Public Summary Report

KIDS COUNT

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

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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 a need to move beyond the documentation of disparities affecting these populations towards concrete efforts to reduce them. To this end, the 2025 meeting focused on bringing First Nations approaches to caring for children and families to the fore, specifically by discussing concepts of out-of-home care that move beyond 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.[1] Common measurement frameworks – such as the National Child Welfare Outcome Matrix (NOM)[2] and Measuring to Thrive[3] – 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-

[1] 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.).

[2] 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.

[3] Institute of Fiscal Studies and Democracy. (2020). *Funding First Nations child and family services (FNCFS): A performance budget approach to well-being*. Ottawa, ON: National Indian Brotherhood.

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 prevent 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 that support the well-being of the entire family – whether children remain at home or are temporarily in 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 support thoughtful discussions on these meeting themes, over 25 child welfare researchers, advocates, practitioners, and First Nations leaders gathered on February 21, 2025, to consider the following questions:

i. What forms of out-of-home 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?
ii. How do current federal and provincial legislative, regulatory and funding systems constrain alternative care options for First Nations children and families?
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 related changes are needed to the conceptual model?[4]
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?

The ensuing sub-sections provide a summary of the group's responses to these questions. Examples of alternative approaches to out-of-home care are embedded throughout. For a consolidated list of referenced examples, please see Appendix III. A copy of the meeting agenda and attendee list is also available in Appendix I and II.

i. What forms of out-of-home 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?

While family-based placements, such as kinship homes, began to emerge in provincial and territorial contexts in the latter part of the 20th 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:

[4] The conceptual model is described on pp. 6-7 of the following pre-meeting primer report.

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?

Each First Nations community holds its own unique worldviews, teachings, and protocols to inform its practice, yet 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); 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[5] 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 in this area (Blackstock, 2009). This effort is "particularly important given the literature suggesting… a

[5] 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." Within this framework, family support services "prevent separating a child from their family and community; promote family reunification; and ensure supports are in place to enable the family to thrive" (Trocmé et al., 2024).

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

Another key insight from Blackstock's 2009 study is that a strong proportion of children are "reunified" with people other from whom they are removed. This finding points to a need to unpack definitions of reunification at an inter-jurisdictional level. We need to understand the extent to which reunification entails the alleviation of risks by the original caregivers – and the return of children to those caregivers – versus a shift to new care providers.

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

- The U.S., Ohio-based organization Kinnect operates to transform foster care into a short-term solution rather than a permanent one. Its mission is centred on the fundamental belief that children thrive best when they maintain ties with familiar loved ones. The Kinnect to Family program is one of the organization's core initiatives. It works to locate and reestablish contact between children and their extended relatives and important figures in their lives. Kinnect employs a detailed and active approach to discover relatives and other supportive adults, including neighbours, coaches, and long-time family friends, who could potentially offer care.

  Once potential caregivers are identified, further supports help to nurture and establish permanent care solutions. For example, the organization's Kin-First Courtrooms program accompanies families in navigating the legal challenges that can arise when caregiving arrangements change. Through Kinnect, families are empowered to transform meaningful relationships into secure caregiving arrangements.

- 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.

  VACCA also prioritizes family preservation through a comprehensive range of in-home family services. When family preservation is not possible, the agency develops a Cultural Support Plan for and with the child, their family, and community. VACCA's Nugel program – the first of its kind in Australia – presents an alternative to traditional child protection

[6] The Ontario example was shared by Amber Crowe, Executive Director at Dnaagdawenmag Binnoojiiyag Child and Family Services, in advance of the meeting. Additional examples from the U.S., Quebec, and Manitoba were shared by meeting participants following the event.

placements. Nugel champions Aboriginal-led practices, enabling workers to operate in partnership with Aboriginal families.

- Elsewhere in Australia, programs are working to support youth that "place themselves" through couch surfing. For example, Brisbane Youth Service 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 (DBCFS) 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 special needs, teens, parents, and elders to care for one another in a supported environment. For example, grandmothers and aunts might share caregiving duties in the complex while living rent-free. The envisioned space is a former group home that was donated to DBCFS by a mainstream agency.

- In Manitoba, an Indigenous agency ran a 6-year pilot project to cap in-care maintenance spending. Leftover budget funding was used to create therapeutic foster homes and community supports for children with complex needs. Over the life of the pilot, in-care rates for participating kids significantly decreased, with no additional cost to the government.

  To enable more families to reunify and/or stay together, some agencies have also purchased homes insured by the Canada Mortgage and Housing Corporation. In one case, siblings with genetic deafness lived in a home with expertly trained caregivers and access to family members. In another, a single mother was permanently reunified with her kids. When the homes were no longer needed, they were gifted back to the community or sold, such that the profits supported youth transitions out of care.

- In Manitoba's capital city of Winnipeg, the Ma Mawi Wi Chi Itata Centre ("Ma Mawi") enables family preservation and reunification through its Caring for Our Relatives (formerly "Children in Care") programs. The primary goal of these initiatives is to "protect and strengthen families" using Indigenous approaches to care that emerge through a commitment to sacred cultural knowledge, such as the Seven Sacred Teachings and the Turtle Teachings. The resulting care programs are marked by a rich array of housing and specialized support services, providing an alternative to traditional group and foster care. Distinct supports exist for postnatal mothers, young boys (aged 11-14), and youth aging out of care, among others.

  Related wraparound supports for Indigenous youth provide access to cultural, educational, training, and personal development opportunities. Using initiatives like Positive Athletic

Cultural Experience (P.A.C.E), Ma Mawi combines cultural and educational teachings with play-based learning. Youth are also afforded mentorship and employment opportunities, for instance, through the Government of Manitoba's "Green Team" summer student program.

As part of its family reunification program – Honoring the Sacred Bond – Ma Mawi assists families involved with mainstream child welfare systems using Family Group Conferencing (FGC). Families are referred to FGC by Child and Family Service (CFS) agencies and subsequently supported with expanded, relationship-based care, including a mentor. One mainstream worker describes Ma Mawi as an expansion of its capacity: "*We meet halfway. We don't have the time, the manpower to be specific with this specific client. We want to spend time with them, to help them as much as possible... Ma Mawi helps us with everything*" (Hart et al., 2021).

A 2020 evaluation of the FGC program found it to be effective in ensuring families do not re-engage with the CFS system (Hart et al., 2021). The evaluation also offers recommendations for strengthening FGC and corresponding agency partnerships.

- In Quebec, Kahnawake Shakotiia'takehnhas Community Services (KSCS) places family preservation and support at the heart of its mission. Its programs are rooted in the values of the Kanienkehá:ka (Mohawk) community and are designed to provide families – particularly single mothers – with culturally relevant care. KSCS fosters family well-being and minimizes the need for child welfare involvement through initiatives that encompass parenting support, crisis intervention, counseling, and other wraparound services. KSCS is reporting a reduction in child placements alongside a significant decrease in the number of single mothers involved in child protection – indicators of its positive impact in the community.

Overall, Quebec has launched many programmatic and legislative mechanisms to better align with First Nations approaches to care. Two referenced resources – comprising comprehensive studies published by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) – offer valuable insights into child welfare issues affecting First Nations communities in the province. The first, *Better understanding the phenomenon of child neglect in the context of First Nations in Quebec*, delves into the root causes, manifestations, and key factors contributing to child neglect in these communities (FNQLHSSC, 2022). It highlights the importance of culturally grounded understandings and responses to neglect, emphasizing the need to consider intergenerational trauma, colonial impacts, and socio-economic conditions.

The second report, the 2019 *First Nations/Quebec Incidence Study*, presents disaggregated statistics illustrating the scope and characteristics of First Nations child protection involvement in Quebec, including risk factors and service outcomes (Hélie et al., 2022). Together, these reports offer a nuanced and evidence-based foundation for understanding child welfare challenges in Indigenous contexts and can inform the development of more appropriate, community-driven

responses. Additional concrete examples of alternative approaches to care in a Quebec context include:

- A Family Support program, co-developed by FNQLHSSC and Lac Simon First Nation, to assist families facing challenges that impact their ability to fulfill their parental roles. The program provides a wide range of flexible, culturally-rooted support measures, including respite and postnatal care, cooking and cleaning services, and childminding. These services are designed to prevent crises, alleviate parental exhaustion, and reduce child apprehensions.

  The Family Support program was developed in alignment with the "First-line Prevention Services Framework," which affirms the right of First Nations communities to care for their children (FNQLHSSC, 2019). Wherever possible, supports are delivered by familiar and trusted caregivers, with care decisions made through a community-based committee.

- As of April 2025, Quebec is set to require child welfare workers to offer "family council" when a child is being placed in out-of-home care. Similar to Customary Care, the goal is to include the family in every step of the decision-making process while establishing a "culturally safe intervention plan."[7] Released in March 2025, the following guide – *Fiche d'orientation sur le conseil de famille* – offers insight into how to engage in family council initiatives (Ministère de la Santé et des Services sociaux, 2025a).

  The Ministère de la Santé et des Services sociaux (MSSS) has also published a comprehensive clinical practice guide for child protection workers, including directors, managers, coordinators, and clinical supervisors (MSSS, 2025b). It's designed to support the roll-out of various amendments made to Quebec's Youth Protection Act in 2022; these amendments seek to address the overrepresentation of Indigenous children in child welfare through culturally appropriate care.

- Opitciwan – the LPSAO Act – has introduced a fundamental shift in child welfare in the Atikamekw of Opitciwan First Nation by automatically redirecting neglect cases to family support 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 an estimated 30% decrease in the number of children admitted to out-of-home care, underscoring the Act's impact in prioritizing voluntary family support over judicial intervention (Loi de la Protection Sociale Atikamekw d'Opitciwan, 2022).

- "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

[7] 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.

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.

As these numerous examples show, First Nations care models prioritize family support services for both immediate and extended family members. These kinds of approaches use a range of measures 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 [and] 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).

As of 2019, most child welfare investigations in Canada focus on unmet "chronic needs" [8] 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.

[8] 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 needs 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 [intimate partner violence], emotional maltreatment, or physical abuse or neglect involving children over the age of 4" (Trocmé et al., 2014; Fallon et al., 2023).

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 permit 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,[9] 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 by prioritizing 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 must shift towards a child development and well-being mandate. Currently, the majority of child welfare funding in Canada is focused on protection services. Much of this money could be redirected to families, enabling more children to grow up with their parents, kin, and communities.

Today, children continue to be placed in out-of-home care because of inadequate family support services; these service gaps include ill-equipped youth protection supports and a lack of collaboration with front-line community organizations. In some cases, a family member may be willing to provide care, but they lack adequate housing. In others, family members may not know what limited resources are available to them. Alternative placement models, such as customary and tutorship adoption, are frequently 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 non-Indigenous agencies support only 5% of First Nations children in care using Customary Care (ANCFSAO, n.d.). Moreover, in the past two years, ANCFSAO has seen increasing cases of temporary caregivers circumventing a Customary Care agreement to gain permanent custody of a child in court.

By its nature, Customary Care is more time-consuming than mainstream child welfare approaches – 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

[9] Indigenous youth in Quebec child protection told not to speak their own languages, sources say | CBC News.

overburdened workforce. These resourcing challenges are compounded in remote, hard-to-reach areas.

"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."* 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?

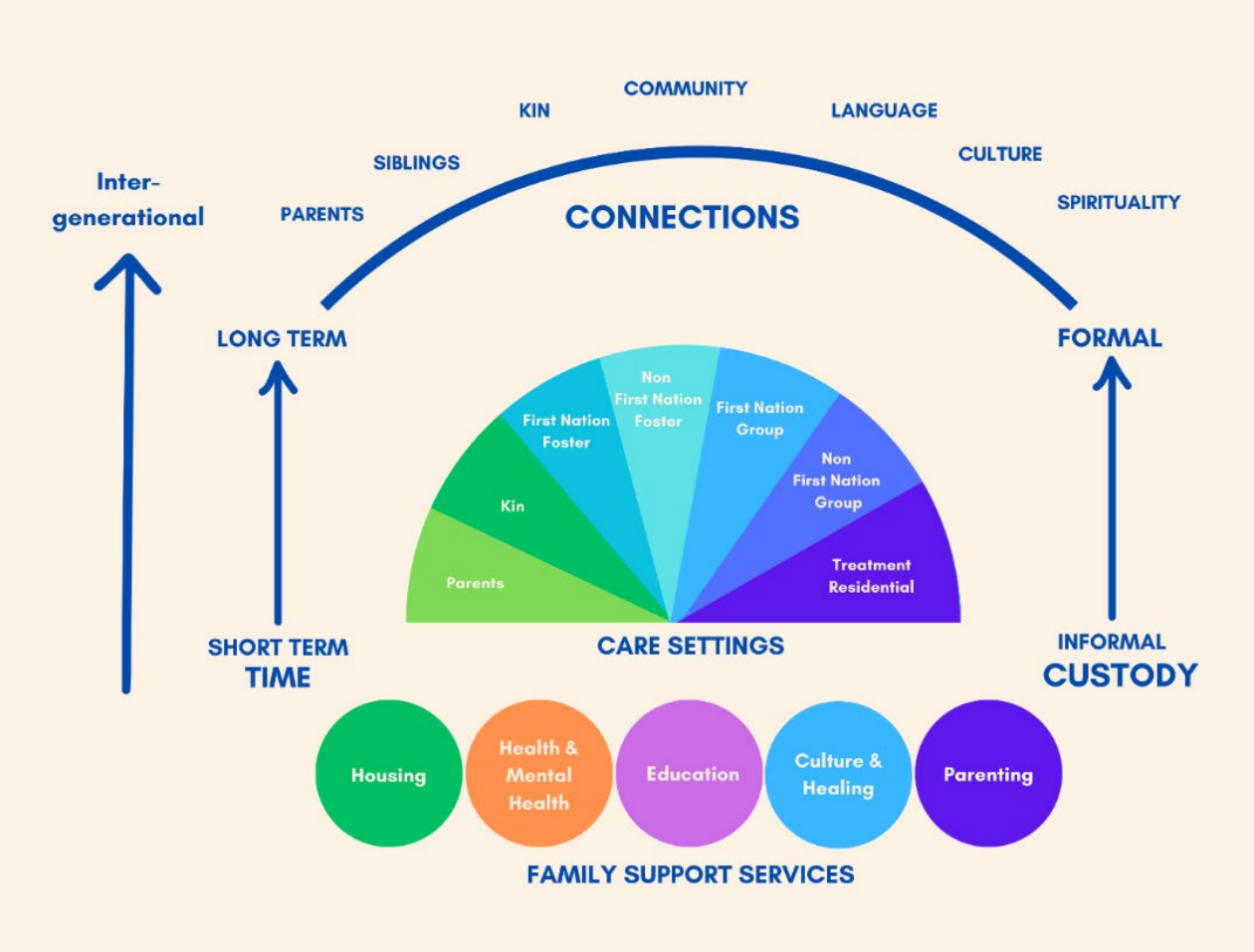
Rather than focusing on the differences between kinship care, customary care, and foster care, meeting participants chose to discuss how the conceptual model might be updated to better reflect First Nations approaches to child welfare. In doing so, the general sentiment was that the delineation of placement 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 meeting 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 connections. One section of the model was left intentionally blank to encourage further exploration of culturally relevant caregiving arrangements.

Meeting participants ultimately strove to articulate a revised, ideal model that sees child welfare systems serve 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 family support 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.

Updated conceptual model: Supporting children through connection, culture, care, and collaboration



While not exhaustive, this updated conceptual model broadly reflects these ideal systems. A new **family support services** continuum points to a wide range of wraparound care initiatives that include a collaborative link between community services and jurisdictional supports. This link enables more children to remain with their immediate and/or extended family. The **connections** continuum includes a new, distinct focus on maintaining a child's ties to language. The **care settings** continuum focuses on the caregiver/child relationship (parent, kin, foster parent, etc.) rather than placement categories ("home," "kinship care," "foster care," etc.). This revision was seen as more inclusive; it can include different types of placements such as "customary" arrangements. Finally, a new **intergenerational** continuum encourages deeper, family-level analyses of the factors driving intergenerational child welfare involvement.

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.[10]

Since its inception, Jordan's Principle[11] 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.[12]

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[13] 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 – and further Indigenous-led approaches to care – include:

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[10] A national study by Evans, Quinn, and Trocmé (2024) shows that children in foster care experience higher rates of illness and hospital admissions and receive fragmented healthcare services. Their research demonstrates an urgent need to evaluate the appropriate times and methods for child welfare agencies to assume responsibility from health, youth justice, and social services (Evans et al., 2024). Managing children who require health or disability care or who experience trauma or developmental issues necessitates systems that provide comprehensive care beyond the standard child protection framework (Evans et al., 2024).

[11] The First Nations Child & Family Caring Society (FNCFC) 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" (FNCFCS, 2024).

[12] On March 22, 2025, the Government of Canada announced the continued funding of Jordan's Principle in 2025-26.

[13] 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." For more information on prevention services, refer to the following FNCFCS info sheet: *What are Child Welfare Prevention Services?*

- A cross-Canada growth in early childhood development (ECD) programs, for example, through the BC Aboriginal Child Care Society (BCACCS) and the Martin Family Initiative (MFI).

  BCACCS is a centre of excellence for Indigenous early learning and childcare. It offers a variety of services that provide education professionals, support service professionals, and Indigenous children and families access to culturally-based early learning programs, resources, training, research, and community services.

  At MFI, an Indigenous-led Early Years program provides various catalytic supports to Indigenous communities in Canada to create new programming and bolster services for prenatal to school-age children (MFI, 2022). Through partnerships with Indigenous service providers – such as Native Child and Family Services of Toronto, Tajikeimk, and Ilitaqsiniq – the program is facilitating an ongoing exchange of ideas in generating truly responsive services (MFI, 2022). Birthed through Early Years, the "TREES" (Training & Resources for Early Education & Schools) Network is an active space for Indigenous and non-Indigenous child care professionals to access culturally appropriate supports for working with Indigenous children, students and families (MFI, 2022).

  In 2024, a cost-benefit analysis was conducted on the Early Years program in the Four Nations of Maskwacis, where it had been active for 5 years. The evaluators found that, between October 2020 and March 2023, there was an up to nine-dollar return for every dollar invested in Early Years, including the cost of averted child apprehensions.

  The First Nations Information Governance Centre (FNIGC) has also evaluated the effects of ECD programming in First Nations contexts. A recently released technical report provides statistical insight into the impact of family care models on the developmental milestones and well-being of children in their early years (FNIGC, 2025a).

  The research findings, summarized here, illustrate various factors – from child care arrangements to food and nutrition, among others – that are linked with heightened well-being for First Nations children (FNIGC, 2025b). When First Nations caregivers and/or cultural teachings are embedded in high quality child care environments, First Nations kids tend to achieve greater developmental and communications outcomes (FNIGC, 2025b).

- In British Columbia, Carrier Sekani Family Services (CSFS) 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. CSFS is also seeking 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) identifies recommendations, options and plans for a change in structure and resources in First Nations Child and Family Services. IFSD's latest work is focused on articulating "discrete First Nation-based delivery models that transform organizational strategy, people, process, and systems" (IFSD, n.d.).

  As noted above, IFSD has also developed a common set of performance indicators through its Measuring to Thrive framework. These indicators capture the well-being of a child, their family, and their community environment (IFSD, 2020). As IFSD notes, "How can a child be well if their housing is not safe and secure? If potable water is not readily available? If the effects of trauma and addictions impact their communities?... Thriving First Nations children need thriving First Nations communities" (IFSD, 2020).

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 family- 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, placement stability, cultural connection, and overall well-being.

Data collection should also illuminate the extent to which reunification entails the alleviation of risks by the original caregivers – and the return of children to those caregivers – versus a shift to new care providers.

APPENDIX I: 2025 MEETING AGENDA

Decolonizing Approaches to Understanding & Documenting Out-of-Home Care
February 21st, 2025, Montreal, Quebec

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.

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

Jurisdiction	Name	Institution
Quebec	Blair Armstrong	Kahnawake Shakotiia'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
Ontario	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
Manitoba	Elsie Flett	Independent Consultant
	Marni Brownell	University of Manitoba
National and/or Federal	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: ALTERNATIVE APPROACHES TO OUT-OF-HOME CARE

First Nations: Customary Care

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?

Each First Nations community holds its own unique worldviews, teachings, and protocols to inform its practice, yet 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);[14] 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.).

Ohio, United States: Kinnect

The U.S., Ohio-based organization Kinnect operates to transform foster care into a short-term solution rather than a permanent one. Its mission is centred on the fundamental belief that children thrive best when they maintain ties with familiar loved ones. The Kinnect to Family program is one of the organization's core initiatives. It works to locate and reestablish contact between children and their extended relatives and important figures in their lives. Kinnect employs a

[14] 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."

detailed and active approach to discover relatives and other supportive adults, including neighbours, coaches, and long-time family friends, who could potentially offer care.

Once potential caregivers are identified, further supports help to nurture and establish permanent care solutions. For example, the organization's Kin-First Courtrooms program accompanies families in navigating the legal challenges that can arise when caregiving arrangements change. Through Kinnect, families are empowered to transform meaningful relationships into secure caregiving arrangements.

Australia: Victoria Aboriginal Child and Community Agency and Brisbane Youth Service

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.

VACCA also prioritizes family preservation through a comprehensive range of in-home family services. When family preservation is not possible, the agency develops a Cultural Support Plan for and with the child, their family, and community. VACCA's Nugel program – the first of its kind in Australia – presents an alternative to traditional child protection placements. Nugel champions Aboriginal-led practices, enabling workers to operate in partnership with Aboriginal families.

Elsewhere in Australia, programs are working to support youth that "place themselves" through couch surfing. For example, Brisbane Youth Service 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.

Ontario: Dnaagdawenmag Binnoojiiyag Child and Family Services

In Ontario, another project at Dnaagdawenmag Binnoojiiyag Child and Family Services (DBCFS) 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 special needs, teens, parents, and elders to care for one another in a supported environment. For example, grandmothers and aunts might share caregiving duties in the complex while living rent-free. The envisioned space is a former group home that was donated to DBCFS by a mainstream agency.

Manitoba: Ma Mawi Wi Chi Itata Centre and others

In Manitoba, an Indigenous agency ran a 6-year pilot project to cap in-care maintenance spending. Leftover budget funding was used to create therapeutic foster homes and community supports for children with complex needs. Over the life of the pilot, in-care rates for participating kids significantly decreased, with no additional cost to the government.

To enable more families to reunify and/or stay together, some agencies have also purchased homes insured by the Canada Mortgage and Housing Corporation. In one case, siblings with genetic deafness lived in a home with expertly trained caregivers and access to family members. In another, a single mother was permanently reunified with her kids. When the homes were no longer needed, they were gifted back to the community or sold, such that the profits supported youth transitions out of care.

In Manitoba's capital city of Winnipeg, the Ma Mawi Wi Chi Itata Centre ("Ma Mawi") enables family preservation and reunification through its Caring for Our Relatives (formerly "Children in Care") programs. The primary goal of these initiatives is to "protect and strengthen families" using Indigenous approaches to care that emerge through a commitment to sacred cultural knowledge, such as the Seven Sacred Teachings and the Turtle Teachings. The resulting care programs are marked by a rich array of housing and specialized support services, providing an alternative to traditional group and foster care. Distinct supports exist for postnatal mothers, young boys (aged 11-14), and youth aging out of care, among others.

Related wraparound supports for Indigenous youth provide access to cultural, educational, training, and personal development opportunities. Using initiatives like Positive Athletic Cultural Experience (P.A.C.E), Ma Mawi combines cultural and educational teachings with play-based learning. Youth are also afforded mentorship and employment opportunities, for instance, through the Government of Manitoba's "Green Team" summer student program.

As part of its family reunification program – Honoring the Sacred Bond – Ma Mawi assists families involved with mainstream child welfare systems using Family Group Conferencing (FGC). Families are referred to FGC by Child and Family Service (CFS) agencies and subsequently supported with expanded, relationship-based care, including a mentor. One mainstream worker describes Ma Mawi as an expansion of its capacity: "*We meet halfway. We don't have the time, the manpower to be specific with this specific client. We want to spend time with them, to help them as much as possible... Ma Mawi helps us with everything*" (Hart et al., 2021).

A 2020 evaluation of the FGC program found it to be effective in ensuring families do not re-engage with the CFS system (Hart et al., 2021). The evaluation also offers recommendations for strengthening FGC and corresponding agency partnerships.

Quebec: Kahnawake Shakotiia'takehnhas Community Services, the First Nations of Quebec and Labrador Health and Social Services Commission, and others

In Quebec, Kahnawake Shakotiia'takehnhas Community Services (KSCS) places family preservation and support at the heart of its mission. Its programs are rooted in the values of the Kanienkehá:ka (Mohawk) community and are designed to provide families – particularly single mothers – with culturally relevant care. KSCS fosters family well-being and minimizes the need for child welfare involvement through initiatives that encompass parenting support, crisis intervention, counseling, and other wraparound services. KSCS is reporting a reduction in child placements alongside a significant decrease in the number of single mothers involved in child protection – indicators of its positive impact in the community.

Overall, Quebec has launched many programmatic and legislative mechanisms to better align with First Nations approaches to care. Two referenced resources – comprising comprehensive studies published by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) – offer valuable insights into child welfare issues affecting First Nations communities in the province. The first, *Better understanding the phenomenon of child neglect in the context of First Nations in Quebec*, delves into the root causes, manifestations, and key factors contributing to child neglect in these communities (FNQLHSSC, 2022). It highlights the importance of culturally grounded understandings and responses to neglect, emphasizing the need to consider intergenerational trauma, colonial impacts, and socio-economic conditions.

The second report, the 2019 *First Nations/Quebec Incidence Study*, presents disaggregated statistics illustrating the scope and characteristics of First Nations child protection involvement in Quebec, including risk factors and service outcomes (Hélie et al., 2022). Together, these reports offer a nuanced and evidence-based foundation for understanding child welfare challenges in Indigenous contexts and can inform the development of more appropriate, community-driven responses. Additional concrete examples of alternative approaches to care in a Quebec context include:

- A Family Support program, co-developed by FNQLHSSC and Lac Simon First Nation, to assist families facing challenges that impact their ability to fulfill their parental roles. The program provides a wide range of flexible, culturally-rooted support measures, including respite and postnatal care, cooking and cleaning services, and childminding. These services are designed to prevent crises, alleviate parental exhaustion, and reduce child apprehensions.

  The Family Support program was developed in alignment with the "First-line Prevention Services Framework," which affirms the right of First Nations communities to care for their children (FNQLHSSC, 2019). Wherever possible, supports are delivered by familiar and trusted caregivers, with care decisions made through a community-based committee.

- As of April 2025, Quebec is set to require child welfare workers to offer "family council" when a child is being placed in out-of-home care. Similar to Customary Care, the goal is to include the family in every step of the decision-making process while establishing a "culturally safe intervention plan."[15] Released in March 2025, the following guide – *Fiche d'orientation sur le conseil de famille* – offers insight into how to engage in family council initiatives (Ministère de la Santé et des Services sociaux, 2025a).

  The Ministère de la Santé et des Services sociaux (MSSS) has also published a comprehensive clinical practice guide for child protection workers, including directors, managers, coordinators, and clinical supervisors (MSSS, 2025b). It's designed to support the roll-out of various amendments made to Quebec's Youth Protection Act in 2022; these amendments seek to address the overrepresentation of Indigenous children in child welfare through culturally appropriate care.

- Opitciwan – the LPSAO Act – has introduced a fundamental shift in child welfare in the Atikamekw of Opitciwan First Nation by automatically redirecting neglect cases to family support 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 an estimated 30% decrease in the number of children admitted to out-of-home care, underscoring the Act's impact in prioritizing voluntary family support over judicial intervention (Loi de la Protection Sociale Atikamekw d'Opitciwan, 2022).

- "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.

British Columbia: Carrier Sekani Services

In British Columbia, Carrier Sekani Family Services (CSFS) 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.

[15] 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.

CSFS is also seeking to develop an Indigenous Healing Facility to address the growing opioid crisis with a culturally grounded, medically based treatment model.

Alberta: Piikani Child and Family Services

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.

National: Early childhood development (ECD) initiatives

The BC Aboriginal Child Care Society is a centre of excellence for Indigenous early learning and childcare. It offers a variety of services that provide education professionals, support service professionals, and Indigenous children and families access to culturally-based early learning programs, resources, training, research, and community services.

At the Martin Family Initiative (MFI), an Indigenous-led Early Years program provides various catalytic supports to Indigenous communities in Canada to create new programming and bolster services for prenatal to school-age children (MFI, 2022). Through partnerships with Indigenous service providers – such as Native Child and Family Services of Toronto, Tajikeimk, and Ilitaqsiniq – the program is facilitating an ongoing exchange of ideas in generating truly responsive services (MFI, 2022). Birthed through Early Years, the "TREES" (Training & Resources for Early Education & Schools) Network is an active space for Indigenous and non-Indigenous child care professionals to access culturally appropriate supports for working with Indigenous children, students and families (MFI, 2022).

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The research findings, summarized here, illustrate various factors – from child care arrangements to food and nutrition, among others – that are linked with heightened well-being for First Nations children (FNIGC, 2025b). When First Nations caregivers and/or cultural teachings are embedded in high quality child care environments, First Nations kids tend to achieve greater developmental and communications outcomes (FNIGC, 2025b).

First Nations Child and Family Services: Institute of Fiscal Studies and Democracy

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APPENDIX IV: REFERENCES

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