

Invisible Children:

A DESCRIPTIVE ANALYSIS OF INJURY AND DEATH REPORTS FOR
MÉTIS CHILDREN AND YOUTH IN BRITISH COLUMBIA, 2015 TO 2017

JULY 2020



REPRESENTATIVE FOR
CHILDREN AND YOUTH

Cover art by Elowynn Rose

Elowynn Rose is a Métis Indigenous woman who seeks to express her artistry through a contemporary framework. As someone who was not raised within her culture, she seeks to cultivate contemporary vernacular that reaches a wider audience, relating to historical trauma and traditional stereotypes of Métis and Indigenous peoples in North America. Her work has consisted of dancing, playing, writing, making music, film and she is currently developing a live theatre piece. Her objective is to tell stories that inform people and bring perspective to current or past events that are related to personal, collective and cultural histories.

July 22, 2020

The Honourable Darryl Plecas
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria, B.C., V8V 1X4

Dear Mr. Speaker,

I have the honour of submitting the report *Invisible Children: A descriptive analysis of injury and death reports for Métis children and youth in British Columbia, 2015 to 2017* to the Legislative Assembly of British Columbia.

This report is prepared in accordance with Sections 6(c) and 16 of the *Representative for Children and Youth Act*.

Sincerely,



Dr. Jennifer Charlesworth
Representative for Children and Youth

pc: Kate Ryan-Lloyd
Clerk of the Legislative Assembly
Jennifer Arril
Committee Clerk, Legislative Assembly

List of Contributors

Monique Auger – Investigator

Jody Bauche – Indigenous Liaison and Investigations Analyst

Dr. Jeannine Carrière – Consultant

Dorothy Easton – Investigations Analyst

Carly Hyman – Chief Investigator

Jenn Morgan – Senior Investigations Analyst

Karen Nelson – Senior Investigations Analyst

Jeff Rud – Executive Director, Strategy and Communications

Contents

Executive Summary	1
Introduction	5
An Opportunity to Contribute to the Current Landscape of Métis Child Welfare. . . .	5
Background	8
Who are the Métis?	9
Métis Child Welfare in British Columbia	10
Methods	14
Consultations	15
Findings	16
Overview of Death Reports	16
Overview of Injury Reports	17
Métis Youth in Care	19
Types of Injuries	20
Discussion	29
The Issue of Identification	30
Mental Health and Neurodevelopmental Concerns	31
Issues around Planning and Permanency	31
Going Forward: Questions from the Current Data	33
Appendix A: Methodologies	35
An Intersectional Approach to Understanding the Child Welfare System	35
Indigenous Research and the Use of Statistics	36
Appendix B: Methods	38
Reporting Critical Injuries and Deaths to the Representative	38
Injury and Death Data at RCY	38
Analyses	39
Analysis of Electronic Records	40
Limitations	40
Appendix C: Glossary	42
Injury and Death Categories and Definitions	42
Delegated Aboriginal Agencies and Delegation Levels	43
Children in Care	43
Legal Status of those who were Injured	43
Living Arrangement at Time of Injury	44
Developmental Health Concerns	44
Mental Health Concerns	45
Reference List	46

List of Figures

Figure 1: Legal status of Métis children and youth reported as deceased to RCY, 2015 to 2017..	16
Figure 2: Classification of death for Métis children and youth, reported to RCY, 2015 to 2017	17
Figure 3: Number of injuries by age involving Métis children and youth reported to RCY, 2015 to 2017	18
Figure 4: Care status at time of injury among Métis children and youth in care, 2015 to 2017	19
Figure 5: Number of injuries by classification for Métis children and youth reported to RCY, 2015 to 2017	20
Figure 6: Legal status at time of injury among Métis children and youth in care, 2015 to 2017	21
Figure 7: Age first entered MCFD care, Métis children and youth with injuries reported to RCY, 2015 to 2017	21
Figure 8: Mental health concerns for Métis children and youth with injuries reported to RCY, 2015 to 2017	23
Figure 9: Number of injuries reported for Métis children and youth by placement type, 2015 to 2017	23
Appendix B Figure 1: Pathway of reportable circumstances for research.	39

List of Tables

Table 1: Proportion of Métis children and youth with injuries reported to RCY, by reviewable service areas, 2015 to 2017.	19
Table 2: Developmental concerns identified in Care Plans for Métis children and youth with injuries reported to RCY, 2015 to 2017.	22
Table 3: Evidence of cultural planning components for Métis children and youth with injury or death	25

Executive Summary

Since 2007, the Office of the Representative for Children and Youth (RCY) has reviewed thousands of reports detailing the critical injuries and deaths of children and youth receiving reviewable services from public bodies in British Columbia.

The data collected from those reports has served a number of purposes – among them, to notify the Ministry of Children and Family Development (MCFD) about urgent cases of concern, to detect general trends and issues in B.C.'s child-serving systems, to investigate individual cases that offer distinct learnings, and to examine like-themed cases in aggregate form.

This report is the product of an aggregate review, the result of examining the injuries and deaths of children and youth receiving services during a three-year period. In that sense, it is similar to a number of previous aggregate reports published by this Office.

Two characteristics make it distinctly different, however. This aggregate review focuses specifically on the injury and death reports of children and youth who are identified as Métis – a first for the RCY. In addition, this marks the first time that the Representative has consulted with Métis leadership, community members and service providers on the design and direction of a report, and the way such data could be best used to inform planning and future service delivery.

This report, while sourced in data received by the RCY through its legislative mandate, is also informed by conversations with Métis Nation BC (MNBC), Métis Commission for Children and Families of BC (Métis Commission), the Métis-specific Delegated Aboriginal Agencies (DAAs) serving children, youth and families in the province, and a Métis scholar with expertise in these matters.

The Representative plans to continue to grow this type of collaborative practice at a time when many Indigenous communities are preparing to resume jurisdiction over their own child welfare matters. In fact, a second report examining the same period of time – Jan. 1, 2015 to Dec. 31, 2017 – will offer specific report-outs on First Nations children, as well as those identified as non-Indigenous, who experienced critical injuries or died. That report, which is being compiled through similar consultation with First Nations leadership, communities and service providers, is expected to be published within the next few months.

RCY's shift to a more collaborative practice in the use of its data follows the principle of "*nothing about us, without us.*" The Representative acknowledges that the privilege of possessing such data comes with significant responsibilities, including the responsibility to share with the communities from which it is drawn and to help those communities' efforts to improve services for their children and youth. The idea is for the data to be presented in a manner that is factual and provides context for planning while not being damage-centred.

While reporting out on this data might give the impression that the RCY defines these children by the harms that they have experienced, the Representative urges readers to remember that the children and youth who are reflected in our data are far more than their critical injury – they have histories, connections, interests, gifts and aspirations. The critical injury and death data speaks to what has happened to them, the harms and trauma they have experienced often within the child-serving system. It does not define them.

Executive Summary

The goal of this project was to use the data to better understand outcomes and common challenges for Métis children and youth who are in care or otherwise involved with reviewable services; to highlight areas for improvement within the child-serving systems; and to create a baseline of information. That baseline can be used in evaluating these systems as Métis child welfare continues to shift and transform specifically in light of new federal Indigenous child welfare legislation and a 2018 joint commitment between MNBC and the B.C. government to “*significantly reduce the number of Métis children and youth in government care, support family preservation, and work on the legislative and other requirements to support transfer of authority over B.C.’s Métis children and families to MNBC.*”

RCY staff met with MNBC, the Métis Commission and DAAs to share the data and hear their ideas for analysis. It is the Representative’s hope that these meetings and conversations will be ongoing and that, together, we can co-create research and reports relevant and important to improving services for Métis children, youth and families. The ultimate goal of this and future work aligns with a key goal of the aforementioned joint commitment – to reduce the number of Métis children and youth in care in B.C.

Historically, Métis children, youth and families, and their experiences, have been ‘rolled up’ in Indigenous data. This has been shifting in recent years and, in June 2018, RCY changed reporting criteria for both its annual report and its regular critical injury and death updates from ‘Aboriginal’ to specific Indigenous groups: First Nations, Métis and Inuit, thus enabling the specific consideration of Métis experiences. During the period covered by the data in this report, neither MNBC nor the Métis Commission received critical injury and death reports from MCFD. While MNBC began to receive injury and death reports from MCFD in 2018, the Métis Commission, to date, still does not.

In addition, during the time RCY received these injury and death reports, MCFD, MNBC and the Métis Commission established the Métis Working Table and Practice Table to work collaboratively to identify and address matters ranging from child welfare jurisdiction and governance to oversight and improving services to Métis children, youth and families. As a result, some progress has been made in addressing Métis-specific issues since the period covered by this report. However, the data from the period covered remains valuable for establishing baseline knowledge to inform future planning. That baseline will enable RCY to better assess the ongoing efforts of MCFD and its partners to improve outcomes for Métis children and families.

The Métis organizations consulted for this project found the data valuable. They wanted more detail about what has been happening specifically for their children, youth and families receiving reviewable services. Métis leadership and service providers were particularly interested in RCY analyzing the data to learn more about identity, mental health and developmental concerns, and cultural connections. They specifically requested that statistical comparisons between Métis children and youth and other Indigenous or non-Indigenous cohorts not be made in this report, and RCY has respected those wishes.

In addition to the critical injury and death data, RCY reviewed the electronic records of 70 children and youth in the care of the Director at the time of their injury.

The report’s key findings include:

- A total of 183 injuries were reported to RCY for 117 Métis children and youth, representing nine per cent of all in-mandate injuries reported during that three-year period. Of those children and youth, 95 were in government care at the time of their injury.

- The most common type of injury reported was sexualized violence, with 44 of the 183 injuries falling into this category. The Representative is particularly concerned about the heightened risk of sexualized violence and exploitation for female Métis children and youth in care, who were the mostly likely to experience this type of injury.
- Suicide attempts were the second-most commonly reported critical injury type for Métis youth, representing 33 of the files examined. Four of the 17 deaths of Métis children and youth that were part of this review were completed suicides.
- Caregiver mistreatment was the third most commonly reported critical injury type, with 21 such injuries. These injuries were most prevalent for children younger than 13 and those placed in foster homes or staffed resources.
- Neurodevelopmental disorders and mental health concerns were evident for Métis children and youth in care who experienced critical injuries. Almost half of the 177 Métis children with injuries exhibited symptoms of attention deficit hyperactivity disorder (ADHD), one-third had suspected or confirmed fetal alcohol spectrum disorder (FASD) and 10 per cent had autism spectrum disorder (ASD).
- Despite this prevalence, only 15 per cent of the Métis children and youth whose files were reviewed were receiving services through MCFD's Children and Youth with Special Needs (CYSN) program area. In addition, more than one-third (37 per cent) of youth in care ages 16 to 18 who experienced injuries were not attending school. This is of particular concern as the public school system is a key provider of special needs supports.
- More than half the Métis children and youth who experienced critical injuries exhibited symptoms of an anxiety disorder and more than one-quarter experienced symptoms of depression, with these symptoms more prevalent in girls. Other mental health concerns included post traumatic stress syndrome, psychosis, eating disorders, bipolar disorder and personality disorders.
- Nearly three-quarters of Métis children and youth who were critically injured experienced multiple placements while in care and very few of the electronic records indicated evidence of concurrent planning – that is, having a plan for reunification with family and an alternate plan if reunification is not possible.
- Issues of misidentification were evident within the data examined for Métis children and youth. These included gaps in social worker knowledge and ability to identify Métis children, as well as misconceptions regarding Métis and First Nations identity.
- Métis children and youth in care who experienced critical injuries were rarely placed with Métis families – only two youth in the cases reviewed were living in Métis placements.
- Overwhelmingly, the electronic records reviewed for this report illustrated insufficient opportunities for Métis youth to learn about who they are and where they come from.

The issue of identity was particularly important to those consulted for this report. For example, the Métis Commission expressed the view that there continues to be a lack of awareness of Métis identity, culture and community throughout the child welfare system, including both MCFD and non-Métis DAAs.

The Representative shares concerns that significant opportunities to connect Métis children and youth with culture and community are being lost in the absence of consistent and informed identification of Métis heritage and active attention to and funding for cultural connections.

Executive Summary

The data examined for this report raises a number of questions. Among them:

- What are the relative experiences of Métis children and youth who are not in care or who are in out-of-care placements?
- What factors are weighed when placing Métis children and youth in foster homes? Would better recruitment and retention of Métis foster families facilitate improved health and well-being of Métis children and youth in care?
- How can B.C.'s child-serving systems facilitate Métis-specific cultural planning for all Métis children and youth who are receiving services?

While the data and electronic records reviewed for this report do not tell the full story of these children, they do point to significant concerns about Métis children and youth who are receiving reviewable services and, as noted, raise further questions.

The Representative hopes that continued collaborative work in the future can help to answer these questions and others and thus contribute to the overall well-being of Métis children, youth and families in B.C.

Introduction

An Opportunity to Contribute to the Current Landscape of Métis Child Welfare

On June 7, 2018, MNBC signed an historic agreement with the B.C. government to prepare to reclaim authority for child welfare for Métis children in this province in 2021. This agreement – called a “*joint commitment*” – aims to “*significantly reduce the number of Métis children and youth in government care, support family preservation, and work on the legislative and other requirements to support transfer of authority over B.C.’s Métis children and families to MNBC.*”^{1,2}

Métis Nation BC (MNBC)

- Only Métis organization in B.C. officially recognized by the provincial and federal governments as the official political representative of Métis people in the province
- Mandate: to develop and enhance opportunities for Métis communities by implementing culturally relevant, social and economic programs and services
- Ministries for every aspect of Métis life: Children and Families, Citizenship and Registration, Culture, Heritage and Language, Economic Development and Partnerships, Education, Employment and Training, Health, Housing and Homelessness, Natural Resources and Environmental Protection, Sports, Veterans, Women and Youth
- Central Citizenship Registry
- Recognized by the Métis National Council, Provincial Government of British Columbia and the Federal Government of Canada as the governing Nation for Métis in B.C.

MNBC plans to establish the Métis Nation Child and Family Services Society (MNCFS). Once operational, the MNCFS will work closely with the Métis child and family service-providing agencies across the province in a networked approach to shifting legislation, policy and practice to better support Métis children, youth and families. MNBC plans to transfer jurisdiction and authority to MNCFS to represent the interests of all B.C. Métis children in child and family protection matters.

While the 2018 joint commitment was being negotiated and signed, the federal government was also engaged in conversations with First Nations, Métis and Inuit leadership to develop federal child welfare legislation. As of Jan. 1, 2020, First Nations, Métis and Inuit nations and communities may resume jurisdiction over their children and families by way of *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* (Bill C-92).

¹ See Appendix B for definitions.

² MCFD and MNBC, “Métis in B.C. set to take over control of their own child welfare,” https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2018CFD0042-001132.pdf.

Introduction

In addition to the new federal legislation, the B.C. government amended the *Child, Family and Community Service Act (CFCS Act)* to enable the Director to make agreements with a First Nation, the Nisga'a Nation, a Treaty First Nation or a legal entity representing another Indigenous community (s. 92.1, *CFCS Act*) with respect to their involvement in protection matters, assessments, investigations, planning, placement decisions and/or service provision.

With the joint commitment, federal legislation and provincial legislation in place, MNBC is developing laws, policies and practices in accordance with Métis ways of knowing and cultural traditions, with the aim of reducing the number of Métis children and youth in care, reconnecting Métis children with their culture and community and supporting families. MNCFS and Métis service providers will work with federal and provincial governments to “*design and implement a jurisdictional transfer of service in stages to ensure vulnerable Métis children are identified, assessed, and get the help they need in collaboration.*”

The Representative fully supports MNBC's focus on the development of a Métis-specific child and family services framework and signed a joint commitment agreement in May 2020 that will guide and support communications, information-sharing, knowledge exchange, individual and systemic advocacy, and critical injury and death reports and reviews.³ The agreement will support the identification of issues of concern to Métis peoples respecting child and youth well-being, which the Representative will take into account in developing annual priorities for reviews, investigations and special reports. The Representative is committed to identifying, recommending and advocating for ways to reduce the number of Métis children and youth in government care and to improve service to these children and families.

The Métis Commission

- Identified within provincial legislation as the designated representative for Métis children, youth and families within the child welfare system throughout British Columbia
- Sees every Métis child in the B.C. child welfare system through the court order process, ensuring that the child receives the support and services they need in a culturally safe and relevant manner
- Does not provide direct child welfare services
- Provides culturally safe tools for working with Métis children and families in the child welfare system
- Mission: foster Métis-specific processes that bridge relationships between communities, services and government to ensure cultural safety for Métis children, youth and families
- Vision: advancing transformative change for the well-being of Métis children, youth and families.

In the spirit of this joint commitment agreement, the Representative's staff met with Métis leadership and service providers to explain the type of information that is reported to the Representative and discuss how that information could be analyzed by the Representative and her staff and shared to support the development of MNBC's service delivery framework and to inform service providers generally. This report, therefore, while sourced in data that the Representative receives, is informed by conversations with MNBC, the Métis Commission and Métis-specific DAAs.

³ <https://rcybc.ca/wp-content/uploads/2020/07/MNBC-Joint-Commitment-Final-May-15-2020.pdf>

During the course of the initial development of this report, the Representative heard consistently that Métis children, youth and families, and their experiences, are usually ‘rolled up’ in Indigenous data and that these agencies would like to know what is happening specifically for their children, youth and families who are receiving reviewable services.⁴ Additionally, they noted the lack of reviewable services specific to Métis history, traditions and identity, and reminded the Representative that they do not wish to be compared with other Indigenous and non-Indigenous groups. However, since the period covered by the data, MNBC has begun to receive injury and death reports for Métis children and youth from MCFD in addition to lists of children and youth in care and those with Family Service files. The Métis Commission, however, does not receive any of this information.

In response to the specific feedback from those consulted, the Representative has prepared this report, which is limited to RCY’s reports of critical injuries and deaths from Jan. 1, 2015 to Dec. 31, 2017. Through utilizing this data, this report aims to:

- 1) understand outcomes and common challenges for Métis children and youth who are in care or otherwise involved with reviewable services
- 2) highlight areas for improvement within the child welfare system
- 3) create a baseline of information that can be used in evaluating the system as Métis child welfare continues to shift and transform specifically in light of the new federal legislation and the joint commitment with MCFD.

It is hoped that the data in this report will be relevant in planning services and appealing for appropriate funding to deliver them. In other words, it is vital to shed light on and consider these “invisible” children and youth.

This report is also important as it represents the start of a new relationship between the Representative and Métis leadership, community members and service providers. When the Representative determined that an overview of data was important for review, staff met with MNBC, the Métis Commission and DAAs to share data and hear their ideas for analysis. It is the Representative’s hope that these meetings and conversations will be ongoing and that, together, we can co-create research and reports relevant and important to improving services for Métis children, youth and families. The goal is to ultimately work to reduce the number of Métis children and youth in care.

⁴ See Appendix B for definition of reviewable services.

Background

Métis children and youth are over-represented among children and youth in care, yet there has historically been minimal attention paid to addressing Métis-specific issues within broader Indigenous child welfare. This lack of attentiveness to Métis-specific issues within child welfare is similar to the broader historical persecution and the lack of acknowledgement of the Métis, encapsulated by the term “*Canada’s Forgotten People*.”⁵

The invisibility of Métis children within Indigenous data sets is common – Métis-specific analyses have not been conducted in any of the previous statistical reports on critical injuries and deaths published by this Office, nor by RCY’s provincial and territorial counterparts. Medical anthropologist Caroline Tait confirms that the absence of Métis children, families and communities across data sets is common throughout health and social science research.

A Significant Number

MCFD’s Corporate Data Warehouse reports that, as of May 2020, there were 479 Métis children and youth in care in B.C., a decrease since December 2017 when there were 597 Métis children and youth in care. Including Métis children in out-of-care options, those totals were 764 children and youth in May 2020 and 844 children and youth in December 2017. The Representative shares the view of MNBC and the Métis Commission that these numbers don’t capture all Métis children and youth in care and receiving services in B.C.

Source: MCFD Corporate Data Warehouse

*“Although we can identify some of the challenges to improving the health of Métis children, there is a lack of specific data on Métis people. Unfortunately, we do not have an evidence-based foundation on which to build culturally sound and effective health care and social-service policies and programming to directly address the needs of Métis children.”*⁶

Disparities in outcomes for Métis children and youth are deeply embedded within the context of colonialism, including government policies of assimilation, the residential school system and historical and ongoing child welfare practice. These colonial policies created lasting intergenerational impacts, which have shaped the lives of many Métis families.^{7,8} At a foundational level, historical and ongoing processes and actions of colonization have fragmented Métis families and communities, disconnecting

⁵ Bruce D. Sealey, Antoine S. Lussier, *The Métis: Canada’s Forgotten People* (Winnipeg: Manitoba Métis Federation, 1975).

⁶ Caroline Tait, “Is Canada failing Métis children? An examination of the challenges and barriers to improved health,” *Canadian Supplement to the State of the World’s Children 2009: Aboriginal children’s health: Leaving no child behind* (Toronto: UNICEF Canada, 2009), 31.

⁷ Caroline Tait, Robert Henry, and Rachel Loewen Walker, “Child welfare: A social determinant of health for Canadian First Nations and Métis children,” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 11, no. 1, (2013): 40.

⁸ Catherine Graham and Tanya Davoren, *Sharing their stories: Narratives of young Métis parents and Elders about parenting* (Prince George: National Collaborating Centre for Aboriginal Health, 2015) 8.

them from their natural networks of support.⁹ Tait has described the impact these structural forces have had on Métis children and families:

“Métis children do not fare well compared to non-Aboriginal children ... While some of the known disparities and their sources can be tackled through improved supports and services for Métis children and families, others, such as endemic poverty and structural inequities, present challenges that require broad-based changes to public policy at federal, provincial and territorial levels. Without political and social will that acknowledges and acts on the unique configuration of health determinants affecting the well-being of Métis children, it is unlikely that we can make real and sustained improvement.”¹⁰

Despite these ongoing systemic challenges, Métis culture and kinship ties have endured and are central components to Métis identity and resilience.¹¹ Métis collective values around children and families also live on, as poet Catherine Graham and MNBC Director of Health and Sport Tanya Davoren describe, *“Children and families are often thought of as being at the centre of the Métis community. Historically they were raised by their parents, their extended family, and the community as a whole.”¹²*

Who are the Métis?

Métis people are constitutionally recognized as Aboriginal people – distinct from First Nations and Inuit peoples. The Métis are descendants of early relationships between First Nations women and European fur traders. Today, there are differing explanations that aim to define who the Métis people are. Identity for the Métis is complex and informed by how one sees oneself, how others see you or your community, and, additionally, how the state sees and defines you. The provincial Métis Nations, including MNBC, have systematic and centralized registry systems that follow criteria rooted in the *Powley* decision (see text box).

That is, Métis people are nationally recognized and eligible for citizenship with MNBC if they meet the following criteria: people who self-identify as Métis, distinct from other Aboriginal people, people who come from historic Métis Nation ancestry, and those who are accepted by a modern Métis community. However, this definition has been criticized for its narrow criteria.^{13,14} Other definitions, which may rely more heavily on being of mixed Indigenous ancestry, have been used by other Métis organizations. The Representative recognizes the differences between Métis citizenship, membership and identity and acknowledges that this is an area of complexity.

Powley Decision

The 2003 *Powley* decision in the Supreme Court of Canada (SCC) affirmed that the Métis have an Aboriginal right to hunt for food as recognized under s. 35 of the *Constitution Act, 1982*. This case was important for Métis people in Canada as it was the first instance in which the SCC affirmed the existence of Métis rights. The case clarified that the Métis are a distinct people separate from First Nations and Inuit peoples in Canada and influenced other Métis rights-based legal challenges.

⁹ Graham and Davoren, 8.

¹⁰ Tait, *Is Canada failing Métis children?* 31-32.

¹¹ Monique Auger, “Understanding our past, reclaiming our culture: Conceptualizing Métis culture and mental health in British Columbia,” (Thesis: Simon Fraser University), 2017.

¹² Graham and Davoren, 8.

¹³ All Métis Nation Council (MNC) Governing Members have adopted the MNC’s Métis citizenship definition, however each registry has its own specific requirements. <https://www.metisnation.ca/wp-content/uploads/2011/04/M%c3%a9tis-Registration-Guide.pdf>

¹⁴ Standing Senate Committee on Aboriginal Peoples, “‘The people who own themselves’: Recognition of Métis identity in Canada,” (Parliament of Canada, 2013), 52-54.

Background

The Aboriginal Operational and Practice Standards and Indicators (AOPSI) as well as the Aboriginal Policy and Practice Framework direct child and family services workers to explore a child or youth's heritage and involve their Métis community, including the Métis Commission, when providing services.^{15,16} These were in place during the time frame covered in the report and are still in place today. Starting April 1, 2019, the *Child and Family Service Standards* introduced guidance for exploring Métis identification with children and families. Standard 2 directs child protection workers to consult the child, their parents or the Métis Commission when questions arise about whether a child is Métis. Chapter 1, policy 1.1 amendments include the exploration of Métis identity more broadly including extended family, local Métis service providers or organizations with which the child, youth or family has indicated a connection, MNBC, the Métis Commission and Métis organizations and communities outside B.C.¹⁷

Daniels Decision

In April 2016, the Supreme Court of Canada (SCC) ruled in favour of Harry Daniels in the matter of whether the Crown has the same fiduciary duty to Métis and “non-status Indians” as it does to “Treaty Indians.” The SCC found that the Métis and “non-status Indians” were indeed included in the constitutional definition of an “Indian,” that the Crown is therefore in a fiduciary relationship with all “Aboriginal peoples,” including the Métis and “non-status Indians,” and that the Crown duty exists to negotiate with the Métis and “non-status Indian” communities.

A child or youth served by MCFD is identified as Métis when (a) they self-identify as Métis, (b) their family identifies as Métis, (c) they belong to a Métis community, and/or (d) the Métis Commission or MNBC identifies the child as Métis. While policy now exists to guide staff to explore Métis identity, no such policy was in place during the 2015 to 2017 period considered in this report.¹⁸ As such, MCFD social workers may have primarily relied on self-identification by children and families. Therefore, on account of being ‘rolled up’ in the Indigenous data, the complexities of identity and the struggle for recognition, Métis children and youth remain under-identified and often lack Métis-specific resources and supports.

Métis Child Welfare in British Columbia

While Métis children, youth and families receive services from the B.C. government, their identity as a distinct Indigenous people and the question of who funds child and family services has remained contested at the federal and provincial government levels. Unlike First Nations children, Métis children and families have historically been excluded from the federal legislation and funding respecting child welfare.

Until January 2020, the provincial government had full jurisdiction over Métis child welfare matters. While the 2003 *Powley* decision in the Supreme Court of Canada (SCC) confirmed the distinct identity of Métis people and their existing s. 35 constitutional rights, the federal government has refused to

¹⁵ MCFD, *Aboriginal Operations and Practice Standards and Indicators* (Victoria, B.C.: MCFD), 2005.

¹⁶ MCFD, *Aboriginal Policy and Practice Framework* (Victoria, B.C.: MCFD), 2015.

¹⁷ “Working with Indigenous Children, Youth, Families, and Communities,” *Ministry of Children and Family Development*, 2, https://www2.gov.bc.ca/assets/gov/family-and-social-supports/data-monitoring-quality-assurance/reporting-monitoring/policy_1_1v18.pdf.

¹⁸ See *Children and Youth in Care Policies – Chapter 5: Registering for or Seeking Membership or Citizenship with Métis Organizations*. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/policies/cf_5_children_youth_in_care.pdf.

fund Métis child and family service agencies. In 2016, the SCC, in the *Daniels* decision, declared that the Métis are “Indians” under s. 91 (24) of the Constitution and additionally stated that the federal government has fiduciary duty to the Métis.

According to the most recent census data, the proportion of Métis children living in foster care in B.C. is more than 10 times that of non-Indigenous children.¹⁹ The 2016 Census reports 20,600 Métis children under the age of 15 living in B.C. and one in 50 Métis children and youth under the age of 15 living in a foster home. The same proportion were living with a grandparent or other non-parent family member.²⁰ As of May 2020, MCFD reported that there were 479 Métis children and youth in care, a decrease since December 2017, when there were 597 Métis children in care in B.C.²¹

Métis child welfare practice and policy varies by province, with B.C., Alberta and Manitoba being the only provinces to have delegated Métis child and family service agencies, known in B.C. as Delegated Aboriginal Agencies (DAAs). In B.C., there are two Métis-specific DAAs – Métis Family Services in Surrey and Lii Michif Otipemisiwak in Kamloops, both of which have C6 delegation.²² However, depending on where they live and other factors, Métis children and youth may also receive services from other DAAs or through MCFD offices. Additionally, there are three Métis family support organizations in the province – Island Métis Family and Community Services Society (Victoria), Kikino Métis Children and Family Services Society (Prince George) and Métis Community Services Society of BC (Kelowna).²³

Finally, the Métis Commission is a separate non-profit organization and the legislated designated representative, under the *CFCS Act*, for all Métis children, youth and families involved in the child welfare system in B.C. The Métis Commission is notified whenever a Métis child or youth has a court application in order to provide the Director with its views to be heard in court. Additionally, the Métis Commission ensures that social workers receive a Cultural Safety Agreement for each Métis child and youth in care and requests that family and kinship networks are explored for children and youth not in their parents’ care. The Métis Commission works to ensure that children and youth are registered Métis citizens in B.C. and that they are connected with a Métis Chartered Community if one exists where they are living (see text box).

Métis Chartered Communities

- Include approximately 20,000 provincially registered Métis citizens in B.C.
- Citizenry are organized into seven regions across the province, each a home to several MNBC Chartered Communities.
- For specific regions and the affiliated Chartered Communities please see: <https://www.mnbc.ca/communities/>

¹⁹ Statistics Canada, “Family Characteristics of Children Including Presence of Grandparents (10), Aboriginal Identity (9), Registered or Treaty Indian Status (3), Residence by Aboriginal Geography (10), Age (4B) and Sex (3) for the Population Aged 0-14 Years in Private Households of Canada, Provinces and Territories, 2016 Census – 25% Sample Data.” <https://www150.statcan.gc.ca/n1/en/catalogue/98-400-X2016350>.

²⁰ Statistics Canada, “Family Characteristics of Children.”

²¹ Ministry of Children and Family Development of British Columbia, Corporate Data Warehouse.

²² Delegated Aboriginal Agencies at the C6 level have full child protection services. This is the highest level of operational readiness. Note that Lii Michif Otipemisiwak received full delegation in November 2017. Métis Family Services has adoption delegation.

²³ DAAs are child- and family-serving organizations that have authority delegated to undertake administration of all or parts of the *CFCS Act*. Métis family support service organizations provide various supports, such as family support services and services that facilitate cultural connection.

Background

MNBC is the one recognized provincial Métis Nation, with 39 Chartered Métis Communities in B.C. (including one that is termed an interim chartered community).²⁴ These organizations all aim to work collaboratively, and with MCFD and DAAs, to best support all self-identified Métis children and families in B.C.

MNBC works with the Métis Commission, which is the designated representative under the *Child, Family and Community Service Regulation* for Métis children, youth and families involved in the B.C. child welfare system.²⁵ Both organizations, while not delivering child welfare services, work together to ensure that Métis children, youth and families are receiving culturally appropriate services and to reduce the number of Métis children and youth entering government care.

Métis Children and Youth and Indigenous Governing Bodies (IGBs): Snapshot of Current Issues

The federal legislation, *An Act respecting First Nations, Inuit and Métis children, youth and families* (the federal *Act*) came into effect on Jan. 1, 2020. While the data described in this report is from before the proclamation of this legislation, it is important to situate any follow up action arising from this report in the contemporary legislative context.

This highly anticipated legislation affirms the inherent right to self-government for all Section 35 rights-bearing Indigenous groups, communities or peoples, and includes jurisdiction in relation to child and family services. Under the federal *Act*, an Indigenous Governing Body (IGB) “means a council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people that holds rights recognized and affirmed by s. 35 of the *Constitution Act*, 1982.”²⁶ The federal *Act* offers two distinct roles for Indigenous governing bodies: 1) s. 12 where an IGB must contact a service provider (in B.C., the director under the *Child, Family and Community Service Act*) that they want to receive notice of significant measures; and 2) s. 20 which requires an IGB to notify Canada if they want to assume jurisdiction of children and family services.

Resumption of Jurisdiction

For the purposes of an IGB under s. 20 of the federal *Act*, it is the responsibility of the federal government to make decisions regarding the designation of nations as IGBs. To date, Canada has not yet confirmed any IGBs for the purposes of jurisdiction in B.C.

Notification of Significant Measures

Under s. 12 of the federal *Act*, before taking any significant measure in relation to a child, the Ministry is required to provide notice of the measure to the child’s parent, the care provider and the relevant IGB.

Under s. 12, B.C. has confirmed three IGBs who represent s. 35 rights holders as per the definition of IGBs under the federal *Act*. The MNBC and Métis Commission have not been recognized as IGBs for this purpose and report being frustrated by the delays in being recognized as such and are anxious about the impact on Métis children and youth. The Ministry is currently in discussions with MNBC and the Métis Commission, regarding receiving notification of significant measures as IGBs under s. 12 of the federal *Act*.

²⁴ During the reporting period, neither MNBC nor the Métis Commission received critical injury and death reports from MCFD. However, MNBC is now receiving such reports for Métis children.

²⁵ *Child, Family and Community Service Regulations* identify designated representatives for Indigenous communities.

²⁶ Government of Canada, “Technical Information Package: An Act respecting First Nations, Inuit and Métis children, youth and families,” Jan. 23, 2020 <https://www.sac-isc.gc.ca/eng/1579468554846/1579468577638>.

Within Métis child welfare policy and practice, significant concerns have been identified with respect to the (mis)identification of Métis children, permanency planning and cultural planning.²⁷ Métis scholars Jeannine Carrière and Cathy Richardson have noted that, nationally, child welfare lacks any form of systemic identification practice for Métis children, and that available research “*paints a very troubling picture: the misidentification of Métis children as simply ‘Aboriginal’ or ‘White’ and the mass movement of Métis children outside of their birth communities.*”²⁸

Métis children and youth under Continuing Custody Orders

In 2018, MCFD produced a descriptive analysis for Métis children and youth in care who were under a Continuing Custody Order (CCO) (see glossary for definitions).²⁹ This descriptive analysis included 330 Métis children and youth in care who were placed under a CCO as of July 31, 2017. The ministry looked at several areas of demographic data, including age and gender, sibling groups (i.e., how many children had a sibling, how many siblings), types of placements, Service Delivery Areas and DAAs serving Métis children, placement stability (i.e., number of placements), reason for coming into care, age of the child when the CCO was confirmed by the courts, length of time the child was under a CCO and parent and grandparent history of being in care. The report also includes an analysis related to permanency planning and practice, including the existence of a current Care Plan, a permanency plan and a cultural plan. The MCFD report provides a basic description of demographic data for Métis children and youth in care under a CCO, while indicating a need for further exploration of indicators that describe the experiences of Métis children and youth who are receiving reviewable services.

Health and well-being of Métis youth in care

The McCreary Centre Society, in partnership with MNBC, released a report in February 2020 on the current status of health and well-being of Métis youth in the province.³⁰ *Ta Saantii Deu/Neso: A Profile of Métis Youth Health in BC* was based on responses to the 2018 Adolescent Health Survey, which was completed by 38,000 Grades 7 to 12 students across the province, including three per cent who identified as Métis. One in 10 of the Métis youth (11 per cent) reported they were in care or had previously been in care – including foster care, group homes, custody, kith and kin agreements or via Youth Agreements. Compared to Métis youth without government care experience, youth who had ever been in care were more likely to be experiencing mental health concerns, and reported higher rates of self-harming, sexual abuse and suicidal thoughts or attempts in the past year.³¹

²⁷ Jeannine Carrière and Cathy Richardson, “The Invisible Children of Child Welfare: Legislation, Policy and Governance Models for Métis Child Welfare,” in *Calling Our Families Home: Métis Peoples’ Experiences with Child Welfare*, ed. Jeannine Carrière and Catherine Richardson (Vernon: JCharlton Publishing, 2017), 52.

²⁸ Carrière and Richardson, 53.

²⁹ MCFD, “Métis children and youth in continuing care: Descriptive analysis,” June 2018.

³⁰ McCreary Centre Society, “Ta Saantii Deu/Neso: A Profile of Métis Youth Health in BC,” February 2020, <https://www.mcs.bc.ca/node/306>.

³¹ McCreary Centre Society, “Ta Saantii Deu/Neso,” 15, <https://www.mcs.bc.ca/node/306>.

Methods

The Representative uses information on critical injuries and deaths of children and youth receiving reviewable services to identify patterns and recommend systemic reforms.³² This report aims to analyze in-mandate reportable circumstances – both critical injuries and deaths – from Jan. 1, 2015 to Dec. 31, 2017 specific to self-identified Métis children and youth (as reported by reviewable service practitioners).³³

Of the 2,010 in-mandate injuries reported to RCY in the three-year period from 2015 to 2017, nine per cent concerned Métis children and youth. For the purposes of this report, children and youth were identified as Métis using MCFD definitions – that is, children and youth in this report were those who identified as Métis in their MCFD electronic records or Care Plan. Some children and youth have multiple identities (e.g., a child or youth may have both Métis heritage and belong to a First Nation) and, in these cases, RCY staff searched electronic records and Care Plans for the child's Métis identity where MCFD electronic records were unable to include reports on multiple identities.³⁴ The Representative recognizes this as a limitation of the current analysis but nevertheless believes that the results accurately describe some important themes and trends for this cohort of Métis children and youth.

Many of the methods used to describe and analyze the data are outlined in detail in Appendix B. In addition to the methods, RCY researchers recognize that these records represent sacred stories of young people and their families. RCY researchers approached this data carefully, recognizing the challenge of describing data often detailing individual circumstances and the risk of pathologizing the children and youth rather than contextualizing their experiences in a system. RCY researchers work from an intersectional lens, considering the structures and systems that make some people “*vulnerable*” or construct them as “*damaged*.” Appendix A details thoroughly the researchers’ lenses and methodologies.

Other areas of analysis, as described in the section that follows, were created in collaboration with MNBC's Ministry for Children and Families and the Métis Commission, with careful attention to balancing the variables of interest with the danger of pathologizing children and youth. The Representative's intention is to point to the system of care, the history of Métis being forgotten, and the general lack of specificity of programming for Métis children and youth, in all that follows. Representatives of these bodies, along with service providers, identified issues for Métis children and youth from their perspectives, as well as those variables that would be of interest in monitoring future programming and service delivery. Further, a qualitative analysis of each child's electronic record was undertaken to provide more detail about these variables of interest. Variables of interest included the

³² See Appendix B for definitions of critical injuries.

³³ The Representative receives many reports of injuries and deaths, some of which are out-of-mandate and some that are in-mandate. In-mandate incidents include those injuries that cause, or are likely to cause, serious or long-term impairment, as well as deaths, for children and youth receiving reviewable services, who received reviewable services in the 12 months prior to the incident, or whose families received reviewable services in the previous 12 months. Reviewable services include MCFD supports (family support, child protection, publicly funded mental health services, special needs services), other mental health services (such as those provided by health authorities), addiction services and youth justice.

³⁴ RCY's case management system, CITAR, allows only one identity to be coded. In cases in which children and youth were noted to have more than one identity, RCY staff used electronic records and Care Plans to determine what identity the child or youth most identified with or, if that was unknown, the identity assigned by ICM to the child or youth's mother.

age at which Métis children and youth typically entered care, presence of developmental and mental health concerns, school attendance, number of placements, one aspect of permanency (presence or absence of concurrent planning), presence or absence of transition planning and cultural planning.³⁵

Consultations

RCY staff conducted preliminary analyses, such as an overview of injury types and basic demographics, and then shared these with Métis child-serving organizations and leadership. During consultations, Métis leaders and service providers shared feedback on initial analyses and made requests for further descriptions. These individuals were curious about cultural planning as outlined in the electronic record. Questions also arose about mental health and other diagnoses reported for Métis children and youth. Qualitative scans of the electronic records were undertaken to understand common themes for Métis children and youth in care for whom injury and death reports were received. Cultural Safety Agreements, developed by the Métis Commission, were used to guide the scan. These indicators included: language opportunities, Roots work and family finding, connection to Métis family and community, opportunities for cultural activities and ceremony and connection to Elders. These indicators provided a “snapshot” of data around the strengths and weaknesses with respect to cultural planning for Métis children and youth in care.

The Roots program

The Roots program is an MCFD initiative developed in response to the disproportionate number of Indigenous children and youth in care. This work is vital to address the challenges of mis-identification and under-identification of Métis children and youth in care. The purpose of Roots work is to respect the Indigenous identity of a child and preserve ties to their family, community and heritage. Those who do this work have various job titles including Roots workers, Cultural Connections or Permanency Cultural Coordinators. Roots workers support MCFD and DAAs to explore alternatives to foster care by considering a child’s family, extended family and community as spaces of reunification. Roots workers aim to understand the context of each child or youth’s family and cultural identity with the goal of connecting them to the Métis Chartered Community nearest them. The Representative has observed that access, scope, and practice vary across B.C. and future work of the RCY will examine this work further.

³⁵ The Representative recognizes there are multiple dimensions to permanency including legal, physical, cultural, relational and identity.

Findings

Overview of Death Reports

There were 17 deaths reported to RCY between 2015 and 2017 for Métis children and youth receiving services. This accounted for five per cent of all deaths reported to the Representative during this time.

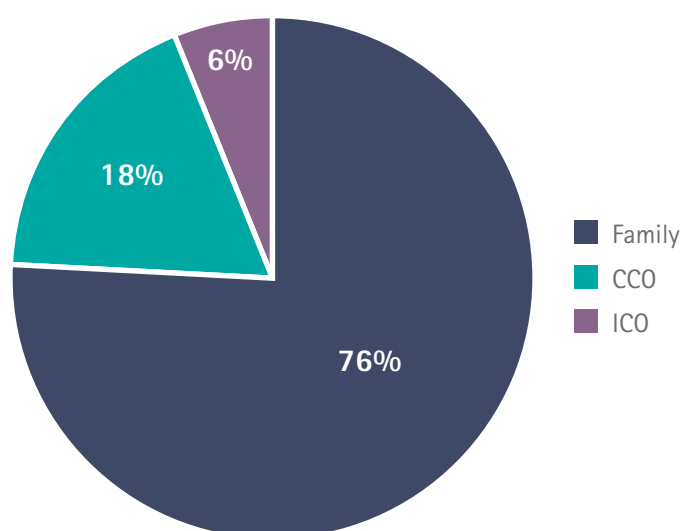
Age and gender

Of the 17 deaths of Métis children and youth reported to RCY between 2015 and 2017, most were either 18-years-old (35 per cent) or less than one-year-old (29 per cent). Most of the Métis children and youth who died were male (65 per cent), while slightly more than one-third were female (35 per cent).

Care status and living arrangements

Most of the children and youth who died were not in care at the time of death (76 per cent). Those who were in care were mostly in care permanently (i.e., via CCO). Figure 1 provides an overview of legal status at time of death.

Figure 1: Legal status of Métis children and youth reported as deceased to RCY, 2015 to 2017.



Living arrangements for these children and youth included family homes (n=10), independent living (n=1), homelessness (n=1) or in a youth justice community residential program (n=1).³⁶ The children and youth who were in care were either under a CCO (n=3) or an Interim Custody Order (ICO) (n=1).³⁷ Two of these children were in foster home placements and one was living in a hotel.

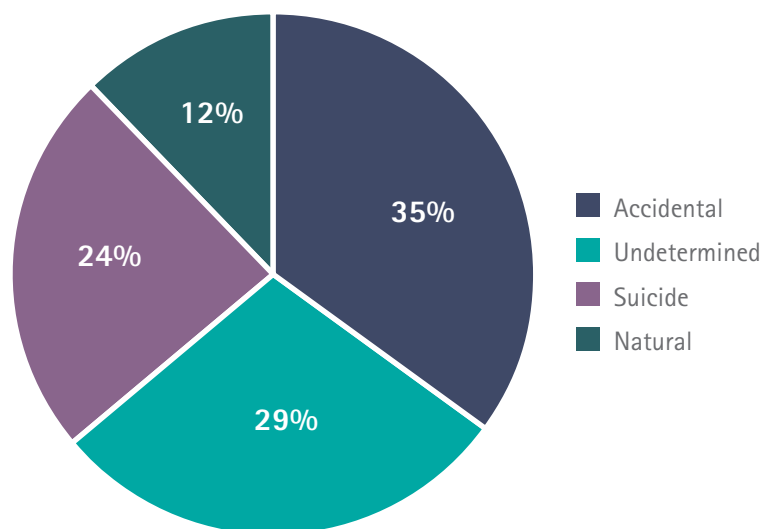
³⁶ This youth was the subject of *Last resort: One family's tragic struggle to find help for their son*, released by the Representative in 2016.

³⁷ See Appendix B for definitions.

Death classification types

As illustrated in Figure 2, of the 17 reported deaths of Métis children and youth, most were classified by the coroner as accidental (n=5) or undetermined (n=6).³⁸ Three of the undetermined deaths were treated as suspicious by police and one undetermined death was likely an overdose. The remaining undetermined deaths were likely due to natural causes, but the coroner was unable to determine the specific cause of death. Three of the accidental deaths resulted from vehicle collisions and two were drownings. Four youth died of completed suicide and two deaths were determined to be expected due to illness or extreme prematurity. Among the Métis children and youth who died, only one youth had previous critical injuries reported to the Representative.

Figure 2: Classification of death for Métis children and youth, reported to RCY, 2015 to 2017



Overview of Injury Reports

MCFD reported that there were 597 Métis children and youth in government care as of Dec. 31, 2017.³⁹ This represents nine per cent of the total 6,806 children and youth in care at the end of 2017. Between Jan. 1, 2015 and Dec. 31, 2017, 183 injuries were reported to the Representative for 117 Métis children and youth. In total, injuries reported for Métis children and youth accounted for nine per cent of all mandate injuries reported to the Representative during this time.

³⁸ See Appendix B for descriptions of death classifications. The Representative uses the classifications provided by the BC Coroners Service.

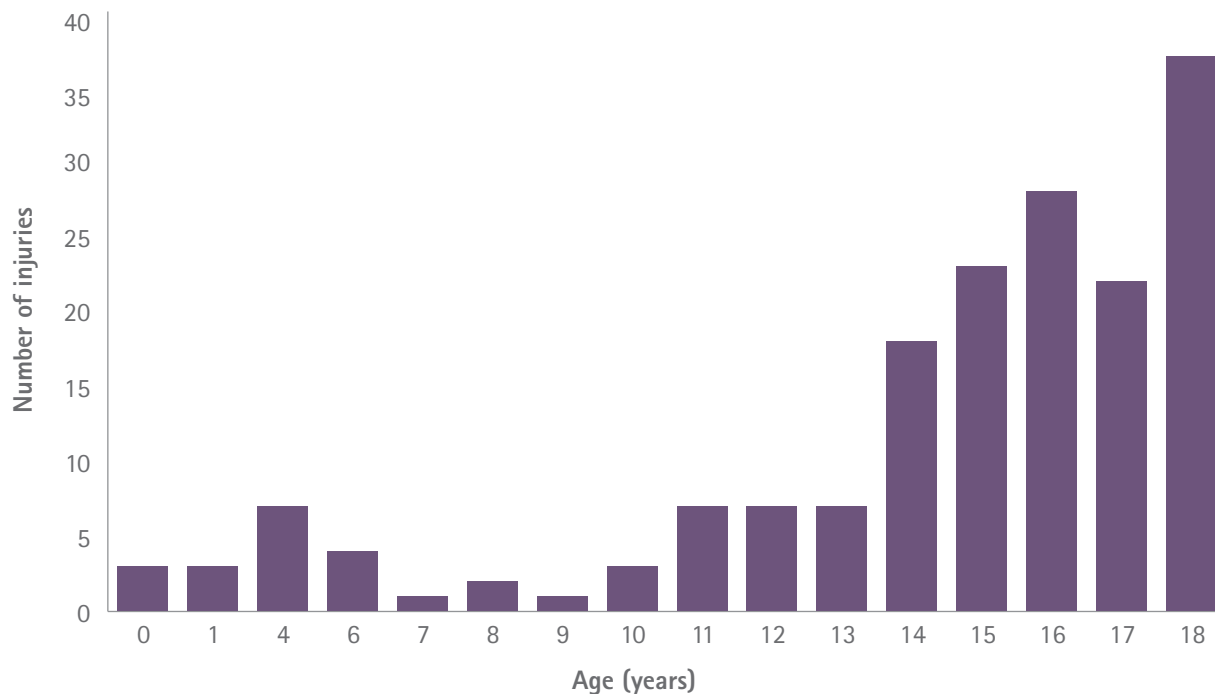
³⁹ MCFD Corporate Data Warehouse.

Findings

Age and gender

Of the 117 Métis children and youth, 59 per cent were female, 39 per cent were male and two per cent identified as gender diverse.⁴⁰ Three in four injuries (74 per cent) were for youth ages 14 to 18.

Figure 3: Number of injuries by age involving Métis children and youth reported to RCY, 2015 to 2017



Reviewable service involvement

Almost all Métis children and youth for whom injuries were reported had been involved with MCFD's Child and Family Services at some point in their lives (n=114).⁴¹ More than one-third of these Métis children and youth had received mental health services through Child and Youth Mental Health (n=44) and 26 children and youth had received other publicly funded mental health services. These children and youth were also involved with youth justice services (n=18), services for Children and Youth with Special Needs (n=17), and MCFD adoptions services (n=13). Substance use services were accessed by 10 Métis children and youth for whom injuries were reported (see Table 1).

⁴⁰ The Representative uses this term as an umbrella term for those whose gender identity does not align with society's expectations for the gender they were assigned at birth.

⁴¹ These services include those under the *Child, Family and Community Service Act*, which mandates the work of child welfare services provided by MCFD and DAAs.

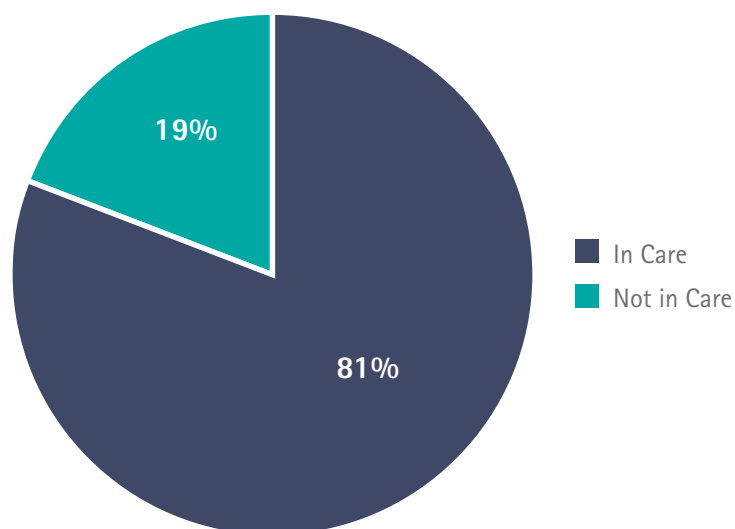
Table 1: Proportion of Métis children and youth with injuries reported to RCY, by reviewable service areas, 2015 to 2017

Reviewable Service Area ⁴³	Per cent
Child and Family Services	97
Child and Youth Mental Health	38
Other Mental Health Services	22
Youth Justice	16
Children and Youth with Special Needs	15
Adoptions	11
Addiction Services	9

Métis Youth in Care

Most of the Métis children and youth for whom critical injuries were reported were in care at the time of injury – 95 of the 117 children or 81 per cent of the total number (see Figure 4).⁴³ Among those Métis children and youth in care, fewer than three-quarters (74 per cent) had a Care Plan in their electronic file at the time of the incident.

Figure 4: Care status at time of injury among Métis children and youth in care, 2015 to 2017



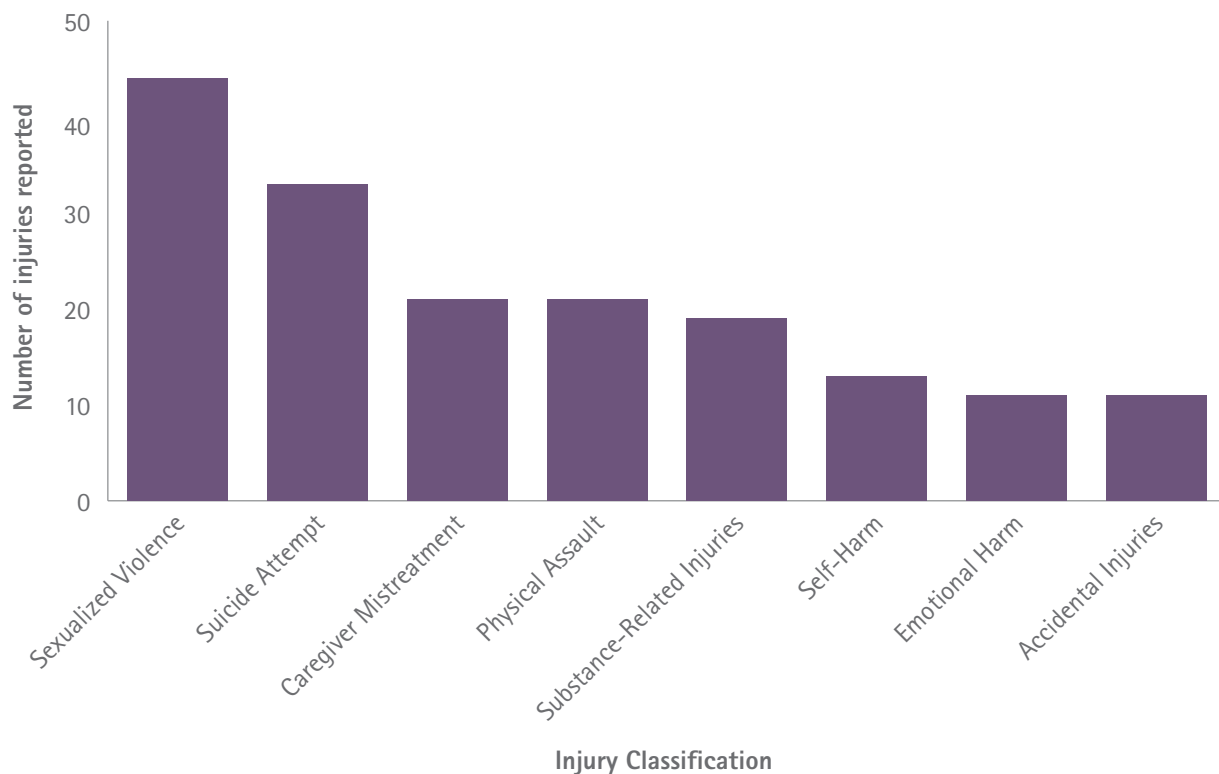
⁴² Note that children and youth may have been involved in multiple service areas.

⁴³ Note that MCFD uses different reporting requirements for reportable circumstances for children in care versus those who are living with family. This inherently increases the proportion of reports that are received for children in care.

Types of Injuries

Injuries reported for Métis children and youth were classified into eight categories (see Figure 5).⁴⁴ The most commonly reported injury type was sexual assault (n=44; 25 per cent of reported injuries) followed by suicide attempt (n=33; 19 per cent of reported injuries). Gender was associated with the type of injury reported for this group. Female children and youth were more likely to experience sexual assault whereas male children and youth were more likely to experience mistreatment by an MCFD-approved caregiver and accidental injuries. All the sexual assault injuries reported occurred for youth who were in care at the time of the incident and were predominantly for youth ages 14 to 18 years.

Figure 5: Number of injuries by classification for Métis children and youth reported to RCY, 2015 to 2017



There were 21 injuries reported (12 per cent of reported injuries) that were classified as caregiver mistreatment.⁴⁵ Most of these injuries were reported for children and youth living in foster homes or staffed residential resources and most of these mistreatment injuries were reported for children ages 13 or younger.

In addition to the injuries that were coded as “mistreatment,” there were 21 injuries that were classified as physical assaults (12 per cent of reported injuries). Substance-related injuries were reported for 19 children and youth (11 per cent of reported injuries) and 13 injuries were self-inflicted (eight per cent of

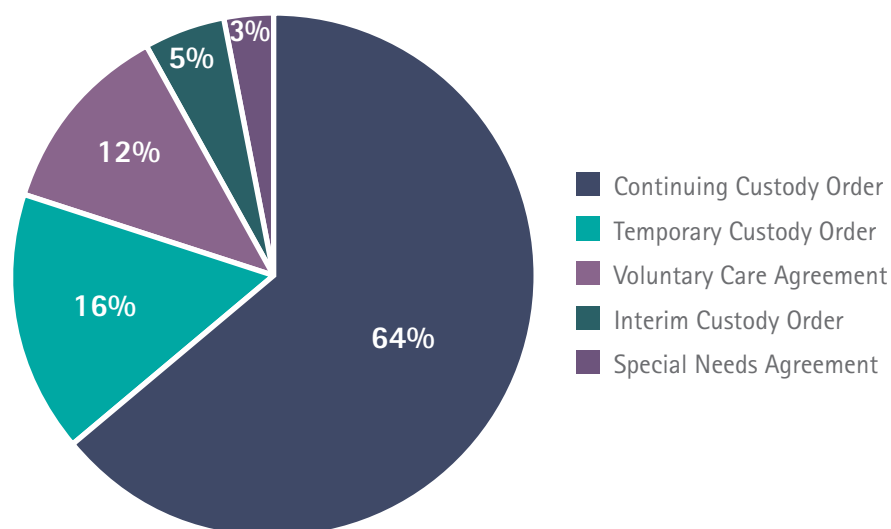
⁴⁴ See Appendix C for definitions.

⁴⁵ The Métis Commission receives no information when a placement is investigated for mistreatment by MCFD or a DAA, nor does it receive initial injury or death reports.

reported injuries). Youth ages 14 and older were more likely to experience substance-related injuries. The fewest injuries were categorized as emotional harm (n=11; six per cent of reported injuries) and accidental injuries (n=9; five per cent of reported injuries).

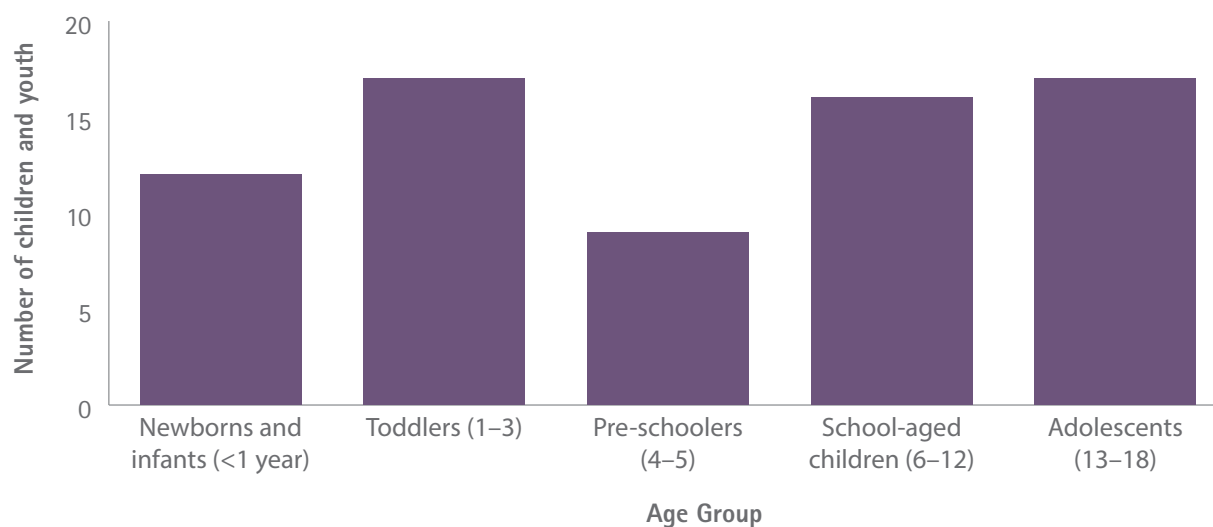
Most of the injuries reported were for those who were in care via CCO (n=96) or Temporary Custody Order (TCO) (n=24).⁴⁶

Figure 6: Legal status at time of injury among Métis children and youth in care, 2015 to 2017⁴⁷



There was a range of different ages at which Métis children and youth with reported injuries first entered care. The average age was six years (Figure 7).

Figure 7: Age first entered MCFD care, Métis children and youth with injuries reported to RCY, 2015 to 2017



⁴⁶ Definitions of different legal statuses provided in Appendix C.

⁴⁷ See Appendix C for definitions.

Developmental and mental health concerns among Métis children and youth

Seventy Métis children and youth in care with injuries reported to RCY had Care Plans available electronically and these were reviewed to look at suspected and confirmed diagnoses related to developmental and mental health concerns.⁴⁸ It is important to note that Care Plans and electronic records are populated by practitioners and can include both professional (psychiatrist, psychologist or other medical experts) diagnoses and anecdotal information about the child or youth's developmental and mental health concerns. It is possible that developmental, behavioural or mental health concerns have a relationship to the type of injuries reported for Métis children and youth in care. Results revealed that many Métis children and youth in care who were injured were diagnosed with, or suspected to have, at least one developmental or mental health concern.

Developmental and behavioural challenges were operationalized to include diagnosed or suspected ADHD, FASD and ASD. As shown in Table 2, nearly half of the Métis children and youth (46 per cent) for whom injuries were reported were suspected to have ADHD or were diagnosed with ADHD; one-third (33 per cent) of Métis children and youth with reported injuries were suspected to have or were diagnosed with FASD; and 10 per cent of Métis children and youth in care who were injured were suspected to have or were diagnosed with ASD.

Table 2: Developmental concerns identified in Care Plans for Métis children and youth with injuries reported to RCY, 2015 to 2017

Developmental Concern	Per cent
ADHD	46
FASD	33
ASD	10

Mental health concerns for Métis children and youth in this cohort included suspected or confirmed anxiety, depression, post-traumatic stress disorder (PTSD), psychotic symptoms, eating disorders, bipolar disorder or personality disorders. More than half of Métis children and youth in this cohort (51 per cent) were identified as having suspected or diagnosed anxiety disorder. A higher proportion of female children and youth (54 per cent) had suspected or confirmed anxiety disorder, as opposed to the proportion of male children and youth (46 per cent).⁴⁹

In the data reviewed, depression was diagnosed or suspected in more than one-quarter (28 per cent) of cases. There was a pronounced gender difference; 43 per cent of female children and youth in this cohort had depression compared with eight per cent of male children and youth (Figure 8).

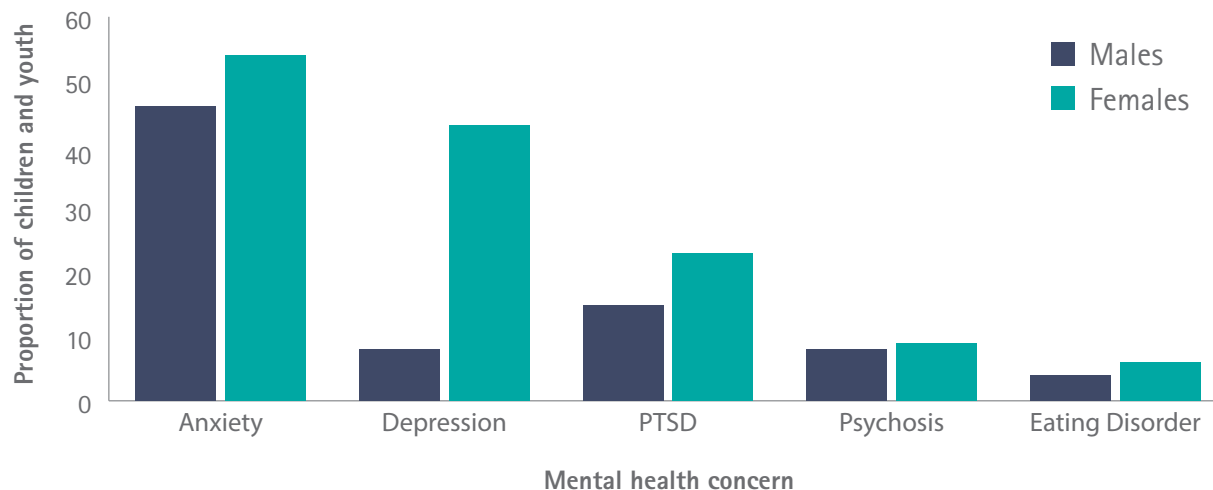
In the cohort of Métis children and youth with injuries, one-fifth (20 per cent) were suspected to have or were diagnosed with PTSD. A higher proportion of female youth (23 per cent) than male youth (15 per cent) in the cohort were suspected to have or were diagnosed with PTSD. The presence of suspected or diagnosed psychotic disorder was eight per cent. Eating disorders were suspected or

⁴⁸ See Appendix C for details.

⁴⁹ While there were a small number of gender diverse Métis youth in the larger sample of those with injuries, these youth did not have Care Plans available for analysis. Therefore, analysis of mental health and developmental concerns is limited to female- and male-identifying youth.

confirmed in five per cent of this cohort, while bipolar disorder and personality disorders were each suspected or confirmed in almost two per cent of Métis children and youth in care.

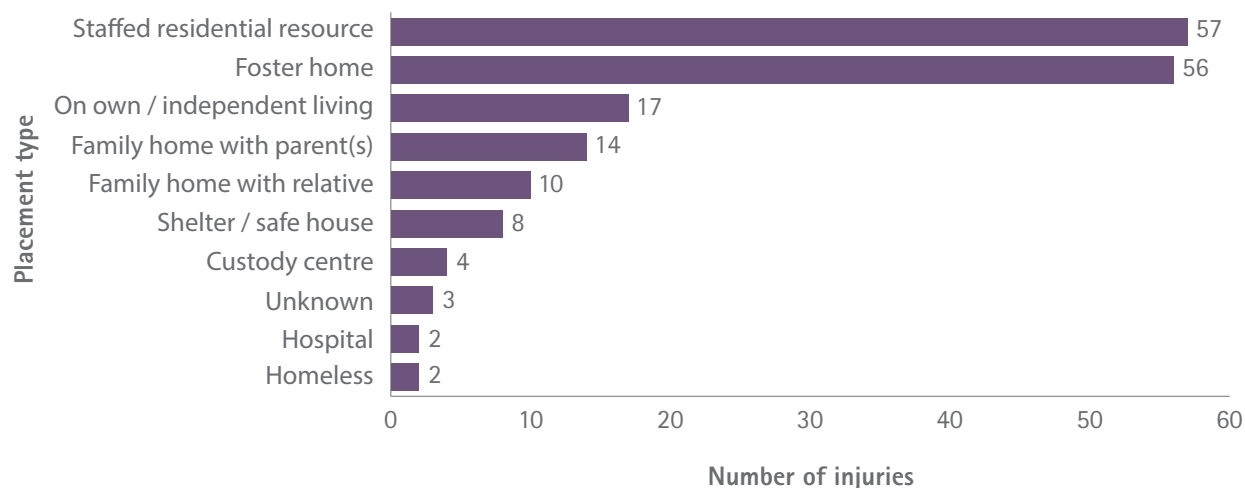
Figure 8: Mental health concerns for Métis children and youth with injuries reported to RCY, 2015 to 2017



Placements and physical permanency

Most of the injuries reported for Métis children and youth were for those placed in staffed residential resources (33 per cent of reported injuries) and foster homes (32 per cent of reported injuries). Alternatively, only 13 per cent of injuries were reported for those children and youth living with family. Ten per cent of injuries were reported for those children and youth living independently. Ten injuries (six per cent of reported injuries) were reported for youth placed in a shelter or safe house, or who were homeless at the time of injury. Another three injuries were reported for youth for whom placement at the time of injury was unknown. Six injuries were reported for those who were in custody or in a hospital at the time of injury (see Figure 9).

Figure 9: Number of injuries reported for Métis children and youth by placement type, 2015 to 2017



Findings

Nearly three-quarters of Métis children and youth for whom injuries were reported experienced multiple placements (73 per cent), which was defined as three or more different placements while in government care. Concurrent planning (i.e., planning for return to family and planning for alternative permanency options in case return to family is not possible) was identified in only 10 electronic records reviewed (15 per cent). Of the 36 Métis children and youth living in a foster home at the time of the injury, only four children and youth were placed with an Indigenous family (11 per cent) and only two were placed with a Métis family (six per cent).⁵⁰

Fewer than two-thirds (63 per cent) of the school-aged children and youth in care for whom injuries were reported were attending school, according to their electronic record; this included children and youth who were on modified or part-time school schedules. Among those who were not attending school, most were female (70 per cent).

Among older Métis youth in care who were injured (i.e., those ages 16 through 18, and thus approaching the age of majority):

- 83 per cent did not have concurrent planning
- 79 per cent had experienced multiple placements while in care
- 73 per cent had at least one mental health concern
- 59 per cent had at least one developmental concern.

Cultural planning

The 70 Care Plans were reviewed to assess the extent to which these Métis children and youth were supported to have cultural permanency through cultural planning. As depicted in Table 3, documented cultural planning often lacked opportunities for these Métis children and youth to connect with their families, communities and culture. In particular, their records suggest that most of the Métis children and youth in this cohort did not have access to Elders, to their communities or to their language.

Review of care planning: Foreshadowing other work of the Representative

RCY is currently conducting a qualitative review of care planning for children and youth in the care of MCFD, including First Nations, Inuit and Métis children and youth. One focus of the review is a text analysis of multiple Care Plans within a child's file to determine the year-to-year progress. In addition, in-depth interviews are being conducted with key players within the care planning process, including guardianship workers, caregivers and children and youth. While a point-in-time analysis of a Care Plan provides a detailed look at a child's in-care experience, a longitudinal look at multiple Care Plans over a period of a child's time in care provides greater potential to identify systemic trends in the practice of guardianship. The overarching goal is to develop recommendations that will improve the quality of care planning for all children in care.

⁵⁰ Four of the 70 electronic records examined did not specify if the child or youth was living in an Indigenous or Métis home.

Table 3: Evidence of cultural planning components for Métis children and youth with injury or death

Indicator of Métis cultural planning	Per cent
Referral to, or involvement with, Roots workers and/or family finders	29 ⁵²
Connection to Métis family	29
Opportunities for cultural activities and/or ceremony	26
Connection to Elders	6
Connection to Métis community	4
Opportunities to learn a Métis or First Nations language	1

Qualitative analyses specific to cultural planning for Métis children and youth in this cohort revealed gaps in planning, as well as problematic language surrounding cultural planning. It is important to note that this review considered only the available Care Plan in the electronic record at the time of the injury or death of the child or youth. Themes from these analyses are discussed in the sub-sections that follow.

The important role of Indigenous agencies and caregivers in facilitating cultural connections

Some of the electronic records reviewed included examples of cultural activities in which Métis children and youth participated. Quotes were taken from Care Plans to illustrate themes. Often, these cultural activities were offered through a DAA that the child and their family were involved with, including healing sessions, ceremonies and youth nights.

Caregivers and families also play important roles in helping to foster cultural connectedness for Métis children and youth in care. Family connections are described as being valuable in helping children and youth to engage with their Métis culture and learn about their cultural identities.

Culture – a definition

“Systems of belief, values, customs and traditions that are transmitted from generation to generation through teachings, ecological knowledge and time-honoured land-based practices. Culture takes many forms which include (but are not limited to) ceremonies, methods of hunting, fishing and gathering foods, the gathering and use of traditional medicines, traditional diet, spiritual journeying and traditional art forms such as drumming, dancing and singing. It is also important to recognize that culture is not static; it is dynamic and ever-changing and each community, particularly urban communities, may define and experience it differently.”

Onowa McIvor and Art Napoleon, “Language and Culture as Protective Factors for At-Risk Communities,” *Journal of Aboriginal Health* 5 (2009): 6-25.

⁵¹ This number denotes files where a referral was made to the Roots and/or Family Finders program. However, this review did not confirm whether the work occurred.

Findings

For example, cultural planning for one child included the important role that her aunt has played in promoting cultural connectedness:

“[Her aunt] is quite supportive and involved with keeping [the child] connected with her Métis culture, giving caregivers various things for her bedroom related to her Métis culture, and has plans for when she’s older to engage her with Métis associations.”

Some children and youth were also supported to connect with their culture through their foster parents. This was explicitly noted in the electronic records for the two children who were placed with Métis foster parents. Care Plans noted:

“[The foster parent] is Métis and the foster parents support and encourage [her] connection to her culture consistently.”

In another case, a non-Indigenous foster parent was also described as being “*supportive of exploring the Métis culture.*”

Cultural permanency is also an important part of care planning for Métis children and youth living in staffed residential resources. In some cases, resource staff reportedly helped to connect youth with cultural practices, including attending Métis events with youth and participating in smudging.

Some of the electronic records included additional examples of cultural activities in which Métis children and youth are participating. This included land-based activities – such as hunting, fishing and learning about the traditional territory – as well as beading, smudging and jigging. For example, one youth was reported to be “*very passionate about fishing, hunting and living off the land. He likes books, movies, stories and personal items to reflect a theme around nature, Aboriginal culture, and being self-sustaining.*”

Cultural planning for some children and youth included making referrals to Roots workers in the future. For example, “*[The child’s] specific Aboriginal community remains unknown at this time. Based from file notes, [the child] may have Aboriginal heritage through his maternal side of the family, possibly Métis ... ROOTS worker needs to be involved to explore [his] Aboriginal heritage.*” While the value of Roots work was often well-documented, there was also evidence of challenges when youth are not supported to engage with the materials that are prepared to help them learn about their culture.

“The Roots program has put together a cultural package for [the youth], which was presented to him in a Sashing Ceremony. The package contains a lot of information about the Métis people and links to resources. [The youth] has limited reading ability so this information could be shared with him by sitting and dialoguing with him about the binder of information.”

Some of the electronic records also indicated that children and youth had been supplied with additional information on their Métis culture and identity through the Métis Commission.

School-based programs and supports were also noted as being important in supporting youth to have access to their culture, with some files indicating that schools may be the only place that children and youth can learn about being Métis. However, MNBC has expressed concern that school supports are often First Nations focused. MNBC has produced information packages for schools related to Métis identity to support children to connect to their culture.

Gaps in cultural planning

While children and youth whose files were part of this review are all identified as being Métis, their records often indicate that their heritage and family trees are unknown or unclear. In many cases, there are no recorded efforts to help these children understand their Métis ancestry, with notes such as, “*doesn't have any confirmation of Métis heritage*” and, “*Métis community unknown.*” Youth often have similar issues with understanding their own Indigeneity, without guidance from others. For example, one youth was identified as Métis but “*does not know if he is Métis or First Nations and does not know where he is from.*”

Evidence within the electronic records for many Métis youth documented that the youth are disinterested, resistant or otherwise “*not engaging*” in their culture. In cases where a youth reportedly lacks interest in participating in cultural activities, this perception is often used as a rationale for the absence of cultural planning. Comments included:

“[The youth] is not involved in any cultural activities related to her Métis background and has no interest at this point.”

“[The youth] is not involved with his Métis heritage ... does not have any interest in participating in cultural activities or enhancing his knowledge of Métis culture.”

“She has demonstrated very little interest in learning about traditional Aboriginal spirituality or religious practices at this time.”

Commonly, cultural planning includes deficit-based narratives, often focusing on a child or youth’s lack of cultural identity, community connection or interest in culture – yet not including strategies to strengthen these connections. Examples included:

“[The youth] is Aboriginal on both sides of his family. [His] complexion is fair/medium and he doesn't identify himself as Aboriginal. [He] admits that he doesn't really know enough about his culture to make an informed decision about his culture.”

“[The youth's] biological mother did not grow up in a traditional Native family. Therefore, [she] has had no exposure to traditional ways to celebrate and appreciate her cultural background. [She] has had a history of refusing to access Aboriginal support services at school due to her not wanting to be linked to 'Native people' and be called out of class.”

Additionally, cultural planning for Métis children and youth in this cohort often suggested the use of a pan-Indigenous approach, illustrating a lack of understanding of the importance of Métis-specific cultural connections.⁵² Comments included: “*[The youth] has been encouraged by social worker to make connection to Aboriginal community and attend cultural events,*” and “*keep [the youth] connected to his Aboriginal culture.*”

⁵² A pan-Indigenous or pan-Aboriginal approach refers to the practice of lumping all Indigenous people into one homogeneous group, thereby ignoring diversity and the importance of culturally responsive practice.

A focus on status

Cultural planning often focused on “status” or “registration.” In most cases, this means that documented cultural planning is limited to notes that a Métis child or youth is “*not registered*” or “*does not have status.*” Records often include comments around community connectedness and affiliations, such as: “[*The youth*] *is not affiliated with a particular Aboriginal Community, Nation, or Band ... she is Métis.*” Another example included mentioning that the youth’s “*family is not connected to their culture,*” and that they are “*not able to obtain status.*”

In only three of the 70 Métis youths’ electronic records was it clear that the child or youth was a citizen of MNBC (four per cent). Among those who lacked citizenship, six had applications in process (nine per cent).

Additionally, cultural planning within this cohort commonly illustrated misunderstandings of Métis and First Nations ancestry. While one youth was identified as Métis from Alberta, their electronic record indicates that several social workers have not understood who the Métis people are and what a sense of belonging to Métis community may look like, as it states: “*A previous social worker tried to find what band [the youth’s] family was from so status could be applied for, but could not find any information.*”

Discussion

This section presents a discussion of some of the key findings from this report, with an exploration of different opportunities to move forward to better support Métis children and youth, their families and communities.

There were 17 deaths and 173 injuries reported for Métis children and youth. The Representative noted the following from the data on critical injuries:

- The majority of injuries were reported for children and youth in care of MCFD or a DAA.
- Injuries were most commonly reported for older youth and many of the youth whose files were reviewed entered care at a young age. Nearly three-quarters of Métis children and youth lived in three or more care placements.
- Sexual assault injuries were commonly reported, particularly for female youth.
- Suicide attempts were also commonly reported. Analysis of available Care Plans suggested that mental health concerns were common for these children and youth.
- Caregiver mistreatment, while not commonly reported, was a concern, particularly for children younger than 13 and for those placed in foster homes or staffed resources.

These findings raise questions about factors that are contributing to harm experienced by Métis children and youth receiving services. Consultations with Métis leadership and service providers highlighted questions about identity, mental health and developmental concerns, and cultural connection. These were explored for Métis youth in care using Care Plans. In particular, the Representative noted that cultural planning and physical and cultural permanency are often not addressed or fostered for Métis children and youth in care.

The Issue of Identification

Métis scholars, leaders and community members have indicated that the misidentification of Métis children and youth within the provincial child welfare system has been an ongoing issue for Métis people, both within B.C. and across Canada.^{53,54} Far more than simply a “data issue,” the misidentification of Métis children can have serious, long-term impacts on connections to family and community. As Métis scholar Deborah Canada writes:

“Misidentification of Métis people has allowed governments to dismiss, displace, demean, and disrespect the Métis people. The placement of Métis children into non-Métis environments without a connection to their roots, community or people results in a lost identity. The loss of their kinship ties has left many ‘system’ children not knowing who they are or where they come from.”⁵⁵

Issues of misidentification were evident within the data examined for Métis children and youth as well. Notes and classifications used within the ICM system revealed gaps in social worker knowledge and ability to identify Métis children and misconceptions regarding Métis and First Nations identity. During consultations, the Métis Commission also indicated that there is an overall lack of awareness of who the Métis people are throughout the child welfare system, including both mainstream MCFD offices and non-Métis-specific DAAs.

MNBC Central Registry and Citizenship

MNBC is one of the five governing members of the Métis National Council (MNC), the representative body of the Métis people of northwestern Canada, both nationally and internationally. MNBC is the only Métis organization in B.C. officially recognized by both provincial and federal governments as the political representative of Métis people in the province of B.C.

Different from First Nations, Métis people have Citizenship of the Métis Nation rather than status. MNBC’s Central Registry lists 90,000 self-identified Métis in B.C. MNBC is committed to ensuring that each of these registrants has an opportunity to apply for Citizenship per the requirements identified by the *Powley* decision in the Supreme Court of Canada.

The Citizenship cards MNBC issues are provincially and federally recognized ID. In 2020, the 20,000th citizen was welcomed. The Registrar for Citizenship must verify Métis ancestry and applicants must provide an accurate MNBC pedigree chart as part of this process. MNBC provides much support in this process for those wishing to apply for Citizenship.

For children and youth in care who may not know about their Métis ancestry, it is vital that social workers ask the critical questions about their identity and possible Métis ancestry and support them in the sometimes challenging task of finding the appropriate documentation to construct their pedigree chart. The Registrar and officers are a resource equipped to help connect children and youth in care, particularly where sensitive timelines exist such as aging out of care. For more information follow this link: <https://www.mnbc.ca/mnbc-ministries/citizenship-info/>

⁵³ Deborah Canada, “The strength of the sash: A Métis community-based research project,” in *Calling Our Families Home: Métis Peoples’ Experiences with Child Welfare*, ed. Jeannine Carrière and Catherine Richardson (Vernon: JCharlton Publishing, 2017), 251.

⁵⁴ Carrière and Richardson, 52.

⁵⁵ Canada, 251.

Mental Health and Neurodevelopmental Concerns

Neurodevelopmental disorders and mental health concerns were evident for Métis children and youth in care who experienced critical injuries. Almost half of this group exhibited symptoms of ADHD, one-third had suspected or confirmed FASD and 10 per cent had ASD. Compared to rates of diagnosis in community samples, these rates are high. However, only 15 per cent of the children and youth in the sample were receiving services through the CYSN program area. Further, more than one-third (37 per cent) of youth in care ages 16 to 18 were not attending school. School is a key provider of special needs supports, so this is an area of particular concern. It is possible that Métis children and youth experience barriers to accessing appropriate services and future research to explore special needs service provision for Métis children and youth would be beneficial.

The data review also highlighted significant mental health concerns for the Métis children and youth who were critically injured. More than half of this group (51 per cent) were identified as exhibiting symptoms of an anxiety disorder and more than one-quarter (28 per cent) experienced symptoms of depression. As compared to general population statistics, these numbers are high. Moreover, female children and youth were reported to experience these symptoms at a much higher rate than male children and youth, which mirrors patterns of diagnosis in the general population. This raises questions about the ways in which mental health concerns are identified for male and female children and youth. PTSD, psychosis, eating disorders, bipolar disorder and personality disorders were suspected or confirmed for a high proportion of children and youth in care who were injured. Approximately 50 per cent of this group were accessing CYMH, mental health services through other pathways (e.g., health authorities) or some combination of CYMH and other supports.

This review highlights the complex presentation of Métis children and youth in care who are critically injured. Many of these youth experience developmental disorders and/or serious mental health challenges. These same youths often experience trauma and attachment disruption. Many of these youth are not accessing appropriate services or supports. This suggests that B.C.'s child-serving systems may not have capacity to adequately identify or provide appropriate or effective supports for Métis children and youth. This review highlights issues that child-serving systems and Métis communities should work on together to develop new ways of working with this population.

Issues around Planning and Permanency

The findings from this report point to concerns around physical and cultural permanency for Métis children and youth in care.⁵⁶ With respect to physical permanency, many Métis children and youth who were critically injured experienced multiple placements while in care (73 per cent) and very few electronic records indicated evidence of concurrent planning (15 per cent).

Additionally, it was rare to see Métis children and youth placed with Métis families, with only two youth living in Métis placements. The Representative requested information from MCFD about efforts to recruit more Métis foster caregivers. MCFD does not track the number of Métis caregivers, only the number of Indigenous caregivers, which is yet another illustration of how Métis children and youth are made invisible.

⁵⁶ A thorough analysis of relational and legal permanency was beyond the scope of this report.

The Issue of Identification

MCFD has attempted to recruit Indigenous care providers, although as noted, the Representative is not aware of any Métis-specific recruitment projects. Every Child Deserves Lifelong Connections was a project administered by the Adoptive Families Association of B.C., in partnership with MNBC, the Métis Commission, service providers and MCFD. This project enabled 18 Indigenous organizations to coordinate events and activities that reached 1,305 individuals in 57 communities throughout B.C. The project ran from April 2017 to June 2018 and provided grants to Indigenous organizations to assist them in holding local, community-informed events and activities to raise awareness of the need for permanency for children and youth. As a result, 61 individuals and families agreed to provide permanency⁵⁷ to children and youth in their communities.⁵⁸

In cases where children and youth must be taken into care, concerted efforts should be made to place more Métis children and youth with Métis families. Further, targeted efforts to retain current Métis caregivers and recruit additional caregivers will facilitate physical permanency for Métis children and youth in care. As Deborah Canada notes, *“the strength of the Métis people is found in our history and culture ... Métis people, regardless of where they reside, are ‘a family’ and thereby share a responsibility to care for each other. A need to maintain a connection to community and to one another is foundational.”*⁵⁹

Many of the Métis children and youth who were critically injured in recent years were also clearly impacted by inadequate and inappropriate cultural planning. There is a large and growing body of evidence that demonstrates the importance of cultural connections for Métis and other Indigenous children and youth – particularly those in care.^{60,61} Despite this, the Métis children and youth who experienced critical injuries often had a lack of opportunities to gain and strengthen connections to their Métis family, Elders and community, as well as few opportunities for youth to participate in their culture and learn their language. However, it is also important to note that there is good work being done in many of the DAAs and other child-serving Indigenous organizations, where Métis youth often participated in cultural activities and had opportunities to connect with community. Overwhelmingly, however, the electronic records reviewed illustrated insufficient opportunities for Métis youth to learn about who they are and where they come from.

When examined as a whole, the practice and structural issues related to physical and cultural planning suggest an environment in which Métis children and youth may be disconnected from their families and communities, without support to foster and rebuild these relationships.

⁵⁷ Permanency is defined as lifelong connection to at least one adult and can take many forms, such as adoption, foster care or mentorship.

⁵⁸ Adoptive Families of B.C., *Lifelong Connections: Project Report*, July 2018.

⁵⁹ Canada, 249.

⁶⁰ Sandrina de Finney and Lara di Tomasso, “Creating Places of Belonging: Expanding Notions of Permanency with Indigenous Youth in Care,” *First Peoples Child & Family Review* 10, no. 1 (2015): 71.

⁶¹ Kathleen Bennett, “Cultural Permanence for Indigenous Children and Youth: Reflections from a Delegated Aboriginal Agency in British Columbia,” *First Peoples Child & Family Review* 10, no. 1 (2015): 103.

Going Forward: Questions from the Current Data

The Representative is committed to supporting Métis leaders and communities in the resumption of child welfare jurisdiction for their children, youth and families and their inherent rights to self-determination. She hopes that this data and her work in critical injury and death reporting may be of use in this endeavour and provides this report with the hope that the information and analysis might translate to initiatives that support robust funding and informed planning for a Métis-specific child and family services framework. The analyses presented here point to areas of significant concern, as well as questions, which should be considered in the development and delivery of services and in the policies and practices in use.

The vast majority of critical injuries that were reported for Métis children and youth were experienced by those in care. The Representative is particularly concerned about the well-being of female-identifying Métis children and youth in care, and the heightened risks to them of sexual violence and exploitation. The Representative has further questions about the experiences of Métis children and youth who are not in care or who are in out-of-care placements. Do they experience the same injuries and at the same rate as those children and youth in care?

She is also concerned that significant opportunities to connect Métis children and youth with culture and community are being lost in the absence of consistent and informed identification of Métis heritage and active attention to and funding for cultural connections.

This report shines a light on the mental health and neurodevelopmental status and needs of Métis children and youth. Suicide attempts were the second-most commonly reported injury type for Métis youth. Additionally, four youth completed suicide. As has been identified by the Representative in other reports, there is not an adequate array of services and supports for children experiencing mental health and substance use challenges and trauma, nor are the resources available for children and youth with special needs sufficient.

“Injuries and deaths are directly related to having no sense of belonging – particularly suicide attempts for those about to age out of care. This is what happens when children and youth have nothing.”

–Judy Smith, MNBC Director of Children and Families

Supporting Identity and Connection of Métis Children and Youth in Care

MNBC Central Registry and Children and Families Department collaborate to ensure Métis children and youth in care are supported and provided every right to access MNBC Citizenship by dedicating a staffed position to ensure legal guardians for Métis children and youth in care are supported and guided to complete MNBC citizenship applications.

MNBC offers citizenship registry for Child in Care citizenship through a specific application package for legal guardian social workers/caregivers. One of the most important parts of the process includes completing the details of the child in care’s family lineage on a pedigree chart.

MNBC Citizenship for a child in care can support connection to their Métis community and a sense of belonging to a Nation of Métis people. When citizenship is acquired for a child in care, it belongs to the individual throughout their lifetime, even when they are considered for adoptions and legal name changes during transitions while in care. For more information follow this link:

<https://www.mnbc.ca/mnbc-ministries/citizenship-info/>

Going Forward: Questions from the Current Data

The five dimensions of permanency that the Representative has spoken about in other reports are particularly relevant in planning for Métis children and youth in care. Based on the current analyses, the Representative wonders about the factors that are weighed when placing children and youth who are in care in foster homes and whether greater recruitment and retention of Métis foster families might facilitate the health and well-being of Métis children and youth in care. Additionally, the Representative has further questions about ways that child-serving systems can facilitate Métis-specific cultural planning for all Métis children and youth who are receiving services.

It is important to note that this data does not tell the full story of the strength and survival of Métis children and youth and their perspective on their lives in care, their injuries and the support and responses to these. The Representative is mindful that this report is a first for her Office and, together with MNBC, the Métis Commission and Métis service providers, she hopes that it will be the beginning of regular sharing and discussions about how this data may be of use for the changes required to support the resumption of child welfare jurisdiction by Métis communities and appropriate funding for early intervention and community and mental health supports to keep Métis families together.

In these dynamic times, the Representative commits to regular sharing of trends in injury and death data and conversations with MNBC, the Métis Commission and Métis service providers to support their service delivery.

Progress Made Since the Period of this Data

Since the data described and analyzed by this report, MCFD has engaged in important strategic initiatives with its Métis partners. Both MNBC and the Métis Commission described to the Representative a strong working relationship with MCFD which is informing the strategic work that is underway. These initiatives include:

- A jointly developed orientation for staff to implement practices entitled *“Understanding the Métis in British Columbia: A Guide for Social Workers, Legislators, and Policy Makers”* which was released in 2018
- The delegation in 2018 of MNBC’s Director of Children and Families to receive reportable circumstance reports for children and youth who are Métis as well as case-specific information⁶²
- The development of a second tripartite (MCFD, MNBC and the Métis Commission) Memorandum of Understanding (MOU) for 2016 to 2021 to support collaborative work in child welfare practice
- The convening of The Métis Working and Practice Tables to identify and address matters ranging from child welfare jurisdiction and governance, to oversight and improving services.

⁶² Note that the Métis Commission does not receive reportable circumstances reports from MCFD.

Appendix A: Methodologies

What follows describes the approaches the RCY research team was informed by in its work. Each researcher brought their own story to this work and each has been mindful of this as they engaged with these data. While data can appear sterile and less storied, the research team views this data as representing the sacred stories of the young people. It was the hope of the research team for this project to begin to understand these stories better, and to report in ways that do no further harm but rather produce systemic change.

An Intersectional Approach to Understanding the Child Welfare System

Government ministries and organizations across Canada have historically and contemporarily upheld Eurocentric perspectives, practices and policies, which contribute to disparities in Indigenous child welfare. Similarly, in conducting past research on First Nations, Métis and Inuit communities, researchers and governments have too often utilized non-collaborative and authoritative approaches that have treated Indigenous people as “subjects” rather than forming partnerships in the spirit of collaboration. An Elder working with Marlene Brant Castellano said, “*If we have been researched to death ... maybe it’s time we started researching ourselves back to life.*”⁶³ With this in mind, Indigenous and non-Indigenous staff have worked together within RCY to describe and analyze the data for this report.

The term “intersectionality” was coined 30 years ago by Kimberlé Crenshaw, a black American legal scholar in a paper detailing the court’s myopic view of discrimination and “*single-issue analyses that intersectionality challenges.*”⁶⁴ While specific definitions of intersectionality remain varied, intersectionality encompasses understanding individual identities and how they can and do converge resulting in significant negative impacts to how certain people are viewed, treated and judged. Crenshaw noticed that black women could experience discrimination by way of being black and female and intersectionality invites us to consider *both* issues and the combination of these.⁶⁵

Intersectional theory centres the experiences of an individual or social group, accounting for the impact of power and privilege in society, as well as the important role that historical factors play in forming these systems.⁶⁶ While intersectionality has primarily focused on connections between race, gender and class, there is an emerging body of research that aims to examine the multiple interactions between diverse positions of social identity, such as age, ethnicity, Indigeneity, sexuality, class and ability.⁶⁷ Intersectional

⁶³ Marlene Brant Castellano, “Ethics of Aboriginal Research,” *Journal of Aboriginal Health* 1, no. 1 (2004): 98.

⁶⁴ Kimberlé Crenshaw, “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” *University of Chicago Legal Forum* 1, Article 8 (1989): 149.

⁶⁵ Crenshaw, 149.

⁶⁶ Olena Hankivsky and Renée Cormier, *Intersectionality: Moving Women’s Health Research and Policy Forward*, (Vancouver, BC: Women’s Health Research Network, 2009), http://bcewh.bc.ca/wp-content/uploads/2012/05/2009_IntersectionalityMovingwomenshealthresearchandpolicyforward.pdf.

⁶⁷ Olena Hankivsky, Daniel Grace, Gemma Hunting, Melissa Giesbrecht, Alycia Fridkin, Sarah Rudrum, Olivier Ferlatte, and Natalie Clark, “An Intersectionality-Based Policy Analysis Framework: Critical Reflections on a Methodology for Advancing Equity,” *International Journal for Equity in Health* 13, (2014): 119-135.

theory can reveal the role that colonial oppression plays in shaping the histories and current realities of Indigenous children, their families and their communities.

Intersectionality also aligns with Kirkham and colleagues' notion of "*situated vulnerability*":

*"We have coined the phrase 'situated vulnerability' that does not essentialize groups as 'vulnerable populations.' Rather, we examine the contexts and conditions under which people are made vulnerable. This is not to undermine the suffering of those who have been disadvantaged but rather, to acknowledge that vulnerability is a social construct, created through the social conditions of people's lives, and not a fixed state of being, or 'ethnic trait.'"*⁶⁸

Thus, when considering injury and death reports through a strengths-based approach, there are opportunities to recognize resiliency among Indigenous children and youth, on both an individual and collective level. Situated vulnerability, as a lens, allows us to consider the structures and systems that make certain people vulnerable. It can also be argued that intersectionality inherently aligns with an Indigenous worldview, which understands health and wellness as holistic.⁶⁹

Wellness for Indigenous children and youth must be understood through systems and structures of ongoing colonialism, which centres racism and discrimination, cultural oppression and violence, through which pathways to negative outcomes are formed. Intersectionality and situated vulnerability are used within this report to provide a more comprehensive understanding of the root causes of disparities for Indigenous children and youth within the child welfare system.

Indigenous Research and the Use of Statistics

When data is used by Indigenous communities, it can be a powerful tool for systemic change. This has long been recognized by Indigenous scholars, leaders and communities. As Cindy Blackstock of the First Nations Child and Family Caring Society of Canada states, "*Indigenous peoples repeatedly call for disaggregated data describing their experiences to inform resource allocations and policy and practice change.*"⁷⁰ Additionally, the Truth and Reconciliation Commission Calls to Action include keeping data: "*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.*"⁷¹

⁶⁸ Sheryl Reimer Kirkham, Jennifer L. Baumbusch, Annette S. H. Schultz, and Joan M. Anderson, "Knowledge Development and Evidence-Based Practice: Insights and Opportunities from a Postcolonial Feminist Perspective for Transformative Nursing Practice," *Advances in Nursing Science* 30, no. 1, (2007): 35.

⁶⁹ Natalie Clark, "Perseverance, Determination and Resistance: An Indigenous Intersectional-Based Policy Analysis of Violence in the Lives of Indigenous Girls," Institute for Intersectionality Research and Practice, Simon Fraser University: Vancouver, B.C., 2012 https://www.researchgate.net/publication/326377945_Perseverance_Determination_and_Resistance_An_Indigenous_Intersectional-Based_Policy_Analysis_of_Violence_in_the_Lives_of_Indigenous_Girls.

⁷⁰ Cindy Blackstock, "First Nations Children Count: An Indigenous Envelope for Quantitative Research," *First Peoples Child & Family Review* 5, no. 2, (2010): 66.

⁷¹ Government of Canada, "Truth and Reconciliation Commission of Canada: Calls to Action." (Winnipeg, 2015), p. 1.

When data is available, it tends to portray Indigenous peoples as defective or damaged.^{72,73} These deficient views of Indigenous people are mirrored within child welfare practice, as they are often used to substantiate child welfare interventions, as evidenced through the disproportionate apprehension of Indigenous children from their families and communities.⁷⁴

The context of colonialism is often not discussed within individual stories of Indigenous children and youth, which place Indigenous peoples as the problem when removed from the systemic context. As scholar Eve Tuck notes, “*Without the context of racism and colonization, all we’re left with is the damage, and this makes our stories vulnerable to pathologizing analyses.*”⁷⁵ Additionally, scholars Sandrina de Finney and Lara di Tomasso write about “*risk-centred*” rhetoric within social work, where children and youth within the system are described as “*‘broken’ and ‘lost causes’ who lack social skills and resilience, are unable to form healthy attachments, and are deviant, untrustworthy, or dangerous.*”⁷⁶ These deficit-based generalizations shape ways in which children and youth are perceived by others, as well as how the youth see themselves.⁷⁷

When rooted in Indigenous ways of knowing, statistics can be used to tell stories via empirical representations that are reflective of Indigenous peoples and communities. In this report, RCY aims to honour Indigenous ways of knowing by shifting toward reporting data in a more respectful and reciprocal way.

⁷² Maggie Walter and Chris Andersen, *Indigenous Statistics: A Quantitative Research Methodology* (New York: Routledge, 2013), 16.

⁷³ Eve Tuck, “Suspending Damage: A Letter to Communities,” *Harvard Educational Review* 79, no. 3, (2009): 415.

⁷⁴ Holly A. McKenzie, Colleen Varcoe, Annette J. Browne, and Linda Day, “Disrupting the Continuities among Residential Schools, the Sixties Scoop, and Child Welfare: An Analysis of Colonial and Neocolonial Discourses,” *The International Indigenous Policy Journal* 7, no. 2 (2016): 1-24.

⁷⁵ Tuck, 415.

⁷⁶ de Finney and di Tomasso, 68.

⁷⁷ de Finney and di Tomasso, 65-85.

Appendix B: Methods

Reporting Critical Injuries and Deaths to the Representative

Reviewable services are those provided under the *Child, Family and Community Service Act*,⁷⁸ the *Youth Justice Act*, mental health services and addiction services.⁷⁹ The Representative has a mandate to review all critical injuries and deaths of children and youth who are (a) receiving reviewable services, (b) have received reviewable services within the 12 months prior to the critical injury or death, and (c) whose families are receiving or were receiving reviewable services within the 12 months prior to the injury or death (e.g., family support services).

To this end, the *RCY Act* directs reviewable service providers to report all critical injuries and deaths for the above-mentioned population. Under the *RCY Act*, a critical injury is defined as one that results in, or has the potential to cause, serious or long-term impairment. Serious or long-term impairment is when an injury has, or could in the future, prevent a child or youth from carrying out their usual day-to-day activities or when the child or youth requires or could require considerable support to carry out their usual day-to-day activities as a result of the injury. This is interpreted to include physical and emotional injuries. For example, a child or youth who loses a parent by way of an overdose would be considered to have experienced an emotional injury.

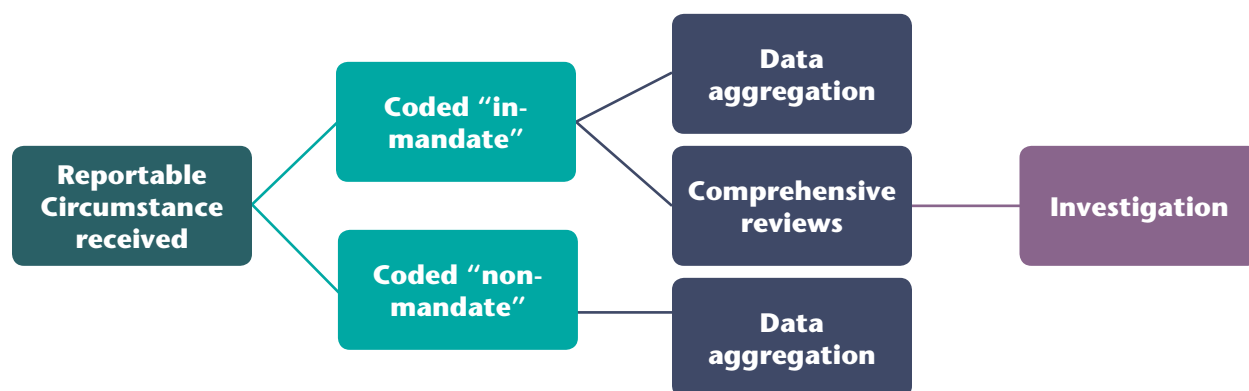
Injury and Death Data at RCY

Critical injuries or deaths are reported to the Representative using a reportable circumstance form (RC) that is completed and submitted electronically. Reports include a youth's demographic information (e.g., birth date, gender, Indigenous nation), location (e.g., where the child or youth was living, where the child or youth was injured, where the child or youth receives services), living arrangement at the time of injury (e.g., family home, foster home), the reviewable services involved with the child or youth (e.g., child protection, mental health services, etc.), the child or youth's history of services (e.g., date at which services became involved and for what reasons), a description of the injury or death, and the response of the service providers (e.g., a safety plan is developed for a youth who expresses suicidal ideation).

When injury reports are received by the Representative, the information related to an injury is entered into RCY's case management system. Analysts conduct an initial review to determine whether reports meet the Representative's mandate under the *RCY Act*.

⁷⁸ These include the three service areas of MCFD: child protection, Child and Youth Mental Health and Children and Youth with Special Needs.

⁷⁹ *Representative for Children and Youth Act*, SBC 2006, c. 29.

Appendix B Figure 1: Pathway of reportable circumstances for research⁸⁰

As part of the initial review, analysts examine the incident description and code the injury into one of nine categories, or death into one of five categories, based on the description provided (see Appendix C for all definitions). A review of relevant records in MCFD’s electronic system, ICM, is also conducted.⁸¹ Operational definitions are followed for coding to increase reliability and validity.⁸² For the current analysis, injuries were also classified according to perpetrator type. Injuries were classified as perpetrated on children and youth by others, inflicted by the child or youth themselves or unintentional.

Those who experienced injuries or deaths were also described. Gender included female, male and gender diverse. Age of those injured was also categorized as infant (less than one-year-old), toddler (ages one- to five-years-old), children (ages six- to 12-years-old) and youth (ages 13- to 18-years-old). Those who were injured were also categorized as in the care of MCFD (in care) or accessing another reviewable service (out of care). Legal status of those who were injured was also described. The child or youth’s living arrangement at time of injury was also described for this data set.

Analyses

In this report, quantitative data from mandate reportable circumstances was described and analyzed. Differences were noted to be statistically significant at 0.05, which means that there is less than five per cent likelihood that the results occurred by chance. When differences were significant, an asterisk (*) is used in the charts to denote this. Analyses were limited to in-mandate injury and death reports.⁸³

⁸⁰ The Representative’s staff can also take immediate action when needed, based on the information in an injury report. A child or youth may be referred to an RCY advocate or the case may be brought to the attention of the Provincial Director of Child Welfare.

⁸¹ An initial review of electronic records includes case opening and/or closing recording, relevant case notes, relevant memos, incidents and service requests and the Care Plan (for those children and youth in care).

⁸² In this case, “reliability” refers to the chances that the same injury will be coded the same way by different raters and “validity” refers to the chance that an injury is correctly coded.

⁸³ Data on out-of-mandate injuries were captured starting September 2017 and will be considered in future analyses.

Analysis of Electronic Records

MCFD and DAAs typically use ICM to manage the cases of children, youth and families who receive reviewable services. ICM has been used almost exclusively by MCFD and the DAAs since April 1, 2012. Some DAAs use a different electronic system, *Best Practices*, for similar purposes. In addition to this, practitioners often keep paper (physical) files for their children, youth and families. Generally, important documents are uploaded to ICM and are reviewed by RCY staff when an injury or death is reported. In some cases, electronic records are not reviewed as they are not uploaded or are in the physical file. ICM contains several electronic records including, but not limited to: legal agreements, location of child's residence over time, Care Plans, safety plans, incident reports, reportable circumstances, running case notes, risk assessments, and psycho-educational assessments. The electronic Care Plan form is populated by the practitioner and can contain very useful information for the reviewer when an injury or death is reported. This information can include:

- Mental health concerns/diagnoses
- Developmental/physical health concerns
- Indigenous identity
- Religious affiliation
- Number of placements
- Significant life events
- School enrolment and attendance for school-age children and youth
- Family, extended family and significant relationships
- Cultural planning
- Transition planning for youth approaching the age of majority (i.e., those ages 17 to 19)⁸⁵

A Care Plan is prepared by a child or youth's social worker in a collaborative process involving the child or youth, family, community members and often professionals from community-based organizations. The goal is to improve the outcomes for children and youth in care in important areas of their lives, including health, education and independence. Strengthening relationships to traditional community and culture is also a critical function of care planning for Indigenous children and youth. An analysis of the electronic record was conducted for Métis children and youth whose files were reviewed for this report.

Limitations

The Representative acknowledges that there are limitations to this type of research. First, focusing on injuries and deaths ignores instances in which children and youth were kept safe and may produce a blame culture in which social workers or service providers become the focus of intense scrutiny thereby removing the focus from systems and structures that uphold and reproduce circumstances of situated vulnerability.

This study is also based on administrative data, and thus privileges the voices of service providers, rather than those of children, families and communities. MCFD reporting policy is different for children and youth in care, as opposed to children and youth receiving other services. The threshold for considering an injury serious enough to report is lower for children in care than for those out of care. Therefore, the Representative is unable to compare rates of injury between those in and out of care.

Lastly, there may be variation with reporting compliance by region and service stream, which may impact the results presented in this report.

⁸⁴ The age of majority is 19 in B.C.

The Representative's process for consultation with community in projects such as this is a new one. The Representative recognizes limitations in the process undertaken currently. For example, community leaders and service providers were not engaged in the initial project genesis but were consulted after the initial descriptive analyses were conducted. The Representative is appreciative of the time and expertise that was shared and looks forward to increased engagement with community in future research projects. Also, the Representative recognizes that not all community stakeholders were involved in the current consultations. In the future, it may be possible to include caregivers, Elders and other invested community members.

This report is limited to the Métis youth who were connected to at least one reviewable service and who were critically injured or died, as reported within a three-year period. In this way, this data is not representative of all Métis children and youth in the province. Further, analysts relied on coding of Indigeneity of children and youth available on ICM. While analysts conducted a thorough search of ICM for indicators of youths' self-professed identity, it is impossible to determine the accuracy of coding. Further, the data management system used by the Representative is only equipped to recognize one unique identity (i.e., First Nations or Métis), while children may inherently hold more than one identity. Analysts did note that Métis children and youth are often misidentified or under-identified in Care Plans.

Finally, this report privileges practitioner voice over youth voice as all reports of injuries and deaths were submitted by practitioners. While analysts read reports carefully to determine a youth's perspective on an injury (e.g., in a report in which a youth ingested substances, analysts examine the incident description to determine whether this was a substance-related injury or a suicide attempt), this is not always included in the report. The Representative will explore youth voice in subsequent projects but recognized value in a preliminary, descriptive analysis of injuries and deaths.

Youth engagement and youth perspective is vital to understanding and gauging the effectiveness of services that youth receive from MCFD and various other agencies. The injury and death reports that the Representative receives are written by practitioners detailing their perspective on the child, youth or family's life as well as the response to the injury. Very rarely is youth voice captured or youth perspective considered. Although child, youth and family perspectives and voices are not reflected in this report, the Representative has presented youth perspectives in RCY's *Time to Listen* report on youth substance use and a recent report by Katherine McParland on youth homelessness in B.C. and will be centering child, youth and family perspectives in upcoming reports. As services evolve and jurisdiction is established, these perspectives will be extremely valuable.

Appendix C: Glossary

Injury and Death Categories and Definitions

Injury category	Definition
Sexualized violence	Includes abuse (i.e., sexual acts committed against a child or youth by a person in a position of trust or authority), exploitation (e.g., child or youth exchanges sexual acts for food, shelter, illicit substances, protection, life necessities and/or money), assault (i.e., non-consensual sexual act perpetrated on a child or youth) and misconduct (i.e., non-touching and non-consensual sexual acts, including collection and distribution of images, exposing a child or youth to sexual images or sexual harassment)
Suicide attempt	Non-fatal attempt to take one's life with the intent to die
Substance-related injuries	Non-fatal and accidental drug (illicit or prescription) overdose or alcohol intoxication severe enough to cause injury (e.g., vomiting, unconsciousness)
Physical assault	Physical injury that is serious or has the potential for long-term impairment (e.g., concussion, wound requiring stitches) that is intentionally inflicted by another person
Caregiver mistreatment	Inappropriate use of behaviour management methods (e.g., use of chemical or physical restraints, withholding food or using isolation to change behaviour), physical or sexual abuse by a caregiver, emotional abuse by a caregiver (e.g., taunting, belittling, name-calling, threats) or neglect by a caregiver (e.g., failing to seek required medical treatment or follow through with physician recommendations, inadequate supervision, domestic violence in the child or youth's presence, permission of drug or alcohol use by the child or youth)
Accidental injuries	Accidental in nature (e.g., injuries due to sports or recreation, falls, motor vehicle collisions) that result in physical injuries that are serious or have the potential to result in long-term impairment (e.g., broken, fractured, or dislocated bones, concussion, stitches and serious burns)
Self-harm injuries	Injuries inflicted on oneself that are serious or have the potential for long-term impairment and are carried out deliberately (e.g., wounds from cutting that require stitches or wounds from burning that require dressings)
Emotional harm	Experiences (e.g., witnessing another's death, being present during an episode of domestic violence, threats to physical safety) causing or likely to cause serious or long-term emotional impairment (e.g., a child or youth is afraid to leave their house, avoids certain people or situations or experiences trauma symptoms)

Death category	Definition
Expected	When a child/youth dies by natural causes – this is often due to mitigating medical factors, such as a terminal illness or congenital birth defects
Accidental	The death of a child/youth as a result of an accident, by means other than natural death, homicide or suicide
Suicide	The deliberate, intentional taking of one's own life – this is a death caused by self-inflicted illness or injury
Homicide	When a child/youth's life is intentionally taken by another human being
Undetermined	A death in which the coroner cannot determine how the child/youth died – this may be due to lack of information, an ongoing investigation or equal evidence towards multiple possible causes of death (e.g., it may not be clear if the death was accidental or a homicide, or accidental or a suicide)

Delegated Aboriginal Agencies and Delegation Levels

DAA's have authority, from the Provincial Director of Child Welfare to administer all or part of the *CFCS Act* for Indigenous communities by way of delegation agreements. There are varying levels of responsibility under these delegation agreements that can be undertaken by a DAA. These levels are detailed below.

Delegation Matrix	
Level	Services Covered
C3	Resource development and voluntary service delivery
C4	Guardianship services for continuing custody wards
C6	Full child protection services

Children in Care

Legal status of those who were injured

In care	
Legal status	Description
Under removal (removal)	A child who has been removed from their parents' care due to concerns for their safety prior to a custody order being granted
Interim Custody Order (ICO)	An order placing a child in the custody of MCFD for 45 days
Temporary Custody Order (TCO)	An order placing a child in the custody of MCFD for a specified time period
Continuing Custody Order (CCO)	A permanent order under the <i>CFCS Act</i> placing a child in the custody of MCFD until age 19
Special Needs Agreement (SNA)	An agreement between the guardian of a child and MCFD in which MCFD assumes care of the child but not custody. The intent is to provide services and supports for children with special needs
Voluntary Care Agreement (VCA)	An agreement between the guardian of a child and MCFD when a parent is temporarily unable to look after a child in the family home in which MCFD assumes care of the child, but not guardianship

Out of care	
Legal status	Description
Family	Children who are under the guardianship of family and live with family (but access reviewable services). This can include children who are in the care of their family but whose care is supervised by MCFD, children living with extended family and children who are in the permanent custody of a person other than their parents
Youth Agreement (YAG)	Provides assistance to youth ages 16- to 18-years-old when a youth cannot remain in their family home. The youth is not in the care of MCFD but MCFD provides financial assistance and works with the youth to create a plan for independence

Living arrangement at time of injury

Living arrangement	Description
Family home	This can include living with biological (immediate or extended) or adoptive family members
Foster home	A home for children and youth in care that is family-based and in which foster parents are directly recruited, assessed, approved and supported by MCFD staff
Staffed resource	Contracted, agency-based placements that include residences such as group homes and shelters but also include contracted family-based care models of residential services where, for example, agencies recruit, train and provide ongoing support to the family-based caregivers and the child or youth through supplementary staffing and programming
Custody centre (custody)	There are two youth custody centres in B.C. that accommodate youth serving a custodial sentence as well as youth detained in custody pending trial or sentencing
No fixed placement	Those staying with friends on an informal basis, who are homeless, or whose living situation at the time of injury is unknown
Living independently	A youth who lives on their own with support from MCFD
Hospital	A child or youth may stay in a hospital for an extended period of time for physical (e.g., hospice service) or mental health reasons (e.g., inpatient psychiatric treatment or detox from substances)

Developmental Health Concerns

ADHD is defined as a persistent pattern of inattention and/or hyperactivity and impulsivity that interferes with daily function or development.

FASD is an umbrella term for a group of conditions associated with prenatal alcohol exposure. FASD is characterized by difficulties with thinking and memory, behaviour challenges and challenges completing activities of daily living.

Autism spectrum disorder is characterized by persistent deficits in social communication and social interaction, as well as restricted and repetitive patterns of behaviour, interests or activities with symptoms displayed from a young age.

Mental Health Concerns⁸⁵

Anxiety disorders are characterized by imminent fear and anticipation of future danger that is excessive or developmentally inappropriate. Anxiety may be general, related to a specific fear (e.g., separation from family or phobia) and can include panic attacks. Although not included in the anxiety disorders in the DSM-V, obsessive-compulsive disorder was included in this report's operational definition of anxiety.

A number of depressive disorders are recognized, but they are all characterized by sad or irritable mood that is accompanied by somatic (e.g., body aches, fatigue) and cognitive (e.g., memory problems, inability to concentrate) changes that negatively impact daily function.

PTSD occurs when an individual is exposed to or witnesses trauma that results in recurrent, involuntary and intrusive distressing memories of the trauma, recurrent distressing dreams related to the trauma, feeling or acting as though the trauma were happening again when it is not, persistent avoidance of places or situations that are associated with the trauma, negative changes in thinking or mood beginning or worsening after the trauma and marked changes in arousal (e.g., irritability or recklessness) when reminded of the trauma. All of these symptoms last for longer than one month and cause significant impairment in important areas of functioning (e.g., child is unable to attend school or stops spending time with friends).

Psychotic disorders, such as schizophrenia, are defined by marked abnormalities in five dimensions: delusions (e.g., fixed beliefs that are not changed, even in light of evidence that the beliefs are untrue, such as a belief that one can control the thoughts of others), hallucinations (e.g., perception-like experiences that exist without actual, external stimuli, such as hearing voices in an empty room), disorganized thinking (e.g., switching from one topic to another, providing answers that are unrelated to a question that has been asked or speech that is so disorganized it may be incomprehensible), grossly disorganized or abnormal motor behaviour (e.g., strange behaviour that ranges from childlike silliness to agitation, to a rigid or bizarre posture) and negative symptoms (e.g., loss of pleasure in previously enjoyed activities, reduction in the amount a person speaks, reduction in the range of emotions shown by a person).

Eating disorders are characterized by a long-standing disturbance of eating behaviour that results in the altered consumption (e.g., restricting the amount of food eaten, as in anorexia nervosa) or absorption (e.g., causing oneself to vomit or using laxatives so that food that is consumed is not absorbed by the body, as in bulimia nervosa).

Bipolar disorder is characterized by mood swings from low (similar to depressive symptoms) to high mood (also known as manic mood).

A personality disorder is an enduring pattern of feeling and behaviour that is very different from cultural norms, is pervasive and inflexible and leads to distress or impairment. Borderline personality disorder is characterized by a pervasive pattern of instability in interpersonal relationships, self-image, emotion and impulsive behaviour. In the group of youth whose files were examined in this report, borderline personality disorder was most often identified if a youth had suspected or diagnosed personality disorder.

⁸⁵ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (5th Ed.)*, (Arlington; American Psychiatric Association, 2013).

Reference List

- Adoptive Families of B.C. *Lifelong Connections: Project Report*. July 2018.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 5th ed.* Arlington: American Psychiatric Association, 2013.
- Auger, Monique, “Understanding Our Past, Reclaiming Our Culture: Conceptualizing Métis Culture and Mental Health in British Columbia.” Master’s thesis, Simon Fraser University, 2017.
- Bennett, Kathleen. “Cultural Permanence for Indigenous Children and Youth: Reflections from a Delegated Aboriginal Agency in British Columbia.” *First Peoples Child & Family Review* 10, no. 1 (2015): 99-115.
- Blackstock, Cindy. “First Nations Children Count: An Indigenous Envelope for Quantitative Research.” *First Peoples Child & Family Review* 5, no. 2, (2010): 66-73.
- Canada. Parliament. Senate. Standing Senate Committee on Aboriginal Peoples. *The People Who Own Themselves: Recognition of Métis Identity in Canada*. 1st sess., 41st Parliament, 2013. <https://sencanada.ca/content/sen/Committee/411/appa/rep/rep12jun13-e.pdf>
- Canada, Deborah. “The Strength of the Sash: A Métis Community-based Research Project,” in *Calling Our Families Home: Métis Peoples’ Experiences with Child Welfare*, edited by Jeannine Carrière and Catherine Richardson. Vernon: JCharlton Publishing, 2017.
- Castellano, Marlene Brant. “Ethics of Aboriginal Research,” *Journal of Aboriginal Health* 1, no. 1 (2004): 98-114.
- Crenshaw, Kimberlé. “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics.” *University of Chicago Legal Forum* 1, Article 8 (1989): 138-167.
- Carrière, Jeannine, and Cathy Richardson. “The Invisible Children of Child Welfare: Legislation, Policy and Governance Models for Métis Child Welfare,” in *Calling Our Families Home: Métis Peoples’ Experiences with Child Welfare*, edited by Jeannine Carrière and Catherine Richardson, 49-71. Vernon: JCharlton Publishing, 2017.
- Clark, Natalie. “Perseverance, Determination and Resistance: An Indigenous Intersectional-Based Policy Analysis of Violence in the Lives of Indigenous Girls.” Institute for Intersectionality Research and Practice, Simon Fraser University: Vancouver, B.C., 2012. https://www.researchgate.net/publication/326377945_Perseverance_Determination_and_Resistance_An_Indigenous_Intersectional-Based_Policy_Analysis_of_Violence_in_the_Lives_of_Indigenous_Girls
- de Finney, Sandrina, and Lara di Tomasso. “Creating Places of Belonging: Expanding Notions of Permanency with Indigenous Youth in Care.” *First Peoples Child & Family Review* 10, no. 1 (2015): 63-85.
- Government of Canada. *Technical Information Package: An Act respecting First Nations, Inuit and Métis Children, Youth and Families*. January 23, 2020. <https://www.sac-isc.gc.ca/eng/1579468554846/1579468577638>
- Government of Canada. *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg: Government of Canada, 2015.

- Graham, Catherine, and Tanya Davoren. *Sharing Their Stories: Narratives of Young Métis Parents and Elders About Parenting*. Prince George: National Collaborating Centre for Aboriginal Health, 2015.
- Hankivsky, Olena, and Renée Cormier. *Intersectionality: Moving Women's Health Research and Policy Forward*. Vancouver, B.C.: Women's Health Research Network, 2009. http://bccwh.bc.ca/wp-content/uploads/2012/05/2009_IntersectionalityMovingwomenshealthresearchandpolicyforward.pdf.
- Hankivsky, Olena, Daniel Grace, Gemma Hunting, Melissa Giesbrecht, Alycia Fridkin, Sarah Rudrum, Olivier Ferlatte, and Natalie Clark. "An Intersectionality-Based Policy Analysis Framework: Critical Reflections on a Methodology for Advancing Equity." *International Journal for Equity in Health* 13, (2014): 119-135.
- Kirkham, Sheryl Reimer, Jennifer L. Baumbusch, Annette S. H. Schultz, and Joan M. Anderson. "Knowledge Development and Evidence-Based Practice: Insights and Opportunities from a Postcolonial Feminist Perspective for Transformative Nursing Practice." *Advances in Nursing Science* 30, no. 1, (2007): 26-40.
- McCreary Centre Society. *Ta Saantii Deu/Neso: A Profile of Métis Youth Health in BC*. Vancouver: McCreary Centre Society, 2019. https://www.mcs.bc.ca/pdf/ta_saantii_deu_neso.pdf
- McKenzie, Holly A., Colleen Varcoe, Annette J. Browne, and Linda Day. "Disrupting the Continuities among Residential Schools, the Sixties Scoop, and Child Welfare: An Analysis of Colonial and Neocolonial Discourses." *The International Indigenous Policy Journal* 7, no. 2 (2016): 1-24.
- Métis National Council. *Métis Registration Guide*. Ottawa: Métis National Council, 2011, <https://www.metisnation.ca/wp-content/uploads/2011/04/Métis-Registration-Guide.pdf>
- Ministry of Children and Family Development & Métis Nation British Columbia. "Métis in B.C. Set to Take Over Control of Their Own Child Welfare." News release, June 7, 2018. https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2018CFD0042-001132.pdf
- Ministry of Children and Family Development. *Aboriginal Operations and Practice Standards and Indicators*. Victoria, B.C.: Ministry of Children and Family Development, 2005.
- Ministry of Children and Family Development. *Aboriginal Policy and Practice Framework*. Victoria, B.C.: Ministry of Children and Family Development, 2015.
- Ministry of Children and Family Development. *Children and Youth in Care Policies – Chapter 5.1: Registering for or Seeking Membership or Citizenship with Métis Organizations*. Victoria: 2019. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/policies/cf_5_children_youth_in_care.pdf
- Ministry of Children and Family development. *Corporate Data Warehouse*. Accessed on June 22, 2020.
- Ministry of Children and Family Development. *Métis Children and Youth in Continuing Care: Descriptive Analysis*. Ottawa: Métis Commission, 2018. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/data-monitoring-quality-assurance/metis_children_and_youth_in_continuing_care_-_descriptive_analysis_june_2018.pdf
- Ministry of Children and Family Development. *Policy 1.1 Working with Indigenous Children, Youth, Families and Communities*. Victoria: 2020. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/data-monitoring-quality-assurance/reporting-monitoring/policy_1_1v18.pdf
- Representative for Children and Youth Act, SBC 2006, c. 29.*
- Sealey, Bruce D., and Antoine S. Lussier. *The Métis: Canada's Forgotten People*. Winnipeg: Manitoba Métis Federation, 1975.

References

- Statistics Canada. “Family Characteristics of Children Including Presence of Grandparents (10), Aboriginal Identity (9), Registered or Treaty Indian Status (3), Residence by Aboriginal Geography (10), Age (4B) and Sex (3) for the Population Aged 0-14 Years in Private Households of Canada, Provinces and Territories, 2016 Census – 25% Sample Data.” *Data Tables, 2016 Census*. July 14, 2020. <https://www150.statcan.gc.ca/n1/en/catalogue/98-400-X2016350>
- Tait, Caroline. “Is Canada Failing Métis Children? An Examination of the Challenges and Barriers to Improved Health,” in *Canadian Supplement to the State of the World’s Children 2009: Aboriginal Children’s Health: Leaving No Child Behind*, 30-36. Toronto: UNICEF Canada, 2009.
- Tait, Caroline, Robert Henry, and Rachel Loewen Walker. “Child Welfare: A Social Determinant of Health for Canadian First Nations and Métis Children.” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 11, no.1 (2013): 39-53.
- Tuck, Eve. “Suspending Damage: A Letter to Communities.” *Harvard Educational Review* 79, no. 3, (2009): 409-427.
- Walter, Maggie, and Chris Andersen. *Indigenous Statistics: A Quantitative Research Methodology*. New York: Routledge, 2013.

Contact Information

Representative for Children and Youth

Phone

In Victoria: 250-356-6710

Elsewhere in B.C.: 1-800-476-3933

E-mail

rcy@rcybc.ca

Fax

Victoria: 250-356-0837

Prince George: 250-561-4624

Burnaby: 604-775-3205

Website

www.rcybc.ca

Offices

400 – 1019 Wharf Street

Victoria, B.C. V8W 2Y9

1475 10th Avenue

Prince George, B.C. V2L 2L2

#150 4664 Lougheed Hwy.

Burnaby, B.C. V5C 5T5



B.C.'s Representative
for Children and Youth
and RCYBC Youth



@rcybc and @rcybcyouth



Rep4Youth



@rcybcyouth



REPRESENTATIVE FOR
CHILDREN AND YOUTH

