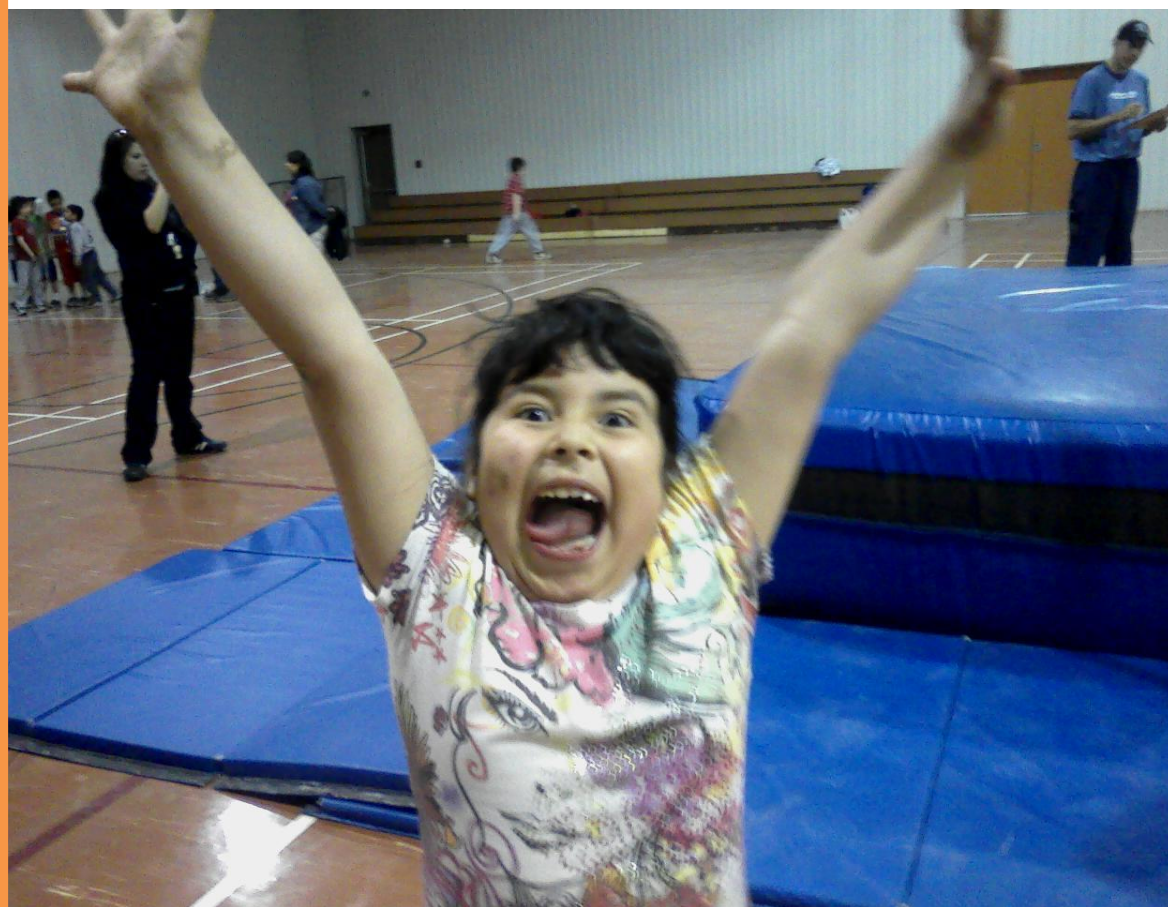


Kitigan Zibi Health and Social Services – An Evaluation of the Child and Family Services Program 2009

*“Services given by our
Community, to suit our
Community”*



Prepared by:

Alexandra McGregor, B.Sc. and Delima Jacko, B.A (hons).

For the Kitigan Zibi Anishinabeg's Health and Social Services sector.

Table of Contents

Kitigan Zibi Health and Social Services – An Evaluation of the Child and Family Services Program 2009....	1
1.0 Mandate of the Study	3
2.0 Methodology of the Evaluation.....	3
3.0 Mission and Objectives of KZ Health & Social Services	9
4.0 Human Resources Management	10
5.0 Relation with Provincial entities: Quebec’s Centre de Protection de Jeunesse.....	14
6.0 Public Perception of Social Services	24
7.0 Services adapted to the reality of the community	30
8.0 Guides and Manuals used	31
9.0 Quality of management	33
10.0 Considerations and recommendations: A Strengths, Weaknesses, Opportunities and Threats Analysis.....	37
10.1 Anishinabeg culture & Quebec laws.	38
11.0 Literature Used	47
Biographical Background	49

1.0 Mandate of the Study

The mandate for the contractor to conduct the evaluation was granted by the Kitigan Zibi Band Council's Health and Social Services portfolio under the direction of Lionel Whiteduck. The evaluation fulfills a program requirement under the Social Development Policy and Intergovernmental Relations program within a mandate established by Indian and Northern Affairs Canada. The grant under this program requires an internal survey be employed as a means of evaluation of the First Nations Child and Family Services delivered within the Kitigan Zibi Anishinabeg. This evaluation has been designed to meet the mandate in the manner articulated in the correspondence provided by Indian and Northern Affairs Canada.

2.0 Methodology of the Evaluation

Planning and evaluation are a necessary part of the management of program delivery. For the Kitigan Zibi Health and Social Services (KZHSS) sector of the Kitigan Zibi Anishinabeg (KZA), health services are on 5-year evaluation cycles (for which a community health plan has been drafted to report against) while the Child and Family Services program is on a 3-year cycle. This presents a question for the evaluation to establish the scope and time period for this evaluation since an evaluation for the KZA community health plan was performed in 2004-5 which did not include the social services program within it. Prior to this evaluation, social services were evaluated as one part of the health and social services sector done in 1999 by Amiskou Consulting Group for all programs. As a result, there has not been an evaluation since 1999 for the Child and Family Services program leaving a 10-year gap out of synchronization with 3 and 5-year time frames. Archives for a 10-year retrospective simply do not exist for this complex patchwork of systems so the scope of the evaluation is limited to information from the

fiscal years 2008-9, 2008-7 and 2006-7. However, where data exists for the 10-year gap from other sources (like financial statements), the effort will be made to piece together the evolution of this program in the Kitigan Zibi community services.

While the 1999 evaluation was exhaustive and comprehensive the KZHSS Director found it to be missing sufficient recommendations from its analysis for it to continue the planning cycle. It is for this reason that this evaluation has an extra section within the recommendations that will be derived from analysis of the program's strengths, weaknesses, opportunities and threats. These recommendations drawn from a business administration-style will attempt to coordinate with norms for social science research methodology in evaluating the efficacy in the application of this program.

According to Cornell University's Research Methods Knowledge Base, an evaluation is *"the systematic acquisition and assessment of information to provide useful feedback about some object."* In this case the "object" is designated to be what is known as the "social services" program of the Kitigan Zibi Health and Social Services sector for the Kitigan Zibi Anishinabeg First Nation. This program is known across Canada to other First Nations communities as the First Nations Child and Family Services Program.

The Research Methods Knowledge Base is an online textbook of social science research that defines evaluation as:

"a methodological area that is closely related to, but distinguishable from more traditional social research. Evaluation utilizes many of the same methodologies used in traditional social research, but because evaluation takes place within a political and organizational context, it requires group skills, management ability, political dexterity, sensitivity to multiple stakeholders and other skills that social research in general does not rely on as much."

This definition is especially relevant to this evaluation because of the enormous complexity of this program that is delivered from three systems concurrently: the Federal (INAC), the province (Quebec) and the Anishinabeg nations. Each of these systems has completely different political realities, sensitivities and participants and clients with their own priorities. The political dexterity required for evaluation was daunting for the community-based researchers more familiar with more traditional social and scientific research methods. However it was the desire of the band administration that the evaluation seek researchers more familiar with the Kitigan Zibi systems, in short community members themselves. The objective was not only to build capacity from within but to obtain the most forward -

planning review possible. The goal of an evaluation is to influence decision-making or policy formulation through feedback, ideally derived from empirical data that helps community policy makers plan future evaluation efforts, while subsequently ensuring that they have researchers with experience to perform this function. The evaluation for the Child and Family Services Program (the program name is used in this report interchangeably with its social services titled within the KZHSS context) is particularly useful to begin planning future needs as this social program (customized by the Kitigan Zibi Anishinabeg) matures and develops within its health and social services sector.

This evaluation can be best described as a “*formative*” evaluation designed to strengthen or improve the KZHSS. Ordinarily this is done by examining the delivery of the program, the quality of its implementation, and the assessment of its organizational context, personnel, procedures and other inputs. This evaluation type was selected based on the needs articulated in correspondence from INAC’s national Child and Family Services Program to the Kitigan Zibi Anishinabeg Health and Social Services sector. It is unclear from this brief correspondence what type of formative evaluation would be most helpful for the program’s purposes at INAC’s level and for the KZA’s level. Clearly this formative evaluation is not a needs assessment or an evaluability assessment (one that determines whether an evaluation is feasible and how stakeholders can help shape its usefulness). We are left to determine whether or not this study is one of three options remaining for formative evaluations:

1. A **structured conceptualization** that helps define the program, the target population, and the possible outcomes; or
2. An **implementation evaluation** monitors the fidelity of the program delivery; or
3. A **process evaluation** that investigates the process of delivering the program that includes alternative delivery procedures.

By process of elimination, one can determine that this study it is not a structured conceptualization which is necessary for a program that has not already defined its target population and the possible outcomes. The Child and Family Services program is described at the national level and is already implemented at the local level in KZA. Considering the KZHSS program has already produced the national Compendium (with provincial versions) suggesting alternative delivery procedures for each province to accommodate statutory differences in youth protection across Canada for the Child and Family Services program, it is apparent that a process evaluation would not serve the purpose of this

study. In effect, an implementation evaluation was conducted to monitor the fidelity of the Child and Family Services Program delivered among the Kitigan Zibi Health and Social Services relative to the program's descriptions.

In order to conduct a proper formative evaluation research, survey questions centred around 4 themes:

1. *What is the definition and scope of the evaluation? Or, what is the question?*

The evaluation was defined by the grant notification letter from the national Child and Family Services Program, and provided an outline of questions to be answered through the process of an internal survey. The answers to these questions pertain to how this program is perceived by KZA residents, and how well the program is implemented within its context. In a rapidly evolving system that intervenes with families and children in crisis, and where support services are simultaneously adapting in a culturally relevant manner along three separate levels of government, the answer to the question is rather complex. As a result the scope of the evaluation was limited to outcomes for the past 3 years of delivery despite an existing 10-year evaluation gap. The question then becomes, *"In the last 3 years did the KZHSS do a good job of delivering the Child and Family Services program to its residents?"*

2. *What is the size and severity of the problem?*

At the outset of this social services program, it is unclear if a "needs assessment" preceded the implementation process that examined existing data sources. This evaluation relied on the 1999 evaluation sample surveys which included interviews of the population served. Unfortunately no baseline exists to compare the number of child/youth protection cases and adoptions before the advent of KZHSS' own service providers, and without the health and social supports built up by the community's effort. This can be interpolated by examining the number of cases experienced by nearby smaller and less populated Anishinabeg communities further north of the KZA where few supports and even fewer economic opportunities exist. Nonetheless, this study relies on crude statistics to gauge impact of the social services program (from preventative efforts) and measures them against annual case load numbers, and population increase to obtain a sense of the size and severity of the social services demand.

3. *How are social services being delivered to address the problems?*

Some of the efforts made in planning this evaluation that help indicate implementation, include the use of flow charts and SWOT procedures. The problem of overrepresentation of Aboriginal children in foster care is a complex mix of history, ethno-cultural clashes, assimilation tactics and social engineering efforts, as well as the interaction of many socio-economic factors. Re-conceptualizing the way social services should be delivered requires a definitive problem - in an Aboriginal community like KZA this is difficult to say the least, because asking the questions sometimes evokes silence even from the wizened and experienced members of the community. The role of the evaluator is not to provide a concrete list of answers, but rather is about isolating and defining the issues at large, and suggesting alternate and tangible ways of addressing them.

4. How well are the social services programs being delivered (the implementation evaluation)?

Qualitative and some crude quantitative monitoring techniques are used in this study to demonstrate the changes that have occurred during the maturation of the program. Real quantitative methods are of limited use in this study because they would not capture public perception of the social services, nor would such a method speak as succinctly to client satisfaction. An implementation assessment would prove appropriate here, though this would entail a lengthy process due to the complexity the analysis. Nonetheless, a crude implementation assessment of the Child and Family Services program within the Kitigan Zibi context as described in our methodology has been delivered.

One of the defining features of this process is the employment of a class of strategies described as a “*participant-oriented model*.” Much like any other consumer-oriented evaluation, the “*participant-oriented model*” emphasizes the central importance of the evaluation participants; the clients and users of Kitigan Zibi Anishinabeg’s social services program. The correspondence provided by INAC suggested the employment of internal surveys, and established the parameters for this examination regarding the delivery of social services against its stated mission, goals, human resources, relationship with the provincial entities, guides and manuals used, quality of management, services adapted to the reality of the community, public perception and finally considerations and recommendations. In this case, the participant-oriented model included surveys that were to the community at large, with special extension of the survey to all potential members of the support team within the KZA community services employees.

Previous evaluations looked at the delivery of all programs and services provided by KZHSS, whereas this evaluation is strictly focused on the First Nations Child and Family Services program implemented by INAC. Included in this analysis is a review of the accompanying agreement with the Centres des Jeunesse that administers the Youth Protection Act, as well as services connected to the Youth Criminal Justice Act and the Quebec Civil Code. While the comprehensive evaluation of KZHSS has not been performed since 1999, the study at hand will concentrate on the previous 3-year fiscal period: 2006-7, 2007-8 and 2008-9 for the KZA social services program. Though this study is meant to be entirely qualitative some small quantitative efforts have been made to illustrate general trends in prevention versus protection programming where made using crude statistical analysis. The analysis is restricted to demonstrating the strengths, weaknesses, opportunities and threats to the delivery of social services in the KZA.

SWOT ANALYSIS



Figure 1. (Graphic taken from the MBA tool box.com)

The analysis is defined in the following categories:

- **Strengths:** attributes of the social worker(s) or KZHSS that are helpful to achieving the objective.
- **Weaknesses:** attributes of the social worker(s) or KZHSS that are harmful to achieving the objective.
- **Opportunities:** *external* events that help to achieve the objective(s) of KZHSS.
- **Threats:** *external* events which could damage KZHSS's performance.

Methodology for the evaluation follows guidelines provided by Indian and Northern Affairs Canada's First Nations Child and Family Services Program Compendium for the Quebec Region. As a result, a three part questionnaire was developed to collect general demographic information, client satisfaction and perception of social services information. The questionnaire was circulated to KZA residents through the community's weekly news fliers, thus ensuring every household received a copy. Participants were asked to return their completed, anonymous surveys to drop boxes placed at designated locations. An electronic version of the survey was also created and circulated via electronic mail and through an internet link located on a Facebook group created specifically for KZA members named the Kitigan Zibi Social Services Evaluation Survey Group.

A few concerns came to the forefront as the survey was distributed: “survey fatigue” amongst community members was expressed as previous efforts received poor response rates in preceding months; the total number of houses on the reserve is less than one thousand, which indicated a very small sample size of the survey, and provoked concern relating to accuracy. According to the World Health Survey a sample for countries is based on at least five thousand participants, taking into consideration non-responses due to simple refusal, empty houses and other factors that may affect response rates. The World Health Survey stresses that the estimated non responses should be its highest possible numbers so that additional respondents can be incorporated during the survey period. Considering that Kitigan Zibi contains five hundred and eighty homes with most having two or more adult occupants, along with frequent back and forth migration from nearby urban centres (with an online survey designed to reach commuters and nation-wide dispersed post-secondary students), the potential survey size was right on target. As the WHS sampling frame suggests, this survey covered 100% of eligible households within the population in the Kitigan Zibi Anishinabeg. This means that every person residing in the KZA community had an opportunity of being included in the survey sample. It also indicates that particular groups or geographical areas (where KZA members may temporarily reside while pursuing post-secondary educations) were not excluded from the sampling frame.

The balance of the data was gathered from a series of interviews and a short band-wide employee or “team” survey with KZHSS service providers and Council representatives to evaluate quality of management and performance of this program. The informal interviews explore the relationships of the multipartite process, the needs of the service providers and clients as well as recommendations for improvements and serves as the basis for this “internal survey”/evaluation.

3.0 Mission and Objectives of KZ Health & Social Services

By its own description, the Kitigan Zibi Health and Social Services encompasses many programs which are geared toward the physical and mental health of all community members. From pre-natal nutrition to in-home care programs for seniors, the KZHSS has a variety of services in place. Kitigan Zibi remains committed to obtaining autonomy over the administration and delivery of their Health and Social service programs. It has furthered this aim through the creation of the Kitigan Zibi Health & Social Services Sector (of Kitigan Zibi) which was introduced in the mid-eighties, as part of on-going efforts to

exercise control over all services required by band residents. As a result the KZHSS delivers its broad spectrum of health and social services within the community at the following sites:



- KZHSS building (Health Centre)
- Endong Centre (for Senior Citizens)
- Kiweda Group Home (Retirement home)
 - Waseya House (Crisis Shelter)
 - Nicholas Stevens Centre (for the Mentally Handicapped)
 - Community Recreational Centre (for Youth)

According to the 2004-2009 Community Health Plan, the Kitigan Zibi Health and Social Services mission statement was articulated as follows:

“To promote a balanced lifestyle among community members by providing opportunities for individuals to achieve both mental and physical wellness”

This mission approximates (in English) the Anishinabe statement on the KZHSS logo: “mino-pimadjiwovin.” This statement describes one’s lifework or responsibility to provide for oneself and their family, and to live independently within a community.

Figure 2. The KZHSS Mino-pimadjiwovin logo

Mino-pimadjiwovin describes an approach to a healthy life where one, according to the Creator, must meet their personal needs by ensuring spiritual, physical, mental and emotional balance. For this reason the logo depicts a family at the center of a circle with roots extending outwards in each cardinal direction. The figures are depicted at a time of day when family life is rooted in the home for rest, meals and parental interaction, and this family-based logo forms the central objective for this on-reserve health and social services centre. The circle around the figures in the logo can be seen as other systems and networks supporting one another, and forming the fabric of a family-based community. This visual model for mission and objectives is not unusual in many Aboriginal centres that have similar crests representing their services and institutions. The objectives under this mission profoundly integrates the values of the First Nations Child and Family Services program of the Kitigan Zibi Anishnabeg - to protect our First Nations children and preserve family structures to the greatest extent possible.

4.0 Human Resources Management

Kitigan Zibi Anishinabeg is governed by one highly centralized administration that adheres to a single human resources management policy. Its structure places Chief and Council at the top of the hierarchy overseeing directors placed in each department or sector within its community services delivery model. As such, all band employees within the Kitigan Zibi Anishinabeg Human Resources Policy & Directives manual for full-time employees has been in force since September 2002.

Social Services under the Kitigan Zibi Health and Social Services Centre are delivered by three staff members under the Child and Family Services program, including 2 social workers Donna Tenascon (BSW), Chee-Chee Stevens (BSW), and Dan Decontie (the Youth Prevention worker). Clinical Supervision of open cases are provided in the Centres de Protection de Jeunesse via Luc Chamberlain under a service agreement with this provincial agency (see figure below). The KZHSS senior management includes a Health Director, Lionel Whiteduck and an Assistant Director, Robin Decontie who manage human resources and operations of all KZHSS programmes, staff, the centre itself, as well as a number of other facilities that fall under the health and social services umbrella for the community.

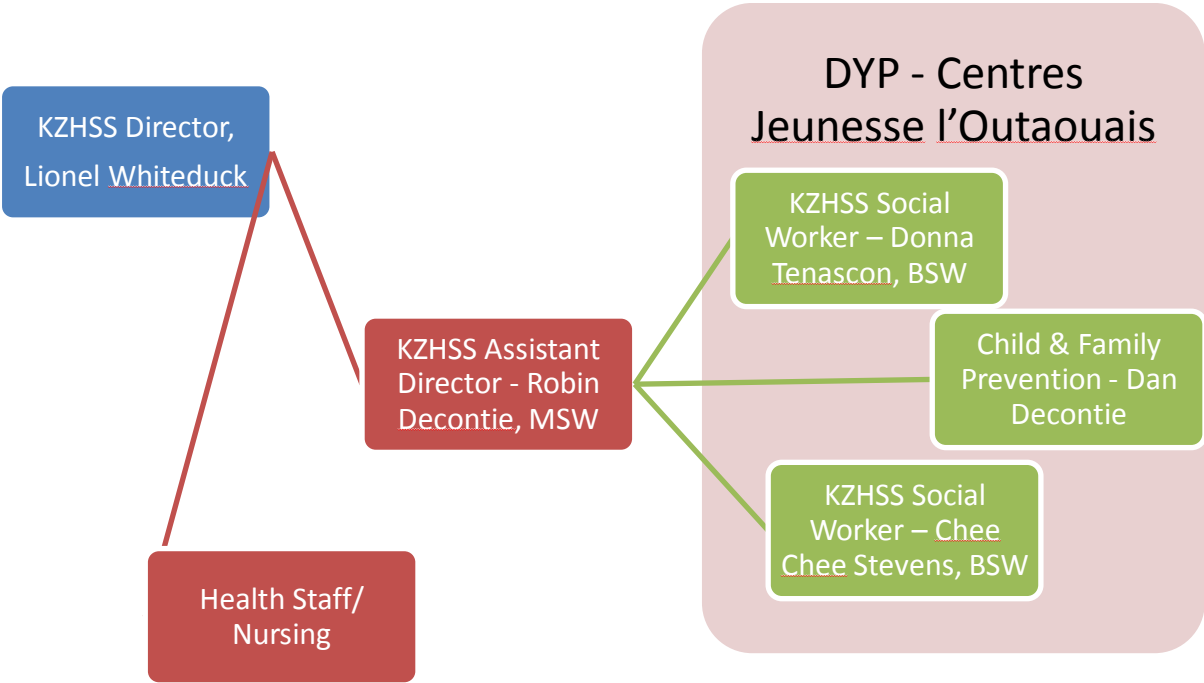


Figure 3. Organizational chart for the First Nations Child and Family Services Program staff of the Kitigan Zibi Anishinabeg

The duties associated with the social worker's paid positions requires enormous flexibility, coupled with post-secondary education in their fields (as well a broad knowledge of other fields such as business and law) complimented by a diverse background in First Nations political views, values, language and community history.

The Kitigan Zibi Anishinabeg Human Resources Policy & Directives for Full Time Employees has been in effect since September 5, 2002. A new human resources policy for KZA is scheduled to be introduced in April 2009 and is expected to include complete salary reviews and job descriptions. All other human resources pertaining to KZA will require updating in order to be aligned with the KZA Band and the KZHSS department.

Supervision of the social workers for the KZHSS is divided between the DYP and the KZHSS management for daily operations. The Centres de Jeunesse depend on timely entries of data into its Protection Intervention Jeunesse database and evaluation reports from the KZHSS social workers for the supervision of the cases in their partnered care. This is best described as remote electronic supervision for two autonomous social services providers – a situation that seems to work for the DYP (whose caseload is quite heavy) and the KZHSS providers' on-reserve who make many of these critical decisions with respect to child protection and occasionally require a 2nd opinion for more complicated cases.

This evaluation also examined (the 2006-7, 2007-8 and 2008-9) salaries for KZHSS social workers with more than 10 years experience: it was found that social workers were paid at range 5 within level 6 of KZA Band employees. A level 5 salary for KZA Band employees corresponds to \$42,287 - \$52,840 annually and is usually adjusted with benefits. Senior Management salaries are higher and adjusted annually. The last salary review conducted by independent consultants after the introduction of the 2002 Human Resources Policy manual, compared salaries of band employees at all levels against provincial salaries (and other First Nations organizations) forcing adjustments to approximate parity. Salary comparisons of this nature can prove difficult to adjust given the extraordinarily heavy caseloads of the Centres de Jeunesse de l'Outaouais, and the size of the KZA relative to smaller bands within the region and provincially.

The evaluation found that KZHSS staff development provides regular training for social workers delivered through a blend of in-house (at the KZHSS Centre), the Centre de Jeunesse de l'Outaouais and other offices located in nearby area centres. Training sessions included the introduction of the new amendments to the Youth Protection Act and reflect the following:

SOCIAL WORKER TRAINING received from 2006-2009

2006 – 3 days total training

- Oct 2006 - DPJ-training “Looking After Children Program” - 1 day at CJO Maniwaki office
- Nov 2006 - CPR/First Aid training - 1 day at KZHSS
- Dec 2006 - DPJ clinical training on Pij system - 1 day at CJO Maniwaki office

2007 – 6 days total training

- April 2007 - DPJ “PNF” Programme National de Formation - 3 day training at the Batshaw Center in Montreal.
- April 2007 - Suicide Assists Training - 2 days at KZHSS
- May 2007 – DPJ training “SSP” systeme de soutien a la pratique - 1/2 day at CJO Hull office
- Oct 2007 - DPJ clinical training on Pij for Revision Reports - 1/2 day at CJO Maniwaki office.

2008 - 10 days total training

- Jan 2008 - DPJ training -1 day at CJO-Hull office
- Feb 2008 - DPJ training -2 day training at Batshaw in Montreal
- March 2008 - Sexual Abuse - 3 day training at Batshaw in Montreal
- May 2008 - DPJ with CJO-Lawyer Danielle Pharand - 1/2 day training at KZHSS
- Oct 2008 – FASD -2 day training at CJO Maniwaki office
- Oct 2008 - Positive Parenting Workshop – 1 day in Ottawa
- Sept 2008 - DPJ/ McGill University Study training -1/2 day at KZHSS

2009 – 5 days total training

- Feb 2009 - DPJ provincial tutorship amendments to the Youth Protection Act - ½ day at CJO-Maniwaki office
- Feb 2009 - Depression in Children/Adolescents Via McGill University Video Conference - 3 hr at KZHSS
- March 2009 - ADHD in Childen Via McGill University Video Conference -3 hrs at KZHSS
- March 2009 - DPJ training “Looking After Children” - 2 day training at CJO-Maniwaki office
- April 2009 - Autism Via McGill University Video Conference -3 hrs at KZHSS
- April 2009 - KZA Webmail - 2 hrs training at KZHSS
- April 2009 - INAC forms - 3 hrs at KZHSS

5.0 Relation with Provincial entities: Quebec's Centre de Protection de Jeunesse

“KZHSS hands are tied in many ways. The legal system is very frail and wobbly when it comes to protection of any kind. We need our own guidelines, our own sentencing for anyone who breaches our rules set into place in order to protect our community.” - KZA community respondent

Two bilateral agreements are established annually to deliver social services to the Kitigan Zibi Anishinabeg: one between the Centres Jeunesse de L’Outaouais (CJO) on behalf of the Commission and one with Indian and Northern Affairs Canada for its Child and Family Services Program (Social Development Policy and Intergovernmental Relations). The latter agreement is premised on the CJO bilateral to arrange provincial supervision of the cases opened on reserve for Child and Youth Protection. The current draft agreement and its appendices set out the arrangement that describes the parameters for the sharing of responsibilities for the Youth Protection Act (and Civil Code of Quebec in matters pertaining to Adoption), as well as Youth Protection Emergency Procedures, and potentially the Youth Criminal Justice Act. Currently this program is not funded by the relevant provincial or Federal agencies under the KZHSS and at the time of this evaluation, the Director of Youth Protection and the Kitigan Zibi Anishinabeg had yet to resolve administration of the Youth Criminal Justice Act and its parameters. The KZHSS and the CJO ordinarily meet on an ad-hoc basis at quarterly intervals to review and report on their administrative arrangements, and it is hoped that this particular area of programming will be resolved in the near future.

The Kitigan Zibi Anishinabeg is a band as defined under the *Indian Act*, R.S.C. 1985, c. I-5, and is represented by Chief and Councillors elected every 3 years. Chief Gilbert Whiteduck represents the Kitigan Zibi community with 6 councillors including, Kristy Whiteduck, Darlene Twenish, Steve Tenasco, Marlene Carle, Rene Commando and Wayne Odjick. Currently the council portfolio for Health and Social Services is held by band council member, Marlene Carle. KZA Chief and Council representation has changed from the previous 3- years when Stephen McGregor acted as elected Chief and Council members included Lisa Commanda, Helen Cayer, Robin Decontie, the late Albert Tenasco Jr., and Steve

Tenasco. The Kitigan Zibi Anishinabeg is a highly centralized administration, making the KZHSS Director accountable to Council. It may prove necessary that some latitude or delegation be granted the KZHSS Director to enter into an Agreement with the province of Quebec to deliver the Youth Protection Program under the requirements established by the national Child and Family Services program.

Indian and Northern Affairs is responsible for two mandates, Indian and Inuit Affairs and Northern Development whose stated objectives are to: "support Canada's Aboriginal and northern peoples in the pursuit of healthy and sustainable communities and broader economic and social development objectives". INAC derives this mandate from the administration of the Indian Act and its amendments and other statutes characterized as modern treaties.

Under Indian and Inuit Affairs, INAC negotiates comprehensive and specific land claims and self-government agreements on behalf of the Government of Canada; oversees implementation of claim settlements; delivers provincial-type services such as education, housing, community infrastructure and social support to Status Indians on reserves; manages land; and executes other regulatory duties under the Indian Act.

Recognition of "existing aboriginal and treaty rights" in the *Constitution Act of 1982*, and the Proclamation of the *Canadian Charter of Rights and Freedoms* entailed important changes to the *Indian Act*. In April 1985, the equal rights provision of the Canadian Charter (s.15) came into effect; Bill C-31 was enacted to remove discriminatory provisions found in the Indian Act and effectively reinstated those adults and their children who had previously lost status. In many cases, Bill C-31 doubled the status Indian population, creating increased demands upon community and government resources, of which very few, if any have been properly addressed. After ten years of re-instatement efforts, INAC estimated that there were approximately 300,000 status Indians by 1985, with that number growing and now closer to 600,000 in Canada. Following Bill C-31, the Kitigan Zibi Anishinabeg experienced a similar effect with its population growing from 1,253 people in 1984 to 2,151 in 1994. Many reinstated members and their children now had the option to return to the reserve where they could receive housing, education and social services from the Kitigan Zibi Anishinabeg. Despite the influx of re-instated KZA band members, very little growth occurred in the community's overall support systems to effectively accommodate the vastly increased population. Changes, such as those brought on by Bill C-

31 reflect important factors that figure prominently into the social services outcomes and performances of the Kitigan Zibi Anishinabeg.

The changes seen were the result of the removal of involuntary enfranchisement from the *Indian Act*, taking with it the clause that deprived Indian women of their status and Band membership when they married non-Indian men. Up until that time, Non-Indian women who married Indian men gained Indian status and membership. A series of court cases, such as the Lavell and later the Lovelace cases changed this policy with the support of the U.N. Human Rights Committee that found that the *Indian Act* discriminated on the basis of sex, and other ongoing violations of the Universal Declaration of Human Rights.

In the 2009-20 INAC Program Activities Architecture we can see the structure of its mandate:

“Working together to make Canada a better place for Aboriginal and northern people and communities.”



The Canadian Charter of Rights and Freedoms states health care, and other “publicly funded social services” are to be provided by the provinces and subject to provincial residency requirements. For the Kitigan Zibi Anishinabeg this is where its relationship with Quebec begins.

Health services programming are provided by KZHSS under transfer arrangements from Health Canada. KZHSS has grouped these services together in the same sectoral approach as Quebec’s CLSCs. In dealing with the province of Quebec these services are split amongst decentralized Centres Protection de Jeunesse and La regie d’assurance maladie de Quebec that fall under a myriad of provincial statutes expressed in French.

As per Quebec statues, Health and Social services are for the most part, delivered through the CLSC while youth protection is specifically handled by the Centres de jeunesse de l’Outaouais. The social services delivered via Federal funding require a partnership agreement to be concluded with the provincial entities surrounding the First Nation in question; in the case of the Kitigan Zibi Anishinabeg this means Quebec. It is unclear, however if this is a limitation for KZA who may require additional agreements concluded in order to secure additional arrangements with other provinces like Ontario (which offer many English services including mental health programs).

In 1975 the Quebec Charter of Human Rights and Freedoms declared that “Every child has a right to the protection, security and attention that his parents or the persons acting in their stead are capable of providing.” Under this Charter a Commission was constituted whose name and the responsibilities, resulting from the 1995 merging of mandates between the Commission des droits de la personne and the Commission de protection des droits de la jeunesse to form the “COMMISSION DES DROITS DE LA PERSONNE ET DES DROITS DE LA JEUNESSE.” Its constitution establishes a body, whose mission is:

Which children are protected by Quebec’s Youth Protection law?

The *Youth Protection Act* protects all children:

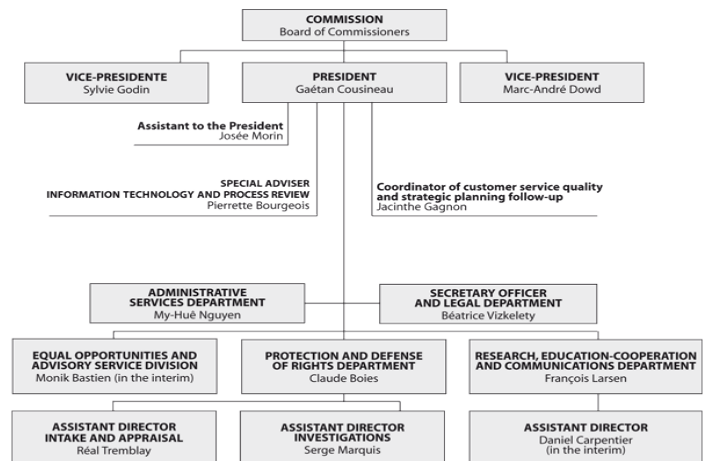
- from birth to the age of 18,
- whose security or development is or may be considered to be in danger.

From the website for the Commission des droits de la personne et des droits de la jeunesse.

“to ensure that the interests of children are protected and that their rights recognized by the Youth Protection Act (chapter P-34.1) are respected; for such purposes, the commission shall exercise the functions and powers conferred on it by this Charter and the Youth Protection Act.”

The Commission also states that it ensures, by any appropriate measures, the promotion and the protection of the rights of children recognized by the *Youth Protection Act* and the *Youth Criminal Justice Act*. The responsibilities of the Commission include, without being limited to, the following:

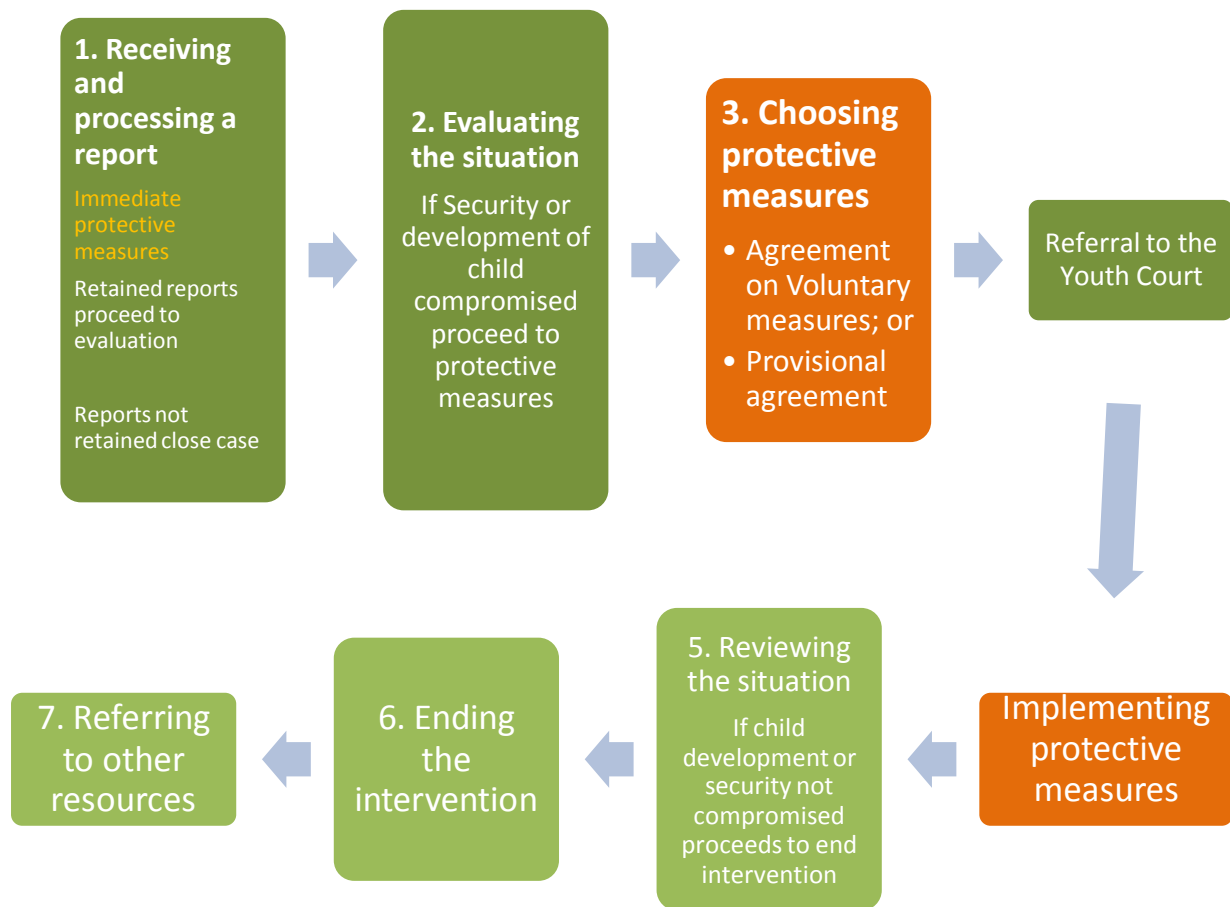
- non-adversarial investigations, in accordance with the *Charter of human rights and freedoms*, into any situation, which appears to the Commission to be either a case of discrimination, harassment or a violation of the right of aged or handicapped persons against exploitation;
- upon an application or of its own motion, pursuant to the *Youth Protection Act* shall investigate any situation where it has reason to believe that the rights of a child or of a group of children have been encroached upon by persons, establishments or bodies, unless the Court is already seized of it;
- to develop and conduct a program of public information and education relating to human rights and freedoms or to the protection of young persons' rights;
- to point out any provision in the laws of Québec that may be contrary to this Charter and make the appropriate recommendations to the Government;
- to direct and encourage research and publications relating to fundamental rights and freedoms or to the rights of children;
- to make recommendations, in particular to the Minister of Health and Social Services, the Minister of Education and the Minister of Justice concerning the rights of children;
- to receive and examine suggestions, recommendations and requests made to it concerning human rights and freedoms, possibly by inviting any interested person or body of persons to present his or its views before the Commission where it believes that the interest of the public or of a body of persons so requires, with a view to making the appropriate recommendations to the Government;
- to elaborate and implement affirmative action programs;
- to cooperate with any organization, dedicated to the promotion of human rights and freedoms in or outside Québec.



The Commission reports on an annual basis, to the president of the National Assembly on its activities for the preceding fiscal year, recommendations regarding the promotion and protection of human rights, and the promotion and protection of children's rights and interests. Under the direction of the Commission, Directors of Youth Protection are appointed positions.

The Director of Youth Protection is responsible for assessing all reports, and must take charge of any situation where a child's security or development is in danger. In these instances, the DYP must ensure that the situation is brought to an end, and is not repeated. For that purpose, the DYP may propose the application of voluntary measures or bring the case before the court, namely the Youth Division of the Court of Québec. The DYP must review the child's situation periodically. Each DYP also has responsibilities in the areas of adoption and tutorship.

Figure 3. A step-by-step guide on how the DYP intervenes



In the KZA, the total number of retained cases (for which evaluation is deemed necessary) between 2006 and 2009 was calculated at thirty-five, while total *orientation* and cases where *applied measures* were taken both stood at fifteen. These statistics (provided by the CJO) reflect a comparatively low rate across Anishinabeg communities in the region, particularly when one considers that these records exist within a three-year span. The CJO's numbers regarding recorded KZA family crises, provide strong evidence to indicate that KZHSS's prevention efforts and support from other sectors are indeed growing, and are having a positive impact within the community.

The Commission may investigate when it has reason to believe that the rights of a child or adolescent (or a group of children or adolescents) have not been upheld. These investigations deal, particularly with the services rendered by:

- a director of youth protection when a case has been reported to him or her;
- a child and youth protection centre in charge of the case;
- a foster family to which a child has been entrusted;
- any institution, organization or person acting under the *Youth Protection Act* (rehabilitation centre, CLSC, police officer, transport personnel, hospital, etc.);
- any institution or person responsible for the custody of an adolescent found guilty of an offence, under the federal law pertaining to young offenders

When a case is brought to its knowledge, the Commission first attempts to rectify the situation quickly. If a more thorough investigation is conducted and the Commission concludes that rights have been violated, it will propose measures to correct the situation to prevent a re-occurrence. If need be, the Commission will take legal recourse in order to protect the child's rights and interests.

More recently, DYPs intervene when KZA teenagers (aged twelve to seventeen) are charged under the Youth Criminal Justice Act. In this role, DYPs carry out the duties of a provincial director as specified in the Act. The Director of Youth Protection is also responsible for protecting children under the Youth Protection Act. There are nineteen Directors of Youth Protection: 2 in the Montréal region, 2 in the Nunavik region and 1 in every other administrative region in Québec such as the Outaouais region where the Kitigan Zibi Anishinabeg is located. More recently the bilateral agreement with the KZA, the youth criminal justice appendices have been reduced to reflect the withdrawal of Federal INAC funding from the KZA and are transferred directly to the provincial entities for this function. Despite KZA's lack

of direct funding for this program the local DYP however, continues to expect involvement from the community that is no longer feasible, even on an *ad-hoc* basis. This situation suggests that further discussion must occur for KZA to achieve equal standing with the Directors of Youth Protection who work within child and youth protection centres, or more appropriately like the Directors in the Nunavik and James Bay Cree territorial regions who are subject to self-governance-type arrangements.

When a person has reasonable grounds to believe that a KZA child or any other child's security or development is considered to be in danger, that person must inform the Director of Youth Protection by reporting the situation. According to the Commission's website, a child's security or development is considered to be in danger in the following situations:

abandonment: a situation in which a child's parents are deceased or fail to provide for the child's care, maintenance or education and those responsibilities are not assumed by another person in accordance with the child's needs;

a. ***neglect:*** a situation in which

1. the child's parents or the person having custody of the child do not meet the child's basic needs,
 - i. by failing to meet the child's basic physical needs with respect to food, clothing, hygiene or lodging, taking into account their resources;
 - ii. by failing to give the child the care required for the child's physical or mental health, or not allowing the child to receive such care; or
 - iii. by failing to provide the child with the appropriate supervision or support, or failing to take the necessary steps to provide the child with schooling; or
2. there is a serious risk that a child's parents or the person having custody of the child are not providing for the child's basic needs in the manner referred to in subparagraph 1;

b. ***psychological ill-treatment:*** a situation in which a child is seriously or repeatedly subjected to behaviour on the part of the child's parents or another person that could cause harm to the child, and the child's parents fail to take the necessary steps to put an end to the situation. Such behaviour includes indifference, denigration, emotional rejection, isolation, threats, exploitation, particularly if the child is forced to do work disproportionate to the child's capacity, and exposure to conjugal or domestic violence;

c. ***sexual abuse:*** a situation in which

1. *the child is subjected to gestures of a sexual nature by the child's parents or another person, with or without physical contact, and the child's parents fail to take the necessary steps to put an end to the situation; or*
 2. *the child runs a serious risk of being subjected to gestures of a sexual nature by the child's parents or another person, with or without physical contact, and the child's parents fail to take the necessary steps to put an end to the situation;*
- d. **physical abuse:** *a situation in which*
1. *the child is the victim of bodily injury or is subjected to unreasonable methods of upbringing by his parents or another person, and the child's parents fail to take the necessary steps to put an end to the situation; or*
 2. *the child runs a serious risk of becoming the victim of bodily injury or being subjected to unreasonable methods of upbringing by his parents or another person, and the child's parents fail to take the necessary steps to put an end to the situation;*
- e. **serious behavioural disturbance:** *a situation in which a child behaves in such a way as to repeatedly or seriously undermine the child's or others' physical or psychological integrity, and the child's parents fail to take the necessary steps to put an end to the situation or, if the child is fourteen or over, the child objects to such steps.*

In addition, the security or development of a child may be considered to be in danger in situations in which

- a. *the child leaves his/her own home, a foster family, a facility maintained by an institution operating a rehabilitation centre or a hospital centre without authorization while his/her situation is not under the responsibility of the director of youth protection;*
- b. *the child is of school age and does not attend school, or is frequently absent without reason;*
- c. *the child's parents do not carry out their obligations to provide him/her with care, maintenance and education or do not exercise stable supervision over him/her, while he/she has been entrusted to the care of an institution or foster family for one year.*

The Commission intervenes when it has reason to believe that the rights of a child or adolescent (or a group of children or adolescents) are not respected. The intervention can start

- *when a complaint is received from a child or adolescent, from a parent, or from other people who are aware of the situation*

- *when the Commission decides to act on its own initiative*

Exceptions

The Commission cannot intervene

- *when the facts concerning the child's situation have already been brought before a court*
- *when a complaint concerns the situation of a young person under the Health and social services Act, or under the Education Act, or to settle problems relating to the legal custody of a child*

The interventions and investigations carried out by the Commission can focus on the services provided by:

- a Director of Youth Protection, after a child's situation has been reported
- a child and youth protection centre that has responsibility for the child's situation
- a foster family
- any establishment, organization or person acting under the *Youth Protection Act* (rehabilitation centre, CLSC, police officer, transportation service, hospital, etc.)
- every institution or person responsible for the custody of an adolescent found guilty of an offence under the *Youth Criminal Justice Act*

The person who processes the complaint decides whether the Commission has jurisdiction to intervene, whether the situation of the child concerned falls under the *Youth Protection Act* or the *Youth Criminal Justice Act*, and whether the complaint concerns the rights of the child as defined in those Acts.

- When it has jurisdiction, the Commission verifies all the elements in the complaint.
- When the Commission considers that the facts do not indicate that the right of a child or group of children have not been infringed upon, it does not intervene and advises the applicant of its decision.
- In other cases, the Commission intervenes and/or investigates the report.

The first step taken by the Commission is to explore the various possibilities for correcting a situation and intervening quickly to rectify a problem. This means that the Commission could;

- Launch an investigation to correct a problem or prevent its recurrence; or
- Ensure a case can be brought rapidly before the courts

If corrective action is not possible, is not advisable or fails to give results, the complaint is reviewed to ascertain whether an investigation be launched, or if the file should be closed.

In most cases where an individual investigation reveals an infringement of rights in the application of the law, the Commission requests DYP intervention to clarify and correct the situation. However, if the Commission's recommendations are not complied with within the deadline, or to the Commission's satisfaction, it can bring the case before the courts.

6.0 Public Perception of Social Services

“People usually associate the social services department with a threat. I usually try to explain that they are a necessary service to ensure that our youth/children are properly cared for, and that they can be a very helpful service in many areas that parents can reach out to for support. It does not matter who is working these positions – it’s a difficult job – I’ve worked with them and I have been called a “social worker” and it’s something to be afraid of for my young daughter and her friends”. – KZA Survey respondent

Public perception of Social Services among KZA youth and some parents is largely negative. Community efforts to protect children from neglect and abuse, by removing children from homes and families are too often the only actions that become known throughout the community. Tighter social connections and larger extended families help to feed this negative perception, making on-reserve social work much more difficult a task to carry out and deliver.

The Indian Act’s negative impact on the collective conscious of Aboriginal peoples can be clearly seen in the public perception of social services. The echoes of past injustices perpetuated through this legislation still exist in the memories and attitudes of First Nations and the Kitigan Zibi Anishinabeg themselves. Henderson describes it best:

“Historically, the Act evolved to protect the small share of Canada's land base which remained to our original peoples. Statutes dating back to the middle of the last century created the concept of "status" to separate those who were entitled to reside on Indian lands and use their resources from those who were forbidden to do so. In this respect, the early legislation was an expression of the concepts set forth in the Royal

Proclamation of 1763. The exemption of reserve lands from municipal taxation and seizure under legal process were other measures intended to secure those lands for the intended occupants: Indians themselves.

Status soon came to have other implications. Status Indians were denied the right to vote, they did not sit on juries, and they were exempt from conscription in time of war (although the percentage of volunteers was higher among Indians than any other group). The attitude that others were the better judges of Indian interests turned the statute into a grab-bag of social engineering over the years. When the Potlatch and Sun Dance were seen as uncivilized, the Indian Act was used to ban them. Possession of liquor, on or off the reserve, was punished more harshly under the Act than by general laws. Loitering in pool rooms was forbidden. Indian children were removed from their homes, under the Minister's authority to educate them, and sent to residential schools. Children who were habitually absent from school were "deemed" to be juvenile delinquents."

Indian Residential schools left a detrimental legacy for the Kitigan Zibi Anishinabeg and other Aboriginal communities by kidnapping children and returning them (if the child survived at all) years later, completely stripped of language and cultural education. The legacy of the Indian Residential School system has helped foster the negative stigma attached to social services amongst Aboriginal people today. The Truth and Reconciliation Commissions' work is happening concurrently with this evaluation and will continue for some time into the future.

The Truth and Reconciliation Commission was borne out of a legal settlement for Aboriginal survivors of horrific abuse at the hands of churches and the Canadian state is often referred to as a failed social engineering experiment. The work of the Commission recognizes the detrimental intergenerational effect that Indian Residential Schools had on First Nations families and their role as parents in subsequent generations.

Recently First Nations child abuse incidence reports strongly correlated child abuse with one or more parents who themselves were abused. The link between child neglect and attendance of residential schools (a fact that could prompt negative perception of social services by KZA participants), by a parent or grandparent required the inclusion of a survey question to that effect. The survey reported that 22% of KZA residents themselves attended, or had a parent who attended residential schools. This linked risk

is an area that warrants further study in preparation for future planning or preventative efforts. The over representation of Aboriginal peoples in the youth protection system and incarceration facilities is no accident, and the legacy of residential school abuse will continue to be felt for generations to come. The perception of a threat has not yet ended for KZA's future generations or other Aboriginal children, particularly with Quebec's recent legislative amendments to the Youth Protection Act.

Quebec's social services also experienced waning public perception. In late 2005, the Quebec government drastically overhauled its Youth Protection Act. Bill-125 proposed to allow for less time of parents accused of abandoning, neglecting or abusing their children to improve their situations. It also gave social workers and family court judges more tools to put children up for adoption. Nicknamed Project Zero, the statute amendments limited the amount of time that families in crisis received to show evidence of positive lifestyle changes that would allow the return custody of their children. Simply put, First Nation families in crisis now had 12 months to meet the checklist of requirements before their children under-2 years would be adopted until the age of majority, often outside of their First Nation community. On July 9, 2008 forty-three of Quebec's First Nations Chiefs signed a statement of protest for the passing of Bill-125. The new amendments were viewed by First Nations people as another act of genocide much like that of the Residential School system.

In November 2005, Quebec news agencies reported the vehement opposition of the amendment from groups like the Association des grands-parents du Québec. Grandparents in Quebec were reportedly already struggling for access to their grandchildren following divorces or the seizure of children by Youth Protection. Since Quebec law only allowed closed adoptions, this amendment would permanently sever all legal ties between children and their families of origin. Adoption means that a child's name could be changed and children would thus become permanently displaced. Grandparents sought to block name changes under the amendment so that they could seek legal recourse if adoptive parents prevented them from seeing their grandchildren. They argued that under Article 611 of Quebec's Civil Code, parents must have serious grounds to block relationships between children and grandparents. This effort would contravene their rights.

Montreal filmmaker Paul Arcand's "Les Voleurs d'enfance" forever altered public perception of social services through his powerful depiction of Quebec's dismal failure to protect children in its youth protection system. The film spoke of the 30,000 abused children placed in the DPJ's care every year and documented the nomadic lives of displaced children, who moved from one center to another and rarely received enough counselling to moderate their inherent violent behaviour. Arcand interviewed former

DPJ inmates who claim they were confined to their rooms twenty hours a day, some in dilapidated facilities paralleled to the jail cells of convicted child abusers. Though not mentioned in the film, these accounts bear some resemblance to the accounts of survivors of Indian Residential Schools.

Upon interviewing Quebec government officials, Arcand questioned what the DPJ Direction de Protection de la Jeunesse (DPJ) does

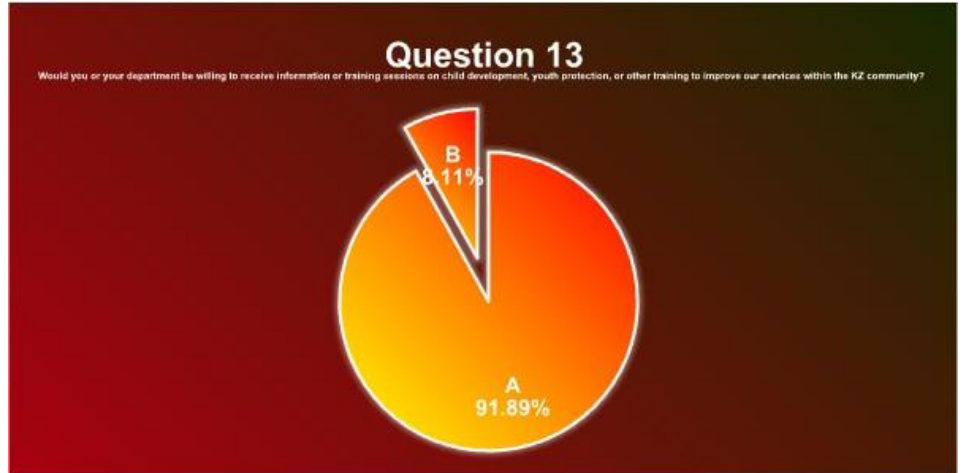


with its eight-hundred million dollar budget. Arcand discovers that 12,000 employees' salaries, and their award-winning building located in downtown Montreal are commanding the lion's share of this budget. According to the film, the DPJ's inefficient bureaucracy poorly manages its over-worked field professionals, decayed facilities and illegal institutional abuse towards its children. The film also interviewed care workers who not only receive limited training, but are asked to travel across the province to handle 25 different cases a week. They describe themselves as exploited and demoralized.

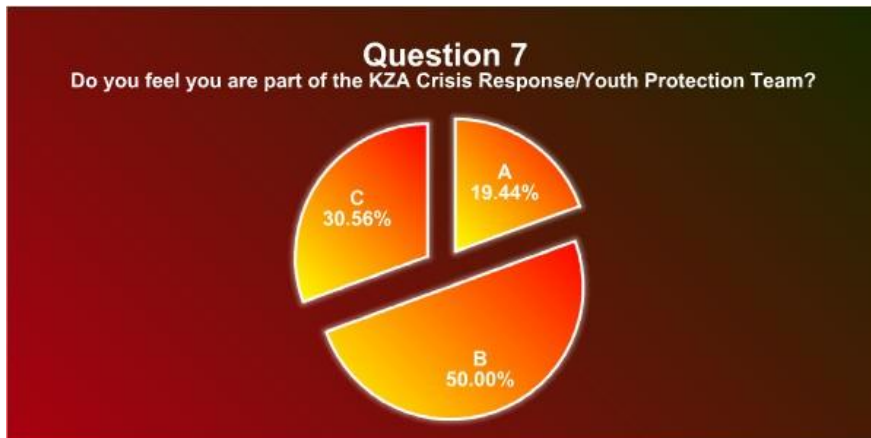
According to the CJO more recently, these amendments to the Youth Protection Act have made some positive changes to transient existence of the young people in the region who were previously shuttled between countless foster homes while waiting for family situations to improve. In some cases, improvements in the home can sometimes take years to occur. The poor process existing to undertake these changes that have resulted in a greater number of adoptions outside their First Nations (and have not been ignored by the forty-three Chiefs in Quebec who vehemently opposed them in 2005) is reflected by seventy-five percent of KZA residents who are reportedly concerned about the adoption and placement of KZA children outside of the community.

Despite the poor general public perception of social services, the majority of KZA residents regard this as an important program with 92% of KZA employees declaring it is an essential service equated to governance, policing and fire protection.

Over the past 3 years, the KZA Child and Family Services has strived to create a multidisciplinary team able to respond to child protection emergencies, and 91.89% expressed a need for more information and training (preventative measures) on child development, youth protection



and other training in order to improve their services in the future. Clearly the public perception in KZA of Child and Family Services has changed dramatically since the introduction of its predecessor programs.



According to survey results, half of KZA employees felt that they were in fact part of the social services “team”. These findings are significant when that the other half of those who did not consider themselves part of the KZHSS “team” were simply unsure of their role. This suggests that 75% of band employees are willing to be part of the KZA Crisis Response/Youth Protection Team, indicating the need for future workshops in team-building and readiness where youth protection is concerned.

Ideally a complaints system could be used to help create the change required to better serve First Nations children and families in Quebec. However, any complaints about the DPJ/DYP or any of its services go right back to the Commission, where according to its website:

” complaints with regard to youth protection must be filed with the Commission when one is:

- *not satisfied with the services you are receiving under the Youth Protection Act or the Youth Criminal Justice Act*
- *aware of a child who is not receiving the services to which he or she is entitled*
- *aware of a child who is receiving inadequate services, and whose rights are violated or encroached upon.*

Any person has the right to file a complaint when they believe that the rights of a child are being, or have been violated and may bring the situation to the attention of the Commission. A child who themselves have been taken in charge under the Youth Protection Act or the Youth Criminal Justice Act may also contact the Commission directly to complain about the services he or she is receiving. The child may also ask a lawyer to file the complaint on their behalf.”

In order to obtain quality care, First Nations or Anishinabeg children need better legal representation than they currently receive. First Nations communities require better access to existing support services in order to close their cases more effectively once entered into the system.

The relationship between KZA and Quebec exists as a partnership, but it is a partnership that has come at a great price. KZHSS social service workers serve as a buffer between a provincial system that is perceived as apprehension vehicles reminiscent of the residential school “sweeps” or “kidnapping” experiences of the previous generation, and the French language barrier adds a layer of difficulty in resolving this situation. Economics and geography also contribute to the barrier of KZA children being returned to their families, having to enter longer-term care outside the region where they are often served by a single English-speaking youth rehabilitation centre in metropolitan Montreal’s Jewish facility (Batshaw). This facility is a 4-hour drive from the KZA community for families already economically challenged and in the process of healing. Issues of isolation and cultural disconnection are real factors for KZA band members who may be struggling to retain culture and languages in an errant sea of French and English only services.

7.0 Services adapted to the reality of the community

“Services given by our Community, to suit our Community” – KZA respondent

KZHSS administration is housed in a single facility with a collection of buildings devoted to various types of service delivery that form the umbrella of health and social services. Some of these services include Waseya House (a women’s shelter), Wanaki House & the Native Drug and Alcohol Prevention Program, Kiweda, and the Kitigan Zibi Police Department. Other KZA programs that feature prominently in social services access are the Kitigan Zibi Kikinamadinan, the Paginawatig School, and the Nicholas Stevens Center. The KZHSS delivers services akin to those of a CLSC, but without official provincial designation and without the necessary financial appropriations. The DYP however, assumes the statutory authority over a programming resourced from INAC without any clear division of powers under Federal legislation.

Protection and prevention offered by the Child and Family Services Programme through KZHSS works against enormous odds. High unemployment in the region due to recession and depressed forestry prices, lower post-secondary attainment rates than the national averages, and residential school histories have the combined effect of masking pain and poverty against a seemingly well administered First Nations community. The services and healing required to address a myriad of addiction problems among youth and working-age adults in KZA is restricted to those currently residing on the reserve, but does not address those residing in the town of Maniwaki while waiting for housing, or those living in the nearby cities of Gatineau, Ottawa, Montreal and countless other cities across Canada, the US and internationally.

The First Nations Child & Family Services Program is one of INAC's social programs, which includes: Income Assistance, Assisted Living, Children's Programs, Family Violence Prevention and other social services to address individual and family well-being. Several Cabinet and Treasury Board decisions since the 1960's have granted INAC approval and funding to enter into agreements with provinces, territories and First Nations organizations for the delivery of child welfare services for on-reserve First Nations children and their families.

In general terms the concept of First Nations Child and Family Services program delivery is new and growing exponentially, a point clearly made on INAC’s website describing this program:

“expenditures for child and family services on reserve increased more than 61% from 1992 to 1999. Much of the increase was due to the establishment of FNCFS agencies in jurisdictions where previously the provinces had been providing only minimal services on-reserve.”

The development of this program in the KZA has its genesis in 1987 with the hiring and education of an Aboriginal woman to provide these services in Anishinabe and English, when Quebec providers refused to work on-reserve. The program has grown from one person delegated to the task of signing welfare cheques to real social work - counselling and prevention work for youth and their families in partnership with other social supports. The real strength in KZA assuming responsibility of its own services can be seen in teams that include the KZA police, social workers and nurses that can intervene more efficiently to protect children in crisis. KZA's commitment to this duty is best seen in the recent Drug or Wikodadiwin Strategy, an example of good team conduct created by a small number of providers and political entities impacting positively on a population in need.

The opportunity to adapt this program to the reality of the community however, remains ruttled in INAC's effort to develop measures that ensure accountability to the Parliament of Canada and First Nation people themselves. Compliance methodologies are being developed for programs which are reimbursed on the basis of actual expenditures. To this end, a compliance methodology is being considered for the maintenance component of the First Nations Child & Family Services program. The goal is to one day place full control of these resources and their allocation in the hands of the community that provides this service, the Kitigan Zibi Anishinabeg. It is hoped that in the future the FNCFS will not describe itself as program delivering "province-like" social services, but as helping to administer legislation pertaining specifically to First Nations and their families reflective of a real Aboriginal/Federal/Provincial/Territorial collaboration to rescue children in need.

8.0 Guides and Manuals used

"The First Nations Child & Family Services Program provides services, where authorized, to registered First Nations individuals living on-reserve. First Nations Child & Family Services agencies are administered by First Nations, in co-operation with provincial or territorial authorities." – Compendium for INAC's First Nations Child Family Services Program.

Through an agreement with the Quebec's Minister of Health and Social Services delegated authority for Youth Protection, Les Centres Jeunesse de L'Outaouais professional services are rendered to the Kitigan Zibi Anishinabeg. It is under this multi-partite collaborative process that Child and Family Services are delivered in a culturally adaptive context for this program.

Quebec's P-34.1 *Youth Protection Act* and S-4.2 *an Act Respecting Health Services and Social Services*, provides the legislative framework for the provision of health and social services through the network of one hundred and forty-seven (plus) CLSCs (*centre local de services communautaires*), local community services centres that provide health care and social services throughout Quebec. These Acts particularly the Youth Protection Act, serve as guides to delivering this program. There are, however a number of more detailed questions in program delivery that require further development, such as standards of practice for the social workers in the community, and other critical assessment tools unique to delivery on reserve. The Child and Family Services Program funds the administration expenses for cases, as well as providing salaries and benefits for the social workers out of a Federal program from Indian and Northern Affairs Canada.

INAC's Child and Family Services Program produced a number of guides and manuals nationally to serve each of its regions. For Quebec a program Compendium exists that includes a section entitled: "Guidelines for Establishing a Special Youth Protection Program for Native Peoples – Article 37.5 of the Youth Protection Act" that describes measures for evaluating and following up the agreement with the provincial entity, and its national manual states:

INAC believes that any new FNCFS organization needs to review its progress as it matures. For this reason, INAC will provide a contribution (FTP) of \$30,600 to each new organization in its third and sixth year of operation to complete an internal review of its operation in order to identify weaknesses and strengths and to plan any desired improvements to the quality of its services. The report of this review is for the organization's benefit and does not have to be released to INAC. Reviews and evaluations after the sixth year of operation will be the financial responsibility of the FNCFS organization [KZHSS]. Over and above these internal reviews, an organization may be required to complete an evaluation in relation to its mandate regarding the protection of children from abuse and neglect; the provinces or territory would need to address this matter with the First Nation organization."

The balance of the Quebec region compendium serves as a collection of documents to guide the social services providers in filling out reporting tables to administer the program nationally.

9.0 Quality of management

“Break free of C.S.S.O. (form our own program,) have separate buildings or location, find funding for more home supports for parents/family to keep disabled/challenged kids at home. Daily visits by support workers to help with banking, medical/dental appointments, access to counselling for mental health, and form filling. ” - KZA Survey respondent

Daily management of social services is delegated by the band council to the Director of Health and Social Services, Lionel Whiteduck. As part of the band management structure the KZHSS centre contributes to an annual reporting cycle for all of its funding from Indian and Northern Affairs Canada. This Annual Report serves two masters: the financial accountability of this Federal department and the political will of the residents of Kitigan Zibi. As part of this comprehensive process, the Band Council must provide some evidence of intervention in risks to community health and safety. As a result, audited financial statements are released to the community and INAC annually. Within this framework social workers report general statistics related to contacts made encompassing cases overseen along with prevention workload.

In terms of organizational structure, the health and social services is one of 6 community services sectors. As such the KZHSS adheres to the financial practices and internal management systems set in place by the KZA administration. All expenditures under the social services program are attributed to that program by code for efficient processing and to protect client confidentiality.

The centralized financial management of the band are separated at the KZA health centre from the confidential case files that fall under Youth Protection. KZA's Child and Family Services program holds \$2 million dollars in liability insurance provided by Aon Insurance for the social workers. The financial management system is overseen by Chief and Council and is reported on through audited financial statements released to the KZA residents annually as well as to other INAC programs.

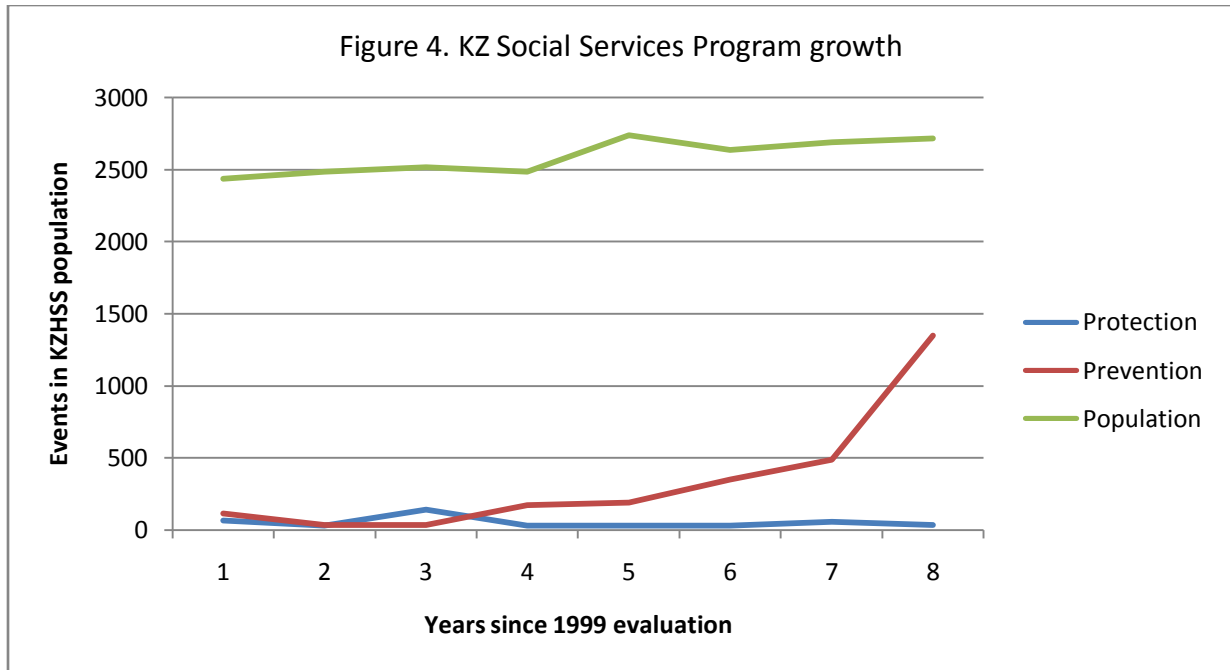
The cases managed by the social workers are done through the management system known as the Protection de l'Intervention de Jeunesse (PIJ), and is supervised remotely by the CJO /Director of Youth Protection. This database comprises names of active cases, ages of children and records each action taken (in respective cases) on a daily basis. The social workers can then report general and anonymous statistics for financial purposes via monthly reports made directly to INAC's Child and Family Services program.

The coordination of social services with other community services (like health) are offered by the KZA, and are aided by co-located health and social services within the “health centre.” As a result the programmes have grown since 1987 when the building brought together one social worker (previously housed in Maniwaki) and one nurse. This program has matured into a multidisciplinary team that impacts the community in real ways: while the community population has likely doubled during the 10-year evaluation gap, youth protection has been held constant and in some years dropped. The impact is the result of the combined efforts of the 2 Kitigan Zibi Anishinabeg social workers (and one outreach prevention worker) brought together with 4 full-time nurses as well as the services of a psychologist, a family counsellor, family benefits and other allied health services.

Clinical policies with respect to youth protection are provided directly from the statutes themselves: the Acts on Health and Social Services and the Youth Protection Act contain provisions on confidentiality, management of files for evaluations, assessments, notifications and specific references with regard to native communities and more specifically for the Cree and Inuit. These policies are administered by the CJO who hold the forms and training protocols outlined in the statutes. Supervised by the CJO, KZHSS Social Workers are provided with a sample of electronic forms and descriptions regarding the manner in which required fields must be filled within the management systems.

In general terms of communications and relations with the KZA population, 2 full-time social workers oversee active or retained youth protection files, as well as a growing number of prevention efforts that raise awareness regarding signs of child neglect and abuse, to positive parenting, youth participation in community events like summer camps and afterschool homework clubs. The latter prevention activities have included the use of the community centre as a youth drop-in centre.

The graph below indicates activities of the social services team categorized by two distinct types: protection, as defined by Quebec’s Youth Protection Act and prevention which encompasses all other community activities designed to support all KZHSS families.



The real strength of this effort can be seen in Figure 2 which indicates that the demand for these services within KZA has grown. For the 2008-9 year, CJO estimates that there are currently 5 open cases under the Kitigan Zibi Health & Social Services/Youth Protection Act. Considering that these particular cases may reflect siblings and most likely the situations of 2-3 families in a population comprising 2,500 people, the number (though consistently stubborn) remains at a relatively low rate.

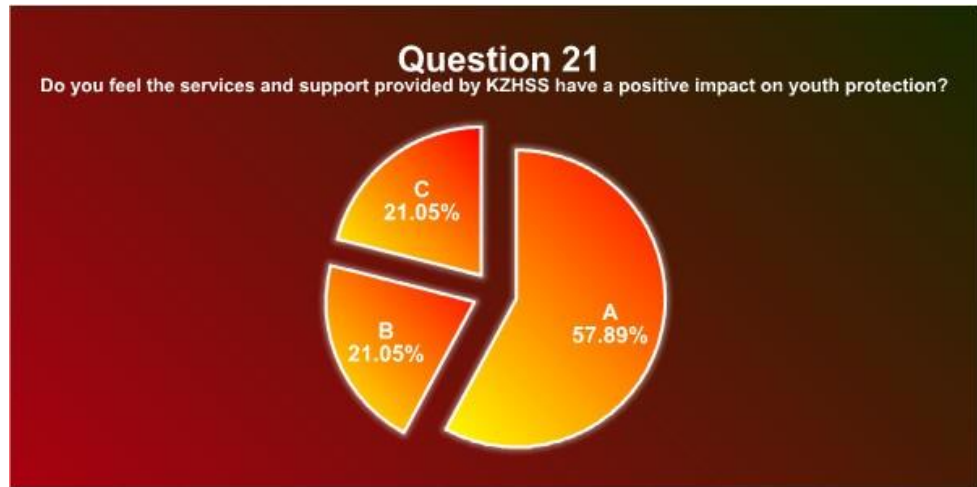
As better reporting and data capture methods develop, we see protection cases held steady despite preventative contacts or events and population increases.

While something can be said for total population coverage in this analysis, if only the current on-reserve population were used, the evaluation would depict a situation that does not exist in KZA: members are NOT denied services based on current address. It also avoids lengthy discussion of the effect of Indian Act membership rule changes for Bill C-31 status members that doubled band membership between 1985 and 1995, and brought with it the increased weight of expectation of accessing Band services.

In spite of demographic changes and a stubbornly consistent number of youth protection cases (and considering the stigma attached to receiving social services, mental health or any other external social and medical intervention), figure 2 shows a strong positive trend for preventative services. Prevention efforts are growing and are beginning to lower the population's resistance to seeking the preventative help KZA families need in a crisis.

In general residents of the Kitigan Zibi Anishinabeg appreciate the provision of these much needed services, when asked if they felt that KZHSS's programming (which includes the Child & Family Services as one of its supports) has a positive impact on youth protection, almost 60% of the community said "yes." 21% of the KZA population were unsure of its impact and provided comments indicating general support, along with the expression of a need for more information.

The complaint process for the social services program is largely in the purview of the Director of Youth Protection for the Centre de Jeunesse. If a complaint is made in writing, it is the DYP



that refers it to the Commission who then decides to carry out an extended investigation. If for example, a policy or procedure affects the rights of a group of children under the responsibility of an institution and a complaint is made, the Commission issues a general recommendation designed to improve the procedures, ensure that the rights of the children concerned are respected, and prevent any infringement of their rights.

The Centre Jeunesse de L'Outaouais is represented locally by Luc Chamberlain, who is expected to collect for the Commission, all relevant facts in a highly professional manner. Chamberlain's investigations must be conducted on a non-confrontational basis, and must be in keeping with the rules of equity: all the people affected by a situation under investigation must be heard. A minimum of three members of the Commission, called the "investigation committee", are responsible for the investigation. If the investigation committee concludes that no rights have been violated, the Commission closes the file and informs the people concerned the reasons for its decision. If the investigation reveals that rights have been violated, the Commission recommends that the parties concerned rectify the situation. The person who applied for the Commission's assistance (and other people concerned), is informed of the decision.

Weaknesses in the quality of management exist largely due to time management and available resources, both human and financial. Some of the shortfalls in financial resources stem from jurisdictional realities: delivering a provincial service under a Federal program and mandate that may, or may not include the needs of the service delivery body within a sphere of study that is only now beginning to address cultural competence and comprehensiveness.

The current hierarchical structure for overseeing the daily operations of the Child and Family Services Program appears to create an asymmetrical flow of information, case management and financial comptrollership, thus making workload more complex and slower than necessary. The KZHSS working environment depicts a highly centralized system that creates a bottle-neck in the Director's office for which the Assistant Director can sometimes assist, and other times cannot due to conflicting duties. For the Social Services Program, accountability and reporting requirements may help as much as they hinder productivity for the small number of staff available to produce the data.

10.0 Considerations and recommendations: A Strengths, Weaknesses, Opportunities and Threats Analysis

The main objective of this evaluation was to ascertain from KZA residents of KZA if, in the last 3 years they felt that the KZHSS did a good job of delivering the Child and Family Services program. According to the results found by the survey, the majority of KZA members felt that the KZHSS was in fact delivering services at a satisfactory level. Though conflicts in the program's recent history have come to light, it did not appear to affect the view held by community members, that this program is an essential service and that it must be delivered to KZA residents and members through the KZHSS.

As for the size and severity of the problems presented to the KZHSS in delivering the Child and Family Services, results indicate that there is definitely a need for youth protection: at least 5 cases or more annually are overseen by the social workers. The need appears to be more stable (and not growing) due to the effort being made in preventative activities to support child and families at risk. Some anecdotal evidence suggests that (like other districts in Quebec) these efforts are focused on preventing neglect and abandonment of children and youth.

The manner in which social services are being delivered (to address various child protection and family supports) by two dedicated social workers supervised by the Director of Youth Protection for the

Outaouais region (electronically on a daily basis, combined with face-to-face evaluations and assessments and training) with much autonomy, seems to work for both partners at this time. KZA residents however, remain deeply concerned for the future of those children whose permanent adoption outside the community will have negative consequences for their development in terms of identity, particularly in relation to cultural and language losses. The future prevention work for the community (and the larger provincial service delivery institutions) must now focus on adapting the services to deliver culture and language programming to foster better development for Anishinabeg children who are adopted outside their home communities.

For the purposes of this implementation evaluation we must answer how well the Child and Family Services program is being delivered among the KZHSS team. The answer is that the Child and Family Services program is being delivered in the Kitigan Zibi Anishinabeg community with high fidelity to the national program description in its current stage of development.

10.1 Anishinabeg culture & Quebec laws.

Survey Question: Do you think Kitigan Zibi would benefit from the availability of traditional services?

“Yes, because I never tried those.” – 12-18 year-old KZA survey respondent.

Fields such as sociology, anthropology, social work, psychology and biology attempt to define the complexities of human behaviours. Trying to define the reasons for any single behaviour however, can be compounded further by adding language and cultural differences in communicating value and belief systems from one distinct group to another. For example, prior to European invasions, First Nations societies were traditional, closely knit family structures that included extended or blended families. This type of community structure ensured the survival of children in the event of parental death. Ceremonial practices such as vision quests entailed young adults leaving the group for brief periods to live in isolation deeper in the forests, where as a rite of passage, they would fend for themselves. To the Euro-Canadian outsider, these rites of passage were characterized as neglectful and viewed as child endangerment. As a result, many Aboriginal societies were forced to abandon these important traditional practices, which contributed heavily to the loss of culture and identity that can be keenly felt in today’s Aboriginal youth.

In the contemporary context, the concept of “family” has come to mean very different things for First Nations youth, whose (young) parents are sometimes burdened with addictions of various types, and often have insufficient means to support growing families. The need for First Nations social services providers for relevant supports and interventions for their own community members can be a very complex mix of efforts that prove difficult to assess and evaluate fairly. The primary focus of this evaluation is to provide clients, social workers, caregivers and the larger KZA community with relevant information to help improve and strengthen services delivered to the Kitigan Zibi Anishinabeg. Re-introducing cultural activities into the social services programming at all levels was repeatedly identified (in the surveys and in written and informal interviews) as necessary for many KZA members. The need for traditional-like services was also expressed by families concerned for those children permanently adopted or retained in group or rehabilitation facilities upon their return to Kitigan Zibi.

Annual surveys and community-based events help define promotion and prevention materials, along with sessions that could enhance these services. The most important avenue for change by far is community involvement and good governance. The Drug Strategy introduced at the Band Council’s behest saw KZHSS introduce a multi-sectoral strategy addressing the demand by KZHSS residents for a program designed to tackle the growing problems of substance abuse within the community.

Specific Recommendations from SWOT Analysis

Threats posed by Quebec Laws that infringe on Aboriginal rights to cultures, languages and families

Through continued exposure to colonial ideologies and practices, it might be argued that Anishinabeg children are losing their Aboriginal identities, possibly exposing them to long term mental health risks, particularly when permanently removed from their biological families and communities. Anishinabeg children, reportedly in crisis situations will be placed for adoption at a significantly disproportionate rate. Poor support for housing, economic opportunities, other socio-economic factors, services such as group homes and foster homes are too rare in Anishinabeg and many other First Nation communities.

The Commission des droits de la personne et de la jeunesse du Québec admitted concern about its own amendments in the application of these new rules (from Bill-125) in aboriginal communities, they cited concerns for projected time limits for the placements and the lack of available (placement) facilities on reserves. These concerns and inability to act is not new, since 2003 the CDPDJ has expressed similar concerns regarding the protection services for Algonquin children and the infringement of their right to receive adequate and continuous social services. In 2008-9 the Quebec budget included \$15 million for its social services for forty-three plus Aboriginal communities in Quebec, meaning very few Aboriginal

communities will actually benefit from these allocations. The Federal Auditor-General also called attention to the lack of financial support for First Nations families and children. However neither level can resolve the jurisdiction confines for which these programmes operate in nor does it change that the Quebec Youth Protection laws target Aboriginal peoples disproportionately. For its part the Commission has created the First Nations Child Services Program within its hierarchy for which Luc Chamberlain in the CJO is the acting “Chef de service” for Kitigan Zibi’s region.

Strength: Anishinabeg/Aboriginal Social Workers in the Quebec Youth Protection system

For the Kitigan Zibi Anishinabeg, the relative size and proximity of the reserve to rural and large urban centres means greater access to higher levels of education, and more economic means to produce qualified social workers delivering services in a system that targets their people disproportionately. For Donna Tenascon and Chee-Chee Stevens, the KZA owes a debt for the effort put forth by their dedication to stem the tide of Anishinabeg children being pulled out of KZA and falling into the abyss of Youth Protection. The ratio for the two full-time KZA social workers assisting a community of 2, 500 people (with crises affecting those primarily under the age of 30), suggests a need for greater program support both financially and politically.

In their positions, the KZHSS Social Workers are in fact a powerful buffer both for KZA and other communities to advocate for Aboriginal families in the region. Their efforts are always two-fold: to protect the Aboriginal children in their care, while ensuring that the Quebec system continues to respond to Aboriginal families in culturally-safe environments.

Weakness: Posed by the language barrier

One of the greatest weakness and limits to improving social services for KZHSS clients is the use of French for primarily English-speaking KZA residents. This language barrier was repeatedly identified by service providers and clients, and provincial entities provide support services that are often exclusively in French at all levels. Though many residents have a working knowledge of French, provision of health and social services extends beyond basic functional knowledge to negotiate legal and medical terminology.

Opportunity: Legislation specifically for First Nations Child and Family Services

The Assembly of First Nations recently drafted an Action Plan for First Nations leadership on Child and Family Protection that recommends changes to current legislation at the Federal and provincial levels.

Threat: Too few English-speaking service centres

If criteria and information on parental rights and obligations are entirely in French, their ability to support families is severely limited. This poses a significant threat to the social services program, particularly KZA families accessing and retaining parental involvement in on-going youth protection cases.

Opportunity: Language exchanges and or training for social workers

Professional development for KZHSS staff could help in this respect. In addition for interpretation and translation of documents some supports could be worked into future budgetary considerations.

Weakness: Geography to accessing mental support services required by KZA families in need.

Metropolitan Montreal is a 4 hour drive, Ottawa/Gatineau is 2 hours, with the only mental health centre servicing Gatineau being French-only, while the Royal Ottawa Hospital outpatient services is just fifteen minutes across the bridge into Ottawa, and provides services in English. Mental health supports are necessary for families dealing with life-threatening addictions, suicidal gestures, and other crises that youth protection cases often find themselves in.

Opportunity: Include other provinces in service delivery

Ontario has French language hospitals such as the Montfort within its English system, as a “Founding Nation” perhaps it is time Quebec considers an English-service facility for this region? Alternatively, as KZHSS residents cannot be served by nearby facilities in Ontario (such as the Royal Ottawa Hospital) due to the lack of mobility in medical insurance policies, perhaps a Memorandum of Understanding that includes the KZHSS facility is in order to ensure Aboriginal and English-speaking families in Quebec receive appropriate mental health and wellness services.

Weakness: Posed by young parents who may lack education, information, resources, and who may be experiencing multiple addictions, crime and unemployment that increase the number of Youth Protection cases in KZA.

Strength: KZA’s highly centralized system of governance provides dynamic response and communication.

Opportunity: Creating more clear descriptions of functions within KZHSS for planning opportunities.

The current director of KZHSS has neither a provincial, Federal or Band defined accountability or delegated line of authority particularly for clinical supervisory activities for which provincial entities provide the bulk of. Currently the Health Director is not required to possess post secondary education or professional designations in social work, health or health-care administration. However, many of the services delivered by the KZHSS require the management and supervision of providers in a clinical setting that has licensure parameters set out in the provincial statutes of Quebec for which the current KZHSS Director does not possess. The position of Assistant Director is required to hold an advanced degree in social work and all necessary designations associated with this field.

Despite the system's shortcomings, the program over the past 3-10 years has been delivered at a satisfactory level of professionalism. Since accountability frameworks for respective programs demand significant time devoted to staff and supervisors entering data on financial and case management parameters for the Federal and provincial programs concurrently, the Director has effectively become the lead for all financial reporting, negotiations and other relevant administrative duties as well as property management and the supervision of other KZHSS staff under different programs. According to the majority of responsibilities that the current Director pursues to ensure quality office productivity, in conjunction with the last updated job-descriptions (in 2002), evidence indicates that the position of Director has grown into a Comptrollership in the health and social services sector of the KZA band services.

The Comptroller General of Canada defines comptrollership as: the essential, integrated business processes that must be in place in any organization to:

- manage financial risks;
- understand the financial implications of decisions before they are taken;
- properly track and account for the financial transactions and operating results of all financial decisions; and
- protect against fraud, financial negligence, violation of financial rules and principles, and losses of assets.

HR Policies and job descriptions change over time – in this case they must be forward looking and representative of the duties as they currently exist. The Director and Assistant Director are defined as subordinate tasks with skills and responsibilities based on those who currently occupy the positions. This no longer covers the non-hierarchical team-like approach currently in place within this social

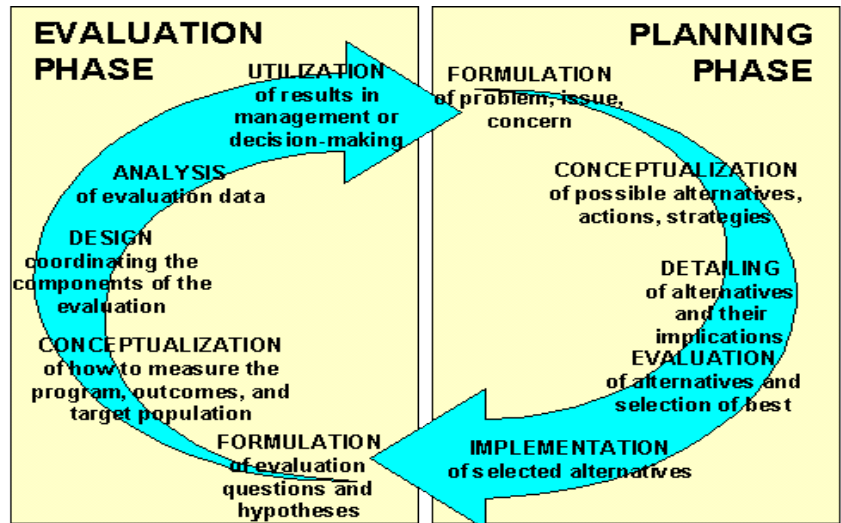
services program. However in examining job descriptions, interviewing the individuals in each role and daily operations first hand – very different skill and interest sets emerged: one focused on comptrollership and sound responsive financial management, while the other focussed more on case management strategic planning and supervision of social workers in partnership with provincial bodies.

Opportunity: Business planning for prevention within the KZHSS/KZA.

“Because community members see what’s going on and non-community members don’t” - KZA Survey Respondent

KZA social workers are themselves an innovative and resourceful group of service providers who are experimenting with mass marketing of wellness, or what is known to public health professionals as “social marketing” to address behaviours detrimental to health wellness of individuals. Interviews with social workers revealed efforts to pilot efforts to improve services by:

1. Hosting radio shows to explain the services they offer.
2. Producing brochures on positive child rearing practices and stress/anger management.
3. Hosting circles for various client groups.
4. Attending career fairs to promote social work as a career.



These efforts were seen as a pilot or singular event requiring further development through business planning to help KZHSS seek resources to create their own prevention tools, and activities that work within the strategic planning exercises of the KZHSS and other partners in the future.

The current evaluation can be viewed as one small part of the evaluation phase (see diagram) to assist community planning by pin-pointing the problem areas, and to help prepare for the designing of strategies and action; to address the underlying barriers that exist, such as that stubbornly regular number of open cases that the social workers follow each year.

Internal Weaknesses: Human Resources Management & Policies

In addition various human resource management issues were identified that could prove useful for current KZHSS social workers, by providing updated job descriptions and annual performance evaluations to support professional development and promotion.

With pay scales subject to INAC funds and band policies, a problem of parity emerges with provincial entities and their professional development protocols. This is also where KZHSS social workers depend on the collaborative effort between band council (who draft employee policies), and INAC (the band council's funding source for social development programs) the provincial agency that depends on these workers to investigate and assess cases presented to them.

Opportunity: Salary structure review for social workers.

The KZHSS social workers must be flexible and extremely knowledgeable employees for whom adequate remuneration could be a concern in the future. This discussion is on-going within the KZA management and will be considered upon the next review to better examine wage parity.

Opportunity: Cooperative Work Programmes and student recruitment

As for the future of the Child and Family Services Program, employees expressed concern for succession planning. Although there are a handful of KZHSS residents trained in social work they are mostly approaching the forty plus age bracket with very few young post-secondary students pursuing this area of study. There are very few opportunities at the present time to provide either co-operative work-terms for post-secondary students, or at the very least summer work through the Federal Student Work Experience Program offered by Indian and Northern Affairs Canada.

Opportunity: Professional interchanges between other First Nations and provincial entities.

There is an informal network of social workers in the region and province who work with First Nations in the course of performing their duties; however a wider range of experiences would be beneficial in the long term for individual social workers who would benefit from experiences in other settings within peer institutions. This might also help the Quebec Commission meet some of its equal access or equity recruitment for its public institutions. This opportunity is premised on provincial recognition of credentials of workers, wage parity and other issues related to human resource policies of the KZA.

External Threat: The Quality of Management – the reporting burden

The high degree of accountability required for any First Nation band is staggering. In this case, the complexity of the system and its accountability leaves it vulnerable to undue demands and criticism. The Child and Family Services Program of the KZHSS is now different than any other programs in its sector. KZHSS must report daily with a provincial management system (Protection Intervention de Jeunesse) as well as reporting on activities under the Federal Reporting Frameworks and their supporting electronic databases. In addition there are periodic demands for financial reporting, analysis and archival data retrieval for this program to be efficiently managed. This issue is currently being prioritized at the expense of other strategic planning efforts.

Opportunity: Redefining the roles of the Director and Assistant Director of KZHSS to be more in line with the daily demands of these challenging jobs.

The KZA will introduce a new Human Resources policy which will bring allow the band to revisit salary scales and job descriptions, as well as exploring the role of the Directors and Assistant Directors within the KZA structures. Prior to this evaluation, the KZHSS Council had been dissolved and reverted to direct accountability to Chief and Council. The role of senior management and public accountability and what structure to adopt is now the question before the human resource planners.

Opportunity: Canadian Management Standards

Canadian Standards Association and the ISO 4000 management standards for First Nations has become a reality in Membertou and a few other First Nations.

“We need a Director of [Health &] Social Services who has a degree in this field to direct and supervise the social workers who are employed by the KZHSS” – KZA Survey Respondent

Weakness: The KZHSS Director has not yet been accredited with advanced post-secondary education to accompany the wealth of on-the-job experience in either Health Services, or in financial administration for operations.

Opportunity: Implementation of new management standards for the KZA to conduct management reviews, and broad-scale updating of human resources tools. The KZHSS has already begun its long-term plan to raise the quality of management through support for social services providers to continue their post-secondary education in advanced degrees and various other staff training as regular activities.

Redefining individual roles within the KZHSS, accompanied by forward planning strategies along with efforts paid to reviewing management standards designed to protect staff, and the future of this program in the face of financial uncertainty.

11.0 Literature Used

Mandate of the Study

1. Band Council Resolution and KZHSS Tender submission advert
2. Letter from INAC's Social Development Policy and Intergovernmental Relations

Methodology of the Evaluation

1. A Practical Guide to Social Service Evaluation. Carl F. Brun. 2005.
2. Research Methods in Psychology. 8th Ed. Elmes, Kantowitz & Roediger
3. Health and Social Services Program Evaluation for Kitigan Zibi Health Social Services. March, 1999.
4. The World Health Survey (WHS) – Sampling Guide for Participating Countries. The World Health Organization (WHO). <http://www.who.int/healthinfo/survey/whssamplingguidelines.pdf>.
5. The Research Methods Knowledge Base – Introduction to Evaluation. 2006. <http://www.socialresearchmethods.net/kb/intreval.htm>

Mission and Objectives of Social Services of KZHSS

1. Kitigan Zibi Health and Social Services Five Year Community Health Plan. August, 2006.

Human Resources Management

1. *Kitigan Zibi Anishinabeg Human Resource Policy & Directives for Full-time employees. September 5, 2002.*

Relation with Provincial entities: Quebec's Centre de Protection de Jeunesse

1. An Agreement pertaining to the rendering of professional social services between the Kitigan Zibi Anishinabeg and les centres jeunesse de l'Outaouais. April, 2008.
2. *Canadian Charter of Rights and Freedoms*
3. *Indian Act*, R.S.C 1985. C. I-5
4. Henderson's Annotated *Indian Act*: <http://www.bloorstreet.com/200block/sindact.htm#9>
5. *Quebec's Charter of Rights and Freedoms*, RSQ. C-12
6. *An Act respecting health services and social services*. RSQ., c S-4.2.
7. *Act respecting equal access to employment in public bodies*
8. *Quebec's Youth Protection Act*
9. *Quebec's Young Criminal Justice Act*

Public Perception of Social Services

1. Assembly of First Nations Regional Health Surveys – Phase II Technical Report 2002-3.
2. Quebec Incidence Study of Reported Child Abuse, Neglect, Abandonment and Serious Behaviour Problems. Excellence for Child Welfare (Institut universitaire dans le domaine de la violence chez les jeunes, Les Centres jeunesse de Montréal). 2002

Services adapted to the reality of the community

1. First Nations Child & Family Services Program Compendium – Reference tools, Standards and Practices of the social services – Quebec Region. September 2006.

Guides and Manuals used

1. Quebec's Youth Protection Act
2. Quebec's Act respecting health services and social services.

Quality of management (organizational structure, management system, financial practices, coordination of services)

1. Kitigan Zibi Annual Reports. 1999-2008

Considerations and recommendations

1. Leadership Action Plan on First Nations Child Welfare.

Biographical Background

Alexandra McGregor, Head Researcher

Born, raised and currently residing in the Kitigan Zibi Anishinabeg community, Alexandra has been the Executive Director of the Canadian Aboriginal Science and Technology Society, Senior Advisor to Legislative Renewal Unit for the Healthy Environment and Consumer Safety Branch of Health Canada, and the Senior Health and Social Services Policy & Research Analyst with the AFN where she acquired valuable knowledge in policy, research, statistics and standard evaluation practices.

Alexandra holds B.Sc. from Carleton University and plans to pursue graduate studies in Business Administration.

Delima Jacko, Junior Researcher

Born in Maniwaki and raised in the Kitigan Zibi Anishnabeg community, Delima has worked as the Assistant Coordinator for the Aboriginal Enriched Support Program since 2004, and serves as a voluntary community member on three committees at Carleton University (all dedicated to Aboriginal education and advancement). Delima's permanent address is Kitigan Zibi, and she intends to return to the KZA upon completion of her post-secondary education.

Delima holds a B.A., High Honour from Carleton University and plans to pursue Aboriginal studies at the Graduate level.