major philosophical shifts in child welfare legislation; significant shifts in governance models, accountability procedures, staffing, supervision, and standards of practice; and changes in required competencies, skills, and expectations at all levels and across many professional disciplines. The learning curve for both the Regional Health and Community Service Boards and the provincial government was steep and lengthy. A transformation of such magnitude does not unfold without challenges, set-backs, frustrations, and uncertainties. These realities were confirmed in the 2005 MAC Report. Unfortunately, this was the contextual background for those who were involved in support and protective intervention services with Dr. Shirley Turner. The tragic death of Zachary prompted the Child and Youth Advocates office for NL to initiate a Review and Investigation. Volumes 1, 2, and 3 were released in 2006 with recommendations for change and improvements.

Chapter 7 in Volume 2 brought forth 30 recommendations for child welfare/protection legislation, policies, and practices at the managerial, supervisory, and direct practice levels. Three (3) of the 30 recommendations were for amendments to the CYFS Act. Two (2) recommendations suggested amendments to Sections 14 and 15(4) for purposes of more clarity in defining circumstances around when a child is or is at risk of needing protection. The one other recommendation involved authorizing the Supreme and the Provincial Courts of Newfoundland to receive, hear, decide and make orders surrounding psychological, psychiatric and health treatment of anyone where there is concern a child is or may be at risk as defined in the CYFS Act. The remaining twenty-seven (27) recommendations centred around revisions to procedural and policy manuals; education and training; inter-agency collaboration, case conferencing and information sharing; more clarity in accountability and communication structures within the organizations; and record keeping, professional development, supervision, and performance evaluations. Like the MAC Report, the Turner Report reiterated the absolute necessity of more fiscal and human

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resource investments within the Department of Health and Community Services and the Regional Health and Community Services Boards to fulfil the CYFS Act mandate. The intent and principles of the CYFS Act were not challenged in either Report.

DELOITTE & TOUCHE REPORT: 2007

As stated above, the 1998 decision by the NL Government to delegate the child welfare/protection mandate to the Regional Health and Community Services Boards meant significant shifts in philosophical, organizational, management, staffing, and accountability structures. The Child, Youth and Family Services (CYFS) Act, introduced in 2000, was designed to accommodate these shifts and to replace the 1972 Child Welfare Act. The delegation of child welfare/protection services to the Regional Boards and the CYFS Act meant significant challenges for both the Boards and the Department of Health and Community Services. These challenges led to fundamental changes in management structures, accountabilities, staffing, supervision, and in the allocation of fiscal and human resources.

Nine years after the decision to delegate child welfare/protection services to the Health Boards and seven years after implementing the CYFS Act, a report entitled *Organizational & Operational Review of Child, Youth & Family Services* was completed by Deloitte & Touche. (<https://www.releases.gov.nl.ca/releases/2007/health/0430CYFSReport.pdf>). This Report brought forth more than 40 recommendations from data collected through interviews, questionnaires, previous reports, and consultations with other provincial jurisdictions. The recommendations were structured around creating an ideal work environment in terms of organizational culture, staffing, technology, accountabilities, planning, role clarification, health, and support services. The 2006 Turner Review and the 2005 Minister's Advisory Committee Report were referenced, and suggestions made for follow through on the recommendations that were made in both. The Deloitte & Touche Report endorsed the CYFS Act for its philosophical approach to child welfare/protection and for the continuation of child, youth and family services to be fully integrated into the four Regional Health Authorities. The necessity of having the fiscal and human resources to facilitate this integration was emphasized throughout the Report.

A priority recommendation was to develop a provincial strategy for child, youth and family services that would articulate a vision with a focus on child development.

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STRATEGIC PLANNING FORUM FOR CHILDREN AND YOUTH IN NEWFOUNDLAND AND LABRADOR: 2008

On February 12th and 13th, 2008 the Department of Health and Community Services organized a Strategic Planning Forum for children, youth and families in Newfoundland and Labrador. Nineth-two (92) stakeholders were involved. They included social workers, researchers, academics, medical doctors, nurses, directors, supervisors, youth workers, and community agencies from across NL. This Forum aligned with a recommendation from the 2007 Deloitte & Touche Report to develop a provincial strategy for children, youth, and family services. The two-day event was facilitated by Jane Helleur and Associates Inc. A summary report prepared by her identified the following themes that emerged out of the first day of the Forum and was presented at the beginning of the second day:

- Respecting children's rights
- Having safe and supportive communities
- Ensuring the best interests of the child
- Achieving optimal health and well-being
- Caring and investing in children and youth
- Strengthening families and communities to support children
- Ensuring safety
- Nurturing
- Responding to developmental stages
- Providing equitable access to opportunities
- Fostering a sense of belonging, security, attachment and self-esteem
- Valuing children and youth
- Integrating service delivery
- Investing in children and youth

Following discussion of these themes on the second day of the Forum, six fundamental goals were established as a strategic direction:

- Goal 1: Educate and increase public awareness of the issues facing children and youth.
- Goal 2. Focus and expand on prevention programs and early intervention services.
- Goal 3. Enhance community development and capacity building activities.
- Goal 4. Enhance collaboration and partnerships to improve outcomes for children, youth and families.
- Goal 5. Shift from a 'policy-driven' approach to a 'child's rights driven approach'.

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Goal 6. Invest in human resources to ensure the stabilization of the workforce.

In addition to these goals there was an acute acknowledgement that child, youth, and family services for the Indigenous peoples of NL, especially in Labrador, presented unique challenges which required additional strategies.

These themes and goals aligned with the philosophy and principles of the CYFS Act. For the 92 people involved in the Forum, the themes and goals represented moving forward with a child welfare system that would be progressive, creative, innovative, and sensitive to the realities of life for vulnerable children, families, and communities, both Indigenous and Non-Indigenous. The Goals were viewed as all encompassing in terms of children's rights, prevention, early intervention, community development, community partnerships, and seeing the significance of adequate human and fiscal resources to fulfill a legislative mandate. This Forum followed the release of the 2005 MAC Report, the 2006 Turner Review, and the 2007 Deloitte & Touche Report.

CHILDREN-IN-CARE IN NEWFOUNDLAND AND LABRADOR – FOWLER REPORT: 2008

The CYFS Act includes legislative provisions for four program areas: Protective Intervention; In-Care; Youth Services; and Family Services. Previous reports and reviews such as the Hughes Inquiry, Turner Review, and the MAC Report covered all four programs. The Fowler Report dealt specifically with the In-Care program. From the data collected via questionnaires, interviews, and focus groups, 9 recommendations emerged for action by the Department of Health and Community Services and the four Regional Health Authorities.

These recommendations covered subjects such as a new rate structure for foster care; ongoing training and education for foster parents; and the importance of developing a continuum of care for children to include therapeutic care, Group Home care, short term residential treatment, and emergency placement options for children under 12. A standardized culturally sensitive assessment process was also recommended to help determine the most appropriate placement for children in the care of a CYFS Director. There was also a recommendation for the Department of Health and Community Services to implement the Canadian Looking after Children Model.

Like other Reports, the Fowler Report highlighted the ongoing challenge of having the necessary fiscal and human resources to fulfil the expectations of the four programs mandated

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under the CYFS Act. Issues in terms of social worker recruitment and retention, especially in rural and remote communities in Labrador; access to professional and cultural education and supports; heavy workloads; worker turnover; and bureaucratic rigidities were noted. The Report made no reference to any legislative changes in terms of the CFYS Act or structural organizational changes in terms of how services to children-in-care were being delivered. The emphasis, as in other Reports, was on providing adequate fiscal and human resources to do the work expected.

CYFS CLINICAL SERVICES REVIEW: 2008

This Clinical Review stems in part from the legacy of Zachery Turner. The Department of Health and Community Services initiated the Review to evaluate clinical services being provided to children, youth and their parents. Data from this evaluation would assist the Department in *...directing the planning and implementation of any needed additions or changes in policies, programs, standards, practices and methods of services delivery*" (p. 4).

The following paragraph in the Executive Summary of this Review is worth noting.

The child protection system, like many of the children that it serves, has been the victim of neglect over many years. Prior to the review of the life of Zachery Turner, the system had received no new funds for over a decade; it was working under legislation that had been in place for fifty years; there had been no ongoing training provided for social workers or managers in recent memory; and it was unable to attract staff to sustain adequate levels of human resources (p. 3).

This Clinical Review was completed in December 2008. To indicate the system had received no new funds for over a decade, one must inquire which system, the Department of Health and Community Services or the Regional Health and Community Services Boards. It was in 1998 the Department delegated responsibility for child welfare services to the Boards. Services to the Turner family came under the umbrella of the Regional Health and Community Services Board - St. John's. Although the lack of sufficient funding has been a constant issue, the transition of child welfare services from a line department of government to community services health boards incurred expenditures in staffing, organizational structures, and accountability mechanisms for both. If indeed there were no new funds, it becomes obvious that the NL Government downloaded a complex and controversial child welfare system to community health boards without the necessary resources. A recipe for unacceptable outcomes.

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To say the system was working under legislation that had been in place for 50 years is also worthy of note. The CYFS Act came into effect in 2000. It was a new Act promoting significant shifts in child welfare/protection. It was also an Act that was recognized as a worthwhile legislative framework in the 2005 MAC Report, the 2006 Turner Report, 2008 Strategic Planning Forum, 2007 Deloitte & Touche Report, and the 2008 Fowler Report.

The Clinical Review also mentions that there has been no ongoing training in recent memory. This implies that the Department of Health and Community Services has failed to act upon recommendations emerging from the Hughes Inquiry, the MAC Report, and the Turner Report. All three reports made recommendations on the importance of professional development. The suggestion regarding the inability to attract and retain sufficient and qualified staff in the child protection field remains an ongoing and fundamental challenge. Again, this challenge has been recognized in report after report. However, the challenge has yet to be resolved.

The findings and recommendations from the Clinical Review gave a strong message to the Department of Health and Community Services, as well as the Regional Health and Community Services Boards, concerning workforce instability; the importance of leadership; training and professional development of staff; adequate legislative, policies and procedures; and data collection. The Review suggests:

The priorities listed above will require a concerted and sustained focus of strong leadership over several years in order to achieve the improvement of the child protection system that is urgently required. If this report is reviewed as another that can be responded to with a patchwork of “quick fixes” it will fail to make significant improvement and be viewed as a disincentive to those working in the system.

The lives of children in Newfoundland and Labrador depend on this (p. 7).

CHILDREN AND YOUTH CARE AND PROTECTION ACT: 2011

On June 7, 2010 the Honorable Joan Burke, Minister of the newly established Department of Child, Youth, and Family Services, Government of Newfoundland and Labrador gave a press release (<http://www.releases.gov.nl.ca/releases/2010/cyfs/0607n08.htm>) where she introduced the newly proposed Children and Youth Care and Protection Act as ‘*This is the first step towards a major transformation and ultimately creating the best child protection system in the country*’.

In this same press release, mention was made of the Turner Review and the Clinical Services Review. Both Reviews recommended a legislative review. It is worthy of note, as

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mentioned above, the Clinical Review operated from the premise, as stated in its Executive Summary, the system *was working under legislation that had been in place for fifty years* (p. 3). This is incorrect given the CYFS Act became the legislative framework for child welfare/protection in 2000. The Turner Review recommended several legislative amendments. Neither Review suggested that the CYFS Act was an unsuitable legislative framework and should be replaced. In fact, the 2007 Deloitte & Touche Report suggested the CYFS Act, its philosophical approach and principles, were supported in the community and within the CYFS system. The Report further stated that the CYFS Act was one of the four areas seen as positive and working well. There was no report indicating the CYFS Act needed to be replaced. Instead, all reports advocated for increased fiscal and human resources, plus systemic and organizational changes to fulfil the Act's expectations.

A Consultations Discussion Guide was prepared in December 2009 to facilitate the review of the CYFS Act. The discussion questions listed in the Guide referred to suggested amendments. No questions were raised regarding replacing the Act nor were there any questions concerning the Act and Indigenous children, youth and families. Also, there were no questions addressing the philosophy and the principles of the CYFS Act in terms of prevention, family and community supports. A follow-up report providing the feedback and what was heard from the discussion questions could not be retrieved. One can only assume that the feedback given provided sufficient evidence to justify replacing an Act that was viewed as one of the most positive aspects of the child welfare system.

The Children and Youth Care and Protection Act (CYCP) reduced the fourteen (14) principles related to serving children, youth, and their families in the CYFS Act to one (1). Principles related to the significance of family and community supports; least intrusive means of intervention; and prevention are absent in the CYCP Act. This is perhaps not surprising given the Minister was quoted in the Evening Telegram saying that prevention does not work. In the press release introducing the CYCP Act it was said that the Act reflected best practices in the field. To suggest that prevention is not a dimension of best practices in child welfare suggests a fundamental flaw in thinking. With its one principle being the best interests of children and youth, the CYCP Act was not a move forward in the best interests of children and youth. Rather, it took the child welfare system in Newfoundland and Labrador back several decades.

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Where the CYFS Act was designed to reflect best practices and to be delivered by community health authorities, the CYCP Act was designed to bring the responsibility back to a line department within government. The CYCP Act promoted a traditional approach to child protection with an emphasis on parental fault, investigations of risks, risk assessment and management, the use of tools and instruments, and a movement to regiment child protection work with rigid policies and procedures with a primary focus on investigation of parents. The emphasis on rules and tools is an attempt to try and make the future calculable in terms of abuse and neglect. They try to bring about consistency in investigations and decision-making so interventions with children and families are defensible rather than being the interventions deemed necessary (Wharf, 2002). Investigative work tends to place workers in positions of doing more judging than helping, more investigation than relationship building, more following rules and protocols than creative intervention and risk taking, more relying on tools and instruments than professional integrity and assessments, more attending to the needs of the system to avoid liability than to the needs of families and children, and more reacting after family breakdowns than intervention to prevent breakdowns (Barter, 2002). Many of the comments from social workers, managers, and directors reported in the Deloitte & Touche Report would confirm this about investigative work. Such an approach is certainly not going to create, according to the Minister, the best child protection system in the country.

Background information surrounding the CYCP Act made no mention of the 2008 Strategic Planning Forum and its Goals for the future of child welfare/protection within the province. The CYCP Act did acknowledge however, Labrador Inuit rights in terms of the Labrador Inuit Land Claims Agreement Act. This acknowledgement is in the form of recognizing that if there are any inconsistencies or conflicts under the CYCP Act with the provision, term or condition of the Labrador Inuit Land Claims Agreement Act, the Labrador Inuit Land Claims Agreement Act shall have precedence.

In 2016 the Department of Children, Seniors and Social Development (CSSD) replaced the Department of Child, Youth and Family Services as the department responsible for child welfare/protection. In that same year, 2016, CSSD prepared a Discussion Guide to review the CYCP Act in adherence to the Act's requirement (Section 80 (1) & (2)) for the Minister of CSSD to carry out a review every five years. The Discussion Guide was launched on June 30, 2016,

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encouraging participation and feedback from a broad range of individuals and stakeholders. Opportunities for engagement and input remained open until December 31, 2016.

The Discussion Guide and the six questions centred around improving information sharing, prevention services to prevent further maltreatment in families, regulatory and license options for out-of-home placements, improving permanency planning options for children and youth, improving services to youth, and input on strengthening services to Aboriginal children and youth. There was no reference to soliciting input on the philosophy of the CYCP Act or its principles. Nor was there any indication to the possibility that the CYCP Act should be replaced.

The document entitled *What We Heard: A Review of the Children and Youth Care and Protection Act* was released by CSSD in 2017. According to this document over 30 organizations participated through written submissions, virtual or in-person dialogue sessions, focus groups, or audience-specific questionnaires. One hundred and seventy-three responses were received from surveys distributed to children, youth and families receiving services from CSSD.

CHILDREN, YOUTH AND FAMILIES ACT: 2019

In a June 2019 press release it was announced that the CYCP Act would be replaced by the Children, Youth and Families Act (CYF). It was announced that the new Act builds on the principles of the CYCP Act, is child and youth centred, family-focused and culturally responsive. Highlights of the Act included:

- An enhanced focus on maintaining children and youth in their family homes by recognizing the role of family in promoting the safety and well-being of children and youth.
- Identifying and supporting youth in need of protection by increasing the scope of the duty to report to include youth, and by removing restrictions so that all youth under a youth services agreement can receive services until they reach the age of 21.
- Expanding permanency options for children and youth by establishing a process so that children and youth who are declared in need of protective intervention by a judge can be placed in the permanent custody of a person such as a relative or other person significant to the child or youth.
- Improving information sharing to assist in the protection of children and youth.

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- Establishing a licensing and regulatory framework for agencies, family-based placement providers and residential placement providers to increase accountability and provide options to increase the number of foster homes.
- Strengthening service delivery to Indigenous children, youth and their families by:
 - Requiring that a cultural connection plan for an Indigenous Child or Indigenous youth who is removed from his or her family be included in the plan that is filed with the court for the Indigenous Child or Indigenous youth.
 - Establishing the ability for Indigenous representatives of prescribed Indigenous governments or organizations to be heard in court.
 - Requiring specific placement considerations for Indigenous children and Indigenous youth who are in the care or custody of a manager.
 - Requiring that notice of hearings to the supervision and custody of an Indigenous child or Indigenous youth be served to Indigenous representatives.
 - Providing authority to delegate functions and services under the Act to an Indigenous government or organization.
<https://www.gov.nl.ca/releases/2019/cssd/0628n06/>

The CYF Act was the first legislative framework for child welfare in NL to define Indigenous child and Indigenous youth, to recognize and define Indigenous government or organization, to recognize and define Indigenous representatives, and to acknowledge the issuance of licensing for an agency, family-based placement provider or residential placement provider for services provided to children and youth under the Act. The CYF Act, like the CYCP Act, also acknowledged Labrador Inuit Rights. This Indigenous recognition adequately positions the province and its Indigenous governments/authorities with the legislative framework to act under the 2020 Federal Government's *Act respecting First Nations, Inuit and Métis children, youth and families*. The CYF Act laid the legislative foundation to facilitate Indigenous self determination, governance and jurisdictional authority for the management, administration, and delivery of child welfare services in accordance with Indigenous values, worldviews, standards, and culture. Of fundamental importance, now that the foundation has been laid, is the commitment on the part of the Federal Government, NL Government, and Indigenous governments to invest the necessary fiscal and human resources to build on this foundation.

In its attempt to strengthen services to Indigenous children, youth and their families, the CYF Act, unlike the Federal Government's *Act respecting First Nations, Inuit and Métis children, youth and families*, does not acknowledge commitment to the United Nations Declaration on the

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Rights of Indigenous Peoples, the UN Convention on the Rights of the Child, the International Convention on the Elimination of All Forms of Racial Discrimination, and the Truth and Reconciliation of Canada's Calls to Action.

The CYF Act maintained the same principle as the CYCP Act with no emphasis on prevention and early intervention or on family and community support services. Like the CYCP Act, the CYF Act does not embrace a philosophical shift in child protection, nor does it embrace the comprehensive and all-encompassing principles outlined in the 2000 Child, Youth and Families Services Act. Instead, the CYF Act continues with its primary emphasis on reactive crisis interventions with a concentration on risk assessment and risk management after maltreatment has been determined following an investigation. This emphasis promotes authoritative interventions into the lives of parents and children as opposed to interventions that are less intrusive, more voluntary, preventative, and less judgemental. Continuing with this emphasis is not responsive to the feedback provided in the *What We Heard Report* following public consultation. In this Report suggestions were made for the government to consider providing families with the early intervention supports they need to prevent child maltreatment from occurring; to consider changing the purpose of the legislation to include voluntary prevention services; and consider developing programs that provide a range of services to families including prevention, support, and child protection intervention. This public feedback aligns with the priority placed on preventive care in the Federal Government's *Act respecting First Nations, Inuit and Métis children, youth and families*. Section 14 (1) in this *Act* suggests the importance of promoting preventive care to support the Indigenous child's family. Providing this preventative care is consistent with the best interests of the child and should be given priority over other services. The CYF Act does not support this approach. Instead, the focus of the Federal *Act* and the feedback from the public consultation were overlooked in the interests of continuing a reactive, crisis, investigative approach to families, determining parental fault, and placing little emphasis on environmental or social factors that contribute to risks being experienced by both the parents and children.

OFFICE OF THE CHILD AND YOUTH ADVOCATE: 2006 – 2025

Since 2006 the Office of the Child and Youth Advocate (OCYA) has released 25 Investigative Reports and Reviews ([Investigative Reports & Reviews - Office of the Child and](#)

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[Youth Advocate](#)). The first was the 2006 Turner Review and Investigation – Volumes I, II, and III with its 58 recommendations. The most recent was the 2021 A Special Kind of Care with 4 recommendations (See Appendix B). In 2014 the OCYA commenced producing Annual Status Reports on progress made on any recommendations made in its 25 Investigative Reports and Reviews. The 2014 Annual Status Report, for example, indicated that of the 58 recommendations from the Turner Report, 31 were implemented, 11 implemented through alternative measures, 2 partially implemented, and 14 were no longer applicable. The 2022 – 23 Annual Status Report on the 4 recommendations made in the A Special Kind of Care Report indicated 2 recommendations implemented and 2 partially implemented.

The Advocate's Office most recent Status Report on Recommendations for 2022 – 23 reported that as of March 31, 2023, 84.27% of all recommendations were implemented, 15.36% partially implemented, and 0.37% were not implemented. The 2021 – 22 Status Report on Recommendations reported a total 267 recommendations were put forth since the OCYA opened in 2002. According to this Status Report, 80% of all recommendations have been implemented, 19% partially implemented, and 1% not implemented ([Status Reports on Recommendations - Office of the Child and Youth Advocate](#)).

In March 2018 the Child and Youth Advocate Act was amended to require that the Department of Children, Seniors and Social Development (CSSD) and the Department of Justice and Public Safety report all child and youth deaths and critical injuries. Since that amendment, up to March 31, 2024, 416 critical injuries were reported and 28 deaths. Except for two (2) deaths reported by the Department of Justice and Public Safety (1 in 2019 -20 and 1 in 2018 – 19) all were reported by CSSD. Most deaths were due to medical reasons. The causes of critical injuries or deaths are reported as: Medical: a medical condition results in the critical injury or death (e.g., allergic reaction, heart failure); Accidental: an accident results in the critical injury or death (e.g., motor vehicle accident, drowning); Attempted Suicide: where the critical injury or death results from a person harming themselves in an attempt to cause their own death; Undetermined: the cause of the critical injury or death cannot be determined. Apart from the 82 critical injuries reported from April 1, 2021 – March 31, 2022, the 141 reported in the period from April 1, 2023 - March 31, 2024, more than doubled any year since reporting commenced in 2018 (Appendix C). A significant increase.

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The OCYA investigated and filed reports on several family situations where death and critical injuries of children resulted from neglect; physical, emotional and sexual abuse; parent/caretaker mental health and addictions issues; and family/relationship violence. In these instances, the children and families involved were receiving services and/or known to the Department of Children, Seniors and Social Development, the Regional Integrated Health Authorities, the Department of Justice and Public Safety, and the RCMP/Newfoundland Constabulary.

The 2011 report entitled *The Child Upstairs.. "Joey's Story"* was released following an investigation of a child's parents failing to provide the necessities of life for their son. Joey, the youngest of four children, was most severely affected. All children were apprehended. The report made 9 recommendations to the Regional Integrated Health Authority and the Department of Child, Youth and Family Services. The primary deficiencies identified were non-adherence to policy or lack of policies/protocols; lack of communication and collaborative practice between stakeholders; and an ambiguous records management system and lack of documentation. The Child, Youth and Family Services Act 2000 was the legislative framework under which services were provided to Joey's family. A Regional Integrated Health Board was responsible for service delivery while the Department of Child, Youth and Family Services was responsible for standards of practice and policies. According to the Status Report on Recommendations for 2019-20, all 9 recommendations were implemented.

The 2012 *Turning a Blind Eye* investigative report was initiated in 2005 following a mother being sentenced to several years in prison for numerous offences against her nine children. The investigation involved a review of interventions and services provided to this family over a 13-year period, from 1997 - 2004. Twelve (12) recommendations were made to the Regional Integrated Health Authority and Department of Child, Youth and Family Services. The primary deficiencies identified were nonadherence to policy or lack of policies; lack of in-depth clinical reviews and analysis; lack of documentation and communication; lack of collaboration amongst service providers; and staff changeover. During the 13 year span of services to this family, the 1972 Child Welfare Act was replaced with the 2000 Child, Youth and Family Services Act. Also, the Department of Social Services was renamed the Department of Human Resources and Employment in 1997. In 1998 the Department of Health and Community Services (DHCS)

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assumed legislative responsibility for child welfare services. In 1998 the DHCS delegated responsibility for child welfare service delivery to the Regional Health and Community Services Boards. Such significant legislative and policy changes, as well as shifts in responsibility for the management and delivery of child protection services, provide some information for the deficiencies identified in the report. According to the Status Report on Recommendations for 2019-20, all 12 recommendations have been implemented.

Another investigative report entitled *A Tragedy Waiting to Happen* was released in March 2015. The purpose of this investigation was to determine, over a span of 8 years – 2002 – 2010 , whether services provided by the Department of Child, Youth and Family Services, the Department of Health and Community Services, the Labrador-Grenfell Regional Health Authority and the Department of Justice met the needs of three children, two of whom died in a fire with an adult, and whether their right to services was upheld. Ten (10) recommendations emerged from this investigation. The primary issues identified for the Department of Child Youth and Family Services were documentation deficiencies; lack of comprehensive assessment, intervention and follow-up; lack of collaboration, communication and information sharing; and challenges to service provision. Issues for the Department of Health and Community Services and the Labrador-Grenfell Regional Health Authority included inappropriate medication prescribing/dispensing and lack of comprehensive nursing assessments; lack of supervisory oversight; lack of collaboration, communication and information sharing; and challenges to service provision. The primary issues for the Department of Justice and the RCMP were failure to report protection concerns, and lack of collaboration, communication and information sharing. It was noted in this report the similarity of the primary issues and recommendations to the issues and recommendations made in previous reports by the OCYA. As stated in the report: *Many of the recommendations that would be relevant to this current investigation have been reported by the department and agencies as implemented through education and training of staff as well as policy changes; however, it is evident that corresponding practice has not necessarily changed throughout the province* (p. 59). According to the Status Report on Recommendations for 2019-20, all 10 recommendations have been implemented.

Another investigation by the OCYA commenced on October 6, 2014, and completed on June 13, 2016, with the release of the report entitled *A Stolen Life*. This investigation examined the

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services and interventions provided to two boys over a four-year period: a 4-year-old and a 4-month-old. The result for the 4-month-old was death because of trauma. The father was charged with second degree murder, however, the charge was later withdrawn due to lack of evidence. At the time of this investigation the Department of Child, Youth and Family Services was replaced with the Department of Children, Seniors and Social Development (CSSD). Also, the Children and Youth Care and Protection Act was the legislative framework and responsibility for delivery of child welfare/protection services was returned from the Regional Integrated Health Authorities to the line government Department of Children, Seniors and Social Development.

The seven recommendations in this report mostly were a duplicate of the same recommendations made in previous investigative reports. The prominent themes were failure to report child protection concerns; lack of collaboration, communication and information sharing; documentation deficiencies; lack of comprehensive assessment, intervention and follow-up; and challenges to service provision. The message from the Child Advocate in this report stated: *Once again, the same deficiencies are identified in this investigation as those that came before. Once again, it is evident that even though 183 recommendations made by this office since 2006 to government departments and agencies are being addressed, it is not resulting in the necessary changes and standardization of services throughout the province* (p. 1). According to the Status Report on Recommendations for 2019-20, 5 of the 7 recommendations have been implemented.

In 2018 the OCYA released another investigative report entitled *No Second Chance*. The opening paragraph in the Case Summary of this investigation states:

This investigation involves a young child (age not given) who endured many traumatic events in a short life, and whose involvement with child protection and mental health services did not see the child's needs met before an untimely and tragic death. This child lived in a violent home, experienced trauma, suffered neglect, frequently changed schools, was placed in foster care, and had a mother who struggled with alcohol and drug addictions while involved in successive violent relationships. Services and supports to this child as well as to the mother were lacking up to the time of their deaths. The police investigated the circumstances of the tragic incident where child, mother, and mother's boyfriend all died. The Department of Children, Seniors and Social Development had been involved for approximately nine months before the child's death (p. 3).

Four recommendations emerged from this investigation to respond to three primary areas in need of improvement: CSSD's practices to ensure appropriate and timely monitoring, assessment, and reporting of court ordered conditions, as well as adherence to its policy and

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documentation standards; the importance of timely access to mental health services for children and youth; and the appropriateness of placing elderly grandparents in protective roles with their grandchildren without appropriate risk assessments, and without clearly defined and understood plans for the child's safety.

The legislative framework in place when services were provided to this family was the Child and Youth Care and Protection Act and the department responsible for all aspects of child welfare services delivery rested with the Department of Children, Seniors and Social Development. According to the Status Report on Recommendations for 2012-22, 3 of the 4 recommendations have been implemented.

In 2019 another investigative report entitled *Seen But Not Heard* was released. The OCYA became aware of this family situation when a mother contacted the Child Advocate requesting having more access to her children. It seems the mother was removed from the family home and CSSD hired a home care agency to assist a family member to care for the children. This arrangement failed. CSSD in turn transformed the family home into a staffed residential arrangement under a Protective Care Agreement. Several attempts were made to engage home care agencies to care for the children in their own home. Eventually, the children came into the care of CSSD following disclosure of prolonged and severe abuse. Six (6) recommendations were made in this report in response to several systemic issues in need of improvement: early intervention and prevention; access to mental health services; in care services; and permanency planning for children and youth-in-care. According to the Status Report on Recommendations for 2012-22, 2 of the 6 recommendations have been implemented.

When this report was completed in 2019 the legislative framework was the Children, Youth and Family Services Act. The responsibility for child welfare/protection services rested with the Department of Children, Seniors and Social Development. (For more information please visit ([:https://www.childandyouthadvocate.nl.ca/publications/investigation-reports/](https://www.childandyouthadvocate.nl.ca/publications/investigation-reports/))).

AUDITOR GENERAL'S REPORT: 2016

The Auditor General for NL released a report in 2016 stating the Department of Children, Seniors and Social Development (CSSD) sometimes fails to heed its own policies and does not act quickly or effectively, thus putting children at risk. This report stated that 6,252 children – eight

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percent of the children in NL – were under the protection of CSSD as of March 31, 2015. The Auditor’s report made 27 recommendations, the majority of which focussed on documentation and completion of reports; adherence to policies and procedures; completion of risk assessment instruments; following Family Centered Action Plans, the Risk Management Decision Making Model, In-Care Progress Reports, and Kinship Home Assessment Forms; and ensuring the work of social workers is monitored and approved by supervisors. All recommendations concentrated on what needed to be done in the interests of documentation, file content, fulfilling bureaucratic requirements, and ensuring social worker/supervisor compliance. The Monitoring Report on Outstanding Performance Audit Recommendations for 2014 – 2020 reported 24 of the 27 recommendations were implemented. For more information on these reports (<https://www.ag.gov.nl.ca/files/Monitoring-Report-WEB-FINAL-April-2023.pdf> <https://ca.news.yahoo.com/children-risk-unless-changes-made-140855204.html>).

DISCUSSION

From the Department of Welfare and the 1972 Child Welfare Act to the current Department of Children, Seniors and Social Development and its 2019 Children, Youth and Families Act, a more than half century time span, Newfoundlanders and Labradorians have experienced substantial changes in the NL child welfare/protection system and services. These changes were made in response to the many reports/reviews over the years (See Appendix D). All changes have been done with intentions to improve services and achieve good outcomes for vulnerable children, youth and their families. The hundreds of recommendations in report after report were all geared towards building an effective, efficient, and accountable child protection system. There is a consensus on the part of all involved that child protection is a high-risk undertaking requiring professional expertise, critical thinking, a supportive organizational culture, and clarity in legislation, policies, and procedures. The NL public are led to expect better outcomes for children and youth when they see: new legislations introduced, changes being made in leadership and management of child protection services, policy and procedural revisions, and more transparency and accountability mechanisms in place. The fundamental question is: Are these public expectations of better outcomes being met?

Are these expectations being met when, for example:

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- The Deloitte & Touche 2007 Organizational and Operational Review identified the Child, Youth and Family Services Act and its philosophical approach, as being one of four areas that was considered by workers and managers as working well. Yet, the Act was replaced.
- The 92 participants in the 2008 Strategic Planning Forum for Children and Youth in Newfoundland and Labrador put forth 6 fundamental goals for the future of child protection in the province. These goals emphasized the critical importance of prevention and early intervention, community capacity building, enhanced collaboration, investment of resources, and a shift from a ‘policy-driven’ approach to a ‘child’s rights driven approach’. These goals are not reflected in the current Children, Youth and Families Act or in policies and procedures.
- Participants involved in the public consultation on a review of the Children and Youth Care and Protection Act suggested moving towards early intervention supports to prevent child maltreatment from occurring and to include voluntary prevention services in the Act. These suggestions are not reflected in the current Children, Youth and Families Act nor are they reflected in policy and practice.
- The Office of the Child and Youth Advocate has investigated many instances where children and youth in-care or known to the Department of Children, Seniors and Social Development have been maltreated. Many of these reports bring forth the same issues and the same recommendations despite evidence to suggest previous recommendations have been implemented.
- The 2023 Report Card on Child Poverty in NL reported that in 2021 there were 83,305 children and youth ages 0 – 17 living in NL. Eighteen point three (18.3%) of those children live in poverty – 2.7 percentage points higher than the national child poverty rate. This represents an increase in child poverty of 1.9 percentage points over 2020. (https://campaign2000.ca/wp-content/uploads/2024/02/NL_Child-Poverty-Report-Card.pdf). The 2024 Report Card on Child Poverty in NL reports the province being worst than in 2023 in terms of food insecurity and families living in poverty. In NL nearly 1 in 10 residents live below the official poverty line – an increase of 2 percentage points compared to 2023 ([Poverty-Report-Cards-2024-Final-003.pdf](#)). Nearly 40 per cent of children under 18 lived in food-insecure households in 2024 – among the highest in the

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country ([Country's highest rate of child hunger felt in Newfoundland and Labrador classrooms | CBC News](#))

- The 2016 Auditor General's Report stated that the Department of Children, Seniors and Social Development sometimes fails to heed its own policies and does not act quickly or effectively, therefore putting children at risk.
- The President of the Newfoundland and Labrador Association of Public and Private Employees, in an August 2023 press release, reported the number of vacant social work positions in the Department of Children, Seniors and Social Development has reached a crisis level. The number of vacancies has double in three years. This translates into having 20% of social work positions vacant. A June 2024 press release reported there were 202 resignations between 2014 and 2021. Turnover rate has more than doubled for Social Worker 1 positions for that same period. Labrador -Grenfell leads the way ([Resignations outnumber retirements as social workers in N.L. endure staffing crisis | CBC News](#)). This staffing crisis continues despite various reports over the years recommending more manageable workloads for social workers.
- Statistics for child protection and in-care as of December 31, 2021, show the number of children/youth **in-care/custody** total 910. This same number was reported as of December 31, 2023. The number reported as of June 30, 2024, was 905. This is not a significant decrease for over two years, indicating a continuing demand for in-care services. The number of **families involved in protective intervention** in 2021 totaled 2380. In 2023, 2145 families were involved. As of June 30, 2024, 2120 families were receiving these services, a slight decrease. The number of **children in protective intervention** in 2021 was 3945. This number was 3440 in 2023 and 3280 as of June 30, 2024, a slight decrease. The number of **foster homes** reported in 2021 was 615. In 2023 this number was 580. As of June 30, 2024, this number was 545 – a significant decrease in such a vital resource. The number of **youth services, non-residential and residential**, increased from 250 in 2021, to 340 in 2023, to 350 as of June 30, 2024. A significant increase. According to the Minister of CSSD in a June 19, 2024, press release, NL has the highest rate of children and youth in-care with complex needs in the country. Costs on average of \$400,000 per child for the 2023 fiscal year, with 225 children requiring level 4 care ([Paul Pike backs current care system for kids with complex needs as 'best model' for N.L. | CBC News](#)). The number of

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children and youth in kinship services increased from 575 in 2021 to 675 in 2023. As of June 30, 2024, this number was 670, a very slight decrease. (<https://www.gov.nl.ca/cssd/files/FINAL-Stats-Q4-March-31-2021-Protection-and-In-Care.pdf>). ([Public-Stats-Q4-Mar-31-2024-Protection-and-In-Care.pdf](#)). According to these statistics, the demand for child protection services and supports, as well as better service outcomes, remain consistent.

- The 2008 CYFS Clinical Services Review recommended the requirement for a concerted and sustained focus of strong leadership over several years to attend to the priorities identified to improve the child welfare system. The Review suggested that improvement in the child welfare system was urgently required. Since 2008 there have been 11 Ministers appointed to what is now the Department of Children, Seniors and Social Development. In the last three years, 2020 – 2023, there have been four different Ministers.

These examples suggest several realities for Newfoundlanders and Labradorians. First, there is an obvious need for a child welfare/protection system. The statistics suggest there are many vulnerable children, youth and families in NL, who, through no fault of their own, require support and assistance. Evidence suggests this support and assistance is best provided when there is a concentration on prevention, early intervention, outreach, education, caring, compassion, trust, respect, inclusion, and relationship building. Advancements in health care support this evidence. Improved population health is attributed to preventative medicines, public education, personal responsibility, diet, and lifestyle changes. Improved health is a result of a concentration on wellness not sickness and on being proactive not reactive.

Risk factors in families have significant implications for the health, well-being and protection of children, youth and their parent(s). Interventions are required to increase and enhance protective factors to overcome risks. Protective factors come from investments in building parent and community/neighbour capacities and supports, along with education, prevention, early intervention and outreach services. A concentration on assessment and building protective factors to enhance family health to prevent child/youth maltreatment from occurring as opposed to the current concentration on risk assessment and risk management to prevent further maltreatment after it has occurred, would dramatically change child protection work. The public of NL have seen its child protection system built on an over concentration on crisis and crisis management,

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intervening after maltreatment has occurred and attempting to control and manage preventing further maltreatment. There is sufficient evidence to suggest that changes are required.

A second reality is the knowledge that children, youth and families who require or need protective intervention services oftentimes struggle with significant challenges. These challenges include issues of addictions, mental health and domestic violence; youth and children with mental health difficulties; youth transitioning out of care without adequate preparation and supports; and issues associated with poverty such as food insecurity, poor housing, and lack of resources to adequately fulfil parenting responsibilities. Dealing with these challenges is difficult. This difficulty is even more enhanced in small rural, northern, and remote communities where resources are often lacking or not available. The NL public cannot expect any one government department or agency to be responsible for attending to these many complex and demanding challenges. Building protective factors to attend to these challenges requires interventions not only with the family but with the community, including schools, mental health clinics, police, recreation, residential treatment centers, foster carers, early childhood/day care centers, family resource centers, community resource centers, health care providers, and interested volunteers. These interventions are necessary to promote interest and concern for not only protecting children and youth in their own families but also the protection of children and youth from the social, economic, and political forces that affect their health and well-being. It is a proactive health approach to protecting children and youth. It is reasonable for the NL public to expect a proactive health approach in the best interests of children and youth.

A third reality is that not only are families who require or need protective intervention services struggling with significant issues, the child welfare system itself struggles in its attempt to provide services. These struggles have surfaced in practically all the reports, reviews, and investigations that have been completed. Several of the reports/investigations completed by the Office of the Child and Youth Advocate identified ‘challenges to service provision’. Other reports such as the Clinical Services Review, Deloitte & Touche Organizational Review and the Minister’s Advisory Committee identified these challenges as well. Social worker vacancies, worker turnover, lack of necessary resources, recruitment and retention difficulties, lack of attention to policies and procedures, unmanageable workloads, the crisis orientation to protective intervention services, lack of collaboration between disciplines, breakdown in communications, and professional development/leadership/supervision deficits are examples of the ‘challenges to

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service provision'. Of significance for the NL public is an understanding of why these 'challenges to service provision' continue despite years of recommendations to address them. A child welfare system struggling with these significant challenges is hardly a system to be a viable resource to assist and support vulnerable children, youth and families.

A fourth reality, if the NL public have learned anything from the years of investigations and reports and the hundreds of recommendations that have been made, is that the complex personal, professional, social, economic, organizational, and political issues/challenges associated with protecting children from maltreatment cannot be reduced to bureaucratic administrative solutions. Renaming a department, replacing legislation, introducing new tools and decision-making models, and revising policy and procedural manuals, all of which have taken place over the past half century in NL, does not realize the outcomes expected. An overly bureaucratized and legalized child protection system and services tend to distance parents and families. There is a consensus that one of the best attributes in child protection work is relationship building, connecting with parents in a meaningful way to work collaboratively in reducing risk factors and enhancing protective factors. The child protection worker is a support instead of a threat when relationships are established. The service becomes more voluntary than involuntary. The overemphasis on rules and procedures interferes with this being done and tends to de-humanize the interaction between workers and parents. Comments from social workers reported in the Deloitte & Touche Report confirm this. The Ernst & Young 2022 report on Child Welfare Service Delivery Model and Workload Review found that social workers were spending 37% of their time on administrative tasks; up to 10 hours per week on administrative case management tasks; the worker to case ratio of 1 social worker for 20 cases required an average of 52 hours per week; and front-line staff would find it rewarding if there was more time for professional development activities (https://www.gov.nl.ca/cssd/files/GNL-CSSD_CYS-Final-EY-Report-Child-Welfare-Review-Feb-2023.rev_.pdf). There is no question the complexities of child protection work demand a process of human interaction and not tasks to be performed, and boxes ticked.

Finally, it is no secret that child protection work demands worker discretion, creativity, flexibility, and the application of professional practice principles and ethics. These attributes are stifled with the overemphasis on prescribed procedures. As seen from the various investigative reports from the OCYA and the Auditor's Report, many of the problems identified and recommendations made focused on deviation from policies and procedures, lack of information

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sharing, lack of collaboration, and poor communication. The same problems and recommendations were raised despite policy and procedural manuals designed to prevent these problems from occurring. It would seem the emphasis on prescription of rules and procedures is an attempt to increase power and control of not only social workers/supervisors but also over the families who require or need protective intervention services. This moves the child protection system to adopt a defensive compliance culture which is not conducive to creating work environments that encourage professional and ethical practices. Professional and ethical practices demand inter-professional collaboration, information sharing, advocacy, community partnerships, public education, and building community capacities to better support children, youth and families. Any professional involved in child protection, be it social workers, nurses, police, judges, lawyers, doctors, teachers, and others, cannot operate in isolation in the performance of their professional role. If the problems of lack of collaboration, lack of information sharing, lack of communication, inadequate documentation, insufficient resources, staff turnover, not following rules and procedures, and poor collaboration repeatedly surface in investigations, reviews and file audits, it is perhaps not so much a problem of not following rules, manuals, and protocols but more to do with an overly rigid, compliant organizational culture.

It has long been suggested by the Canadian Association of Social Workers that social work, as the primary profession involved in child welfare, is not understood or valued within child welfare systems and communities. Social workers must maneuver through a minefield of ethical dilemmas daily in attempts to be loyal to themselves, their child welfare organization, the families and children with whom they work, legislative and policy requirements, and their professional ethics and standards of practice. Clashes are a frequent occurrence in such a controversial field where social workers often feel they are ‘damned if you do’ and ‘damned if you don’t’ in terms of public and organizational expectations. It is understandable why there is a recruitment and retention challenge.

In summary, these realities elude programmatic, bureaucratic, hierarchical top-down solutions in the form of Risk Management Decision-Making Models, Family Centered Action Plans, procedural manuals, progress reports, and assessment forms. Although necessary in terms of accountability, these tools and rules are designed more to try and make the future calculable regarding consistency in investigations, decision-making and services so interventions with children, youth and families are defensible rather than being the interventions deemed necessary.

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Interventions deemed necessary are best known by parents and families working in voluntary collaboration with social workers and other professionals involved in their lives, not in manuals and forms.

Straight to the point: Is there trust and confidence on the part of parents and families who require or need protective intervention services, on the part of those providing services, and on the part of the NL public in general that the NL Government will make the necessary investments and changes to ensure better outcomes for the health, well-being and protection of children and youth?

For the Indigenous people of NL, the question of trust and confidence, given their experiences with mainstream child welfare over the decades, is even more critical.

SECTION IV

CHILD PROTECTION AND INDIGENOUS PEOPLES IN NEWFOUNDLAND AND LABRADOR: AN OVERVIEW

The further back you can look, the further forward you are likely to see (Winston Churchill)

Please listen and learn from us, so we can best teach you how to help us (Words spoken to a young social worker by an Elder in the Northwest Territories in the early 1970's)

INTRODUCTION²

Newfoundland & Labrador is the only province in which Canada decided to entirely ignore its fiduciary responsibility to Indigenous people (Royal Commission on Renewing and Strengthening Our Place in Canada, 2003). This meant being denied access to the various programs and services under the Indian Act. In fact, the Indigenous people in the province, as far as the 1949 Confederation Terms of Union were concerned, did not exist. In joining Canada there was no consultation with Indigenous peoples by either the Newfoundland & Labrador Government or the Government of Canada. Indigenous peoples were afforded no opportunity to have input into the Terms of Union and were not made aware of their inherent rights under the Indian Act. According to Royal Commission (2003), the Indigenous peoples in NL did not become aware of the Indian Act until the 1980s. Being omitted from the Terms of Union meant not being eligible for federal funding in programs and services directed toward housing, family violence prevention, children's programs, alcohol and drug abuse programs, and others.

Exclusion from the Terms of Union deepened the effects of the devastation experienced with the arrival of Christian missionaries in Labrador during the 1800s. The Roman Catholic and Moravian missionaries built missionary stations, churches and schools through which they were able to impose, sometimes forcefully, the relocation of Indigenous groups in different regions throughout Labrador. Religious instruction and school curricula were grounded in Eurocentric culture, values, and beliefs. Indigenous traditions, culture, language, values, and way of life, all of which sustained them for thousands of years, were considered inferior. Children were forced to attend schools. Parents were forced into religious instruction. Families were forced to live in settlements away from their traditional ways of living off and in harmony with the land. The intent was to strip Indigenous groups of their autonomy, language, culture, and traditions. Indigenous groups did not have a voice nor were they consulted in any decisions that dramatically impacted their lives.

The role of the Roman Catholic and Moravian missionaries was reinforced following confederation. The NL Government, in consultation with the missionaries, established schools

² There are four Aboriginal Nations in Newfoundland & Labrador. For this Section of the Report the use of the word Indigenous refers to two Nations living in Labrador – Innu and Inuit.

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with dormitory residences. These residential schools were opened in 1949: Lockwood School in Cartwright - closed June 30, 1964; Makkovik Boarding School in Makkovik – closed June 30, 1960; Nain Boarding School in Nain- closed June 30, 1973; Yale School in Northwest River – closed June 30, 1980; and St. Anthony Orphanage and Boarding School, St. Anthony, NL – closed June 30, 1979. Innu were forced to attend non- residential schools in their communities while Inuit were forced into residential schools. These schools were supported by government funding. In 1946 the Canadian Association of Social Workers (CASW) and the Canadian Welfare Council (CWC) made a joint submission to the Senate and House of Commons suggesting Aboriginal peoples should be assimilated into Canadian society (Blackstock, 2009). Coerced attendance into non-residential and residential educational institutions, with support of the churches, facilitated this assimilation.

It is beyond the scope of this Report to discuss the many years of negotiations, reports, and commissions of the actions or inactions of the Government of Canada and the NL Government to have the Indigenous peoples of NL to be on par with other Indigenous groups in Canada. The journey has been long and difficult, especially for Indigenous peoples. As noted in Section II above, eight (8) key issues for Indigenous peoples in Canada associated with the Indian Act and colonialism include: high rates of death in children and youth; inadequate housing conditions; higher rates of suicide; poorer health; lower levels of education; lower income levels; higher rates of unemployment; and higher levels of incarceration. A 2003 *Operational Review of Health Labrador Corporation* by Deloitte & Touche suggests that the health needs of the population of Labrador significantly exceed those of other residents in NL. For example, life expectancy at birth is 74.9 years in Labrador compared to 77.2 for the entire population of NL; the death rate for all respiratory diseases is 121.3 per 100,000 population in Labrador compared to 56.9 for the population of NL; the death rate from all cancers is 212 per 100,00 in Labrador compared to 194.3 for NL; infant mortality rate is 17.3 per 1000 live births in Labrador compared to 6.6 for NL; low birth weight (less than 2,500 grams) represents 6.8% of live births in Labrador compared to 5.8% for NL; and 26.5% of Labrador residents are obese compared to 21.5% for the entire population of NL (<https://www.gov.nl.ca/hcs/files/publications-labhlth.pdf>). For Innu, according to a study by Dawe, Penashue, et. al (2024), mortality rates and leading causes of death in Natuashish and Sheshatshiu are of grave concern. This study concluded that from 1993 to 2018, the majority of deaths in Innu and non-Innu communities in NL were due to cancer and chronic diseases. This

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conclusion highlighted the significance of improving infrastructure and access to community-based end-of-life care in Innu communities ([Mortality in Innu communities in Labrador, 1993-2018: a cross-sectional study of causes and location of death - PMC](#)). Also, according to the NL Community Accounts Unit, based on information from the Newfoundland and Labrador Centre for Health Information covering the period from 2018 - 2022, the median age of death listed for Natuashish is 43. Sheshatshiu is listed at 59. Median age for all other communities in NL is listed at 63 and above.

https://nl.communityaccounts.ca/charts_indicator_wb.asp?_vcTKnZOWgYmgzLOXS6rCvKGej6.Yirq4t4itv5yqjL.0oJmAvMmTtpDKZby6w45ifHacuaORvpG0w9NyoJuSmKiOnsSo

https://nl.communityaccounts.ca/acct_wellbeing_rank.asp?_vcTKnZOWgYmgzLOXS6rCvKGej6.Yirq4t4itv5yqjL.0oJmAvMmTtpDKZby6w5RcfXacuaORvpG0w9NyoJuSmKiOnsSo

Intentional exclusion from the Indian Act influenced how the Indigenous peoples of NL were able to manage their health, social, and economic issues, all of which significantly impacted their children and youth. In addition, not being registered under the Indian Act meant their land, resources, and culture were vulnerable to outside forces. Some of these outside forces, for example the 1969 Upper Churchill Falls hydroelectric project flooding vast stretches of hunting and burial ground and the low-level military training and its disruption of hunting grounds proceeded without Innu consultation and input. Other projects introduced in Innu territory such as Muskrat Falls and the vast nickel deposits at Voisey's Bay in 1994 proceeded with Innu consultation and input. Resulting from consultations and input with Innu are agreements such as the Impacts and Benefits Agreement around the Lower Churchill (<https://www.muskratfallsinquiry.ca/files/P-00298.pdf>) and the Voisey's Bay Agreement between the Innu Nation, the Nunatsiavut Government and Vale (<https://www.netbenefitsoftware.com/post/ibas-and-their-evolution>). In June 2025 an agreement in principle was reached where Hydro-Quebec will pay \$87 million to the Innu of Labrador-members of Sheshatshiu Innu First Nation and Mushuau Innu First Nation – in the form of annual payments to a reconciliation fund over 16 years. In addition to those payments, the agreement also says for as long as Churchill Falls produces power, three percent of the dividends which Hydro-Quebec receives from the Churchill Falls Corporation will go to the Innu of Labrador (<https://www.cbc.ca/news/canada/newfoundland-labrador/innu-nation-hydro-quebec-reach-churchill-falls-agreement-1.7571690>). This agreement was taken to the Innu Nation for

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consultation and a vote. In a CBC news release dated October 28, 2025, the required 50 percent of eligible residents of both Sheshatshiu and Natuashish to vote in support of the agreement was not met. Hence the agreement was not ratified ([Hydro-Québec settlement with Labrador Innu 'dead' after failing to hit 50% voter turnout: negotiator](#)).

The Indigenous peoples of NL have struggled over the years to gain their rightful recognition under the Indian Act. Progress is being made. Impacts and Benefits Agreements are indicative of this progress and affording Indigenous Peoples with opportunities to plan for and have input into their future. The Innu Nation, (formally the Naskapi Montagnais Innu Association formed in 1976 to protect their rights, lands and way of life), since 1990 functions as the governing body for Labrador Innu. The Board of Directors for the Innu Nation includes the Chiefs of the elected Band Councils in both Sheshatshiu and Natuashish. As of 2008 the Sheshatshiu Band Council consists of one Chief and six councillors. The Mushuau Band Council at Natuashish consists of one Chief and four councillors.

In 2002, the Innu Nation succeeded in having the Canadian Government register Labrador Innu as status Indians, giving them access to federal programs and services available to other Indigenous groups in Canada. In 2003 Natuashish was recognized by the government as reserve lands. This same recognition was given to Sheshatshiu in 2006. These are two of the three reserves in NL. The other is Miawpukek Mi'kamaway Mawi'omi, commonly know as Conne River. Inuit do not have reserves.

Of significance on the journey toward self-governance and control over programs and services, such as child welfare/protection, is the settlement of land claims agreements with the Canadian and NL Governments. After 15 years of negotiations, the Inuit people of Labrador won the right to self-government in 2004. On December 1, 2005, the Nunatsiavut Government was formed, and Labrador Inuit became a self-governing people. The Innu Nation continues to be involved in negotiations for land claims and self-governance. The first claim was filed in November 1977 for land in central Labrador. The claim was accepted for negotiation in 1978 ([Innu Nation of Labrador - Indigenous Relations and Reconciliation](#)). A framework agreement was signed by Newfoundland & Labrador, Canada and the Innu Nation in 1996. In November 2011 an Agreement-in-Principle was signed paving the way for a final agreement (<https://www.thecanadianencyclopedia.ca/en/article/comprehensive-land-claims-modern-treaties>

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). Negotiations are on-going (<https://www.heritage.nf.ca/articles/indigenous/innu-land-claims.php>).

The work of the church missionaries, the exclusion from the Terms of Union, the impact of non-residential and residential schools, forced relocation and resettlement, loss of traditional lands and way of life, and oppressive policies grounded in Eurocentric values have created lingering tensions between Indigenous peoples and government officials, as well as between the Government of Canada and the Government of Newfoundland & Labrador. These tensions have created challenges in terms of establishing partnerships, trust, respect, and for Indigenous peoples, reclaiming what has been taken or lost. Given that children were how governments historically endeavoured to gain control over Indigenous people through Christianity, non-residential and residential schools, the Sixties scoop, and oppressive child welfare policies and practices, discussions on the topic of Indigenous child protection/welfare are challenging. However, progress is unfolding. Several national and provincial initiatives have influenced and/or challenged child protection services to Indigenous peoples in NL.

OVERVIEW OF INITIATIVES INFLUENCING/CHALLENGING CHILD PROTECTION SERVICES TO INDIGENOUS PEOPLES IN NL

Report of the Royal Commission on Aboriginal Peoples (RCAP): 1996

Children have a special place in Aboriginal cultures. According to tradition, they are gifts from the spirit world and must be treated well or they will return to that realm. Failure to protect a child from harm is perhaps the greatest shame that can befall an Aboriginal family. Yet it has happened repeatedly in the last several generations, and it continues to happen today. Abuse and family violence are the most dramatic problems, but they are the tip of an iceberg that began to form when Aboriginal communities lost their independent self-determining powers and Aboriginal families were deprived of authority and influence over their children (p. 35).

According to the Royal Commission child welfare is one service that Aboriginal people want most to control for themselves. The Report acknowledges the challenges of child welfare given the legacy of residential schools, the Sixties scoop, and assimilation policies supporting one remedy for children thought to be in need of protection – removal from their families. Poverty, inadequate housing, family violence, discrimination, substance abuse, unemployment, and poor health, all contributing risk factors, are not adequately addressed. According to the Royal Commission it is paramount that there be recognition on the part of governments that these risk

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factors are largely the result of loss of their land and resources, destruction of their economies and social institutions, and denial of their nationhood.

The Commission's report acknowledged the importance of rebuilding relationships between Indigenous and non-Indigenous people. Towards this end the four basic principles were proposed (<https://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637#chp8>):

1. **Recognition**

The principle of mutual recognition calls on non-Aboriginal Canadians to recognize that Aboriginal people are the original inhabitants and caretakers of this land and have distinctive rights and responsibilities flowing from that status. It calls on Aboriginal people to accept that non-Aboriginal people are also of this land now, by birth and by adoption, with strong ties of love and loyalty. It requires both sides to acknowledge and relate to one another as partners, respecting each other's laws and institutions and co-operating for mutual benefit.

2. **Respect**

The principle of respect calls on all Canadians to create a climate of positive mutual regard between and among peoples. Respect provides a bulwark against attempts by one partner to dominate or rule over another. Respect for the unique rights and status of First Peoples, and for each Aboriginal person as an individual with a valuable culture and heritage, needs to become part of Canada's national character.

3. **Sharing**

The principle of sharing calls for the giving and receiving of benefits in fair measure. It is the basis on which Canada was founded, for if Aboriginal peoples had been unwilling to share what they had and what they knew about the land, many of the newcomers would not have lived to prosper. The principle of sharing is central to the treaties and central to the possibility of real equality among the peoples of Canada in the future.

4. **Responsibility**

Responsibility is the hallmark of a mature relationship. Partners in such a relationship must be accountable for the promises they have made, accountable for behaving honorably, and accountable for the impact of their actions on the well-being of the other. Because we do and always will share the land, the best interests of Aboriginal and non-Aboriginal people will be served if we act with the highest standards of responsibility, honesty and good faith toward one another (p.14).

Royal Commission on Renewing and Strengthening our Place in Canada: The Lasting Breach: The Omission of Aboriginal People from the Terms of Union Between Newfoundland and Canada and Its Ongoing Impacts: March 2003

As mentioned above, the Indigenous people of NL were excluded from the Terms of Union. As pointed out by the Royal Commission – The Lasting Breach, this had a devastating impact on

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Indigenous families and communities. NL Indigenous peoples were denied access to programs and services available to Indigenous peoples under the Indian Act. The Royal Commission – The Lasting Breach made twenty-one recommendations to the Province of NL encouraging mending relationships with Indigenous peoples, investment of human and fiscal resources to improve community health, creating opportunities for Indigenous involvement in any economic development, and to resolve land claims. Land claims resolution is particularly important to proceed with reclaiming self-government and control over services and programs such as child protection. Innu land claim continues to be unresolved – twenty-one years since the recommendation was made to the NL Government.

Operational Review of Health Labrador Corporation – Deloitte & Touche: April 2003

This Operational Review was completed when the Child, Youth and Family Services (CYFS) Act 2000 was the legislative framework for child protection/welfare and services were under the umbrella of the Health Labrador Corporation. It was mentioned in this Review that the CYFS Act was recognized as a progressive piece of legislation that was not accompanied by staffing and financial resources needed to cover expanded services and the new emphasis on prevention. The Child, Youth and Family Services section of this Review identified several critical areas for urgent action on the part of the NL government:

- The high number of Indigenous children being placed in care, primarily within extended family.
- The unacceptably low social work and community service worker complement, recommending 25 new positions – 1 Program Manager, 13 social work positions, 8 community service workers and 3 clerical workers.
- The challenges of delivering services under Child Welfare legislation that has traditionally been designed more for non-Indigenous peoples than for Indigenous communities where differences exist in such areas as child-rearing practices and communal responsibilities.
- The requirement for experienced staff and for recruitment and retention strategies.

The Review was very complementary in recognizing the diligence of social work staff and managers in their attempts to assist children, youth and their families affected by colonization, poor living conditions, isolation, intergenerational trauma, family violence, substance use and abuse and suicide (<https://www.gov.nl.ca/hcs/files/publications-labhlth.pdf>).

Minister's Advisory Committee (MAC) Report: 2005

The MAC Report devoted a section specifically for Labrador entitled *Labrador & Aboriginal Issues (Key Issues & Themes)*. The issues and themes emerged from stakeholder workshops in

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Nain, video conference with Labrador West, Goose Bay and Sheshatshiu, client consultations, meetings with the Chiefs of Natuashish and Sheshatshiu and several reports were reviewed. A summary of the issues are as follows:

- Recruitment and retention of qualified, experienced social work staff, particularly in coastal communities.
- Recruitment and retention of suitable caregiver homes and absence of a treatment center for youth with complex issues.
- Access to legal representation for parents whose children are removed from their care.
- The provision of culturally appropriate services that take into consideration the language and tradition.
- Access to court to provide timely court hearings as outlined in the Child, Youth and Family Services Act.
- A significant number of Aboriginal youths are placed outside their communities and absence of treatment centers to address substance abuse issues.
- Geography often impedes service delivery, particularly for coastal communities that can only be accessed by air.
- Increase in the number of those diagnosed with FASD and, lack of follow-up for these children, youth and parents.
- Continuing focus on crisis interventions, risk assessment and risk management and not on prevention and early intervention.
- Lack of availability of community resources and supports necessary to empower families to make positive changes.
- Lack of community development or capacity building to create opportunities and connections within communities.
- Absence of evaluation of programs and services provided under the CYFS Act (p. 45 – 46).

The MAC found that the principles and intent of the CYFS Act were even more compromised in Labrador than on the Island due to the lack of or unavailable resources, especially in the remote communities. The feedback from Labrador suggested the CYFS Act itself was not a barrier to service delivery. There was support for the Act's principles and purpose. Increasing birth rates, high levels of poverty, high suicide rates, family violence, substance abuse and the incidence of children, youth and possibly adults who are affected by FASD were identified as complex challenges.

Children in Care in Newfoundland & Labrador: Fowler Report 2008

According to the Fowler Report the Labrador-Grenfell Authority had the highest per capita number of children in care compared to other NL Health Authorities; almost one third of all children placed in care in NL were Indigenous; the majority of children placed in out of province placements were Indigenous; and Indigenous children were highest in terms of re-placements. It

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was also noted that 17% of Indigenous children in care were not placed within a caregiver home of the same culture and parental contact was most infrequent for Labrador children.

The final recommendation in the Report dealt with the significance of having placement resources and services being responsive to the cultural and unique needs of Aboriginal children and their families. The necessity for this recommendation stems from the finding that children-in-care of the Labrador-Grenfell Health Authority rated the lowest in NL in terms of assessments of physical and mental/psychological status. According to data collected..... *these children had the highest average number of family history challenges including “neglect”, “family break down”, “family violence”, “substance abuse in family”, “criminal involvement in family”, “mental health concern in family”, “family history other” whereby the majority of cases were deemed “intergenerational trauma”. Labrador-Grenfell Health’s in care children also had the highest average number of presenting problems, and the highest proportions such as “substance abuse”, FASD (suspected or diagnosed), “suicidal”, “negative peer involvement”, “running away”, and “attachment issues”* (p. 85).

Social worker recruitment and retention, heavy workloads, and lack of placement resources and services were identified as challenges to be addressed and emphasized in the Report.

OVER-REPRESENTATION OF INDIGENOUS CHILDREN IN CARE

As presented in Section II the over-representation of Indigenous children in the child welfare system in Canada is a critical challenge. The Federal Minister of Indigenous Services (2018), Canada’s Premiers (2015), Canadian Association of Social Workers (2018), Canadian Council of Child and Youth Advocates (2018), First Nations Canadian Incidence Study (2019), and the First Nations Child and Family Caring Society have all confirmed this challenge. In fact, in an emergency meeting organized by the Minister of Indigenous Services in January 2018 the over-representation was referred to as a “*humanitarian crisis*” that must be immediately addressed ([R5-717-2018-eng.pdf \(publications.gc.ca\)](#)). A six-point plan, with full federal government commitment to address over-representation, emerged from this meeting:

- Continuing the work to fully implement all orders of the Canadian Human Rights Tribunal and reforming child and family services including moving to a flexible funding model.
- Shifting the programming focus to prevention and early intervention.
- Supporting communities by affirming Indigenous rights and exploring options for co-created federal legislation on Indigenous child and family well-being.

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- Accelerating the work of trilateral and technical tables that are in place across the country.
- Supporting Inuit and Métis Nation leadership to advance culturally appropriate reform.
- Developing a data and reporting strategy with provinces, territories and Indigenous partners.

In a November 2018 press release the Minister of Indigenous Services announced the Federal government's intention to develop legislation to facilitate handing over control of child welfare services to Indigenous governments. This same press release mentioned support for this move by provincial and territorial governments. This support came from the unanimous agreement that their provincial/territorial child welfare systems were '*dysfunctional*' and '*inadequate*' in meeting the needs of Indigenous children (<https://www.cbc.ca/news/politics/tasker-ottawa-child-welfare-services-indigenous-1.4927104>).

An appreciation for what is required in NL to address the dysfunction and inadequacy, according to the findings of Dr. Cynthia Wesley-Esquimaux, the federal Minister's representative who held meetings in the province from March 20 – 23, 2017 addressing over-representation, are as follows for First Nations Leadership, Communities, and the province:

First Nation Leadership

- have First Nation communities and First Nation organizations lead, develop and run their own child and family services programs
- a law and/or national standards for First Nation child and family services that include Indigenous input and reflect cultural contexts
- want to see child and family services program focus on three key areas:
 - deal with the underlying issues that lead to children being taken into care (prevention)
 - strengthen families
 - help individuals and families connect to their Indigenous culture
- connecting First Nation children taken from their communities to their culture, either by going back to their communities to visit or, if they cannot go back to their communities in a safe way, by going to another First Nation community
- importance of language and culture
- community and provincial social workers to work better together
- more Indigenous social workers or social workers who have experience with Indigenous people and working with people who have suffered trauma

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- do more to support kinship care; for example, providing extended families with funding for children they are caring for

Communities

- need for provincial standards to be adapted to Indigenous realities and culture
- ensure communities are part of any discussion on national standards so these standards recognize cultural context and the needs of First Nation families
- First Nation children and youth get the services they need no matter where they live
- a comprehensive or holistic approach to child and family services that emphasize well-being and includes support for multiple services such as parenting classes and mental health counselling; and the need to address Fetal Alcohol Spectrum Disorder
- connecting First Nation children taken from their communities to their culture, either by going back to their communities to visit or, if they cannot go back to their communities in a safe way, by going to another First Nation community
- importance of language and culture in child and family services, as well as in education
- call for community and provincial social workers to better work together
- the important role elders play in helping families and children
- care circles to support families in crisis and the need for healing
- need for dedicated individuals in communities to help families with child and family services
- more infrastructure in communities for child and family services, including for family treatment homes and safe houses

Province of Newfoundland and Labrador

- recruitment and retention challenges, especially in remote communities
- support the federal government's child and family services reform work and supports more Indigenous control over First Nation child and family services
- discussions currently taking place with First Nation representatives about changing the province's laws on child welfare
- to provide early intervention services to children and provide families with prevention supports
- improving housing conditions to address safety needs
- need to address mental health
- need to address the special needs of remote First Nation communities, as these communities face special challenges such as lack of services and lack of infrastructure for child

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and family services programs ([First Nations child and family services reform: Minister's Special Representative meetings in Newfoundland and Labrador \(sac-isc.gc.ca\)](#)).

Five themes were identified:

1. Jurisdiction and control affect First Nation child and family services across Newfoundland & Labrador.
2. Call for standards of care and/or legislation that recognizes Indigenous culture and language and is adapted to Indigenous realities developed with Indigenous people.
3. Importance of funding options for children to stay in their homes whenever possible and to keep children connected to their culture and communities.
4. Need for Indigenous communities to provide comprehensive or holistic healing and prevention programs to help families deal with any issues they are having and stay together.
5. Need for infrastructure resources for offices, building and safe houses for families or children in crisis.

Independent Review of Child Protection Services to Inuit Children in Newfoundland and Labrador: 2019

The Office of the Child and Youth Advocate (OCYA) for NL, at the request of the Nunatsiavut Government (NG), investigated Inuit children's experiences in the child protection system. This investigation produced the report entitled *A Long Wait for Change*. The over-representation of Inuit children in care was of concern to the NG.

The Review brought forth 33 recommendations. Twenty-eight (28) of the 33 recommendations were directed toward the Department of Children, Seniors and Social Development (CSSD). Many of these 28 recommendations covered issues of policy and procedures with respect to Inuit children in care such as cultural considerations, rights of the child, safety plans, parental visits, foster parent training, children and youth engagement in case planning, and the importance of maintaining relationships with family, kin and significant others. A recommendation was also made for CSSD to broaden its mandate to place more emphasis on prevention and early intervention. There were also recommendations for CSSD to attend to staff recruitment and retention as well as provide the necessary cultural training and education to facilitate their work in Inuit communities and with Inuit families.

Four recommendations were directed toward the Government of NL to adopt and observe Jordan's Principle, provide cultural education to public servants, to support Indigenous youth programs, and to address inadequate housing, food insecurity, and having safe shelters for

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vulnerable Inuit children. One recommendation was for the Department of Justice and Public Safety to explore ways to improve access to legal services and advice.

The Review gave little acknowledgement to the Nunatsiavut Government and its leadership. No recommendation was directed to the NG. For a governing body to request an investigation into its children's experiences with a mainstream child protection system and not have a primary leadership role in addressing the results of this investigation, suggests a fundamental flaw in the process of problem-solving. The recommendations clearly give the message that the power and control over Inuit child welfare is with CSSD and the NL Government. The recommendations do not align with the principles of the Royal Commission on Aboriginal Peoples in terms of recognition, respect, sharing, and responsibility. Nor do they align with the Truth and Reconciliation Calls to Action. The over-representation of Indigenous children in care has been deemed a "humanitarian crisis" in Canada having the attention of the Federal Government, Canada's Premiers, the Canadian Council of Child and Youth Advocates, Canadian Association of Social Workers, the Child Welfare League of Canada, and the First Nations Child and Family Caring Society. All have advocated for a movement toward Indigenous self-governance and control over child welfare. Indigenous governments and Organizations, as well as the various reports and reviews, have advocated for this control.

If the recommendations in the Review were more in sync with Indigenous knowledge, with the research and literature on Indigenous child welfare, and the findings of the Federal Minister's Representative, Dr. Cynthia Wesley-Esquimaux, from her meetings in NL in 2017, the priority recommendation would be for the Nunatsiavut Government to take the necessary steps to assume control over child welfare. This priority recommendation would have been responsive to the overwhelming consensus that quality services and acceptable outcomes for Inuit children, youth and families can only be realized through the preservation and promotion of Inuit cultural connections delivered within an Inuit cultural framework led by Inuit. However, the only reference in the recommendations to Inuit responsibility for child welfare services is in Recommendation 32 out of the 33 made. In the most recent Status Report (2023) it was reported that 9 recommendations have been implemented and 24 partially implemented. However, in listing the recommendations in the latest Status Report, Recommendations 32 and 33 were not listed <https://www.childand youthadvocate.nl.ca/files/RecReport2021-22.pdf>.

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The Review was an opportunity to share power and control, provide opportunities for Inuit leadership in child welfare, and put forward recommendations to the NL Government to act on its commitment made in the 2015 Premiers Report and to the Truth and Reconciliation Calls to Action. Instead, the recommendations primarily dealt with fitting the needs of Inuit children, youth, and families into a legislative framework that overlooks Inuit values, culture, child rearing practices, and traditions.

The Review was an opportunity to explore, in collaboration with the Nunatsiavut Government and its people, how mainstream legislation and policies based on investigations; parent blaming; risk assessment and management; involuntary interventions; no mandate for prevention and early intervention; and removal of children from families, communities and culture does not work. It was an opportunity to make recommendations to the NL Government to reconsider the philosophy and principles guiding the current child welfare legislation; to hold the NL Government accountable for why critical issues such as the over-representation of Indigenous children in care, food insecurity, and lack of fiscal and human resources continue despite its commitment over several years to address these very issues.

Overall, the Review was very gentle on the NL Government and placed most of the responsibility on CSSD. Yet, it is well known from the research, reviews, reports, and history that CSSD is dealing with only the “*tip of the iceberg*” (RCAP, 1996). This iceberg started to form for Inuit when they were excluded from the Terms of Union and lost their independence, power, and control over their own affairs. The legislative responsibility, when it comes to acting in the best interests of Indigenous children, rests with the NL Government, with critical roles to be played by the Departments of Justice, Education, Indigenous Affairs and Reconciliation, and Labrador Affairs in collaboration with CSSD and the NG. The Review’s recommendations gave a traditional message that the complexities and uncertainties associated with protecting children can be reduced to fixing the CSSD system. It overlooked the social, economic, political and historical factors influencing why Inuit children, youth, families and communities require protective programs and services.

The Review’s recommendations failed to put forth an NG perspective, based on Inuit values, culture and traditions, on how the mainstream child welfare system can best assist Inuit in achieving better outcomes for their children and youth.

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Report on Child Welfare Services to Indigenous Children, Youth and Families: NL 2021 - 2022

This is the third Annual Report on child welfare services to Indigenous children, youth and families. The Report stems from acting on Recommendation #33 in the Inuit Review for CSSD to provide an Annual Report on the state of Indigenous children and youth involved in child protection related services in NL.

According to this latest Report, the over-representation of Indigenous children and youth in the NL child welfare system remains a significant issue. *Among the 93,965 children in NL, approximately 12,185 are Indigenous, accounting for 13% of the provincial child population. With respect to children and youth involved in the child welfare system, during the 2021-2022 fiscal year, of the total 1,165 children and youth in care in NL, 35% were Indigenous (p. 4).* [ReportonChildWelfareServicesToIndigenous2021-2022.pdf \(gov.nl.ca\)](#)

Consistent with the Canadian Incidence Study on Child Maltreatment, neglect is the primary reason for child protection intervention, followed by emotional abuse. According to the Report, the 2021 Canadian census provides the following breakdown of Indigenous children ages 0 – 14 living in NL: 1590 Innu; 4325 Inuit; 9195 Mi'kmaq and 1980 Other Indigenous. In 2020-21 fiscal year there were 405 Indigenous children and youth in care in NL. Of the 405, 180 (45%) were Innu and 145 (36%) were Inuit.

In 2021-22 there were 590 Indigenous families involved in the Protective Intervention Program. Of this number 320 (54%) were Innu and 155 (26%) Inuit. Of the 120 Indigenous children/youth receiving Kinship Services, 75 (63%) were Innu, 25 (21%) Inuit. Three top reasons for Indigenous children/youth being removed from family were risk of physical harm, risk of emotional harm, and risk of violence in living situation. Eight hundred fifty-five (855) Indigenous children were removed in 2021-22. Of this number, 295 (35%) were for risk of physical harm by a parent; 265 (31%) were for risk of emotional harm by a parent and 125 (15%) for risk of violence in living situation. In 2021-22, of the 405 Indigenous children and youth in care, 215 (53%) are placed in their home community; 100 (25%) placed on the Island; 85 (21%) placed outside of their own community but in Labrador; and 5 (1%) out of province. Placements include regular foster home -145 (45%); relative foster home -105 (31%); and kinship care – 90 (26%). There were 65

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Indigenous youth receiving Youth Services. Of this number 25 (38%) were Innu; and 20 (31%) were Inuit.

The Report identified several initiatives in working with Indigenous governments in Labrador to achieve good outcomes for children and youth. For example, amendments to the 2019 Child, Youth and Families Act to better align with the Federal *Act respecting First Nations, Inuit and Métis children, youth and families*; a commitment to collaborate with Indigenous leadership and governments to take over responsibility for child welfare services from the NL Government; active consultation and participation with Indigenous leadership in child welfare affairs; and working relationship agreements between CSSD and Indigenous authorities on child welfare issues. According to the Report, working relationships are in place for advancements to be made in the best interests of Indigenous children and youth in NL.

DISCUSSION

The Indigenous people of Labrador have sufficient evidence to suggest that changes are necessary in the delivery of child welfare/protection services. The various reports listed and quoted in this Section provide this evidence. The literature equally provides this evidence in suggesting that if a child welfare system fails over many years to meet the needs of Indigenous children and youth, you don't try to make it culturally appropriate, you build a new system. The provincial/territorial Premiers have indicated their child welfare systems are not attending to the needs of its Indigenous children, youth, families, and communities. The data in the above reports support this and outline many of the shortcomings. Although many recommendations have been made and acted upon to address these shortcomings, significant challenges remain.

The Indigenous people of Labrador have successfully negotiated and re-negotiated relationships in the form of Memorandums of Understanding and Working Protocols with CSSD. Working relationships are collaborative and respectful. According to the 2021 – 22 Report on Child Welfare Services to Indigenous Children, Youth and Families in NL there is a commitment to address the Truth and Reconciliation Commission's Calls to Action. Also, the Child, Youth and Families Act (CYF) has been amended following extensive consultations with Indigenous Governments and Organizations. As mentioned previously, these amendments provide the legislative framework to facilitate Indigenous control over child welfare services in accordance with the Federal Government's legislation, *An Act respecting First Nations, Inuit and Métis*

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children, youth and families. The CYF Act amendments provide for Indigenous Governments and Organizations to designate Indigenous Representatives who can be heard in court matters and be involved in case planning related to Indigenous children and youth. Partnerships exist between CSSD and Indigenous authorities in policy development, education, ensuring cultural continuity and connection for children and youth in care and laying the groundwork for the eventual transfer of child welfare to Indigenous control. All collaborative efforts are with the intent of improving child welfare services and having good outcomes for children, youth, families and communities. There is evidence of improvement. For example, the Report on Child Welfare Services to Indigenous Children, Youth and Families for 2019 – 20 reported a 42% reduction in the number of Indigenous children and youth coming into care since 2018 (p. 46) [Microsoft Word - Report on Child Welfare Services to Indigenous Children, Youth and Families June 17.docx \(inniuna.ca\)](#) . The Reports for 2020 – 21 and 2021 - 22 also show slight decreases of Indigenous children and youth in care. Similar reports for 2022 – 23 or 2023 – 24 could not be found.

Although improvements have been made, there is a consensus on the part of CSSD, the NL Government, Indigenous Governments and Organizations, and Indigenous communities, significant challenges remain in applying The Truth and Reconciliation Commission's principle #9: *Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.*

Straight to the point: Is this principle evident in practice and working relationships between Indigenous Governments and Organizations, the NL Government and the Government of Canada?

Straight to the point: In every report, review or investigation concerning child welfare/protection in NL since the introduction of the 2000 Child, Youth and Family Services Act, resource deficits, both fiscal and human, have emerged as significant issues requiring action. Indigenous and non-Indigenous children and youth, as well as CSSD, have not seen this substantial investment on the part of the NL Government and the Government of Canada. If this substantial investment is not made in terms of dealing with staff vacancies, instituting critical programs and services at the community level, and investing in supporting Indigenous Governments and Organizations to build community capacities to support their children, youth and families within the framework of Indigenous values, traditions and culture, outcomes will continue to be unacceptable. Not investing is a violation of rights as outlined in the UN Conventions on the Rights of Indigenous People and

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Rights of the Child. It is time for child welfare/protection services, policies and procedures to be ‘rights’ driven as opposed to ‘policy’ driven. Children and youth are individuals with intrinsic rights. If these rights are not upheld their needs will not be met in the manner necessary for their health, well-being and protection.

Straight to the point: In every report, review or investigation over the past twenty years, there was never a recommendation, in the many hundreds that have been made, to replace the Child, Youth and Families Services Act – 2000. Recommendations for amendments and adjustments were made but never to replace the Act. In fact, the CYFS Act was acknowledged as a viable legislative framework and was based on a philosophy and principles that reflected best child welfare practices. Yet, the Act was replaced. From the day the Act was passed, the NL Government knew additional investments were required to meet the Act’s expectations. These investments never came in the manner recommended. It leaves the question: Was the Act replaced to avoid making the investments?

Straight to the point: The current Child, Youth and Families Act (CYF) is primarily referral based, involuntary in approach, and investigative in determining if alleged child maltreatment did occur or is likely to occur. It is reactive and adversarial, creating difficulties both for the families who require or need child protective services and for those responsible in providing those services. These difficulties have been well documented. Yes, the CYF Act has been amended to acknowledge Indigenous children and youth and to make it possible for eventual control of child welfare to be transferred to Indigenous Governments and Organizations. However, the philosophy and the one principle of the Act is not comparable to the philosophy and principles of the Federal *Act respecting First Nations and Métis children, youth and families*. The Federal Act endorses prevention; the rights of parents, children and youth; the UN Convention of the Rights of the Child; the UN Convention on the Rights of Indigenous Peoples; International Convention on the Elimination of All Forms of Racial Discrimination; and the Truth and Reconciliation Commission of Canada’s Calls to Action. The CYF Act makes no mention of either prevention or rights. Legislative frameworks with a different emphasis in terms of philosophy, principles, and approach have the potential to create tensions in determining the ‘best interests’ of Indigenous children and youth.

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Straight to the point: The CYF Act was introduced in 2019 as being child and youth-centred, family-focused and culturally responsive. This approach is somewhat narrow and out of sync with best child welfare practices and Indigenous thinking. Indigenous thinking supports the Touchstones of Hope principle of a holistic approach and seeing Indigenous communities as being critical in supporting culture, children, youth, and families. This holistic approach takes more of a health stance to attend to the best interests of children, youth and their families. Protection is one of four determinants of health. The other three are relationships, sense of belonging, and hope and opportunity. Interventions in a health approach concentrate on all determinants. If families have supportive relationships, a sense of belonging and community, and have hope and opportunities for change, children and youth will be protected. A holistic approach means building community capacities, addressing structural inequalities, supporting Indigenous leadership, values, culture and traditions. The Federal Act supports this approach given its emphasis on substantive equality, cultural continuity, priority to preventive care, and its attention to socio-economic conditions.

Straight to the point: It is perhaps time to start building communities, not bureaucracies, to protect the rights, health, and well-being of Indigenous and non-Indigenous children and youth.

SECTION V

CHILD PROTECTION AND INNU IN NEWFOUNDLAND AND LABRADOR

Change is the law of life. And those who look only to the past or present are certain to miss the future – John F. Kennedy

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INTRODUCTION

The principles underpinning the Order for the *Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System* in Newfoundland and Labrador reflect the Four Phases of Reconciliation and the Guiding Values of the Touchstones of Hope (Section 5(2b) (https://cwrp.ca/sites/default/files/publications/Touchstones_of_Hope.pdf)). These Phases and Values support learning from past experiences and in terms of child welfare, moving forward to design, implement, and monitor a new child welfare system based on Innu culture, values, traditions, and control. The Touchstones of Hope is all about creating a new path. Sections I, II, III, and IV provide sufficient background information and data to support this new path and direction forward.

As reported in the previous sections, work has been on-going between the NL Government, Government of Canada, Department of Children, Seniors and Social Development (CSSD), Mushuau Innu First Nation (MIFN), Sheshatshiu Innu First Nation (SIFN), Innu Roundtable Secretariat (IRTS) and the Innu Nation to improve child welfare services and achieve acceptable outcomes for Innu children, youth, families and communities.

INITIATIVES FACILITATING A NEW PATH FOR CHILD WELFARE SERVICES TO INNU CHILDREN AND YOUTH

Legislative Advancements

The provincial 2019 Children, Youth and Families Act, although not consistent with the federal *Act* in terms of its principles, acknowledgement of rights, and focus, has been amended to facilitate Innu authority over child welfare. The amendments recognized Indigenous children and youth, Indigenous Groups and Organizations, Indigenous Representatives, and the issuance of licenses to provide child welfare services. Also the federal law, *An Act respecting First Nations, Inuit and Métis children, youth and families* came into affect in January 2020. This *Act* affirms the rights of Indigenous peoples to have jurisdiction over child, youth and family services. In addition, the *Act* sets out national principles for the best interests of Indigenous children, cultural continuity, substantive equality and the priority to preventative care. The legislative frameworks are in place to facilitate a new path for Innu led child welfare services.

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The Protection and In Care Policy and Procedure Manual

This Manual was updated May 31, 2024. It includes a Preamble written with input from MIFN and SIFN. This input helps in providing an Indigenous lens through which policies, standards and procedures can be viewed when working with Indigenous children, youth and families. The Preamble acknowledges the need for change to realize better outcomes for Indigenous children and youth. The Touchstones of Hope principles and phases are also referenced.

As noted in the Executive Summary, the Manual was last updated in December 2024. The federal 2020 *An Act respecting First Nations, Inuit and Métis children, youth and families* was referenced. This is significant given the *Act* represents an inherent jurisdiction for how child welfare services are to be provided to Indigenous peoples. Acknowledging the *Act's* philosophy, intent, principles, and standards in a Policy and Procedure Manual supports improved practices with Indigenous children, youth and families.

The Innu-CSSD Protocol

This Protocol, signed on June 10, 2021, by CSSD, MIFN, SIFN, and IRTS, was designed to build relationships, share information, enhance accountability, and coordinate work in the best interests of Innu children, youth and families. The Protocol recognizes the investigative role of CSSD in assessing and management of risks; the role of Innu Representatives who are employed by IRTS to be a voice of Innu on matters involving children and youth in the child protection system; the role of IRTS in the provision of prevention services with a specific focus on children, youth and families involved in the child protection system; and the roles of MIFN and SIFN in providing services at the community level with an emphasis on prevention such as health and healing services, prenatal services, addictions services, recreational services, family and youth treatment programs, and cultural and land based programs. The Protocol does acknowledge the federal *An Act respecting First Nations, Inuit and Métis children, youth and families*.

The Innu Prevention Services and the Innu Representatives suggest within the Protocol that the well-being of every Innu child and youth depends on; (a) At least one consistent and healthy Innu caregiver in their life; (b) To learn where they will always belong; and (c) Opportunities to experience Innu culture and learn Innu history in Nutshimit. All three align with the determinants of health mentioned previously: importance of relationships; a sense of belonging; hope and opportunity; and protection.

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Innu Care Approach: 2017

The Innu Care Approach, developed by Innu, suggests that the well-being of Innu children and youth depends on the well-being of supports around them, including – parents, extended family, community, Elders, culture and language and Innu services. This Approach aligns with the Holistic Approach suggested in the Touchstones of Hope. The Approach also moves beyond just neglect by parents and recognizes the importance of structural issues related to neglect and the significance of community connections and relationships.

The Innu Healing Strategy: 2014

The Innu Healing Strategy was developed by the Innu of Sheshatshiu and Natuashish in 2014. The Strategy is acknowledged in the Protocol between CSSD and Innu. It is in response to bringing Innu together to heal and to better address significant social-economic conditions and health issues in Sheshatshiu and Natuashish. Critical health issues were identified in the Strategy in terms of pre-natal drug/alcohol use, pre-natal smoking rates, suicide rates, infant mortality rates, longevity, and crime. High unemployment, poor housing conditions, lack of access to healthy food, addictions, lack of infrastructure, teen pregnancy, abuse, lack of recreation programs for children and youth, and justice issues were also identified as areas to be addressed. The Strategy puts forth the vision: To Rebuild Healthy, Sustainable, and Resilient Innu Communities. Innu values to achieve this vision are Respect, Trust and Honesty, Cooperation, Family, and Nature. As suggested by Ward, et al. (2021), the Strategy is not one of returning *..to the past but a new way-of-being where Innu ways and ideas are maintained in their original meaning and practiced in a contemporary manner within Innu contexts* (p. 3).

The Innu Prevention Approach: 2016

The Child Welfare League of Canada (CWLC) was contracted by the Innu Round Table Secretariat (IRTS) to assist in determining the child welfare needs of the children of Sheshatshiu and Natuashish. Towards this end the League collected data in both communities involving a needs assessment, an environmental scan, surveys, and dialogue with 55 research participants (IRTS staff, CSSD staff, Innu leaders, Elders, and community members). The data collected addressed issues related to funding, inconsistent services, isolation, drug and alcohol dependencies, infrastructure conditions, capacity building, and coordination of services. Findings from the data were used to publish the document entitled the Innu Prevention Approach (IPA) in 2016. Goals established for the development and implementation of the Innu Prevention Approach included:

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provision of coordinated prevention services to Innu children, youth, and families; focussing on preventing child abuse and neglect by maintaining safe living environments and family resiliency; prevention of Innu children and youth being removed from family, community and culture; provision of out of home care resources that are culturally appropriate; decreasing the number of Innu children and youth in care outside of their community/culture; and build community capacity to enhance and promote best practices to children, youth and families (<https://www.irtsec.ca/2016/wp-content/uploads/2016/01/Innu-Prevention-Approach-Final-edited-Report-Jan-20-2016.pdf>). The IPA was presented to the IRTS with recommendations. The IRTS accepted the recommendations.

Like the Innu Care Approach and the Healing Strategy, the Innu Prevention Approach aligns with a Holistic Approach as suggested in the Touchstones of Hope.

Residential and Emergency Placement Resources

The SIFN established the Shushepeshipan Ishpitentamun Mitshap Inc. which provides and operates the Shushepeshipan Group Home and two emergency placement homes in Sheshatshiu. The MIFN established the Mushuau Innu EPH and Group Home Inc. which operates an emergency placement home in Natuashish. Both Corporations are designed to build community capacities within both Innu communities for residential placement opportunities for Innu children and youth. These Innu residential resources operate within provincial requirements and standards of care and are regularly monitored by CSSD. They are intended, as much as possible, to maintain children and youth within their own culture and community in the event of apprehension and/or treatment.

Annual Reports on Child Welfare Services to Indigenous Children, Youth and Families

These Annual Reports stem from Recommendation 33 in 2019 Inuit Review document A Long Wait for Change. Initially the focus of the Report was on Inuit children and youth but expanded to include all Indigenous children and youth. The first Annual Report was for 2019 – 20. In this Report, mention was made of the collaborative effort with Indigenous groups and organizations to write the Preamble in the Child Protection and in-care Policy Manual. Mention was also made of the collaboration with the IRTS and the Federal Government to support the development of Innu-operated residential placements. As noted previously, these placements are in place in both Sheshatshiu and Natuashish. Mentioned was made of the development of the CSSD-Innu Protocol. This Protocol is now in place. Through the collaboration of CSSD,

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Indigenous Organizations and Memorial University, social work students completed their field practicums in Labrador with six students agreeing to work in Labrador after graduation. Other initiatives mentioned included professional development for CSSD and other government personnel in terms of cultural training, and the expansion of the service delivery model implemented in Natuashish in 2013. It was this Report that indicated, because of collaboration, there has been a 42% reduction in the number of Indigenous children and youth coming into care since 2018 and an overall reduction of 11% in the total number of Indigenous children and youth in care from September 2019 to September 2020.

The 2020-21 Report noted the amendments to the Child, Youth and Families Act to improve services to Indigenous children and youth and the federal *Act* introduced in January 2020. CSSD expressed support for both legislative frameworks and publicly acknowledged support to collaborate with the Innu Nation to assume responsibility for child welfare services. Continuing professional development of staff, the importance of maintaining children and youth in their own communities, working together to ensure Indigenous people have access to funding through Jordan's principle, and the importance of upholding the standards and principles of the federal *Act* were mentioned as being important considerations in on-going collaborative work.

The most recent and third 2021–22 Report continues to build on the developments mentioned in the previous two Reports (Reports for 2022 – 23; 2023 – 24 could not be found). It was mentioned that the CSSD-Innu Protocol has contributed to a strengthened partnership between Innu Prevention Services and CSSD in addressing barriers and identifying solutions to improve services to Innu children, youth and families. Since the Fall of 2021 the Innu Prevention Agency and CSSD staff have met regularly to discuss policy and practice issues related to Innu children, youth and families. The Report mentions CSSD's commitment to the 'nothing about us without us approach' in its on-going work with IRTS and Innu. Based on the collaborative work between CSSD and IRTS a Cultural Connection Plan was developed for use with Innu children-in-care. The over-representation of Indigenous children in care was put forward in the report as a continuing priority issue for on-going collaborative work.

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Follow-up report to the Canadian human rights commission on the human rights of the Innu of Labrador: 2021

This Follow-Up Report is the Innu Nation's third Human Rights Report in three decades. The previous two Reports were submitted in 1993 and 2002. An excerpt from this 2021 Follow-Up Report is as follows:

The 1993 and 2002 Reports documented a number of underlying systemic factors – arising out of the federal government's failure to exercise its Constitutional responsibilities with respect to Innu – that have had a dramatic impact on the quality of life for Innu. The first of these systemic factors is the longstanding underfunding of infrastructure, services, and benefits to the Innu people relative to other First Nations and ultimately in relation to the real need of their communities. The second is the resistance of the federal and provincial governments to fully break with their long history of imposing decisions on the Innu people without adequate knowledge of their culture and needs. The third is the failure to conclude a Modern treaty settlement that would formalize recognition of Innu powers of self-government and fully restore control of the design and delivery of services to the Innu people.

These underlying systemic issues persist today (McKay Consulting & McRae, 2021, p. 54).

One issue raised in this 2021 Follow-Up Report that was not directly addressed in the previous two reports was that of racism and discrimination. Based on the testimony of Mary Pia Benuen, the first Innu nurse in Labrador, in her presentation in January 2024 to the Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System, racism and discrimination remains a fundamental concern. Many Innu testifying at the Inquiry confirm this on-going concern. As pointed out in the Follow-Up Report *The Innu have a right to access government services in a respectful, non-discriminatory and culturally safe environment* (p. 55). Self-governance and having more control over services are ways to uphold this right. The move towards self-governance and more control over services, according to what the Innu relayed to the authors of the Follow-Up Report, is oftentimes met with discriminatory attitudes. As such, there is the concern on the part of the Innu *that federal and provincial governments may be resisting or undermining Innu-led initiatives because many of their officials do not trust the Innu to manage their own affairs* (p. 56).

The initiatives outlined above to facilitate a new path for child welfare, such as the legislative changes, the Innu Care Approach, the Healing Strategy and the Innu Prevention Strategy are movements to more Innu involvement and control over child welfare services. As suggested previously, this will require a real commitment to The Truth and Reconciliation Commission's principle #9: *Reconciliation requires political will, joint leadership, trust building, accountability,*

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and transparency, as well as a substantial investment of resources. It will also require a commitment to act on the five (5) recommendations outlined in the 2021 Follow-Up Report. The fifth recommendation has been acted upon with the 2021 appointment of three commissioners to oversee the Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System. This Inquiry is in process with many Innu coming forward with stories of trauma, pain, strength, hope, skepticism and survival. The Inquiry is a part of healing and establishing hope that things will change to have better outcomes for Innu children, youth, families, and communities.

Principles respecting the government of Canada's relationship with Indigenous peoples: 2018

These ten (10) principles reflect a commitment to good faith, the rule of law, democracy, equality, non-discrimination, and respect for human rights. The principles are important for the Innu as negotiations continue on a land claims settlement; addressing gaps in services such as education, health care, residential resources, mental health, addictions, policing, and child welfare; self-government; and funding. The principles uphold the United Nations Declaration on the Rights of Indigenous Peoples and fully acknowledges the Report of the Royal Commission on Aboriginal Peoples, and the Truth and Reconciliation Commission Calls to Action.

<https://www.justice.gc.ca/eng/csj-sjc/principles.pdf>

DISCUSSION

The Innu Nation has been working tirelessly to improve conditions for Innu children, youth, families and communities. Advancements have been made in negotiations with the federal and provincial governments to facilitate this work and garner hope for much needed change in terms of child welfare and other services such as health, education and justice. These advancements have been identified and discussed in the above previous sections. Innu experiences with the provincial child welfare system, in conjunction with Indigenous child welfare research and literature, provide for a rich data base for designing a new path for Innu child welfare. Once the work of the Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System is completed this data will be even more enriched.

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The challenge for the Innu Nation is to build on this data to achieve better outcomes for Innu children, youth, families, and communities. In addressing this challenge there are promising directions for consideration in building a new path for Innu led child welfare services based on an Innu vision, values, culture, resources, and traditions.

SECTION VI

PROMISING DIRECTIONS IN CHILD WELFARE SERVICES FOR INNU NATION'S CONSIDERATION IN CREATING A NEW PATH

Sometimes if you want to see a change for the better, you have to take things into your own hands

– Clint Eastwood

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INTRODUCTION

Two certainties are evident for Innu with respect to child welfare/protection services and their dealings with the NL government. One, that Innu children, youth, and families who require or need protective intervention services face significant barriers, many of which are beyond their control, structural in nature, and through no fault of their own. These barriers include poverty, lack of family and community supports, lack of resources in terms of health and addictions issues, and income insecurity. Second, that the CSSD child protection system equally faces many barriers. These barriers include legislative and policy limitations, human and fiscal resource deficits, worker turnover, lack of community support, heavy caseloads, and a rigid, bureaucratic, compliant, organizational culture. Both the families who require or need protective interventions services and those who are expected to provide these services share fears, frustrations, and powerlessness.

These two certainties, in terms of a promising direction for Innu child welfare services, dictate the fundamental importance of acknowledging and accepting that protection services to Innu children and youth must be extended far beyond the four walls of parenting and moved into the community, political, and social arena. Innu past and current experiences with CSSD suggest very clearly that the complexity, unpredictability, and uncertainty that permeate much of the terrain of child protection work demand a different approach – a new path. The Innu Care Approach and the Innu Healing Strategy provide a direction for this new path – that of rebuilding healthy, sustainable, and resilient Innu communities.

CONSIDERATIONS FOR A NEW PATH

Rebuilding community is about bringing services to children, youth and families out of the current bureaucratic paradigm focussed on risk assessment and management into the family/community paradigm focussed on prevention and protective factors. Experiences in child protection suggest that the bureaucratic environment is not the right environment for creating opportunities where caring, investment, and compassion take place. Instead, it is an environment that is governed by rigid policies and procedures, where the power remains with high-level bureaucrats who are isolated from the grass roots, where the thinking is compartmentalized and often re-active in attempts to fix things, where there is unwarranted political involvement, where the system is closed and not necessarily user or family friendly, where professional autonomy is stifled, and where those who seek services or provide services are not seen as equal partners in the decisions. In these environments the traditional top-down, programmatic, and fix-it approaches

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dominate. These approaches fail to acknowledge that many of the issues facing Innu children, youth, and their families, as well as their communities, elude hierarchical and bureaucratic methods.

Rebuilding community means child welfare services being more community-based with communities sharing responsibility for governance based on the goals and priorities they see as important for the well-being of Innu children, youth and families. Expectations associated with community building include partnership, inter-professional teamwork, parent participation and involvement, staff empowerment, user-friendly services, primary prevention and promotion, community development, seamless systems of delivery, integrated programs and services, and community decision-making and governance. Community building is about caring, respect, acceptance, and creating opportunities for reclaiming personal and collective power.

Community building is about collaboration, innovation, and a willingness to share power and control. To do this appropriately means operating on the understanding that Innu individuals, families, and communities understand their own needs. Extending them the trust, respect, autonomy, and the opportunity to develop this understanding is essential. Innu parents and other community members are critical resources and partners in community building. Seeing them as such means creating opportunities for their involvement in child protection service delivery in a way that not only focuses on their problems or issues but taps into their creative talents and strengths. For example, in the current child protection system, Innu parents who require or need protective interventions are not invited to participate in policy and management decisions. They are not invited to act in an advisory or evaluative capacity in terms of service delivery. Interested community members and volunteers are not asked to participate. Child protection workers and CSSD are not mandated to create opportunities for such participation. Creating these opportunities involves a willingness to renegotiate and build relationships to begin crossing traditional professional and bureaucratic boundaries. Flexibility must exist whereby professionals, systems, and the people they serve can work collaboratively on common issues of concern. This willingness means challenging traditional practices and assuming new roles and expectations in new found relationships. It means venturing away from familiar practices and moving toward nontraditional settings and hours of work.

The role for social workers in a community building framework dramatically changes. In many respects, workers in the current CSSD system are managers of scarce resources, co-

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ordinators of services, and assessors of risks. As mentioned in previous sections of this report, attention to bureaucratic requirements and paperwork have stifled professional autonomy and discretion, have eroded professional identity, and have moved away from professional practices based on relationship building and creating opportunities for justice and equality. Community building suggests moving social workers and others involved in child protection away from being office bound, rules driven, and arms' length from parents, families and communities. This move would position social workers to build relationships within the community and with children, youth and families. They would be seen as a resource by parents and families, someone to be embraced rather than someone to be avoided.

Of equal significance in rebuilding/building community is the emphasis to be placed on extending interventions beyond the family to include interventions with public child welfare organizations (schools, public health, day care, family resource centres, community centres) and their professionals (teachers, nurses, day care workers) as well as with the general community (leaders, Elders, volunteers). Each are communities of individuals connected by relationships, difficulties, common challenges and vulnerabilities, and interdependence. A commitment to community building requires a rethinking of current practices and an appreciation of the importance of integrating individual and community practices - in other words, connecting personal difficulties to public issues. Making this personal - political connection conveys a message of community having a role in protecting the health and well-being of children. The current emphasis on interventions is primarily with children and families, independent of other professionals, child serving organizations and the community. This emphasis continues to frame child protection in a narrow way and fails to bring issues impacting on children and families into the broader social and political realm.

CONSIDERATIONS IN RETHINKING

The thinking underpinning the many challenges and negative experiences of Innu children, youth, and families with mainstream child protection is not the thinking that is going to move Innu forward in addressing them. A community building approach represents a significant shift in emphasis and focus. It is a shift comparable to the proposed shift intended with the introduction of the Child, Youth and Family Services Act in 2000. Unfortunately, as mentioned in the many reports and reviews listed in the above sections of this report, the Child, Youth and Family Services

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Act was never properly resourced by the NL Government and was later replaced. The Act was a legislative framework to facilitate a community building approach to child protection under the leadership and guidance of community governed health authorities. The NL Government also changed this by returning responsibility for child welfare from the community health boards back to a line government department.

A consideration for the Innu is to review the purpose and principles of the replaced Child, Youth and Family Services Act and determine if there is a fit with the Innu Care Approach, the Innu Health Strategy, and the Innu Prevention Approach. This consideration is suggested given this Act was recognized as a constant positive in reports and reviews in terms of its philosophy and principles. Another worthy consideration is the Nunavut Child and Family Services Act in terms of its 14 principles. The NL Children, Youth and Families Act has 1 principle.

The federal *An Act respecting First Nations, Inuit and Métis children, youth and families* is a definite fit in terms of its principles, recognition of rights, preventive care, cultural continuity, and substantive equality. The federal *Act* is a legislative framework to facilitate a community building approach and Innu control over child welfare. It is designed to affirm the rights and jurisdiction of Indigenous Peoples in relation to child and family services. Its principles and standards dictate the provision of services by child welfare systems when working with Indigenous children, youth, families and communities. The Innu have a right to expect that these principles and standards are being upheld by CSSD and the NL Government.

As pointed out by Metallic, Friedland & Morales (2019) the federal *Act* is not perfect but a good beginning towards hope and opportunity for change. These authors put forward 21 implementation strategies for Indigenous communities to pursue in response to the *Act*. These strategies urge Indigenous communities to be proactive on such issues as defining the Best Interests of the Child and what it means for ones own Indigenous community; ensure the new National Standards are known and applied by child welfare authorities; the importance of continuing advocacy for children and youth; and developing legislation/laws consistent with the National Standards. These authors argue that the *Act* is an inherent jurisdiction, not a jurisdiction that is granted or delegated. Strategies around funding and accountability are also worthy of note.

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Protecting children is both a health and safety issue and intricately connected to issues of poverty, discrimination, violence and other social injustices. It is equally connected to family, neighbourhood and community. Building community requires a family-centred approach with a focus on children, youth and communities. What is known about best practices is that children must be seen in the context of their families and families in the context of their neighbourhoods and communities. Protecting children is a family and community responsibility and not solely the responsibility of one profession or organization. A family-centred approach supports child-centred interventions. To suggest a child-centred approach, as portrayed in the Children, Youth and Families Act, is traditional and continues to reinforce an already over-emphasis on risk assessment and risk management paradigms that currently dominate child protection work. This emphasis has created within the public and with child serving professionals the idea that child protection consists of reporting and investigation, being “forensic” units with a blaming dimension attached and establishing who is accountable. As a result, child welfare agencies are coerced in devoting the majority of resources to these activities with little or no emphasis on prevention, early intervention and outreach.

A family-centred approach aligns with the themes outlined in the 2022 Child Welfare League of Canada document *Moving Beyond Neglect*. These themes include addressing the root causes of neglect and the real risks posed by neglect; recognition that neglect is usually the result of systems failure and not parental failure; shifting from a lens of child protection to one of family well-being; reimagine healthy families through a strengths-based and culturally responsive lens; and empowering communities. Adopting a family-centred approach is a consideration for Innu led child welfare services. A family-centred approach is holistic and as suggested in the Touchstones of Hope document, recognizes that children are shaped by their culture, family, environment, spirituality, social relationships and abilities.

These considerations and shifts in thinking imply:

- Talking Innu children’s rights as opposed to needs - making the United Nations Conventions on the Rights of the Child, Rights of Indigenous People, and the federal *Act* front and centre in attending to these rights. It is about justice for Innu children, not just child welfare.
- Connecting the personal and the political - private troubles are connected to public issues.

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These public issues are structural inequalities that exist and impact Innu children, youth, families and communities. Root causes must be addressed – the “whole” iceberg must be attended to, not just its “tip”.

- A willingness to be innovative and creative - changing the rules rather than change within the rules. New rules are in place with the federal *Act* and are to be respected.
- Creating opportunities to discover individual and collective power – power that is shared and directed towards the best interests, health, well-being and protection of Innu children, youth, families and communities. Talking opportunities rather than crisis and discovering power rather than wielding power. Existing power relationships must be altered – the voice of the professional cannot substitute for the voice of parents. It is important to shift from the idea that professionals and their organizations are the sole experts. Acknowledging parents and communities as critical resources and partners with varying degrees of expertise is essential.
- Promoting health and well-being to bring about innovation. Protection of children is a health issue that must be recognized as a one determinant of health along with the other determinants of relationships, sense of community/belonging and hope and opportunity.
- Emphasizing strengths and capacities rather than problems and deficits.
- Being collaborative rather than co-operative. Collaboration is more than co-ordination or co-operation. It is the willingness to mutually invest in a common vision, goals and to do things differently.
- Working with Innu children, youth, families and communities in a manner that is genuinely real, and human, based on mutual relationships built on trust, respect, caring and responsibility. There is no room for being professionally/organizationally rigid. It is understood that relationships, based on sound principles, are instrumental in bringing about change.

EXAMPLES OF THESE CONSIDERATIONS AND RETHINKING BEING APPLIED

The **Jewish Family & Child Service (JF&CS)** of Greater Toronto integrates poverty reduction into their approach to child and family welfare. Their assessment is not only of the child but the entire family unit. They are a multi-service agency that takes a holistic approach to families by assessing and responding to basic needs, physical health, mental health and trauma, money and

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finances, and skills and employability. Caregivers are not punished or pathologized for their inability to meet children's material needs but assisted in meeting those needs in the immediate and long term. JF&CS is able to address the individual and systemic root causes of neglect head on. In 2020 – 2021, of the families served, nearly 99% of children receiving child welfare service were able to remain in the care of their family/community (CWLC, 2022).

Integrated Service Delivery (ISD) framework promotes wraparound services to children and families facing individual and structural challenges. The framework requires service providers involved with the family working together on common case plans, sharing information, responsibilities and decisions, to seamlessly deliver programs that promote holistic child and family well-being. New Brunswick introduced ISD in 2010 to address gaps in youth mental health services. In a 2017 report on ISD, caregivers and children reported high levels of satisfaction with the services they received. Within an ISD framework in an Innu community context, families, children and youth would see social workers, teachers, nurses, recreation, financial assistance workers and others working in unison to enhance protective factors and reduce risk factors. ISD is a holistic approach that addresses root causes (CWLC, 2022).

Kina Gbezhgomi Child & Family Services Agency delivers services to seven First Nations on Manitoulin Island in Ontario and to First Nations people living in Sudbury. The Agency was developed in 1981 in response to high numbers of children being removed from their First Nation and placed in government care. An Elders Advisory Council oversees the agency. Each community serviced by the Agency has a specific protocol in place in how to best provide services to children, youth and families. Cultural traditions and practices are valued with priority being the health of the entire community and family to keep children healthy and strongly connected to their culture (Ball & Benoit-Jansson, 2023).

In 1980, the **Splatsin First Nation** passed a by-law asserting community control over their own child welfare services. The by-law enabled the community to adopt a culturally informed, community-based approach to child welfare. Some of the hallmarks of the approach include: the ability to respond promptly; connection to community; availability to be adaptive to meet family needs, a small team who works collaboratively; and simple processes and prevention-focused (<https://splatsin.ca/programs-services/children-families>). Splatsin Nation is an example of a community reclaiming the right and responsibility for child welfare. Less than 5% of their children have been taken into government care (Ball & Benoit-Jansson, 2023).

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Nisichawayasihk Cree Nation Family and Community Wellness Centre was established in 2001 in Nelson House, Manitoba. The Centre provides wholistic wellness programs through public health, child and family services, early childhood education, and mental health supports. The aim is to reduce the number of children taken into care. One program is the Intervention and Removal of Parent Program which aims to reduce trauma typically experienced by children during apprehensions. When a child is at risk, the parents are removed from the home. The children remain at home under the care of family members or service providers from the Centre. The parents are provided with the necessary cultural and other supports and services to facilitate family reunification. The Wellness Centre is an example of Indigenous led child welfare services based on culture, traditions, and practices. The number of children in care has been significantly reduced (Ball & Benoit-Jansson, 2023).

DISCUSSION

Straight to the point: It is not a question of what needs to change to have better outcomes for Innu children, youth, families and communities. Nor is it a question of why these changes are necessary. Data are available to support the necessity of significant change. More importantly, Innu themselves have the knowledge, the capacities, and the political will to collaborate in making change possible. Gathering Voices: Finding the Strength to Help our Children initiative, the Innu Care Approach, the Healing Strategy, and the Innu Prevention Approach attest to this knowledge, capacity and will. What is required on the part of CSSD, NL Government and the Canadian Government is strict adherence to the Truth and Reconciliation Commission's principle #9: *Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a **substantial investment of resources*** (bold added). Newfoundlanders and Labradorians, both Indigenous and non-Indigenous, have experiences where investments of resources to improve outcomes for vulnerable children, youth and families have not been made despite many recommendations over several decades to do so.

Straight to the point: Is there trust and confidence these experiences will not be repeated?

Straight to the point: Is there trust and confidence the continuing barriers identified in the 2022 Status Update on Reconciliation underpinning Canada's inaction on TRC Calls to Action in child welfare will not inhibit moving forward? These barriers, as discussed previously, are paternalism, structural anti-Indigenous discrimination, public interest, insufficient resources and exploitation.

SECTION VII

SUMMARY

We have survived Canada's assault on our identity and our rights. Our survival is a testament to our determination and will to survive as a people. We are prepared to participate in Canada's future – but only on the terms that we believe to be our rightful heritage (RCAP, 1996, p.65).

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SUMMARY

This report has covered a lot of ground with respect to child welfare/protection in NL since Confederation, both for Indigenous and non-Indigenous children, youth and families. Occasionally there is a repeat of statements and information. Continuation of many of the same issues emerging over time, despite efforts to have these issues resolved, account for this repetition. Also, the repetition speaks to the significance of certain critical issues.

To pull things together, this summary section provides an overview of this SPR. It gets straight to the point on what is involved in responding to the Innu reality in terms of their treatment, experiences, and outcomes in the NL child protection system. The summary captures key topics relative to what it means and what actions are necessary to address this treatment, experiences and outcomes. The meanings and actions are based on: (a) past and present learnings as portrayed in numerous reports, reviews, Indigenous literature, child welfare literature, annual reports, research findings, press releases, and federal/provincial government documents and (b) the learnings, experiences, ideas, and suggestions for change based on the author's fifty-one years of involvement in the child welfare field.

This SPR does have a limitation. The author had no opportunity to meet and discuss with Innu leaders, Elders, parents, youth, social workers, NL government officials, and significant others involved in child welfare services in Innu communities. Such an opportunity would have created a forum to discuss the critical questions raised in this SPR and solicit input into the considerations for change and the future.

There is an overwhelming consensus, that for things to change, child protection must shift from its current referral, involuntary, investigative, adversarial, reactive crisis stance to an approach designed to build communities for the health, well-being and protection of Innu children, youth, families and communities based on the Innu Care Approach, the Innu Healing Strategy, the Innu Prevention Approach, the federal *Act*, and Innu leadership. Such a shift is indeed warranted given current unacceptable outcomes for Innu children and youth (Ball & Benoit-Jansson, 2023). This shift moves beyond past efforts to integrate Innu knowledge and ways of knowing into mainstream child welfare policies and procedures in attempts to provide culturally appropriate services. According to Ward, Hill, et al. (2021) in their community-based participatory research into healing processes for Innu in Sheshatshiu and Natuashish, such a shift will require non-Innu

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service providers to broaden *..their understanding of the significant role of self-determination among Innu, learning Innu ways of knowing and being, recognizing one's own biases, and acknowledging the power imbalances between themselves and Innu people* (p. 1).

LEARNING FROM THE PAST AND PRESENT TO GUIDE THE FUTURE FOR THE INNU NATION IN TERMS OF CHILD WELFARE

<u>PAST</u>	<u>PRESENT</u>	<u>FUTURE</u>
<p><u>CHILD RESCUE</u></p> <p>Driven by societal attitudes indicative of traditional/dominant paradigms: Patriarchy, Whiteness, Male Dominance, Competition, Ethnocentric, Positivistic, Eurocentric.</p> <p>Emphasis on SOCIAL CONTROL, driven by policies of ASSIMILATION</p> <p>Parents blamed – it was their fault that families required assistance. To maintain social control children had to be rescued from these bad parents who were poor, lived in different cultures and lacked resources to properly care for their children. Control was maintained by placing children in orphanages and residential schools. That way children were raised in accordance with the dominant paradigms – forced to assimilate and adhere to mainstream thinking based on Eurocentric values. General belief by those rescuing the children that they were doing children a favor by taking them away from their culture, poverty, and poor living conditions.</p> <p>Emphasis placed on the treatment of the child – fix the child by excluding the parents, culture and community.</p>	<p><u>PROTECTIVE INTERVENTION</u></p> <p>More influenced by newer/alternate paradigms of Diversity, Feminism, Empowerment, Strengths, Aboriginal Theory, Personal is Political. Evidence of traditional paradigms still felt in terms of inequality, racism, discrimination, injustices, violation of rights, over-representation of Indigenous children in care.</p> <p>Emphasis on SOCIAL CONTROL and driven by policies of INTEGRATION – incremental movements toward SOCIAL CHANGE</p> <p>Parent blame is still evident. Residential schools and orphanages are seen as neglectful. The move towards family care (Foster Care) was seen as more beneficial and cheaper. Move from assimilation to integration – 60’s scoop. The method of care changed but still very much child rescue driven.</p> <p>Children deemed to be at risk. Risk factors including poverty, poor housing, intergenerational trauma, etc. skirted. Protection of the child from parents is seen as paramount. Not sufficient resources for family support, early intervention and prevention.</p> <p>Child protection governed by provincial legislation, policies and procedures – all based on mainstream thinking.</p>	<p><u>COMMUNITY BUILDING</u></p> <p>Driven by societal attitudes indicative of newer/alternate paradigms and less influence of traditional paradigms. More emphasis on rights, equality, justice. Recognition of Indigenous rights.</p> <p>Emphasis on SOCIAL CHANGE driven by COMMUNITY GOVERNANCE</p> <p>Abuse and neglect of children by society is seen as outweighing abuse and neglect by their parents. Moving children’s care and protection into the social and political realms to deal with structural issues of poverty, discrimination, racism, social control.</p> <p>Emphasis on families in need of support and assistance is just as much, if not more, than children in need of protection.</p> <p>Moving the protection of children beyond the four walls of parenting to include community.</p> <p>Child protection is governed by Innu values, traditions, worldview, and vision as outlined in the Innu Care Approach, Innu Healing Strategy and the Innu Prevention Approach.</p>

<p>PERSONAL BLAME with no attention to the POLITICAL</p> <p>CHILDREN were the focus of intervention. They were seen as PROPERTY in need of control for the benefit of society.</p> <p>Parents seen as ‘non-deserving’ and not a resource.</p> <p><u>Child rescue.</u></p> <p>Protection of children not seen as a Health issue.</p> <p>LEGISLATION</p> <p>Act Respecting the Welfare of Children – 1944 Child Welfare Act - 1964 Child Welfare Act – 1972.</p>	<p>Still very much PERSONAL blame of the parents with a little acknowledgement of the POLITICAL</p> <p>Treatment/protection of the child is still the emphasis with involvement of the parents/family/kin and little or no involvement of the community.</p> <p>CHILDREN AND PARENTS as clients with children deemed priority - emphasis on protection.</p> <p>Focus on family preservation to respond to crisis and to prevent further maltreatment.</p> <p><u>Child-centered</u> – doing for children what parents could do if they had the resources and support.</p> <p><u>Supporting parents</u> – seeing parents in the context of their environment – helping them cope with poverty, poor housing, and lack of resources as opposed to addressing these injustices in a meaningful way.</p> <p>Crisis oriented approach – attempts to stabilize families in crisis.</p> <p>Protection is viewed as only one determinant of Health.</p> <p>LEGISLATION</p> <p><u>2000 - 2009</u> Child, Youth & Family Services Act (2000) – a move to support family strengthening, prevention, and community involvement. Its 14</p>	<p>Connecting the PERSONAL & POLITICAL – parents in need of support and assistance to protect their children.</p> <p>CHILDREN, PARENTS, FAMILIES AND THE COMMUNITY are the focus, not just the children, youth and their families.</p> <p>Focus on community, being Family-Centered. Outreach and support in building family and community strengths to protect children.</p> <p><u>Family-centered</u> –early intervention and prevention – linking families to community resources such as head start programs, resource centers, parenting education and recreation programs, and other support services.</p> <p><u>Empowering parents</u> – working with them as critical resources and partners – creating opportunities for dialogue, education, mutual sharing and problem solving based on Innu thinking.</p> <p>Proactive approach – to prevent maltreatment from occurring.</p> <p>Protection viewed as a Health issue – one determinant of Health along with the determinants of relationships, hope and opportunity and a sense of community/belonging.</p> <p>LEGISLATION</p> <p>Child welfare laws to be developed by and for Innu, based on Innu traditions, values, and community standards. The Federal <i>Act</i> provides for Indigenous standards and</p>
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<p>Oppressive legislations grounded in traditional societal attitudes.</p> <ul style="list-style-type: none"> - Disrespectful of children’s rights. - Highly intrusive and judgmental. - Culturally insensitive - Deserving and non-deserving poor - Judgmental, parent blaming <p>CHILD WELFARE AUTHORITY</p> <ul style="list-style-type: none"> -Department of Public Welfare -Department of Social Services 	<p>principles were in sync and responsive to child welfare research and literature and community governance through regional Health Authorities. It lacked emphasis on cultural requirements.</p> <p><u>2010 – 2018</u> The Children, Youth Care & Protection Act (2010). Introduced after the Turner Inquiry, it represents a move more back to the child rescue paradigm rather than family strengthening – little emphasis on prevention & community. Its 1 principle is out of sync with child welfare research & literature as well as best child welfare practices.</p> <p>2019 – Present The Children, Youth & Families Act (2019). This Act, like the previous Act, with its 1 principle, continues to be out of sync with best practices in terms of prevention, early intervention, community. It is referral based, involuntary, and investigative with emphasis on risk assessment & management.</p> <p>This Act was amended to acknowledge the federal <i>Act</i> in terms of recognition and definition of Indigenous children and youth, Indigenous Organizations and Indigenous Representatives. The Act supports Indigenous participation in child welfare affairs concerning Indigenous children and youth respecting cultural connections and continuity.</p> <p>The Act does not closely align with the principles of the Federal <i>Act</i>, nor is there any mention of the UN Conventions on the Rights of a Child and Indigenous Peoples.</p> <p>CHILD WELFARE AUTHORITY</p> <ul style="list-style-type: none"> -Department of Health & Community Services 	<p>principles to assist in this development in terms of preventive care, socio-economic conditions, cultural continuity, substantive equality, and best interests of Indigenous children.</p> <p>The Innu Care Approach, Healing Strategy and Innu Prevention Approach are key considerations in legislation development.</p> <p>Innu legislation to facilitate control over child welfare is in sync with Indigenous child welfare research, literature, the Federal <i>Act</i>, and best practices in child welfare with Indigenous children. Also, in sync with the Truth & Reconciliation Commission- Calls to Action, the Touchstones of Hope, 2015 Report to Canada’s Premiers, UN Conventions on the Rights of Indigenous Peoples and the Child, Royal Commission on Aboriginal Peoples, Provincial & Territorial Ministers Statement – 2018, and statement by the Canadian Council on Child & Youth Advocates,</p> <p>Legislative authority with an emphasis on promoting family and community integrity, building community capacities, prevention, community empowerment, community standards, and children’s rights.</p> <p>CHILD WELFARE AUTHORITY</p> <ul style="list-style-type: none"> Innu Nation led.
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<p>-Department of Human Resources & Employment</p> <p>SERVICE DELIVERY</p> <p>Services categorical, not connected and fragmented.</p> <p>Child welfare responsibility rests with charitable organizations, institutions and churches to maintain control of problems.</p> <p>Reactive - oppressive</p> <p>Parents are POWERLESS but the intervention powerful.</p>	<p>-Regional Health & Community Services Boards</p> <p>-Regional Health Authorities</p> <p>-Department of Child, Youth & Family Services</p> <p>-Department of Children, Seniors & Social Development</p> <p>SERVICE DELIVERY</p> <p>Services are more FORMAL AND CATEGORICAL - connected with coordinated case management practices in place.</p> <p>Permanency planning procedures in place.</p> <p>Practices organizationally and professionally planned in terms of leadership, policy, programs. Top-down approach.</p> <p>Child welfare responsibility with the state – bureaucratic programmatic fix-it approaches.</p> <ul style="list-style-type: none"> - Reliance on risk assessment and management paradigm. - Investigative - Policy driven - Hierarchical decision-making - Clinical approaches to structural problems - Resources and power not shared - Turf protection - Professional as expert - Fragmentation of services - Compartmentalization of services - Closed systems – not family friendly - Parents as cases and problems - Reactive crisis driven - Community building absent - Adversarial - Lacking in prevention, early intervention and outreach <p>Parents POWERLESS. The intervention is powerful but powerless in terms of really making a significant difference – some</p>	<p>SERVICE DELIVERY</p> <p>Services to be more INFORMAL AND RELATIONAL - connected to social justice issues where resources and power are more equitably distributed.</p> <p>Collaborative partnerships to be in place involving community and parents in planning, policy development, service delivery and leadership.</p> <p>Child welfare to be a community concern involving community-based systems in problem solving where there is:</p> <ul style="list-style-type: none"> - More helping than judging - More relationship building than investigation - More creativity and risk-taking - More related to the day-to-day realities of parents - Emphasis on primary prevention and early intervention - Community and family concerns ahead of organizational requirements - More collaboration - Family friendly community-based delivery – family resource centers -Parents and community as partners and resources - Attention devoted to relationship building, linking and support - Proactive and outreach driven - Consensus decision-making <p>Parents’ POWERFUL, intervention powerful. Integration of individual and community practices – integrating the micro and the macro.</p>
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<p>MODELS OF HELPING</p> <p>MORAL MODEL – driven by morals, judgment, prejudice, domination of one culture over another.</p> <p>Dominant culture, values, and beliefs deemed the authority.</p>	<p>difference on an individual/micro level but little difference on a structural/systemic level.</p> <p>MODELS OF HELPING</p> <p>MEDICAL/PROFESSIONAL MODEL – professionally and bureaucratically driven.</p> <p>Professional as the expert</p> <p>Knowledge and power remain with the expert</p> <p>Organizational power</p> <p>Decisions are made independent of families and community.</p>	<p>MODELS OF HELPING</p> <p>EMPOWERMENT MODEL – citizen/community driven in collaboration with professionals and organizations.</p> <p>Person/community as the expert</p> <p>Influence of culture and diversity</p> <p>Partnership between the helper and person being helped</p> <p>Community involvement</p> <p>Open discussion of values and beliefs – mutual respect</p>
<p>FAMILY</p> <p>Patriarchal family-model – children as a private family responsibility in terms of care – primarily the mother</p> <p>Traditional definition of family – care for their own.</p>	<p>FAMILY</p> <p>Individual responsibility model – children private responsibility with care more shared between parents and significant others.</p> <p>Nuclear family – challenged the traditional caring and family involvement.</p>	<p>FAMILY</p> <p>Social responsibility family model – children both a private and public responsibility for care, protection and support</p> <p>Family has no specific definition out of respect for diversity and individual choices in terms of significant others & relationships.</p>
<p>SUBSTITUTE CARE</p> <p>Orphanages, residential schools, institutions – long term care – an end itself.</p> <p>Care outside of culture and community.</p>	<p>SUBSTITUTE CARE</p> <p>Foster care is viewed as a means to an end – short term substitute care for children. Oftentimes ends in long term care as well as being outside of culture. Foster resources are in high demand. Recruitment & retention of foster homes an on-going challenge.</p> <p>Foster care is often considered in crisis.</p> <p>Ongoing training, support and supervision of foster parents are often issues.</p>	<p>SUBSTITUTE CARE</p> <p>Foster care is viewed as a family social service resource – supplementary as well as substitute care. Para -professional services in terms of support to parents and families. Involved in parenting, life skills teaching, counselling.</p> <p>Foster parents as partners in child welfare interventions – a role beyond just substitute care to include case conferencing, advocacy, and participation in decision making.</p>

<p>WORKERS</p> <p>Charity workers Missionaries Church Social workers</p> <p>All agents of social control</p>	<p>Confusion in roles and responsibilities – who is the parent while children are in care – foster parent, the social worker or the biological parent in terms of decision making.</p> <p>WORKERS</p> <p>Primarily social workers as counsellors and investigators tasked with risk assessment and management in child welfare systems that are reactive, and crisis oriented.</p> <ul style="list-style-type: none"> -Specialty in protection -Management of scarce resources. -Agents of social control -Recruitment and retention issues -Minefield of dilemmas -Office bound and rules driven -Compliant work culture -Professionalism stifled 	<p>Recruiting foster parents in accordance with Innu values and standards as opposed to mainstream policies that are cumbersome, overly intrusive, and not in line with Innu ways.</p> <p>WORKERS</p> <p>Generalist social workers who, along with a protection mandate, are skilled and tasked in community organizing and building.</p> <p>Involved in outreach and prevention in collaboration with community and community resources such as family resource centers, women’s shelters, schools, mental health and addictions.</p> <p>Skills involving advocacy, self-help, life skills, team building.</p> <p>Agents of social change</p> <p>Professionalism embraced and valued</p>
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APPENDICES

APPENDIX A

LEADING COMPLEX CHANGE

ALIGNING FOR SUCCESS

VISION+CAPABILITIES+INCENTIVES+RESOURCES+ACTION PLAN = **SUCCESS**

~~CAPABILITIES+INCENTIVES+RESOURCES+ACTION PLAN = **CONFUSION**~~

~~VISION INCENTIVES+RESOURCES+ACTION PLAN = **ANXIETY**~~

~~VISION+CAPABILITIES RESOURCES+ACTION PLAN =**RESTRAINT/RESISTANCE**~~

~~VISION+CAPABILITIES+INCENTIVES ACTION PLAN = **FRUSTRATION**~~

~~VISION+CAPABILITIES+INCENTIVES+RESOURCES = **FALSE STARTS**~~

APENDIX B

Office of the Child and Youth Advocate -
Investigative Reports and Reviews – 2006 – 2025

The 11 Reports – Reviews in **Bold**, according to the Advocate’s 2022-23 Annual Status Report, are those where some recommendations have not yet been fully implemented but partially implemented with only 1 recommendation in all 11 reports listed as not implemented. All recommendations have been implemented, according to the Status Report, in the remaining 14 Reports – Reviews.

A Special Kind of Care – December 2021

Blanket of Insecurity – December 2021

No Time to Spare – December 2021

Handle with Care – July 2021

A Soft Place to Land: Lessons for Client-Centered Care – October 2020

The Sounds of Silence – Perspectives on the Education System’s Response to Deaf and Hard of Hearing Children – June 2020

A Long Wait for Change: Independent Review of Child protection Services to Inuit Children in Newfoundland and Labrador – September 2019

Trans Youth in Newfoundland and Labrador – May 2019

Seen But Not Heard – April 2019

Surviving Child’s Benefits: Who is Missing Out? – March 2019

Chronic Absenteeism – January 2019

No Second Chance – October 2018

Making Waves – Ensuring Children Benefit from Child Support Payments – May 2018

Listening Tour - 2017-2018

Specialized Health Care Response -2017

The Case for Culturally Responsive Services – 2017

A Stolen Life – 2016

A Tragedy Waiting to Happen – 2015

Straight to the Point: Barter, 2025

Sixteen – October 2013

Out of Focus – September 2012

Turning a Blind Eye – July 2012

Joey's Story – August 2011

An Investigation into the Janeway Psychiatry J4D Programs and Services – April 2010

Lost in Transition: A Review of the Transitioning of Children and Youth In Care – May 2009

Turner Review and Investigation: Volumes I, II, III – 2006

APPENDIX C**CRITICAL INJURIES AND DEATHS REPORTED TO THE OFFICE OF THE CHILD
AND YOUTH ADVOCATE FOR NEWFOUNDLAND AND LABRADOR SINCE 2018**

<u>YEAR</u>	<u>CRITICAL INJURIES</u>	<u>DEATHS</u>
April 1, 2023 – March 31, 2024	141	6
April 1, 2022 – March 31, 2023	70	4
April 1, 2021 – March 31, 2022	82	3
April 1, 2020 – March 31, 2021	51	1
April 1, 2019 – March 31, 2020	42	7
April 1, 2018 – March 31, 2019	<u>30</u>	<u>7</u>
	416	28

APPENDIX D

- The Royal Commission of Inquiry into the Response of the Newfoundland Criminal Justice System to Complaints (Hughes Inquiry, 1991).
- Classroom Issues Committee Report (1995).
- Coordination of Services to Children and Youth: Individual Support Service Plans (1996).
- Select Committee on Children's Interests (1996).
- Special Matters: The Review of Special Education (1996).
- Towards The 21st Century: Designing Services for Children and Families in Newfoundland and Labrador (1997).
- Investing in People and Community - Volumes I & II (1997).
- People, Partners and Prosperity: A Strategic Social Plan for Newfoundland and Labrador (1998).
- Newfoundland & Labrador Foster Family Association - A Review - 2001.
- Minister's Advisory Committee Report – 2005.
- Turner Review and Investigation: Vol: I, II, III – 2006. The Turner Review was the first review/investigation completed by the NL Office of the Child and Youth Advocate. Since 2006 the Advocate's Office has submitted, including the Turner Review, a total of 25 Investigative Reports & Reviews (Appendix B).
- Deloitte & Touche Report, 2007.
- Strategic Planning Forum for Children and Youth in Newfoundland and Labrador – 2008.
- Children-in-Care in Newfoundland & Labrador – Fowler Report – 2008.
- CYFS Clinical Services Review – 2008.
- What We Heard: A Review of the Children and Youth Care and Protection Act – 2016.
- Auditor General's Report – 2016.
- Child Welfare Services Delivery Model and Workload Review- Ernst & Young - 2022.