HUU-AY-AHT FIRST NATIONS SOCIAL SERVICES PROJECT:

Safe, Healthy and Connected,
Bringing Huu-ay-aht Children Home

Report of the Social Services Panel

May 31, 2017

EXECUTIVE SUMMARY

Huu-ay-aht children today are, like other indigenous children in BC, many times more likely to be taken away from their families and placed in to the foster care system than are non-indigenous children. Huu-ay-aht children are vulnerable under the legacies of the colonial and illegal taking of the Huu-ay-aht people's lands and resources, Canada's residential school system, the 60s scoop, the continued systematic removal of children from their families into foster care by the provincial government, and the multi-generational impacts of the broken attachments and trauma that these government actions have brought to their parents, and grandparents.

The Huu-ay-aht First Nations government wishes to take focused and concerted action to "bring our children home" and to keep Huu-ay-aht children safe, healthy and connected to their families and their Huu-ay-aht culture and community. As part of this work, Huu-ay-aht executive council appointed this independent panel to hear from the Huu-ay-aht community and research and interview external agencies, so as to provide Huu-ay-aht government with recommendations for concrete steps to be taken to improve outcomes for Huu-ay-aht children and families who are in, or at risk of being taken in, to the foster care system.

We were deeply moved by the brave determination so many Huu-ay-aht adults and youth showed by speaking to us, and to each other, about the pain, fear and powerlessness they have experienced in being separated from their families, both through residential school and the foster care system. It was difficult for many to trust that it was safe to speak—both to us as outsiders, and to other Huu-ay-aht community members. There was a real fear that by speaking about past experiences, or by asking for help today, people made themselves more—not less—vulnerable to having their families torn apart. This must be reversed: people need to know that their Nation is their advocate, and that their families, community and government will come together and will do all that they can to support vulnerable families and keep Huu-ay-aht children and adults safe, healthy and connected to their home.

We were also moved by the strength and love we saw in the Huu-ay-aht community. We heard about the strong tradition of the Huu-ay-aht family—not the Eurocentric model of the nuclear family, but the Huu-ay-aht family—where one's auntie is a second mother, one's cousin a brother, and where grandparents, aunties and uncles will help care for and even raise children when parents call for that help. Several strong leaders in the Huu-ay-aht community today were raised in that way, when their parents called for that help. We also heard from Huu-ay-aht people who have come through great adversity—their own confrontations with addictions, violence and poverty—who, from the depths of their spirits, want to help other Huu-ay-aht people away from that pain, and to support today's Huu-ay-aht children to be happy and safe. This resilience, love and strength must be harnessed.

Our recommendations focus on building front line, wrap around supports for Huu-ay-aht people throughout their lifetimes. One cannot help children without supporting what is most important to children: their families. This means providing their parents the support they need to be parents—and that support takes many forms. It also means providing formal support to grandparents, family and community members who assist in care, and to elders who can, with support and education, work as trusted liaisons to ensure services and supports are reaching

families who need them. Ultimately, the best way to provide safety for Huu-ay-aht children is to provide a path for healing from multiple-generational trauma for all who need it.

Adjustments in children's care should broaden their attachments, not break them. There will be times when parents need to call for help, as they always have. When this happens, children must see how many people love them and are ready to move in to support and care for them. This requires advance planning and support—which the Nation can and must provide. Huu-ay-aht needs to build structured and resourced circles of protection around its children and families so that decision making happens with and by children and families first, supported by extended families, House Groups and the Nation. Through these circles of protection, decision making shifts away from Court-sanctioned removal decisions by external agencies.

We emphasize the need to do everything possible to provide whatever assistance is necessary well in advance of crisis in a family: wrap around support services; advance planning with parents, children, family and even House Groups in case parents need to call for help; involving youth in planning and decision-making by staking a clear place for their agency, so that they are not left lost and powerless. Life-long, wrap around support means that no one "ages out of care" in the Huu-ay-aht community.

We also emphasize the need to provide strong transitional supports to families. We heard again and again that the most vulnerable points for families were in the times of transition—transitions when children have been temporarily taken into care, or when they have returned home, or transition after a parent has undertaken addiction treatment. Parents can suffer panic, loss of hope and purpose when children are taken; children suffer fear, anxiety and confusion; and upon return, it is very difficult to establish the sorts of routines that rebuild confidence, security and attachment. Transitional supports such as counseling, co-parenting and household support, anti-violence education, safe houses and transitional housing are all necessary.

We have emphasized the need to dedicate resources to the front-line: this is a child and family focused approach, and it is informed by numerous reports and recommendations that have preceded this project. Over and over again resources and restructuring efforts have been focused at high levels and senior management in the provincial child welfare system, while the front lines have been systematically under-resourced and have failed to serve indigenous children. We are recommending the Huu-ay-aht government be a leader in this area and make a legislated long-term commitment to dedicated funding for broad front line services to support children and families.

Huu-ay-aht will need to look and build both outward and inward. Looking outward, the Nation must continue to engage with other First Nations who are working to improve outcomes for their own children and families, and must renegotiate properly resourced and structured relationships with provincial and federal agencies so that all three governments work in partnership for the well-being of Huu-ay-aht children and families. As a self-governing Nation, Huu-ay-aht is very well positioned to do so. Looking inward, the Nation and Ha'wiih must ensure cultural activities are more frequently and consistently available to Huu-ay-aht people—we heard of a hunger for that. And fundamentally, looking inward, Huu-ay-aht citizens must identify how they can help support families that struggle, and must offer themselves to the responsibilities of caring for children and parents who need it.

It has been our honour to work on this important project with and for the Huu-ay-aht First Nations. We hereby submit this report with recommendations to Huu-ay-aht Executive Council.

May 31, 2017

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INTRODUCTION AND PURPOSE OF PANEL

1. This initiative is a Huu-ay-aht First Nations initiative. It was borne out of a strong desire in the Huu-ay-aht community and government to "bring our children home" and to take definitive steps to improve outcomes for Huu-ay-aht children and families, so that Huu-ay-aht children can grow up healthy, happy and connected to Huu-ay-aht culture and community.

2. Huu-ay-aht is a self-governing Nation, with a modern Treaty and a Constitution. One of the five key promises of the Huu-ay-aht Strategic Plan is:

> *"Our children will grow up safe, healthy and connected to our home and culture/values."*

3. This is a reality for many Huu-ay-aht children. However, not for all. There are currently approximately 35 Huu-ay-aht children who are in care of the Ministry of Children and Family Development ("MCFD") or its Delegated Aboriginal Agencies ("DAAs"), including Usma, the Nuu-chah-nulth Delegated Agency. Only nine of these children are living with Huu-ay-aht families. Those living with non-Huu-ay-aht families have varying degrees of connection with Huu-ay-aht community and culture.

MANDATE

4. In July 2016, Huu-ay-aht Executive Council appointed this independent Panel, with the following mandate:

> *"To recommend the changes necessary to ensure that all Huu-ay-aht children grow up safe, healthy, and connected to Huu-ay-aht home, culture and values.*
>
> *Compared to First Nations and non-First Nations children and families, Huu-ay-aht social outcomes will be the best in Canada.*
>
> *The Panel will report to the Executive Director, and the Citizen Development Committee and Executive Council will be provided with monthly progress reports.*
>
> *The Final Panel Report will be public and will be the subject of major HFN community and government engagement before Executive Council implementation decisions are made."*

5. Huu-ay-aht Executive Council further set out that it expected the Panel to:

(a) consult extensively with Huu-ay-aht children, mothers, fathers, foster parents, the Citizen Development Committee and other key individuals, organizations and governments;

(b) develop case studies to illustrate (based on evidence) the problems with the social service system;

(c) consider preventative programs, community resources, Huu-ay-aht involvement in decisions, proactive notice, lateral violence, anger management, restorative justice, social worker burnout, healing centres, addiction treatment, safe homes, cultural programs, etc.;

(d) prepare specific recommendations to Executive Council on "made in Huu-ay-aht" changes to Huu-ay-aht laws, social services agreements, policies, programs, services and facilities;

(e) recommend an implementation plan and sufficient funding sources; and

(f) make other related recommendations as the Panel determines.

6. The Panel began its work in October, 2016. This report, and its recommendations, is the culmination of the Panel's work.

METHODOLOGY

7. Today 60 percent of the children who are "in care"[1] in British Columbia are aboriginal, despite the fact that aboriginal people make up nine percent of the population of British Columbia.[2] This is a profound and systematic failing based upon racialized and unjust government policy.

8. There has been a tremendous amount of work done by many dedicated, knowledgeable and credible people to shine the light on the repeated and systematic ways in which we are failing so many indigenous children. A brief summary of some of this important work is set out below.

Foundational Work

Royal Commission on Aboriginal Peoples (1996)

9. The 1996 Royal Commission on Aboriginal Peoples ("RCAP") included the following recognition of the harm caused by the removal of children from their families and into care:

> *"Many experts in the child welfare field are coming to believe that the removal of any child from his/her parents is inherently damaging, in and of itself….The effects of apprehension on an individual Native child will often be much more traumatic than for his non-Native counterpart. Frequently, when the Native child is taken from his parents, he is also removed from a tightly knit community of extended family members and neighbours, who may have provided some support. In addition, he is removed from a*

[1] "in care" means a child who is in the custody, care or guardianship of a director of the Ministry of Children and Family Development.
[2] British Columbia, Representative for Children and Youth, *10 Years of Advocacy: Representative's Report Card* (Victoria: Ministry of Children and Family Development, 2016).

unique, distinctive and familiar culture. The Native child is placed in a position of triple jeopardy".[3]

10. The RCAP Final Report concluded definitively that there was a need to invest in indigenous communities in order to address the "inherent damage" done in removing indigenous children from parents and their communities.[4]

Hughes Review (2006)

11. In November 2005 the Honourable Ted Hughes was appointed to conduct an independent review of B.C.'s child protection system ("Hughes Review") following, among other things, the tragic death of a young Nuu-chah-nulth girl who was in care under the responsibility of Usma. More than 70 individuals with special expertise and more than 300 child welfare groups and other stakeholders contributed to the review. The Hughes Review reported:

> *"The strongest impression I have gleaned from this inquiry is one of a child welfare system that has been buffeted by an unmanageable degree of change. There has been a revolving door in senior leadership positions; emphasis in practice has shifted between child protection and family support; functions have been shifted out to the regions and then pulled back to centre; new dispute resolution processes have been introduced. And much of this has gone on against a backdrop of significant funding cuts, even though it is commonly understood that organizational change costs money."*

12. The Hughes Review made 62 recommendations, central among which was the need to create the Representative for Children and Youth as an independent advocacy and oversight body in B.C.

Representative for Children and Youth (2006-present)

In May 2006 B.C. government passed the *Representative for Children and Youth Act*, SBC 2006, c. 29 establishing the Legislative Assembly's authority to appoint an officer of the Legislature as the Representative for Children and Youth[5] (the "Representative"). The Representative's mandate is to:

- Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services;
- Monitor, review, audit and publicly report on designated services for children and youth; and
- Conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services.

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[3]Canada, Indigenous and Northern Affairs, *Report of the Royal Commission on Aboriginal Peoples, Volume 3* (Ottawa: Canada Communication Group, 1996) at *23-24.* Available at:< https://www.aadnc-aandc.gc.ca/eng/1307458586498/1307458751962>.

[4] Recommendations 3.2.1 and 3.2.4 of the RCAP Final Report (as cited in British Columbia, Ministry of Children and Family, *Indigenous Resilience, Connectedness and Reunification- From Causes to Root Solutions: Final Report of Special Advisor Grand Chief Ed John* (Victoria: Ministry of Children and Family Development, 2016) at 64.

[5] *Representative for Children and Youth Act,* SBC 2006, c. 29, s. 2.

13. Since then the Representative has been consistent and clear in the reports and recommendations made as part of that oversight role. The Representative has repeatedly reported systematic failings impacting indigenous children within British Columbia's child welfare system, largely attributed to underfunding, unmanageable workloads, social worker burnout, inadequate education and training in historical and trauma informed social work, outdated policies, a lack of accountability, the downloading of responsibilities to DAAs without appropriate funding and support, and a failure to incorporate aboriginal perspectives into policies and programs.

14. Reports issued by the Representative include:

September 2013 – *Out of Sight: How One Aboriginal Child's Best Interests Were Lost Between Two Provinces*[6]

November 2013 – *When Talk Trumped Service: A Decade of Lost Opportunity for Aboriginal Children and Youth in B.C.*[7]

February 2014 – *Lost in the Shadows: How a Lack of Help Meant a Loss of Hope for One First Nations Girl*[8]

May 2015 – *Paige's Story: Abuse, Indifference and a Young Life Discarded*[9]

September 2016 – *A Tragedy in Waiting: How B.C.'s Mental Health System Failed One First Nations Youth*[10]

October 2016 – *Too Many Victims: Sexualized Violence in the Lives of Children and Youth in Care*[11]

October 2016 – *Last Resort: One Family's Tragic Struggle to Find Help for Their Son*[12]

February 2017 – *Broken Promises: Alex's Story*[13]

March 2017 – *Delegated Aboriginal Agencies: How Resourcing Affects Service Delivery*[14]

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[6] British Columbia, Representative for Children and Youth, *Out of Sight: How One Aboriginal Child's Best Interests Were Lost Between Two* Provinces (Victoria: Ministry of Children and Family Development, 2016) Available online at: <https://www.rcybc.ca/reports-and-publications/reports/cid-reviews-and-investigations/out-sight-how-one-aboriginal-child%E2%80%99s> .

[7] British Columbia, Representative for Children and Youth, *When Talk Trumped Service: A decade of lost opportunity for aboriginal children and youth in B.C.* (Victoria: Ministry of Children and Family Development, 2013) Available online at: <https://www.rcybc.ca/reports-and-publications/reports/monitoring-reports/when-talk-trumped-service-decade-lost> .

[8] Available online at: <https://www.rcybc.ca/reports-and-publications/reports/cid-reviews-and-investigations/lost-shadows-how-lack-help-meant>.

[9] Available online at: <https://www.rcybc.ca/paige>.

[10] Available online at: <https://www.rcybc.ca/tragedyinwaiting>.

[11] Available online at: <https://www.rcybc.ca/toomanyvictims>.

[12] Available online at: <https://www.rcybc.ca/lastresort>.

[13] Available online at: <https://www.rcybc.ca/sites/default/files/documents/pdf /reports_publications/rcy-brokenpromises-alexsstory-feb2017-lo_web-2.pdf>

15. The Representative has made repeated recommendations to improve services for vulnerable children, youth and their families, including

(a) Professional indifference to aboriginal youth must be addressed and eliminated;

(b) Steps must be taken to ensure services do not fall through jurisdictional gaps;

(c) An aboriginal perspective must be incorporated into policy development and action plans;

(d) Take immediate steps must be taken to provide effective services to children and youth;

(e) Policies, protocols and standards must be reviewed and compliance must be improved through annual reports, including with respect to services provided by DAAs and contracted agencies[15] and preventing and responding to sexualized violence against aboriginal girls;[16] and

(f) Ensure commitments by all provincial child welfare authorities to fully support the needs of children and families for a **seamless** transition of services, including between jurisdictions before engaging in any process to transfer jurisdiction over aboriginal child welfare.[17]

Truth and Reconciliation Commission (2015)

16. In 2008, the Truth and Reconciliation Commission of Canada ("TRC") was established under the terms of the Indian Residential Schools Settlement Agreement. The TRC was mandated to:

- *reveal to Canadians the complex truth about the history and the ongoing legacy of the church-run residential schools, in a manner that fully documents the individual and collective harms perpetrated against aboriginal peoples, and honours the resilience and courage of former students, their families, and communities; and*

- *guide and inspire a process of truth and healing, leading toward reconciliation within aboriginal families, and between aboriginal peoples and non-aboriginal communities, churches, governments, and Canadians generally. The process was to work to renew relationships on a basis of inclusion, mutual understanding, and respect.*[18]

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[14] Available online at: <https://www.rcybc.ca/daareport> .
[15] British Columbia, Representative for Children and Youth, *Lost in the Shadows: How a lack of Help Meant a Loss of Hope for One First Nations Girl* (Victoria: Ministry of Children and Family Development, 2014) at 86.
[16] British Columbia, Representative for Children and Youth, *Too Many Victims: Sexualized Violence in the lives of Children and Youth in Care* (Victoria: Ministry of Children and Family Development, 2016) at 40-41.
[17] British Columbia, Representative for Children and Youth, *A Tragedy in Waiting: How BC's mental health system failed one First Nations youth* (Victoria: Ministry of Children and Family Development, 2016) at 49.
[18] Canada, Truth and Reconciliation Commission, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada,* (Ottawa: TRC, 2015) at 23. Available online at: < **Error! Hyperlink reference not valid.**>.

17. After six years of operation and holding events in all parts of the country, including National Events in Winnipeg, Inuvik, Halifax, Saskatoon, Montreal, Vancouver and Edmonton, attended by over 9,000 residential school survivors and holding events at the community level, including 238 days of local hearings at 77 communities across the country, gathering documents and statements about residential schools and their legacy, the TRC issued its Final Report and Calls to Action. As the TRC stated:

> *"For over a century, the central goals of Canada's Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as "cultural genocide"….*
>
> *And, Canada separated children from their parents, sending them to residential schools. This was done not to educate them, but primarily to break their link to their culture and identity. In justifying the government's residential school policy, Canada's first prime minister, Sir John A. Macdonald, told the House of Commons in 1883:*
>
> > *When the school is on the reserve the child lives with its parents, who are savages; he is surrounded by savages, and though he may learn to read and write his habits, and training and mode of thought are Indian. He is simply a savage who can read and write. It has been strongly pressed on myself, as the head of the Department, **that Indian children should be withdrawn as much as possible from the parental influence**, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men…*
>
> *These measures were part of a coherent policy to eliminate Aboriginal people as distinct peoples and to assimilate them into the Canadian mainstream against their will."*[19]

18. The first five of the TRC's Calls to Action were dedicated to immediate reforms and funding needed to improve child welfare delivery and prevent the continued harms of the ongoing practice of child apprehensions and removals. (See Appendix D).

Final Report of Special Advisor Grand Chief Ed John (2016)

19. Even since this Panel was struck, further reports have been released that are essential reading to understand the historic and current state of the administration of child welfare services to indigenous people in British Columbia. This includes *Indigenous Resilience, Connectedness and Reunification—From Root Causes to Root Solutions: A Report on*

[19]Canada, Truth and Reconciliation Commission (Ottawa: TRC, 2015) at 1-3. Available online at: <http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf.>.

Indigenous Child Welfare in British Columbia, Final Report of Special Advisor Grand Chief Ed John [20], which was released in November 2016.

20. The report provides advice to the Province of BC (as well as Canada and indigenous governments) on indigenous child welfare, with the hope that governments will work with communities and families in partnership "to recognize, constructively address, and reconcile our respective interests to better support the needs of all Indigenous children". The report summarizes the engagement Grand Chief Ed John undertook with indigenous communities throughout BC, 10 DAAs and 12 organizations and interest groups over 14 months. Grand Chief Ed John provides a detailed analysis of indigenous child protection in BC, identifies 10 areas in need for focused action and makes 85 recommendations that focus on:

(a) reducing the need for indigenous children and youth to come into care;
(b) increasing support services that help keep families together;
(c) enabling greater access to judicial services;
(d) creating a more equitable funding formula between the Province and the federal government;
(e) increasing early intervention services; and,
(f) specifically targeting more MCFD staff within First Nations communities.

The recommendations are directed at MCFC, DAAs, First Nations leadership and the federal government.

21. The Panel has carefully considered Chief John's Report and Recommendations, and has provided comments regarding how these can apply to Huu-ay-aht (Appendix D).

22. The Panel would also like to acknowledge other external research and reports that have been very helpful to informing the Panel's understanding of the systemic issues surrounding the provision of child welfare services in our province.[21]

23. We do not recreate the work that has been done examining the nature and causes of the historical and current failings in caring for indigenous children and youth. Instead we rely on much of the work that has been done in this area. We take these as a departure point, and we focus on what we have heard from Huu-ay-aht citizens, staff and leaders to arrive at the report and recommendations that follow.

24. Very importantly, we are at a time when there is widespread recognition throughout the province and the country, and even within the provincial and federal governments, that fundamental change to the delivery of child and family welfare services must come. However, only a few have successfully translated those words into action.

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[20] Chief John, *Indigenous Resilience, Connectedness and Reunification—From Root Causes to Root Solutions: A Report on Indigenous Child Welfare in British Columbia.* Available online at: < http://fns.bc.ca/pdf/Final-Report-of-Grand-Chief-Ed-John-re-Indig-Child-Welfare-in-BC-November-2016.pdf>.

[21] Aboriginal Children in Care Working Group, *Report to Canada's Premiers*, (Ottawa: Council of the Federation Secretariat, 2015). Available online at: <http://canadaspremiers.ca/phocadownload/publications/aboriginal_children_in_care_report_july2015.pdf.>.

25. This puts Huu-ay-aht's initiative at an important cross-road, or point in time. Huu-ay-aht should not forego or fail to capture the movements toward positive change that are happening outside Huu-ay-aht's community in places that have direct impacts on Huu-ay-aht (i.e. the provincial and federal governments and at Usma). But at the same time, by appointing this Panel to inquire into appropriate "made in Huu-ay-aht" solutions, Huu-ay-aht has identified that it cannot and will not wait for the big ships to turn around.

26. Huu-ay-aht is a relatively small community with demonstrated capacity to pursue change. It is one of the few First Nations in British Columbia to enter a modern Treaty with BC and Canada. Huu-ay-aht is also already recognized as a leader among First Nations on a number of fronts, including in working to improve services provided to children and families.

27. We therefore approached our task informed by the reports and recommendations that have come before us, but with fresh ears with which to listen to the Huu-ay-aht community as well as to other organizations and agencies who have been working to improve outcomes for children.

Engagement with Huu-ay-aht Citizens, Staff and External Agencies

28. Over four months we conducted community engagement sessions in Port Alberni, Vancouver, Nanaimo, Victoria and Anacla. We also conducted an engagement session in Port Alberni with Huu-ay-aht youth who have been or are currently in care.

29. We also spoke with Huu-ay-aht staff and leaders, as well as many individuals from external organizations, including the provincial and federal governments, Usma, MCFD, Office of Wet'suwet'en First Nation, Seabird Island Child and Family Services team, Grand Chief Ed John, the Office of the Representative for Children and Youth, Carrier Sekani Tribal Council Child and Family Services and several others.

30. We wish to take this opportunity to thank the many individuals who gave us their time, and spoke from both their professional and their deeply personal experiences. In particular, we thank and recognize the many Huu-ay-aht citizens and their families and supports who came to speak with us, often travelling significant distances, and overcoming many real obstacles to do so.

SAFE, HEALTHY AND CONNECTED TO HUU-AY-AHT HOME, CULTURE AND VALUES

HUU-AY-AHT STRATEGIC PLAN

31. The Panel has operationalized the social outcomes to be achieved based on the goals set in Huu-ay-aht's own **Strategic Plan**—that is, to keep children:

    (a) safe;

    (b) healthy; and

    (c) connected to Huu-ay-aht's home, culture and values.

32. We do so mindful of the fact that for Huu-ay-aht, the best interests of a child are met holistically: by supporting the child in all aspects of her emotional, intellectual, cultural and physical development, while at the same time ensuring that her family and community are held up in supporting her. We heard clearly from Huu-ay-aht people that the Huu-ay-aht view of well-being and care for children is inextricably linked to care for the family too—children, family and community are interwoven.

SAFE

33. In its Strategic Plan, Huu-ay-aht lists keeping children safe as the first among the goals to be achieved. This is of paramount importance to Huu-ay-aht, and this is reflected under the Treaty and under existing provincial law (as set out below).

34. "Safety" can have a number of different meanings. The Panel learned, through information received from community members and from Usma and MCFD representatives, that the differing understandings of and approaches to safety in administering child protection policies are a site of tension, disagreement and even conflict between front line social workers, families and the Nation's representatives themselves.

35. In particular, a dis-juncture revealed itself between approaching safety as an individual and immediate physical evaluation on one hand, and approaching it by taking into account the broader context of a child's life and well-being on the other, including the longer term emotional and mental health impacts on a child from state intervention into their care.

36. Taking this divergence to its extreme (which we do here only to illustrate the important concept, not to highlight a particular case), this can lead to erring on the side of conservative or cautious assessments of immediate individual safety, thereby justifying abrupt removals of children from their homes without providing meaningful warning or explanation to the children or their families, and even moving children several times from temporary home to temporary home, sometimes again without warning or explanation.

"We felt like we were kidnapped."- Huu-ay-aht Youth

37. While this approach may lead to "safety" in a narrow and immediate sense (for example, violence may be avoided, which is an undeniably important priority), it is not "safe" in the broader sense.

38. Children must be kept safe from harm within the home. This includes having shelter, food and essentials, and being protected from violence.

39. There is no question that the safety and security of children both in their homes and in care is of fundamental importance, and that there are tragic examples of children being fundamentally failed and harmed by adults who were supposed to be looking after them, including Nuu-chah-nulth children under the care of Usma.[22]

"Protection must not compound trauma"

40. Children must also be kept safe from harm arising from interventions in their care, including trauma. Protection must not compound trauma.

41. Disruption in a child's family and way of life—even when problems exist at home—can be a serious cause of trauma for children, or can compound trauma that has already occurred. As the Panel heard, this was so with the removal of children to residential schools, and it is so with the removal of children into care. Trauma cannot be underestimated as an ongoing matter of child safety. Our chapter on trauma and attachment will address this in more detail.

42. The Panel learned three important things:

(a) the broader concept of safety, which includes safety from immediate physical harm, but takes a longer term holistic approach to assessing safety, is articulated throughout the Huu-ay-aht community as the appropriate measure and goal for the protection of children and families;

(b) there is recognition inside both the Ministry and Usma that child protection practices need to shift from the narrow understanding of safety to the broader understanding of safety; and

(c) despite this recognition, there remain recent incidents of state intervention for the protection of Huu-ay-aht children without due regard to, or protection in place for, the broader and long term safety of the child.

43. Why this is so—why, despite this recognition, it is still not being consistently operationalized "on the ground"—is in many ways the very center of the issue the Panel has been assessing. Largely, the tools (including legal tools) are there to enable safer and more holistic means of protecting Huu-ay-aht children. The Panel has learned what practical

[22] For examples see: British Columbia, Representative for Children and Youth, *Reporting of Critical Injuries and Deaths to the Representative for Children and Youth* (Victoria: Ministry of Children and Family Development, 2010); and Hughes, E. N. *BC Children and Youth Review: review of BC's child protection system* (Victoria: Ministry of Children and Family Development, 2006).

impediments lie in the way. These are set out in this report, and are the subject of several of the Panel's recommendations.

44. At the same time it is very important that plans for safety, permanency and cultural connection must be conscious of existing attachments to foster families and must be very careful not to re-traumatize youth by ignoring those existing and important attachments.

HEALTHY

45. Good health must also be understood holistically—not just physical health, but also emotional and mental health.

46. In order for children to be safe in their homes, both their own health and the health of their parents and caregivers must be supported.

47. We will address emotional and mental health in this report as these were recurrent issues that came up in our discussions with Huu-ay-aht citizens. In particular:

(a) The compounded trauma caused by the disruption, uncertainty and fear associated with removal of children into care;

(b) Impacts caused by insecure attachments;

(c) Physical and mental impacts of addiction; and

(d) Violence.

48. The mental health of children is not only affected by trauma, but on a more long term basis is affected by disruptions to the sorts of attachments that are important to full development. We have therefore dedicated a section of this report to *Trauma, Attachment and Child Safety*.

49. We have also dedicated a section of this report to the topics of *Addiction* and *Violence*. These are addressed alongside *Poverty*, which must be squarely recognized as a systemic factor in causing children to be taken into care.

CONNECTED

50. There is great value and personal strength in understanding where one is from and how one is connected to a People and traditional territory. The expression of this is through connection to family and community and connection and experience within the traditional territory of one's ancestors.

51. The ancient cultural values of the Huu-ay-aht frame their world view and inform their modern mind and approach as a Treaty Nation. This world view and approach provides a strong foundation for understanding and accepting the need for Huu-ay-aht children, youth and family to be connected to each other, community and territory. Expert reports support this approach.

52. Special Advisor Grand Chief Ed John addressed the importance of keeping families connected in his report *Indigenous Resilience, Connectedness and Reunification – From Root Causes to Root Solutions.* One of ten areas identified for focused action is the provision of prevention services and the importance of keeping families connected. Chief Ed John highlights the importance of ensuring that children and youth have every opportunity to safely remain together with their families, or at the very least connected to their own communities. The Huu-ay-aht have expressed that the family is a broader expression of connection than the typical nuclear family model and these connections must be included in the understanding of Huu-ay-aht families.

Huu-ay-aht Home

53. *Hahouthlee* (traditional land and territory) is the Huu-ay-aht word for the homelands of their Peoples. Through an understanding and opportunity to know and experience traditional territories is to know that there is an existing homeland with which to be connected. This connectedness adds to the strength and healing to know that there is a place from which your ancestors thrived as an organized society with a culture, language and world view. This includes children, youth and families understanding how they are connected through the Huu-ay-aht house system. This is the ancestral strength that can be drawn upon to support the reconnection with home as an aspect of resilience.

Huu-ay-aht Culture

54. Values of the Huu-ay-aht Peoples are reflected in their ancient culture. *?iisaak* (respect for), *Hisuk ma cawak* (everything is connected), *?uu?atuk* (taking care of) are core Huu-ay-aht values. The application of these values in the context of the well-being of Huu-ay-aht children and families would reflect an approach that accepts that there is responsibility to take care of children, youth and families and also respects the value of children, youth and families. In addition, the fact that everything is connected recognizes the need to express the importance of the connectedness within family as a fundamental aspect of a strong, safe, healthy community and Nation.

55. Through community engagement the Panel has heard that there is a real need for this connection. Huu-ay-aht citizens expressed that this is a gap within the current system. Huu-ay-aht children, youth and family need to have an understanding of their connection to each other, family, community and territory in order to flourish and this understanding is built upon lived experience.

HUU-AY-AHT TRADITIONAL CARING STRUCTURE

56. From the very first of the Panel's community engagement sessions, the Panel heard consistently about the strength that lies in the traditional ways of caring for Huu-ay-aht children and families.

57. Huu-ay-aht members told the Panel stories of Huu-ay-aht families taking Huu-ay-aht children into their homes when those children's parents could not care for them. For example, a whole generation of one Huu-ay-aht family was raised in this way after the death of the children's mother. Before she died, she gathered her siblings to her, and assigned each of her eight children to her siblings' homes. They were raised by their extended families and those children are adults today, many of them elders and important leaders in the community. This type of story was told to the Panel more than once. And it continues today, with grandparents caring for and raising children whose parents are not able to care for them.

> "*Culture begins before we are born. Caring for pregnant women*" Huu-ay-aht citizen

58. We also heard that Huu-ay-aht historically cared for children from before they were born—pregnant women were cared for, kept healthy, and taught to become mothers by their own mothers, aunts and grandmothers.

> "*I was raised by my grandparents so I learned my language first, and that wasn't taken away through residential school because I learned from when I was so little from my grandmother, and I learned all the teachings*" Huu-ay-aht elder

59. We also heard that as a government, Huu-ay-aht has put in place programs and initiatives to continue providing support to Huu-ay-aht families, as discussed below.

60. However, we also heard that Huu-ay-aht does not currently have a list of Huu-ay-aht homes or families who are prepared to take in Huu-ay-aht children when their parents cannot care for them. Usma will generally, and the MCFD will sometimes, ask Huu-ay-aht if there is a Huu-ay-aht family available before placing children with non-Huu-ay-aht families, but without an internal list available, it if often difficult to respond.

61. We repeatedly heard that Huu-ay-aht members would like to move toward this model: they realize that in order to keep children "home" in the Huu-ay-aht community (however defined), that people must look to themselves to step forward and provide what they can to support this goal—whether it be offering themselves as care givers, offering their homes and families as safe and dependable places where children can grow up with permanency and attachment, or offering themselves as elders, co-parents, or other support.

> "*Me and my cousins were playing around and we had to listen. But I'm thankful for that because I learned as I grew older…I used to call it the old fashioned way of being raise—my uncle, my dad and my aunties*" Huu-ay-aht elder

62. We also heard that legal complexities arise when alternate care arrangements are made with family or in the community that make the security of those arrangements vulnerable and

open to legal challenge. We heard that legal assistance is required to properly formalize these care arrangements to ensure continuity and minimal disruption to youth.

REASONS CHILDREN ARE IN CARE

63. The main reason cited nationally for removing children from their home is neglect, with abuse cited as a more infrequent reason.[23] When Huu-ay-aht citizens and staff were questioned the main reasons for neglect were issues of addiction, poverty and violence. Citizens spoke more readily about addiction issues, but we also heard about violence as a serious and relevant issue during each one of our engagement sessions.

64. Several citizens who met with the panel spoke about physical or sexual abuse being a barrier for mothers providing a safe house for their children, either leading to removal of children, or preventing children from being able to return home. Indeed many statistics speak of the prevalence of domestic violence in all communities, with higher instances in First Nation communities.[24] There are many reasons First Nation people endure high rates of addiction, violence, suicide and incarceration. We address some of these in the next section.

65. Based on our engagement sessions, it is apparent that while on one hand some families have suffered trauma from children being removed when less intrusive measures may have been available, on the other hand, there may indeed be unsafe homes that are not being readily identified for support or intervention.

66. The ultimate goal must be to ensure families have the supports needed to provide ***safe homes***--not simply reducing apprehensions. Put another way, the safety, health and connection of children should not be jeopardized in an effort to simply reduce apprehensions. A reduction in apprehensions must be an outcome of meeting the real goals set out in the strategic plan—keeping children safe, healthy and connected.

IMPACTS OF COLONIZATION

67. Huu-ay-aht children traditionally learned their language as most kids do, from living with family. Similarly, songs, stories and extended family life were the norm, with skills and roles emerging over time, for everyone. What we now call "attachment"[25]—the deep and trusting connection with one or more adults, naturally happens when raised with extended family. Multi-family dwellings were the norm in Huu-ay-aht society before colonization.[26]

68. When Europeans came to Canada they created a legal, political and economic regime that ignored the rights of indigenous peoples. Many tools were used to exclude indigenous people from the economy. Many view what Canada did to indigenous people as genocide or cultural genocide. This racist foundation for the creation of Canada has impacted and compromised indigenous communities in every way imaginable, including undermining indigenous governments, communities, families and children.

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[23] British Columbia, Ministry of Children and Family, *Indigenous Resilience, Connectedness and Reunification-From Causes to Root Solutions: Final Report of Special Advisor Grand Chief Ed John* (Victoria: Ministry of Children and Family Development, 2016) at 12.
[24] *Ibid*.
[25] Bowlby J, *Attachment and Loss (vol. 1)*: *Attachment*, 2nd ed (New York: Basic Books, 1999 [1969]).
[26] Bridge K, *Extraordinary Accounts of Native Life on the West Coast: words from Huu-ay-aht ancestors* (Canmore: Altitude Publishing Canada, 204) at 40.

RESIDENTIAL SCHOOLS

69. The imposition of residential schools was a collective tragedy, *designed* to disrupt attachment, parenting and transmission of indigenous/Huu-ay-aht values to children and community.

70. The Truth and Reconciliation Commission described the impact of residential schools on indigenous people in great detail. There is a terrible legacy left behind from the split up of families and the other acts meant to assimilate or subjugate First Nation people to comply with Eurocentric power. Residential schools were the leading cause of much trauma to First Nation families. This has left First Nation people with many gaps in their quality of life and with wellness. Many First Nations people turn to drugs and alcohol in response to poverty and oppression. This can lead to neglect, violence and further economic and shelter instability. The trauma has transferred inter-generationally and in some cases it has been many generations since a family has known a trauma free and safe existence.

> "*The language. You remember the hurt (slapping motion) at residential school for speaking your language. And then your grandmother being disappointed that you don't answer in the language*" Huu-ay-aht citizen

MULTI-GENERATIONAL IMPACTS

71. Some have pointed out that there are in fact more kids in care than there were ever in residential school. The removal of kids from their parents and community perpetuates the trauma on families which leads to addiction, neglect and abuse, continuing the cycle. Although the Panel's mandate is to come up with recommendations on how to reduce the current number of kids in care, and to ultimately prevent all future incidences, these results are directly related to impacts of colonization and restoring health and wellness to Huu-ay-aht citizens and families.

> *"I used to wonder, is this my fault?"* Huu-ay-aht youth

72. We heard from several Huu-ay-aht parents that they felt they had never learned to parent—some had been taken from their parents when they were young, and raised in the harsh institutional and authoritarian setting of residential school. Others had been raised under the legacy of that tear through the fabric that had formerly held family and community together. This is an experience echoed by aboriginal people throughout Canada; it is such an important issue that the Truth and Reconciliation Commission issued the following Call to Action (#5):

> *"5. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families."*

73. The Panel also heard and saw that there is strength, health and resilience throughout the Huu-ay-aht community. Importantly, some of this strength comes from the hardship that many Huu-ay-aht people have suffered. There are many Huu-ay-aht citizens who have come through suffering and trauma who are now clear and strong leaders—leaders of themselves, setting their own direction, and leaders in the community, helping and teaching others to be well. The recommendations in this report are intended to build upon this internal strength that is already hard at work inside Huu-ay-aht.

> *"It isn't what you've done in your life, it's what you've done to come through it that's important*."—MCFD Social Worker

SYSTEMIC BIASES TOWARD TAKING INDIGENOUS CHILDREN INTO GOVERNMENT CARE

74. In addition to the factors that derive from the inter-generational impacts of colonialism and residential school practice and policy, there are also direct and quantifiable systemic factors that create a bias *toward*, rather than away from, apprehending children into the care of the state rather than supporting their families to provide the continuity and care children need.

> *In 1951, amendments to the Indian Act meant that provincial child welfare laws and programs would apply to "Indians" but still there was no federal funding to support these new provincial responsibilities.*
>
> *Indian residential schools were being closed down in the 1960's and 70's but by then large numbers of Aboriginal children were being removed from home, not for schooling but for placement in foster care and group homes. The 'Sixties Scoop' was the phrase coined by Patrick Johnston in his 1983 report for the Canadian Council on Social Development. It referred to the rapid rate of child apprehensions that increased the number of Aboriginal children in care in BC from 29 in 1955 to 1,446 in 1964.* [Hughes Review p. 49]

75. This quantifiable systemic bias can be demonstrated from a starting point at which provincial child welfare laws began to be applied to aboriginal peoples. This occurred in 1951 when the *Indian Act* was amended to make provincial laws of general application applicable on reserve.[27] The systemic bias is reflected in the following:

(a) BC's first Superintendent of Neglected Children was appointed in 1919;[28] In 1955, 29 (less than 1% of total) children in care in BC were indigenous;

(b) Within 9 years of provincial administration, that number skyrocketed to 1,446 (or 34.2%);[29]

(c) Today approximately 60% of the children in care in BC are indigenous (approximately 4,400 indigenous children are in care in BC), despite the fact that the indigenous child population makes up less than 9% of the total child population in B.C.;[30] and

[27] *Indian Act*, S.C. 1951, c.29, s.87 (note: s.88 from 1970).
[28] Hughes, E. N. *BC Children and Youth Review: review of BC's child protection system* (Victoria: Ministry of Children and Family Development, 2006) at 5.
[29] Lucas, Linda. *A Framework for Social Work Practice: Usma Child and Family Services* (University of Victoria, 1996) at 17, citing: Johnson P. *Native Children and the Child Welfare System* (Ottawa: Council on Social Development, 1983) at 23.
[30] British Columbia, Representative for Children and Youth, *Delegated Aboriginal Agencies: How resourcing affects service delivery* (Victoria: Ministry of Children and Family Development, 2017) at 3.

(d) One in five indigenous children in the province will be involved with child welfare at some point during his or her childhood.[31] An **indigenous child is 17 times more likely** to be in care than a non-indigenous child in B.C.[32]

76. It is also very important to note that while the number of children in care overall in B.C. has decreased significantly over the last 10 years (in "2006/07, there were 9,097 children and youth in care in the province, by 2016/17, that number had shrunk to 7,197"), the number of Continuing Custody Orders over aboriginal children has not changed much at all ("slipping from 4,551 in 2006/07 to 4,403 in 2016/17") as reported by the Representative for Children and Youth in October 2016. [33]

77. Proportionately the number of **indigenous children in continuing care is going UP not down**. So the changes that are being made to reduce the numbers of children in care are working better for non-indigenous children than for indigenous children.

> "Tellingly, the percentage of CYICs [Children and Youth in Care] who are Aboriginal has actually increased significantly. In 2006/07, just over 50 per cent of children and youth in care in B.C. were Aboriginal. For the current year, the percentage of Aboriginal CYICs is more than 61 per cent. This despite the fact that Aboriginal children and youth comprise only about nine per cent of B.C.'s total child and youth population."[34]

78. As Grand Chief Ed John's report demonstrates, the existing child welfare system in B.C. is geared toward foster care, and against permanency, and in particular, culturally sensitive and appropriate permanency.

79. Funding for child and family services for Huu-ay-aht is delivered through the NTC from both the provincial and federal governments. Provincial government funding is for children who are not ordinarily resident on reserve, whereas federal funding is for children ordinarily resident on reserve.

80. In 2016, the Canadian Human Rights Tribunal[35] found the federal funding model (Directive 20-1) to be discriminatory and to provide financial incentives to bring more indigenous children into care. In British Columbia, the decision by the Director or delegate to remove a child from her home and the order to place her in care triggers federal funding payments—payments that are not available to assist the family in preventing the conditions leading to removal, or often to extended family who seek to assist so as to alleviate the conditions leading to the removal decision.

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[31] Aboriginal Children in Care Working Group, *Report to Canada's Premiers*, (Ottawa: Council of the Federation Secretariat, 2015) at 7.
[32] British Columbia, Representative for Children and Youth, *Delegated Aboriginal Agencies: How resourcing affects service delivery* (Victoria: Ministry of Children and Family Development, 2017) at 4.
[33] British Columbia, Representative for Children and Youth, *10 Years of Advocacy: Representative's Report Card* (Victoria: Ministry of Children and Family Development, 2016) at 5.
[34] *Ibid*.
[35] *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*, 2016 CHRT 2.

81. Moreover, as the Representative outlined in his March 30, 2017 report, indigenous children who are served by DAAs face the compounded problem of receiving fewer supports than non-indigenous children in care (who are served by the Ministry and not the DAAs) are likely to receive:

> "The result is a work environment that is often daunting for DAA staff and, even more significantly, a system that provides inequitable supports, services and protection for vulnerable indigenous children in B.C. compared to what their non-indigenous counterparts are likely to receive."[36]

82. The Representative was clear that the problem lies with both levels of government:

> "Instead of promoting prevention or least disruptive measures, federal funding rules actually make it more likely that indigenous children will be removed from their families, which undoubtedly contributes to the gross over-representation of indigenous children in care. According to MCFD's Service Plan, **an indigenous child is nearly 17 times more likely to be in care than a non-indigenous child**. As one DAA executive director told Representative for Children and Youth interviewers:
>
> > "*Right now, we're still being funded based on the number of children in care. But if your ultimate goal is to keep children out of care, it's a backwards set up*."
>
> Funding problems are not limited to the federal government, however. Inequitable and inconsistent funding arrangements between the B.C. government and DAAs have resulted in significant differences in the level and types of support available for B.C.'s indigenous children, depending on where in the province they live and which DAA serves them.
>
> Nor does MCFD have a clearly defined and transparent method for determining its funding to individual DAAs. The province has no standardized method for accounting for the unique needs of remote and smaller agencies, cost-of-living increases, issues with recruitment and retention of staff or how geography affects operational costs and social worker time required to carry out their duties."[37]

83. Furthermore, not only are indigenous children generally receiving *less* than non-indigenous counterparts in the child welfare system (children on reserve receive less, children under DAA authority receive less), the need for services to indigenous youth and children is recognized to be *greater* than for non-indigenous youth and children in care because of the intergenerational effects of colonial policies such as residential schools.[38]

84. There have been mandated commitments by both the federal and provincial governments to improve servicing levels for indigenous youth who are in the child welfare system. The Panel's recommendations recognize that while Huua-ay-aht cannot wait for senior governments to resent their administrative and policy directions—Huu-ay-aht must set its own course and

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[36] British Columbia, Representative for Children and Youth, *Delegated Aboriginal Agencies: How resourcing affects service delivery* (Victoria: Ministry of Children and Family Development, 2017) at 3.
[37] British Columbia, Representative for Children and Youth, *Delegated Aboriginal Agencies: How resourcing affects service delivery* (Victoria: Ministry of Children and Family Development, 2017) at 4.
[38] *Ibid* at 3.

without delay—it will nevertheless be important for Huu-ay-aht to position itself through consistent dialogue and negotiation with provincial and federal governments to obtain and direct funding and resources appropriately within a made in Huu-ay-aht model.

POVERTY, ADDICTION AND VIOLENCE

85. We heard from Huu-ay-aht staff that the cause for most Huu-ay-aht children being in care is most directly traced to addiction issues. Domestic violence is also a cause, but this is also often linked to alcohol and addiction. There are also some children in care due to perceived neglect, related to insufficient food in the home and perceived inappropriate clutter.

86. In British Columbia by far the primary reason cited for removal of children into care is "neglect."[39] While neglect is undefined in the provincial legislation, it is distinct from the other reasons for removal, such as physical or emotional harm or agreement with parents.

87. What we heard from Huu-ay-aht, including Huu-ay-aht staff who provide support to citizens, is that perceived "neglect" can arise from a variety of reasons linked to having no financial security. Poverty, including working poverty, often means there is limited or no capacity to deal with additional stressors as they arise—urgent child care, health care, transportation and food needs.

88. We heard from Huu-ay-aht citizens and staff that they have benefited in real and tangible ways from programs Huu-ay-aht has offered in the past to help alleviate some of the daily impacts of poverty. For example, the "fresh food box" that Huu-ay-aht provided in the past to citizens who needed it, or assistance with diapers or transportation, were cited as real examples of steps the Nation has taken in the past that have helped in an immediate and practical sense. Living at the edge of security can mean that anything that goes wrong can make families more vulnerable to protection or removal proceedings. Our recommendations address the need to ensure such supports are available consistently when they are needed—but in the context of a robust and comprehensive program of support and prevention activities.

89. Safe homes are violent free homes. While neglect due to addiction is viewed as the main cause for child removal from Huu-ay-aht homes, we heard too that domestic violence is also contributing to unsafe homes. Domestic violence is often between the adults of the home – but Huu-ay-aht members in each of the communities in which we conducted engagement sessions disclosed either themselves being victims of physical or sexual abuse, or an immediate family member being a victim of abuse. Domestic violence is a province wide issue that overlaps with policing and justice systems – but ultimately services treating underlying trauma for both the victim and offender will be key in overcoming this multi-generational behaviour as well.

90. Huu-ay-aht should add an element of domestic violence prevention and treatment to their programs and services through prevention education and facilitating counselling services that address this issue (primarily services to support men whose violence is affecting Huu-ay-aht families). There are existing programs like *Ending Violence BC* that can be drawn upon for Hu-

[39] British Columbia, Ministry of Children and Family, *Indigenous Resilience, Connectedness and Reunification-From Causes to Root Solutions: Final Report of Special Advisor Grand Chief Ed John* (Victoria: Ministry of Children and Family Development, 2016) at 12.

ay-aht program and service delivery, such as information campaigns and even grants to do community led programming.

91. But as an important first step, Huu-ay-aht leadership must take a clear and vocal role in addressing violence in the Huu-ay-aht community. Our observation was that while discussing violence appeared to be a taboo subject within the Huu-ay-aht community, it arose consistently in our engagement sessions. People were compelled to discuss it as an important contributing factor to why families are struggling to stay together and children are in care, but they were reluctant to discuss it openly or to any significant extent. In order to carry through on Huu-ay-aht's commitment to keep children safe, healthy and connected, the community must ensure that Huu-ay-aht families and homes are safe homes, and that means violent free homes. Our recommendations address the important obligation upon Huu-ay-aht leadership to address and denounce violence overtly, and to create a safe space within which the community can move freely away from violence.

UNDERSTANDING ROLES OF ATTACHMENT AND TRAUMA

92. Building a road to healing the effects of multi-generational trauma will be of fundamental and central importance to bringing Huu-ay-aht children "home" and keeping them safe, healthy, and connected with Huu-ay-aht community and culture. This healing must be done *family by family* and *collectively as a Nation.* There will be many paths leading toward this road, many of which are the subject of this Panel's recommendations to Huu-ay-aht.

93. Our recommendations are built upon the information and ideas we heard from Huu-ay-aht youth, parents, elders and leaders, and from those who care for and support Huu-ay-aht people about what will help Huu-ay-aht people move safely forward toward healing, but they are also based upon the published literature which explains key factors at play in the Huu-ay-aht community: attachment, trauma, post-traumatic stress, social determinants of health and the multi-generational impacts of each of these.

94. **Appendix A** of this Report sets out brief descriptions of attachment, trauma, post-traumatic stress, social determinants of health and the multi-generational impacts of each of these, as they are important to understanding where the paths to the road to recovery lie. This Appendix is a summary resource for those wanting to better understand the effect of multi-generational impacts on adults, youth and children today.

95. The Panel's recommendations seek to facilitate healing of Huu-ay-aht adults, youth and children with the hope that all generations have the supports they need for healing and resilience. Appendix A of this report also sets out additional resources, models and services for general Huu-ay-aht health and wellness, and in particular for addressing multi-generational effects of attachment, trauma, violence and additions that may be drawn on, or blended with, our recommendations that are focused on children and youth. The measures outlined in the appendix are provided as further resources for healing multi-generational trauma for both Huu-ay-aht government and Huu-ay-aht people and service providers.

HOW THINGS LOOK TODAY

FACTS ON HUU-AY-AHT CHILDREN

96. The Panel was advised by Huu-ay-aht staff that in 2010 there were 48 Huu-ay-aht children in foster care, and at Treaty effective date (April 1, 2011), there were 42 Huu-ay-aht children in foster care.

97. As of November 2016:

(a) There are 220 Huu-ay-aht children (under 17).

(b) Huu-ay-aht is currently working with 84 children's families providing varying supports.

(c) There are 34 children in care.

(d) 9 of these children are in the care of family.

(e) 25 children are in external foster care.

98. It was emphasized to us by Huu-ay-aht staff that the concept of a current "list" of Huu-ay-aht children in care oversimplifies the matter, as the current situation is continually in flux, especially around families that are at the investigation stage of a proceeding or under a temporary care order. Even some continuing custody orders have been rescinded in recent years for Huu-ay-aht children. Another factor is that Huu-ay-aht does not have the complete list from MCFD. They have recently been advised that they have the right to the complete list (following the work of Special Advisor Grand Chief Ed John), but have been unable to get the complete list from MCFD. This is in part because not all children of Huu-ay-aht decent are registered as Huu-ay-aht citizens.

99. The last removal of a Huu-ay-aht child was January 2017, and before that it had been 2 years since the last apprehension.

> "*Huu-ay-aht has been explicit with staff, and they have really taken charge when they see a family in danger. Looking for signs. In last couple of years, there have been countless times we have intervened before apprehension. If it is predictable it is preventable*." Huu-ay-aht citizen/staff

100. Huu-ay-aht receives notice when child protection matters involving children who are Huu-ay-aht citizens are going to Court, however this notice:

(a) Does not come for all Huu-ay-aht children

(b) Does not come early enough

(c) Despite the notice, Huu-ay-aht has had difficulty formally entering appearances in Court proceedings relating to Huu-ay-aht children, and has had difficulty tracking

Court proceedings, including adjournments. This has been inefficient and not entirely effective in terms of advocating for Huu-ay-aht children.

HUU-AY-AHT COMMUNITY SERVICES

101. A major factor in the delivery of any services to Huu-ay-aht community members is geography. Looking only at the region where the greatest concentration of Huu-ay-aht live—Port Alberni and Pacheena Bay (the Village of Anacla)—there is a significant challenge to service delivery in Anacla that does not exist for Port Alberni. Looking beyond this, it must be recognized that Huu-ay-aht people and families live in several different parts of British Columbia (and even some beyond). We focus on Port Alberni and Pacheena/Anacla, as these are the focal points of Huu-ay-aht community and culture. However it should not be thought that we have not considered the serious issues raised by Huu-ay-aht people in Campbell River, Salmon Arm, Nanaimo, Victoria and Vancouver. Our recommendations are aimed at improving supports for those Huu-ay-aht youth and families as well.

102. Huu-ay-aht has two government offices: one in Pacheena, and one in Port Alberni. Employees, Councilors and Ha'wiih attend both offices, but the Port Alberni office has more employees. The travel between the two offices is by logging road, the drive takes about 1.5-2 hours when the road is in good repair, which it often is not.

103. We were advised that nurses, councilors and support workers make the trip out to Anacla once a week to provide services and support to Huu-ay-aht citizens living out there (approx. 80 people in the winter, including approximately 20 children and approximately 120 people in the summer, adding approximately 6 children who join the Huu-ay-aht *Paawats* (meaning "nest") day care in Anacla during the summer season). We also heard that these services are not used by Huu-ay-aht citizens as much as they might be. From citizens we heard that there are a few barriers, including:

(a) the need for consistent and safe transport from the village (on the flats by the Pacheena River) up to the Government Building (on the hill above the river, a road distance of approximately 2 km);

(b) that some community members may not feel comfortable with one or more of the councilors or support workers that serve the community, but that there is no choice between workers the way there would be in a more populated service center.

104. In Port Alberni there are more services available to Huu-ay-aht citizens, and as far as we understand, they use them, sometimes with the assistance or liaison support provided by the Community Services Department. (We set out elsewhere the recommendations regarding additional services needed).

105. We were advised that in 2010 Huu-ay-aht appointed its first Director of Human Services which position is now the Director of Community Services. The Community Services Department now includes the following portfolios: health, social development, early childhood education, communications and culture and has a staff of 14 under the Director, including the following positions:

(a) Social Services and Cultural Manager

(b) Community Health and Social Services Administrator

(c) Child and Family Liaison

(d) Youth and Cultural Administrator

(e) Cultural Program Administrator

(f) Youth Administrator

(g) Early Childhood Education workers (1 in Anacla, 2 in Port Alberni)

(h) Education Assistant (Bamfield Community School)

106. The Child and Family Liaison Worker:

(a) Goes to court with families—not as an advocate, but as a support, and asks questions. Feels that court would listen more to a social worker or legal advocate.

(b) Works on prevention—holds family groups, brings in different speakers (e.g. occupational therapist, legal aid information)

(c) Organizes monthly Culture Nights for kids in care (held in Port Alberni only). (This is a barrier—would be good to expand to other areas)

(d) Coordinates with foster parents

107. Based on our observations and discussions with Huu-ay-aht families, the Child and Family Liaison Worker is very responsive, and provides important, flexible and thoughtful support to families. However, she also said that she spends a lot of time "putting out fires", and does not get the time to pursue the focused prevention and support work that benefits families well in advance of coming into contact with the child-protection system, and reduces any need for protection or removal work.

108. The Child and Family Liaison worker reports that she is not closing files on Huu-ay-aht families, but has been opening approximately one new file a month. However, this includes files that involve pure support and prevention work, rather than work related to protection or court proceedings.

109. The Director provided us the following overview of programs and services provided by Huu-ay-aht:

> **"Paawats**: Paawats means "nest" in Nuu-chah-nulth. The intent of this program is to provide a nurturing environment that enables Elders and parents to engage with children in developmentally appropriate ways and facilitate the process of language, culture and traditional knowledge transfer. The program targets children aged birth to 5 years old. HFN has two locations for this program, the first being the language nest in Anacla and

the second …in Port Alberni. Both programs are licensed facilities can offer child care…[directs contact to the ECE workers for more information].

Child and Family Services Program: HFN child and family services program's goal is to support families. Some important ways we can help include healthy parenting, child development education, child protection support and advocacy, and cultural connections. The coordinator provides support, advocacy and education to all HFN parents and families regardless of where they live. The coordinator facilitates culture nights for children in care and family nights. The coordinator can also provide supervised visits… [directs contact to the Child and Family Liaison for assistance].

Education, Trades and Career program: HFN Education provides supports to Huu-ay-aht learners of all ages. We provided an annual school supply allowance (K-12), attendance recognition awards (K-12), honour roll awards (K-12), and specialized learning assistance equipment support. Our Education department also facilitates our Post-Secondary and Trades education programs which includes Adult Basic Ed, certificates, diplomas and degrees, trades and occupational training. We can assist with career and educational planning. We also fund various courses such as home alone, babysitting, WHMIS, and First Aid. We can also assist with costs of tutoring. HFN employs a youth worker at the Bamfield Community School as well as providing school bus services… [Directs to Education, Trades and Training Coordinator or Secondary and Post-Secondary Education Administrator for more information].

Community Health & Social Development: This program promotes holistic health and wellness for citizens through education, events and support. Citizens can learn how to access medical and dental care, get assistance with costs of prescriptions not covered by First Nations Health Benefits ("FNHA"), and Medical Patient Travel for appointments, tests or treatment. Our coordinator can help citizens access external resources and programs (counsellors, D & A treatment centres, First Nations Health Authority, etc.). Other programs include a crisis grant program for citizens experiencing unforeseen hardships and a funeral expense support program. In Anacla, citizens can access social assistance and supports for finding employment. The coordinator facilitates a community nursing (NTC), mental health professionals and home care support in Anacla…[Directs to Community Health and Social Services Administrator for more information].

Cultural Program: HFN facilitates various events throughout the year including Huu-ay-aht History Night at Port Alberni Friendship Centre Mondays 6 – 8 PM. The cultural coordinator provides cultural support and helps with protocols, ceremonies, and seeks answers to questions about cultural knowledge. Through the cultural department, citizens have access to Nananiiqsu and Ha'wiih. The coordinator facilitates monthly women's wellness groups. Citizens can also access language resources. In the summer, we offer a youth culture camp…[Directs to Youth and Cultural Administrator or Cultural Program Administrator].

Youth Program: The Youth Administrator facilitates a variety of programs. We offer summer camps, Tluu-piich games coaching and support, afterschool programming in Anacla, and field trips including the Gathering Our Voices conference. The coordinator provides cultural support to our children's programs (Paawats and Bamfield Community

School). The coordinator also facilitates a monthly men's wellness evening…[Directs to Youth Administrator].

Communications: The communications team provides support for all aspects of the government. They ensure information is posted on the website and social media outlets in a timely manner. They facilitate all the Community Engagement Sessions. They distribute Uyaqhmis 5 times per year. The communications team is often instrumental in event planning and coverage for photos, stories and invitations. They ensure all HFN department's communications needs are met…[Directs to Communications Coordinator]."

110. Additionally we understand that Huu-ay-aht has **Crisis Grants** available to citizens, whereby citizens can apply to Huu-ay-aht when they have exhausted other avenues, and require financial assistance. This is limited to $2,000 per year per citizen.

111. We were advised that Huu-ay-aht used to provide **Fresh Food Boxes** to Huu-ay-aht families wherever they needed them—including in Vancouver. This program has been noticeably missed by Huu-ay-aht people since it was cancelled. **Diaper and school supply allowances** are also services that Huu-ay-aht does or has provided that were of tremendous value to families who needed them.

112. Huu-ay-aht is noted as being the first Nation among the Nuu-chah-nulth to put in place **Cultural Plans** for children in care, and now Usma uses the Huu-ay-aht Cultural Plans as a model for other Nations.

113. Between 2011 and 2017 Huu-ay-aht dedicated between roughly $1 and $2.6 million to Human and Community Services annually, or between 12% and 25% of its total General Operating Budget, with the most funds dedicated to community services in 2016 and 2017.[40] However, funding specifically for Children and Family Services is only a portion of that, ranging from just under $15,000 in 2013 to a high of just under $210,000 in 2017 (note: this was significantly higher than funding from 2014 to 2016, which ranged from roughly $54,000 to $63,000). As a result, funding for Children and Family Services has been less than 1% of HFN's General Operating Budget from 2013 to 2016, and was just over 2% of the total budget in 2017.[41]

114. The Panel's recommendations reflect the need for significantly more funding for Children and Family Services.

115. Self-governance has provided economic opportunities that will now enable Huu-ay-aht to address the multi-generational issues that impact Huu-ay-aht children and families. The Panel recommends that Huu-ay-aht be a leader in this area, and establish a **legislative commitment to dedicated long term funding** for Wraparound Lifecycle Support to improve outcomes for

[40] See: HFN's annual *Budget Act*, at line items "Human Services" and "Community Services" (in particular: *Budget Act*, HFNA 8/2011, s.1, No.3; *Budget Act* HFNA 1/2012, s.1, No.3; *Budget Act*, HFNA 1/2013, s.1, No.3; *Budget Act*, HFNA 1/2014, s.1, No.3; *Budget Act*, HFNA 2/2015, s.1, No.1; *Budget Act*, HFNA 1/2016, s.1, No.1; *Budget Act*, HFNA 2/2017 s.1, No.1).

[41] These calculations are based on the annual budget provided to the Panel for HFN's Children & Family Services Department (Department 2100), as against the Total General Operating Fund provided for in HFN's annual *Budget Act*.

youth and families. The Implementation and Oversight Committee would be instrumental in bringing this initiative forward to Huu-ay-aht government, based upon thorough engagement with Huu-ay-aht citizens.

LEGAL STRUCTURE: CHILDREN AND FAMILY SERVICES

A TIME OF CHANGE

116. This report is being written at a time of change in the delivery of services to Nuu-chah-nulth children. At all levels of government there is the recognition that funding and service delivery—as they have been done—have failed children and families: in 2016 the Canadian Human Rights Tribunal has found the federal government's funding model for services on reserve to be discriminatory;[42] the provincial government budgeted substantial increases to the Ministry of Children and Family Development in the 2017 Budget after years of cutting funding to the Ministry and several severely critical reports from the Representative for Children and Youth about the impacts of underfunding front-line services for children and families; and the Nuu-chah-nulth Usma agency has taken new direction under new leadership within the last two years.

117. At the same time, the changes that might be expected at each of these levels of government will not come fast enough for Huu-ay-aht children and families today.

118. Moreover, as the Honourable Ted Hughes reported in his Review of the child welfare system in 2006, change in itself has a significant impact. He concluded then: "*The need for equilibrium and stability is a central theme of this report*."

119. Therefore, this report and the recommendations that follow seek to capture the benefits and momentum of the changes to come, but also puts forward recommendations that Huu-ay-aht can implement immediately for Huu-ay-aht children and families in order to create a stable and reliable climate that is child and family focused, and uses the strength of the Nation and the community to buffer Huu-ay-aht children and families from external interference, and build positions of support and strength around them.

HUU-AY-AHT LAW MAKING AUTHORITY UNDER TREATY

Treaty

120. As one of the core questions we heard from Huu-ay-aht people was the question of whether Huu-ay-aht should "draw down" child protection and welfare jurisdiction, we start by setting out the authority Huu-ay-aht has under Treaty to make its own laws around matters relating to children and families.

121. Under the Maa-Nulth Treaty, made between 5 First Nations and the governments of Canada and British Columbia, Huu-ay-aht has Treaty rights protected under the *Constitution Act, 1982*. The effective date of the Treaty—the date the rights provided under it came into effect—is April 1, 2011.

122. The Treaty provides that Huu-ay-aht First Nations has a right to self-government, and the authority to make laws, as set out in the Treaty (s. 13.1). Huu-ay-aht has law making authority over the following areas relating to Huu-ay-aht children:

[42] *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada),* 2016 CHRT 2.

(a) Child Protection (s. 13.16)

(b) Adoption (s. 13.15)

123. Huu-ay-aht also has law making power over Child Custody (s. 13.17), and Child Care (s. 13.18), although the extent of the power is more limited than it is for Adoption and Child Protection. Additionally, Huu-ay-aht has law-making authority over Social Development (s. 13. 23) and Education (Language and Culture (s. 13.19), K-12 (s. 13.20) and Post-Secondary Education (s. 13.21).

124. Each of Huu-ay-aht's law making authorities in the areas listed above is subject to specific requirements under the Treaty.

125. It is important to recognize that:

(a) Independent of the Treaty, provincial and federal legislation and policy are in place;

(b) The Treaty adds certain obligations upon the parties without any further action being taken (i.e. no new laws have to be passed); and

(c) The Treaty provides for law making authority to Huu-ay-aht over certain subject matter, such that if Huu-ay-aht chooses to exercise that law making authority it may add to or replace existing provincial or federal law, depending on the particular subject matter and law. Huu-ay-aht law does not necessarily replace existing law. The details of this will be explained as relevant below.

Child's Best Interests

126. The Treaty expressly states that all relevant factors must be considered in determining a Child's best interests, including but not limited to:

(a) the child's safety;

(b) the child's physical and emotional needs and level of development;

(c) the importance of continuity in the child's care;

(d) the importance to the child's development of having a positive relationship with a parent and a secure place as a member of a family;

(e) the quality of the relationship the child has with a parent or other individual and the effect of maintaining that relationship;

(f) the child's cultural, racial, linguistic and religious heritage;

(g) the child's views;

(h) the effect on the child if there is delay in making a decision.

(i) If the child is an aboriginal child, the importance of preserving the child's cultural identity must be considered in determining the child's best interests.

127. These factors must be considered in any action taken under Chapter 13 of the Treaty. They must also currently be considered in any action taken outside the Treaty context under current legislation: *Adoption Act*, s. 3 and the *Child, Family and Community Services Act* ("*CFCSA*"), s. 4.[43]

Child Protection

128. We were advised by the Director of Community Services that approximately 20 Huu-ay-aht youth live on Huu-ay-aht Lands in the village of Anacla in winter and about 26-30 in summer, and 75 live in Port Alberni. Huu-ay-aht children also live in Nanaimo, Victoria, Campbell River, Vancouver and elsewhere.

129. Under the Treaty, Huu-ay-aht may make laws in respect of Child Protection Services for Huu-ay-aht Families[44] on Huu-ay-aht Lands (s. 13.16.2). <u>This means that Huu-ay-aht does not have law making power over child protection off of Huu-ay-aht Treaty Lands. Therefore, Huu-ay-aht does not without further negotiation with the provincial government, have the power to make laws over child protection in Port Alberni, which is where the majority of Huu-ay-aht children live.</u>

130. At the request of either Huu-ay-aht or BC, the parties to the Treaty will negotiate and attempt to reach agreement in respect of Child Protection Services for:

a. Huu-ay-aht Children who reside in BC on or off Huu-ay-aht Lands, or

b. Non- Huu-ay-aht Children who reside on Huu-ay-aht Lands (s. 13.16.8)

131. "Child Protection Service" has a detailed definition that should be read in full:

> "Child Protection Service" means a service that provides for the protection of children, where the primary objective is the safety and well-being of children, having due regard for:
>
> a. the protection from abuse, neglect, and harm or threat of abuse, neglect, or harm, and any need for intervention;
>
> b. guardianship responsibilities for Children in Care;[45]

[43] Note that the CFCSA expressly includes all but one of the factors listed above ((d) is omitted, however it is determined to be relevant it must nevertheless be considered as a "relevant factor").

[44] *Huu-ay-aht Families* is defined as*:* one or both parents or guardians living together with one or more Children (Child means an individual under the age of majority in BC) where: a) at least one of the parents or guardians is a Huu-ay-aht Citizen or on the Huu-ay-aht Enrolment Register; or b) at least one of the Children is a Huu-ay-aht Child (i.e. a Citizen or on the Enrolment Register).

[45] "Child in Care" is defined under the Treaty as: "a child who is in the custody, care or guardianship of a Director or an individual designated with comparable authority under Huu-ay-aht Law."

c. the support of families and caregivers to provide a safe environment and prevent abuse, neglect, and harm or threat of abuse, neglect or harm; and

d. the support of kinship ties and a child's attachment to the extended family.

132. An Huu-ay-aht Law passed under s. 13.16.2 must:

c. Expressly provide that the Huu-ay-aht law will be interpreted and administered such that the Safety and Well-Being of Children are the paramount considerations; and

d. Not preclude the reporting, under Provincial Law, of a Child in Need of Protection[46] (s. 13.16.3).

133. If Huu-ay-aht does make laws for Child Protection Services it must:

(a) develop operational and practice standards intended to ensure the Safety and Well-Being of Children and safety and well-being of Maa-nulth First Nation Families;

(b) deliver the Child Protection Service in accordance with the service delivery principles set out in section 3 of the *CFCSA*;

(c) participate in British Columbia's information management systems, or establish an information management system that is compatible with British Columbia's information systems, concerning Children in Need of Protection and Children in Care;

(d) allow for sharing of information concerning Children in Need of Protection and Children in Care with British Columbia; and

(e) establish and maintain a system for the management, storage and disposal of Child Protection Services records and the safeguarding of personal Child Protection Services information (s. 13.16.4).

134. While Huu-ay-aht law passed under s. 13.16.2 prevails to the extent of a Conflict with Federal or Provincial Law (s. 13.16.6), it is also very important to note that notwithstanding any Huu-ay-aht law made under s. 13.16.2, if there is an emergency in which an Huu-ay-aht Child on Huu-ay-aht Lands is in need of protection (as determined by the Director), BC may act in accordance with Provincial Law, to protect the Huu-ay-aht Child where:

(a) BC made reasonable efforts to notify Huu-ay-aht; and

(b) Huu-ay-aht has not taken action, or is unable to act in a timely manner, to ensure the child's safety or well-being (s. 13.16.5).[47]

[46] Determined in accordance with the circumstances described in the *CFCSA* (Treaty Definitions).

[47] It should also be noted that this provision for provincial over-ride is not structurally different from the current delegated model, where the Director maintains the power to step in despite delegation *(note—this is based on reading the Secwepmec Agreement, as I have not yet seen the NTC Usma agreement).*

135. Therefore, Huu-ay-aht's law making authority with respect to Child Protection under the Treaty is:

(a) Geographically limited, and

(b) Constrained in several respects by existing provincial legislation and standards.

Adoption

136. Huu-ay-aht's law making power with respect to adoption is not geographically limited in the same way as the child protection power is. Subject to the limitations set out below, Huu-ay-aht can make laws about the adoption in B.C. of:

(a) Huu-ay-aht children; and

(b) Children who reside on Huu-ay-aht Lands to be adopted by an Huu-ay-aht Citizen (s.13.15.3).[48]

137. Adoption laws made by Huu-ay-aht can be made to apply to Huu-ay-aht Children on Huu-ay-aht Lands in all instances, but will only apply to Huu-ay-aht Children OFF Huu-ay-aht Lands and Non- Huu-ay-aht Children ON Huu-ay-aht Lands <u>if</u> the child has <u>not</u> been placed for adoption under the *Adoption Act,* AND EITHER

(a) A court dispenses with the need for consent (in accordance with s. 13.15. 7.c) OR

(b) Each of the following people consents to the application of Huu-ay-aht law to the adoption:

(i) Each of the parents,

(ii) The child, if the child has reached an age where consent to adoption is required under the Adoption Act, *(12 years old)*

(iii) The guardian of the child (which may be a Director)[49]

(If the guardian is a Director, the Director must consent unless it is determined under Provincial Law that it is in the best interests of the child to withhold consent (s. 13.15.8.d).[50]

[48] Huu-ay-aht Children is defined in the Treaty as a person under 19 years of age who is on the "Enrolment Register" of Huu-ay-aht First Nation. *The Enrolment Register is governed by the Huu-ay-aht Citizenship Act.* For purpose of this report, we will refer to people on the Enrolment Register as "Citizens".

[49] "Director" is defined under the Treaty as: "an individual designated by the Minister of Children and Family Development under the *Child, Family and Community Service Act* or the *Adoption Act*, as applicable."

[50] *Note that this leaves huge room for discretion, latitude and confusion. This is an example of why agreement/cooperation with BC will be necessary even if Huu-ay-aht draws down jurisdiction.*

138. Huu-ay-aht laws made under this section prevail in event of a conflict with Federal or Provincial Law (s. 13.15.9).[51] However, the law making power is subject to the following requirements:

(a) Must expressly provide that the best interests of the Child are paramount consideration in deciding whether an adoption will take place; and

(b) Provide for the consent of individuals whose consent is required under Provincial law (subject to Court's power to dispense with consent)[52] (s. 13.15.4)

(c) Huu-ay-aht must develop operational and practice standards to promote the best interests of the child; and

(d) Provide B.C. and Canada with a record of all adoptions occurring under Huu-ay-aht law (s. 13.15.5)[53]

Current provisions and requirements

139. It is also important to recognize that current legal provisions and requirements are applicable, even if Huu-ay-aht does not expressly make laws relating to child protection and adoption under Treaty.

140. The Director has express obligations under the Treaty to Huu-ay-aht if the Director becomes the guardian of an Huu-ay-aht child under the *CFCSA*:

a. Provide notice to Huu-ay-aht that the Director has become the guardian of an Huu-ay-aht child;

b. Provide notice to Huu-ay-aht when the Director is applying for a continuing custody order;

c. Provide Huu-ay-aht a copy of the CCO once the order is made and make reasonable efforts to involve Huu-ay-aht in the planning for the child;

d. Provide the consent to the application of Huu-ay-aht adoption law as described above (s. 13.15.4)

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[51] "Conflict" is defined in the Treaty as: "actual conflict in operation or operational incompatibility".

[52] This is governed by s. 13 of the *Adoption Act*:

> **13** (1) The consent of each of the following is required for a child's adoption:
>
> (a) the child, if 12 years of age or over;
>
> (b) the child's parents;
>
> (c) the child's guardians.
>
> …
>
> (3) If the child is in the continuing custody of a director of child protection, or a director of child protection is the child's personal guardian under section 51 of the *Infants Act*, the only consents required are
>
> (a) the director of child protection's consent, and
>
> (b) the child's consent, if the child is 12 years of age or over.

[53] The contents of these records are subject to future negotiation (s. 13.15.6).

e. Where a Director becomes a guardian of an Huu-ay-aht Child, the Director will make reasonable efforts to include Huu-ay-aht in the planning for that child, including adoption planning (s. 13.16.9).

f. Before placing an Huu-ay-aht child for adoption, an adoption agency must make reasonable efforts to discuss the child's placement with a designated representative of Huu-ay-aht.[54] However, this obligation does not apply if the child is of age of consent under the *Adoption Act*, and objects to this discussion (s. 13.15.7 and .8).

141. The Panel's recommendations would go further, and would have Huu-ay-aht notified well in advance of the point at which guardianship would transfer (including to the Director) and would put in place planning structures that are more robust than the Director making "reasonable efforts" to include Huu-ay-aht in planning for the child.

142. We also recommend that Huu-ay-aht use its law making power to place culturally appropriate requirements around adoption. Huu-ay-aht laws would complement existing statutory[55] and common law recognition[56] of custom adoptions where the following criteria are met:

(a) the consent of natural and adopting parents;

(b) the child being voluntarily placed with the adopting parents;

(c) the adopting parents are aboriginal or entitled to rely on aboriginal custom;

(d) the rationale for aboriginal custom is present; and

(e) the relationship created by custom must be understood to create fundamentally the same relationship as that resulting from an adoption under the *Adoption Act*.

CURRENT LAW, POLICY AND ADMINISTRATION OVER CHILD PROTECTION

Overview

143. While the federal government has primary constitutional jurisdiction (as between the federal and provincial governments, leaving aside for the moment the important issue of inherent and constitutionally protected aboriginal rights to self-government over child and family services), the federal government has never taken up this jurisdiction, leaving it to the provinces. The federal government provides limited funding for aboriginal child and family services, as set out below.

> "In its early days, the province's child welfare system had little involvement with Aboriginal families. This was partly due to the peculiarities of Canada's constitutional framework: while the federal government is responsible for status

[54] Note that the Director has ability to place children in care outside province (see: 2016 BCCA 367 para. 43), and will likely also have authority (pursuant to pending legislative amendment), to place children for adoption outside the province (but see 2016 BCSC 842 for pre-amendment).
[55] *Adoption Act* [RSBC 1996] Chapter 5, s. 46.
[56] For example see: 2016 BCSC 1788.

> Indians on reserve lands (where most Aboriginal people then lived), child welfare is a provincial responsibility. For a long time this split jurisdiction and disagreements over who would pay meant that neither level of government was prepared to provide child welfare services to Indians living on or off reserve."[57]

144. In British Columbia the responsibility for the delivery of front-line child protection services belongs to the Ministry of Child and Family Development and to the DAAs. The DAAs operate through delegation agreements with the Provincial Director of Child Welfare who gives authority to the DAAs and their employees to undertake administration of all or parts of the *CFCS Act*. The amount of responsibility assumed by each agency is the result of negotiations between the ministry and the aboriginal community served by the agency and the level of delegation provided by the Director.

145. The CFCSA sets out the following principles:

Provincial Legislative Principles and Rights

Guiding principles

s. 2 This Act must be interpreted and administered so that the safety and well-being of children are the paramount considerations and in accordance with the following principles:

(a) children are entitled to be protected from abuse, neglect and harm or threat of harm;

(b) a family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests primarily with the parents;

(c) if, with available support services, a family can provide a safe and nurturing environment for a child, support services should be provided;

(d) the child's views should be taken into account when decisions relating to a child are made;

(e) kinship ties and a child's attachment to the extended family should be preserved if possible;

(f) the cultural identity of aboriginal children should be preserved;

(g) decisions relating to children should be made and implemented in a timely manner.

146. The CFCSA also sets out the following rights of children and youth:

s. 70 (1) Children in care have the following rights:

[57] Hughes,E. N., *BC Children and Youth Review: review of BC's child protection system* (Victoria: Ministry of Children and Family Development, 2006) at 49.

(a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;

(b) to be informed about their plans of care;

(c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;

(d) to reasonable privacy and to possession of their personal belongings;

(e) to be free from corporal punishment;

(f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;

(g) to receive medical and dental care when required;

(h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;

(i) to receive the religious instruction and to participate in the religious activities of their choice;

(j) to receive guidance and encouragement to maintain their cultural heritage;

(k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;

(l) to privacy during discussions with members of their families, subject to subsection (2);

(m) to privacy during discussions with a lawyer, the representative or a person employed or retained by the representative under the Representative for Children and Youth Act, the Ombudsperson, a member of the Legislative Assembly or a member of Parliament;

(n) to be informed about and to be assisted in contacting the representative under the Representative for Children and Youth Act, or the Ombudsperson;

(o) to be informed of their rights, and the procedures available for enforcing their rights…

Stages of Child Protection

147. Under the existing legislation these are the stages to child protection in British Columbia:

(a) Voluntary Agreements: These occur when a child or parent enters into a voluntary agreement with the Director of Child Protection. These can include agreements that provide for support of children or parents and/or provide for temporary care of a child.

(i) Support Services Agreements allow the Director to provide or purchase services for up to 6 months (though the term is renewable).[58] Services can include counseling, home support, respite care, parenting programs and support for children who have witnessed domestic violence. The Director can also work with aboriginal communities to provide preventative and support services.[59]

(ii) Voluntary Care Agreements can occur when a parent is temporarily unable to look after a child.[60] The agreements require a plan of care and may allow an aboriginal community to identify alternative caregivers within the child's family or community. Before making a voluntary care agreement the Director must consider whether there is a "less disruptive way of assisting the parent look after the child", including providing services in a child's home.

(iii) Special Needs Agreements allow parents to delegate to the Director "as much of the parent's authority as … required", to provide services to the child for a term of 6 months, renewable for 12 month terms.[61] These agreements allow parents to seek help caring for children with special needs and can also allow an aboriginal community to identify alternative caregivers within the child's family or community who can help provide care.

(iv) Extended Family Program (Formerly Kith and Kin Agreements) allow the Director to enter into agreements with a person who has (a) a "relationship with a child or has a cultural or traditional responsibility toward a child and (b) is given care of the child by the child's parent."[62] These agreements allow children to remain within, and connected to, their family. One challenge with this program is the Director's broad discretion to provide funding to support the child's care, which often results in extended family members or community members receiving no, or reduced, financial support for their services.

(v) Agreements with Youth or Young Adults can occur with youth and young adults who cannot be re-established with their families or do not have parents who can assist to provide residential, financial or educational support.[63] Generally these agreements end at age 19, but they can provide youth with educational/vocational training or a rehabilitative program until age 24. [64]

[58] *CFCSA*, s. 5.
[59] *CFCSA*, s. 93.
[60] *CFCSA*, s. 6.
[61] *CFCSA*, s. 7.
[62] *CFCSA*, s. 8.
[63] *CFCSA*, s. 12.2.
[64] *CFCSA*, s. 12.3.

(b) Report, Assessment and Investigation: Once the Director receives a report that a child may be in danger the situation is assessed and the Director decides if investigation is required.[65] A preliminary assessment occurs, after which the Director may offer support services to the child or family, propose agreements, refer the family to a community agency or investigate the need to protect a child. If the Director finds that the child is in danger it has broad powers to remove the child from the home (if there are no less disruptive means available) or apply for a supervision order. Notice to aboriginal organizations is not required at the assessment stage.

(c) Protection Hearing: Protection hearings occur if the Director determines that the child must be removed from the home. At the hearing the Court decides if a child is in need of protection. The hearing is designed to ensure that a child is not arbitrarily taken into care, and that there is evidence the protection is needed. Sometimes children are return to their families, but in other cases the Court will make an order confirming care is required, for example if there is evidence or a likelihood that the child will be physically harmed or sexually exploited, a parent is unable to protect the child or conditions of neglect, deprivation, or emotional harm exist.[66] The court may make the following orders:

(i) Temporary Custody Orders place the child in the custody of the Director or another person for between three and 12 months.[67] These temporary supervision orders can also keep the child with their parents under the supervision of the Director. This provides parents or caregivers an opportunity to address protection concerns and potentially regain custody.

(ii) Continuing Custody Orders ("CCO") can be made at the parents' written consent or if the court determines the child needs protection.[68] CCOs place the child in the custody of the Director if the parent cannot be found, is unable or unwilling to resume custody of the child, or because the evidence is that it is not in the child's best interest to be returned to the parent.[69]

(d) Plan of Care: These plans must be presented to the court when the Director seeks a temporary custody order or a CCO. The plan must address an aboriginal child's cultural identity in determining their best interests,[70] amongst a number of other matters, including the services to be provided to the child, the parents' involvement in the development of the plan and the schedule for review of the plan.

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[65] A. Walkem, *Wrapping Our Ways Around Them: Aboriginal Communities and the CFCSA Guidebook*, at p. 75, available online: < http://cwrp.ca/sites/default/files/ publications/en/wowat_bc_cfcsa_1.pdf> ["Walkem, *Wrapping Our Ways Around Them"*].
[66] *CFCSA*, s. 13(1).
[67] *CFCSA*, ss. 43 to 48.
[68] *CFCSA*, s. 60.
[69] *CFCSA*, s. 41, 49.
[70] Child, Family and Community Service Regulation, BC Reg 240/2016, s. 8(2)(i).

(e) After a CCO has been Granted: There are a number of options available for providing access to children by their family or community, or even returning the child back to their extended family or community:

(i) Access to a child can be applied for by a parent or any other person, including a child's grandparents and extended family members.[71] Access will be granted if it is in the best interests of the child, consistent with the plan of care and consistent with the wishes of the child (if they are 12 or older). Granting access to a child's parents is "the exception, rather than the norm, although in recent years such access is becoming more common."[72] Access provisions provide an opportunity for aboriginal communities to work with parents, extended family or community members to apply for access to children currently under CCOs.

(ii) Custom Adoption, Adoption or Alternatives to Permanency are available once a CCO has been granted as children are eligible for adoption. One challenge with adoption is that is only available where the Director has placed a child for adoption.[73] Parties can also apply for a court recognition that an aboriginal custom adoption has occurred, and if a transfer of custody occurs under the legislation a custom adoption can follow, and the adopting family may still be eligible for financial assistance.[74]

(iii) Cancelling a CCO is possible, through application to the Court, "if circumstances that caused the court to make the order have changed significantly" by parents and aboriginal communities where the community appeared at the continuing custody hearing.[75]

148. Within the existing legislative framework, there are important opportunities and requirements for aboriginal community involvement:

(a) Notice and Aboriginal Community Involvement: When an aboriginal child becomes involved in child welfare proceedings the Director is required to give aboriginal communities notice. As a first step, the Director must provide the child's aboriginal community with at least 10 days' notice of the protection hearing. If the aboriginal community appears at the hearing they should be granted party status and receive notice of subsequent hearings.[76] Party status means the community can participate in court proceedings, receive information about child protection concerns, speak in Court, call witnesses and participate in case conferences and alternative dispute resolution processes. This allows the aboriginal community to advocate for the child's aboriginal identity and cultural

[71] *CFCSA*, s. 56.
[72] Walkem, *Wrapping Our Ways Around Them*, at p. 102.
[73] *Adoption Act*, s. 80.
[74] Walkem, *Wrapping Our Ways Around Them*, at p. 104-05, citing *Prince & Julian v. HMTQ et al* and *CFSCA*, s. 54.1
[75] *CFCSA*, s. 54.
[76] *CFSCA*, s. 39(1)(c).

heritage throughout the proceedings.[77] However, we learned that Nations, including Huu-ay-aht, have difficulty in practice—without legal representation—entering formal appearances or obtaining party status.

(b) Judicial Notice of the Long Term Impacts on Aboriginal Child Raised in Care: In assessing a child's best interests courts can consider (without formal evidence) the interest of maintaining and fostering the connections of aboriginal children to their cultural and heritage over their lifetime. The BC Court of Appeal has recognized "the considerable history of unsuccessful outcomes" when aboriginal children are placed into non-aboriginal families.[78] Children in care are less likely to graduate, and more likely to end up in prison, to have their own children taken into care, or to experience unemployment, substance abuse or suicide.[79] Courts may consider the long term impacts of raising an aboriginal child in care, and in particular the effect of removing a child from its community.[80] The best practice is for courts to take judicial notice of these significant impacts,[81] this is more feasible and likely when aboriginal communities are parties to child protection proceedings.

(c) Proposing an Aboriginal Cultural Preservation Plan: The consideration of a child's aboriginal identity or cultural heritage is often treated as a procedural hoop in child protection proceedings,[82] however Aboriginal communities can identify and present an Aboriginal Cultural Preservation Plan to the court. These plans could identify cultural factors that need to be included in a child's plan of care, identify cultural supports or programs to assist the family, implement community supports to maintain connection with their aboriginal community and heritage amongst other things.[83] Aboriginal communities could intervene to ensure children maintain their aboriginal identity and cultural connections.

(d) Exploring Permanency Alternatives: For children in care, long term stability does not necessarily result from attachments to foster or adoptive parents. Instead it can come from building and maintaining lifelong connections to aboriginal culture, community and extended family.[84] Under existing legislation, decisions often sever aboriginal children from their communities with the objective of achieving permanency with adoptive or foster parents, placing short term safety ahead of longer term benefits. A more balanced approach to ensure both attachment and cultural connection for aboriginal children over their lifetimes is needed. Unfortunately, failing to address these issues early on can mean courts are faced with either/or scenarios. The exploration of permanency alternatives needs to

[77] Walkem, *Wrapping Our Ways Around Them*, at p. 76.
[78] *H.(N.) v. M.(H.)*, [1998] 3 CNLR 59, 1998 CanLII 4431 (BC CA).
[79] Walkem, *Wrapping Our Ways Around Them*, at p. 95.
[80] Walkem, *Wrapping Our Ways Around Them*, at . 96, citing *C.M.B. v. Ministry of Children and Families*, 2000 BCSC 774 (CanLII).
[81] Walkem, *Wrapping Our Ways Around Them*, at p. 97.
[82] Walkem, *Wrapping Our Ways Around Them*, at p. 89.
[83] Walkem, *Wrapping Our Ways Around Them*, at p. 90-91.
[84] Walkem, *Wrapping Our Ways Around Them*, at p. 97.

occur early on in the decision making process, and provides an important role for aboriginal communities who are parties to child protection proceedings.

(e) Ensuring both Attachments and Cultural Continuity. Providing aboriginal children with permanency while maintaining aboriginal identity, culture and community connections is critical. Options for achieving both include: customary adoption; extended family care and guardianship situations where family members have an ongoing set of obligations to the adoptive family rather than requiring complete severance of parent rights; broader and more extensive supports to enable parenting even when parents cannot safely parent on their own; and parenting solutions that reflect aboriginal ways of caring by a community rather than nuclear family.[85]

149. The provincial legislative framework also provides for appeal of a decision by the Provincial Court within 30 days to the BC Supreme Court, and BC Court of Appeal, with leave.[86]

150. Families may also access the Office of the Representative for Children and Youth, whose mandate includes advocating for children and investigating services provided to children.

Ministry of Child and Family Development

151. MCFD has responsibility for providing services to children and families who are not served by a DAA such as Usma. Therefore MCFD does not serve children and families in Anacla or Port Alberni, as both of these areas are served by Usma, as set out below. MCFD does serve Huu-ay-aht children in, for example, Parksville and Nanaimo.

152. In October 2015, the Representative for Children and Youth published *The Thin Front Line*, documenting the significant negative effects of underfunding of MCFD social workers:

> "Most worryingly, social workers told the Representative's staff that chronically heavy workloads, combined with onerous responsibilities for paperwork, have undermined their ability to build the kinds of relationships with children and families that would help resolve safety concerns. These findings were consistent across all interviews and in both rural and urban locations, suggesting that a systemic problem exists with staffing shortages, recruitment and retention.
>
> …
>
> Every worker interviewed by the Representative for Children and Youth said that most of the time they were unable to meet MCFD requirements to assess, investigate and decide on the most appropriate course of action within 30 days of receiving a report of a child safety concern."

153. *The Thin Front Line* reveals a dramatic mismatch between expectations placed on child protection social workers and the number of staff province-wide available to do the work.

[85] Walkem, *Wrapping Our Ways Around Them*, at p. 102.
[86] *CFCSA*, s. 81.

Despite the demands and complexity of the job increasing in recent years, there are fewer front-line child protection workers in B.C. in 2015 than there were in 2002. As a result, the timelines set out in child protection standards routinely go unmet and children and youth are too often left in unsafe situations while social workers are increasingly disillusioned and burned out. These challenges are further exacerbated by the lack of funding and resources for this critical front line.

154. In March 2017 the Representative's report on *Delegated Aboriginal Agencies: How resourcing affects service delivery* again highlighted persistent underfunding of MCFD and DAAs.

155. This is consistent with what we heard. Huu-ay-aht staff have reported major barriers to supporting and assisting Huu-ay-aht families because of the significant lack of responsiveness from MCFD staff. Huu-ay-aht staff have had to call numerous times and wait weeks for responses from MCFD workers on even simple questions. We also heard about significant problems arising from MCFD's administration of files during "after hours" and weekends.

156. MCFD is mandated to focus on strategic priorities and key actions aimed at improving services to children, youth and families and to continuously improve social programs to ensure children and families have the opportunity to succeed. However, as reported by the Representative for Children and Youth, significant underfunding has posed a challenge to this mandate.

157. The Province's 2017 budget significantly increased funding for the MFCD.

158. MFCD's first goal for 2017-2018 is to reduce the number of children and youth in care "and particularly the over-representation of Aboriginal children and youth in the child welfare system".[87] One of the strategies for achieving this was to "provide resource and direct supports to families and communities to ensure that children and youth have every opportunity to safely remain at home with their families".[88]

159. Promising Practices, an initiative of the First Nations Children and Families Tripartite Working Group (consisting of the First Nations Leadership Council, Indigenous and Northern Affairs Canada and the Province of B.C.), aims to get First Nations, DAAs, MCFD and frontline service providers to share innovative ideas about improving outcomes for indigenous children and families in their communities. The goal is that local promising practices are shared to inform future work and practices of the MCFD. The Panel attended the Promising Practices Conference that was hosted by MCFD in March, 2017 to observe the work being done to build better paths forward.

Delegated Aboriginal Agencies

160. The Representative for Children and Youth reported plainly in the October 2015 *Thin Front Line* that inadequate MCFD staffing levels were leading to unmanageable workloads and, ultimately, to an increasing failure to meet important child welfare standards that are required by

[87] MCFD, *2017/18 – 2019/20 Service Plan*, at pg. 7, available online: <http://bcbudget.gov.bc.ca/2017/sp/pdf/ministry/cfd.pdf>.
[88] *Ibid.*

law. This report in itself described significant problems. However, it did not cover the situation of Aboriginal Delegated Agencies, which themselves deliver child and youth services to 42% of all indigenous children in care in B.C.

161. The Representative issued a subsequent report in March 2017, entitled *Delegated Aboriginal Agencies: How resourcing affects service delivery*. Of the approximately 4,400 indigenous children in care in BC, 1,900 are served by DAAs. The conclusions of the Representative are reproduced here:

> What we found:
>
> • The federal funding models for DAAs are flawed and discriminatory, leading to more children ending up in care.
>
> • The uncertain status of provincial planning for indigenous child welfare, combined with inequitable and inconsistent funding to DAAs, has resulted in differences in support for children depending on where they live.
>
> • Lack of trust and communication among DAAs, MCFD and INAC adversely affects service delivery to children, youth and families.
>
> • Funding issues leave DAAs short-staffed and unable to provide comprehensive services that are needed.
>
> • Child welfare practice in DAAs is undermined by funding and staffing issues.
>
> • The capacity of DAAs to offer culturally based prevention services is limited by staffing and funding issues.

Nuu-chah-nulth Usma

162. In November 1987, Nuu-chah-nulth Tribal Council ("NTC") signed a delegation agreement with the provincial and federal governments. This gave authority to Usma, as the delegated agency, to provide child protection, family support, guardianship and resource services to Nuu-chah-nulth families living on reserve. In 2011 the delegation was extended to encompass Nuu-chah-nulth families living in Port Alberni.

163. The agency was granted voluntary service delegation (C3) in 1987 and obtained Child Protection Delegation in (C6) 1989. Usma was the first aboriginal delegated agency in British Columbia to obtain Child Protection delegation. The 14 communities that Usma serves have a combined population of over 9,000 people.

164. ***Usma Communication***: It should be noted that the Panel tried many times to get the current delegation agreement between the Director and Usma, both from Usma and MCFD, but was not provided the agreement. Nor could Huu-ay-aht obtain the agreement. We were also advised that while the Huu-ay-aht family liaison worker has a responsive relationship with some Usma social workers, some Huu-ay-aht members have had a difficult time getting responses

from Usma on time sensitive matters. The Panel notes that it is essential that communication and transparent access to key documents be improved by Usma.

165. Usma's history as an agency has been fraught. It has carried out as an organization under the conditions described by the Representative for Children and Youth in the March 30 2017 report *Delegated Aboriginal Agencies: How resourcing affects service delivery*, how DAAs are underfunded and insufficiently staffed, unable to provide services that are needed and seriously undermining the capacity of these agencies to deliver essential services to vulnerable children and their families.

166. Tragedy has come to children under Usma's oversight. The tragedy of 19-month old Sherry Charlie's death in 2002 is notorious in Nuu-chah-nulth territory and in British Columbia. Her death and Usma's role in it were catalysts for the Hughes Review that led to the appointment of the Representative for Children and Youth.[89]

167. In 2013 and 2015 audits of Usma reviewed operations for compliance with the Aboriginal Operational and Practice Standards ("AOPS").[90] The 2013 audit outlined the challenges facing Usma:

> The agency has faced significant challenges regarding staffing leading to workload issues and difficulty in ensuring that work is completed in a timely manner. Compliance has decreased significantly in two of the three program areas. The transfer of off reserve files from MCFD has had a major impact on the ongoing delegated work, and the agency concedes that they were not prepared for these transfers. Interviews with staff, as well as a review of the files have revealed the following challenges:
>
> - Transfer of off reserve files – as noted above the transfer of files in June 2011 appears to have had a significant impact on staff and their ability to meet the requirements of their caseloads. It has been reported that the influx of casework has doubled workloads in some cases. According to the agency, adequate resources did not accompany the transfer of the additional files.
> - Supervision – there are reportedly instances when it is difficult to access a supervisor for case consultation.
> - Staff Coverage – there are often times when only one worker from each team is available to respond to issues that arise.
> - Division of Cases – staff report that structurally the agency has had some difficulty distributing the caseload equitably among workers. For this reason, staff indicate that the consistency in working with children and families is compromised.
> - New Information System Implementation – the recent launch of the new ICM system has proven to be very problematic for staff. They report that it is a much more onerous system and that the training provided in the transition to the new system has been lacking.

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[89] R. Matas, "A native toddler's final day", *Globe and Mail* (29 October 2005), available online: < https://www.theglobeandmail.com/news/british-columbia/a-native-toddlers-final-day/article4261011/; see also Director's Case Review: Death of S.C.
A Child Not in Care, April 26, 2005.

[90] MFCD, Case Practice Audit Report: Usma Nuu-chah-nulth Community & Health Services (2013); MFCD, Case Practice Audit Report: Usma Nuu-chah-nulth Community & Health Services (2015).

- Workload – staff report that although their workloads have decreased since the fall of 2011, it still remains an issue with some caseloads as high as 40 files.
- Geographical Area Covered – the agency serves a very large area with some communities accessible only by boat or plane. This creates difficult, at times, in maintaining regular in-person contact with clients and in recruiting and studying foster homes.[91]

168. These challenges persisted in 2015, as the audit found that:

(a) Complexities of high risk cases and remote geographic service areas accessible only by air/water continued to challenges in meeting equitable service delivery;

(b) Usma faced significant challenges with staff turnover, newer staff highlighted the complexity and demands of working with large family systems; and

(c) Usma's move from the Best Practices database to ICM continued to create challenges for staff.

169. The 2015 audit concluded that compliance with AOPS is:

(a) 52% on Child Services (down from 60% compliance in 2013);

(b) 59% on Family Service Practice, including Child Protection Response (up from 49% in 2013); and

(c) 83% on Resource File Practice (down from 89% compliance in 2013).

What we heard

170. Usma means precious child in Nuu-chah-nulth language. It is a bitter paradox that the name Usma is reported by some Huu-ay-aht citizens as having come to make some Huu-ay-aht children freeze in fear. Based on what we heard, the handling of some Huu-ay-aht child protection cases by Usma has been harmful, traumatic and indifferent to the impacts of colonization and perpetual trauma of forced separations and removals.

171. The traumatic effects of removals, including how the removals were done, were reported to us by parents, grandparents and youth themselves. We were told about apprehensions without notice, and without letting children and their parents communicate for days, and in one case weeks after the apprehension; we also heard about apprehensions that were public and humiliating, as well as disorienting. And we have heard about failures to remove youth that were not adequately explained or accounted for, to concerned family members.

172. There is no question that there is a deep distrust of Usma within the Huu-ay-aht community.

[91] MFCD, Case Practice Audit Report: Usma Nuu-chah-nulth Community & Health Services (2013), Section 5, p. 6-7.

173. The disruption, fright and uncertainty from these sorts of interventions can cause trauma—which is unsafe. Moreover, not only can this sort of trauma impact these children, it contributes to the cycle of detachment and harm that may prevent these children from being healthy and safe parents in the future.

174. The Panel observes that some of the problems we heard about in how interventions are happening appear to be attributable to staffing issues:

(a) short staffing at Usma and Ministry; and

(b) lack of continuity in staffing—including afterhours staffing.

175. However, these problems regarding safety around interventions are not attributable exclusively to staffing. Some of it is the "how" of the interventions—the sudden apprehension of children without notice, explanation or collaborative plan in place or prompt follow up communication.

176. While it is beyond the scope of this Panel's work to inquire into the decisions or policies that lead to these actions, we can observe that the *effect* of the actions is to cause likely trauma and to interrupt important attachments for children and youth. We clearly heard that Huu-ay-aht wishes to pursue a model that prevents trauma and encourages attachment to the greatest extent possible.

177. However, we would not be doing our jobs—conducting and reporting back on a truly independent and unbiased inquiry—if we did not report that Usma appears to have undergone a transformation (or at least a significant and positive change) in direction in the last 2 years. This change in direction appears to have begun with the leadership of the Nuu-chah-nulth Tribal Council which hired new Executive Director in 2015, and also initiated the Usma Forum initiative to engage and receive feedback directly from communities.

178. We heard from parents, social workers inside Usma and Huu-ay-aht staff that Usma is becoming an agency that works well with Huu-ay-aht (is responsive, calls them before taking action, trusts Huu-ay-aht staff), and that from a leadership perspective is truly committed to family reunification, permanency and prevention. We also heard from the new Usma Executive Director about her vision for Usma. She is committed to reunification, permanency and has always been committed to self-determination for Nations (she reports that she never thought she would work for a DAA given her commitment to self-determination by Nations).

179. We think this change in leadership and direction at Usma is important, and the momentum should be harnessed and taken advantage of by Huu-ay-aht rather than turned away from. We also think Huu-ay-aht has an important role to play as a leader among Nuu-chah-nulth nations in tackling these issues of improving outcomes for children and families. Huu-ay-aht is already seen as a leader in this area—its culture plans were a first, and are now replicated by Usma with other nations. Huu-ay-aht staffing commitments are also already noteworthy in the region—indeed, at the recent Usma regional forum, the Huu-ay-aht family support worker was formally honoured and recognized along with one other counterpart from Tseshaht First Nation as being important and unique liaisons whose work for families and in liaison with Usma has been instrumental in trying to better meet better outcomes for families.

180. At the same time, it is important to recognize that this is person dependent (as so much around child welfare seems to be). So, we don't want to recommend a structure that will come crashing down if someone with a different approach takes over leadership at Usma. We also want to recognize that there are still problems: there are still 34 children in care, 24 in care of non-family, non-Huu-ay-aht community, and we understand the Usma director has not met with Huu-ay-aht leadership (although she has met with Director of Community Services). Furthermore, Usma is still straining under the existing funding models.

(a) Usma Executive Director advised that Usma is in the process of renegotiating its funding model from MCFD, however that has not been completed.

(b) Usma Executive Director has submitted a proposed budget and program plan to receive and spend "prevention dollars", however, the funds remain unconfirmed

(c) Usma Executive Director advises that the Ministry has advised that it will be moving Usma to a case load model based on the *Aboriginal Operational and Practice Standards and Indicators (AOPSI)* guidelines, which could reduce current caseloads by up to half of the average delegated agency load (although note: she was not certain that this would translate clearly into more case workers.

181. It is also important to recognize that Huu-ay-aht children are Nuu-chah-nulth children. Often they will have links to other nations through parents or grandparents. So it is impractical at this point in time to seek full independence from Usma, and moreover, if Huu-ay-aht can help Usma improve its service, that works to everyone's benefit. Again, Huu-ay-aht can be a leader in this area.

182. Finally, in recognizing Huu-ay-aht's forward looking positive efforts and leadership, it is also important not to ignore where Huu-ay-aht has fallen down. There are children in care outside of their families and community because Huu-ay-aht families did not come forward to take those children into their own homes. So, Huu-ay-aht has to look inside itself, inside its own homes, inside its own families, and open up: open up homes, open up about violence and addiction, open up about needing help and wanting to help.

183. A central organizing tenet of Huu-ay-aht's approach to its children in families must be to harness past suffering, misjudgment and trauma as strengths. The past should be a resource, not a liability. ***It's not about what you've done, it's about how you've come through it***. Those who have come through it are often stronger and better able to provide support, guidance and strength to those who are stumbling today.

184. The Panel also wants to expressly recognize the importance of those who have stepped forward as foster and adoptive parents for Huu-ay-aht children. We spoke with both indigenous and non-indigenous guardians who have open spirits, are ready to share and work with Huu-ay-aht families to provide support to the children so they can be raised in consistency and safety with healthy connections to their families, community and culture. The spirit was strong on the guardian side—now they just need Huu-ay-aht families and Nation to take them up on it. We heard again and again the request for more community and cultural activities to which guardians could bring children to grow the continuous sense of place and belonging.

TRACKS FOR CHANGE

OVERVIEW

185. The principle foundation underlying all of the Panel's recommendations that follow is:

> **The resource emphasis must be reversed from *removal* to *prevention*; resources must be increased for prevention, transition and support**.

186. We note the Representative for Children and Youth's recommendation that funds should be directed to the front lines of the child welfare system, and away from open-ended initiatives related to governance and organization of these systems.[92] This is consistent with our observation inside the Huu-ay-aht community.

187. We also note that Area 1 of Grand Chief Ed John's recommendations—which is supported by the other nine areas—is "**Direct Support for Indigenous Children, Parents and Families in all Indigenous Communities**". We also recite this overview from the 2006 Hughes Review:

> *"The strongest impression I have gleaned from this inquiry is one of a child welfare system that has been buffeted by an unmanageable degree of change. There has been a revolving door in senior leadership positions; emphasis in practice has shifted between child protection and family support; functions have been shifted out to the regions and then pulled back to centre; new dispute resolution processes have been introduced. And much of this has gone on against a backdrop of significant funding cuts, even though it is commonly understood that organizational change costs money."*

188. Before any expansive or comprehensive draw-down or restructuring of jurisdiction, the infrastructure must be in place to support it. This should be built first by constructing circles of protection—made of planning, decision making, oversight and support mechanisms—and ensuring stable funding is in place to support the infrastructure required for broad jurisdiction. Not only are these structures essential to safe and effective draw down of jurisdiction, they are important steps that can be taken locally and immediately that will begin to help youth and families right away.

189. We also heard that people are wary of creating another Usma or Ministry. Based on what we heard from many different parties (including Usma and the Ministry), the reasons for that are clear. That being said, it is helpful to drill down into what that means, so that Huu-ay-aht can focus on most effective actions.

(a) People did not want to recreate a model where resource emphasis is on prevention and removal;

(b) People wanted to prevent frightening and abrupt removals into "stranger care";

[92] British Columbia, Representative for Children and Youth, *When Talk Trumped Service: A decade of lost opportunity for Aboriginal children and youth in B.C.* (Victoria: Ministry of Children and Family Development, 2013) recommendation No. 2.

(c) They wanted to emphasize all the ways in which caring and support could happen within the community (people offering themselves and their homes) and from Huu-ay-aht government and administration (liaison and support workers, cultural programs and support, advocacy);

(d) People wanted to remove the sense of powerlessness they have felt when they have tried again and again to meet the externally imposed standards and requirements upon them—often without support—only for more barriers to arise in their efforts to be reunited with family;

(e) People wanted opportunities to plan, with necessary supports, how to prevent removal, reduce the disruptive impacts of protection measures when they are necessary, and transition back into consistent and healthy households whenever possible; and

(f) Youth wanted a clear role in planning and decision making.

190. In the Panel's view, much of this can be achieved by Huu-ay-aht putting staff and resources in place to emphasize prevention and support: so that the former concept of "removal" is rarely necessary, and when it is, it is done in ways that are fair, healthy, transparent and—most importantly—full of care for all those involved and impacted. This was the vision we heard described by the Huu-ay-aht community (citizens, staff and those who care for Huu-ay-aht citizens, including families and foster parents).

191. Therefore, we have not emphasized significant restructuring at the governance level or an expansive draw down of jurisdiction as a first step. Rather, we have begun at the front lines, and have recommended implementation and oversight mechanisms that are driven by the front line activity.

192. An important principle guides our recommendations regarding tracks for change. In dealing with matters of family, well-being, and mental, physical and emotional health there must be a balance between recognizing patterns on the one hand, and individual needs on the other. For example, while there may be patterns that form a common link between people who have experience trauma or disruption to attachment, and there may be patterns to the sorts of support that may assist people through these things, there is no one checklist for what will assist everyone. And in fact, something that may assist one person may be no help at all, and may in fact cause difficulties for another.

193. It is the same in families. Any parent knows that in the complex effort to raise a healthy and happy child one must constantly plan, adjust, adapt and improvise depending on the great variety of factors that create the tangle of life. There is no checklist.

194. Similarly, if Huu-ay-aht wishes to take further action to improve the outcomes for its children and families, it cannot do so based on a one-time checklist. Instead, improving outcomes will depend upon being constantly present: being there to support children and families when they need it and how they need it. This will be continually in flux, so Huu-ay-aht needs to put strong and qualified people in staff positions and community roles where they can make robust, accountable and responsive choices on how to provide or facilitate the supports

children and families need. And in order to do this, those people need to have resources at their disposal to carry through for children and families.

195. While this may sound expansive and undefined, it is not. Fortunately, this is where the patterns can assist. We know there are certain types of support that will tend to help (such as post-treatment transitional support, youth councils, elder liaisons to the health care system, etc…). The overall theme of these recommendations is to have Huu-ay-aht put people and systems in place so that the Nation can be both ready to assist proactively and be responsive so that supports are there when and where people need them. This is backed up by a system of continual oversight and adjustment to ensure that no one is languishing or falling through the cracks. These recommendations draw upon the significant internal resources of the people of Huu-ay-aht, and they also encourage continued engagement with the networks of external resources that exist (e.g. Stsail'es and Seabird Island Nations, Office of Wet'suwet'en, Office of the Representative for Children and Youth etc..).

> Doing "good" is apparently better than doing "nothing" well—and so hangs the tale of the residential school system, and the child welfare system too, which could only ever afford child protection (removal of children from their families), rather than prevention activity (building up families). Those good people constantly lobbied for better funding but rarely made any structural critiques and thus they became fellow travelers of a system they did not approve of and earned the ill-feeling of those to whom they delivered second-class service.
>
> — excerpt from John S. Milloy's presentation, "How Do Bad Things Happen When Good People Have Good Intentions?" on October 26, 2005 (quoted in Touchstones of Hope for Indigenous Children, Youth, and Families)

196. We are recommending that Huu-ay-aht take immediate steps to fund staff positions and resources to provide thorough **wrap around life cycle services** to provide **prevention, support, protection and transition** services to Huu-ay-aht children, youth and families. We are recommending that Huu-ay-aht make the development of these services a priority, but that **removal** jurisdiction *not* be internalized within Huu-ay-aht at this time. This is because:

(a) People are reluctant to ask for help and support from the same entity that has removal jurisdiction

(b) Immediate resourcing emphasis must be on prevention and support in order to reduce potential reasons for removal; taking on removal jurisdiction creates the serious risk of undermining or detracting from the development of the priority areas of prevention and support.

(c) Huu-ay-aht does not currently have authority under Treaty to draw down removal jurisdiction outside of Anacla (Treaty Settlement Lands). Drawing down removal jurisdiction in Anacla but nowhere else would not enable a "seamless transition between services" for Huu-ay-aht families, which is an important principle and

recommendation (see e.g. Representative for Children and Youth Recommendations, Appendix D).

WRAP AROUND, LIFE CYCLE SUPPORT

Supporting Huu-ay-aht People to Support one Another

197. Our recommendations are built around the **roles and responsibilities** that must be taken up by various people to advance **life-long wrap around support** for Huu-ay-aht children and families. The **pillars** of our recommended approach are **people**. We explain below the roles of each of the following groups in working to bring Huu-ay-aht children home:

(a) **Children and youth themselves**,

Youth want to and can support Huu-ay-aht to do better. They have ideas, experiences and a strong desire to connect with their community and culture.

Lifelong Wrap Around Approach: The concept of "aging out of care" [93] ***should be eliminated, because Huu-ay-aht will provide wrap around supports throughout the life, parenting and caring cycle.***

(b) **Elders**,

There are strong Huu-ay-aht elders, and there are people who want to learn to move into elder roles. Elders can be instrumental in providing support and teachings, and also as trained liaisons to link to health care and treatment services.

> *There is widespread agreement that First Nations, Inuit and Métis Elders can play a crucial role in the mental health of indigenous peoples, especially as part of the key process of regaining positive cultural identity.*[94]
>
> *The inclusion of Elders into a mental health promotion strategy for teens resulted in a striking reduction in teen suicide rates in that community.*[95]
>
> *Involving Elders in patient care has also been shown to significantly decrease rates of domestic violence,*[96] *and to improve understanding and trust between indigenous and non-indigenous staff and patients.*[97]

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[93] British Columbia, Representative for Children and Youth, *On Their Own, Examining the Needs of B.C. Youth as They Leave Government Care* (Victoria, Ministry of Child and family Development, 2014) at 3 explains the need for additional support for the average 700 youth a year in the province who "age-out" of care.

[94] King M, Smith A, Gracey M., "Indigenous health part 2: the underlying causes of the health gap" (2009) 374:9683 *Lancet* 76-85.

[95] Neligh G., "Mental health programs for American Indians: their logic, structure and function." (1990) 3:1 Am Indian Alsk Native Ment Health Res Monogr Ser 79.

[96] Puchala C, Paul S, Kennedy C, Mehl---Madrona L., "Using traditional spirituality to reduce domestic violence within aboriginal communities" (2010) 16:1 J Altern Complement Med. 89-96.

[97] Cook SJ., "Use of traditional Mi'kmaq medicine among patients at a First Nations community health centre" (2005)10:2 Can J Rural Med. 95-99.

(c) **Parents**,

Parents who are struggling to care for their children have an important role to play in supported planning for steps needed to help themselves strengthen in their roles as parents, and also to plan for alternative care arrangements if and as they become necessary.

(d) **Ha'wiih and Matriarchs of Traditional House Groups**,

The Traditional House Groups provide an important anchor to connect Huu-ay-aht children and youth to their culture. Current efforts must be continued by the Ha'wiih to identify and recognize all the members of each House Group. The House Groups are also a means of designating roles and responsibilities within the House Group, to provide important culturally specific structural support for Huu-ay-aht families.

(e) **Huu-ay-aht Leaders**,

The leaders in Huu-ay-aht community (including those on Ha'wiih Council and Executive Council) have an important role in speaking out against violence in the Huu-ay-aht community, and in ensuring that the resources are in place and available to support Huu-ay-aht families to be safe, healthy and connected to Huu-ay-aht culture.

(f) **Huu-ay-aht Staff**,

Huu-ay-aht staff who work with children and families must work with dedication, imagination, empathy and a spirit of tireless advocacy for Huu-ay-aht children, youth and families. In order to keep staff supported and well in these roles, Huu-ay-aht must hire more staff, and must empower them with the resources necessary to do their jobs well.

(g) **Advocates**

Huu-ay-aht must have legal advocates available for the Nation, parents and youth in any process or proceeding where the rights of Huu-ay-aht children and families are at issue. These advocates must ensure that no Huu-ay-aht child's future is determined by external forces that are indifferent to or uninformed about the child's central place in the Huu-ay-aht community. The legal advocates can also assist in formalizing and legally protecting alternate care arrangements between families and within the Nation.

"*One of the social workers asked me 'why are you trying so hard for your son?' She had the audacity to ask me that…I went to court and there were more lawyers around this table than kids*" Nuu-chah-nulth father

"*I applied for a lawyer, they said 'no, there's no way you're getting your kids back.' I got one, and she fought and fought and fought even after the funding ran out…I am very grateful I didn't give up*" Huu-ay-aht mother.

198. Some of the key **tools** that will be important to enabling people to take up their roles are:

(a) Family Group Conferences

(b) Quality Assurance Committee

(c) Implementation and Oversight Committee

(d) Youth Council

(e) Internal Dispute Resolution instead of Provincial Courts

> *Within the current child welfare system in BC, the court is the venue to determine whether the 'concerns' of child protection workers are valid or tainted by bias and misinformation. Unfortunately, as the Victoria Bar Association reported through their recent initiative, in practice, inadequate inquiry occurs at an early stage into whether intervention is justified, with an ethno-centric view often perpetuated through the court process.*[98]

> *"A child is living, so too should their plan of care be."* Ardith Walkem

199. Some of the key **services and support** that will be important to enabling people to take up their roles are:

(a) Supported Planning

(b) Transition Support Services

(c) Parenting Support and Education

(d) Food, Essentials and Transportation Support

(e) Elders Support and Liaison Services

(f) Anti-violence Programming

> *The Representative also calls on MCFD to fulfill recommendations made by both the previous Representative for Children and Youth and Grand Chief Ed John to bring Care Plans into compliance with standards already called for in legislation and policy. Priority should be placed on ensuring that permanency is being actively pursued for*

[98] British Columbia, Ministry of Children and Family, *Indigenous Resilience, Connectedness and Reunification-From Causes to Root Solutions: Final Report of Special Advisor Grand Chief Ed John* (Victoria: Ministry of Children and Family Development, 2016) at 1p. 90.

every child or youth who is in continuing care and that all indigenous children and youth in care have a robust cultural plan connecting them to their indigenous heritage.[99]

Investment in Human Resources

200. Important components:

(a) Staffing to fulfill dedicated roles and prevent burnout;

(b) Mentorship and support for staff in support roles;

(c) Pay for stability;

(d) Financial and other support for Huu-ay-aht individuals and families who step forward to assist.

201. The recognition of the need to move to a different model of delivery is not new. In the 2006 Hughes Review, the shift inside MCFD was called "service transformation" and was described as being a difficult transformation for workers inside the system:

> *"It would be easy to underestimate the process of adjustment required of those who have worked, some for many years, in the old model. The move toward more out-of-care options and new dispute resolution processes requires a different set of skills and competencies from traditional child protection work. Social workers will be called on to mediate between family members in ways they never had to do before; to deal with new kinds of agreements; and actively monitor performance by contracted service providers for the life of the contract."*[100]

202. And over 10 years later, we heard from senior staff inside the Ministry and Usma that there remains a struggle with managing social workers who have not seamlessly transitioned into the new way of doing things. There are excellent social workers who are holistic, imaginative and well educated in their historically informed and trauma based approaches. And there are those who are not. Huu-ay-aht:

(a) Must have a veto over social workers who work with Huu-ay-aht families;

(b) Must be able to manage its own internal resources effectively, to ensure the right people are taking the right approach in supporting, assisting and advocating for Huu-ay-aht children and families.

Ensuring Infrastructure Supports People

203. Some of the important **infrastructure** that will be important to enabling people to take up their roles is:

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[99] British Columbia, Representative for Children and Youth, *Broken Promises: Alex's Story* (Victoria: Ministry of Children and Family Development, 2017) at 6.

[100] Hughes, E. N. *BC Children and Youth Review: review of BC's child protection system* (Victoria: Ministry of Children and Family Development, 2006) at 99.

(a) Host Homes

(b) Safe Houses

(c) Transition Support such as Day Centers and housing through Mothers Center.

(d) Treatment Beds (based on future assessment)

CONTINUAL ENGAGEMENT, OVERSIGHT AND MONITORING

Youth Engagement

204. The Panel heard very clearly that Huu-ay-aht youth—both those who are in care and who have been in care—have a deep and strong desire to maintain connections with their families and the Huu-ay-aht community and culture. The objective of our engagement was to understand how to best reflect the voices of youth in outcomes that support their well-being. We heard that engagement with youth is critical.

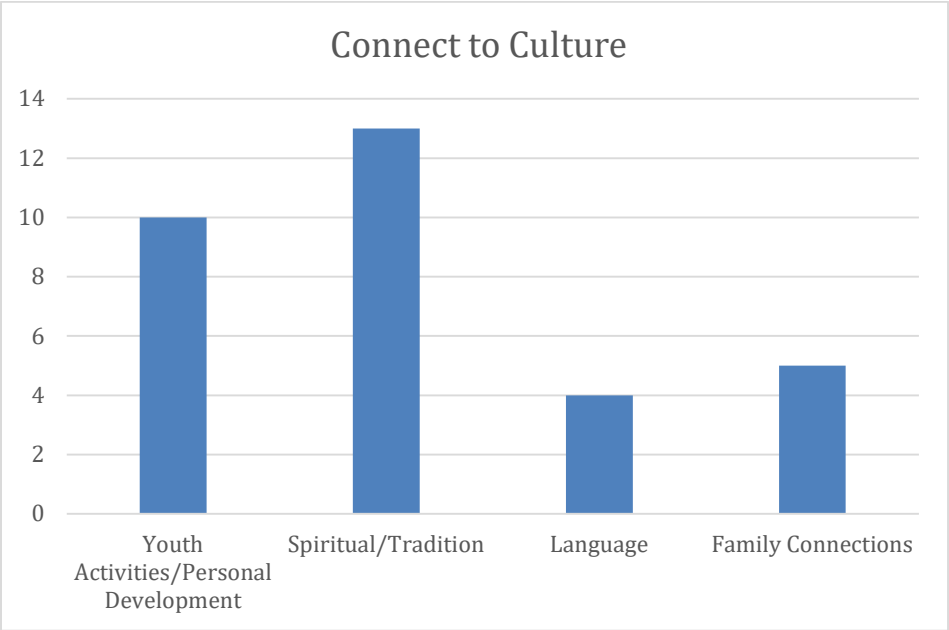
> "*Children have a voice. And they need to know their families care and need to know how they are*" Nuu-chah-nulth support worker

What Huu-ay-aht Youth and Children Told the Panel

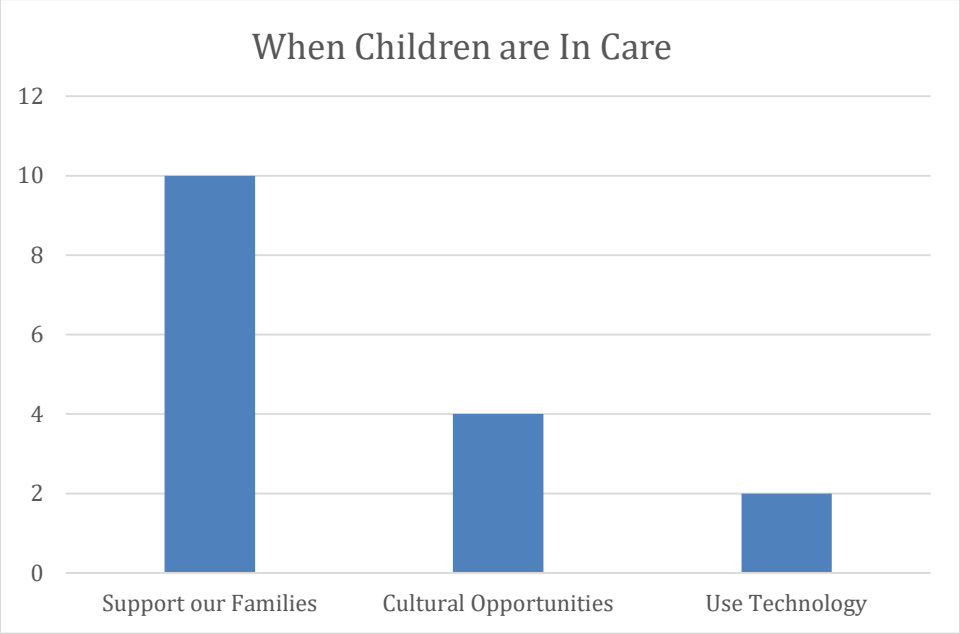
205. The Panel provided specific opportunities for engagement with Huu-ay-aht youth that are in care or have been in care. Huu-ay-aht citizens and leadership as well as the Office of the Representative for Children and Youth attended a child and youth engagement session in Port Alberni. This included a circle discussion and one-on-one interviews. Huu-ay-aht children and youth shared powerful and compelling stories that support Huu-ay-aht's vision to bring children "home".

206. The youth were brave and clear, expressing that they wanted to help others by telling their stories and that they wanted to be helped by having their stories heard. The youth were encouraged to see Huu-ay-aht taking initiative to help, support and love Huu-ay-aht children and families. Key messages from Huu-ay-aht youth are outlined below.

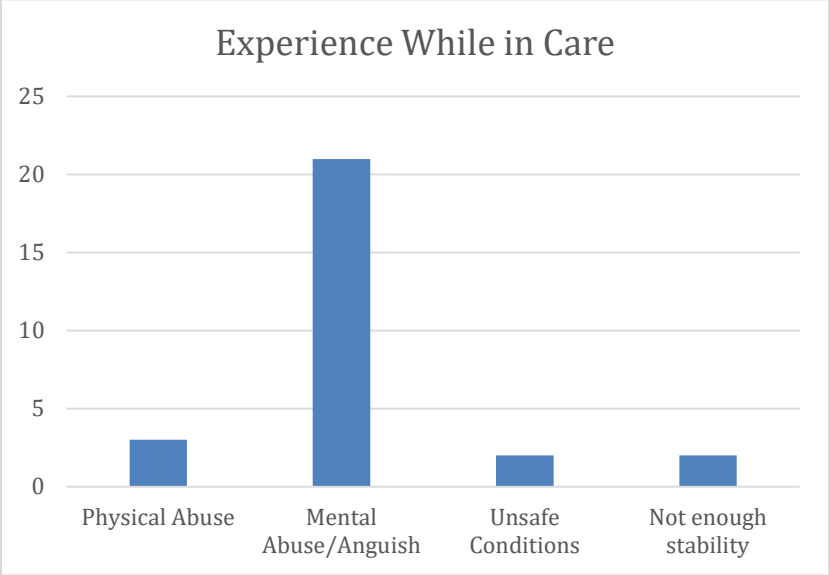
207. Youth highlighted the importance of connecting to Huu-ay-aht culture:



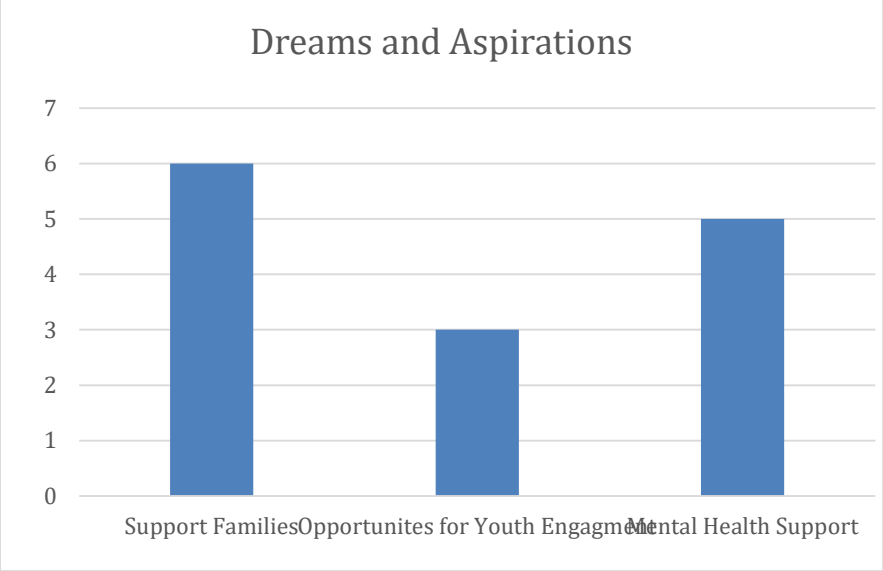
208. Youth emphasized the importance of family support when they are in care, either through connecting with other families or being put in care with siblings, or supporting parents and families to avoid breaking up families:



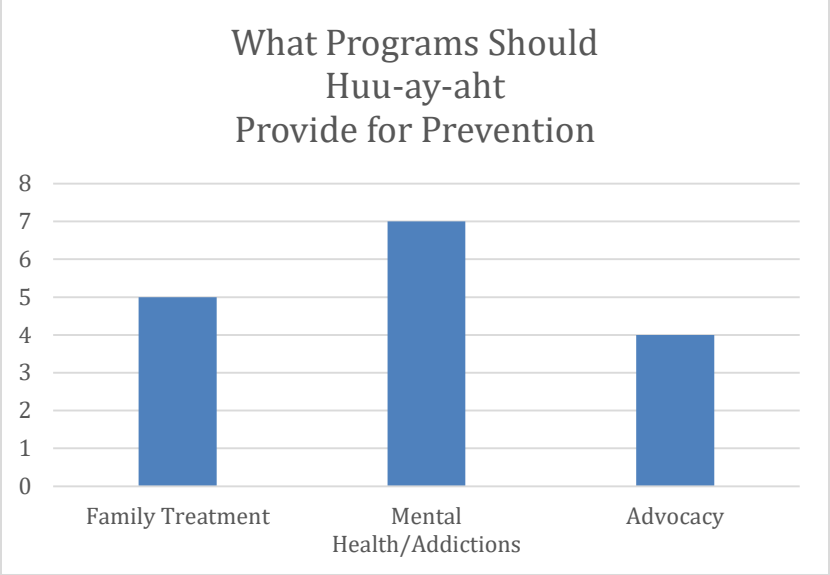
209. Huu-ay-aht youth shared their experiences about being in care and being placed in care, the mental abuse and anguish experienced while in care or being taken from their families:



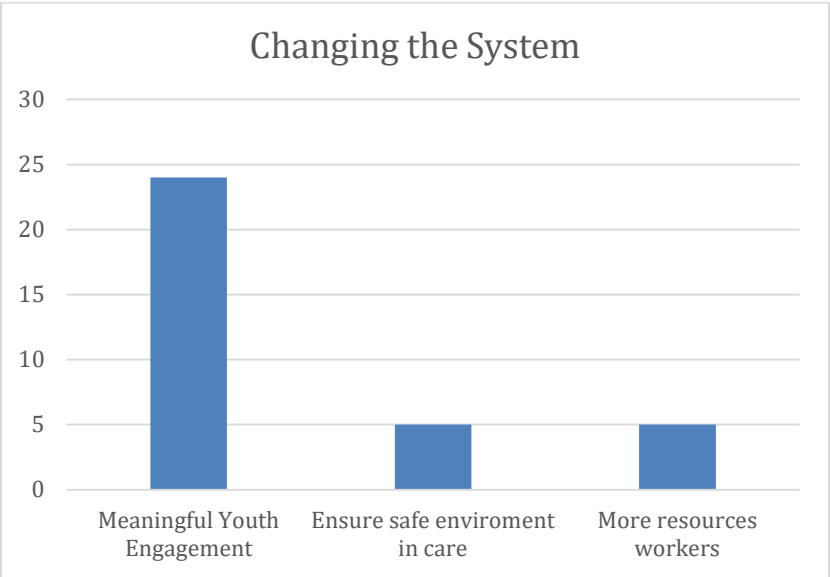
210. In response to questions about their dreams and aspirations for child and family services, Huu-ay-aht youth emphasized the importance of supporting families and providing mental health supports:



211. When asked what programs Huu-ay-aht should provide the youth emphasized the need for: mental health and addictions services that provide help, rather than label, youth; family treatment and support; and advocates to help families and community members fight for their kids and each other:



212. In response to questions about how the child and youth services should be changed, Huu-ay-aht youth and children overwhelming emphasized the need for meaningful youth engagement to ensure services support their needs, for example by ensuring they understand why they are being removed from their families, have a chance to say good-bye and ensure that foster homes are a good fit, that their desires and needs are met (e.g. keeping siblings together) and that youth and children are engaged and involved in decisions that affect them:



What the Panel Learned

213. What we heard from Huu-ay-aht youth about their experiences in and views on current child welfare system has been important in informing our recommendations, and this information is integrated in our broader discussion and our recommendations.

214. We take this opportunity to address the importance of youth engagement itself.

215. Youth engagement is essential both to support children and youth and to inform decisions made that affect their lives and the services meant to support them, their peers and their communities. Youth engagement ensures adults and youth can work together as partners to make decisions and create change.[101] Meaningful ongoing youth engagement can lead to programming and services more relevant to youth and contribute to developing competent young Huu-ay-aht leaders. It also empowers youth so they are honoured and find their place in the Nation.

216. Representatives from the Office of the Representative for Children and Youth provided the Panel with essential and expert support during our youth engagement sessions, as well as very helpful and informative feedback. The Representative's Office has also emphasized the importance of a youth engagement strategy[102] to ensure having youth voices guide and inform an ongoing process of engagement.

217. The Panel recommends that in order to bring Huu-ay-aht children "home", and to work effectively toward building a generation of Huu-ay-aht youth who are *safe, healthy and connected* to Huu-ay-aht culture and community, Huu-ay-aht should adopt a robust youth engagement strategy, supported by strong financial and human resources. It should bring Huu-ay-aht youth together regularly, wherever they live in BC and beyond, and it should draw upon the cultural and personal resources alive in the Huu-ay-aht community, the *hahouthlee* and the deep desire of the youth themselves to be connected.

218. We recommend a commitment to ongoing youth engagement that integrates Huu-ay-aht youth who are in care with youth who are with their own families, but also that ensures that special space is reserved for youth in care to connect and to speak to the particular issues they face. We also recommend that Huu-ay-aht develop its own Huu-ay-aht Youth Council.

219. The Usma Youth Council is an example used by the Nuu-chah-nulth Tribunal Council to empower their youth to participate in discussions relating to youth in care. It has had strong and positive responses from the youth who participate.[103] The Usma Youth Council meets weekly, engages in leadership training and self-work, and provides feedback to the Nuu-chah-nulth Tribunal Council and Usma.

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[101] British Columbia, Ministry of Children and Family Development, *Youth Engagement Toolkit* (Victoria: Ministry of Children and Family Development, 2013). Available online at: <http://www2.gov.bc.ca/assets/gov/family-and-social-supports/data-monitoring-quality-assurance/information-for-service-providers/youth_engagement_toolkit_overview.pdf> .

[102] Available online at: <www.rcybc.ca/indigenous-strategies-and-partnerships>.

[103] British Columbia, Ministry of Children and Family Development, *Indigenous Resilience, Connectedness and Reunification- From Causes to Root Solutions: Final Report of Special Advisor Grand Chief Ed John* (Victoria: Ministry of Children and Family Development, 2016) at 138.

220. Huu-ay-aht's youth coordinator advised the Panel of plans to start a Huu-ay-aht youth council to bring Huu-ay-aht youth together regularly even if they live away from home and the community. Based on the very strong and positive response from the youth we heard from, the Panel strongly recommends that Huu-ay-aht establish a youth council with sufficient funding to allow youth and their guardians to travel to Port Alberni and Anacla to meet.

221. In addition to a Huu-ay-aht youth council, we also recommend that Huu-ay-aht expand its current youth engagement programming. Youth engagement is not an easy or self-sustaining thing. It must be nurtured and developed and requires an investment of time and a commitment to follow through. The Panel considered a variety of models for youth engagement, including the provincial Youth Engagement Toolkit, the Circle of Courage, and *Ignite Your Spirit*.

222. MCFD is developing the "Youth Engagement Toolkit" to guide teams of adults and youth through four collaborative meetings to first, explore values and beliefs about youth engagement; second, assess current youth engagement practice, third, create a plan to strengthen youth engagement; and fourth, review progress towards strengthening youth engagement. The toolkit can be used by any group, team or organization regardless of experience with youth engagement.

223. Circle of Courage[104] is an existing model that supports youth development and can inform the content and drive toward youth engagement. The model is based on the universal principle that to be emotionally healthy requires a sense of belonging, mastery, independence and generosity, considered the model's "four directions". It strives to integrate the cultural wisdom of tribal peoples, the practical wisdom of professional pioneers with troubled youth, and findings of modern youth development research. The Circle of Courage can provide a philosophical framework for engaging with youth on youth development and is designed to encourage kids to feel safe and comfortable.

224. ***Ignite Your Spirit***, developed by the Representative's Office, is a model for a youth engagement forum that seeks to amplify the voices of indigenous young people in B.C. through youth led forums where they are able to share their needs, experiences and ideas for improving the child-serving system within a safe and supportive environment. This engagement is critical to create positive change in the lives of youth. The model aims to gather indigenous youth voices to develop recommendations from youth themselves to improve the child welfare system and the lives and experiences of the youth who are served by it while also furthering strength and connection within and between youth.

225. Huu-ay-aht should determine whether these models are appropriate for Huu-ay-aht's own youth engagement. However, the Panel recommends that Huu-ay-aht should particularly consider the ***Ignite Your Spirit*** model because:

(a) The model is developed from a youth centered, rights of the child perspective, it is developed locally, and it is being implemented locally. The Representative's Office is holding an *Ignite Your Spirit* Youth Forum on Vancouver Island in August 2017, and the Panel recommends that Huu-ay-aht make a strong and

[104] Available online at: <https://www.starr.org/training/youth/aboutcircleofcourage>.

funded effort to enable Huu-ay-aht youth participation and attendance at that forum; and

(b) The Representative's Office is available to work with Huu-ay-aht to assist in developing a strong Huu-ay-aht youth engagement program, and to build the skills and capacity within Huu-ay-aht necessary for that.

226. A deliberate and strategic approach to meaningful youth engagement is required. It is an investment in youth leadership development for Huu-ay-aht. However, as with most of the recommendations in this report, it is not a strand to be followed in isolation. A robust youth engagement strategy must be woven together with the increased opportunities for cultural participation for all Huu-ay-aht citizens that we have recommended, as well as with engagement and support for youth's parents. Support must also be built for and provided to *parents* who are working so hard to keep their children safe and well, often under great strain caused by poverty, addiction and violence. The Panel has also recommended that sufficient funding and programming resources be dedicated to ensuring constant and consistent cultural and supportive programing for adult engagement.

Ongoing, Consistent and Frequent Community Engagement

227. Right from the beginning of listening to the Huu-ay-aht community—including non-Huu-ay-aht foster and adoptive families who are already trying to keep Huu-ay-aht children connected with their families, community and culture—we heard about a hunger in the community for more community and cultural events. In reporting this we want to make sure to acknowledge how much Huu-ay-aht is doing already in this regard (e.g. People's Assembly, Monday evening gatherings, monthly cultural gatherings), but people expressed a clear desire and need for more, citing some of the following reasons:

(a) Helps with post-treatment addiction support;

(b) Helps form parenting bonds;

(c) Provides safe and predictable forum for cultural and interpersonal connections.

228. For both youth and adults there is a need for:

(a) Consistent and frequent events in Port Alberni,

(b) Consistent events in Anacla, including fishing and camping expeditions,

(c) Assistance with travel (e.g. ferry and accommodation costs and healthy food provided) is essential for both. We heard from parents (foster, adoptive and biological) who wish to keep Huu-ay-aht youth connected that they were more than willing to put the time in to bringing youth to the community, but that their ability to do so was far increased by the travel assistance Huu-ay-aht provides. Without that assistance the necessary travel would become prohibitively expensive.

229. Huu-ay-aht has traditionally moved through and used its territory on a seasonal basis. Based on what we heard from the Huu-ay-aht community, the Panel suggests that significant cultural gatherings be planned seasonally in Pacheena/Anacla, as well as regular gatherings in Port Alberni. For all of these, effort must be made (as it is already), to bring Huu-ay-aht together from the communities where they live (e.g. Nanaimo, Victoria, Campbell River, Salmon Arm, Vancouver), and to facilitate that financially by providing travel and accommodation assistance.

230. Another important aspect of community engagement is the sort of discussion that was had through the Panel engagement process. Huu-ay-aht community members (Huu-ay-aht citizens and non-citizens who are integral to the care and families of Huu-ay-aht people) spoke openly and bravely to us and to one another about impacts of past experiences and traumas. Some said that it was the first time they had participated in such a discussion within their community, and that it was an important beginning to a process that needed to grow so as to work toward the best possible outcomes for future Huu-ay-aht generations. We heard this from enough people that the Panel does recommend that this engagement continue to be made available in the community.

231. We emphasize however that this sort of engagement must be structured so as to prevent compounding trauma, and with full cultural, emotional and psychological supports in place. One model that may be used for this continued community engagement is **Touchstones of Hope**, although the recommended Implementation and Oversight Committee should present thoroughly researched options for models of engagement to the community. The importance of safety and professionally support to engagement cannot be overemphasized.

232. **Touchstones of Hope**[105] is a system change model designed to bring about reconciliation in child welfare. Reconciliation in child welfare is laid out in four phases and engages indigenous and non-indigenous peoples. The phases entail 1) Truth Telling 2) Acknowledging 3) Restoring and 4) Relating. This process is also premised on the fact that indigenous peoples are in the best position to make decisions about our children and youth to achieve better outcomes for our children and youth. Self-determination; Culture and Language; Holistic Approach; Structural Interventions and Non-discrimination form the guiding values of this system change model. A system of care that supports the development of a Safety Assessment for each family that addresses: Case management; Parenting support; Healthy relationships; Sobriety; Domestic violence; Cultural strengths; Basic needs and Life skills. Surrounding this safety assessment plan is coordinated support and engagement with a range of services and supports.

Ongoing Outreach/Engagement with other First Nations and Agencies

233. The Panel had the tremendous benefit of speaking with other agencies and First Nations in our information gathering for this report. There are many dedicated people working across the province to improve outcomes for indigenous children, and there is a continuing benefit to maintaining a sustained outreach and engagement initiative by Huu-ay-aht with external agencies. This is integral to the central theme of our recommendations: continued monitoring, assessment, renewal and reframing to ensure that Huu-ay-aht's core goals (health, safety and

[105] Blackstock, C., Cross, T., George, J., Brown, I, & Formsma, J., *Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth, and families* (Ottawa: First Nations Child & Family Caring Society of Canada, 2006)

connection) are being met on a systemic level and for every child. There is wisdom and experience to be gained externally as well as internally.

Internalize Decision Making, Oversight and Accountability

234. HFN should implement structures to internalize decision making–starting at the family level–with structured circles of support around families. This decision making is then monitored within the Nation, so that plans are transparent and enforceable but also are revised as required as circumstances change, which they will. Transparency, monitoring and adjustment are crucial factors to ensuring everyone is working in the best interests of children, to ensure stability and permanency. There is no single checklist—best decisions are made by empowering youth and families to determine what will work best for them, and then constantly monitoring and adjusting to ensure the resources are there to help them reach their goals.

"*Every day is a lesson*" Huu-ay-aht elder

235. As set out in the recommendations, the Panel is recommending the following mechanisms be put in place:

(a) Early Planning with Families: Planning ahead for families and youth in case protection measures are necessary, but with the goal of preventing such necessity.

(b) Family Group Conferences: Family Group Conferences should be convened early and frequently during vulnerable periods in a Huu-ay-aht family (before, during and after any protection proceeding) to assign roles within families (and House Groups if appropriate) to assist the family and keep children safe.

(c) Quality Assurance Committee: Made up of representatives from Nation and Ministry/DAA meets regularly to monitor any active protection file, and ensure accountability and active focus on best interests and permanency for child and family. Triggers file specific responses, and also reports systemic problems to Implementation and Oversight Committee for more systemic action.

(d) Implementation and Oversight Committee: Tasked with specific implementation and oversight tasks (as set out in recommendations), including receiving input on systemic issues from Quality Assurance Committee (and others, including Youth Council) and making specific and responsive recommendations for improvement to Huu-ay-aht government.

(e) Citizen Development Officer: Monitors recommendations made by Implementation and Oversight Committee and monitors Huu-ay-aht government response and action in relation to the recommendations, and reports this publicly. This is to ensure transparency and accountability of Huu-ay-aht government and encourage ongoing commitment to taking action and dedicating resources necessary to improve outcomes for children and families.

(f) Legal Advocates: At individual file level, advocates will also be monitoring progress and outcomes and will be pro-active in using all tools available to ensure that proceedings are moving expeditiously and always with the goal of

permanency and stability while keeping children safe, healthy and connected to Huu-ay-aht culture and community.

(g) Internal Dispute Resolution (Alternative to Courts): As an alternative to using Provincial court system, Huu-ay-aht may choose to internalize oversight of any protection orders made. This would be an important disruption to the after-the-fact and often "rubber stamp" approval given to protection orders (see report of Victoria Bar Association referenced above), and social workers would know they have the burden of justifying any protection order to a Huu-ay-aht decision making body. This could happen on a file by file basis, or systemically for files involving Huu-ay-aht families, by agreement with the provincial government.

PLAN FOR FUNDING, IMPLEMENTATION AND NEGOTIATION

236. In order to implement the tracks for change that the Panel is recommending, the following components will be essential:

(a) The Huu-ay-aht government should establish an Implementation and Oversight Committee that is independent of Huu-ay-aht leadership, as described in the recommendations.

(b) Once the Huu-ay-aht government decides how to proceed, it must give a full mandate to Huu-ay-aht Executive Director to carry out implementation of the measures to be taken, with the support and advice of the Implementation and Oversight Committee.

(c) The Huu-ay-aht government will need to make significant funding commitments that are commensurate with the high priority of bringing children home and keeping them healthy, safe and connected with their Huu-ay-aht families and culture. We are recommending that this commitment be legislated as dedicated long-term funding.

(d) Undertake an inter-governmental negotiation strategy in order to secure funding from federal and provincial governments to support key components of the made-in-Huu-ay-aht strategy and establish cooperative agreements on jurisdiction and protocols for serving Huu-ay-aht children and families. This will be overseen by the Implementation and Oversight Committee.

RECOMMENDATIONS

237. Our recommendations are based upon two distinct foundations:

(a) The first and primary foundation is what we learned from the Huu-ay-aht community itself.

(b) Second, we have drawn upon the very important recommendations that have been made by the independent provincial Representative for Children and Youth, the Honourable Ted Hughes, the Truth and Reconciliation Commission, and most recently, Special Advisor Grand Chief Ed John.

238. There is tremendous insight, experience and authority embodied in each of these foundations, and taken together, they have provided us the basis to present a set of recommendations that in our view address some of the systemic issues faced by indigenous communities in B.C. and Canada, but do so in a way that is particular to the unique history, culture and circumstances of the Huu-ay-aht First Nations.

239. We have considered and addressed some of the most relevant recommendations by others, and discuss how these recommendations inform the recommendations we are advancing to the Huu-ay-aht First Nations. For ease of reference, we include in **Appendix D** summaries of the key recommendations by the Representative, the TRC and Grand Chief Ed John and explain how we have taken these recommendations into account and incorporated them into recommendations that are specific to Huu-ay-aht First Nations' own historical and present context.

240. We set out here our recommendations, the bases of which are set out throughout this report, in particular in the "Tracks for Change" section above.

RECOMMENDATIONS FOR IMMEDIATE IMPLEMENTATION

Investments in Human Resources and Programming

Recommendation 1: Huu-ay-aht should have ***dedicated*** **Family Support Workers ("FSW").** Particulars of this recommendation include:

(a) The Family Support Workers are dedicated full-time to supporting all Huu-ay-aht citizens and their families, not just youth and parents involved in the child welfare system. FSW will help navigate and coordinate proactive outreach and the provision of supportive services to Huu-ay-aht people from before they are born and throughout the life cycle;

(b) The Family Support Worker role is a rededication and refocusing of the current Child and Family Liaison role;

(c) It is a dedicated position. This means that the FSW is dedicated to support and prevention work and will not be required to dedicate time to protection work or addressing removals. This is to ensure increased time and emphasis is placed on

the complex work of putting in place individually appropriate supports and pro-active prevention mechanisms. The urgency of protection matters can detract from this prevention work and this prevention work must be prioritized;

(d) The FSW's mandate begins in supporting pregnant mothers and carries on through the lifecycle. Early interaction and support is key to more successful outcomes;

(e) The FSW will work in close liaison with the following other pillars of the recommended interconnected strategy (each of which is addressed in the recommendations that follow):

(i) Protection Support Worker (PSW). This is essential to ensuring the PSW can work, whenever necessary, to keep Huu-ay-aht children and families together and connected;

(ii) Youth Support Workers and Cultural Support Workers; and

(iii) Ha'wiih and Traditional House Groups. This is essential to ensuring that the roles and responsibilities for support for Huu-ay-aht citizens are identified and determined early in life.

(f) The FSW needs to be "nimble" in providing support as needed, therefore the FSW should have discretionary access to flexible and responsive fiscal resources as well as permanent resources as described below. Use of resources will be subject to continual and prompt oversight, as set out below, but this oversight must be structured so as not to unnecessarily impede efficient, prompt support and problem solving;

(g) Huu-ay-aht citizens must know, through outreach and education, that both the FSW and the PSW are there to assist and support Huu-ay-aht citizens, not to work against them;

(h) At least two FSWs should be in place, to ensure constant coverage, ability to travel, to provide backup, to avoid burnout, and to allow for collegial support and assistance in problem solving and decision making;

This is recommendation is also made with reference to the AOPSI guidelines file ratio[106] and the understanding that there are currently files open to serve the

[106] British Columbia, *Aboriginal Operational and Practice Standards and Indicators (AOPSI)* (Victoria: Ministry of Children and Family Development,2009): Caseload Guidelines address the maximum number of cases a worker should be allowed to carry at one time for voluntary, guardianship and child protection services. These guidelines must be weighted by severity of risk, geography, need for travel, remoteness and accessibility.

The AOPSI standards suggest that:

- workers providing voluntary services not have more than 25 files at any one time
- workers providing guardianship services not have more than 20 files at any one time
- workers providing child protection services not have more than 20 files at any one time.

families of more than 80 Huu-ay-aht children, 30-40 of which are active, and about half of those would have active Ministry or DAA involvement;

(i) In order to attract and retain top FSW, ensure:

(i) FSW have access to mentorship, managerial support, counselling and self-care support; and

(ii) pay and benefits are benchmarked to be competitive with average wages of comparable positions across Canada, including urban centers; and

(j) In order to ensure job performance that meets the standards required to fulfill this role and meet the holistic needs of Huu-ay-aht families, (including a historical and culturally appropriate approach that is responsive to the multi-generational impacts of trauma) the terms of employment for the FSW must enable Huu-ay-aht to take responsive and effective action if the standards are not being met. This requires legal advice.

Funding Requirement: $150,000/year.

This is based on salaries for two FSW (plus overhead and benefits), based on the ranges set out for MCFD Social Program Officers as of 2017.[107]

Recommendation 2: Huu-ay-aht should have **dedicated Protection Support Workers ("PSW")**. Particulars of this recommendation include:

(a) The Protection Support Worker is an advocate for Huu-ay-aht families involved in any child protection matter or potential child protection matter;

(b) The Protection Support Worker will be a qualified and experienced social worker: It is important that the PSW be well familiar with the existing child protection system, the rights of the child and the rights of the families and the Nation, and know when to advocate on behalf of families when these standards are not being met;

(c) The PSW does not have a removal role;

(d) The PSW has no obligation to report concerns related to a family except as expressly required under *CFCSA*, s. 14—however, if the recommendations regarding Huu-ay-aht resources, programing and advance planning for any

[107] **Social Program Officers** with the Ministry of Children and Families provide advice and counselling, addictions treatment and prevention services, develop care plans for persons with mental health issues and provide clinical social work services, amongst other things. The current salary range for social program officers is $45.430 to $82,981, as of April 2, 2017. The salary for a Social Program Offices specializing in child and youth mental health, and employed by the Ministry of Children and Family Development ranges from $62,359 to $74,351.

protection measures are followed, this would significantly reduce any abrupt, unplanned or unilateral protection steps taken;

(e) The PSW will engage in proactive and early planning with families in case protection measures become necessary. This includes:

(i) Planning with parents and youth for protection plans, in advance;

(ii) Being proactive and identifying plans with families early, once issues are detected but before any protection measures are taken; and

(iii) Ensuring (through liaison with MCFD and Usma) that this plan is executed if it becomes necessary;

(f) Coordinate Family Group Conferences as early as possible, and immediately upon any protection measures becoming necessary, and liaise with Traditional House Groups to draw together family and House Group supports;

(g) Build supportive, caring arrangements that draw on several family and community members where necessary—early planning assists in not being bound to "nuclear family" model. PSW must work to proactively identify Huu-ay-aht community supports (individuals, elders, families, homes) that may be integrated into prevention and protection planning, including:

(i) Building a standing list for Huu-ay-aht of safe homes and available Huu-ay-aht foster parents;

(ii) Developing family/context specific supports for individual cases when appropriate; and

(iii) Through advance planning, moving toward system that emphasizes keeping children at home and having safe adults move in to keep children in place if parents or guardians must be removed (this can draw upon support lists described above and Elders Liaisons discussed below);

(h) PSW will be "on call" and backed up with an on call system (supported by alternate PSW, FSW and/or legal advocate(s) as necessary) so that a Huu-ay-aht representative who is knowledgeable about Huu-ay-aht families is available at all times. Contact information to be easily accessible and distributed consistently to MCFD, Usma and other DAAs, and Huu-ay-aht families;

(i) Ensure Huu-ay-aht families know to call Huu-ay-aht Protection Support Worker first, not Usma or MCFD;

(j) Part of PSW role includes immediate and consistent Nation involvement (starting Day 1) as soon as Nation, Usma or MCFD receives a call or report. In part this will:

(i) Prevent the delay reported by delegated agency workers;[108]

(ii) Ensure a more holistic response, rather than "investigation" under the legislation. Note that this is contingent on cooperation with MCFD and Usma (addressed below, with respect to renegotiated agreements); and

(iii) This is to get Nation involved as early as possible in matters, before required under *CFCSA* (which is at protection stage);

(k) FSW and PSW must work closely together with consistent updates about all files:

(i) FSW and PSW must attend Huu-ay-aht cultural events so as to build presence, continuity and trust within the community.

This contributes to holistic and up to date understanding of different children and families situations—so that Huu-ay-aht is responsive with as complete an understanding as possible, before and during any protection related proceedings;

(l) It is essential that staff working in the FSW and PSW positions (as well as others in the Department of Community Services) be fully dedicated to implementing a trauma and historically informed practice in support of Huu-ay-aht children and families. The success of the measures recommended in this report is highly dependent on these roles being carried out in a holistic, trauma informed and imaginative manner, backed up by strong advocacy;

(m) We recommend at least one PSW be in place full time, but we note that an alternate or additional PSW would assist in supporting the PSW to ensure a PSW is always available to Huu-ay-aht families, and would facilitate in providing services to Huu-ay-aht families in e.g. Vancouver and elsewhere. We also note that serious problems have been noted in the "after hours" administration of MCFD and DAA related matters, therefore, we encourage Huu-ay-aht to err on the side of redundancy in its own staffing until this issue is resolved. Therefore, we recommend Huu-ay-aht start with 2 PSWs in the first two years, so as to ensure constant and consistent coverage, to ensure backup is available, to avoid burnout, to enable proactive advocacy, and to allow for collegial support and assistance in problem solving and decision making. The staffing requirements can be monitored and be reviewed by the Implementation and Oversight Committee in year 3;

(n) In order to attract and retain top experienced Protection Support Workers, ensure

[108] British Columbia, Representative for Children and Youth, *Delegated Aboriginal Agencies: How resourcing affects service delivery* (Victoria: Ministry of Children and Family Development, 2017), at 4: "While standards call for social workers to complete an investigation or a family development response within 30 to 45 days of receiving a child safety report, data provided by the ministry shows that 1,266 of 1,770 – or nearly 72 per cent – of child protection files held by DAAs as of Dec. 31, 2016 had been open longer than 90 days. Said one DAA worker: "I can count on one hand the number of files I've closed in the 'required' 30 days."

(i) access to mentorship, managerial support, counselling and self-care support; and

(ii) pay and benefits should be benchmarked to senior social work positions based on average across Canada, including urban centers; and

(o) In order to ensure job performance that meets the standards required to fulfill this role and meet the holistic needs of Huu-ay-aht families as described above, and to function as a strong and tireless advocate for Huu-ay-aht families, the terms of employment for the PSW must enable Huu-ay-aht to take responsive and effective action if the standards are not being met. Establishing these terms as a matter of contract will require legal advice.

Funding Requirement: $180,000/year.

This is based on salaries for two senior social workers (plus overhead and benefits), based on the ranges set out for MCFD Social Program Officers as of 2017.[109]

Recommendation 3: Huu-ay-aht should ensure the **Programs and Resources** described in these recommendations, and those identified through the implementation, monitoring and oversight mechanisms recommended below, are available to be drawn upon by the FSW and PSW to fulfill their prevention and protection support roles.

Recommendation 4: Huu-ay-aht should implement expanded **Pregnancy support and baby welcoming programs**. FSW should establish early connections with mothers during pregnancy (all pregnancies, not just first pregnancies). Particulars of this recommendation are that:

(a) Expanded pregnancy support link pregnant mothers (all pregnancies) with health and wellness supports, including Elder Liaisons and Nurse-Family Partnership;

(b) Baby welcoming ceremonies formally recognize the baby's place in a Traditional House Group¸ community and family, and so as to establish early connection with community and FSW; and

(c) Huu-ay-aht Baby Kits are distributed with healthy baby and parent essentials (e.g. clothes, bath, safety seats, diapers etc.).

Funding Requirement: $15,000/year.

This is to address travel and hosting costs of ceremonies, kit content and delivery wherever Huu-ay-aht babies are.

Recommendation 5: Huu-ay-aht should ensure **robust food, necessities and shelter assistance** is available to its citizens as an important prevention measure. In particular, Huu-ay-aht should:

[109] **Social Program Officers** with the Ministry of Children and Families provide advice and counselling, addictions treatment and prevention services, develop care plans for persons with mental health issues and provide clinical social work services, amongst other things. The current salary range for social program officers is $45.430 to $82,981, as of April 2, 2017. The salary for a Social Program Offices specializing in child and youth mental health, and employed by the Ministry of Children and Family Development ranges from $62,359 to $74,351.

(a) Re-implement the Fresh Food Basket Program for all Huu-ay-aht who require it, regardless of geographical area (if baskets themselves cannot be delivered, grocery funds and shopping support should be provided in lieu;

(b) Provide transportation assistance in both Port Alberni and Anacla;

(c) Provide shelter assistance (e.g. assistance with securing and maintaining accommodation as needed, including assistance with rent at times of crisis and preventing utility arrears)—*note*, this assistance can come to be provided also through recommended Mothers Center in Port Alberni and Safe House in Anacla;

(d) Provide diaper allowance assistance provided to all citizens who require it;

(e) Provide school and activity assistance (distinct from existing school funding program); and

(f) Provide discretionary funding for other emergency support (note: access to this funding should be at the discretion of FSW and/or PSW so as not to hinder prompt assistance to prevent crisis; oversight will be retrospective but also prompt, and subject to full monitoring and review by the Implementation and Oversight committee).

Funding Requirement: $225,000 in year 1, subject to monitoring by the Implementation and Oversight Committee.

This includes vehicles and drivers for transportation assistance as well as discretionary funding and other listed allowances and funds. Implementation and Oversight Committee to monitor needs and use of funds in year 1, and recommend best ways to provide support and funding for families in need as important prevention measure.

Recommendation 6: Ensure **addiction treatment and mental health counselling** is available to Huu-ay-aht citizens. Particulars of this recommendation include:

(a) In the near term, this means continuing to assist Huu-ay-aht citizens navigate existing systems to access treatment and counselling services;

(b) This also requires the immediate commitment of funds to access treatment or counselling options that are not otherwise funded, so as to remove funding as an access barrier; and

(c) This requires monitoring by Implementation and Oversight Committee to ensure that all Huu-ay-aht citizens who require treatment or counselling are able to access those services in a timely manner. If services are not available, the Implementation and Oversight Committee is to advise Huu-ay-aht government on options for developing Huu-ay-aht specific (or in conjunction with Nuu-chah-nulth Tribal Council) treatment options and/or expanded counselling services. The initial review is to happen in year 1, including regarding sufficiency of funding to enable treatment and counselling access.

Funding Requirement: $100,000 in year 1 for increased assistance to access treatment and counselling, subject to monitoring by the Implementation and Oversight Committee.

Recommendation 7: Build a **Transition Support Program** to assist Huu-ay-aht citizens and families transition through the periods which many identified as making them most vulnerable, including after children have been removed or upon their return to the home, and as a family prepares for one or both parents to undertake addiction treatment, and very importantly, after addiction treatment has been undertaken and completed. The absence of transitional supports was identified as a significant and important gap for Huu-ay-aht citizens.
It is important that the program Huu-ay-aht builds fulfills the transition support function, but can also be used for other programming. Particulars of this recommendation include:

(a) Huu-ay-aht establish Day Centers (immediately, and potentially as part of larger future service and housing hub) in both Anacla and Port Alberni. These facilities must fulfill an important transition support function, but may also be used for other programming and meetings (i.e. they may be developed more broadly as "family centers", but must have a strong focus on transition programming);

(b) The Day Centers will house programs and activities to:

(i) Consolidate the outcomes of treatment for those who have just returned from residential treatment facilities (such as Kaackamin), and they will also house AA or NA-type programs locally to provide a "step-down" transition function; and

(ii) Provide sites for parenting support and support for parents whose children are in care (e.g. parenting education and workshops, liaison and support groups);

(c) In addition to programming at Day Centers, provide prompt and consistent in-home support for families in transition, including with the assistance of Elder Liaisons, Counsellors, Cultural Support Workers and Family Support Workers;

Funding Requirement: $160,000 in year 1 to secure two facilities (upgrades of existing Soaring Eagle facility in Anacla, and lease in Port Alberni) and to provide programming (some paid, some volunteer).This function would be overtaken by Mothers Center in Port Alberni (see Recommendation 26), and overall sufficiency of ongoing funding would be subject to monitoring, oversight and recommendation by the Implementation and Oversight Committee.

Recommendation 8: Implement **support and safety mechanisms in Anacla**. Particulars of this recommendation include that Huu-ay-aht:

(a) Identify "safe houses" and provide supports to those offering their homes for this purpose (including security through either volunteer, police or private security). The goal is to establish informal safe houses (people's homes), as distinct from a formal institutional safe house in Anacla. This requires support from the Nation;

(b) Increase the number of existing "host homes" in Anacla to enable more cultural connection for youth and families who live away;

(c) Hold more meetings and provide more services in the village (as distinct from, and in addition to, events and services at Government Building);

(d) Increase the number of counsellors servicing Anacla, so that citizens have a choice between counsellors of both genders;

(e) Make youth specific counsellors available to youth in Anacla;

(f) Provide regular transportation from the Anacla village to the Government Building and Health Center. In order to improve service uptake and connection with services and administration, this transportation should be consistently and regularly available, not just at times of appointments;

(g) Update the playground, including developing it for broad range of ages and activities (e.g. bike/skate park in addition to updated playground; and

(h) Ensure some Elder Liaisons (as described below) are resident in Anacla.

Funding Requirement: $90,000 year 1 for any required upgrades to safe houses (secure and safe rooms and doors), and playground and activity park upgrade, with food and necessities support for safe houses. Ongoing funding requirements subject to monitoring, oversight and recommendations by the Implementation and Oversight Committee.

Recommendation 9: Ensure consistent and more frequent cultural participation opportunities are in place for all Huu-ay-aht families and children. It is very important that these be consistent and frequent and part of an overall dedicated framework to weave Huu-ay-aht youth into the fabric of Huu-ay-aht culture and community. More harm than good can be done in some cases by isolated "one off" attempts to bring youth home and into Huu-ay-aht traditional territory. It can serve to highlight what is not happening or is absent from daily life of youth, and cause negative effects. Instead of annual, such major events should be seasonal (linked for example to Huu-ay-aht's traditional round of seasonal activities), with consistent smaller events continuing regularly (weekly and monthly). Particulars of this recommendation include that:

(a) Cultural and Youth Support Workers will have a strong mandates to organize consistent, weekly, monthly and seasonal cultural participation opportunities;

(b) Ha'wiih will ensure that youth and families are being identified and recognized within their House Groups and roles are being assigned within House Groups to ensure regular activities grounding in Huu-ay-aht culture and community (e.g. fishing) are being made available to youth;

(c) Transportation and accommodation funding should be provided to remove barriers to attendance and participation for youth and caregivers who live away from Port Alberni and Anacla;

(d) Activities should occur in Anacla and Port Alberni; and

(e) Huu-ay-aht must ensure youth have access to age and character appropriate activities: A range, including weaving and drum making to connect with Huu-ay-aht material culture; fishing and camping to connect with the *hahouthlee*; and storytelling to build connection to Huu-ay-aht place and history.

Funding Requirement: $80,000/year to provide for increased travel, accommodation and event costs due to increased frequency of cultural events and activities.

Recommendation 10: Ensure **parenting education and support tools** are in place:

(a) Supports must be consistently available, at least in Port Alberni and Anacla, with flexibility and discretion to link to supports in other geographical areas; and

(b) Some parenting education tools may come from community members who provide prevention and protection support, including Elder Liaisons (e.g. cooking, shopping, companionship).

Funding Requirement: $30,000/year for workshop and education resources (additional to those provided for under Day Center Funding Requirement estimate above).

Recommendation 11: Implement a **strong anti-violence program**, with strong outreach component to Huu-ay-aht people wherever they live (e.g. Port Alberni, Anacla, Nanaimo, Vancouver etc.). This must:

(a) Be supported by strong links with community policing;

(b) Ensure safe people and safe places for women and children are available in each community and assisting them to navigate to them;

(c) Be supported by anti-violence programs and working groups (such as the Turning Stones Tsu Tsuluw-t Tu Smeent in Cowichan Tribes, or Evolve from Winnipeg); and

(d) Direct Implementation and Oversight Committee to implement an immediate further research and outreach program to learn from other organizations and First Nations about promising approaches to anti-violence work and make recommendations to Huu-ay-aht government

Funding Requirement: $50,000 in year 1 for workshops and public speakers and for targeted research and outreach. Further programming and funding requirements to be informed by research, and subject to monitoring, oversight and recommendation by Implementation and Outreach Committee.

Recommendation 12: Build an **Elders Liaison and Support Program** that:

(a) Puts in place elders training and education programs so that elders and those who are ready to move in to the role of elder (as confirmed by the community) are equipped to take on liaison and support roles in accessing health care, mental

health care, and services (such as Elders Program at Vancouver Native Health Society);

(b) Ensures Elder Liaisons can go into homes where children are currently in foster care as an important means by which to maintain connection; and

(c) Enables Elder Liaisons to assist PSW so that Elder Liaisons:

(i) can go into homes in crisis to provide temporary care (avoid removal of children, remove only parents if necessary); and

(ii) provide parenting support, including facilitating co-parenting arrangements with foster parents and transition supports for families.

Funding Requirement: $65,000/year for teaching and training elders to move in to formal roles of support, and to pay per diem to Elder Liaisons (scaled to hourly wage of FSW). The scope of the program and sufficiency of funding is subject to monitoring, oversight and recommendations by the Implementation and Oversight Committee.

Recommendation 13: Retain **Legal Advocates** to formally represent youth, parents and Huu-ay-aht in court processes related to any protection proceeding involving Huu-ay-aht youth or their families. Separate advocates are required for each party (and will only be required and paid when files are active). The advocacy work of the Legal Advocates will complement the advocacy of the PSW and FSW, but will be specific to legal proceedings and court appearances.

(a) Legal Advocate for Huu-ay-aht:

(i) Will attend all Court appearances in BC involving Huu-ay-aht youth;

(ii) Will invoke party status on behalf of Huu-ay-aht under the *CFCSA* and Huu-ay-aht's Treaty in any Court matter;

(iii) Will have legal skills to effectively and proactively advance cases based on full party status;

(iv) Will ensure Huu-ay-aht is given notice of any Huu-ay-aht child in care—regardless of what Nation they are registered in (to assist Huu-ay-aht to implement Jordan's Principle);

(v) Will enable early involvement, before the protection order stage;

(vi) Will take the current burden off Huu-ay-aht family support workers (in time and substance) so as to allow increased focus on prevention and development of appropriate care, culture and permanency plans; and

(vii) Will ensure Nation's Internal Dispute Resolution body is used as Alternative to BC Provincial Court when appropriate.

(b) Legal Advocate for Children and Youth:

(i) Will maintain a child centered and rights of the child focus to all proceedings (enforcing rights of the child under UN Declaration of Rights of the Child, and rights of children in care under s. 70 *CFCSA*, and to act as strong advocate for best interests of the child); and

(ii) Attend all Court and Internal Dispute Resolution appearances.

(c) Legal Advocate for Parents:

(i) To help break the cycle of disempowerment that can lead to protection proceedings —the other measures recommended here (involving parents in early planning, having care plans be parent and youth led, having other community members feel safe to step in and assist, working toward transitioning parents and children back together) are dependent on diminishing parents' feelings of alienation and disempowerment;

(ii) Attend all Court appearances and Internal Dispute Resolution appearances.

Funding Requirement: $200,000 in each of years 1 and 2 for advocacy, preparation and participation in court proceedings, including travel.

Legal advocates are not retained in house to ensure Huu-ay-aht only incur legal fees as required by active files. This funding requirement is for all three of Nation, youth and parent legal advocates, covering court proceedings wherever they are set in B.C. This emphasizes weighting a significant up-front investment so as to ensure proactive advocacy is applied to the current list of active files. However, this work should diminish as FSW and PSW work takes effect. Ongoing scope of legal services budget will be subject to monitoring, oversight and recommendations by the Implementation and Oversight Committee.

Recommendation 14: Huu-ay-aht to implement **Jordan's Principle**. This requires that Huu-ay-aht:

(a) Does not limit support and assistance merely to those children who are registered on Citizenship List. This stems in part from the recommended commitment to provide Wrap Around Lifecycle Care. This will mean assisting and caring for Huu-ay-aht parents and grandparents who are concerned about or involved in the care of their children and grandchildren. Huu-ay-aht support should not be limited merely because is not a Huu-ay-aht citizen (e.g. the child may be registered under the first nation of the other parent); and

(b) Does not make Huu-ay-aht families fight for resources from senior governments and external agencies. The Nation should step in to provide supports when and where families need them, and the Nation should take on any efforts needed to recover costs from external agencies. As between a struggling or vulnerable family, and the Nation, the Nation is in the better position to take on any of these battles. Note too that if Huu-ay-aht has negotiated agreements with senior

government on these matters, many of these issues may not be matters of battle but rather of inter-governmental and inter-jurisdictional cooperative planning.

Planning, Decision Making and Monitoring Structures

Recommendation 15: Implement **Family Group Conferencing** ("FGC"):

(a) Is to start at least on day 1 after any investigation or steps taken under provincial legislation—but with PSW mandated to convene FCG before any steps are taken under provincial legislation (part of early family planning process). The PSW (and FSW) are to participate as appropriate;

(b) Operates under Huu-ay-aht's traditional definition of family—broad family, including calling on Traditional House Group responsibilities as required and appropriate;

(c) This may include shared or co-parenting arrangements including with foster families; and

(d) Draws upon collaborative family support workers (from provincial government) to facilitate the process.

Funding Requirement: $20,000/year, largely to assist with travel and accommodation expenses to facilitate full participation by family and supports.

Recommendation 16: Establish a **Quality Assurance Committee**. Minimum requirements include:

(a) Monthly (or more frequent as required at times of crisis or high activity for certain families) meetings to monitor all files for children in care and all active prevention files;

(b) Composition requires senior staff from each of Nation (Executive Director and Director level), MCFD and Usma as well as a Huu-ay-aht PSW. Social workers from MCFD and DAAs assigned to files will provide reports to Quality Assurance Committee in addition to their internal accountability; and

(c) That the Quality Assurance Committee advises the Implementation Committee of any broader issues that need addressing in implementation.

Funding Requirement: $20,000/year to support meetings and travel.

Recommendation 17: The **Citizen Development Officer**, which is already provided for under Huu-ay-aht legislation, must be appointed at all times and:

(a) Must function as external independent monitor and systems advocate (similar to the function of the Representative for Children and Youth at the provincial government level);

(b) Will monitor reports and recommendations made by the Implementation and Oversight Committee and monitor Huu-ay-aht government responses and actions, and make monitoring reports public. This will be an important aspect of transparency and accountability in advancing initiatives to bring Huu-ay-aht children home and improve outcomes for youth and families;

(c) Will function as systems advocate for Huu-ay-aht youth and families—to explain and ensure that youth and families are accessing and receiving all wrap around support services that are available, and ensure FSW and PSW exercise their full mandates with respect to each youth and family.

(d) Must be independent of any Huu-ay-aht government department, and reports must be public—this independence must be established by legislation providing for the above responsibilities.

Recommendation 18: Immediately develop **Permanency Plans** for each Huu-ay-aht youth currently in care. These plans:

(a) Will be developed with families through Family Group Conferencing and subject to Quality Assessment Committee monitoring and enforcement.

Recommendation 19: Continue **Culture Plans** for Huu-ay-aht youth in care. These plans:

(a) Will be developed through Family Group Conferencing (FCG) and will be subject to Quality Assessment Committee monitoring and enforcement; and

(b) Will be subject to more extensive cultural programing.

Recommendation 20: Pursue and continue significant **engagement with children and youth**, including the development of a Huu-ay-aht Youth Council. Engagement with children and youth, and the Huu-ay-aht Youth Council will:

(a) Include youth both in and not in care;

(b) Be a significant part of the mandate of Huu-ay-aht's current youth program administrators;

(c) Liaise with and participate in youth engagement initiatives of the Nuu-chah-nulth Tribal Council and Office of Representative for Children and Youth;

(d) Include a concentrated Huu-ay-aht youth engagement program that integrates the experiences and voices of youth in care with the broader Huu-ay-aht youth. Specific time and space should be dedicated to youth in care, to ensure that their input is being integrated into Implementation and Oversight Committee monitoring, oversight and recommendations; and

(e) Ensures that the Huu-ay-aht Youth Council advises the Implementation and Oversight Committee.

Funding Requirements: $50,000/year to facilitate travel and accommodation for youth, and engage speakers and space for youth engagement. Sufficiency of scope and funding for youth engagement to be subject to monitoring, oversight and recommendations by the Implementation and Oversight Committee.

Recommendation 21: Traditional Houses Groups, under leadership of Ha'wiih and matriarchs must:

(a) Determine connection and place of all Huu-ay-aht youth and their families within Traditional House Groups;

(b) Recognize youth and their families, welcome them—no matter where they live;

(c) Assign roles within the Traditional House Group to support and care for youth and families; and

(d) Assign roles to ensure cultural connections are fostered and consistently maintained.

Funding Requirements: $5,000/year to facilitate meetings to support youth and families

Recommendation 22: Establish an **Implementation and Oversight Committee** that:

(a) Will monitor and oversee the implementation of the recommendations and ensure the principles underlying these recommendations are being met, and make further recommendations to Huu-ay-aht government. This will include:

(i) Monitoring internal Huu-ay-aht implementation and receive information from the Quality Assurance Committee, Huu-ay-aht Youth Council and Director of Community Services to make public recommendations to Huu-ay-aht Executive Council regarding future actions and funding and resource requirements;

(ii) Liaise with subject matter experts to develop monitoring criteria (e.g. Office of Representative for Children and Youth, University of British Columbia Human Early Learning Partnership (HELP));

(iii) Commission research as required to inform further recommendations to Huu-ay-aht government (e.g. recommended anti-violence programming); and

(iv) Liaise with external bodies to keep up to date and be a leader in dialogue and planning to improve outcomes for indigenous youth (e.g. Office of Wet'suwet'en, Sts'ailes First Nation etc.);

(v) Oversee external consultations required by Treaty, which requires the Huu-ay-aht government to consult with non-members concerning decisions that will directly and significantly affect those non-members (s.

13.6.1) (e.g. Foster parents who currently care for Huu-ay-aht children; and Huu-ay-aht staff, Usma and MCFD.)

(b) Oversees negotiations with senior governments and external agencies (as addressed in recommendation 23)

(c) Will meet at least monthly for first two years; and

(d) Will make quarterly reports with recommendations to Huu-ay-aht Executive Council. As noted, the Citizen Development Officer will monitor and report publicly on Huu-ay-aht government responses to and actions on Implementation and Oversight Committee recommendations.

In addition:

(e) The Committee will be independent of Huu-ay-aht government to ensure independent assessment and recommendations made to government. The Committee may include Huu-ay-aht staff, but independent of the Department of Community Services to ensure independent monitoring and recommendations. The Committee may also include membership and/or retain services and advice by contract; and

(f) In recognition of the significant up front workload for the Implementation and Oversight Committee, it is recommended that the Committee have the assistance of a facilitator for the first two years.

Funding requirement: $150,000/year including external advice/participation, travel, research, and communications support. These funds also contribute to internal reporting and Huu-ay-aht law development.

Negotiation and Jurisdiction

Recommendation 23: Huu-ay-aht should **negotiate significant cooperation and partnership with provincial and federal governments** in the following areas:

(a) Negotiate enforceable agreements with MCFD and Usma to ensure cooperation with Huu-ay-aht that:

(i) Establishes clear understanding of role of the Huu-ay-aht PSW. Formal recognition of goals and purpose of Huu-ay-aht wrap around, prevention-focused support system is needed. PSW should be familiar with the family *before* receiving any notice from MCFD or Usma, and will be able to know what supports are being accessed (through liaison with FSW), and that the pre-developed plan (developed by family) is to ensure continuity of care for children;

(ii) Obtains commitments that neither Usma nor MCFD will unilaterally communicate with a Huu-ay-aht individual or family without notifying

Huu-ay-aht through a PSW (or designate) in advance and undertaking best efforts to minimize disruption, anxiety and harm for families, including by following any advance plan developed by the family. Alternatively, MCFD or Usma will have made every effort to do so pursuant to specific and enforceable mechanisms;

(iii) Provides that the PSW attend all meetings and home visits;

(iv) Establishes Quality Assurance Committee cooperation and framework;

(v) Ensures Huu-ay-aht may require the formal removal of government social workers from files involving Huu-ay-aht children or families if social workers do not demonstrate trauma informed approach that adheres to principles of cultural safety;[110]

(vi) Requires that Usma/MCFD advises Huu-ay-aht of any involvement with *any and all* Huu-ay-aht children, not just those who are on the Huu-ay-aht Citizenship List and establishes federal and provincial government cooperation in identifying families of Huu-ay-aht youth (instead of federal and provincial government agencies citing privacy as rationale against this cooperation);

(vii) Identifies and removes culturally and historically inappropriate and unnecessary barriers to Huu-ay-aht citizens becoming qualified as foster parents/safe houses for Huu-ay-aht children and takes a historically and culturally informed approach to establishing qualifications (e.g. address the role of criminal record checks, housing requirements, etc.);

(viii) Ensures MCFD provides access to resources including collaborative family support workers and permanency specialists to assist Huu-ay-aht in meeting goals for Huu-ay-aht youth and families; and

(ix) Provides that Huu-ay-aht will undertake the guardianship role in place of the Director (through the Nation may designate this responsibility if necessary, pending amendment to provincial legislation).

(b) Negotiate funding agreements with provincial and federal governments as set out in Appendix B – *Huu-ay-aht Children and Family Jurisdiction Negotiations.*

(c) Begin negotiations under Treaty commitments to negotiate expanded jurisdiction over child protection for Huu-ay-aht children in B.C., (i.e. beyond Huu-ay-aht Treaty lands). This may contemplate phased entry to that for a period and Huu-ay-aht may delegate removal functions to an external agency; and

[110]British Columbia, *Aboriginal Operational and Practice Standards and Indicators (AOPSI)* (Victoria: Ministry of Children and Family Development, 2009); British Columbia, Representative for Children and Youth, *Delegated Aboriginal Agencies: How resourcing affects service delivery* (Victoria: Ministry of Children and Family Development, 2017)

(d) Negotiations will be overseen by the Implementation and Oversight Committee, as provided for in Recommendation 22.

Funding Requirement: $250,000/year over 2 years, including travel and accommodation as well as negotiation, legal and public service expert advice. These funds also contribute to internal reporting and to Huu-ay-aht law development.

RECOMMENDATIONS FOR NEAR TERM DEVELOPMENT AND IMPLEMENTATION

Recommendation 24: Establish **committed long term funding dedicated** for Huu-ay-aht Wraparound Lifecycle Support that:

(a) Uses Huu-ay-aht's "statutory spending authority"[111] to dedicate minimum funding with an earmark to a percentage of the overall Funding Requirement to remove the vulnerability of committed funding to the annual Funding Requirement process;

(b) Directs the Implementation and Oversight Committee to develop a proposed framework and statutory language for dedicated funding; and

(c) Is developed through consultation with all three pillars of Huu-ay-aht government to establish legitimacy and security of the funding commitment.[112]

Recommendation 25: Designate a **Huu-ay-aht Decision Making Body** (e.g. the Huu-ay-aht, Tribunal, Elders Council or other body) as an Alternative Dispute Resolution Body (to replace the Provincial Court's role in decision making around Huu-ay-aht children and families):

(a) This can be done immediately under alternative dispute resolution provisions of the *CFCSA*, and can be advanced by the Nation's Legal Advocate in individual cases, if appropriate or this can be advanced systemically under Huu-ay-aht's self-governing power and through cooperation with the provincial government;

(b) Huu-ay-aht should also continue to work with the Nuu-chah-nulth Tribal Council regarding the creation of a Tribunal under s. 104 of *CFCSA* that Nuu-chah-nulth Tribal Council is already considering; and

(c) Huu-ay-aht should direct the Implementation and Oversight Committee, in consultation with the Quality Assurance Committee, to develop recommendations regarding how best to implement Internal Dispute Resolution as alternative dispute resolution for child and family protection matters.

[111] "Statutory spending authority" is defined in Huu-ay-aht's *Financial Administration Act* and means: "an authorization in a Huu-ay-aht Act other than a Funding Requirement Act to spend money or incur an expenditure." (*Financial Administration Act*, s. 3).

[112] See importance of community support (vs. unilateral government action) as discussed with reference to the San Francisco experience: Funding the Next Genration, *Creating Local Dedicated Funding Streams for Kids: A Guide to Planning a Local Initiative to Plan for Services for Children, Youth and their Families*(online: Funding the Next Generation, 2015) available online at: <http://www.fundingthenextgeneration.org/nextgenwp/wp-content/uploads/2016/03/FTNG-Toolkit-Edition1a-Nov2015.pdf>

Recommendation 26: Work to establish a center modelled on the Vancouver **Aboriginal Mothers Center**. In particular:

(a) The center should:

(i) Provide transitional and supportive housing to keep families together;

(ii) May eventually look at transitioning to family support rather than just mother support, but to begin, builds on the success of Aboriginal Mothers Center in Vancouver;

(iii) Be established in Port Alberni; and

(iv) May become a hub for service delivery;

(b) Huu-ay-aht should direct the Implementation and Oversight Committee to engage with the Nuu-chah-nulth Tribal Council, specific Nuu-chah-nulth Nations, and provincial and federal governments to consider partnership on Aboriginal Mothers Center, to ensure directed and efficient service.

Recommendation 27: Huu-ay-aht should establish a consistent **Community Engagement Program** to continue community engagement and receive input on matters related to child and family health and well-being.

(a) We have recommended this for near term instead of immediate development because there has been significant recent community engagement as part of this Panel's work, and we anticipate there will be significant community consultation in the near term as the Huu-ay-aht government consults with the community about this Panel's recommendations, and their implementation. Therefore this allows time before a consistent, structured community engagement program is implemented—this is helpful, because community engagement around the difficult and sensitive matters that are inherent in discussions about child and family welfare must be carefully structured and be trauma informed. Determining the appropriate structure and forums for Huu-ay-aht citizens must be done carefully.

(b) Huu-ay-aht should direct the Implementation and Oversight Committee to develop a proposal for Community Engagement Program, with reference to existing recommended and active models (e.g. Touchstones of Hope and Circle of Courage models), including role and scope of role for counselling and trauma support workers.

Recommendation 28: Put in place sufficient **education and teacher resources in Bamfield** and/or Anacla to close the resource gap that requires Huu-ay-aht children to leave the community for schooling after completing junior school grades.

Recommendation 29: Exercise Huu-ay-aht's **law making power over adoption** to ensure culturally appropriate limits on adoption of Huu-ay-aht children in B.C. Huu-ay-aht should direct the Implementation and Oversight Committee to recommend a legal structure based on

community engagement, discussions with provincial government and legal advice, within 2 years.

Recommendation 30: Huu-ay-aht Leadership will itself need to **commit** to:

(c) strong advocacy for Huu-ay-aht youth and families;

(d) advancing a strong, open and united voice against violence among Huu-ay-aht people;

(e) ensuring the financial and human resources are in place for healing multi-generational trauma; and

(f) ensuring, through community consultation and engagement, an alliance between leadership, staff and citizens on the path forward for Huu-ay-aht youth and families.

CALLS TO ACTION

HUU-AY-AHT CITIZENS

241. Citizens should immediately look within themselves:

(a) Determine whether they can put themselves and, in some cases, their homes forward to support Huu-ay-aht families and youth in need.

(b) Determine whether they can put themselves forward to assist in supporting other Huu-ay-aht citizens through difficult transitions, including upon returning from treatment (assistance can come for example through volunteer AA or NA programs) or upon having a child removed or returned (assistance can come for example through in home or parenting supports).

(c) Identify any barriers to doing either of the above and bring those forward to the Implementation and Oversight Committee so that they can be considered and recommendations can be made on how to remove those barriers.

242. Citizens should work among themselves to build many more social and cultural coming together opportunities in both Port Alberni and Anacla, as well as in Nanaimo, Victoria and Vancouver.

(a) This call is also made to Huu-ay-aht government, but it can be driven by citizens too.

(b) This is not a light recommendation—nor does it need to be a heavy burden. Citizens were hungry for this, as were foster and adoptive parents who want to work with the Nation to maintain connections for youth. An anecdote we heard more than once was how meaningful it is for youth to be taken fishing, or camping, or to be told stories that are grounded in Huu-ay-aht history and culture. These are initiatives that can be taken up by individual citizens.

HA'WIIH, MATRIARCHS AND HOUSE GROUPS:

243. Traditional House Groups have been working already toward identifying and recognizing their members more expansively. This is an important initiative that can be immediately harnessed toward building important connections and supports for Huu-ay-aht youth and their parents. House Groups should proactively identify the children for whom each house has responsibility, with a particular and immediate focus on children currently in care or who are identified as vulnerable.

> "*It starts with us, not the children. We always seem to blame someone else. But it starts with us.*"
> Ha'wiih Council member

244. Ha'wiih and matriarchs are well positioned to take up the responsibility of assigning roles within the House Groups to ensure cultural and even support connections with youth and vulnerable families are distributed with accountability back to the House Group. This will weave in the greater cultural exposure that we heard a call for, as well as providing another pillar of

support to Huu-ay-aht families and to the formal Huu-ay-aht administrative and staff structures that we recommend.

HUU-AY-AHT ADMINISTRATION

245. Our recommendations put a significantly expanded role and responsibility in the hands of Huu-ay-aht staff. Huu-ay-aht staff and administration must carry on the hard work they have already begun, and fight for Huu-ay-aht children and families. They must embody the trauma informed approaches that truly take into account the multi-generational impacts of colonialism. These impacts are deeply real, but they can also be overcome. The approach, advocacy and dedication of staff working with children and families is a key factor in whether this is so.

HUU-AY-AHT GOVERNMENT

246. Huu-ay-aht government must ensure, through community consultation and engagement, an alliance between leadership, staff and citizens on the path forward for Huu-ay-aht youth and families, and then must give a clear mandate and direction to Huu-ay-aht administration to carry out the measures required. Leaders in government must also advance a strong, open and united voice against violence among Huu-ay-aht people. And most fundamentally, Huu-ay-aht government will need to make legislative and funding commitments to ensure the financial and human resources are in place for healing multi-generational trauma in the Huu-ay-aht community.

PROVINCIAL AND FEDERAL GOVERNMENTS

247. The provincial and federal governments have an important role to play in working with Huu-ay-aht First Nations toward better outcomes for Huu-ay-aht children and families, and keeping Huu-ay-aht children safe, healthy and connected with Huu-ay-aht community and culture. This includes resource and funding contributions in support of renegotiated service and jurisdictional roles in providing prevention and protection services to Huu-ay-aht children and families.

APPENDIX A: ADDRESSING ATTACHMENT, TRAUMA, VIOLENCE AND ADDICTIONS

Part I of this Appendix describes the **effects** of attachment, trauma, violence and addictions which informed the development of the Panel's recommendations. Part II of this Appendix outlines various **resources** and models that were considered by the Panel and are listed here to provide a further resource to Huu-ay-aht should further efforts be focused on healing multi-generational trauma, which is inextricably linked to the wellbeing of Huu-ay-aht children, youth and families.

"The children are the (First Nations') most precious resource." -Willie Charlie, (BC 1st Nations Children and family Gathering, May 30/31st, 2016, page 21)

Part I – The Effects of Trauma: Attachment, Trauma, Violence and Addictions

"Every Day is a lesson." - Huu-ay-aht Elder

Going into care for any child, is a life-changing disruption of what they know. It often leads to what is called an "Adjustment Disorder" in psychiatric terms,[113] however this emotional disturbance may settle in a very supportive environment. If this child is in real danger, removal can be a relief, but studies show that most children go into care due to neglect, which often includes poverty, and other factors that could be fixed. The majority of people interviewed by our panel felt that having children enter care traumatized families and children. They want to look at alternatives, which would preserve most of their ties. Ministry care, especially non-indigenous care disrupts their attachments to people, culture and language.

Adjustment disorder means a person will likely have difficulty adjusting—this can be expressed for some kids with a lot of anxiety or feelings of depression or difficult behaviours. In some case this can be alleviated with a supportive environment or forming supportive or caring relationships. However, depending how it happened, "removal" (also referred to frequently as "apprehension") of a child can lead to Post Traumatic Stress Disorder (PTSD).[114] This is a condition where a shocking event leads children or adults to "relive" frightening moments, be triggered by reminders and become on edge and irritable. PTSD can be healed, but this takes more effort and can lead to other issues, as we will discuss below.

What is "Attachment"?

Attachment is a natural connection that occurs between a baby and his or her caregivers for life. It begins as newborns, and continues as the child gradually forms sense of who she or he is. Attachment is seen in all humans, and is an important "cornerstone" idea in all of psychiatry and psychology.[115] Attachment helps a child feel safe, loved and protected. In traditional societies it

[113] American Psychiatric Association, *Diagnostic and statistical manual of mental disorders* (American Psychiatric Pub, 2013) at 286-289.
[114] American Psychiatric Association, *Diagnostic and statistical manual of mental disorders* (American Psychiatric Pub, 2013) at 271-280.
[115] Bowlby J, *Attachment and Loss (vol. 1)*: *Attachment*, 2nd ed. (New York: Basic Books, 1999 [1969]).

also gives a sense of belonging to one's tribe or nation. Huu-ay-aht attachments were created over thousands of years and include secure attachments to community and to creator and spiritual forms of attachment.

There has been significant research on attachment, mainly in the last 60 years or so. Initial research was done in Uganda, America and many other societies. While literature on attachment is instructive, much of it is based on western science so must be considered in this light.

Attachment is specific to one child and caregiver. A child can have one type of attachment with one adult and a different kind with another adult. Multiple attachments are possible. Research has shown four main types of attachment: Secure; Insecure-Avoidant; Insecure-Ambivalent; and Disorganized or type "D".

A *secure* attachment gives a child their best chance, but kids can do well with help even if their attachments are *insecure*.

Disorganized attachment[116] is the most serious type, where the parent is often frightening to the child, frightened by things, or just "gone" and not easy to reach, even when the child needs the parent.

The child's "dilemma" in a disorganized attachment is that the person they need and want to be with is also the person who frightens or even sometimes harms them. They need this adult to survive but also are afraid of them. So, if it continues, this is a situation that affects the development of the child's brain, mind and view of the world. Being with other family and community members can help this situation.

What happens when the child with attachment problems grows up?

All adults need supportive relationships their whole life, but these can be very out of balance when inter-generational attachments have been disrupted. For example some of the following may result:

(a) delays in social skills;

(b) lack of trust in others;

(c) fear of re-abandonment;

(d) search for "numbing" of pain with alcohol, drugs and a destructive lifestyle;

(e) risk-taking behaviour;

(f) an intense search for soothing of anger and sadness;

(g) resenting others, and competing with peers more than necessary;

(h) some may give up on closeness with others, and

[116] Sadock, B., & Sadock, V., *Ruiz. Kaplan & Sadock'S Synopsis of Psychiatry* (Philadelphia: Lippinott Wiliams and Wilkins, 2015) at 98.

(i) their children are more likely to be removed into care due to this cycle.

Even as adults some are still hungry for attachment and unconditional love (the "child" inside has unfinished business)—even though they are now parents themselves—and they may act this out in their adult romantic relationships. This is further complicated by the fact that adults are sexual beings, and may become romantically or intimately attached to people that are similar to those who mistreated them in past. These ongoing effects can result in unconscious self-sabotage through poor relationship choices and life decisions made in desperation and or from a place loss of hope and low self-esteem.

Some adults who were abused in residential schools or in care (certainly not all) may abuse other community members, including sexually. It is important to recognize that most survivors of sexual abuse don't abuse others, but some do. If this occurs in a relatively small community (such as on reserve), it makes it hard for survivors to go home, because the abuse is now happening in their extended family or home community.

Adults have attachment styles too, which shows up in their parenting styles. A research tool called the Adult Attachment Interview (AAI) has shown that children who grow up with a certain type of caregiver and attachment, have predictable ways of parenting their *own* children in the future. This is how multi-generational trauma and effects of cultural genocide move from one generation to another, and lead to emotional and cultural problems

Common Adult Attachment patterns with their children (from the AAI) include:

(a) Autonomous: this is the most well-balanced and goes with "secure attachment" (see above);

(b) Dismissing: this goes with "avoidant " parent-child attachments (see above);

(c) Preoccupied: goes with "ambivalent" parent-child attachments (see above), and

(d) Unresolved/Disorganized: goes with disorganized parent-child attachments (see above).[117]

PTSD and Complex PTSD

"the abuse by my uncles and cousins flooded back…" -Huu-ay-aht woman

PTSD is a serious psychological condition that arises out of abuse or neglect. It can happen to very small children, youth and adults. Different age groups show it differently.

The DSM V Classification of psychiatric diagnoses defines PTSD as occurring[118]:

[117] Cassidy, J. A., & Shaver, P. R., *Handbook of attachment: Theory, research, and clinical applications*, 3rd ed (Rough Guides, 2016).

[118] American Psychiatric Association, *Diagnostic and statistical manual of mental disorders* (American Psychiatric Pub, 2013) at 271-280.

(a) after a witnessed or experienced traumatic event or events;

(b) re-experiencing the event in memories, actions or nightmares;

(c) being triggered by discussion, places or reminders of the event(s);

(d) feeling differently emotionally about self and having altered emotional expression from before, and

(e) being "keyed up" with hyper-vigilance, fears, sleep disturbances, irritability or other symptoms.

What types of traumas can cause PTSD?

All traumas are hard on people emotionally, but more severe ones are more likely to cause full or severe PTSD for a child or adult. For example:

(a) a child may see parent harmed or abused by others;

(b) a child may witness severe family dysfunction and fights;

(c) a child or parent may be abused in 1 or more ways;

(d) a child may be severely neglected; and

(e) witnessing parents' personality change under the influence of alcohol or recreational drugs, or during recovery from these, resulting in frightening behaviours by adults.

When Trauma is repeated and lasts over a period of time, some people develop "Complex PTSD" where their outlook on life, personality, mood, self-image and many more things are changed. This takes more time to heal.[119]

The ACE (Adverse Childhood Experiences) Study:[120]

The groundbreaking ACE Study showed that the effect of childhood losses and adversity led to higher lifelong risks including increased diabetes, heart disease, cancer and other general health concerns—far beyond mental health alone. Many people and health care experts were shocked by the degree to which medical problems are connected to poverty, cultural breakdown and other family-related stresses. Large studies now show that traumas are a leading cause of premature death and disability.

[119] Chu, J. A., *Rebuilding shattered lives: Treating complex PTSD and dissociative disorders* (John Wiley & Sons, 2011) at 32-36.

[120] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S., *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study* (American journal of preventive medicine14(4), 1998), at 245-258.

Due to poverty and socioeconomics, this study is highly relevant to the health and mental health of indigenous peoples who, in addition to PTSD and addictions, also suffer more anxiety, mood disorders, violence, suicide, diabetes and other health conditions due to adverse socioeconomic conditions.

Socio-economic level, mental health and addictions: Poverty

Addictions occur in every part of society in all kinds of people. A recent US estimate noted that only around 5 % of addicts were so-called "skid row" addicts.[121] However, indigenous people are over-represented in the population of people who have addiction(s), and many experts point to one major reason: poverty. Addictions can lead to poverty, but more commonly, poverty conditions and other "social determinants of health" lead to disproportionately more illness, addictions and a less healthy lifestyle in several ways.

Social Determinants of Health

The social determinants of health include factors such as: income (poverty); availability of social support; early childhood development; education; employment; housing; and gender. Social determinates are impacted by "upstream" and hidden structural forces. For instance, in the case of indigenous peoples', ongoing challenges from the impact of colonization, inter-generational trauma, residential schools, systemic racism, jurisdictional ambiguity and lack of self-determination exert a significant influence on health and its determinants (Andermann, 2016, p. E474).[122]

As the Panel heard, in Huu-ay-aht these factors have all taken their toll, and generations have suffered from decisions made "for" them rather than by them or with them. The new 2011 Treaty begins to turn the tide in their favour, but change takes time. As one Huu-ay-aht told the Panel, "unlearning" is needed.

Part II – Resources for Healing: Rebuilding and Finding Resilience

"Children, (she said), needed the five A's to grow and be happy, and to have the "scaffolding" to build their lives on: Attention, attunement, acceptance, appreciation and affection." -Jane Middleton-Moz, Community Intervention Expert (2015, p. 1)

The Importance of Truth Telling

The truths revealed by the important work that has preceded this Panel's work (i.e., the Truth and Conciliation Commission's findings, the truths investigated and reported by the Representative for Children and Youth, the further truths revealed by the Canadian Human Rights Tribunal 2016 decision and by the report of Special Advisor Grand Chief Ed John) all contribute to identifying steps Huu-ay-aht can take to lead toward healing and justice for its children.

[121] Sadock, B., & Sadock, V., *Ruiz. Kaplan & Sadock'S Synopsis of Psychiatry* (Philadelphia: Lippinott Wiliams and Wilkins, 2015).
[122] Andermann, A., "Taking action on the social determinants of health in clinical practice: A framework for health professionals" (2016) December 6; 188(17-18) Can Medical Association journal 474-483.

But truth telling is equally important within the Huu-ay-aht community. Among our recommendations is the recommendation that Huu-ay-aht continue the process of community engagement and dialogue that has been a part of this Panel's project. As we state in our recommendations, this must be done in a careful and structured manner, with safety supports in place. But it must equally be approached with honesty and the goal of building trust and safety within the community.

A. Addictions (Substance Use Disorders) and Mental Health in the Huu-ay-aht

There are many common reasons for substance use that run through Huu-ay-aht and other nations. Foremost is the role substance use disorders or "addictions" play in self-medication of trauma and loss. Like a huge "band-aid", people often describe using substances while the issues underneath are left to worsen inside of them. This often starts with young people.

What are these "underlying issues" that lead to addiction?

We have heard directly from Huu-ay-aht citizens, and through the reports of broader indigenous experience[123] that family disruption due to residential schools and loss of child custody due to removal of children from families are major causes of despair and self-medication both in youth and parents.

Research shows that alcohol is tied to cultural breakdown in North American indigenous peoples.[124] Now there are many additional toxic hard drugs that play a role in this.

On a personal level, shame from loss of connection, loss of culture or education (traditional or otherwise) and trauma such as childhood sexual or physical abuse can lead to substance use disorders.

Often people first develop a psychiatric issue, like Post-traumatic Stress Disorder (PTSD-see previous section) or depression, and then begin to self-medicate with alcohol and/or hard drugs (cocaine, crack, crystal methamphetamine or heroin). Sometimes it is the other way around.

Some prefer to describe their substance use disorders as "partying" at first, only to realize that they were using their addiction lifestyle to avoid underlying pain and confusion. When people find a safe place to look at their substance use, and ways to understand it, they can move forward in their lives as discussed below.

McCormick refers to native literature labeling alcohol as a "bad spirit" that enters people.[125] For many indigenous people, alcohol is closely connected to the impacts of colonization.

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[123] See: Canada, Truth and Reconciliation Commission (Ottawa: Truth and Recocilliation Comission, 2015) at 1-3. Available online at: http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf; and British Columbia, *Indigenous Resilience, Connectedness and Reunification- From Causes to Root Solutions: Final Report of Special Advisor Grand Chief Ed John* (Victoria: Ministry of Children and Family Development, 2016).

[124] McCormick, R., *Aboriginal approaches to counseling. In Healing traditions: The mental health of Aboriginal peoples in Canada* (Kirmayer and Valaskakis: 2009) at 248.

There is also strong scientific evidence for a genetic vulnerability to alcohol.[126]

A lot of negative judgment affects people with substance use disorders, showing reluctance in society and families to accept the notion of addictions as a medical condition.

Substance Use Disorders (also referred to as addictions)

Substance use can lead to four different types of disorders:

(a) Substance Use Disorder;

(b) Substance Intoxication;

(c) Substance Withdrawal; and

(d) Substance Induced Mental Disorder (such as Amphetamine Induced Psychosis or alcohol- related hallucinations).

In current literature, the Diagnostic and Statistical manual of Mental Disorders, 5th ed. (DSM 5) refers to Substance Use Disorder as "a maladaptive pattern of substance use leading to clinically significant impairment or distress", as manifested by two or more criteria on a list of symptoms over a 12 month period. Some of the criteria on the list include:

(a) failure to fulfill major role obligations at work home or school,

(b) use of substance when it is hazardous (like driving a vehicle) and

(c) "tolerance" (the need for much larger amounts of the substance to get the same high or effect).[127]

Addictions affect families and relationships, especially when the person using or family members engage in denial or enabling of the substance use.[128]

Concurrent Disorders

Concurrent disorder refers to having an addiction and a mental health problem (like PTSD) at the same time.[129] Concurrent disorder is a newer idea, which has rapidly gained acceptance in health care. This is important because in the past, people trained in psychiatry and psychology were more comfortable with diagnosing and treating mental health conditions like anxiety, depression and PTSD while addictions specialists were more used to treating addictions only. Patients or

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[125] McCormick, R., *Aboriginal approaches to counseling. In Healing traditions: The mental health of Aboriginal peoples in Canada* (Kirmayer and Valaskakis: 2009) at 348.
[126] Sadock, B., & Sadock, V., *Ruiz. Kaplan & Sadock'S Synopsis of Psychiatry* (Philadelphia: Lippinott Wiliams and Wilkins, 2015) at 620.
[127] American Psychiatric Association, *Diagnostic and statistical manual of mental disorders* (American Psychiatric Pub, 2013).
[128] Sadock, B., & Sadock, V., *Ruiz. Kaplan & Sadock'S Synopsis of Psychiatry* (Philadelphia: Lippinott Wiliams and Wilkins, 2015) at 620.
[129] Skinner W.J., *Treating Concurrent Disorders: a guide for counsellors* (Toronto: Centre for Addiction and Mental Health, 2005) at xv.

clients reported having both kinds of problems but their psychiatrist would say they needed to get the addictions treated first. Then they would go to the addictions counselor and they would say to get the mental health problem treated first, before they would treat the addiction.

This was very unfair and hard on the patients or clients. Now the "Concurrent disorder" framework allows both conditions to be treated at the same time, and often in the same clinic.

Harm Reduction

This refers to nonjudgmental treatments and approaches that don't require full abstinence from all substances but aim, rather, to reduce harm—for example, by using milder substances and/or lesser amounts of a substance. It focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour. It can also refer to using substances more safely. The primary goal is to reduce harm, not necessarily reduce use. People can stop using completely, or reduce their use and dangers.[130]

B. Family Violence in the HFN

Violence and family violence is often seen as spousal or partner abuse in relationships-and occurs in every community in this country. When the social determinants of health are stacked against communities, it makes people feel more desperate, and can lead to more of this. Addictions and violence were often mentioned to the Panel as the two main issues affecting the Nation and the Nations' children (as witnesses and sometimes victims, when leading to removal from their homes). When youth have witnessed or suffered violence, this can result in their re-enacting these behaviours as children and adults. As with sexual abuse, this does not mean that everyone who has suffered this will go on to hurt others, but some will. Individual and community healing can help, through treatment, mentorship and support.

Healing and Treatment Models and Resources for Huu-ay-aht First Nations—Addictions and Family Violence:

"I wish for a system, that, when you apprehend a child, you look after… the entire family."

-HFN member

"Being removed helped me see lots of people you can't trust—but some you can"

-HFN youth

"Someone should move in with the parents and the kids—to show them (how)…"

-HFN citizen

"We can do it in-house."-HFN citizen

"Sometimes it would work if we co-parent. I believe in family."

[130] Lenton, Simon, and Eric Single. "The definition of harm reduction" (1998) 17:2 Drug and Alcohol Review 213-220.

-Foster Parent of European background

"*Kids would come to my house—they need a safe place."*

"Extra food—think of the children."

-HFN grandmother

"I always had a witness when I met with Usma. My kids are with me now."-HFN Parent

In the section below the Panel identifies resources helpful to healing multi-generational trauma. Some of these resources are being recommended for Huu-ay-aht to start and some already exist in or near the Huu-ay-aht communities.

These resources below work together, to strengthen many parts of the lifecycle at the same time. Sometimes one type of treatment is need more urgently than others at a particular time for a particular person or family. Different helping models can also be "blended" to suit the needs and preferences of the person.

Huu-ay-aht citizens often said they wanted their children and grandchildren to have counseling early, *before* problems start. Both western and traditional methods were used and mentioned in interviews.

People need connectedness to heal, but sometimes, as a first step, they prefer to go *outside* of their community—to someone trusted but outside their Nation. These "trusted outsiders" might be a nurse, counselor, doctor etc.

General wellness measures:

Huu-ay-aht citizens can "start somewhere" in healing: there are no wrong doors! When someone "surfaces" in their life, and wants help, we must help them right where they are in life. That is why this Panel has emphasized that as a priority Huu-ay-aht First Nations invest in ensuring that wraparound lifecycle supports are made available to all of its citizens, no matter their age or where they are in life.

> Many problems are solvable: they can be helped!
>
> Many problems can be prevented!

Key wellness measures include:

(a) Traditional healing- "Culture is medicine" (brushing, smudging, blanketing, songs and prayers in HFN language).[131] (McCormick, 2009, in Kirmayer and Valaskakis)

(b) Community Healing circles: "Culture is medicine" to rebuild trust and connection within community.

[131] McCormick, R., in Kirmayer and Valaskakis, *Aboriginal approaches to counseling. In Healing traditions: The mental health of Aboriginal peoples in Canada* (Vancouver: University of British Columbia, 2009).

(c) Time with elders and knowledge keepers: healing stories, resilience stories about Huu-ay-aht role models and mentors, especially for youth.

(d) Exercise and activity.

(e) Good, timely, medical care.

(f) Address social determinants of health (ACES).

Specific Programs and Services currently available to Huu-ay-aht people

We learned from Huu-ay-aht staff that the Nuu-Chah-Nulth Tribal Council (NTC) is the "hub" of service provision and funding.

Culturally sensitive individual counseling across BC: We learned from Huu-ay-aht staff that there is a list of counselors that are screened and approved based on their credentials and other criteria, for funding by the NTC for individual treatments, including various types of "trauma, addictions, and lateral violence" counseling. New counselors can apply, using a referral (request) package and they may be approved by NTC for funding, e.g. if a HFN citizen requests to see them. Most are registered clinical counselors, some are psychologists. A visiting Drug and Alcohol counselor is available in Anacla.

Pregnancy and Early Childhood Wellness:

"*Becoming a parent is rocket fuel for change*". - Promising Practices, 2015, p. 1

It has been noted in a report from the BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group that teen pregnancy is 4 times higher among First Nations girls. They recommend that maternal child health programs be offered to all pregnant women and families with young children, until the children reach the age of 6, regardless of location. It should be a combination of groups and home visits.

(a) "Mother's Story" is an indigenous program with similar features to "nurse-family partnership" developed by the Nuu-Chah-Nulth nations. It is newer and not as studied, but contains culturally-relevant material.[132] Mother's story is available through NTC to Huu-ay-aht citizens.

(b) Positive Parenting Program (PPP) is a well-known program offered through Vancouver Island Health Authority.

(c) "Parent Place": located in Port Alberni, is run by Vancouver Island Health Authority. They have programming with NTC such as Mother's Story. They also have:

(i) lunch club weekly;

[132] BC Tripartite First Nations and Aboriginal Maternal and Child Health Working Group, *Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: Community Perspectives on What Works* (Victoria: BC Tripartite First Nations and Aboriginal Maternal and Child Health Working Group 2015) at 49-50.

(ii) free prenatal classes (most stuff is free at parent place);

(iii) drop in with Nurse for information about family health.

(d) Infant Development Workers (NTC) visit Anacla twice per month to monitor child development.

(e) Child and Youth Mental Health: this resource exists in Port Alberni, and counselors are available for youth. Child and adolescent psychiatrists are available part time for diagnosis and medication treatments when needed. No specific child mental health resources are available in Anacla.

Resources for Adults:

(a) A mental health center is available in Port Alberni to address mental health & wellness in adults with depression, PTSD, anxiety etc.

(b) Quu'asa Program: (Through NTC, serving Port Alberni and other regions) uses traditional cultural and spiritual practices to support and promote mental and emotional healing for former Residential School survivors and their families. They do counseling for trauma and specialize in traditional healing. They attend the HFN People's Assemblies and other important events to support citizens there. They attended many of the community circles that were part of the preparation of this report. They also offer workshops on self-betterment and healing from family violence and lateral violence.

(c) Alberni Community Women's Service Society (ACAWS): 1 to 1 counseling and they support children who witness violence but have no male treatment component. (This is used by HFN women and this Panel has heard no negative feedback from women who have used the Society's services).

(d) Women's Group: run in Anacla and Port Alberni by Cheryl Thomas-focusing on general healthy lifestyle in the context of traditional ways and culture.

(e) Men's Group: run in Anacla and Port Alberni by Edward Johnson-focusing on general healthy lifestyle in the context of traditional ways and culture. (This group is not for family violence treatment specifically).

Treatment specific for addictions

12 STEP At home: Alcoholics Anonymous, Narcotics Anonymous or "Smart Recovery" (a newer step program) could be started in Anacla, even if the startup is small. Or a group with similar focus could be created by Huu-ay-aht. One cultural support worker said she started a program in her community and it took many weeks before people started coming regularly, but she kept "showing up and making coffee". Standard 12 step programs have not necessarily been helpful or embraced by indigenous people, but Huu-ay-aht members and elders could build their own program by adapting the existing models with Huu-ay-aht specific cultural components.

12 Step Programs Close to home (Port Alberni): NA (1 800 494 2404), AA or "Smart Recovery" (call 1-778-323-3165 or info@smartrecoverybc.com).

Clinics, including "detox", where methadone is prescribed for individuals often have a drug and alcohol counselor attached to the clinic and available for counseling. (Port Alberni Intake Services, 4780 Roger Street, Port Alberni, BC V9Y 3Z2 Phone: (250) 731-1311).

Day centers: one important feature that is currently missing in the region, is a "day-center" where people coming from treatment centers can go for support to continue their success after returning from the residential centers (see below). This could be a place that offers cultural support, drug and alcohol counselors and groups, pain and medical treatments, massage, physiotherapy (acupuncture?) and exercise. The population in Port Alberni would certainly seem to warrant a project like this, but a smaller house for initial treatment could also be created in Anacla, for people who need help can't get into a treatment center right away. The Anacla version could be coordinated with the health clinic or with increased community use of a renovated center in the village such as the Soaring Eagle.

Treatment or Residential Treatment Centers for individuals and families.

Some examples include:

(a) Kackaamin, in Port Alberni, is an Indigenous-focused program with infant and toddler, youth and adult programs in place. Families can attend and receive age appropriate programming. (several HFN members report excellent experiences at this center, which combines traditional and modern healing methods).

(b) Tsow-tun Le-Lum ("Helping House"): Located in Lantzville, BC, overlooking Nanoose Bay. A residential treatment program for First Nations people suffering from alcohol and drug dependency, but also caring for survivors of trauma.

(c) Round Lake Treatment Center and Recovery House: Armstrong, BC North of Vernon. From the website: "Clients return to the Centre several times to address issues of alcohol and drug addiction as well as related issues of sexual abuse, grief, trauma, anger management and shame. Round Lake has become a leader in the field of First Nations' addiction recovery and trauma training. Many counselors and physicians refer their clients to Round Lake because of its reputation as a treatment program that works for clients who are serious about wellness. Using a multi-disciplinary approach, our clinical team of six full-time certified substance abuse counselors, one psychologist, two nurses, and 10 client support workers support the clients in their recovery."[133]

(d) Nenquayni Wellness Center Society in Williams Lake, accepts people for individual treatment as young as early teens, as well as families. One panel member, (M.B.) has had clients attend with good experience there.

(e) Alert Bay Treatment Center.

[133] http://roundlaketreatmentcentre.ca/

(f) Woman- specific treatment: "Hannah House" (innervisions recovery society) for adult women of any background. This program is in Maple Ridge, BC; it is non-Indigenous, and abstinence-based. (http://www.innervisionsrecovery.com/index.html)

(g) Men-Specific treatment centers: "Prairie House" and "Miller House" (innervisions recovery society; located in Port Coquitlam and Maple Ridge, respectively) for adult men of all backgrounds. This program is non-Indigenous, and abstinence-based, with good feedback from a few HFN citizens. (http://www.innervisionsrecovery.com/index.html)

Recommendations for Service Models and Programs not yet available to Huu-ay-aht

Some recommendations follow:

(a) The "*nurse-family partnership*"[134] is a well-known US model where a nurse meets with first time Mothers and prepares them for childbirth, while continuing to visit for several months after the child is born. This program has been shown in the US to reduce incidence of child abuse and harm. "Mother's Story" -see above- is similar but not identical to this program. Nurse family partnership is currently being piloted all around BC.)

(b) *Sheway Model*: (For possible adaptation to HFN needs and locations). Sheway is a Coast Salish word meaning "growth". This program is a culturally safe combined women and children's drop in center plus medical-nursing clinic. It is in Vancouver's Downtown East Side. It is all in one place. Hot lunches are prepared Monday to Friday and the drop in is a safe environment for moms with babies and toddlers and beyond. Partners are welcome if mothers want them to come. The doctors and nurses provide pregnancy and child medical care and specialist appointments are arranged when needed. Legal advice, social work advice, nutritionist , psychiatrist and drug and alcohol counselor are all there, in a team approach. Milk, eggs, bread, cheese, fruit and vegetables are free weekly. Cultural activities such as the "Touch the Earth" celebration are indigenous events honouring the birth of children, with Elders playing a very important role. (sheway.vcn.bc.ca)

(c) *Circle of Security* is an attachment-oriented video based program for parents, delivered either in groups or one to one. It is not indigenous focused but has been used in indigenous communities and focused on relationships between parents and children, showing how babies and kids up to age 6 show us what they need. It helps parents "read" children's cues, and helps to see beyond the way parents were parented, allowing them to see their children with "fresh eyes". Trauma is

[134] Olds, D. L. "The nurse-family partnership: An evidence based preventive intervention" (2006) 27(1) Infant Mental Health Journal 5-25.

addressed but parents do not share specific details of trauma. Participants can learn by listening and watching if they are not wanting to speak up in a group..[135]

(d) *Seeking Safety* is a group treatment format that is evidence- based and has been used with different people from teens upward, with a dual focus on Post-Traumatic Stress Disorder and Addictions. It can be used in outpatient or inpatient group format. Groups are usually 1 to 1 and 1/2 hours long and cover 25 weeks' worth of topics, focusing on safety and self-care. This is being used currently at Sheway maternity Services in Vancouver and at Fir Square maternity Ward at Women's Hospital in Vancouver, BC. (Intimate details of trauma and violence are not disclosed within the groups).[136]

Family Violence:

Huu-ay-aht members in several of the communities we visited have said that ongoing support from their leadership would be powerful in making progress on this issue.

Help is needed for people who use violence with or without substances. It includes men, women and various couples.

"Safe Homes" in Anacla and Pt. Alberni: Having a community approved safe family home could be a step in the right direction for children and youth who need to be safe for a period of time or until other arrangements can be made through assistance. This is an example of a "made-in-Huu-ay-aht" solution. This could be used in Anacla if there is a family situation and police are called by a HFN member. Many HFN people spoke up about "a community safe home".

A community model that has been used in Cowichan Tribes is Turning Stones-Tsu Tsuluw-t Tu Smeent. The "purpose of the program is to enhance the safety of First Nations Cowichan women and children and men through the creation and delivery of a culturally competent and accountable Intimate Partner Family Violence Program for those who suffer as a result of abuse in their intimate relationship".

Another program model is EVOLVE, a pioneering Canadian family violence program for families, started in the 1980s in Winnipeg and continuing. This is not Indigenous-specific but is inclusive with a strong track record.

Meeting Other/Miscellaneous needs:

Support for therapists, and social workers in Usma and FHN (if FHN gets one for their community in the near future). Burnout, isolation and stress can affect all healers and workers. Having smaller caseloads, mentorship from experienced workers, and backup can help social workers. (Communication to panel from Usma Executive Director).

[135] Powell, Cooper, Hoffman & Marvin, "The circle of security parenting and parental conflict: a single case study" (2014) 5 Frontiers in Psychology 887.
[136] Najavits, L. M., *Seeking safety: A treatment manual for PTSD and substance abuse.* (New York: Guilford Press, 2002)

For therapists, having a backup person and someone to debrief with, is essential to remaining a healthy healer.

Trauma training and cultural sensitivity training for social workers were mentioned a few times by HFN citizens interviewed. Chief Ed John echoed this need, especially regarding residential school effects.

Resources and References

Online Resources for Treatment/Care:

- Quu'asa (http://www.nuuchahnulth.org/services/quuasa-program)
- ACAWS (Alberni Community Women's Service Society) (http://www.acaws.ca/)
- Port Alberni Intake Services (http://www.viha.ca/mhas/locations/central/alberni_intake.htm)Tsow-tun Lelum (http://www.tsowtunlelum.org/)
- Round Lake (http://roundlaketreatmentcentre.ca/)
- Nenqayni Center (http://www.nenqayni.com/)
- Alert Bay treatment Center (http://www.namgis.bc.ca/health-services/treatment-centre/)
- Hanna House (innervisions society) (http://hannahhouse1.ca/)
- Prairie House (innervisions society) (http://www.innervisionsrecovery.com/centres.html)
- EVOLVE (Winnipeg) (http://klinic.mb.ca/in-person-counselling/evolve-family-violence-counselling/)
- Turning Stones: Tsu Tsuluw-t Tu Smeent
- Kwun'atsustul Mental Health Counseling Services; Cowichan Tribes (http://www.cowichantribes.com/member-services/health/counselling/)

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Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: Community Perspectives on What Works. A Report on the Findings from the BC Tripartite First Nations and Aboriginal Maternal and Child Health Working Group (2015)

Nurse-Family Partnership: Is It a Fit for First Nations Communities in BC?

A Report from the BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group (September 2015), available online: < http://www.fnha.ca/wellnessContent/Wellness/Nurse-Family-Partnership-Report-September-2015.pdf>.

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APPENDIX B: HUU-AY-AHT CHILDREN AND FAMILY JURISDICTION NEGOTIATIONS

PROJECT BACKGROUND AND DESCRIPTION

Huu-ay-aht First Nations appointed this Panel to make recommendations around child protection issues. The Panel came up with a series of recommendations. Recommendation 23 provides that Huu-ay-aht should negotiate significant cooperation and partnership with provincial and federal governments in a number of areas. This appendix identifies immediate engagement and funding opportunities with federal and provincial governments and proposes an approach for fulfilling Recommendation 23.

PROJECT SCOPE

This outline proposes an approach to starting the conversations with the federal, provincial governments and Usma.

HIGH-LEVEL REQUIREMENTS

Huu-ay-aht will need a team to pursue funding and negotiations. The team will need the following:

- Negotiation skills;
- Proposal writing skills;
- Knowledge of Huu-ay-aht Treaty, governance, staffing and child protection issues;
- Access to Huu-ay-aht decision makers;
- Ability to engage with Huu-ay-aht citizens; and
- Legal skills.

DELIVERABLES

Huu-ay-aht should try to obtain the following over two phased:

PHASE 1, obtain:

1. Funding support from BC;
2. Funding support from Canada; and
3. A commitment to negotiate Huu-ay-aht jurisdiction in relation to child protection services (bilaterally or tripartite).

PHASE 2, obtain:

4. A negotiated agreement to support Huu-ay-aht law development on child protection issues; and

5. A new understanding with Usma.

1. IMPLEMENTATION PLAN

To implement recommendation 23 the Panel recommends that Huu-ay-aht:

1. Assemble a team with the appropriate knowledge and skill sets (identified above);

2. Request a political meeting with the Assistant Deputy Minister of MCFD (Allison Bond, at the time of writing) and a member or members of the Panel;

3. Request a meeting with INAC – political representatives and treaty implementation representatives;

4. Assess funding sources available federally and provincially to support Huu-ay-aht work;

5. Write funding proposals to support panel recommendations including all of the following streams if possible:

    a. Operation plan

    b. Negotiations

    c. Law development

    d. Community engagement

    e. Program enhancements

    f. Capital

6. Reassess team to ensure Huu-ay-aht has access to all required skill sets; and

7. Update Executive council and management.

2. HIGH-LEVEL TIMELINE/SCHEDULE

Phase 1 should be completed by fall 2017 if possible with early meetings done as soon as possible.

Phase 2 should be underway in the fall of 2017.

APPENDIX C: STRATEGIC FUNDING APPROACH

Implementing the Panel's recommendations will require significant financial resources. This appendix outlines ideas for developing a strategic funding approach.

Develop a Strategic Approach for Accessing Resources

Drawing on the existing strength of Huu-ay-aht administration a team can be designated to provide all the supports necessary to identify and access grants and resources that are proposal/application driven. This group can take responsibility for sections of an application or proposal driven process (i.e. a person from the finance department designated to support budget development) and can drive and help target specific sources of funding applications or proposals.

The investment that Huu-ay-aht has made in the Panel work has led to recommendations that draw on considerable community engagement. Panel's recommendations and reflect the priorities identified by Huu-ay-aht citizens. Through engagement with the Panel Huu-ay-aht people have provided strong support for improving child and family services to bring Huu-ay-aht children "home". This broad community endorsement should be highlighted in any proposal or application processes . Any investment of resources that Huu-ay-aht makes in social services and programs to support the implementation of the Panel's recommendations can also be identified and used as leverage for access to external resources.

Team Supported/Based Model

Suggested team composition: a designated person from each of the following Huu-ay-aht Departments is recommended to ensure the team has expertise/focus in the identification, development, negotiation and completion of applications/proposals that support Huu-ay-aht strategic priorities identified through panel recommendations:

- Community Services;
- Communication;
- Finance;
- Economic Development; and
- Youth.

Recommended Funding Avenues

Provincial Funding Sources:

Connect with MCFD to negotiate a protocol/approach that allows for the development and negotiation of a Huu-ay-aht Pilot Project.

Through the Panel process contact has been made with MCFD indicating that the Huu-ay-aht are currently undertaking a process of community engagement and research that will support the development of a Pilot Project. MCFD was receptive to the idea of a Huu-ay-aht Pilot Project and anticipates follow-up by Huu-ay-aht.

At the March 2017 Promising Practices Conference MCFD announced that there would be increased investment directly in First Nation communities. The resources were identified to

improve services and outcomes. MCFD endorsed and supported the recommendations from Grand Chief Ed John's report - *Indigenous Resilience, Connectedness and Reunifacation – From Root Causes to Root Solutions*. An initial meeting has been held by the Panel with the Assistant Deputy Minister of MCFD (Allison Bond) and there has been informal follow up discussions indicating that MCFD anticipates Huu-ay-aht will reaching out for support

MCFD Contact: Allison Bond, Assistant Deputy Minister, Engagement Partnerships and Strategic Initiatives. Direct line 250-387-3006.

Federal Funding Sources:

Indigenous and Northern Development Canada provides grants and contributions to support urban programing for indigenous peoples, in particular Urban Programming for Indigenous Peoples (UPIP).

The UPIP program will fund and support activities that allow indigenous organizations to serve clients and deliver effective culturally appropriate programs/services to urban indigenous peoples, and supports research and pilot projects to better understand the urban indigenous context. The Minister of Indigenous and Norther Affairs explains how UPIP, "is about meeting the needs of urban indigenous peoples through programming such as: projects to help women transition out of shelters and youth projects that provide land-based activities and mentorship programs in the cultural environment most appropriate for them. Respecting language and culture are fundamental in giving all indigenous people the best chance for success when living in or transitioning to an urban environment."

There is a significant amount of money available under UPIP. The 2017 budget provided for $118.5 million to be invested in UPIP over five years. Combined with previously allocated funds, the Government of Canada will provide $53 million each year to UPIP, beginning in 2017-2018.

Under UPIP the maximum amount payable to any one single initiative and/or the maximum amount payable to any one single recipient is $50,000 a year. The maximum level of financial support approved per project or initiative will not exceed $250,000 over five years.

Funding streams will include core funding for urban indigenous organizations; programs and services such as navigator services, healthy parenting programs, mentorship projects, youth camp for building self-esteem and cultural identity, intergenerational projects and cultural projects in urban settings; funding to support a network of local organizations; and funding for research and innovative pilot projects. However, recipients for all streams of funding must be located off-reserve (and likely off treaty settlement lands), but could provide funding to cover services in areas such as Port Alberni, Nanaimo, Campbell River or Vancouver. Huu-ay-aht associated organizations operating in these urban environments would likely be eligible for funding.

The Panel made initial contact with INAC in anticipation of Huu-ay-aht developing and submitting an application for funding. The **deadline for funding** is July 4, 2017. The funding application and criteria can be found online at: <http://www.aadnc-aandc.gc.ca/eng/1386530682712/1386530771640#chp4>.

INAC Contact: Jody Kaden, Director of Programs and Partnerships Development. Direct Line 604-666-5170.

Private Sector Funding Sources:

Royal Bank of Canada – Youth Mental Health Project

The Royal Bank of Canada (RBC) runs a Youth Mental Health Project as part of its commitment to support programs that help youth and families access the right care at the right time. Through this program RBC funds programs that address youth and family's immediate need to access mental health services, a critical area identified by parents, youth and experts in the field. Funding is focused on navigation programs and technology based solutions, but RBC will consider supporting other programs that increase access to care if they are collaborative, have proven results and can demonstrate successful outcomes. RBC prioritizes granting for programs that increase collaboration across service providers to reduce fragmentation with the hope of achieving integration not just within the mental health system, but between the mental health and general health systems.

More information on RBC's Youth Mental Health Project, guidelines eligibility can be found online at: <http://www.rbc.com/community-sustainability/apply-for-funding/guidelines-and-eligibility/childrens-mental-health.html>.

Applications are accepted year round.

Plan H – Healthy Communities Capacity Building Fund & Active Communities Grant

Plan H, implemented by BC Healthy Community Society, believes that socially connected communities support strong citizen engagement and increase the health and well-being of residents. Local governments can play a role in improving social connectedness and helping communities thrive by creating strong social environments and resilient neighbourhoods.

Huu-ay-aht may be able to apply for a Social Connectedness Grant and additional capacity building support through two streams of the Healthy Communities Capacity Building Fund. Available funding includes:

- Cultivating Connections: Grants of up to $15,000 are available for up to six local governments working with other partners (local governments, health authorities and other community stakeholders) to better understand and take action on improving social connectedness in their community or region.

- Stream Two – *Resilient Streets* Demonstration Communities: Grants of up to $20,000 are available for up to four local governments and their partners to adapt and implement the *Resilient Streets* program, an approach to building social connections between immediate neighbours on residential streets and in residential buildings. Stream two includes an additional coaching grant valued at $5,000 (in-kind coaching to be provided by the Building Resilient Neighbourhoods team).

Note: The application deadline for grants for building social connectedness in communities was May 30, 2017, however contact should still be made with Plan H to explore other or future funding opportunities.

Huu-ay-aht may also be eligible for the Active Communities Grants which are provided to local governments and their partners in the Island Health and Interior Health regions. Grants of up to $30,000 are available to individual communities. The focus of these grants is to address underlying root causes of physical inactivity or removing barriers to the same. Cultural activities that get Huu-ay-aht people active and also create cultural connections and provide for youth engagement may be eligible (e.g. activities that get Huu-ay-aht children and youth out in the territory, connecting with each other and culture). One of the priorities of the grants is to improve access and/or inclusion for targeted populations or communities such as rural and remote communities, low-income families, and aboriginal people. The **deadline for funding** is June 30, 2017. Additional information is available online: <http://planh.ca/active-communities-grants-local-governments-island-health-and-interior-health-regions>.

Contact: BC Healthy Communities Society – email: grants@planh.ca; telephone: (250) 590-8432

APPENDIX D: CURRENT RECOMMENDATIONS MADE BY OTHER PARTIES

Appendix D outlines recommendations made by other parties and explores their application to Huu-ay-aht.

Representative for Children and Youth

The Representative for Children and Youth was appointed as an independent office in 2006, following the report and recommendations of the Honourable Ted Hughes in 2006.

The Representative (Mary Ellen Turpel-Lafond from 2006 to October 2016, and now Bernard Richard) has been consistent and clear in the reporting functions assigned to the office. The Representative has issued report after report documenting poor service to indigenous children under the child welfare system in British Columbia, and yet little has been done to address the serious systemic failures outlined in the Representative's reports.

In her final report before leaving office in October 2016, Representative Turpel-Lafond wrote:

> "More than 60 per cent of the children in government care are Aboriginal despite the fact that Aboriginal children and youth make up only about nine per cent of the total child and youth population in B.C. Both the provincial and federal governments can and should do more to help Aboriginal children and youth.
>
> A recent Canadian Human Rights Tribunal decision ruled that the Canadian government has discriminated against Indigenous children living on-reserve by spending far less on child welfare services for them. The federal government has yet to comply with the terms of this decision.
>
> On the B.C. front, report after report issued by RCY has documented poor service to Indigenous children, often with horrible consequences, including *Out of Sight* (September 2013), *When Talk Trumped Service* (November 2013), *Lost in the Shadows* (February 2014), *Paige's Story* (May 2015), *A Tragedy In Waiting* (September 2016), *Too Many Victims* (October 2016) and *Last Resort* (October 2016).
>
> Given what we know about intergenerational trauma and the harmful effects on Indigenous families of colonial policies such as residential schools and the 60s Scoop, Indigenous children are in need of better services and more investment than their non-Indigenous peers, not less.
>
> First Nations have a right to self-government and I respect that right. But I am also wary about the provincial government's recent stated intention to explore transferring jurisdiction for child welfare to individual First Nations. Without proper planning, support and resources, this could have devastating effects and cause an already significant deficit in services to grow larger for Indigenous children and youth and their families."

A summary of the recommendations made in the RCY's reports is listed below:

> **"September 2013** – *Out of Sight: How One Aboriginal Child's Best Interests Were Lost Between Two Provinces*[137]
>
> *Out of Sight* is an investigative report into the life of a young Aboriginal girl who was subject to neglect and abuse after moving from the care of the B.C. government to the care of her maternal grandfather in Saskatchewan. The report examines the circumstances that led to the move of the toddler from B.C. to Saskatchewan and concludes that no less than three child welfare bodies failed on some level to protect the best interests of the child. Because the child's best interests were never taken seriously, the report found that "she was left in a dangerous situation, severely traumatized and emotionally and physically injured." The report highlights the need for social work in both provinces to meet basic standards and coordination between provincial and territorial agencies.
>
> **November 2013** – *When Talk Trumped Service: A Decade of Lost Opportunity for Aboriginal Children and Youth in B.C.*[138]
>
> *When Talk Trumped Service* is a review of the results of Ministry of Children and Family Development's spending on Aboriginal child welfare services over the past 12 years. It details how the Ministry spent $66 million on Aboriginal service-delivery discussions and projects, with no evidence of a single Aboriginal child or family receiving better services as a result. The report concludes that the Ministry should get back to the basics of serving Aboriginal children and their families and stop spending money on questionable change initiatives, such as the $32 million spent on the Nation-to-Nation initiative "Indigenous Approaches" which supported the transfer of authority over child welfare services to individual First Nations communities. This initiative failed to improve Aboriginal child welfare services and the outcomes for children. Instead a clear plan for policy development and implementation should be put in place and funds should support much-needed direct services.
>
> **February 2014** – *Lost in the Shadows: How a Lack of Help Meant a Loss of Hope for One First Nations Girl*[139]
>
> *Lost in the Shadows* finds that the tragic suicide death of a 14-year-old girl living in a rural British Columbia First Nations community reveals a child protection system that is not reaching the children who need it most. The report details how this girl's glaring needs for child protection, mental health services and special needs support went largely unmet due to a dysfunctional child welfare system in her region and lack of communication between various social workers and health professionals. The BC government is responsible for protecting vulnerable children and should work with

[137] Available online at: https://www.rcybc.ca/reports-and-publications/reports/cid-reviews-and-investigations/out-sight-how-one-aboriginal-child%E2%80%99s
[138] Available online at: https://www.rcybc.ca/reports-and-publications/reports/monitoring-reports/when-talk-trumped-service-decade-lost
[139] Available online at: https://www.rcybc.ca/reports-and-publications/reports/cid-reviews-and-investigations/lost-shadows-how-lack-help-meant

Aboriginal Agencies and First Nations to remove barriers to those services for children and families in First Nations communities.

May 2015 – *Paige's Story: Abuse, Indifference and a Young Life Discarded*[140]

Paige's Story documents the downward spiral of a child who had great potential but never received the protection, nurturing and care she needed and deserved. **Professional indifference** to her life circumstances continually left her – and at times even actively placed her – in harm's way, eventually leading to her overdose death. A drug overdose in April of 2013 was the direct cause of death for Paige, a 19-year-old aboriginal girl living in Vancouver's Downtown Eastside. But it was actually years of abuse and neglect, persistent inaction from front-line professionals and an indifferent social care system that led to this young woman's demise. The report called for a new approach to helping vulnerable aboriginal girls and recommended that the provincial government take immediate steps to address the persistent professional indifference shown to aboriginal children and youth by many of those entrusted to work as social workers, police, health care workers and educators. It also called for an urgent review of the current provision of series to vulnerable children in Vancouver's Downtown Eastside.

September 2016 – *A Tragedy in Waiting: How B.C.'s Mental Health System Failed One First Nations Youth*[141]

A Tragedy in Waiting details how a lack of timely access to mental health services contributed to the suicide death of a First Nations teen in 2013 and is continuing to place aboriginal children and youth at risk. This report tells the story of a 16-year-old boy who left school one morning, walked into a nearby forest, and took his own life. The boy was an intelligent teen from a close-knit family who was described as "sweet and easy to like" by his teachers. But despite exhibiting signs of serious mental health issues, he received very little in the way of assessment or services from the organizations that might have helped him. The designated Aboriginal Agency serving in his area was functioning well below acceptable standards and was not properly supported by the Ministry of Children and Family Development. The report concludes that little has changed since his death. The report recommends the appropriate provision of services for Aboriginal children and youth, and that the Province partner with the federal government to establish a lead agency for the provision of mental health services for Aboriginal children and youth.

October 2016 – *Too Many Victims: Sexualized Violence in the Lives of Children and Youth in Care*[142]

Too Many Victims reports on the alarming number of girls in the care of the provincial government – including a highly disproportionate number of Aboriginal girls – who have been the victims of sexualized violence while in care. Between 2011 and 2014 at least 121 children and youth were victims of sexualized violence while in government care, a 109 of those were girls and 74 were Aboriginal. Alarmingly, the number of children in care who experienced sexualized violence during this period was likely far higher as

[140] Available online at: https://www.rcybc.ca/paige
[141] Available online at: https://www.rcybc.ca/tragedyinwaiting
[142] Available online at: https://www.rcybc.ca/toomanyvictims

incidents are typically under-reported. Another troubling finding of this report is the fact that one-quarter of the reported incidents that occurred in care placements were perpetrated by the child or youth's foster parent. Nearly 20% of the children in the review harmed themselves or attempted suicide, usually within a year of disclosing sexualized violence. The report recommends that the province take steps to address sexualized violence against Aboriginal girls and identify a lead Minister responsible for ensuring this occurs.

October 2016 – *Last Resort: One Family's Tragic Struggle to Find Help for Their Son*[143]

Last Resort investigates the circumstances leading up to the death of Nick, a Métis teenager who was in a full-time attendance program on Vancouver Island as a condition of a youth justice sentence. Nick's parents were unable to access suitable, culturally specific services to help address their youngest son's escalating substance use problem. Eventually they turned to the youth justice system as the last resort. The report finds that there were a number of points along the way where Nick's path could have been altered had the proper supports been available. The report calls on the provincial government to develop and fund a comprehensive system of substance use services capable of consistently meeting the diverse needs of youth and their families across British Columbia, including specialized residential and community-based youth substance use services, harm-reduction services and prevention and early-intervention supports.

February 2017 – *Broken Promises: Alex's Story*[144]

Broken Promises: Alex's Story reports on the circumstances that lead to an 18-year-old Métis youth taking his own life in an act of desperation. The BC child welfare system failed to act on opportunities to find Alex a permanent home with family and instead left him to drift through 17 care placements over 11 years. After being placed in a hotel for 49 days, as the Delegated Aboriginal Agency caring for him could not find a more suitable option, Alex leapt through a hotel window. The Acting Representative found that Alex was deprived of the security and permanence of a home, a lasting connection to family and the mental health and planning supports he needed, despite opportunities for the Ministry of Children and Family Development to place Alex with his stepmother or an aunt. The Report calls on the Ministry to bring Care Plans into compliance with already established standards, take immediate steps to ensure children and youth with mental health issues receive timely and uninterrupted mental health services and ensure that quality assurance oversight and financial accountability for all contracted residential agencies be significantly enhanced.

March 2017 – *Delegated Aboriginal Agencies: How resourcing affects service delivery*[145]

This report outlines how Delegated Aboriginal Agencies (DAAs) may mean indigenous children are being removed from their homes and placed in care simply because the funds

[143] Available online at: https://www.rcybc.ca/lastresort
[144] Available online at: https://www.rcybc.ca/brokenpromises
[145] Available online: https://www.rcybc.ca/daareport

> are not there to provide support services to their families, finds a report released today by B.C.'s Representative for Children and Youth. The report outlines how DAAs are underfunded and insufficiently staffed, seriously undermining the capacity of these agencies to deliver essential services to vulnerable children and their families.

These reports, and the Representative's recommendations, are described in more detail in the Panel's Recommendations section, as they inform this Panel's recommendations to Huu-ay-aht. Recommendations by the Representative are outlined, generally below:

Review policies, protocols and standards & require annual reports on compliance

The Representative has made numerous recommendations that existing policies and standards be reviewed, that clear guidelines are set and that accountability is clear and facilitated by regular reporting or auditing.

- Review current policies and standards and ensure clear guidelines are in place (or develop new policies or systems when no policies exist), issue a practice directive ensuring guidelines are followed and/or provide for accountability through annual reports or otherwise on compliance with the same regarding: out-of-province placements;[146] services provided by delegated aboriginal and contracted agencies;[147] service coordination and collaboration where there is a parent with a mental illness;[148] attendance at school by aboriginal children in care;[149] systems to prevent and respond to sexualized violence against aboriginal girls;[150] and what information can be shared with schools regarding youth with youth justice involvement.[151]

- The Ministry of Children and Family Development should produce semi-annual public reports on the safety and well-being of aboriginal children receiving care. [152] Annual reports should also be issued detailing every unexpected death of an aboriginal girl or woman in care, or formerly in care.[153] A quality assurance framework that includes a comprehensive audit program of services provided to aboriginal children and youth should be developed.[154]

Steps need to be taken to ensure services do not fall through jurisdictional gaps

The Representative's reports often highlight a lack of coordination between federal and provincial agencies, particularly with respect to the provision of services to First Nations communities. A number of recommendations focus on ensuring greater cooperation between responsible agencies, ensuring responsibilities are clarified, and emphasizing the

[146] Representative of Children & Youth ("RCY") Report, September 2013 – Out of Sight Out of Mind, Recommendation No. 1.
[147] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 2.
[148] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 4.
[149] RCY Report, May 2015 – Paige's Story, Recommendation No. 4.
[150] RCY Report, October 2016 – Too Many Victims, Recommendation Nos. 1, 3.
[151] RCY Report, October 2016 – Last Resort, Recommendation No. 5.
[152] RCY Report, November 2013 – When Talk Trumped Service, Recommendation No. 4.
[153] RCY Report, May 2015 – Paige's Story, Recommendation No. 6.
[154] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 2.

importance of ensuring services continue to be provided before transferring responsibility to First Nations governments.

- Review current provincial/territorial protocols to ensure commitments by all provincial/territorial child welfare authorities fully support the needs of children and families for a seamless transition of services, including with respect to out-of-province placements, [155] and children and families living in First Nations communities, particularly in remote or rural locations.[156]

- Negotiate an explicit policy for the negotiation of jurisdictional transfer and exercise of government powers over child welfare, with the federal government before further action relating to aboriginal self-governance or jurisdiction over child welfare occurs. [157] A clear plan should be established to ensure child safety procedures and services are maintained before engaging in any process to transfer jurisdiction over aboriginal child welfare to ensure services are maintained during any future period of transition or transfer of responsibility.[158]

- The Ministry of Children and Family Development should take the lead and develop a clear plan to close the outcome gaps between aboriginal children and youth across government ministries including Education and Health [159] and ensure that special needs services are provided to First Nations children and youth living on-reserve on at least an equal basis with other children.[160]

- The Province, with the First Nations Health Authority, delegated aboriginal Agencies and other service-delivery providers should move to partner with the federal government to create a proactive lead agency for the provision of aboriginal child and youth mental health services in the province, with a focus on service improvement, prevention and quality assurance.[161]

- In collaboration with responsible governmental agencies and departments and aboriginal and anti-violence organizations the Province should develop and implement a network of Child and Youth Advocacy Centres to provide community-based services. At least five culturally based centres serving aboriginal children and youth and their communities should be developed, followed by the strengthening and expansion of these services to meet the needs of all child and youth victims of sexualized violence.[162]

[155] RCY Report, September 2013 – Out of Sight Out of Mind, Recommendation No. 2.
[156] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 1.
[157] RCY Report, November 2013 – When Talk Trumped Service, Recommendation No. 1.
[158] RCY Report, September 2016 – A Tragedy in Waiting, Recommendation No. 4.
[159] RCY Report, November 2013 – When Talk Trumped Service, Recommendation No. 2.
[160] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 3.
[161] RCY Report, September 2016 – A Tragedy in Waiting, Recommendation No. 2.
[162] RCY Report, October 2016 – Too Many Victims, Recommendation No. 2.

An Aboriginal perspective needs to be incorporated

The Representative's recommendations have repeatedly emphasized the importance of considering and incorporating an aboriginal perspective into policy development and service provision in recognition of significant service gaps for aboriginal children, youth and families. The Representative's recommendations include:

- An action plan should be developed to ensure aboriginal leaders with expertise in effective child welfare service provision are represented within the Ministry of Children and Family Development and that decision making reflects the fact that a majority of children and families the ministry serves are aboriginal. [163]

- The Province, in partnership with Métis leadership, should coordinate the development and implementation of a strategic plan to deliver culturally response services for Métis children and families.[164]

- Services and policies should be reviewed and developed with a particular focus on supporting the rights and needs of all indigenous children and youth.[165]

Professional indifference needs to be addressed

- Respond forcefully to persistent professional indifference show to aboriginal children and youth by some social workers, policy, health care workers and educators.[166]

- Physicians, surgeons and nurses should be reminded of their statutory responsibility to report children in need of protection.[167]

- The Attorney General of BC should explain why agencies and service providers persistently fail to report harm and abuse.[168]

Take immediate steps to provide effective services

- The Representative for Children and Youth has made numerous recommendations that the Province, in collaboration with responsible agencies and organizations, take immediate steps to provide effective services to children and youth. [169] In particular, the Representative has recommended:

    - *Adequate of Funding.* **Funds should be directed to the front lines of the child welfare system, and away from open-ended initiatives related to governance and organization of these systems**.[170] A review of urban

[163] RCY Report, November 2013 – When Talk Trumped Service, Recommendation No. 4.
[164] RCY Report, October 2016 – Last Resort, Recommendation No. 2.
[165] RCY Report, October 2016 – Last Resort, Recommendation No. 3.
[166] May 2015 – Paige's Story, Recommendation No. 1.
[167] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 5.
[168] RCY Report, May 2015 – Paige's Story, Recommendation No. 3.
[169] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 2.
[170] RCY Report, November 2013 – When Talk Trumped Service, Recommendation No. 2.

aboriginal program funding should be conducted.[171] Mental health services for aboriginal children and youth need to be adequately funded. [172]

- *Particular attention to services to Aboriginal children & youth.* Special attention should be paid to the adequacy of services provided to aboriginal children and youth.[173] Mental health services for aboriginal children and youth should be immediately implemented and appropriately resourced so that wait list and wait times for services are reduced.[174] An immediate plan should be created to protect the right of aboriginal children and youth with mental health issues and disorders to learn, attend and participate fully in school. [175]

- *Assessment of staffing:* A comprehensive assessment of staffing, workload and safety challenges should be undertaken and plan should be developed to address identified issues should be undertaken.[176] Intensive Support and Supervision Program workers should be able to provide year-round services.[177]

- *Urgent review of urban service provision*: The Ministry of Children and Family Development, Ministry of Health and City of Vancouver should conduct an urgent review of the provision of services – including child protection, housing, health care and substance use treatment – to vulnerable children in Vancouver's Downtown Eastside.[178]

- *Service provision should be based on best research*: Service provision should be based on the best research into the effect and mitigation of intergenerational trauma. [179]

- *Substance use services and supports needed*: A comprehensive system of substance use services should be created, appropriately funded and maintained to ensure services meet the needs of youth and their families across the province.[180] This should include specialized residential and community-based youth substance use service, harm-reduction services and prevention and early-intervention supports. Substance use supports should be co-located in schools to increase the ability of youth to engage

[171] RCY Report, May 2015 – Paige's Story, Recommendation No. 6.
[172] RCY Report, September 2016 – A Tragedy in Waiting, Recommendation No. 1.
[173] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 2.
[174] RCY Report, September 2016 – A Tragedy in Waiting, Recommendation No. 1.
[175] RCY Report, September 2016 – A Tragedy in Waiting, Recommendation No. 13; Also see: RCY Report, May 2015 – Paige's Story, Recommendation No. 4.
[176] RCY Report, February 2014 – Lost in the Shadows, Recommendations No. 6.
[177] RCY Report, October 2016 – Last Resort, Recommendation No. 4.
[178] RCY Report, May 2015 – Paige's Story, Recommendations No. 2, 5.
[179] RCY Report, May 2015 – Paige's Story, Recommendations No. 2, 5.
[180] RCY Report, October 2016 – Last Resort, Recommendation No. 1.

with services and to help support early identification and intervention for mental health and substance use problems.[181]

- *Support for Aboriginal Agencies needed*: Develop and implement a strategy to provide immediate collaborative support for delegated aboriginal agencies that are consistently failing to meet ministry performance standards.[182]

- *Address sexualized violence*: Create and implement a broad strategy with adequate policy, standards, resources and training to address sexualized violence against children and youth in care, with particular focus on sexualized violence against aboriginal girls.[183]

The Panel has taken the substance of the Representatives' recommendations into account in proposing the Huu-ay-aht Recommendations above. The Panel recognizes that there has been recent recognition by the provincial government of the serious need to improve services and service delivery to indigenous children, and incorporates that provincial recognition into the proposed recommendations. However, the Panel is also aware that the province has refused or failed to act on many of these recommendations that it has had before it for a number of years.

A First Nation like Huu-ay-aht, that has identified an immediate and urgent need to do better for its children and families who are impacted by the child welfare system will need to carve its own path and take its own immediate steps rather than wait for the provincial government to turn its ship around. Based on discussions with senior officials within the provincial government, the Panel has good reason to be optimistic that the provincial government will be willing to support and partner with Huu-ay-aht in this Huu-ay-aht led process.

TRUTH AND RECONCILIATION COMMISSION

The Truth and Reconciliation Commission's (TRC) first five of its 94 calls to action were aimed directly at child welfare. This highlights the important link the TRC drew between the residential school system policy, purpose and effects and current child welfare and apprehension policies and practices in Canada.

The TRC's first five calls to action are set out here:

> **"Child welfare**
>
> 1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
>
> i. Monitoring and assessing neglect investigations.
>
> ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do

[181] RCY Report, October 2016 – Last Resort, Recommendation No. 3.
[182] RCY Report, September 2016 – A Tragedy in Waiting, Recommendation No. 5.
[183] RCY Report, October 2016 – Too Many Victims, Recommendation No. 1.

so, and to keep children in culturally appropriate environments, regardless of where they reside.

iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.

iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing.

v. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers."

2. We call upon the federal government, in collaboration with the provinces and territories, to prepare and publish annual reports on the number of Aboriginal children (First Nations, Inuit, and Métis) who are in care, compared with non-Aboriginal children, as well as the reasons for apprehension, the total spending on preventive and care services by child-welfare agencies, and the effectiveness of various interventions.

3. We call upon all levels of government to fully implement Jordan's Principle.

4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that:

i. Affirm the right of Aboriginal governments to establish and maintain their own child-welfare agencies.

ii. Require all child-welfare agencies and courts to take the residential school legacy into account in their decision making.

iii. Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate.

5. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.

The Panel's recommendations draw all five of these TRC recommendations. We do so on a model that has Huu-ay-aht take immediate action on those matters within its power to effect, but that would also and necessarily see Huu-ay-aht work with and negotiate support from federal and provincial governments to enable the steps required to carry out the TRC recommendations within the Huu-ay-aht context.

SPECIAL ADVISOR GRAND CHIEF ED JOHN

The consolidated recommendations made by Grand Chief Ed John are summarized below along with the Panel's comments on how Chief John's recommendations can or should be interpreted and acted on in a specifically "made in Huu-ay-aht" context. We place these recommendations in

the Huu-ay-aht context because the provincial government has acknowledged the significance of Chief John's recommendations, and has said that it is already working toward implementing a significant number of the recommendations, while others will "require a significant injunction of funding– often in co-ordination with the federal government."[184]

Many of Chief John's recommendations echo recommendations made previously, including by the Representative for Children and Youth. It is hoped that it will productive to build upon the provincial government's acknowledgement of Chief John's recommendations, despite the provincial government's historically slow substantive responses to the Representative's reports and recommendations. The provincial government did not offer a timeline for implementation of Chief John's recommendations, although the Premier has said that it would be a "long journey" involving "significant investment."

Therefore many of the Panel's recommendations are intended to assist the Huu-ay-aht move itself efficiently in directions supported by previous reports and advisors, including the Representative and Chief John, and in directions that the provincial and federal governments are likely to follow, although likely not at a pace fast enough for Huu-ay-aht children.

We summarize below the recommendations from which Huu-ay-aht can take immediate and direct action for itself. These recommendations inform the Panel's Recommendations to Huu-ay-aht government. We have focused particular attention Chief John's Area 1 "*Direct Support for Indigenous Children, Parents and Families in all Indigenous Communities*", as this is the central focus of his recommendations. The other areas support Area 1:

Grand Chief Ed John Recommendation 1:

> MCFD and INAC invest in the development and delivery of child and family services directly within First Nations communities in BC, through the following specific actions:
>
> > • MCFD and INAC commit to invest an additional $8 million annually to increase the number of social workers, support workers, and others serving First Nations communities in BC by at least 92 FTEs over the next two years;
> >
> > • MCFD take immediate action to ensure that the additional front-line staff identified above are placed directly within First Nations communities in BC;
> >
> > • MCFD and INAC work together to ensure that a child and family liaison and advocate is funded for each First Nation community as a support service to parents, families, leaders, and members who require support within the community or to navigate the child welfare system; and

[184] https://news.gov.bc.ca/releases/2016CFD0056-002461

• MCFD, with the objective of maximizing its child safety recruitment, review the entry-level qualifications for front-line workers to consider educational and experiential requirements for child safety positions.

Application to Huu-ay-aht Recommendations:

- The Panel agrees that the first and determining factor in child and family outcomes is ***people***. Huu-ay-aht children and families need more people—and the right people—to be looking out for and advancing their interests. *No single blanket approach will fix the problem of children being taken into care: meaningful, careful attention must be paid to each child and each family, before during and after points of crisis are reached*.

- That means funding sufficient positions to ensure that no Huu-ay-aht child falls through the cracks and that no Huu-ay-aht child's future is determined by complacency or "professional indifference".

- In our recommendations below, we recommend as a first and immediate priority the funding of specific additional positions that are dedicated to broad support of Huu-ay-aht families (with the necessary resources for that support), liaison with external agencies (such as Usma and MCFD) to ensure protocols that are in the best interests of Huu-ay-aht children and families are being not only advocated for but followed and enforced.

- We also recommend that Huu-ay-aht immediately ensure that legal advocates be made available to all three of *the nation, children and parents* when the legal status of children is at issue to ensure that the rights of each are being properly advocated. This also accords with Grand Chief Ed John's report with respect to the need for legal advocates and the importance of access to justice (Area 2). Note that beyond advocates for youth and the Nation, we also recommend that advocates be made available to parents, as we heard clearly from Huu-ay-aht parents who are struggling and suffering in their deep desire to be with and help their children, who often themselves continue to suffer trauma and abuse. "What about us? We need help, love and support too." Huu-ay-aht cannot leave behind the parents in its efforts to support the youth.

- We also address how Huu-ay-aht should work with the provincial government in order to most effectively access and direct the funding addressed in Grand Chief Ed John's recommendation #1.

Grand Chief Ed John Recommendation 3:

MCFD support existing promising practices that are focused on the development and delivery of child and family services directly within First Nations communities in BC, through the following specific actions:

• In conjunction with Recommendation 1, MCFD and INAC provide support for the expansion of the Sts'ailes pilot project as a model for other interested First Nations communities within BC; and

• MCFD and INAC support indigenous communities that wish to employ the community care committee/group model to support prevention based on active interventions in support of children and families.

(Note, for ease of reference, Grand Chief John's explanation of "care committees" is reproduced here: "Care Committees or Groups were re-established through the Aboriginal Children and Families Chiefs Coalition with a focus on community care prevention in support of families…the model is highly regarded by many I spoke with for its promise in aiding in the development of re-unification and permanency plans for indigenous children and for its ability to incorporate cultural components effectively into this planning.")

Application to Huu-ay-aht Recommendations:

- The Panel visited Seabird Island to discuss the Sts'ailes pilot project. A key aspect of that pilot project, which has core attributes that would be similar to the community care model described above, is the "Quality Assurance Committee", which is comprised on an executive that is chosen by each community. For example at Seabird there is the Nation's Health Director, Band Representative, Band Manager, MCFD Social Worker, and MCFD Team Leader (and may also include a Council member with justice portfolio).

- We were advised that the Quality Assurance Committee is instrumental in ensuring that no child falls through the cracks, as it creates a permanent and consistent forum for frequent accountability, joint deliberation and decision making, and transparency. This model fits well with a core guiding principle the Panel recommends—that any solution must be subject to continual monitoring, assessment, reevaluation and oversight. Huu-ay-aht representatives must approach this with a spirit of constant productive questioning and evaluation. This is a living process, rather than a static checklist.

- The Panel's recommendations below draw upon the key pillars that have been identified in the Sts'ailes pilot project:

- Quality Assurance Committee;

- Designated Band Representative (to attend homes, meetings etc. whenever Ministry or DAA social workers do so) (see: Protection Support Worker);

- Family Group Conferencing early, repeatedly and consistently (with Collaborative Practices Worker); and

- Enforcing management's responsibility to assign Social Workers in accordance with their skills, historical understanding and vision through a recommended veto power for Huu-ay-aht with respect to Ministry or DAA social workers that are not demonstrating appropriate historical and trauma informed approaches to working with Huu-ay-aht families.

- Other resources employed by Sts'ailes that are also incorporated into the Huu-ay-aht recommendations:

- Putting trusted people in the homes to support families when needed (e.g. 4-8 hours per day);

- Attachment based programing;

- Secure Door Program (Safe Houses);

- Permanency Specialist (MCFD supplied); and

- Medical and support services on reserve: General Practitioners, Psychiatrist, Dentist, Nurses, Naturopath, Family Service Providers.

- Sts'ailes is also working on providing more supports and services:

- Home in the community where families can go and learn for a year about healthy family skills; and

- Homes for men and women with treatment beds (coming—existing houses being converted to 12 bed treatment centres).

Grand Chief Ed John Recommendation 4:

Each MCFD region undertake a review of planned and existing front-line staff with a view to re-profile and direct, according to need, full-time employees to work directly within indigenous communities to directly support parents and families, and to enhance community-based services.

Application to Huu-ay-aht Recommendations:

- While the Panel is not recommending that MCFD or DAA/Usma employees work directly within Huu-ay-aht, the Panel is recommending that Huu-ay-aht employ and dedicate staff to liaise with MCFD and DAA/Usma staff.

- However, Huu-ay-aht should also enter into negotiations with the Ministry to facilitate the provision of resources to support parents and families and enhance community based services. The Panel noted that MCFD workers working within the Sts'ailes First Nation were able to access and harness Ministry-funded supports to support permanency solutions.

Grand Chief Ed John Recommendation 5:

MCFD require their Regional Executive Directors of Services for each region to meet regularly with Métis leaders, and First Nations leaders/elders from communities within their region.

Application to Huu-ay-aht Recommendations:

- The Panel recommends that Usma Executive Director and MCFD Regional Executive Directors of Services meet regularly with Huu-ay-aht Executive Director and Director of Community Services.

- Regular cross agency meetings at the operational level would also happen with the Quality Assurance Committee.

- Both of these would be components of new contracts between Huu-ay-aht, MCFD and Usma. Note that we recommend negotiation of contracts rather than protocols, in order to secure commitments from all levels of government, and enhance oversight and enforceability.

Grand Chief Ed John Recommendation 6:

MCFD regularly provide to each First Nation (First Nation Chiefs, councils, Hereditary Chiefs, and matriarchs) a list of all their children who are under a Custody Care Order.

Application to Huu-ay-aht Recommendations:

- Huu-ay-aht has not historically received this list from MCFD. This has been a serious issue for Huu-ay-aht. However, this does appear to be changing with assistance from Usma.

- However, the distribution of this list is band or Nation "list" focused. Therefore, Huu-ay-aht children (i.e. children who descend from Huu-ay-aht parents or grandparents) who are registered with another band or nation, or who are not on Huu-ay-aht's enrollment list, are not treated by MCFD under the legislation as Huu-ay-aht children. This means they are not on the list provided to Huu-ay-aht, nor is Huu-ay-aht provided notice when investigations or proceedings are commenced involving these children. This is an important impediment to Huu-ay-aht getting involved early to support these Huu-ay-aht children and families, and doing its best to avoid removal or protection orders.

- Therefore the Panel recommends that Huu-ay-aht and MCFD negotiate an agreement to ensure that children and families are asked as early as possible in any matter arising whether they have any connection to Huu-ay-aht and that Huu-ay-aht be notified immediately. This is central to a child-centered/rights of the child approach.

- It should also be noted that the list is ever evolving/fluctuating. *Therefore it needs to be updated, refreshed, and revised frequently*. The Quality Assurance Committee provides a mechanism to ensure this occurs effectively.

Grand Chief Ed John Recommendation 8:

Summary: MCFD to ensure Nation-to-Nation Partnership Protocols are implemented between each indigenous community and the regional MCFD office and DAA (as

appropriate). MCFD to commit to an annual review of all Nation-to-Nation Partnership Protocols with all of the parties to each protocol.

Application to Huu-ay-aht Recommendations:

- The most recent Huu-ay-aht/Usma protocol is 2014. There is no MCFD/ Huu-ay-aht protocol.

- The Panel is concerned about oversight, accountability and enforceability. At the present time, both Usma and MCFD appear to be pursuing approaches that are consistent with the direction Huu-ay-aht wishes to go. As set out in this report, the Panel recommends working with and harnessing this momentum. However, Huu-ay-aht should not leave itself vulnerable to future changes in staffing or leadership at either of these external agencies. Therefore, the Panel recommends that Huu-ay-aht pursue reaching enforceable agreement (i.e. by contract, not just protocol) with effective dispute resolution mechanisms built in, so as to ensure the enforceability of the commitments being made by all parties to do better for Huu-ay-aht children and families.

Grand Chief Ed John Recommendation 9:

MCFD to commit, at minimum, to the inclusion of the following core components of each Nation-to-Nation Partnership Protocol:

• A reciprocal commitment to baseline principles and objectives for a results-based approach to child welfare, including emphasis on the rights of the child and parents/extended families and communities (*UN Convention on the Rights of the Child*, UNDRIP and UNWCIP Outcome Document commitments and statutory commitments in *CFCSA)*;
• A joint commitment to alternative dispute resolution as the default approach in advance of any child removal order;
• A reciprocal commitment to build and maintain constructive working relationships in all aspects of child welfare practice impacting on an indigenous community, including culturally based child care plans with a focus on permanency;
• The identification of jointly agreed-to obligations and responsibilities, including the commitment to communications and accountability standards;
• An agreed-to approach to implementing the protocol, including but not limited to joint planning, monitoring, and a review process;
• The term of the protocol (i.e. year to year or longer term);
• An established timeframe for periodic review of the protocol; and
• Commitment to youth engagement (See later recommendations in this report).

Application to Huu-ay-aht Recommendations:

- The Panel agrees that these reciprocal commitments are fundamentally necessary.

- The Panel's recommendations emphasize the need for enforceability of these commitments. Meeting and enforcing these commitments would be achieved by the following mechanisms:

- Implementation and Oversight Committee

- Quality Assurance Committee

- Family Group Conferencing (early and consistently)

- Alternative to Court based process: Internal Huu-ay-aht Oversight Body (possibly the Huu-ay-aht Tribunal, or elders or matriarch council); and

- Annual review of protocols/agreements with MCFD and Usma.

Grand Chief Ed John Recommendation 10:

MCFD and INAC provide the specific support for community-based curriculum and community-developed services for indigenous children and families, involving and uplifting indigenous elders, matriarchs and hereditary leadership:

• MCFD and INAC commit to support training so indigenous individuals and communities understand their rights regarding child welfare and capacity within communities grows; and
• MCFD and INAC support indigenous communities that wish to employ the community care committee/group model (identified in Recommendation 3) by providing funding for training of Care Committee/Group workers similar in scope to the training provided for those involved in the community Care Committee Model that was created through the Aboriginal Children and Families Chiefs Coalition.

Application to Huu-ay-aht Recommendations:

- The Panel's recommendations emphasize the need to harness the strength and resources that lie within the Huu-ay-aht community—from youth to elders. However in order to do so, individuals must be provided with the tools to move in to these important roles. Elders who wish to provide support must be supported themselves, and be provided with opportunities to learn how to take on these important Huu-ay-aht roles.

- From what the Panel heard, an important way to hold up, uplift and recognize those who have come to a position of strength is to entrust them with important roles in helping Huu-ay-aht youth and families. These roles should be formalized and formally supported.

- We have recommended ongoing community and youth engagement, including a youth council with an education as well as action component.

- The Quality Assurance Committee should receive education resources and support as well.

Grand Chief Ed John Recommendation 12:

Summary: MCFD must improve court proceedings relating to child welfare, thus improving access to justice for indigenous children and youth, families and communities:

• Commit to a more collaborative approach with indigenous communities at the start of a child protection file and in advance of the court, by defaulting to presumptions that help instead of hinder an indigenous community wishing to participate in court proceedings or alternative dispute resolution (ADR) processes;
• The issue of "privacy" has been used by MCFD officials as a reason to deny First Nations and Métis communities access to information, and as such, *CFCSA* should be amended to clarify, confirm and ensure appropriate First Nations and Métis community leadership have access to information on their children who are in care under CCO and other child-care orders;
• Provide a notice for each presentation hearing, as well as clear, comprehensive, and up-to-date information to the First Nation or indigenous community where each child in care is from; and
• Provide the same information to the First Nation or indigenous community and/or their designated representative through email, as well as through the existing processes identified in the *CFCSA* regulations.

Application to Huu-ay-aht Recommendations:

- A protocol/agreement with MCFD needs to be established to ensure even "unlisted" Huu-ay-aht children are brought to Huu-ay-aht attention.

- Huu-ay-aht involvement must be early in the process—before required under provincial legislation and before MCFC is involved. If the early intervention and wrap around supports we have recommended are effective, then Huu-ay-aht should know about families in crisis before MCFD does and already be working with them.

- But as a fail safe, an agreement with MCFD needs to ensure early notification of the Nation.

- The Protocol/agreement must include a Huu-ay-aht representative accompanying MCFD/Usma at first instance, and never without.

- As Sts'ailes reports to do, Huu-ay-aht should start Family Group Conferencing right away, the first after any concern has been raised. Similarly, the Huu-ay-aht support worker follow-up with families must be immediate and consistent. Everything turns on this and on being sufficiently staffed to make this effective and meaningful.

Grand Chief Ed John Recommendation 13-20 (Summaries):

13: The provincial court appoint provincial court judges whose work will focus exclusively on indigenous children, families and communities.

14: Provincial court judges must ensure:

- proper notice to indigenous community
- indigenous community has assistance in participating
- less disruptive measures are pursued before going to Court
- parents and children can raise all relevant issues for discussion with the Court
- children are represented by advocate or lawyer (s. 39(4)CFCSA)
- high scrutiny of MCFD/DAA evidence and assertions
- court practice supports trauma based approach
- make every effort to keep siblings together

15: MCFD support expansion of indigenous court model across BC, including aboriginal Family Healing Court in New Westminster

16: BC Ministry of Justice support & resource "Parents Legal Centre" models

17: Put Native Court workers and Counsellors in place to support indigenous families involved in legal proceedings

18: MCFD to rededicate staff and resources to ensure that ADR is the default and not the exception, and that ADR is used at the earliest opportunity, including before removal, to ensure removal and court processes are used as option of last resort

19: BC Attorney General expand mediation program to assist in use of ADR

20: INAC and MCFD ensure "similar" funds provided to indigenous communities for participation in child protection hearings

39: for CFCSA amendment to require court order before removal

Application to Huu-ay-aht Recommendations:

- These recommendations are aimed at senior governments, however the Panel sees steps Huu-ay-aht can take to effect the intent of these recommendations for the Huu-ay-aht community immediately.

- Have Huu-ay-aht designate a decision making/oversight body to take the place of BC Provincial Court proceedings. This can be done under the ADR mechanisms under sections 22 and 23 of the *CFCSA* and by agreement with MCFD. The appointees to this body must have special knowledge and expertise relating to indigenous child and family welfare. This could be done through appropriate appointees to the existing Huu-ay-aht Tribunal, or by an alternate elders or matriarch's council.

- The goal is to enforce a reverse of onus and scrutiny which is consistent with Grand Chief Ed John's recommendation 39 that the provincial legislation be amended to require a Court order *before* removal. While Huu-ay-aht cannot effect that change directly, by enacting the recommended ADR mechanism, Usma and the MCFD will know that scrutiny over any removals will be done by Huu-ay-aht, and Usma and MCFD staff will have to account to the Huu-ay-aht decision making body. It will still draw upon

Usma/MCFD to do removals, but will force them to justify to Huu-ay-aht court/oversight inside Huu-ay-aht community. This also ensures that none of this happens away from scrutiny of Huu-ay-aht, and ensures Huu-ay-aht's support and prevention resources are close at hand.

- This also requires legal advocates for the Nation, child and parents, and may include:

- To ensure diversion to Tribunal/HFN Body from BC Provincial Court (if desired); and

- To ensure proper notice, conduct, onus etc. in proceedings (before the HFN Tribunal/HFN Body and Court)

- Huu-ay-aht should also pursue negotiation of resource and funding support from the provincial and federal governments, in light Grand Chief Ed John's Recommendation 20.

Grand Chief Ed John Recommendation 23:

That Canada demonstrate its commitment to Jordan's Principle by acting immediately to revisit its practice of providing funding only for those First Nations children and families "ordinarily resident on reserve."

Application to Huu-ay-aht Recommendations:

- Huu-ay-aht should pursue a child-centered approach similar to that intended by "Jordan's principle". Huu-ay-aht should take an open, generous and purposive approach to assisting Huu-ay-aht children and families stay safe, healthy and connected. If concern is triggered about a child by someone calling the Huu-ay-aht First Nations, action should be taken immediately, regardless of whether the child is registered as a Huu-ay-aht citizen, or whether their parents or grandparents are registered. The default should be toward assistance, and only away from assistance in exceptional circumstances where there is truly no connection between the child/family and Huu-ay-aht.

Grand Chief Ed John Recommendations 24-26:

24. In partnership with indigenous communities and representative organizations, INAC and MCFD work collaboratively to develop alternative funding formulas that will address the shortcomings of INAC's Directive 20-1 and the EPFA identified specifically by the CHRT in *2016 CHRT 2*, and ensure equitable service delivery to all indigenous children in BC.

25. In partnership with indigenous communities and representative organizations, INAC and MCFD work to ensure that new or revised funding formulas provide for ADR processes to be funded as a prevention measure and, further, that a child placement arrived at through an ADR process be funded in a manner and to the same extent that a child who is removed under a court order is funded.

26. In partnership with indigenous communities and representative organizations, INAC and MCFD work **to ensure that trauma services are funded** at a level consistent with the findings and recommendations of the TRC and *2016 CHRT 2* decision.

Application to Huu-ay-aht Recommendations:

- Huu-ay-aht should ensure that it is positioned to receive MCFD/INAC funding. In the meantime, Huu-ay-aht should implement immediate measures to make up any inequitable shortfalls experienced by children and families.

- Huu-ay-aht must supplement this funding in the meantime/establish pilot project for funding.

Grand Chief Ed John Recommendation 29 and recommendations 30-33:

29. Where indigenous communities, through their own decision-making processes, decide to give their free, prior, and informed consent to DAAs that they have established, Canada and BC should ensure fair and equitable funding to DAAs based on needs and, at minimum, similar to the formula under which Canada transfers funds to the province.

Application to Huu-ay-aht Recommendations:

- **This will be important for Huu-ay-aht if the Panel's recommendations are followed, as Huu-ay-aht will still be working with Usma.**

- All these recommendations aim to make financial assistance/funding fair. This must happen: and the Panel calls upon to INAC and MCFD to do so. However, Huu-ay-aht must step in first to provide parity to families so families don't have to face financial battles while in crisis. The Nation should take on those battles and shield families from them. (*Note* - the battles should be avoided through the advanced negotiation of Nation to Nation agreements in any event).

Grand Chief Ed John Recommendations 34-38 are aimed at Preservation and Prevention

34. MCFD, DAAs and INAC work together to ensure core funding and other supports that will allow for the development of community-based prevention and family preservation services for all Indigenous people and communities in BC.

35. MCFD take the required steps to ensure that Aboriginal Service Innovations (ASI) family preservation can offer adequate core funding support to community-based program delivery.

36. INAC take immediate action to develop, in partnership with First Nations in BC, an effective and efficient method to fund prevention services, taking into account economy-of-scale issues for all First Nations in BC that are not represented by a DAA (see also RCY Report – When Talk Trumped Service).

37. BC take immediate action to ensure family preservation funding is provided. MCFD increase the annual Aboriginal Service Innovations budget by $4 million in 2016/2017 (to be split evenly between MCFD and INAC) in order to expand the program and provide increased services through additional agencies.

38. INAC and MCFD take action to ensure equity in prevention services delivery for all Indigenous communities in BC.

Application to Huu-ay-aht Recommendations

- Given the breadth and extent of recent recommendations on the need to keep families connected and provide funds, services and policies to enable this to occur it is high mobility and action in this area.
- Huu-ay-aht must take advantage of this (especially from senior governments) for leveraging greater authority and services, as well as funding.
- Despite future opportunities, Huu-ay-aht cannot wait. It must take immediate steps to close funding gaps on identified needs and continue inter-governmental relations and negotiations.

***Grand Chief Ed John Recommendation* 40**: amend CFCSA to prevent severing of connection to natural parents

***Grand Chief Ed John Recommendations* 41-44**: Permanency Plans

Chief Ed John's recommendations focus on the need to ensure connection to natural parents is not severed and permanency planning must be done in close partnership with DAAs, indigenous leaders, communities and organizations.

Application to Huu-ay-aht Recommendations

- Our recommendations are aimed at re-conceptualizing permanency (especially through permanency planning through Family Group Conferences and consistent and frequent oversight by Quality Assurance Committee).
- The Panel does not emphasize changing the rules, but rather putting the work in--putting accountable and effective systems in place to be in constant dialogue and attention to children's outcomes

***Grand Chief Ed John Recommendation* 46**: Roster of Indigenous Families

46. MCFD develop, in partnership with Indigenous communities, a provincial adoption awareness and recruitment strategy that includes a specific focus on recruiting more Indigenous adoptive parents from the communities of origin of the Indigenous children in care.

Application to Huu-ay-aht Recommendations

- The Panel recommends having the staff resources to work continuously and pro-actively with families answers recruit more indigenous adoptive parents. The willingness and needs may change/evolve depending on context/family and other factors, but need to keep checked in and discussing.

- The aim is to find safe houses, foster/extended family placements and (custom) adoption if necessary.

***Grand Chief Ed John Recommendation* 47**: Quality Assurance re: adoptions

> 47. MCFD develop and implement a quality assurance program for all adoptions, developing key performance measures and targets to track timely permanency planning, including adoption placements for children in care, as well as timely approvals for prospective adoptive families:
>
> > • Specific targets should be developed for moving Indigenous children in care into permanency.

***Grand Chief Ed John Recommendation* 48-50**: Custom adoption registry

Recommendations 48 to 50 recommend that the Province commit to the creation of an indigenous custom adoption registry for indigenous children and youth (recommendation 48) along with the necessary tools to ensure its success.

Application to Huu-ay-aht Recommendations

- The Panel recommends that Huu-ay-aht Quality Assurance Committee oversight should flow for all care solutions including permanent ones (so, not just adoption) and ensure support and resources flow for custom adoptions.

***Grand Chief Ed John Recommendation* 54**: Youth Engagement

Recommendation 54 encouraged the continued support of the Youth Advisory Council, and the expansion of their role and the reach of their voice.

Application to Huu-ay-aht Recommendations

- Recognizing the importance of child and youth engagement the Panel strongly recommend continued youth engagement, including the establishment of a formal youth council.

***Grand Chief Ed John Recommendation* 55**: Aging out plans

Specific supports are needed for indigenous youth as they age out of care.

Application to Huu-ay-aht Recommendations

- The Panel certainly recognizes the existing problem with "aging out" but on the model we are putting forward (lifelong wraparound support and teaching, based upon Huu-ay-aht traditional model), aging out would be eliminated as a concept. However, to ensure "aging out" is avoided resources must be put in place to reflect this model.

***Grand Chief Ed John Recommendation* 56**: Cultural Care Plans

Robust, action-orientated cultural components within care plans are needed for all indigenous children in care.

Application to Huu-ay-aht Recommendations

- The Panel recognized that Huu-ay-aht already does this, and is in fact a leader in this area.
- However, the Panel recommends that more emphasis be placed on revisiting, revising, monitoring and enforcement of cultural care plans.

***Grand Chief Ed John Recommendation* 58**: Outsiders review care plans

58. The BC Representative for Children and Youth, the provincial court, or another independent body be required to conduct an annual review of care plans for Indigenous children in care, with special attention to ensuring that a cultural and language component of each care plan exists and is implemented.

Application to Huu-ay-aht Recommendations

- The Panel had considered this recommendation and finds that is it not necessary as Huu-ay-aht can conduct an annual review of care plans and achieve the objective ensuring a cultural and language component of each care plan exists and is implemented.
- Despite this, it is important to ensure enforcement for care plan reviews.

***Grand Chief Ed John Recommendation* 63**: Support caregivers in cultural plans

63. MCFD must provide support to foster parents to ensure that they are equipped to meet the legislative obligation to preserve a child's cultural identity, as required under s. 4(2) of the CFCSA, particularly in the event that a child cannot be placed with family or within his or her community.

Application to Huu-ay-aht Recommendations

- The Panel notes the importance of providing support to foster parents to ensure children can attend cultural activities and maintain connected to the community. The Panel heard from an adoptive mom in Vancouver who is committed to bringing her Huu-ay-aht son to Huu-ay-aht to maintain his cultural connection, but is greatly appreciative to Huu-ay-aht for the financial support it provides to enable this —she wouldn't be able to do it consistently without that support.

***Grand Chief Ed John Recommendation* 61**: MCFD mandatory staff training re indigenous culture

61. MCFD ensure mandatory staff training regarding individual Indigenous identities and cultures, including Indigenous rights.

Application to Huu-ay-aht Recommendations

- This is an important recommendation that relates to the agreement/protocol to be negotiated with MCFD and Usma requiring culturally qualified social workers, and Huu-ay-aht's ability to choose and/or veto social workers as necessary.
- This recommendation also links to the Panel's recommendations about the importance of the Quality Assurance Committee to ensure social workers are the right fit with Huu-ay-aht.

***Grand Chief Ed John Recommendation* 62:** Getting families/homes to be ready to foster

This recommendation highlights the importance of collaboration between MCFD and DAAs to review suitability requirements for foster parents and foster homes and to prioritize placement within their extended family or community.

Application to Huu-ay-aht Recommendations

- One option is to change the rules in Anacla about what constitutes a safe home to ensure the rules are more culturally relevant and appropriate.
- However, in the Panel's view a better option is to call on MCFD to review suitability requirements in light of identified barriers, to localize them, and then work to get families ready be fosters to Huu-ay-aht children and youth.

***Grand Chief Ed John Recommendation* 64-67:** Strong early years support/programming

Recommendations 64 through 67 highlight the importance of early investments to establish patterns of connectedness.

Application to Huu-ay-aht Recommendations

- Huu-ay-aht must support the establishment of connectedness early on (not to the exclusion of other supports throughout the life cycle, but with particular understanding of importance of attachment in the early years).

- In light of this, the Panel has recommended regular baby welcoming ceremonies—as an embrace, but also an instrumental means to check in with families early, so that the oversight, care and dialogue happens early before strain and crisis go too far.

***Grand Chief Ed John Recommendation* 68:** Jurisdiction draw-down

This recommendation recognizes First Nations' right to self-government and the move towards exercising full jurisdiction over Indigenous child welfare, while highlighting the importance of ensuring this occurs collaboratively.

Application to Huu-ay-aht Recommendations

- The Panel recognizes this Huu-ay-aht exercising full jurisdiction over indigenous child welfare is a long term objective, but highlights that this must occur pursuant to negotiation and is contingent on:

- Funding; and

- Ensuring support services are in place.

- The Panel proposes that Huu-ay-aht start with:

- Prevention;

- Liaison;

- Oversight; and

- Guardianship, by agreement with the MCFD Director, and through a Huu-ay-aht designate.

- The road to aboriginal authority must be community driven, with DAAs acting in the interim.

- This accords with Huu-ay-aht's purpose and our recommendations: *In order to accomplish the shift in focus from protection to prevention, must focus first on building up support and prevention. Drawing down Jurisdiction on protection at this stage (to the extent it is possible) would detract from that.*