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For the call on Friday. This is the latest version.

Labrador Innu – Miawpukek First Nation – Canada – Newfoundland and Labrador
Enhanced Prevention Accountability Framework
November 2013

Preamble

The Mushuau Innu First Nation (MIFN), the Sheshatshiu Innu First Nation (SIFN), and Miawpukek First Nation (MFN), wish to enter into a partnership with the Government of Canada (Canada) and the Government of Newfoundland and Labrador (GNL) to implement a community-led enhanced prevention focused approach (EPFA) to the First Nations Child and Family Services Program to achieve a safe, secure and nurturing family environment for Innu and Mi'kmaq children living on Reserve in Newfoundland and Labrador. Under an EPFA model, legislatively mandated protections for vulnerable children and families are complemented by incremental federal funding to support the implementation and leveraging of community driven, culturally appropriate activities intended to enable these families to remain together safely in their homes.

Background

In 2001, Canada struck the Labrador Innu Comprehensive Healing Strategy ("LICHS"), comprised of MIFN, SIFN, Canada, and GNL, to address root causes of the socioeconomic challenges facing the communities of Davis Inlet (since relocated to Natuashish) and Sheshatshiu. LICHS was intended to foster the Innu's ability to build capacity for governance, and over time, undertake the training necessary to effectively administer their own affairs. LICHS was led and funded by Canada, with special funding, above and beyond the two First Nations' annual base federal funding, provided by Health Canada and Aboriginal Affairs and Northern Development Canada. These special funds were directed at developing innovations in the development and provision of health services, social programs, governance, education and policing.

In 2010, the Innu withdrew from the Canada-led LICHS, and proposed an Innu-led replacement, the Innu Round Table ("IRT"), to pursue similar objectives to LICHS, with similar levels of federal funding. However, the IRT would be led by the Innu and administered by an Innu Round Table Secretariat (the "Secretariat"). Canada approved the IRT in 2012, and committed to continued special funding through to 2014-15, subject to completion of community health assessments and development of financial accountability and program and service evaluation criteria. Those assessments are in progress, but the IRT has proceeded to convene meetings of officials to discuss Terms of Reference of the Main Table, and the continuation of LICHS subcommittees and creation of new subcommittees. Canada has approved creation of the Secretariat or a similar entity, with a mandate to provide IRT Support, work on capacity development and prepare for self-government. Yearly funding is based on proposals, and Canada provided $190,000 in 2012-13. Canada has set aside the same amount for 2013-14.

In 1993, following extensive consultations, Miawpukek First Nation (MFN), the Department of Indian and Northern Affairs Development Canada (DIAND) and the Government of Newfoundland entered into an agreement to create Miawpukek Child and Family Services (MCFS) to deliver child and family services under the direction of the community's health and social services agency – Conne River Health and Social Services (CRHSS). The terms and conditions under which MFN and Newfoundland agreed to cooperate in providing child and family services is defined under the *Newfoundland – Miawpukek Band Child and Family Services Agreement and Protocol Agreement.* Under this agreement the Minister provides child protection services and MFN provides intervention and prevention services. Schedule A of

the agreement outlines how child and family services is to be implemented in partnership with the Provincial Department of Child, Youth and Family Services.

Conne River Health and Social Services (CRHSS) is the agency within MFN that manages and operates all programs and services of MCFS. The primary purpose of MCFS is to ensure Mi'kmaq children of Miawpukek First Nation living or reserve are protected from all forms of abuse or maltreatment. The anticipated outcomes associated with the delivery of this service are to reduce the incidence of abuse and/or maltreatment and to promote a secure family environment within the community.

The services of MCFS are provided under the supervision of a Social Worker (licensed with the Newfoundland and Labrador Association for Social Workers (NLASW)). The MCFS Social Worker follows the Newfoundland and Labrador legislation associated with the protection of children as defined and outlined under the Provincial *Children and Youth Care and Protection Act* (CYCPA).

Child, Youth and Family Services in Newfoundland and Labrador

The administration of child, youth and family services in the Province of Newfoundland and Labrador is guided by the *Children and Youth Care and Protection Act* (the "CYCPA"), whose objective is established at section 8: "to promote the safety and well-being of children and youth who are in need of protective intervention." Section 9 of the CYCPA establishes that the Act "shall be interpreted and administered in accordance with the principle that the overriding and paramount consideration in a decision made under this Act shall be the best interests of the child or youth."

The CYPCA is administered by GNL's Department of Child, Youth and Family Services (CYFS), whose Mission provides that, "[r]ecognizing that communities in the province face unique social and economic challenges, particularly our most isolated communities in Labrador, the department will also work with community partners to develop an innovative service delivery model for the Labrador region. The emphasis will be on recruitment strategies and on incorporating cultural and aboriginal perspectives."

Prior to 2009, protective intervention services had been delivered by the various provincial regional health authorities (including, in Labrador, the Labrador-Grenfell Regional Health Authority [LGRHA]), with oversight from GNL's Department of Health and Community Services. However, in response to 2006's *Turner Review and Investigation*, which was the first child death review in the Province, and a 2009 *Clinical Services Review*, which evaluated clinical social work and management practices within the child, youth and family services program, GNL announced the creation of CYFS on 26 March 2009, and directed a reorganization of child and family services in the Province, which included CYFS assuming direct responsibility for the delivery of protective intervention programs and services.

In the course of this reorganization, CYFS came to understand LGRHA's approach to the delivery of services in Labrador was not appropriate for simple adoption by GNL, but rather required the development of a new service delivery model, with the Minister noting in a News Release on 28 March 2011 that CYFS was "committed to developing an innovative service delivery model incorporating aboriginal perspective for the Labrador region, and have established a Steering Committee including leaders from the Innu Nation […] to guide this work."

This Steering Committee met on numerous occasions throughout 2011 and 2012, ultimately culminating in Memoranda of Understanding (MOUs) between CYFS and each of MIFN and SIFN to improve planning around the safety and well-being of children and youth, as well as enhance service coordination and delivery in the two Innu communities. The principle components of the MOUs include establishing a process for sharing information on Aboriginal children and youth who are currently on the caseload of CYFS, and creating an Innu Planning Circle that maintains consistent representation from each of CYFS,

MIFN and SIFN, to review the shared information regularly to identify specific and practical ways to improve service delivery within communities and for children and youth on CYFS's caseload.

Natuashish and Sheshatshiu have exhibited disproportionately high incidences of referrals of Innu children and youth to CYFS for protective intervention programs and services in recent years. CYFS endeavours not to remove Innu children from their communities or culture unless absolutely necessary and Innu children are often only removed for treatment programs, where the child is suffering mental health and addictions issues. Many of these children are often referred to CYFS again at some point after completion of treatment and return to the community.

As such, the need to join the two ends of the spectrum – prevention services at one end, and protective intervention services at the other – is viewed as critical to ensuring prevention services can be effective, and tailored to the unique individual needs of a child.

The Innu and the Miawpukek Mi'Kmaq have shown the ability to deliver a range of social programs and services, including community-based and community-led prevention and engagement services which have complemented GNL's continued exercise of its mandate in child protection services. The Innu and the Mi'Kmaq have also demonstrated the ability to deliver such programs in a way that is culturally appropriate and tailored to the unique needs of their communities and their clients. The Labrador Innu and the Miawpukek Mi'Kmaq are ready to consider partnering in the Enhanced Prevention Funding Agreement (EPFA).

The Mushuau Innu First Nation and Sheshatshiu Innu First Nation

The Labrador Innu comprise approximately 2,000 people living on Reserve in two communities, Natuashish and Sheshatshiu. Prior to the mid-20th century, the Innu were a nomadic people, roaming throughout the Ungava Peninsula. Traditionally, the Innu spent most of the year hunting inland, travelling to the Labrador coast only during summer months to visit trading posts. These trading posts were the communities of Sheshatshiu and Davis Inlet, and the Innu gradually began to spend more time in those communities than just the summer months (although they were still largely seasonal communities in the 1950s).

Housing began to be constructed for the Innu in Sheshatshiu in the 1950s, and was substantially increased by the end of the 1960s. Housing was also established near Davis Inlet, on Iluikoyak Island (some two miles from the settlement at Davis Inlet). The community at Davis Inlet was later relocated to the new community of Natuashish in 2003, following a request for relocation from the Mushuau Innu and pursuant to the 1996 Mushuau Innu Relocation Agreement among Canada, GNL and the Mushuau Innu.

Canada provides certain health and other social programs and funding directly to the Innu of Labrador, which delivers programs and services through the Mushuau Innu Health Commission and the Sheshatshiu Innu Social Health Department.

Canada provides direct funding to the Province to deliver certain services in the two communities, primarily Income Support and Child and Family Services. Canada's funding demonstrates an ongoing financial commitment in these areas, with GNL acting as the service provider. All three governments have committed to supporting the devolution of these services to Innu delivery arrangements as quickly as feasible.

Prior to 2009, Canada had also provided direct funding to GNL to act as delivery agent for education services in the two communities. In 2009, Canada, GNL and the Innu reached an agreement to devolve responsibility for education to the Innu from GNL. To enable this devolution, the Innu created the Mamu

Tshishkutamashutau Innu Education School Board, which has delivered education services, directly funded by Canada, to the Innu communities ever since.

Miawpukek First Nation at Conne River

Conne River is a Mi'kmaq community located on the Connaigre Peninsula, found on the southern coast of the island of Newfoundland. Conne River is also known as Samiajij Miawpukek. The only Reserve on the island portion of Newfoundland and Labrador, it covers an area of 14 square miles. It is found at the base of the Conne River, where it runs into Bay D'Espoir, of the Atlantic Ocean. Conne River is approximately 150 kilometres (km) from the nearest large community (Grand Falls-Windsor) and 600 km from the provincial capital, St. John's. The number of registered MFN members living in Conne River has increased by 15% since 2011 (853 in 2012, up from 739 in 2006). The total community population (MFN members and non-MFN members) has grown since 1986. The 2011 total population for Conne River is 920, a 2.8% increase since the 2006 census. Conne River has a growing population, in contrast to the surrounding region, Bay d'Espoir, which has been steadily shrinking and aging since 1986.

Federal recognition was achieved for the Mi'kmaq of Conne River in 1984, giving birth to the Miawpukek First Nation. In 1984 the Federal Government recognized the Conne River Mi'kmaq as status Indians under the *Indian Act*, and in 1987 Conne River was recognized as a Status Indian Reserve.
In1984, MFN negotiated its first Alternate Funding Agreement (AFA) with the Federal Government. The AFA is unique among Federal agreements with First Nations. It resulted from the historical funding of the community through federal-provincial arrangements prior to the Miawpukek Reserve being recognized. The AFA gives MFN broad authority to design its own programs and allocate funds in accordance with community priorities, and within the broad standards set out by AANDC. It was designed to allow for maximum budget flexibility as it flowed in a "block" containing funding for all programs.

From recognition and funding negotiations MFN has grown into a fully independent administrative community. Its administrative capacity has now developed to include the Chief and Council, (the governing body), a General Manager and seven departmental directors who in turn administer a host of programming, including but not limited to: primary, elementary, and secondary educational services, special educational services, post secondary education, social assistance, family violence and child and family services, disability programming, clinical services, health and wellness, capital projects, housing, administration, economic development, policing, fire protection, recreation and student employment, natural resources management and employment services.

The Government of Canada provides funding for health services to CRHSS through the Health Services Transfer Agreement (HST), which is renewed every 5 years. The first HST Agreement with MFN was signed in October 1991. CRHSS does provide other services to the community, always in partnership with either the MFN Band Council or with the Governments of Canada and/or of Newfoundland and Labrador. Prior to 1991, Health services were provided in the community through special contribution agreements with the Government of Canada and the Government of Newfoundland dating from 1975. Prior to 1975, services were provided provincially similar to all other rural communities on the Connaigrea Peninsula.

MFN is considered by AANDC to be a highly accountable First Nation and has a well established history of delivering a variety of programs and services for community members. Health Services have been in place since 1975 with child and family services coming online in 1993. MFN receives CFS program funding from AANDC, which it uses to provide a variety of prevention services in Mi'awpukek, and to purchase protection services from the Province.

Prevention Services

GNL is ultimately responsible for child protection in Newfoundland and Labrador, including establishing policy and delivering programs and services, and administering the CYCPA.

In addition to these protection services, all parties recognize there is a significant need for proactive programs, services and supports for children and parents to pre-emptively address risks to children's health, safety and well-being.

MFN, MIFN and SIFN are uniquely positioned to provide such prevention services, as they are experts in respect of the needs of the communities and children and youth of Mi'awpukek, Natuashish and Sheshatshiu, respectively, and the level and nature of required programming and supports. This expertise must be used to address the underlying causes of children being referred to child protection for intervention.

The parties agree that building and relying upon this expertise is essential for the development and delivery of effective prevention services, to First Nations by First Nations in First Nations communities.

Vision, Beliefs, Principles and Objectives

Vision
The safety and well-being of all children and youth within supportive families and communities.

Beliefs/Principles
- the safety and well-being of children is of highest priority and paramount importance;
- collaboration among individuals, families, service providers and partners is crucial to reducing risk to children and supporting their well-being;
- parenting is valuable, and children need positive parenting role models;
- all parents want to be good parents; and,
- Healthy families = Healthy children.

Objectives
- reinforce the traditional cultural values of caring, sharing, cooperation and collaboration within the Innu and Mi'Kmaq communities;
- where children are removed from the community for treatment, reinforce the linkage between that child and the Innu / Mi'Kmaq culture and heritage, including advocating and supporting a continued relationship with their immediate and extended family, culture, and community;
- promote the best interests of the children with regard at all times to their health, safety and well-being;
- assist parents, extended family and the community to raise healthy, happy, resilient children;
- reinforce the value of parents and parenting, and the role of the community in supporting parents;
- services should be designed or adapted in a culturally-appropriate manner to meet the identified risks and needs of children in each community; and,

- decisions should be made based on expertise and best practices, while recognizing the importance of a healthy family experience and permanent relationships for children.

Roles and Responsibilities of the Parties

The relationship between First Nations, Canada, and the province is complex, each having some responsibility for the funding and delivery of child, youth and family services in Newfoundland and Labrador. This section summarizes each of the three parties' main roles and responsibilities.

Each party also affirms that the following roles and responsibilities, and the resolution of any disputes involving the care of First Nations children, will be addressed under a common child-first principle.

Innu and Mi'awpukek First Nations

The Innu and Mi'awpukek First Nations respectively will ensure professional management of CYFS funds that they receive and the development and maintenance of core professional capacity for all CYFS functions. The First Nations will ensure the services they deliver are effective and efficient, and appropriately reflect the extended family, language, culture, and personal histories of all clients. In addition, the First Nations will work cooperatively with other partners to expand and integrate services, facilitate administrative tasks such as Business Planning and reporting to the federal government, and improve child welfare outcomes in their communities.

Aboriginal Affairs and Northern Development Canada

The Department of Aboriginal Affairs and Northern Development Canada (AANDC), provides funding for the provision of child and family services to the First Nation communities of Newfoundland and Labrador as defined by the Child, Youth and Family Services Act of Newfoundland and Labrador and in accordance with the Treasury Board approved authorities of the First Nations Child and Family Services program of AANDC.

Federal funding under an EPFA model must flow either directly to the Province of Newfoundland and Labrador, or directly to a First Nation entity. The First Nation entity must either be delegated by the Province to provide child and family services under the provincial legislation, or have a service agreement with a delegated service provider.

Province of Newfoundland and Labrador

The responsibility for child protection programs in Newfoundland and Labrador continues to be maintained by the Government of Newfoundland and Labrador (GNL). GNL supports the direct delivery of child welfare prevention services by the First Nations in Mi'awpukek, Sheshatshiu and Natuashish, recognizing that prevention services must be respectful of Aboriginal culture, and that prevention services are enhanced if delivered through a collaborative and coordinated

approach, building on the strengths of all parties involved. Through its Planning Circles, GNL is engaged with MIFN and SIFN to analyze CYFS program statistics to identify emerging trends or potential special projects; to develop and review progress on special projects; and to undertake planning and service coordination. GNL and MFN have a service agreement in place regarding mutual responsibilities and allocation of resources relative to delivery of services. The agreement is updated from time to time.

In addition to supporting prevention activities undertaken by the First Nations, the Department of Child, Youth and Family Services will offer the following ongoing additional supports:

- providing access to child welfare specialists (e.g., advice regarding group home operations, recruitment campaigns regarding foster home placements);
- providing training to staff related to child welfare legislation in Newfoundland and Labrador, as well as specific to the Duty to Report;
- providing information on observed trends related to service needs of children and their families who are active on child protection caseloads; and,
- referring CYFS clients to Miawpukek or Innu Enhanced Prevention Services.

Agreement Accountability and Outcome Measures

The parties to this agreement are committed to monitoring accountability through tripartite meetings to be held at a minimum of once a year. This accountability framework is based on the following four pillars:

Community Accountability:
Each First Nation agency or entity receiving funding to oversee the delivery of all or part of the range of child and family services will adopt and communicate a business plan based on the Vision, Beliefs and Accountability Outcomes articulated in this Framework. The plans will include objectives, strategies and steps to be implemented, performance measurements, and communication requirements.

Financial Accountability
All recipients of funding for the delivery of First Nation child and family services will account for the terms, conditions, outcomes, and reporting requirements of funding agreements entered into with the federal and/or provincial governments.

Federal and Provincial Accountability
The federal and provincial governments publicly account for their related programs through established annual processes. The province reports on CY&FS outcomes through the Department of Child, Youth and Family Services Annual Report . Aboriginal Affairs and Northern Development Canada accounts to central agencies on funding and program measurements through the annual Departmental Performance Report.

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Child Welfare Outcomes Accountability

All parties expect the work envisioned in this Tripartite Framework to lead toward improvements in child welfare outcomes, and are prepared to be held accountable for those expectations. Accordingly, the First Nations, Canada, and Newfoundland & Labrador establish the following performance indicators as the fourth pillar of the accountability framework for this agreement.

- Decreased numbers of First Nation children in protective care and custody
- Increased local capacity for foster and kinship care
- Expanded capacity of Child, Youth and Family services in First Nation communities, including a range of service partners
- Improved community level understanding and support of CYFS roles, responsibilities and services in each First Nation
- Increased use of case conferencing and family group conferencing
- Increased collaboration among external and internal partners