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Keewaywin: Our Way Home

— MANITOBA FIRST NATIONS ENGAGEMENT —

Keewaywin Engagement Manitoba First Nations Child and Family Services Reform

Final Report – September 2017

PREPARED BY:



Assembly of Manitoba Chiefs
EMPOWERING OUR NATIONS



Asinewung Bijiweung
First Nations
Family Advocate Office
"Bringing Our Children Home"

GRANDMOTHERS COUNCIL STATEMENT OF ACTION ON CHILD WELFARE

OGITCHITAKWEWAK KAGIIKWENAN

The gift of creation gifted to women by our Creator is a shared blessing and a responsibility, a responsibility to and for the future of our nations and a responsibility to care for, love and teach our children and grandchildren. These teachings provided by our Creator and our Mother Earth can only be taught by our mother.

1. We the grandmothers of our nations honour the gift, blessing and responsibility of life through our children and grandchildren and our responsibility to insure that our life as a people through our children is honoured and nurtured. We honour the laws of our language, culture, ceremonies and the natural laws of our land that guide our life—a life filled with beauty, responsibilities and purpose.
2. We the grandmothers of our people, with the support of our men, will not allow the removal of our children from our families and our nations.
3. We the grandmothers will gather the grandmothers of our nations. Through prayer, we will define the actions and processes necessary to ensure the safety and well-being of our children.
4. We honour this gift of life and our responsibility for our nations and stand together in unity and in strength with the gifts of language and ceremony provided by our Creator to take up our role as life givers, mothers, aunts and grandmothers. No external entity shall be allowed to remove our gifts from the shelter and love of our homes and nations.
5. Tunkasila, we humbly ask for your guidance, your blessing and your strength. Pidamiya ye, Mitakuye Owasin.





EXECUTIVE SUMMARY

This report contains the results of the Assembly of Manitoba Chiefs First Nations Family Advocate Office *Keewaywin: Our Way Home, Manitoba First Nations Engagement on First Nations Child and Family Services*. The report contains the main findings and recommendations from engagement sessions and meetings.

Responding to the highest child apprehension rate in Canada, Manitoba Chiefs-in-Assembly supported a resolution to hold a Special Chiefs Assembly and open forums for concerned First Nation citizens on the topic of First Nation families and child welfare. The forum report and its 10 recommendations revealed the current child welfare system in Manitoba is simply an extension of cultural genocide practices found in the residential school system and 60s Scoop. Following review of the report, Manitoba Chiefs-in-Assembly directed the Assembly of Manitoba Chiefs to develop an action plan to implement report recommendations.

Adding to the mounting argument that the First Nations Child and Family Services Program is flawed are the Truth and Reconciliation Commission Calls to Action relating directly to child welfare reform and the Canadian Human Rights Tribunal decision ordering Canada to reform the discriminatory First Nations Child and Family Services Program.

The Government of Canada accepted the Canadian Human Rights Tribunal ruling and in the 2016 budget proposed \$634.8 million over five years to support frontline service providers and ensure continued availability of protection and prevention services to First Nation children and families as the Government of Canada engages with partners to seek input into program reform requirements.

The *Keewaywin: Our Way Home, Manitoba First Nations Engagement* is a First-Nations-led initiative to develop First Nations Child and Family Services reform options that respond to the Canadian Human Rights Tribunal decision, Canada's acceptance of the Tribunal's decision, the Truth and Reconciliation Commission Calls to Action related to child welfare and the Assembly of Manitoba Chiefs resolutions related to child-welfare reform.

To remedy the current child welfare system, First Nations must take the lead in designing and implementing a system based on First Nation original systems of child rearing in order to break cycles of past failed child-welfare policy. Government must find the political will to tackle larger issues such as poverty and a discriminatory system that contribute to unacceptable high numbers of Indigenous children in Child and Family Services care.

The Assembly of Manitoba Chiefs First Nations Family Advocate Office is confident report recommendations can be used to develop a range of First-Nation-led options to reform the First Nations Child and Family Services Program.



Keewaywin: Our Way Home
— MANITOBA FIRST NATIONS ENGAGEMENT —





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INTRODUCTION

Manitoba has the highest child apprehension rate in Canada with over 11,000 children in Child and Family Services (CFS) care—90 percent of the children are Indigenous. In response to this staggering number, Manitoba Chiefs-in-Assembly supported a resolution to hold a Special Chiefs' Assembly and open forums for concerned First Nation citizens on the topic of First Nation families and child welfare. The assembly and forum provided First Nations an opportunity to respond to the Phoenix Sinclair Inquiry Report and to raise concerns about the child welfare system in Manitoba. Two forums, one held in Winnipeg and the other held in Thompson, Manitoba, in May 2014, were followed by a strategic planning session to review forum findings and to develop recommendations. *The Bringing Our Children Home (BOCH) Report* and its 10 recommendations were presented to Manitoba Chiefs-in-Assembly in June 2014 (see *Appendix A—BOCH Report Recommendations*).

The BOCH Report revealed the current child welfare system merely deals with the symptoms of deeper underlying challenges in people's lives, large amounts of resources feed a failed system, system practices must immediately change and critical system additions must include family support, advocacy and intensive healing opportunities. The report concluded the current child welfare system in Manitoba is simply an extension of cultural genocide practices found in the residential school system and 60s Scoop. Following review of the report, Manitoba Chiefs-in-Assembly directed the Assembly of Manitoba Chiefs (AMC) by certified resolution to develop an action plan to implement BOCH Report recommendations.

On October 15, 2014, AMC, Manitoba Keewatinowi Okimakanak (MKO), the Southern Chiefs' Organization (SCO) and the Manitoba Region of the Assembly of First Nations (AFN) signed an Agreement on Collaborative Action to begin deconstructing the current child welfare "industry of apprehension." The agreement tasked those involved with implementation of the BOCH Report and its 10 recommendations, stating the "Protection of children and families of the Manitoba First Nations and bringing to an end the current CFS system in Manitoba are of the highest priority." The AMC, MKO, SCO and Manitoba Region of AFN agree that families, extended families and communities of Manitoba First Nations are the safest and most secure places to raise and nurture the children of Manitoba First Nations. This vision directly contrasts historical Indigenous child-welfare policies, such as the residential school system and the 60s Scoop, and directly contrasts present-day CFS system policies.

"The willingness of people will make CFS reform a success."

Adding to the mounting argument that the First Nations Child and Family Services (FNCFS) Program is flawed are two recent developments:

- In 2015, the Truth and Reconciliation Commission (TRC) released its final report with the first five of their 94 Calls to Action relating directly to child-welfare reform.
- In January 2016, the Canadian Human Rights Tribunal (CHRT) decision *First Nations Child and*



Family Caring Society of Canada (FNCFS) et al. v. Attorney General of Canada ordered Canada to reform the discriminatory FNCFS Program. Additionally, Canada was ordered to stop applying a limited and discriminatory definition of Jordan's Principle (JP) and to implement JP fully.

The Government of Canada accepted the CHRT ruling and in the 2016 budget proposed \$634.8 million over five years to support frontline service providers and ensure continued availability of protection and prevention services to First Nation children and families as the Government of Canada engages with partners to seek input into program reform requirements.

Crown-Indigenous Relations and Northern Affairs

Minister, Carolyn Bennett, agreed the child welfare system requires reform and has committed to this reform by creating an "Indigenous Framework on Early Learning and Child Care" following further consultation with First Nations, Inuit and Métis stakeholders.

The AMC is a member of the Regional Advisory Committee (RAC) on FNCFS, which has representatives from FNCFS agencies, northern and southern authorities, MKO, SCO, Manitoba and Canada. At a July 2016 RAC meeting, Canada announced that it had funding available for regional FNCFS Program reform. As a result, members of RAC developed a regional engagement work plan. The AMC made a submission for regional engagement on FNCFS reform that included engaging on JP. However,

INAC stated that the JP component could not be included

because Health Canada was

administering funds for regional engagement on JP under the First Nations and Inuit Health Branch (FNIHB).

With a renewed relationship and the government's commitment to child-welfare reform in mind, in September 2016, Manitoba Chiefs-in-Assembly passed *Resolution-16.08 re: Regional Engagement on First Nations Child and Family Services*. The resolution states that Chiefs-in-Assembly support

"Indigenous and Non-Indigenous communities need to work together. I loved the engagement sessions!"



the AMC Secretariat to conduct regional engagement on FNCFS and that AMC, MKO and SCO work together on the engagement through the Technical Advisory Group on Children and Families identified in the *Agreement on Collaborative Action Concerning BOCH and Achieving the Reunification and Strengthening of First Nation Families*. The Chiefs Task Force on Child and Family Matters would provide oversight of engagement.

The *Keewaywin: Our Way Home, Manitoba First Nations Engagement* is a First-Nations-led initiative to develop FNCFS reform options that respond to the CHRT decision, Canada's acceptance of the Tribunal decision, the TRC Calls to Action relating to child welfare and AMC resolutions directly related to child-welfare reform. Engagement sessions involved First Nations citizens and leadership, FNCFS agencies and authorities and other key stakeholders, such as provincial and federal governments. During the engagement sessions, existing regional reports and recommendations were considered, including the BOCH Report and the Province of Manitoba's Hughes Inquiry Report and AMR Planning & Consulting Report.

Engagement sessions began December 2016 and ended June 2017. The project plan included engagement sessions in 20 First Nations, four town hall sessions and a youth session, which were open to the public and communicated through social media. Additionally, two CFS agency/authority sessions, where over seventy staff from CFS agencies/authorities attended, provincial and federal government sessions and meetings with the Chiefs Task Force on Child and Family Matters and Grandmothers and Grandfathers were completed.

The completion of planned engagement sessions and meetings presented a challenge due to time constraints. First Nation engagement sessions were scheduled and rescheduled; however, the AMC First Nations Family Advocate Office successfully maintained a rigorous schedule and managed to complete all planned engagement sessions and meetings within the time identified in the proposal.

Manitoba has 64 First Nations, 63 of which are AMC members. However, only 20 First Nations



participated in the engagement sessions. The AMC FNFAO received several requests from additional First Nations that wanted to participate in engagement sessions and received several requests from First Nations requesting further engagement in order to continue the dialogue on FNCFS reform. However, this was not possible due to time and funding constraints. Nevertheless, the AMC FNFAO is certain the sample size of engagement sessions and meetings is broad enough to represent Manitoba First Nations' issues, concerns, and proposed approaches in order to provide Canada with a good overall picture for FNCFS reform and JP implementation.

The TRC called upon all governments to implement JP fully, and the CHRT ordered Canada

“Thank you for bringing this project up North. It will be beneficial for our First Nation people and service workers in all areas.”

forum recommendations in *Appendix B—Jordan’s Principle Forum—First Nations Designing Full Implementation*.

At the November 28, 2016, AMC Executive Council of Chiefs (ECC) meeting, the ECC was asked to consider that the AMC conduct regional engagement on JP because it will already be regionally engaging on the FNCFS Program. Implementation of JP is intimately connected to FNCFS reform as many children on reserve are placed in care in order to receive services. Additionally, the AMC would be able to leverage

to stop applying a limited and discriminatory definition of JP and to implement JP fully. In response, the federal government announced new funding to implement a “new approach” to JP in July 2016 to assess children’s needs and ensure they are responded to quickly. While political will to respond to the CHRT ruling was welcomed, the new approach proposed was a unilateral decision—First Nations were not involved. The AMC proposed Manitoba First Nation input be included in the government’s new approach, starting with a forum on JP. See

“I’ve learnt that Jordan’s Principle is not only for children with severe medical issues but also includes children with learning and mental disabilities.”



FNCFS engagement (i.e. have leadership meet and discuss FNCFS and JP at the same meetings: Chiefs Review Committee; ECC; Chiefs-in-Assembly), and the AMC's mandate to engage on FNCFS reform is broad enough to ensure JP will apply to education, child welfare, health, childcare and recreation, language and culture.

In response to the CHRT Decision, Canada will fund implementation of JP through Health Canada, FNIHB. The funding through FNIHB for JP engagement covered four engagement sessions. However, a JP component was included in all FNCFS regional engagement sessions and meetings to offer a broader range of input for JP implementation.

The report recommendations from the JP Implementation Regional Engagement sessions are available in *Appendix C—Jordan's Principle Implementation Regional Engagement Report Recommendations*.

At a February 24, 2017, meeting of the Three Grand Chiefs, the importance of staff from each organization working together when engaging Manitoba First Nations, consistent with the November 2011 Political Unity Accord, was reiterated. As a result, Grand Chief Nepinak committed to ensuring a representative from MKO and SCO would participate in all future engagement sessions. Since then, AMC has invited MKO and SCO representatives to participate. Additionally, the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and Manitoba First Nations Education Resource Centre (MFNERC) were invited to participate in regional engagement meetings.



"My people have a role to play in building the dream and making it a reality."



ENGAGEMENT PROCESS



The approach to regional engagement on FNCFS reform followed *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth and Families (Touchstones of Hope)* developed by Cindy Blackstock of the FNCFS and others.

In addition to using the *Touchstones of Hope* toolkit, *Keewaywin* engagement facilitators incorporated the “*Planning for Alternative Tomorrows with Hope*” (PATH) planning tool to help participants reflect upon where they are in terms of their current goals and dreams, their uniqueness, attributes and strengths and their aspirations for the future. During the PATH exercise, participants reflected upon the statement: “Indigenous children will be safe and living with dignity and respect, when...”



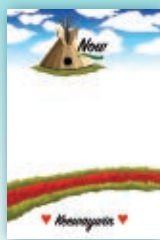
TOUCHSTONES OF HOPE

Touchstones of Hope is a set of principles that guide the reconciliation process by fostering relationship building and providing opportunities to have respectful and truthful conversations about child welfare in order to create a new reality for Indigenous children. This includes concrete next steps for moving forward together so that all Indigenous children are healthy and living with dignity and respect. The engagement team participated in “train-the-trainer” for *Touchstones of Hope* in order to engage both Indigenous and non-Indigenous people effectively in a process of reconciliation through:

- *Truth Telling*—telling the story of child welfare as it has affected Indigenous children, youth and families;
- *Acknowledging*—learning from the past, seeing one another with new understanding, and recognizing the need to move forward on a new path;
- *Restoring*—doing what we can to redress the harm and making changes to ensure it does not happen again; and
- *Relating*—working together respectfully to design, implement and monitor the new child welfare system.

Participants were asked to share how they saw FNCFS reform implemented through the five principles of *Touchstones of Hope* and what it would mean for Indigenous communities.

The *Touchstones of Hope* principles include self-determination, culture and language, holistic approach, structural intervention and non-discrimination. *Touchstones of Hope* participants work on these guiding principles themselves; it is a self-driven sustainable practice. The *Touchstones of Hope* toolkit is a workable resource that people can implement in their own communities.



THE PATH EXERCISE

The PATH uses pictures and graphics to facilitate an alternative way of viewing what it is that participants want to achieve. It is a data-gathering tool that promotes storytelling, critical analysis and active engagement from participants. In the group process, participants discover ways to move toward a positive and possible goal by enrolling others, building strength and finding a workable strategy. The PATH process uses the following steps:

1. The dream
2. Dream indicators
3. Where are things now?
4. Who needs to enroll in the process?
5. Building strength to reach the dream
6. Short-term goals

Participants used the PATH process to define their dreams for FNCFS reform. They then defined first indicators that would show their dream is becoming a reality. With goals and goal benchmarks set, participants

then discussed their current state—where things are now. The next step in the PATH process involved defining who will need to enroll in order to achieve their dreams. Participants then defined how to build and sustain strength over time as they work towards achieving their dreams. The final step involved identifying short-term goals that will help them to realize their dreams for FNCFS reform.

“Ask your children about their dreams.”



ENGAGEMENT SESSIONS

- Brochet
- Lac Brochet
- Skownan First Nation
- Rolling River First Nation
- Pine Creek First Nation
- Norway House Cree Nation
- Nisichawayasihk Cree Nation
- Split Lake Cree Nation
- Cross Lake Band of Indians
- Opaskwayak Cree Nation town hall
- Swan Lake First Nation
- Sandy Bay First Nation



- God's Lake First Nation
- Bloodvein First Nation
- Hollow Water First Nation
- Swan Lake First Nation
- Sayisi Dene First Nation
- Sakgeeng First Nation
- Fox Lake Cree Nation
- Long Plain, Dakota Tipi, Dakota Plains
- Youth
- Southern Authority
- Northern Authority
- Federal government
- Provincial government
- Winnipeg town hall
- Brandon town hall
- Thompson town hall
- Misipawistik Cree Nation

"It has been years since we sat in a circle as a community; we're grateful for the engagement session."

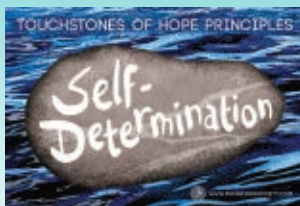


ENGAGEMENT MEETINGS

The project included the following engagement meetings:

- Chiefs Task Force on Child and Family Matters, including AMC First Nations Women's Committee
- Elders Gathering
- Grandmothers Council





PRESENTATION OF RESULTS

Data from both the *Touchstones of Hope* and PATH exercises is organized into the following categories.

- Holistic approach
- Structural interventions
- Non-discrimination
- Leadership, governance and self-determination, policies and laws and legislation
- Culture, language and traditions and traditional skill building
- Community-based programming and services, education and employment and training
- Sports and recreation, arts and music
- Housing, infrastructure and transportation
- Community relationships and connectedness
- Community healing and wellness, health and medicine (western model)



HOLISTIC APPROACH

A holistic approach to FNCFS reform means involving the whole system, foregoing working in silos, to ensure government departments such as health, education, housing, finance and CFS, First Nation organizations, First Nation leadership and community members tasked with caring for

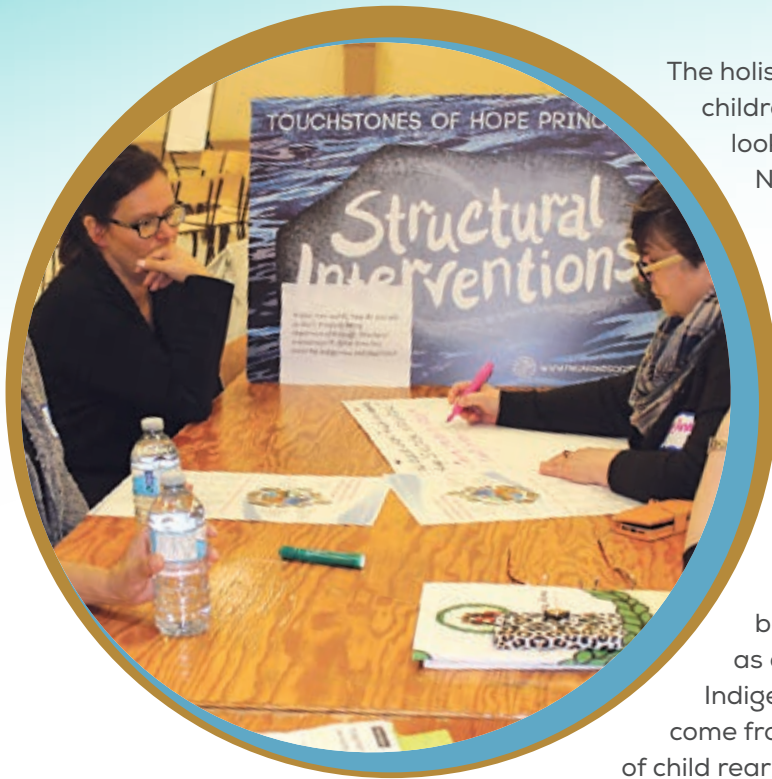
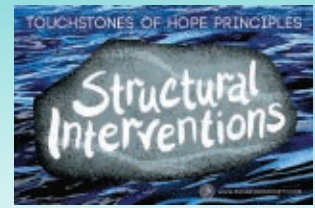
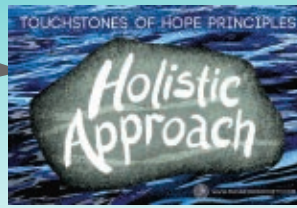
“Live as a community and work as a team.”

First Nation children in CFS care in any capacity work together to achieve successful FNCFS reform. Involve the entire family (child, parents, aunts, uncles, grandparents, Elders) to support the child

and family. It takes a community to raise a child.

Additionally, reform options must include programs and services that meet the emotional, physical, mental and spiritual needs of the child.





The holistic approach to FNCFS reform means returning children to the center of our community and always looking after the needs of children first. First Nation citizens must learn about the cultural traditions and family roles practiced before colonization. There is a lack of good parenting in our communities. We must teach right from wrong, instilling discipline to raise and correct our children versus passing on the abusive parenting ways taught to generations of our children in residential schools.

Our Elders and traditional knowledge keepers will teach our children about their culture, language and identity. They will influence child upbringing and instill values and beliefs such as the central role of Grandmothers as caregivers. Our children will learn to respect Indigenous ways of life and value the teachings that come from living their Indigenous identities. Other forms of child rearing were forced upon Indigenous people, and now, family and community healing through our own ways must

begin in order to undo years of damage caused by failed child-welfare policy.

A holistic approach must include client information sharing between CFS, education, justice, health professionals and First Nation support resources to ensure everybody tasked with caring for our children is fully informed about their needs.

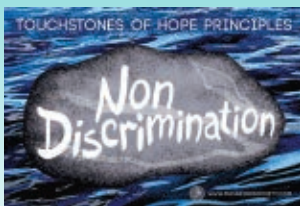


STRUCTURAL INTERVENTIONS

Structural intervention in the context of FNCFS reform means changing the ways in which the FNCFS Program is delivered.

The primary structural intervention in relation to FNCFS reform is reclaiming jurisdiction of our children. First Nations never conceded jurisdiction of our children. This was taken from us through years of purposeful, adversarial and invasive government Indigenous child welfare policies. First Nations must lead child-welfare reform with reform options informed, mandated, designed and implemented by First Nations and First Nation leadership and citizens. Reform options must include structures and policies that prioritize prevention and effort must be made to avoid apprehension at all costs. The current CFS system in Manitoba incentivizes child apprehension. This is no longer a viable model.

“Change must happen to ensure the existence of our future generations of First Nations. It was a great engagement session.”



Children returning to our communities must be provided ongoing mental health services and supports to address any trauma and abuse that led to apprehension, trauma and abuse suffered while in CFS care and trauma experienced due to family breakup. Children need mental health supports and services to help them integrate back into their First Nation successfully, especially after prolonged CFS apprehension. The family unit must be nurtured once a child returns.

Funding for prevention efforts must flow unfiltered to frontline workers and directly to the programs and services that support children. Prevention dollars must be used to suit each First Nation's unique needs; pre-described solutions do not work and will not work. First Nation citizens living on reserve must be trained to provide these programs and services.



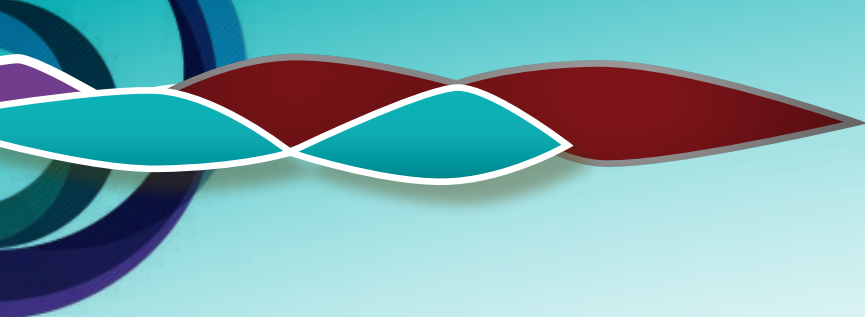
NON-DISCRIMINATION

One of the most discriminatory practice in relation to child welfare polices is intergenerational CFS apprehensions. Historical CFS involvement should never be used against an individual who grew up in CFS care. There exists a general prejudice against expectant mothers who have other children in care, who have had other children previously in care or who were previously in CFS care themselves. This prejudice reveals itself in the high number of birth alerts with at least one newborn seized by CFS every day.

Expectant mothers having any prior involvement with CFS are deemed unfit to parent without first assessing actual circumstances and current ability to provide healthy parenting and a safe home for their children. Many expectant mothers are not even aware of birth alerts for their newborn child. Birth alerts must be transparent; expectant mothers must be informed of the alert prior to giving birth. This gives the mother a chance to seek and access support services prior to giving birth to ensure their child remains with them or other family members and in their home communities. There must be a shift in policy from automatic apprehension to prevention and family restoration.

Child welfare agencies located on First Nations receive less funding than child welfare agencies located in municipal settings, even though the needs for child welfare on First Nations is greater. With JP implementation intimately connected to CFS reform, adequate medical supports and services must be provided for all children living on reserves, especially children with special needs, and federal and provincial government wrangling over who pays for medical supports and services must stop. The standards for the right to health care and child welfare services should not be lower because a child lives on reserve.





Voluntary placement of Indigenous children into CFS care to receive medical supports and services through the province is a human rights violation—just societies do not require parents, families and First Nations to surrender their children to strangers in order to receive these services. Non-Indigenous

“Let’s make Jordan’s Principle successful for the little boy Jordan who got this all started.”

children living in cities receive these same services without having to pay the enormous price of surrendering their children into CFS care. This is just one glaring example of discrimination against Indigenous children present in the current CFS system.

The CHRT ordered Canada to implement the full meaning and scope of JP—this includes providing equal funding for education and school programs for all First Nation children attending schools on reserve in comparison to the funding children receive while attending municipal schools. Additionally, there must be a government change in funding

to allow for K-12 First Nation schools. Many First Nation youth have no choice but to leave their communities in order to receive a high school education. Surrendering children into the care of strangers just to receive an education is a continuation of residential school policy. Indigenous children paid an enormous price in the form of loss of culture and language and disconnection from their family and First Nations while they attended school away from their homes in government instituted residential schools. Today, Indigenous youth attending high school away from their First Nations experience these same losses.



LEADERSHIP, GOVERNANCE AND SELF-DETERMINATION, POLICIES AND LAWS AND LEGISLATION

Self-determination in relation to FNCFS reform means not having to convince any federal or provincial government what needs to be done in our First Nations or what is best for our First Nations. Self-determined Indigenous people will not have to fight government in order to live our Indigenous lives and will not have to fight government in order to have our voices heard. Guidance from government is acceptable; however, imposed federal and provincial laws or solutions must not supersede First-Nation-developed laws and protocols when considering FNCFS reform.

Honouring the original treaties, including returning lands, resource sharing and recognition of self-determination and the treaty right to health will remedy the inherent poverty found in First Nations. First Nations are not an economically poor people once Canada decides to honour their treaty obligations and repeal Indian Act legislation specifically designed to oppress First Nations. Having our own resources and being able to generate our own income will help us to create the systems and supports we need and desire. Independence from government-controlled funding is needed.

The TRC Calls to Action relating to child welfare have not been fully implemented; they must be addressed at a much quicker rate. Implement the Aboriginal Justice Inquiry Child Welfare Initiative and Phoenix Sinclair Inquiry recommendations. The state of Indigenous child welfare today is a result of colonization and its policy for Indigenous people. Indigenous children, through government policy, have become commodities that feed several other systems besides the child welfare system, including the EIA, health and justice systems.



First Nation leadership must be involved in FNCFS reform decision-making processes, advocating for the programs and services First Nation children living on and off reserve require in a shared vision with First Nation citizens. Self-determination in FNCFS means reviving and creating our own systems that are free from government control—our Elder’s Council and our own justice system—and involves creating our own laws that directly relate to caring for our children. This includes areas such as family law, justice, health services and FNCFS.



Drafting FNCFS reform into First Nation constitutions is a step toward building the dream of self-determination in caring for our children. Self-determination allows us to create our own FNCFS policy that incorporates our cultural beliefs, values and ethics. We have inherent rights that we need to advance to exercise jurisdiction of our children.

“Each child is a gift from the Creator.”

Self-determination in FNCFS reform involves decision making by the First Nation and between First Nation citizens, especially those citizens directly affected by current FNCFS policies. It must be a grassroots initiative. First Nations must establish our own FNCFS Act and develop our own FNCFS governing board that focuses on prevention. An ombudsman must be created to oversee all aspects of FNCFS. Promotion of these processes is a responsibility of First Nation leadership to their citizens. Success of FNCFS reform must be measured through an Indigenous perspective instead of a western perspective.

Indigenous people have lost our identities because of residential schools, the 60s scoop and non-kin foster care. Indigenous people must practice our own parenting values, culture and ethics; this is the basis for returning self-determination to child welfare. Strength will come from reclaiming our Indigenous identities and will help us take the lead in reforming FNCFS policies.

Current FNCFS policy undermines Indigenous ways of child rearing. Kinship or customary care, with healthy grandparents, Elders, extended family and community members taking central roles in caring for children, is a practice that past and current child-welfare policies have not embraced as a solution for caring for Indigenous children. Self-determination in the context of FNCFS reform means making a concerted effort to place children in CFS care with kin and in Indigenous foster homes and making efforts to keep children in their home First Nations so that they remain surrounded by their language, culture and family. Customary adoption must be implemented.

The western child-welfare policies and court processes have not worked. If parents or families are facing child apprehension, remove the court approach process, there is value in restorative justice



options to promote family reunification. If children must go into care, eliminate permanent custody laws—provide some hope for parents to start living healthy lives. Every one of our parents deserves the chance to have their children returned to them. Apprehended children must be returned to either their parents or extended family members—customary care must be implemented.

If children live in unsafe conditions, where parental fitness is questionable, remove the parents from the home, not the children. Study Misipawistik and Nisichawayasihk models. Adults can adapt to this change easier than children can—children require stability and familiar surroundings to thrive.

Remove external policies and standards developed by governments—something as simple as allowing children that are being apprehended to have their own personal belongings in a backpack is one small gesture that can minimize an unjust and cruel system. Create mechanisms to ensure false parental fitness accusations never result in child apprehension.

One notable issue on First Nations is the inability to certify First Nation citizens as foster parents because of prior police records. There must be a program in place to pardon police records to allow more First Nation citizens to qualify as foster parents provided reformation is established and police records are not related to child endangerment. Subsidies to complete pardon applications should be a part of this program.

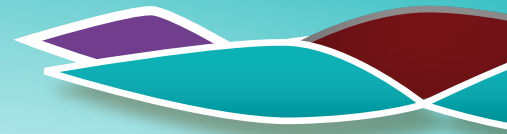
Our youth in the justice system may benefit from proper diagnosis prior to being placed in the justice system. The justice system must be educated about children and young adults with special needs. It must respect and understand that certain behaviors and life situations arise that directly relate to their special needs. Additionally, youth in care often live difficult lives, the Gladue Report for child welfare must be considered when First Nation youth in care are involved with the justice system.

“Get involved with youth and give them a voice.”

The child welfare system should provide assistance and support to help keep First Nation families together and advocate for children and young adults instead of being so quick to apprehend children who simply need medical care or whose parents struggle with lack of employment opportunities and therefore poverty. Social assistance payments must reflect the needs and location of the community. Food prices are higher in most northern First Nations and limit First Nation access to healthy, quality food.

Voluntary surrender of First Nation children into CFS care just to access medical services and resources in cities is no longer a viable solution for children with special needs; there are too many Indigenous children unnecessarily surrendered into CFS care. This is a violation of human rights, and it is synonymous with residential school policy that stated in order for Indigenous children to receive an education they must be surrender into the control of strangers.





Make JP a law in Canada. Bureaucratic red tape between governments prevent children from receiving proper and timely care and should never be the reason a child's care is delayed or denied.

"Jordan's Principle is a much needed program; I'm so happy that it's here."

Children should have access to resources and services whether they live on or off reserve. Federal and provincial funding commitments must be shared equally, keeping families together by providing children with special needs access to medical services and supports on reserve. Provide children with special needs medical services and supports

throughout their lives; children with special needs become adults with special needs and care must continue beyond the age of 18 and throughout their lives.

Most First Nation citizens said, "They are doing what they can right now to support children with special needs with the limited resources available to them." However, with First Nation citizenship growing, the increase of children with special needs growing and funding dollars stagnant, their ability to meet the needs of their First Nation citizens is becoming unmanageable. Funding dollars for JP programs and services must begin to flow and funding must go directly to First Nations to implement the programs and services they know they need. However, some First Nations indicated they are already seeing many improvements in such a short amount of time since the JP Child First Initiative was announced.

Many First Nations expressed the need for more autonomy in terms of how government funding is spent and on what programs and services it is spent on, indicating that the data from these engagement sessions must have weight when First Nations begin implementing their plans for FNCFS reform. First Nations know their unique needs and have the creativity to meet those needs. Forum participants indicated that once autonomy in terms of funding is realized, this is when differences in First Nation capacity growth will be seen.

Our own First Nation citizens must be trained in all health, social services, justice and education professions serving in First Nations. First Nation citizens have a much better understanding of their First Nation's needs and possess a higher degree of cultural sensitivity and empathy because this is their lived reality, which allows them to offer the best possible care for Indigenous children.

The Manitoba CFS Act and all its policies and procedures must be examined to determine how it has created over 11,000 children in CFS care. First Nations expressed the need for a file audit of all FNCFS agencies.

First Nations who have Band Council Resolutions requiring removal of the parents from the home instead of removing children from the home indicate this program is successful. Family Enhancement Programs, where children apprehended by CFS go to foster homes in neighboring communities are also having positive outcomes. Children remain in familiar environments, avoiding moves to cities.





CULTURE, LANGUAGE AND TRADITIONS AND TRADITIONAL SKILL BUILDING

Instill in our First Nation citizens that we are not a defeated people—this includes teaching our citizens that our traditional ways of life still exist and have value. It means revitalizing our languages, teaching the relationship language has in forming identity and returning to our traditional teachings and ceremonies, including first rites of passage ceremonies for boys and girls.

A great effort was made through the residential school and 60s Scoop eras to eliminate Indigenous languages and culture; the same effort must be made to preserve, restore and promote Indigenous languages and culture. Our cultural teachings and languages must be practiced and taught at home and throughout the community and in schools, with programs and services established for children in their early learning years. Our children must be immersed in our ways just as our children were immersed in European ways during the residential school and 60s Scoop eras. This provides a good foundation for identity.

Additionally, Indigenous children who are placed in non-Indigenous foster homes have very few opportunities to learn or practice their culture and language. If non-Indigenous foster homes are the only option, exposure to Indigenous culture and language learning opportunities must be a priority.

Revitalizing Indigenous culture and language requires adequate funding to develop language and cultural programming in our schools, on our First Nations and in urban centres, including cultural camps and Elder visits to schools, as well as adequate transportation to and from cultural activities and adequate

facilities to hold events.

“We have strong Elders in our community who want to pass down the culture and language to the younger generation.”

Statistics show that half of the Indigenous population is under the age of 18. If funding for language and culture programs is prioritized, this represents a huge opportunity to revitalize Indigenous culture and language in generations of our children.

First Nation citizens must be educated about the impacts of the Indian Residential School System and the real-life influence these impacts have on how First Nation citizens parent today. First Nation citizens who lost their culture and language while attending residential school need to be re-taught traditional ways. We need to return to our roots of caring for and supporting one another. This includes relearning the roles of men, women, parents and children—values that were lost when family units were broken apart because of past child-welfare policy.

The dream for FNCFS reform is a zero apprehension rate. This involves reinstating the role of grandparents and Elders as Manitoba First Nations implement customary care. Rely on



grandparents and extended family to care for children when parents are not able to care for their children. Keep our families together. Providing more resources and support for families to keep children at home is the ideal solution in contrast to removing children from their homes, communities and everything familiar to them and placing them under the control of a system that most likely will not provide the nurturing that only kin can provide. If children have no grandparent support, create an "Adopt-a-Grandparent" program so no child or youth grows up without the unique support and love only grandparents can provide.

Cultural summer and winter camps to teach fishing, horseback riding, canoeing, berry picking, medicine picking, trapping, smoking and tanning hides and to provide access to sweat lodges on ceremonial sites will restore our children's identity. For children with mobility issues, build specially designed cabins, boats and snowmobiles to meet those needs so all children can participate in the cultural camps.

Provide cultural and traditional-care planning from prenatal to birth through a community-birthing centre and provide midwifery care to ensure mothers no longer have to leave their First Nation to give birth. Instead, mothers will be in their own homes, with their family members and surrounded by traditional family practices.

**"I want to see the dream;
I want to see the future
for our children."**

First Nation languages on reserve are still used and traditional culture is still practiced. Train fluent First Nation citizens for CFS advocacy roles and employ First Nation citizens for cultural roles to make good use of human resource personnel on reserve and create employment opportunities. Many First Nation citizens know how to use the resources provided by the land and these skills must be taught to successive generations. While traditional culture is still practiced on many First Nations, there is a need to build a permanent healing lodge and/or cultural centre on every First Nation to ensure traditional ways flourish.

Indigenous children surrendered into CFS care often experience culture shock, loss of identity, culture and language and disconnection from their family and First Nation. For those families who have been affected by child apprehension, it is imperative to work closely with the families and extended family members as a whole unit to create or recreate healthy family units.



COMMUNITY-BASED PROGRAMMING AND SERVICES, EDUCATION AND EMPLOYMENT AND TRAINING

Community-based healing programs and land-based therapy will provide an opportunity for families to reconnect. Offer addictions awareness and mental health workshops.

Establish a 24-hour crisis centre or family centre where children can go if their home environment is unstable. Focus on providing resources for treatment of substance abuse, recreation facilities and parenting classes. Offer planned parenting classes and prenatal support through the centre and in high schools; teenage pregnancy is a reality in our communities.

Create a support network for youth suspended from school. Establish recreational programming to



keep youth occupied and provide life skills classes to empower our youth to make positive life choices. Offer babysitting and food handler certification. Create job placement opportunities, education opportunities and treatment options for our youth involved in the justice system. Involvement with the justice system at a young age should not relegate our youth to “hopeless case status.”

Provide supports for youth aging out of care. Many youth participants expressed the need for job training, life skills training, food assistance and housing assistance. Being raised in an institutionalized setting, often moved from group home to group home or foster parent home to foster parent home, does not provide youth with the necessary life skills or parenting skills needed to live successful adult lives. The age for CFS care should be raised to 25.

Identify personnel shortages in education, health, justice and social services and train First Nation citizens in these specialized fields to build capacity in First Nations. The education system and its institutions play a role in promoting and offering career and professional development options to ensure our community members become trained, qualified professionals, technicians, educational assistants etc. Find ways to encourage First Nation graduates to return to their First Nations to occupy these specialized fields. Creating a First Nations specialized resource pool and addressing lower salaries on reserve will assist in recruiting and retaining highly skilled and qualified professionals.

Non-Indigenous people working in child welfare working in our First Nations must have knowledge of First Nation cultural traditions and languages in order to provide the best service possible. Governments need to factor in culture and language requirements in education and training programs. The education curriculum must change to reflect Indigenous history, incorporate Indigenous values, culture and language and incorporate life skills training. For remote communities the need for online learning opportunities is essential, which requires reliable internet services and current computer technology.

There is an increase in mental health issues, ADD, FASD, ADHD and autism diagnoses in First Nation children. Diagnosing children early is critical in order to meet their needs with the appropriate

**“Excellent information.
Grateful to have this
program in our community
for children with disabilities.”**

resources and services and to assist them with the challenges they face. Currently, many First Nations do not have access to in-person psychologist visits to address the growing mental health issues on First Nations. This service is only available through Tele-health, and parents of children with mental health issues have stated Tele-health is ineffective in meeting their child’s needs.

Specialized education and training is needed for parents, foster parents and anyone who works with,





teaches and/or cares for our diagnosed children and youth to ensure they understand the best way to care for and interact with our children and youth. Creating a parent council in schools for parents with children with special needs and parental support groups will offer children with these diagnoses additional support to help them reach their full potential.

Schools must offer special education programs and services to assist children struggling with these diagnoses to ensure children receive an equitable education. Provide specialized teaching resources, materials and technology in daycares and schools in order to teach children with these diagnoses effectively. This includes computer access, specialized computer programs for the hearing impaired, Braille readers, sensory classes and sign language programs.

An education campaign, awareness training, social media campaign and resource guide would help community members, parents, foster parents, peers and teachers understand the needs of children with autism, ADD, ADHD and FASD. Currently, children with undiagnosed autism, ADD, ADHD and FASD disorders are being suspended from school, and they are not allowed to re-enroll because behavioral issues tied to their disorders are simply dismissed as rebellion or poor behavior.

An education campaign will promote understanding and encourage empathy for children with these diagnoses but will also assist caregivers and teachers in identifying these disorders in children. High school students could work with special needs children to earn education credits and create a culture of empathy within schools. This includes mentorship and apprenticeship training for young people to work alongside children, youth and adults living with special needs.

For JP implementation, an area directly tied to FNCFS reform, First Nations expressed concerns about accessing funding, whether it is because of JPI Program miscommunication, lack of proposal writing capacity, bureaucratic red tape or funding for medical supports, services and programs not flowing directly to First Nations and instead flowing to the rehab centre in Winnipeg. To realize the dream of JP implementation, funding dollars must flow directly to First Nations to implement the programs and services they need most. This means better communication about processes is needed and help in securing funding dollars is needed.

Many First Nations have positive community programs being developed and/or already operating, such as midwifery and parenting programs to educate parents on the effects of Indian Residential School. Generations of First Nation parents did not learn parenting skills while attending residential schools with the lack of parenting skills passed down to successive generations.

Prevention funding must flow directly and unfiltered to the support programs and services that support First Nation children. First Nations know their unique and specific needs; support them in meeting these needs. Foster homes located on reserve are a necessary prevention need.





SPORTS AND RECREATION, ARTS AND MUSIC

Every First nation expressed the need for a rehabilitation centre, family-oriented recreation centre, swimming pool, playground, Skate Park, sports field, theatre and a gym with proper equipment. Family culture camps, dance and art classes, drum groups and powwow singing are opportunities to introduce healthy activities into the family dynamic. A Big Brother or Big Sister program would provide mentorship opportunities for youth.

"I hope to see the Dream come true and reshape our community."

Subsidize extracurricular programs for First Nation children.

Organize culture camps, land-based learning, sports camps, family outings, youth groups, life skills programs—programs to keep children constructively occupied and that foster the parent-child relationship.

Additionally, parents of children with special needs are financially strained, and providing extracurricular activity is not possible in most instances. Providing some financial assistance in the form of subsidy will provide children with special needs opportunities to engage in fun, therapeutic and life-affirming activities.

Many First Nations listed numerous community events related to recreation, arts and music. There is no lack of ideas and First Nations are using the limited resources they have to offer their children, youth and all citizens life-affirming activities. It is imperative to support this creativity.



HOUSING, INFRASTRUCTURE AND TRANSPORTATION

Housing on First nations is substandard with water, sewer and other public utilities unavailable in many First Nation homes. Addressing housing shortages, housing quality and water quality are critical infrastructure improvements needed on almost every First Nation. Medical issues arise from overcrowding, poor water quality and lack of sewer systems. First Nation children are apprehended by CFS due to housing shortages and lack of quality housing on reserves. Poverty should never be the reason a child is apprehended by CFS.

Addressing on-reserve housing issues also includes building retrofitted homes and group homes to meet the special medical needs for children covered under JP. Children must have access to special lifts at home, motorized wheelchairs and other equipment to improve quality of life and to ensure they are not surrendered into CFS care just to receive medical supports and services. Community buildings require better accessibility for children and First Nation members with mobility issues. This includes elevator access for multiple-floor buildings and wheelchair accessibility for all community buildings and school entrances.

Most First Nations lack basic infrastructure, such as paved roads and walkways and road maintenance, creating further mobility issues for children and youth with special needs that require specialized devices to assist with their mobility. Handi-transit public transportation and wheelchair accessible school buses are essential in providing children with special needs the freedom to live outside of the four walls of their home. Handi-transit would be available for children attending medical appointments, participating in programs and accessing services, including shopping and play outings.



Airports, ambulance service, fire prevention services, law enforcement and Emergency Medical Responders, cell phone and internet service, fire station and water truck services—basic services most municipalities have access to—are visibly absent in most First Nations

Establish a family healing centre on every First Nation, where families who need extra support can stay for short periods while they learn healthy family dynamics and parenting skills and heal from any past trauma. Establish crisis phone lines through the centre. With the rise of mental health issues on First Nations, 24-hour group homes, homeless shelters, housing for independent living for both youth and adults living with mental health issues are needed. Establish Bear Clan patrols in communities and announce youth missing on the radio—simple supports that will show our children that we care.

Establish a Habitat for Humanity program on First nations. It cannot be stressed enough that quality and sufficient housing is grossly inadequate. Families living in overcrowded and poor-quality housing become subject to CFS authority scrutiny. Poverty should never be the reason children are apprehended by CFS. Children removed from their homes by CFS due to poverty conditions receive more funding for their cost of living when placed in provincial foster care. It is an unjust system that penalizes First Nation parents for poverty while flowing funding to foster parents in municipal settings once children are apprehended by CFS.

Some First Nations have Healing Lodges; however, these need to be open 24 hours, which requires staffing capability.

Churches in some First Nations are empty most of the time. This represents an opportunity for First Nations to work with church clergy to find ways to utilize the building more efficiently, while building and strengthening this relationship.



COMMUNITY RELATIONSHIPS AND CONNECTEDNESS

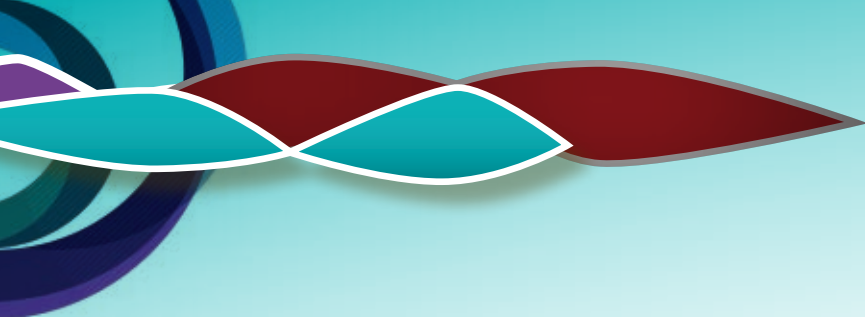
If our children do need to go into care, we nurture the parent-foster parent relationship, allowing children to see their parents often while in care. If multiple children from a family do need to go into care, we keep siblings together to maintain some form of family unit and provide emotional supports during those stressful times.

If parents need support, we support them. We nurture strength by teaching the traditional roles of men and women within the family and community and we teach them self-care. We do our best to remove alcohol and drugs from the family dynamic to keep our children safe. We teach parents that being at home and spending quality time with their children, playing and interacting with them, will build their children up and empower them. We teach proper parenting and provide discipline teachings for parents and young adults, where saying “no” and setting boundaries will not be viewed as wrong.

Reform for FNCFS must include working with families instead of against them. This includes early prevention measures and encouraging new mothers, prenatal care and in-home care and visits. This includes building trust at the individual and community level between CFS agencies and families. There

“Very informative. Keep up the good work! There is help out there; we just have to ask and research.”





exists a deep distrust of CFS that is inconsistent with an agency tasked with prevention and child welfare. Building this relationship means understanding and accepting peoples faults, while still offering support no matter how flawed their parenting skills are. The high number of birth alerts in Manitoba indicates this system is broken. The system incentivizes apprehension, while it should be incentivizing prevention.

The community of caregivers also includes foster parents and CFS workers and these relationships must be nurtured. Adversarial dynamics in child welfare create poor outcomes for our children, families and communities. CFS workers carry heavy caseloads that have been described as unmanageable. This personnel shortage must be addressed and caseloads must have a reasonable maximum. CFS workers require support from First Nation leadership, government, families and First Nation citizens, and they require collaboration with other departments such as health, education, justice and social services to their jobs properly.

Educate foster parents about caring for children with special needs. Provide resources to foster parents who care for children with special needs or those with disabilities affecting physical and developmental learning.

Caring for children with special needs requires community involvement. First Nations in close proximity to one another would benefit from yearly gatherings, where parents, caregivers and teachers who work with special needs children learn about caring for, teaching and supporting the children and where they can receive support themselves because sometimes caring for children with special needs can overwhelm an individual.

Caregivers for children with special needs are asking for help. First Nation parents with limited resources are fighting to keep their children at home and fighting to avoid voluntary placements of their children into CFS care in order to receive medical services. Funding for parents or caregivers for medical transportation, meals and support dollars—the same monies provided to foster parents if children are surrendered into municipal CFS care—must be directed to parents of children with special needs instead. Keep families together. Respite, homecare visits, home care medical training, counselling and community supports must be put in place to help parents in their fight to keep their children, understanding that sometimes, at home and surrounded by kin is the best environment for children regardless of less than perfect conditions.

Prevention must always supersede apprehension. Circle-of-Care models of care where the community, grandparents and extended family take care of children or help take care of children will help in preventing the high number of First Nation children voluntarily surrendered into CFS care to access medical services. Grandparents must have rights to the children in their families. If children must be placed into foster homes, information sharing between parents, grandparents and foster parents needs improvement.

Build community programs that unite First Nation citizens towards the common goal of meeting the immediate needs of



“Customary care will keep First Nation children with their families and communities and this will help preserve values and beliefs.”



the First Nations and their children. This includes programs to keep youth occupied such as cooking classes, building community gardens and chicken coops and developing a community freezer where traditional harvested food will help address the issue of food insecurity. Develop healthy snack programs in schools.

Community relationship and connectedness means building a safety net and support system for parents under CFS scrutiny. This requires reviving traditional practices such as customary care and creating Grandmother Councils in each First Nation, where the council will have active participation and ability to rightfully intervene and offer support services in all pending CFS apprehension orders. Apprehension orders must be transparent. Give parents and families a chance to seek and access help before any child apprehension occurs.

The foster care program presents numerous challenges for First Nation parents, and it must be reviewed. The foster parent-CFS agency-parent relationship must be improved. Foster parents have more parental rights than the biological parents. Often, biological parents are purposely denied access to their children, with parental visits often cancelled with no accountability for foster parents. If parents or families have concerns about the wellbeing of their children in care, there is no advocate available to help address their concerns. Parents require a CFS Advocate to help them navigate the system. This includes an advocate for grandparents, extended family and fathers struggling with the CFS system to gain parental rights to children.



COMMUNITY HEALING AND WELLNESS, HEALTH AND MEDICINE (WESTERN MODEL)

Northern isolated Manitoba First Nations are often the last to have access to services and resources, and many First Nations expressed concerns with cutbacks in FNIHB medical coverage.

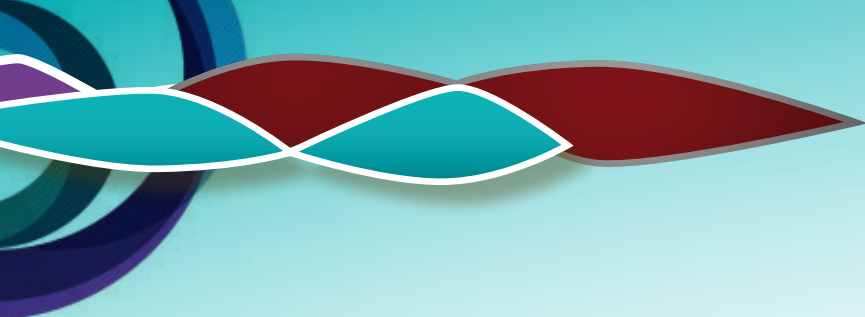
Protect the treaty right to medical services, which includes reevaluating services provided by FNIHB and addressing funding cuts by FNIHB. The first indication that the treaty right to medical services is being honoured is building medical facilities in every First Nation that include emergency medical services, medical labs, dialysis units and rehabilitation services and that are staffed with full-time medical professionals.

Proper and timely professional assessments are needed to offer early diagnosis and to understand and establish the needs of the child so they can access services quickly. Medical assessment teams and medical service providers coming into First Nations must visit First Nations more than once per week or twice per month; First Nations require full-time doctors and medical professionals.

Doctors are too quick to prescribe drugs for mental health issues instead of addressing the root cause, and too often, young people are not being properly diagnosed.

Provide children with special needs access to animal therapy programs and provide trained service animals to offer comfort, companionship and protection for the child.





PARTICIPANTS REQUIRED FOR SUCCESSFUL FNCFS REFORM

Participants defined who would need to enroll in order to achieve their dream for FNCFS reform.

Leadership, governance and self-determination, policies and laws and legislation

- INAC Minister and Department, Health Canada Minister and Department, Treasury Board, Prime Minister, Justice Minister and Department
- Chief and council, Grand Chief of AMC/MKO/SCO, tribal councils
- Provincial and municipal politicians
- Policy analysts
- Business economic development departments
- First Nation lawyers
- Parole and probation officers

CULTURE, LANGUAGE AND TRADITIONS AND TRADITIONAL SKILL BUILDING

- Elders
- Traditional healers
- Spiritual leaders
- Cultural teachers

COMMUNITY-BASED PROGRAMMING AND SERVICES, EDUCATION AND EMPLOYMENT AND TRAINING

- RCMP, safety officers, band constables
- Child advocates
- Proposal writers
- EMS, firefighters
- EIA workers
- Resources workers
- Environmental specialists
- Post-secondary graduates
- CFS workers and agencies
- Teachers and education assistants
- Charitable organizations
- Administrators
- Universities
- Public works
- Employment and training
- High schools (career building)
- Bus drivers
- MFNERC
- Program directors, managers and staff
- FNHSSM

SPORTS AND RECREATION, ARTS AND MUSIC

- Recreation directors
- Recreational department

HOUSING, INFRASTRUCTURE AND TRANSPORTATION

- Housing director and authority

COMMUNITY RELATIONSHIPS AND CONNECTEDNESS

- Youth
- Foster parents
- Local businesses
- Parents
- Media
- New community members/immigrants
- Children
- Volunteers
- Children who have aged out of care
- Grandparents
- Coaches
- Area First Nations
- Ministers and clergy
- Aunts/uncles



COMMUNITY HEALING AND WELLNESS, HEALTH AND MEDICINE (WESTERN MODEL)

- Nurses
- Health care professionals
- Regional Health Authority
- Psychologists
- Doctors
- Facilitators for parents



SHORT-TERM GOALS

Participants identified short-term goals that will help them move towards successful FNCFS reform.

LEADERSHIP, GOVERNANCE AND SELF-DETERMINATION, POLICIES AND LAWS AND LEGISLATION

Create a CFS committee comprised of educators, leaders, service providers, Elders and youth and have monthly meetings, moving towards incorporating the FNCFS reform “Dream” into community planning. Assign responsibility to First Nation citizens to work towards implementing parts of “The Dream.”

Develop a youth chief and council, parent council and Elder council to inform FNCFS reform options.

Start compiling data about each First Nation’s child welfare needs and create a central database for this information, including children covered under JP.

Network and collaborate with other First Nations who have successful programs and services in place to gather ideas and best practices. Form a committee to oversee projects, programs and services. Gather a list of all funding agencies for different programs and services.

Collaborate with AMC, MKO and SCO in implementing FNCFS reform.

“Thank you for helping, encouraging and sharing ideas for the betterment of our children. Great informative workshop!”

CULTURE, LANGUAGE AND TRADITIONS AND TRADITIONAL SKILL BUILDING

Develop a holistic healing strategy built from First Nation culture and involving Elders for guidance and support. Use an existing facility for a Traditional Healing Centre until permanent structures can be built on all First Nations.

Establish mechanisms such as Grandmother Councils to implement kinship care on all First Nations. Current child welfare policy dismisses kinship care as a viable solution to the child welfare crisis on First Nations. There must be equal respect for traditional teaching and practitioners, including equal pay for traditional medical practitioners in comparison to western medical practitioners.

Create an Elders list and protocol and create a volunteer program for youth, where Elders work with youth to mentor, teach life skills and teach traditional parenting and traditional cultural practices.

Create an “Adopt-a-Grandparent” program to work with parent and families in caring for children and youth.



COMMUNITY-BASED PROGRAMMING AND SERVICES, EDUCATION AND EMPLOYMENT AND TRAINING

Start support groups and sharing and healing circles for parents with children in CFS care. Involve people with prior experience in dealing with the system, such as adults previously in care. The current CFS system can often times be adversarial and intimidating, and parents with children in CFS care need support as they navigate the system.

This requires providing education material and workshops to teach parents about their rights and to teach parents how to navigate the CFS system successfully as they move towards family reunification. Parents must be informed about CFS worker roles, responsibilities and limitations, as well as all CFS system laws and policies.

Identify the professionals needed on First Nations, educating First Nation citizens in these professions and then retaining First Nation post-secondary graduates to work in First Nations. Develop a statistics database to identify children with needs defined under JP and to identify children and parents who may need extra family support to mitigate CFS scrutiny, forecasting future program and services needs based on these statistics and implementing those programs and services needed.

Many First Nations expressed the need for proposal writers and training in proposal writing. Effectively accessing funds and supports for community plans and programs can be hindered without this skill. Building this strength will provide First Nations opportunities to move to the next level in their community plans.

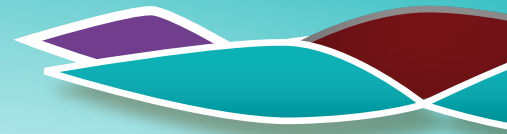
Begin planning for cultural camps, family and couple retreats, life skills programs, planned parenting and maternal health classes, parenting classes and support groups, addictions treatment services and designate a safe space for kids in existing community buildings.

Invite different facilitators to First Nations for train-the-trainer workshops and provide health care aid and home care worker training for First Nation citizens. Hold annual career fairs with professionally employed First Nation citizens who have completed their education and who are working in their career of choice—have them share their success stories. Provide youth and adults resume writing workshops and post-secondary education information sessions.

Re-establish a youth council and youth support network to find ways youth and youth with special needs can contribute to their First Nation. Create volunteer opportunities for youth to work with children, youth and adults with special needs. Provide life skills classes, such as cooking, budgeting and hands-on parenting, utilizing First Nation citizens to provide the services.

Establish an advocacy role for parents involved in the CFS system and community outreach worker for parents of children with special needs. Create awareness of individuals with disabilities—a campaign on acceptance and inclusion and create an education resource to inform parents of their rights and how to navigate the CFS system successfully.





COMMUNITY RELATIONSHIPS AND CONNECTEDNESS

Participants expressed the need to create a newsletter to share information about the *Keewaywin* Engagement Sessions and its outcomes as Manitoba First Nations move towards FNCFS reform. The AMC FNFAO scheduled engagement sessions in 20 First Nations. While this was sufficient to gather data, it is not sufficient in terms of information sharing for the additional 43 First Nations advocated for under AMC. First Nations expressed the need for the engagement teams to return to their First Nations for follow up on engagement session outcomes. They also expressed the need to include the 43 other First Nations advocated for under AMC in engagement session planning.

Build strong family foundations, defining the roles and responsibilities of men/women, family and community members with knowledge from Elders.

Hold annual volunteer appreciation award ceremonies and community feasts to honour volunteers.

Share the FNCFS Dream in schools and engage area municipality government in the PATH process.

COMMUNITY HEALING AND WELLNESS, HEALTH AND MEDICINE (WESTERN MODEL)

Spiritual services are needed in hospitals and health care centres 24 hours a day. Additionally, awareness campaigns about mental health wellness/emotional wellbeing can be provided in health centres and hospitals. Understanding these issues is the first step in tackling them.



RESULTS SUMMARY

Where are Things Now?

- ▶ Involve the Whole System-Forego Working in Silos
- ▶ Revitalize Cultural Traditions & Family Roles
- ▶ Reclaim Child Welfare Jurisdiction
- ▶ Focus on Prevention Rather than Apprehension
- ▶ Change FNCFS Funding Model that Incentivizes Apprehension
- ▶ Birth Alert Transparency
- ▶ End Discriminatory Newborn Apprehension
- ▶ Communication Campaign for FNCFS Reform Issues
- ▶ Traditional Healing Lodges
- ▶ Culture & Language Camps
- ▶ No Loss of our Children Due to Inability to Access Health Services & Supports in First Nations

Short-term Immediate Actions

- ▶ Create Elder's List & Protocol
- ▶ Begin Planning Cultural Camps
- ▶ Study Misiwastik & Nisichawayasihk First Nation FNCFS Models
- ▶ Establish Grandmother Councils on Every First Nation
- ▶ Incorporate the FNCFS Dream in Community Planning
- ▶ Network & Collaborate With Other First Nations Successfully Implementing FNCFS Reform and JP Implementation
- ▶ Proposal Writing & Applying for Jordan's Principle Funding
- ▶ Establish CFS Advocates on Each First Nation
- ▶ Awareness Campaigns of Autism, ADHD & FASD
- ▶ Midwifery Programs
- ▶ Increased Annual Funding for Recreation, Sports, Arts & Music Programs
- ▶ Parenting Programs
- ▶ Prenatal Support Programs
- ▶ Establish Customary/Kinship Care
- ▶ Empowering & Encouraging Youth, Building on their Gifts Through Sports
- ▶ Elder & Youth Mentorship Program
- ▶ Develop Community Gardens & Freezers to Address Food Insecurity
- ▶ Develop Music Therapy & Animal Therapy Programs on First Nations

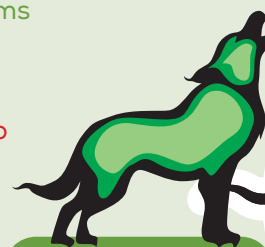
RESPECT

Community Relationships and Connectedness



Sports, Recreation, Arts & Music

HUMILITY



HONESTY

Long-term Gradual Actions

- ▶ Establish K-12 Schools on Every First Nation
- ▶ Making Jordan's Principle Law in Canada & Drafting Jordan's Principal & FNCFS Reform into First Nations Constitutions
- ▶ Honour Original Treaties & Repeal Indian Act
- ▶ Revitalize Indigenous Language & Culture



OUR GOAL

**Indigenous Children Will
Be Living With Dignity
And Respect When...**

LOVE

**Leadership, Governance
& Self-determination,
Policies, Laws &
Legislation**



**Housing,
Infrastructure &
Transportation**

COURAGE



**Community
Healing &
Wellness, Health
& Medicine
(Western Model)**

TRUTH



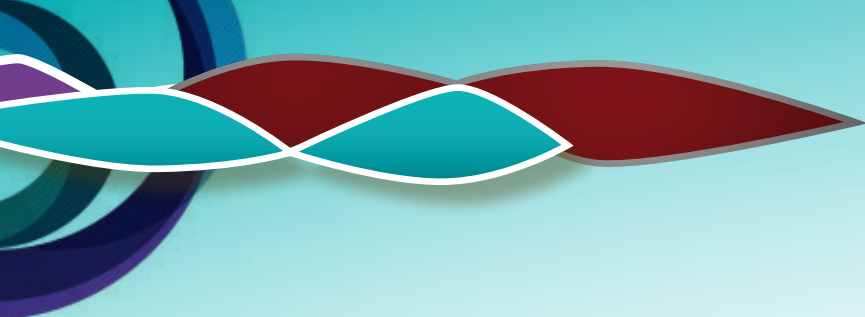
WISDOM

**Community-based
Programming & Services,
Education, Employment and
Training**

- ▶ Resource Sharing & Recognition of Self-Determination
- ▶ 24-Hour Crisis Centre
- ▶ Change Education Curriculum to Reflect to Reflect Indigenous History
- ▶ Community Members Certified in Various Health Fields and Specializations
- ▶ Raise CFS Care to Age 25



- ▶ Independent Housing
- ▶ Jordan's Principle Centre of Excellence
- ▶ Develop First Nation Laws & Protocols for FNCFS Reform
- ▶ Develop FNCFS Governing Board & Create an Ombudsman
- ▶ Revive & Create Our Own Systems i.e. Family Law, Justice, Health & CFS
- ▶ Creation of First Nations Specialized Resource Pool & Addressing On/Off Reserve Salary Gaps
- ▶ Permanent Federal Government Funding for Jordan's Principal Child First Initiative
- ▶ Infrastructure in Every First Nation to House Programs & Services Offered Through Jordan's Principle Child First Initiative
- ▶ Infrastructure in Every First Nation to Remedy Substandard Housing & Minimize Child Apprehension Due to Poverty



CONCLUSIONS

The staggering numbers of Indigenous children in CFS care indicates a failing FNCFS system whose preference, it appears, is the easy solution of child apprehension, rather than the more difficult and costly solutions needed to prevent child apprehension at all costs.

Children born into poverty, children with complex medical needs and children whose parents have had prior involvement with CFS are often apprehended first. In Manitoba, 76 percent of children on reserve live below the poverty line. This indicates poverty is one root cause for the high numbers of Indigenous children in CFS care.

Honouring the original treaties, including returning lands, resource sharing and recognition of self-determination and the treaty right to health will remedy the inherent poverty found in First Nations.

The high number of children in CFS care may be due to, in part, a system that incentivizes apprehension. Higher numbers of children in care translates into increased funding dollars. This may create a conflict of interest for agencies tasked with both child apprehension and prevention.

The high number of Indigenous children in CFS care is symptomatic of years of failed provincial and federal child welfare policies that have denied Indigenous people the right to care for our own children for far too long and that have caused irreparable harm in First Nations and to family units. Western child-welfare policies have not worked and do not work.

The state of Indigenous child welfare today is a result of colonization and its policy for Indigenous people. Indigenous children have become commodities that feed several other systems besides the child welfare system, including the EIA, health and justice systems.

Practicing our own parenting values, culture and ethics and enacting our own child protection laws provide the basis for reclaiming self-determination in caring for our children. Customary care practices will ensure our children stay with their families and remain connected to their language and culture.

Federal funding dollars for First Nations is inadequate. Education quality, health services quality and availability, recreation, cultural and social program quality and availability and community infrastructure suffer as a result. This amounts to discrimination, the outcome of which is higher rates of poverty and increased child apprehension rates.

The TRC Calls to Action relating to child welfare, the Aboriginal Justice Inquiry Child Welfare Initiative and the Phoenix Sinclair Inquiry recommendations must be implemented at a quicker rate.

An adversarial relationship exists between First Nation parents and the child welfare entity. This may be due, in part, to past and present child-welfare policy that never was completely altruistic.



RECOMMENDATIONS

1. Restore First Nation jurisdiction of children.
2. Deconstruct a child welfare system whose preference is the easy solution of child apprehension, rather than the more difficult solutions needed to prevent child apprehension at all costs.
3. Provide basic human rights to Indigenous children and families living on reserve in terms of adequate housing, medical services, community resources and education and employment opportunities.
4. Establish customary care/kinship care in all communities to ensure Indigenous children in need of CFS protection stay with their families and in their communities.
5. Establish a Grandmothers Council in each community to take an active role in FNCFS reform and in implementing and guiding development of customary/kinship care.
6. Restore traditional culture practices and language in our families and communities
7. Change justice system practices to include restorative justice options.
8. Eliminate poverty on reserves to prevent, in part, the high numbers of Indigenous children in CFS care.
9. Inject infrastructure funding for all First Nation communities –poverty is one root cause for the high number of Indigenous in care.
10. Design a new funding model to support a model of care based on prevention, reunification and strengthening of families.
11. Funnel prevention dollars towards bodies independent of the CFS system to minimize any real or perceived conflict of interest in agencies tasked with both child apprehension and child protection.
12. Direct prevention funding dollars to Manitoba First Nations, rather than to agencies, to allow communities to build their visions for child welfare that focus on models of care based on prevention, reunification and strengthening of families.
13. First Nations must take the lead in designing and implementing a system based on First Nation original systems of child rearing, education and nurturing of spirit in order to break cycles of past failed child-welfare policy and to restore spiritual, physical, mental and emotional health and well-being.
14. Develop a range of First-Nation-led options to reform FNCFS using recommendations contained in this report.





APPENDIX A — BOCH REPORT RECOMMENDATIONS

1. Change funding models to support a model of care based on prevention and strengthening and reunification of families, rather than apprehension.
 - Reunification and strengthening of families is the first priority for CFS with the understanding that child safety is paramount. Only once all alternatives have been exhausted will any removal from extended family and community be considered.

PROVINCIAL GOVERNMENT RECOMMENDATIONS

- Establish an immediate end to the CFS system as it currently functions.
 - Reorganize the Leadership Council with equitable decision-making at the table, with 80 percent First Nations representation at the decision-making table to reflect the proportion of First Nations children and families currently impacted by the system.
 - Establish a Youth Advisory Council within each of the existing Authorities to advise on policy change, system enhancements and decision making to ensure youth needs are met.
 - Change funding models to support a model of care focused on prevention.
2. Establish a First Nations advocate for families to:
 - Ensure children are not placed in care for experiencing unique needs due to medical, behavioral or mental health reasons;
 - Ensure children who have been through traumatic experiences receive full supports for a minimum of one year before any consideration of Voluntary Placement Agreements with CFS agencies;
 - Advocate for children and families to receive other services within and external to the community;
 - Ensure family reunification by providing guidance and support to parents on their healing path; and
 - Ensure access to healing supports for children and other family members to deal with CFS system involvement and to help support families to move forward together.
 3. Protect cultural identity
 - Engage Elders, Grandmothers and youth to further define the First Nations Rights of the Child and determine the best methods to reach out to children.
 - Direct every organization, school, youth initiative, community program, as well as all services and supports provided to First Nations children, youth and families to respect and uphold the First Nations Rights of the Child as determined by our Elders, Grandmothers and youth.



4. Relearn traditional parenting ways

- Uphold Ogitchitakwewak Kaykikaywin and the role of the Ogitchitakweg and support the establishment of a formal Grandmothers Council that will reclaim these important roles and share the teachings with every First Nation community.
- All First Nations members take back responsibility for teaching our children, youth, young mothers, young fathers and parents to care for all children based on original ways.
- This effort will require planning, development and coordination of appropriate activities within our communities to support families in reclaiming responsibility for our children and learning our original ways of parenting that are focused on protecting and loving our children.

5. Respond to the youth voice

- The AMC and Manitoba First Nations Youth Advisory Committee carry out consultation with young people to identify ways to meet their spiritual, emotional, physical, mental, social and environment needs.
- Every First Nation bring together community-based resources including leadership, Elders, Grandmothers, Education, Social Assistance, Housing and Child Welfare to explore alternatives for young people in the community that will meet the needs identified and focus on collaboration, resource sharing, communication and volunteering.

6. Promote First Nations solutions to keep children home

- Mandate authorities and agencies to develop new service-delivery models such as Customary Care, Receiving Homes and Family Healing Homes to ensure children remain in the community. These will focus on culture and identity, family access, education, social networks, connectivity and regular visits with parents, grandparents, extended family and siblings.

7. Transition to a First Nation system for CFS

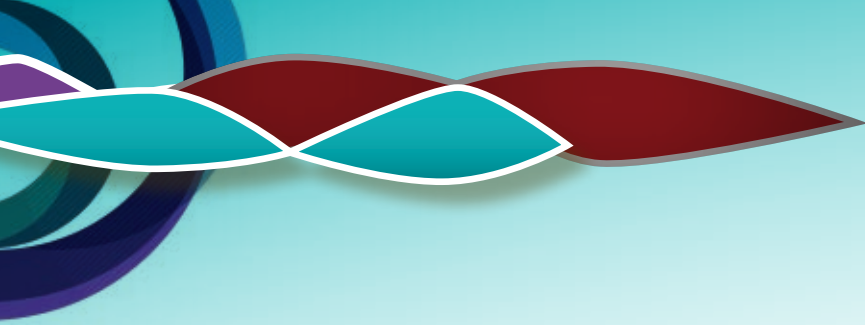
- That the Grand Chief meet with the University of Manitoba President to support the Indigenous Social Work program according to initiatives being proposed by Michael Hart (University of Manitoba professor, Canada research Chair in Social Work and Indigenous Knowledge) and by the Aboriginal Social Workers organizations.
- Support the establishment of the College of Aboriginal Social Workers to ensure the Social Work Profession Act reflects First Nations perspectives, beliefs, values and practices in the Code of Ethics adopted.

8. Revitalize original systems of lifelong supports

SHORT-TERM RECOMMENDATIONS

- The AMC facilitates all existing resources to come together with the guidance and support of Elders and Grandmothers to plan, develop and implement collaborative supports that will help parents and children to meet their spiritual, emotional, physical and mental health needs, such as:





- FAS prevention and support;
- Mental Wellness services and support;
- Family/community supports in the home so parents can focus on healing after losing their children;
- Land-based education and family services; and
- Long-term programs for Indian Residential School, 60s Scoop and intergenerational survivors that include healing, coping and reconnection with self, family, community and culture.

MID-TERM RECOMMENDATIONS

- The AMC work with CFS agencies to ensure all policies and practices reflect the importance of family connections. This will require collaboration between community-based project and redirection of Enhancement Funds to orient and support such collaboration.

LONG-TERM RECOMMENDATIONS

- The AMC and First Nations Health and Social Secretariat of Manitoba work on establishing healing centre hubs, building on the Grandmother Turtle Lodge so that every community has access to cultural healing interventions.

9. Focus on First Nation determinants of health

- First Nations leadership adapt housing policies to meet family reunification needs first and to keep children in the community.
- Support the expansion of the Eagle Urban Transition Centre to include supports for youth and families involved with CFS and to establish an Eagle Urban Transition Centre in Northern Manitoba inclusive of all services.

10. Revolutionize justice system practices

- Examine legislation such as in Ontario, which recognizes Customary Care by First Nations in their CFS Act and Saskatchewan to see how it is working and how it is supporting communities to reclaim responsibility for their children and prepare options for leadership to pursue.
- The AMC collaborate with the University of Manitoba Centre for Human Rights Research and evaluate the legal aid system in relation to the services provided to First Nations clients dealing with CFS.

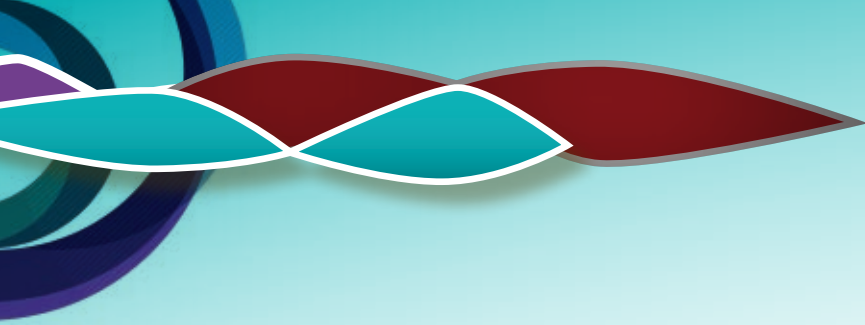
APPENDIX B —

JORDAN'S PRINCIPLE FORUM— FIRST NATIONS DESIGNING FULL IMPLEMENTATION

RECOMMENDATIONS

1. First Nations must undertake further discussions, especially to obtain feedback and input from families, on the design and full implementation of JP by building upon findings outlined in this report, including:
 - Report guidelines and principles, as well as service and capacity needs;
 - Options for service organizations able to manage an added mandate to fill service gaps on an immediate or short-term basis, including creation of boards;
 - Different perspectives on the need to create a new First Nations entity designed to implement JP;
 - Further discussions on Interdepartmental relationships within First Nations and with provincial and federal governments, as well as on interjurisdictional relationships are required because they are dependent upon what governance and service delivery of JP implementation looks like. Key features of these relationships provided in this report can be considered and built upon in those discussions; and
 - Payment, billing, and funding matters require further discussion because they too are dependent upon what governance and service delivery of JP implementation looks like. Key features of these relationships can be considered and built upon. This includes reviewing existing funding models of INAC and FNIHB, developing First Nations financial institutions and channeling funds in our control, establishing an aggregate funding entity, developing a First Nations centralized JP finance system and developing a First Nations compliance policy to align with JP.
2. Northern service delivery opportunities and specific concerns from Island Lake First Nations are considered and addressed in JP implementation.
3. First Nations immediate political action regarding the majority of federal funding going to RCC based on contravention of First Nations fundamental vision of full JP implementation.
4. Opportunities for First Nations to revise their proposals under the JP-CFI Initiative.
5. Addressing services gaps and the need for full JP implementation requires an understanding of the inextricable connection between services and infrastructure (including facilities, equipment and supplies).





6. Recognize First Nations capacity strengths and that they are critical elements in JP implementation. Capacity that is lacking should not signify an inability to implement JP but should instead be viewed as an opportunity for governments to address gaps and make necessary investments for the full realization of First Nations' capabilities.
7. That INAC, FNIHB and other key resources be a part of further discussions to provide answers for our concerns. This could be particularly helpful in addressing third party management and co-management issues.
8. That AMC make this report and all other pertinent information available to all First Nations communities and provide ongoing sessions until First Nations funds are realized.

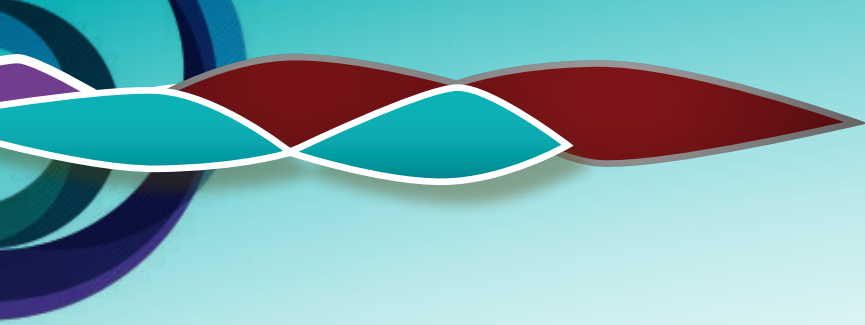


APPENDIX C —

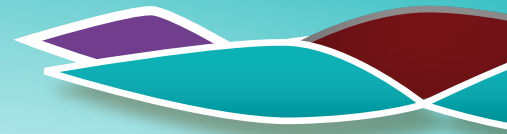
JORDAN'S PRINCIPLE IMPLEMENTATION REGIONAL ENGAGEMENT REPORT RECOMMENDATIONS

1. Restore First Nations' jurisdiction of children, especially in areas such as family law, health services and social services, and draft JP implementation into First Nation constitutions.
2. Deconstruct a child welfare system whose preference is the easy solution of child apprehension, rather than the more difficult and costly solutions needed to prevent child apprehension at all costs.
3. Establish a JP resource, program and service medical centre in each First Nation to build capacity and to equip First Nations as they seek to end voluntary surrender of children into CFS care related to receipt of medical services.
4. First Nations take the lead in designing and implementing a JP system based on First Nation original systems of child rearing, education and nurturing of spirit in order to promote spiritual, physical, mental and emotional health and well-being.
5. Educate and train First Nation people living on First Nations, establishing a professional workforce dedicated to caring for and providing services for children with special needs. Until this capacity is built, ensure non-Indigenous service providers have knowledge of First Nation cultural practices and languages.
6. Create an education and awareness campaign about the challenges children with special needs face and how to best care for them and create a resource booklet outlining how to navigate the CFS system and access supports and services under the JP program.
7. Provide basic human rights to Indigenous children and families living on reserve in terms of adequate housing, medical services, resources and education and employment opportunities.
8. Inject infrastructure funding for all First Nations—poverty is one root cause for the high number of Indigenous children in care.
9. Funnel prevention dollars towards bodies independent of the CFS system to minimize any real or perceived conflict of interest in agencies tasked with both child apprehension and child protection.
10. Design a new funding model to support a model of care based on prevention, reunification and strengthening of families, directing prevention funding dollars to Manitoba First Nations, rather than to agencies, to allow First Nations to build their visions for JP implementation.





11. Establish customary care/kinship care in all First Nations to ensure Indigenous children stay with their families and in their First Nations.
12. Develop a range of First-Nation-led options to implement JP using recommendations contained in this report.





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Assembly of Manitoba Chiefs
EMPOWERING OUR NATIONS