Child Welfare
Connecting Research, Policy, and Practice

Edited by Kathleen Kufeldt and Brad McKenzie

national conferences involving First Nations child and family service providers. The FNCFCS is also working in partnership with a consortium of partners led by the Child Welfare League of Canada, the University of Toronto, and the Institut de recherche pour le développement social des jeunes to establish a Centre of Excellence for child welfare that will, as part of its work, support research in First Nations child and family service delivery. As social workers, we are advocates; in this role we are responsible for resisting any effort to give what Bauman calls the "road clear" sign for genocide or other infringements of human rights, particularly children's rights. At our best, we empower the voice of social conscience and compel society to hear and act in a responsible, moral, and respectful manner to the needs of children, families, and communities. We must continue to press for culturally sensitive policies and services; we must also continue to advocate for adequate and flexible funding arrangements that increase community capacity to care safely for our children. And we must continue to have ethically informed conversations within the social work profession in order to ensure our work contributes to social justice.

Children are our future. For First Nations people, Elders were the keepers of the traditions and children were the guardians of the future. Today, First Nations child and family service providers work to heal the despair caused by the residential schools and other instruments of colonization. In this regard, community-based child and family services are involved in much more than assuring the immediate protection of children at risk. They are attempting to rebuild communities and families in order that they may care for their own children within a framework that incorporates traditional values and practices. These programs are also dedicated to bringing First Nations children who have been lost and damaged home—home to a culture that can provide continuity and understanding; home to listen to the teachings of the Elders spoken in their own language; home to the lands that sustained their people through the millennia; home to hold hands with community members, other Aboriginal peoples and other Canadians so they can walk proudly forward to a future where First Nations children, families, and communities are free again, at peace again, at home.

Community Building through Block Funding in Aboriginal Child and Family Services

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This chapter provides a summary of two major service reviews of a First Nations child and family service agency under a block funding arrangement for child maintenance expenditures. The pilot project on block funding, implemented in 1992 through an agreement between West Region Child and Family Services (CFS) and the federal government, provided the agency with more flexibility in the use of funds for prevention, support services, and resource development in its communities. The block funding arrangement is limited to federally funded services for children in care, and has been renewed on an annual basis since inception. Under this arrangement, the agency can use funds normally paid out only as per diem costs for children in care following placement, for both in-care costs and support and development-oriented services. While surplus funds can be carried forward for a reasonable period of time, deficits are not recoverable unless circumstances arise that are beyond the agency's control. The research conducted in 1994 and 1999 provides a perspective on service development, including efforts to enhance community caring, over a five-year period under the new funding arrangement.

Background Issues

First Nations control over the delivery of child welfare services on reserves has been an evolving reality over the past two decades, and more recent attention has been on efforts to extend Aboriginal control for such services in non-reserve communities. Aboriginal control over child and family services reflects political aspirations related to the value of self-determination; it is also a profoundly personal issue for Aboriginal people because so many have experienced the loss of family members to a service system that, historically, has been unconcerned about cultural and family connections. Jurisdictional control is an essential component of self-government; it is also

associated with the development of more culturally appropriate services, including the number of Aboriginal foster care providers (McKenzie, 1995). The extension of Aboriginal control over services is one of the most important social policies in Canada since the 1980s, but it has not been without controversy. For example, concerns about political interference and service quality concerns affecting women and children have been raised (Giesbrecht, 1992; Teichroeb, 1997); general questions regarding management and financial accountability concerning some First Nations service providers have surfaced as well (Samyn, 1999; Redekop, 2001).

At a more general level, service issue debates in Aboriginal child and family services often revolve around two somewhat divergent views. On one hand, concerns are raised about whether Aboriginally controlled services simply duplicate the core investigative and protection functions of the conventional child welfare system without adequate incorporation of a more culturally informed, developmental approach to service provision. On the other hand, some critics assert that a less intrusive service model, identified as more "culturally appropriate," may ignore levels of risk that threaten children's rights to protection. These debates are complicated by several factors, including existing funding arrangements, poor economic and social conditions within many Aboriginal communities, lack of resources for children and families, and staff training issues. As well, there is political pressure from many local communities to decentralize more services and decision-making authority, sometimes without sufficient attention to the need for transparency in service accountability systems. Funding models, including the adequacy of funding, and the development of effective service models are central issues, which lead to the following questions. What models of service and funding arrangements are most likely to promote both quality services and positive outcomes in Aboriginal communities? And how are the concepts of "quality services" and "positive child welfare outcomes" to be defined in an Aboriginal context?

The conventional debate about service models is often framed by the relative emphasis that should be placed on family-centred forms of practice, including family preservation, and on child-centred forms of practice, including risk assessment, placement, and related services for children. While this debate can be resolved by calling for a balanced approach (Waldfogel, 2000), the reality of funding cuts has placed pressure on child welfare agencies to narrow their service mandate to child protection, and to rely more extensively on community partners, often in the voluntary sector, for a range of early intervention, support and treatment-focused services. In Aboriginal communities, this option is neither desirable nor feasible. Specifically, the approach is inconsistent with an Aboriginal world view that incorporates a more holistic view of service development. Moreover, it is contraindicated by the fact that most Aboriginal communities have both a high level of interrelated social needs and an absence of other agencies

in the voluntary sector that can assume major responsibilities associated with child and family services.

Another issue is the new emphasis on outcome measures in the field, and the particular attention to child-related benchmarks (Casey Outcomes and Decision-Making Project, 1998; Trocmé, Nutter, MacLaurin, & Fallon, 1999). While the concern for outcomes is important and there is significant overlap in generic concepts of well-being among Aboriginal and non-Aboriginal people, there is still insufficient clarity about whether existing approaches to outcome measurement adequately address Aboriginal well-being or related performance indicators in Aboriginal child and family service agencies (see chapter 9). For example, some argue for increased attention to cultural identity as a key concept in Aboriginal well-being (McKenzie & Morissette, 2003). As well, service models advocated for Aboriginal agencies are based on a broader approach to service provision and more attention to traditional Aboriginal values and practices than is common in non-Aboriginal child welfare agencies (Frank Maidman Associates, 1998). The following case study reports on the experience of one First Nations agency in trying to develop a more comprehensive, community-based model of service provision that reflects these principles.

Evaluation Purposes and Method

Two comprehensive agency reviews were completed, one in 1994 and the second in 1999 to examine the effects of block funding for the cost of out-of-home care on agency programs, services and outcomes in West Region CFS.[1] In addition, an attempt was made to identify factors that might influence the effective use of a more flexible funding arrangement in an Aboriginal context, as well as general issues to be considered in assessing accountability. Major evaluation questions were related to service and expenditure trends under block funding, service quality, child welfare outcomes, the effects on resource development, and the evaluation of programs and services stressing early intervention and prevention. The evaluation design was multi-method, employing the following strategies: focus group interviews with staff teams and local child and family service committees, interviews with key informants including senior management and agency collaterals, surveys of foster parents and members of local child and family service committees, administration of a survey to record the incidence of child neglect and abuse referrals, file reviews, trend analysis of service and expenditure patterns, and a comparative study of selected indicators from a non-Aboriginal child and family service agency. As similar methods were used in both studies, results can be compared and presented as a longitudinal agency case study.

Results

■ Agency Context

West Region CFS has provided a full range of child welfare services to nine First Nations communities in Western Manitoba since 1985, and in 1992 it negotiated a block grant for child maintenance costs with Indian and Northern Affairs Canada (INAC) for children funded by the federal government. Under provisions of the agreement, funds could be used to meet all placement-related costs for children as well as a flexible range of services to children and families.

The agency is governed by a board of chiefs, and each First Nation community has a local child and family service committee composed of community volunteers that plays a key role in guiding protection and prevention services in their community. By 1999, the service model reflected a major commitment to decentralized, community-based services. Localized staff teams carried respective responsibilities related to protection, prevention, and treatment support services. More specialized services pertaining to resource development and coordination, abuse investigation, and support services for the agency's therapeutic foster care program were provided by regional or area-based teams covering several communities. While the management team, consisting of senior program coordinators and supervisors, performed an important role in planning and program development within the agency, there was an emphasis on ongoing collaboration with both community representatives and agency staff.

West Region CFS is guided by a mission and vision statement based on the teachings of the medicine wheel, and core agency values stress the preservation of families and communities. The agency is described as an extension of the kinship system in its communities where the focus is on prevention, support, and the incorporation of traditional values and teaching in programs and services that are provided. Core values also emphasize the right of First Nations to self-determination and full jurisdiction over child and family services, and there is a stated commitment to the provision of holistic community-based services that focus on healing individuals, families, and communities.

■ The First Study

Because block funding was instituted in 1992, the first study (McKenzie, 1994b) provided only an early perspective on agency programs and services. A commitment to both service and financial accountability was reflected in above-average service quality compliance in child protection, good measures of cost control, and the use of service and financial indicators for planning purposes. The commitment to community accountability and a needs-based service response includes a regional information and strategic planning workshop held every two years with representatives from all communities.

There was a decline (-15.0%) in the number of federally funded days in care in the second year of the new funding arrangement, and a modest reduction (-13.5%) in overall costs. This was primarily the result of a reduction in the use of residential care facilities located within the mainstream system, and the development of a therapeutic foster care program that provided for alternate care for children in less restrictive placements closer to home.

Block funding was also associated with the expansion of treatment support services where staff provided counselling and support work to families and children, particularly in the area of sexual abuse, more emphasis on support services, and services emphasizing family reunification, as well as more outreach and prevention service activities.

■ The Follow-Up Study

Trends in Services and Funding

Results five years later (McKenzie, 1999a) indicated a continuing commitment to the provision of high quality child protection services and well-developed systems of financial accountability. The on-reserve child population between 1994 and 1999 increased by approximately 30%.[2] While there was an increase of approximately 18% in the number of children in agency care at year end between 1994 and 1999, this rate of growth was much less than the growth in child population. Caution must be observed in comparing the rate of children in care to the child population in West Region communities because the agency provides placement services to families living off-reserve. However, over the five-year period the rate of children in care as a percentage of the child population in these communities declined from 10.8% to 8.9%. Because federal funding of child maintenance costs in Manitoba is limited to children where the primary caregiver lives in a First Nations community, trends can also be examined by focusing only on those children eligible for federal funding. When this criterion is imposed, the rate of federally funded children in care as a proportion of the child population living in these communities declined from 7.3% to 5.5% over the five-year period.

The average per diem costs for children in care over the five-year period increased by 29%, a trend driven by the cost of special rate care; however per diem expenditures in support services for children in care increased by 44% over the same time period. Despite these increases, average per diem costs in the agency remained below the provincial average and 17% below the rate paid in Winnipeg. In part, this is explained by the use of lower cost special-rate care placements and fewer children in institutional care. When compared with other First Nations agencies in Manitoba, West Region CFS had the lowest rate of federal funding increases between fiscal year 1994–95 and fiscal year 1998–99 (3.8% for Operations and Child Maintenance), and it was the only agency to experience a decline in child maintenance funding (-5.1%). A comparative review of placement patterns over a five-year period indicated

a relatively stable pattern in the use of kinship care placements (44% of all paid days care in 1997–98). In addition, more than 70% of all in-care days in 1997–98 involved resources where there was at least one Aboriginal care provider. It is of interest to note that the comparative rate of culturally appropriate in-care days provided for children from West Region communities living in Winnipeg by Winnipeg Child and Family Services (CFS) during a similar period was 23% (McKenzie, 1999b).

Using file records, a comparative study was conducted of child-related problems and the types of intervention for children from West Region communities served by West Region CFS and Winnipeg CFS. Both the average number of identified problems and the average number of interventions was higher in West Region CFS (Winnipeg CFS identified problems = 3.00 and West Region CFS identified problems = 4.62; Winnipeg CFS identified interventions = 3.77; West Region interventions = 4.96).

Resource Development and Community Building

The major advantage of block funding is the ability to invest in alternate programming for children, families, and communities, though one of the major challenges is the lack of resources for children that are both culturally appropriate and closer to home. Resources for children are important to the success of alternate programming, so one of the agency's early initiatives was to develop a therapeutic foster home program for children with special needs. This program involves extensive training of foster parents and additional staff resources to provide support services to foster parents and children. In 1999, approximately 28% of the agency's children in care were in therapeutic foster homes.

A second resource development initiative has been the initiation of more specialized resources for youth with higher needs. *Miikanaa Centre*, for example, provides culturally appropriate residential treatment services for adolescent males who have sexually offended or are at risk of doing so, and a new group facility for adolescent girls with special needs is being developed. Receiving home facilities have been developed and *Oshki-ikwe*, a facility with ten furnished suites, provides pre- and post-natal programs for adolescent mothers. Leadership for these programs, including the coordination and delivery of training for residential care staff, is provided by a residential treatment service coordinator.

Treatment support services, which involve a staff member attached to each local community team to provide educational and counselling services to children and families particularly in relation to abuse issues, were also developed because of the flexibility afforded by block funding.

Resource development initiatives like those described above are important for three primary reasons. First, there are generally no specialized resources for children and families located in or near First Nations communities, and if these are to be developed, the initiative must come from child

and family service agencies. These initiatives, then, are consistent with the aim of providing alternate care "closer to home." Second, the development of more community-based resources allows for the incorporation of appropriate cultural content. For example, programs are developed using the teachings of the medicine wheel as a guide to conceptualization and implementation. Finally, these community-based initiatives help to build community responsibility and capacity for caring.

Outreach, community development, and community-building activities reflect the agency's philosophy of adopting a more holistic and comprehensive approach to service provision. While the orientation of all initiatives reflects an attempt to build local capacity through the development of services that are community-based and comprehensive in scope, the activities and strategies employed are quite varied. One involves the agency's role in coordinating actions that may be funded from other sources. For example, family violence and daycare coordinators have been hosted by the agency to establish programs and training materials that interface with services provided by the agency. A second, and related strategy, has been to fund positions within the agency to develop new program initiatives. For example, the "children with special needs coordinator" has been primarily involved in developing a community-based response to children and families where fetal alcohol syndrome or effects is a problem. The special programs development coordinator has developed the *Vision Seekers Program*, a partnership arrangement with education authorities, for youth who have dropped out of school. In this program, community circles, which have included youth, have been used to plan and develop intervention strategies. The special projects coordinator has played a major role in developing outreach services for families and children from West Region communities living in Winnipeg, including the repatriation of many children to alternate care arrangements within West Region communities. Another special program, known as the *Mino-Bimaadizi Project* (i.e., to lead a good life), involved a partnership arrangement where life skills, computer training, and support services were provided for twenty adults who were young parents with children in care or children at risk.

A third major strategy involves the work of prevention and resource services staff within local communities. These staff, who are responsible for planning and implementing a community prevention strategy for their community in collaboration with local child and family service committees, play a key role in the community-building process. Two aspects of their role are particularly important. First, there are the outreach and development activities that are provided, including workshops, support groups, awareness programs, and youth development activities. One of the primary purposes of these programs is to provide resources that can support families and children where child protection is a concern. In this manner, objectives pertaining to both prevention and protection are realized. For example, in one community, a women's support and activity program provides an option for mothers who

both learn and receive support from Elders and other women in the community. Second, the method of program delivery involves a major emphasis on planning and community responsibility for the management and delivery of programs. Local staff work initially with the child and family services committees in each community to develop a prevention plan for the following year. Then these plans, including cost estimates, are reviewed in an agency-wide planning meeting. Once approved, each community is responsible for coordinating service delivery and accounting for expenditures. All responsibility for budget management is decentralized to the local child and family services committee, encouraging community ownership and accountability. Between 1994 and 1999, the investment in activities for local capacity building through the prevention and resource services program increased almost threefold. Devolution of local responsibility is a complex process, and West Region CFS has consistently stressed the importance of training for staff, foster parents, and volunteers. For example, a training program for child and family committees, designed and implemented in a workshop format over a two-year period, has enabled these committees to play a stronger role in planning and coordinating services at the community level.

Discussion and Implications

It is difficult to quantify the effects of block funding in any causal chain, and to relate these effects to outcomes for children and families. However, evidence that services both generally meet existing standards, and provide more culturally appropriate resources for children that are closer to home, reflect system-based indicators that are generally associated with positive child welfare outcomes. In addition, the extensive provision of support services to families, children, and foster parents is consistent with process performance indicators likely to enhance the success of intervention. Other factors are also important to success, but block funding has facilitated the achievement of these outcomes because child maintenance payments are no longer conditional on placement in a particular alternate care resource. For example, funding previously provided for high-cost residential care in centres such as Winnipeg can be diverted to community-based resources, including support services.

The effects of prevention and community-building initiatives on community well-being are even more difficult to quantify, but one indicator of the impact on community capacity-building is the results that emerged from a survey of local child and family service committee members. Respondents in 1999 "agreed somewhat" that the community was dealing more effectively with child welfare issues, that child and family services were better, and that the local child and family service committees were functioning better at that time when compared with four or five years earlier. Training and support from the agency was highly valued, reflecting the

evolution of a more effective agency-community partnership. However, respondents also identified the need to provide increased services to foster parents and engage other community service providers more effectively in more collaborative working relationships to benefit children and families. The study also identified the need to prioritize programs and services for high-risk youth, and develop a more systematic approach to the evaluation of prevention programs.

While there are limitations in agency programs that need to be addressed, the case study demonstrates one Aboriginal agency's ability to use block funding to establish a more holistic, needs-based approach to child protection, family support, and community-building. The research also found that several factors were instrumental in supporting the general success of this agency's more comprehensive role in child and family services.

First, the block grant must provide sufficient resources to enable flexible investment in new programs without sacrificing core child welfare functions related to child protection and alternate care. While the grant for child maintenance was sufficient to facilitate such programming in the early years, its capacity to support both children-in-care costs and capacity building had been eroded by 1999. Only a significant increase in funding in 2000 restored the ability of this funding arrangement to meet the dual goals of child protection and alternative program development.

Second, the agency attaches considerable priority to a collaborative model of planning based on needs assessment with staff and community. The use of this process to identify and prioritize community prevention programs was noted earlier. In addition, a regional operational workshop is held every two years to review agency operations, and to identify future planning goals and priorities. All staff and a wide representation of community representatives participate in this three-day event. As well, each community team holds a community-based operational workshop, either annually or every two years, to set local priorities. Finally, frequent use is made of staff committees to develop planning priorities and an annual service plan.

A third factor is the agency's commitment to accountability. Global funding intensifies the need for agency-based mechanisms of financial accountability; in addition, this information becomes an essential component of the planning process in redirecting expenditures to more cost-effective program initiatives. But accountability must also include a commitment to service and community dimensions. The commitment to community accountability is reflected by the extensive efforts to develop a more collaborative, community-based service model (efforts that have been described earlier). In this agency, service accountability includes a concern for standards, and the development of a computer-based information system for identifying service inputs and outputs.

Another important element is the agency's setting of prevention and resource development as priorities. Strategies associated with t' focus incor-

porate an emphasis on the Aboriginal concepts of holism and healing where programs and services are designed to address the physical, mental, emotional, and spiritual dimensions of life within Aboriginal communities. Block funding and the use of the medicine wheel framework were recognized as contributing to these developments in 1998, when the agency received the Peter T. Drucker Award for Canadian Non-Profit Innovation.

Finally, the agency's commitment to training is well recognized. While this is reflected in training programs for foster parents and child and family service committees, there is the recognition that successful programs depend on the skills and abilities of staff. Thus, policies to support staff attendance in the distance education BSW and MSW programs have been established, and a competency-based training program is being provided to staff involved in residential care programs. The priority attached to training is highly valued by staff, and helps to explain why the agency has more qualified staff than any of the other First Nations CFS agencies in the province.

As an agency, West Region CFS has been a consistent advocate of First Nations control of child and family services for two major underlying reasons. First, it is consistent with the right to Aboriginal self-determination. Second, the service model required in Aboriginal communities must reflect a new paradigm for empowerment based on a balanced approach to child protection, family support, cultural traditions, and community building. This reflects a perspective on citizenship that defines social rights in child welfare as a balance between individual, familial, communal, and cultural rights. This study also indicates that an adequate and well-managed block funding arrangement can help to achieve this broad aim.

There are a number of evaluation and research issues raised by this review. First, it will be important to examine evolving outcomes and performance indicators in the field of child welfare to determine if they incorporate Aboriginal values and perspectives and can assist in assessing effectiveness within a more holistic service framework. Second, there is the need to continue efforts to directly evaluate service quality and effectiveness in Aboriginal child and family services, and adapt measurement approaches to meet culturally relevant criteria. Finally, it is also important to examine the general policy effects of block funding in other Aboriginal child and family services agencies to identify those factors that appear to be associated with successful use of this more flexible model of service funding.

Research designed to document service quality and effectiveness within a community-building framework will need to be both developmental and collaborative. A key component is the need to directly involve more Aboriginal researchers in these tasks, and to build the internal capacity of Aboriginal agencies to meet these challenges.

Notes

1 Out-of-home care costs are commonly referred to as the child maltreatment component of an agency's budget, and a block funding arrangement involves a grant for such services that usually affords an agency greater flexibility in how the money is used but does not guarantee cost recovery for expenditures that exceed the grant.

2 Aboriginal communities have a high proportion of children in their population profiles; for example, 28% of Manitoba's population in 1996 was below the age of nineteen and the comparative rate in West Region communities was 46%.