

# Summary Report

Prepared for the Public Health Agency of Canada

## KIDS COUNT

### Decolonizing Approaches to Understanding & Documenting Out- of-Home Care

February 21, 2025

McGill Faculty Club and Conference Centre  
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# I. INTRODUCTION

## i. History of the Child Welfare Data Exchange meetings

The Public Health Agency of Canada (PHAC) provided funding to support this meeting. Research funds from Dr. Tonino Esposito, Dr. Barbara Fallon, and Dr. Nico Trocmé also supported event-related research and participation. This event culminates a series of pan-Canadian Child Welfare Data Exchange meetings held in 2020, 2023 and 2024, all of which are a partnership of the University of Montreal, McGill University, the University of Toronto, and PHAC.

Together, these events strengthened the network of researchers, administrators and advocates interested in using administrative data to monitor and improve child welfare services in Canada. In 2023 and 2024, meeting attendees explored methodological, contextual, ethical and policy issues relevant to the interpretation of data pertaining to children, families, and communities of different ethno-racial, Indigenous, and socio-economic backgrounds.

A key takeaway from these gatherings was the need to move beyond the documentation of disparities affecting these populations and towards concrete efforts to reduce them. To this end, the 2025 meeting focused on highlighting First Nations' approaches to caring for children and families, specifically by discussing concepts of out-of-home care that transcend the mainstream dichotomy of “in care” versus “out of care.”

## ii. Challenges with using an “in care” versus “out of care” dichotomy as a key measure of First Nations over-representation in child welfare

While counts of First Nations children in out-of-home care are a useful proxy of ongoing systemic disparities and discrimination, data collection and analyses need to expand to understand the impact of child welfare services on children, youth and families. For decades, Canadian researchers and First Nations advocates have been calling for national-level outcomes measurement.<sup>1</sup> Common measurement frameworks – such as the National Child Welfare Outcome Matrix (NOM)<sup>2</sup> and Measuring to Thrive<sup>3</sup> – have been designed to reflect the intricate balance that “child welfare authorities maintain between a child’s immediate need for protection; a child’s long-

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<sup>1</sup> Data from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is currently the only source of nationally aggregated quantitative information on child maltreatment-related investigations conducted in Canada. The CIS examines the incidence of reported child maltreatment and the characteristics of the children and families investigated by child welfare authorities in the year the study is conducted. The CIS are a rich source of information that can be used to base practice and policy decisions in objective findings ([Fallon et al., 2023](#); [Canadian Child Welfare Research Portal, n.d.](#)).

<sup>2</sup> Trocmé, N. (2024). [The National Child Welfare Outcome Matrix \(NOM\): Fundamental Information to Support Public Accountability](#). CWRP Information Sheet #244E. Montreal, QC: McGill University, Centre for Research on Children and Families.

<sup>3</sup> Gaspard, H. (2020). [Funding First Nations child and family services \(FNCFS\): A performance budget approach to well-being](#). Ottawa, ON: University of Ottawa, Institute of Fiscal Studies and Democracy.

term requirement for a nurturing and stable home; a family’s potential for growth; and the community’s capacity to meet a child’s needs” ([Trocmé, 2024](#)). NOM and Measuring to Thrive demonstrate that child welfare authorities could be reporting on a common set of indicators to help ensure public accountability for services to marginalized and vulnerable communities ([Trocmé, 2024](#)).

As responsibility for First Nations child welfare in Canada transfers to First Nations, there is an expectation that the number of children in out-of-home care will decrease. Yet chronic gaps in funding are preventing many First Nations kids from returning to their biological families in ways that enable them to thrive. First Nations continue to grapple with the structural drivers of family separation, such as poverty, inadequate housing, intergenerational trauma, addictions, and mental and physical health issues. Within this context, we need to challenge the assumption that home is always the best place to raise a child. We also need to prioritize First Nations-led care solutions for the entire family, including kids “in” and “out” of care.

To this end, the number of First Nations children and youth in care could increase, as communities feel more comfortable engaging with child welfare authorities through a growing number of Indigenous agencies. For example, a family may trust a First Nations agency to facilitate a temporary out-of-home placement for a child while supporting the mother to secure adequate housing. Within a mainstream agency, this trust – and commitment to seeking structural solutions – is less likely to exist, leaving the family to fend for support elsewhere.

In care numbers could also substantially decrease, as First Nations kids move from traditional “in care” placements (e.g. foster or group care) to emerging family and community-based arrangements (e.g. customary care). This shift risks exacerbating inadequate knowledge management in Canadian child welfare because the provinces and territories tend to prioritize collecting data on kids in care, where there is a legal duty to provide support. Here again, the systemic focus needs to expand to include a broader range of care solutions.

## II. 2025 MEETING THEMES & DISCUSSION QUESTIONS

In beginning to address this need, the 2025 meeting centered on two core themes: 1). Expanding and reconceptualizing out-of-home care options to better reflect First Nations approaches to caring for children; and 2). Reducing related care barriers imposed by current legislative, regulatory, and funding systems.

To help spark thoughtful discussions on these meeting themes, the following [primer report](#) was developed and shared with attendees on [Have a Heart Day](#). On February 21<sup>st</sup>, 2025, over 25 child welfare researchers, advocates, practitioners, and First Nations leaders gathered to consider the following questions:

- The ensuing sub-sections provide a summary of the group's responses to these questions. For a copy of the full meeting agenda and attendee list, please see Appendix I and II.

While family-based placements, such as kinship homes, began to emerge in provincial and territorial contexts in the latter part of the 20<sup>th</sup> century, they have been prioritized in First Nations communities for generations. First Nations care arrangements expand the locus of responsibility for caregiving from the household or parental level to the family and community level. Through a principle of collective responsibility, First Nations strive to uphold a sacred duty to nurture the holistic needs of children by relying on the capacity of parents and “drawing upon the wealth of gifts, resources, and supports from their extended relations within the community” ([ANCFSAO, n.d.](#)). This responsibility is reflected in the terminology of care that participants shared at the meeting, as illustrated in the following graphic:



Participants most frequently cited “Community” and “Customary Care” as key concepts in First Nations-led care arrangements, followed by kinship, grandparents, family, and home. While Customary Care has many definitions, it can generally be described as a family- and community-based approach to child welfare that forms a “circle of care” around the child. Within this circle, key questions under consideration can include:

- What is the needed spectrum of care for the child?
- What are the barriers to providing this care?
- Who is included in the constellation of people loving the child?

While each First Nations community holds its own unique worldviews, teachings, and protocols to inform its practice, the inherent rights of First Nations children lie at the heart of Customary Care ([ANCFSAO, n.d.](#)). Additional guiding principles can include an Inherent Right of Belonging; Community Definition; Intergenerational Healing; Cultural Transmission; and Family and Community Led Decision-Making, among others ([ANCFSAO, n.d.](#)).

At an agency level, Customary Care is implemented through processes like [Family Group Conferencing](#) and [Family Circles](#) that bring families together to make difficult decisions and/or resolve disagreements. Within the care circle, an Elder is typically present, along with an independent facilitator, band representatives, a child welfare worker, and family members, including the child or youth (for all or part of the meeting). In some cases, up to 5 parties may collaborate to develop a Customary Care agreement. These agreements are not processed through a court order, thus helping to prevent the need for formal legal proceedings ([ANCFSAO, n.d.](#)). The fundamental goals of Customary Care are to reunify the child with their primary caregiver(s);<sup>4</sup> support the healing of all involved; and maintain relationships between the child, parents, family, community, and nation regardless of the complexities and length of the journey ([ANCFSAO, n.d.](#)).

Customary Care exemplifies First Nations’ commitment to developing a service plan over an out-of-home placement plan. First Nations seek to pre-emptively expand the continuum of care, from prevention<sup>5</sup> to out-of-home placement to reunification services. A [2009 study](#) by Dr. Cindy Blackstock in Nova Scotia shows that child welfare services to kids and families may see a vast drop off after reunification, which is arguably when they’re needed the most. While “the reliability of this data is suspect given that there was no systematic way for social workers to record services post-reunification,” it demonstrates the need for focused research and work on reunifications ([Blackstock, 2009](#)). This effort is “particularly important given the literature suggesting... a

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<sup>4</sup> Blackstock ([2009](#)) highlights that “reunification research and policy making should differentiate between reunification to caregivers present in the home at the time of removal and reunifications to caregivers who were not present in the home at the time of removal.”

<sup>5</sup> Trocmé et al. ([2024](#)) describe child welfare prevention services as those that “are intended to address the risks associated with child maltreatment and strengthen the factors that protect families and communities from maltreatment. Interventions are tailored to different forms and severities of maltreatment and to the child’s needs and developmental stage and the parental and community context.”

relationship between the provision of services post-reunification and successful reunification outcomes” ([Blackstock, 2009](#); [Wulczyn, 2004](#)).

In Canada and abroad, mainstream concepts of out-of-home care (e.g. group and foster care) are increasingly being contested in favour of more holistic, intergenerational, family- and community-based models. Meeting participants and collaborators<sup>6</sup> cited the following additional examples of alternative approaches to care:

- In Australia, the [Victorian Aboriginal Child and Community Agency](#) (VACCA), led by [Murial Bamblett](#), is championing extended care facilities that enable kids and elders to live together, thereby preventing mainstream child welfare and long-term care placements. This concept promotes cross-generational family ties by supporting elders to both “age in place” and care for children.
- Elsewhere in Australia, programs are working to support youth that “place themselves” through couch surfing. For example, [Brisbane Youth Service](#) (BYS) has developed a [Risk Screening Tool](#) to understand, assess, and respond to risks experienced by young people in the context of their couch surfing environments. This model highlights the potential for child welfare systems to adapt traditional risk assessments to better meet the needs of at-risk youth.
- In Ontario, another project at [Dnaagdawenmag Binnoojiiyag Child and Family Services](#) seeks to reduce formal child welfare interventions through intergenerational models of care. While this initiative is in an early planning stage, its goal is to create a multi-residential complex for children with complex needs, teens, parents, and elders to care for one another in a supported environment. For instance, grandmothers and aunts might share caregiving duties in the complex while living rent-free.
- In Quebec, [Kahnawake Shakotia’takehnhas Community Services](#) (KSCS) has developed “Enhanced Prevention” and “Family Preservation” programs. With these programs, the agency has seen a roughly 50% decline in the number of single mothers involved in child welfare, and few to no related child placements.
- Overall, Quebec is rolling out numerous programmatic and legislative mechanisms to better align with First Nations approaches to care e.g.:
  - A new “family counsel” initiative brings family and community members together to support families facing difficulties, irrespective of a risk of child removal. This program is most successful in First Nations communities that have signed agreements with the Quebec government, enshrining their right to service.
  - Another legislative provision will soon require Quebec child welfare workers to offer family counsel when a child is being placed in out-of-home care. Here, the goal is to

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<sup>6</sup> The third example was shared by Amber Crowe, Executive Director at Dnaagdawenmag Binnoojiiyag Child and Family Services, in advance of the meeting.

include the family in every step of the decision-making process while establishing a “culturally safe intervention plan.”<sup>7</sup>

- “[Customary and tutorship adoption](#)” are further tools for managing placements at the Nation or community level, without court intervention. In customary adoption, parental authority is permanently transferred to the adoptive parents and a new birth certificate is issued replacing the birth parents’ names with those of the adoptive parents. The adoptive process is non-confidential and encourages birth parents to maintain a relationship with their child. In tutorship adoption, parental authority is suspended, however, the birth parents retain their bond of filiation. Additionally, the child is involved in the decision-making process and, at age 14, becomes an official party to the process. A key goal of these models is to maintain a child’s connections to family, culture, language, and traditional activities.
- Obigwean – the LPSAO Act – has introduced a fundamental shift in child welfare in the Atikamekw of Opitciwan First Nation by automatically redirecting neglect cases to prevention services, except in instances of severe neglect. This legislative change has led to a significant reduction in judicialized measures, which previously accounted for 40% of cases but have now been eliminated entirely within the community. Moreover, there has been a 30% decrease in the number of children admitted to out-of-home care, underscoring the Act’s impact in prioritizing family support and prevention over judicial intervention ([Loi de la Protection Sociale Atikamekw d’Opitciwan, 2022](#)).

As these examples show, First Nations care models are evolving to better support children, youth and families through prevention services. In Quebec, another program exists to help families manage short-term crises and stressors in the home through respite care, babysitting, and cooking and cleaning supports, among others. These kinds of models use a range of services to move away from a mainstream focus on parenting “failure.”

## **ii. How do current federal and provincial legislative, regulatory and funding systems constrain alternative care options for First Nations children and families?**

Canadian child welfare services “operate under a dual mandate, which requires child welfare authorities to both protect children from immediate danger as well as support the development and well-being of children living in difficult circumstances” ([Fallon et al., 2023](#)). Since the late 1990s, child welfare policies and investigations have grown to include this latter mandate, largely in response to increasing awareness of how children are negatively impacted when exposed to intimate partner violence ([Fallon et al., 2023](#)).

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<sup>7</sup> In [New Zealand](#), it is mandatory for Indigenous and non-Indigenous families to be supported through a circle process of Family Group Conferencing whenever there is a child protection concern.

As of 2019, most child welfare investigations in Canada focus on unmet “chronic needs”<sup>8</sup> that involve no physical harm to the child ([Fallon et al., 2023](#)). Yet, prevailing investigation approaches do not adequately support these needs and have changed little, if at all, over the past several decades ([Fallon et al., 2023](#)). As Fallon et al. (2023) note, instead of a truly differential response to investigation, forensic-like practices persist, with workers overly concerned about “gathering evidence in a structured and legally defensible manner.”

Meeting participants echoed Fallon et al.’s findings by characterizing mainstream intervention models as “surveillance-focused,” as well as rooted in an “unrealistic family ideal.” This ideal penalizes First Nations families that lack unfettered access to structural supports, such as on-grid electricity and/or adequate housing. It also entails concepts of “family” and “safety” that limit First Nations ways of knowing and being.

In Ontario, for instance, foster care licensing requirements typically restrict placements in a single foster home to 4 children, resulting in sibling separations. Other policies can require a police or record check to allow a foster child to sleep over at a friend’s home. Finally, in group homes, some Indigenous kids have been denied access to cultural programming or prevented from speaking their traditional language,<sup>9</sup> due to “safety” concerns.

These examples highlight some of the ways that mainstream systems have remained within the confines of their founding mandate (“to protect children from immediate danger”), all the while constraining First Nations approaches to care. They also point to a notion of safety that is rooted in the physical realm. First Nations communities tend to view safety more holistically and prioritize relationships as a key safety factor ([ANCFSAO, n.d.](#)).

To better align with First Nations care models – and create real and lasting systemic change – mainstream investigations need to look more closely at caregiver competencies and provide access to structural supports. For this to happen, funding formulas must shift beyond the child protection mandate towards the child development and well-being mandate. Currently, an estimated 80% of child welfare funding is focused on protection services. This includes a basic maintenance rate of \$40,000-\$65,000 per year to keep a child in out-of-home care. Much of this money could be redirected to preventative, family- and community-based services, allowing for more children to grow up with their parents, kin, and communities.

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<sup>8</sup> To better understand the needs of children and families served by the child welfare system in Canada, Trocmé et al. (2014) developed a taxonomy categorizing child welfare investigations as either “urgent protection” or “other investigations” (herein called “chronic investigations”) ([Fallon et al., 2023](#)). Urgent protection investigations were defined as those requiring immediate intervention, such as cases of sexual abuse, physical abuse requiring medical attention, or physical abuse or neglect involving children under the age of four ([Trocmé et al., 2014](#); [Fallon et al., 2023](#)). By contrast, chronic needs investigations center on “concerns of long-term family dysfunction, which may affect child well-being, such those involving exposure to IPV, emotional maltreatment, or physical abuse or neglect involving children over the age of 4” ([Trocmé et al., 2014](#); [Fallon et al., 2023](#)).

<sup>9</sup> [Indigenous youth in Quebec child protection told not to speak their own languages, sources say | CBC News.](#)

Today, children continue to land in out-of-home care because of service delivery restrictions in the above areas. In some cases, a family member may be willing to step up and provide care, but they lack adequate housing. In other cases, family members may not know what limited resources are available to them. Alternative placement models, such as customary and tutorship adoption, are often funded at lesser levels than foster or group care. These kinds of limits cause voluntary placements to evolve into long-term and then permanent out-of-home arrangements. Once kids are permanently placed in out-of-home care, legal constraints make it even harder for them to return to their biological families. Bonds with parents are subsequently broken, especially for younger children.

While Customary Care plays a crucial role in systems change, its uptake has been slow. In Ontario, for example, the Ontario Association of Children's Aid Societies reports that just over 5% of First Nations children in care are supported through Customary Care by non-Indigenous child welfare agencies ([ANCFSAO, n.d.](#)). Moreover, in the past two years, ANCFSAO has seen increasing cases of temporary caregivers circumventing a Customary Care arrangement to gain permanent custody of a child in court.

By its nature, Customary Care is more time-consuming than mainstream child welfare practices (e.g. it takes time to build effective relationships with the parties involved). As a result – under current funding mechanisms – the use of Customary Care leads to higher workloads for an already overburdened workforce. These resourcing challenges are compounded in remote, hard-to-reach areas.

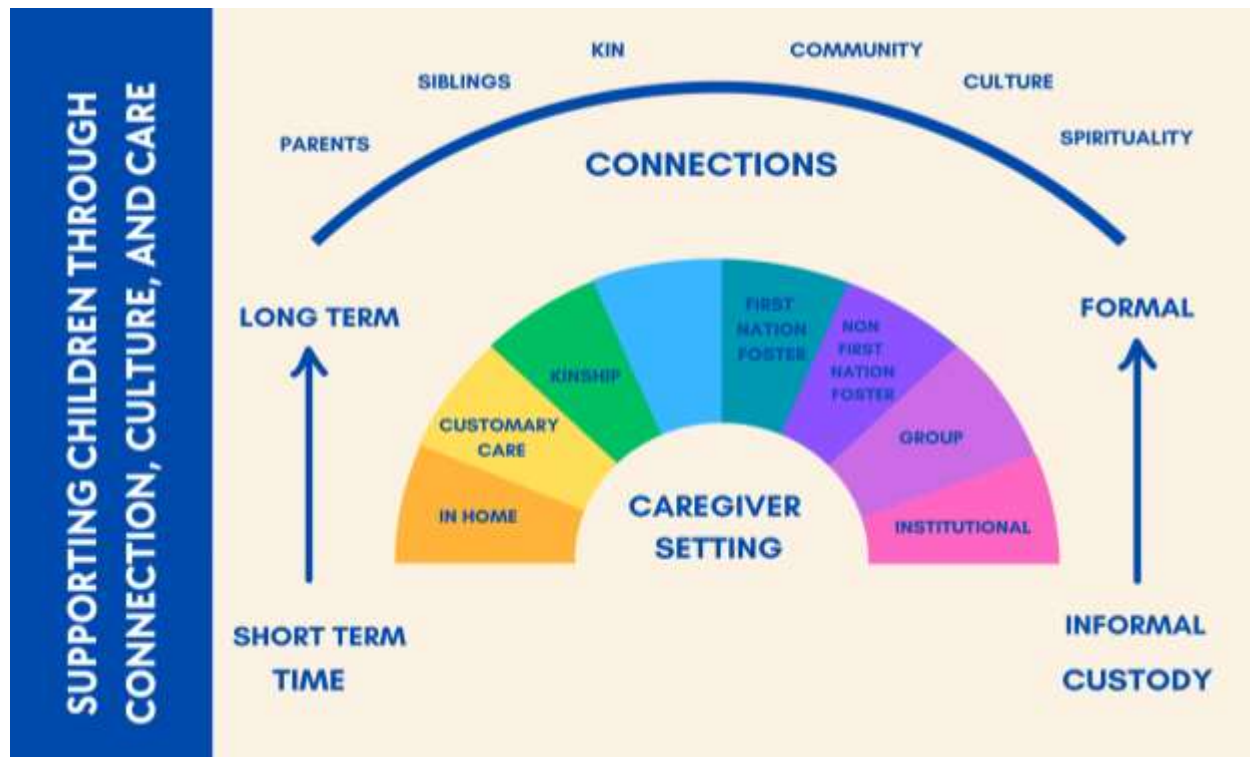
Overall, “protection” focused funding structures remain the biggest barrier to First Nations-led care solutions. As one mainstream worker shared, *“our prevention fund is very tiny. If budget lines go up or down significantly, the ministry gets involved.”* While alternative care solutions exist, they must be brought to the fore and properly financed. Many jurisdictions are struggling with funding disparities, particularly in comparison to federal support for non-Indigenous services.

### **iii. How can out-of-home care be framed to reflect the cultural, legal, and relational differences between kinship care, customary care, and foster care? What changes are needed to the conceptual model?**

Rather than focusing on the differences between kinship care, customary care, and foster care, meeting participants chose to discuss how the conceptual model might be updated to better reflect First Nations approaches to care. In doing so, the general sentiment was that the delineation of placement types is less important than the articulation (and provision) of appropriate care. One attendee encouraged discussion on *“what is meant by ‘care’ and how to make these spaces more caring.”*

As outlined in the [primer report](#), the conceptual model presents an initial range of possible out-of-home caregiving settings within First Nations child welfare that move along four continuums: Time, custody, caregiver setting, and connection. One section of the model was left intentionally blank to encourage further exploration of culturally relevant caregiving arrangements.

### Conceptual model:



Meeting participants ultimately strove to articulate a revised, ideal model that sees child welfare systems serving as a broker or navigator of support for families, helping them to address the underlying issues driving chronic needs. These systems:

- Partner with other social service sectors to offer robust prevention, protection, and reunification services, including mental health, addictions, and family violence resources.
- Prioritize connections to community, language, and culture across this continuum of care, using principles of substantive equality.
- Include more flexible care arrangements, such as “in-home” and “medical foster” placements, where parents maintain their bond of filiation.
- Prioritize health and well-being as core concepts in outcomes management.
- Engage in more expansive concepts of time. For example, by better understanding cross-generational care trajectories (e.g. from a grandmother to a mother to a child) and how these are linked with systemic discrimination and intergenerational trauma.

A revised conceptual model will be publicly shared once it has been finalized with First Nations meeting participants and collaborators. This effort aligns with the principles of [Etuaptmumk](#), or Two-Eyed Seeing, which emphasize the integration of both Indigenous and Western ways of knowing. By seeing through both Indigenous and Western perspectives, we can foster interventions that are structurally responsive and rooted in the strengths, traditions, and self-determined priorities of First Nations communities.

**iv. When should out-of-home care fall under the jurisdiction and responsibility of child well-being agencies as opposed to health, youth justice and social services and how do we ensure that Jordan’s Principle is maintained across systems?**

As child welfare systems seek to embrace a dual child protection and well-being mandate, greater distinctions need to be made between true protection concerns and another range of concerns (e.g. chronic needs). Canadian social safety nets lack clarity on who is responsible for defining and providing for these latter concerns. When systems that are interwoven with child welfare fail, such as healthcare, child welfare is arguably left to pick up the slack. For instance, some children with high medical needs end up in foster care, absent a protection concern.

Since its inception, Jordan’s Principle<sup>10</sup> has been stepping in to support high needs families. In November 2024, the Canadian Human Rights Tribunal [ordered Canada](#) to address a backlog of program requests that’s due, in part, to unclear funding criteria. Presently, a reduction in Jordan’s Principle funding is under consideration. If implemented, it could drive another increase of First Nations kids in care.<sup>11</sup>

Overall, we need to do a better job of re-imagining child welfare in the context of family and community health. Cross-systems collaboration is sorely needed to better understand how chronic needs can be met through preventative<sup>12</sup> service delivery, thereby reducing the number of child welfare-related investigations. By forging strategic partnerships (versus protecting individual funding pots), we can truly engage in the sacred work of caring for children, youth, and families. Some examples of emerging cross-sectoral initiatives include:

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<sup>10</sup> The Caring Society defines Jordan’s Principle as “A child-first substantive equality legal principle that ensures that there is no adverse differentiation, gaps, or denials in government services to First Nations children resident in Canada, including but not exclusively due to jurisdictional disputes within or between federal government departments/initiatives and/or the federal government and other governments. It requires Canada to provide culturally appropriate and substantively equal health, social and educational services, supports, and products to First Nations children in the best interests of the child” ([First Nations Child & Family Caring Society, 2024](#)).

<sup>11</sup> On March 22, 2025, the Government of Canada [announced](#) the continued funding of Jordan’s Principle in 2025-26.

<sup>12</sup> Again, Trocmé et al. ([2024](#)) describe child welfare prevention services as those that “are intended to address the risks associated with child maltreatment and strengthen the factors that protect families and communities from maltreatment. Interventions are tailored to different forms and severities of maltreatment and to the child’s needs and developmental stage and the parental and community context.”

- A growth in early childhood development (ECD) programs e.g. through the BC Aboriginal Child Care Society, Native Child & Family Services of Toronto, and the Martin Family Initiative (MFI). MFI's work points to a fifteen-fold return for every dollar invested in ECD, including the cost of averted child apprehensions.
- In British Columbia, [Carrier Sekani Family Services](#) (CSKS) offers wrap-around and low-barrier supports to children and youth. For instance, its [Youth Services program](#) provides cultural, recreational, educational, and land-based opportunities that increase protective factors for youth. CSKS is also aiming to develop an [Indigenous Healing Facility](#) to address the growing opioid crisis with a culturally grounded, medically based treatment model.
- Piikani Child and Family Services in Alberta has a range of [prevention](#) services for families, including house and job hunting, transportation, budgeting, and food supports, among many others. A designated "Family Empowerment Liaison" works with families to create a personal "Empowerment Plan" and help them meet their goals.
- Elsewhere in Alberta, healthcare providers like [Dr. Taylor White](#) at the [Indigenous Primary Health Care and Policy Research Network](#) are focused on improving health outcomes and amplifying Indigenous voices within and beyond the healthcare system.
- Finally, [the Institute of Fiscal Studies and Democracy](#) (IFSD) has identified recommendations, options and plans for a change in structure and resources in First Nations Child and Family Services. IFSD's current work is focused on articulating "discrete First Nation-based delivery models that transform organizational strategy, people, process, and systems."

### III. KEY AREAS FOR SYSTEMIC ACTION

The 2025 meeting emphasized the need to decolonize how out-of-home care is understood and documented in Canadian child welfare. The following priorities reflect key areas for systemic change.

#### i. Rethink how care is documented and measured

Many First Nations communities have long used kinship and Customary Care practices, but these arrangements are often unrecognized by mainstream child welfare systems. Current data collection methods prioritize state-run placements while overlooking family- and community-based care. A focus on Indigenous-led frameworks can ensure that data reflects the full range of caregiving practices and possibilities, supports self-determination, and fosters evidence-informed policy making.

## **ii. Strengthen the legal foundation for Customary Care agreements**

Without formal recognition, Customary Care agreements can be challenged or ignored, leading to custody disputes that undermine Indigenous jurisdiction over child welfare. Legal protections would provide stability for children and families while reinforcing the authority of First Nations communities to make decisions about their own care systems.

## **iii. Shift resources from child protection to prevention**

Most funding still goes toward maintaining out-of-home placements rather than addressing the root causes of family separation. Redirecting resources to housing, mental health supports, and community-based services would help reduce the need for removals in the first place. A preventative approach aligns with Indigenous models of care, which emphasize collective responsibility and holistic well-being.

## **iv. Address funding disparities**

First Nations child and family services continue to receive less financial support than non-Indigenous services. While legal rulings have recognized this inequity, funding gaps persist. Sustainable, needs-based funding is necessary to support culturally appropriate care models at both federal and provincial levels.

## **v. Invest in post-reunification support**

Many children who return home after being in care face ongoing challenges and, without proper services, risk returning to care. Investing in long-term supports, such as case management, counselling, and financial assistance can help stabilize families and prevent repeated removals.

Ultimately, data collection should prioritize long-term well-being over compliance-based reporting. Current systems track children in care but often fail to measure key indicators, like family reunification, cultural connection, and overall well-being.

# **IV. GUIDANCE FOR ENHANCING THE CANADIAN CHILD WELFARE INFORMATION SYSTEM (CCWIS)**

Meeting participants highlighted the limitations of current reporting practices in accurately capturing First Nations approaches to care. Even when First Nations data is anonymized in child welfare monitoring, data should not be analysed or reported without partnerships with First Nations communities that uphold the principles of Ownership, Control, Access, and Possession (OCAP®). Existing data structures are predominantly shaped by mainstream child protection

models, restricting their ability to reflect the full spectrum of caregiving arrangements within First Nations communities. A critical meeting takeaway was the need to broaden the documentation of out-of-home care, moving beyond the rigid “in care” versus “out of care” dichotomy. This binary framework fails to represent the lived experiences of First Nations families, where caregiving is often shared within extended networks through kinship and Customary Care arrangements. Furthermore, current data systems frequently neglect essential dimensions of well-being, such as cultural continuity, community support, and family reunification outcomes. The following themes and CCWIS recommendations stem from the organizing committee’s interpretation of the meeting discussions and do not necessarily reflect the perspectives of participants.

### **i. Distinguish between care arrangements**

Gaining insight into the unique experiences and long-term well-being of children in various care arrangements – such as Customary Care, kinship placements, foster placements, and institutional settings – is crucial. Customary Care is deeply rooted in First Nations traditions and emphasizes community-led decision-making, the preservation of cultural identity, and the maintenance of family and community connections. This framework ensures that children remain within their cultural environment, reinforcing their sense of belonging. In contrast, conventional foster care often relocates children away from their communities, potentially severing these essential ties.

To better understand these dynamics, data can concentrate on factors such as placement stability, family contact, reunification outcomes, and well-being measures across various care models. Conducting a jurisdiction- and agency-specific study to examine long-term trends in Customary Care and kinship care placements would yield valuable insights into their role in promoting stability, including continuity in education and family bonds. Additionally, utilizing a difference-in-difference methodology could assess shifts in placement trends over time by analyzing annually recorded data. This comparison across various settings – Customary Care, kinship placements, foster care, and institutional care – would clarify how policy changes and regional differences influence placement decisions.

### **ii. Use national data to examine prevention and maintenance funding**

Meeting discussions underscored the necessity of sustained investment in prevention services and its connection to disparities in child welfare outcomes. Prevention funding is not only critical for keeping families together; it also plays a key role in addressing structural inequities in resource allocation that contribute to higher placement rates in certain areas. Ensuring that these funds are both sufficient and equitably distributed requires robust tracking methods to measure their impact and assess how different funding models align with child welfare trends.

A deeper analysis of how funds for prevention and ongoing care are allocated can reveal their influence on placement trends. Prevention funds support programs designed to keep families

intact, while maintenance funding covers costs for children placed in out-of-home care. To explore these relationships, Regression Discontinuity Design (RDD) could be employed. Comparing placement rates between regions where per-child prevention funding is slightly above or below a set threshold can enable insights into the extent to which funding levels impact child removal rates. If a clear change in placement rates occurs at this threshold, it would suggest a strong relationship between financial support levels and placement trends. Additionally, a fuzzy RDD approach could be useful in cases where funding distribution is inconsistent across jurisdictions due to geographic or policy differences.

Beyond RDD, cross-time series analyses of daily placement counts and incidence rates over time could provide further insights into variations in case duration. For example, comparing rates per 1,000 children on any specific day to new incidence rates in a given year may help identify how differences in entry rates influence the overall duration of cases. Additionally, examining expenditures related to provincial or territorial child welfare budgets or, when possible, prevention funding within this framework could shed light on funding disparities and their effects on placement rates. Advanced analytical models, such as Bayesian Structural Time Series, could further assess whether shifts in per-child funding correspond to measurable changes in placement trends.

### **iii. Examine licensing requirements for foster care and kinship placements**

Combining foster care placement data with licensing records can provide clarity regarding disparities in kinship and Customary Care placements across different regions. Understanding variations in licensing policies is essential for identifying barriers that impact these care models. By integrating these datasets, agencies can conduct comparative evaluations of eligibility criteria, approval processes, and placement trends, and consider how policies influence kinship and Customary Care arrangements. Tracking approval rates for kinship placements alongside other foster care placements can also help uncover systemic inequities and jurisdictional differences, informing data-driven policy refinements. This approach allows decision-makers to adjust policies to strengthen culturally appropriate care models.

### **iv. Assess service accessibility and placement patterns**

Gaining a clearer understanding of how service availability influences child welfare placements requires a data-driven approach that connects real-life challenges faced by families to broader placement trends. One way to explore this is by analyzing placement patterns based on factors such as age, reasons for placement, and the duration of time children spend in care. Placement data can be mapped alongside service (e.g. daycare) availability in various regions to help identify potential service gaps.

When families encounter difficulties securing childcare, mental health support, or stable housing, there can be a higher risk of family breakdown and child removals. Examining placement data in relation to these factors could highlight regions where such risks appear more pronounced. Beyond childcare, exploring correlations between placement rates and access to mental health services, housing stability, and income levels may reveal patterns that are not immediately evident. If certain communities consistently show elevated placement rates alongside inadequate support services, this could point to systemic challenges rather than isolated family circumstances.

Tracking these trends over time and across geographies can offer insights that help shift the focus from identifying problems to considering potential policy responses and service improvements.

## APPENDIX I: 2025 MEETING AGENDA

### **Decolonizing Approaches to Understanding & Documenting Out-of-Home Care February 21<sup>st</sup>, 2025, Montreal, Quebec**

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**Meeting Location:** McGill Faculty Club, Billiard Room, 3450 McTavish Street

**Hotel Location:** Hotel Omni Mont-Royal, 1050 Sherbrooke Street West

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**Meeting Purpose:** To develop a shared understanding of out-of-home care, particularly by moving beyond the mainstream dichotomy of "in care" versus "out of care," to acknowledge a broader range of placement approaches for children who cannot live with their primary caregiver.

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*9:00 – 9:30 AM*

*Breakfast & Coffee*

**9:30 AM – 9:45 AM**

**Welcome, Housekeeping and Overview of Agenda**

Tonino Esposito, Barbara Fallon & Nico Trocmé

**9:45 AM – 10:15 AM**

**Opening Remarks: The Importance of Decolonizing Child Welfare Approaches to Out-of-Home Care**

Cindy Blackstock & Amber Crowe

**10:15 AM – 12:00 PM**

**Topic: Expanding the Range of Out-of-Home Care Options & Barriers to Alternative Out-of-Home Care Options**

**Open discussion:**

What forms of alternative care – beyond mainstream foster or group care – have been used, are currently being used, or are being developed to better reflect First Nations approaches to caring for children?

How do current federal and provincial legislative, regulatory and funding systems constrain out-of-home care options for First Nations children and families?

*12:00 PM – 12:45 PM*

*Lunch Break*

**12:45 PM – 2:45 PM**

**Topic: Reconceptualizing Out-of-Home Care: Cultural, Legal, and Systemic Pathways**

**Open discussion:**

How can out-of-home care be framed to reflect the cultural, legal, and relational differences between kinship care, customary care, and foster care?

When should out-of-home care fall under the jurisdiction and responsibility of child well-being agencies as opposed to health, youth justice and social services and how do we ensure that Jordan's Principle is maintained across systems?

**2:45 PM – 3:00 PM**

**Break**

**3:00 PM – 3:45 PM**

**Next Steps and Action Planning**

Based on today's discussions, what key priorities and concrete actions can guide us in supporting First Nations-led approaches to documenting the diverse out-of-home care experiences of First Nations children, families, and communities in ways that reflect their values, voices, and realities?

What suggestions do participants have with respect to the draft report we shared? Who could we talk to for more information about innovative First Nations approaches to out-of-home care?

**3:45 PM**

**Closing Remarks**

Reflections on the day's discussions and the path forward.

## APPENDIX II: PARTICIPANT LIST

<b>Jurisdiction</b>	<b>Name</b>	<b>Institution</b>
<b>Quebec</b>	Blair Armstrong	Kahnawake Shakotiiia'takehnhas Community Services
	Emmaline Houston	The Martin Family Initiative
	Hélène Groleau	Ministère de la Santé et des Services sociaux
	Kristin Denault	McGill University
	Lesley Hill	Ministère de la Santé et des Services sociaux
	Marie-Pier Paul	First Nations of Quebec and Labrador Health & Social Services Commission
	Nico Trocmé	McGill University
	Nancy Gros-Louis McHugh	First Nations of Quebec and Labrador Health & Social Services Commission
	Patricia Montambault	First Nations of Quebec and Labrador Health & Social Services Commission
	Sonia Hélie	l'Institut universitaire Jeunes en difficulté
	Stéphanie Précourt	Université de Montréal
	Tonino Esposito	Université de Montréal
<b>Ontario</b>	Altaf Kassam	Children's Aid Society of Toronto
	Andrea Evans	CHEO Research Institute
	Barbara Fallon	University of Toronto
	Bryn King	University of Toronto
	Cara McGonegal	Independent Collaborator & Researcher
	Jo Rasteniene	Peel Children's Aid Society
	Michael Miller	Association of Native Child and Family Services Agencies of Ontario
	Rachael Lefebvre	University of Toronto
	Sujitha Ratnasingham	Institute for Clinical Evaluative Sciences
<b>Manitoba</b>	Elsie Flett	Independent Consultant
	Marni Brownell	University of Manitoba
<b>National and/or Federal</b>	Adrian Cloete	Indigenous Services Canada
	Ashleigh Delaye	Assembly of First Nations
	Cindy Blackstock	First Nations Child & Family Caring Society
	Donna Lyons	First Nations Information Governance Centre
	James Allen	First Nations Information Governance Centre

## APPENDIX III: REFERENCES

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