

CUSTOMARY CARE

Anishinaabeg Naagdo-wendiwag

~ Our People, Looking after our own ~



Kina Gbezhgomi
Child and Family
Services



"The Anishinaabe child is a gift from the Creator. The child represents all creation... its place is at the centre and must always remain our focus."

—Elders Advisory Group



What is Customary Care?



- Customary Care is the traditional practice that has always existed among the Anishinaabek. Today, this informal practice is alive, whereby communities care for and protect the children without the intervention of child welfare authorities.
- Customary Care is based on our Anishinaabe cultural belief system. It is a program that recognizes and respects inherent rights of the Anishinaabek.
- Customary Care will be implemented only if a child is deemed in need of protection, as identified through a CAS or the Courts and the respective First Nation. The First Nation declares that the child(ren) be cared for under a Customary Care Agreement, through a Band Council Resolution.
- Our historical practices are the foundation to Customary Care.

Government Definition



PART X INDIAN AND NATIVE CHILD AND FAMILY SERVICES

Definition

208. In this Part, “customary care” means the care and supervision of an Indian or native child by a person who is not the child’s parent, according to the custom of the child’s band or native community. R.S.O. 1990, c. C.11, s. 208.

1984 Customary Care is recognized under the CFSA.

KGCFSS Developments of Customary Care

2006: Bill 210, Legislative amendments to the CFSA and the Provincial Child Welfare Transformation Agenda, place focus on alternative initiatives which include Customary Care.



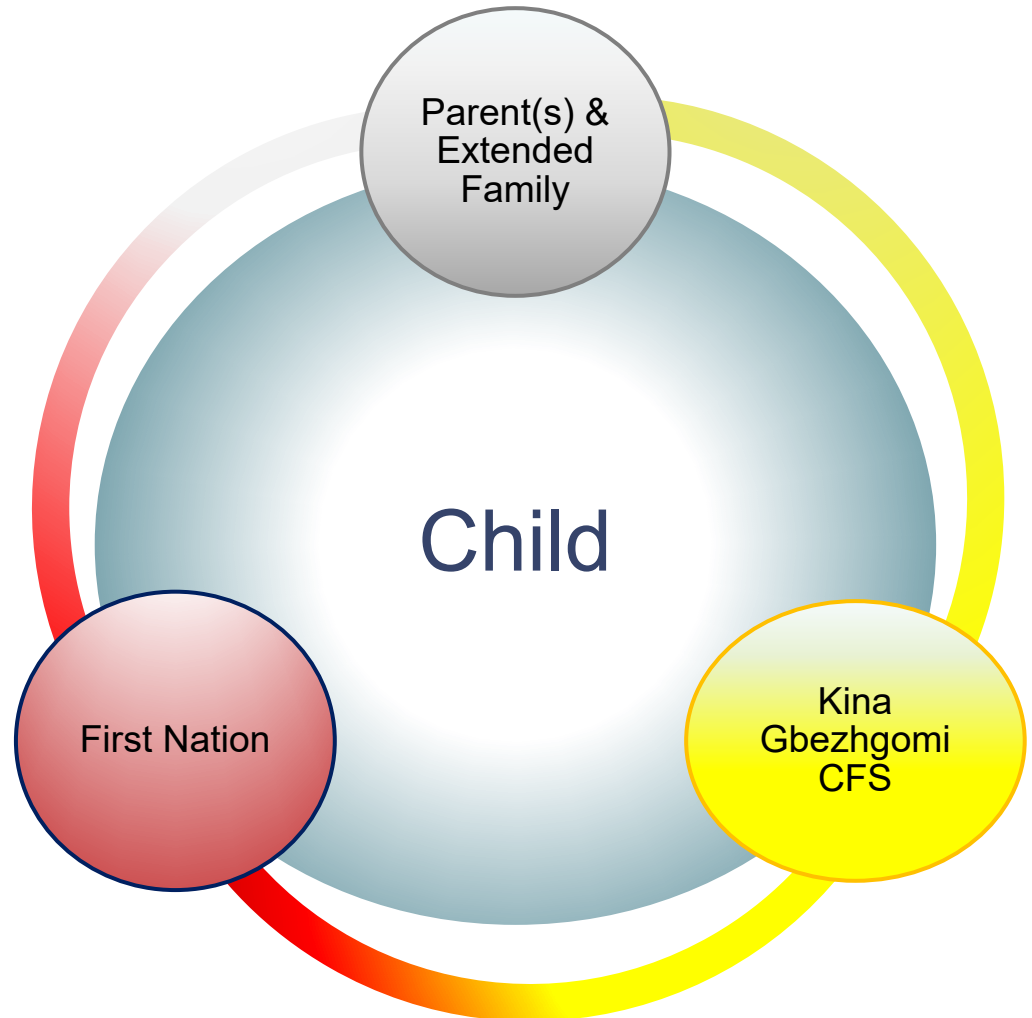
2007: The Chiefs of the United Chiefs and Councils of Mnidoo Mnising & Wikwemikong Unceded Indian Reserve issue a Resolution to develop and approve a formal Customary Care Service Model.

2008: Customary Care is an available option to all Anishinaabek families (registered or entitled to be registered) from UCCMM & WUIR.

2012: Customary Care is a service available with Kina Gbezhgomi Child and Family Services.

KGCFs Formal Customary Care Service Model....How does it work?

- Together, the Parent(s), Band Representative and Kina Gbezhgomi CFS decide on a suitable family to help raise the child.
- A Customary Care Agreement is a voluntary program for short and long term placements in the best interests of the child(ren) and family.

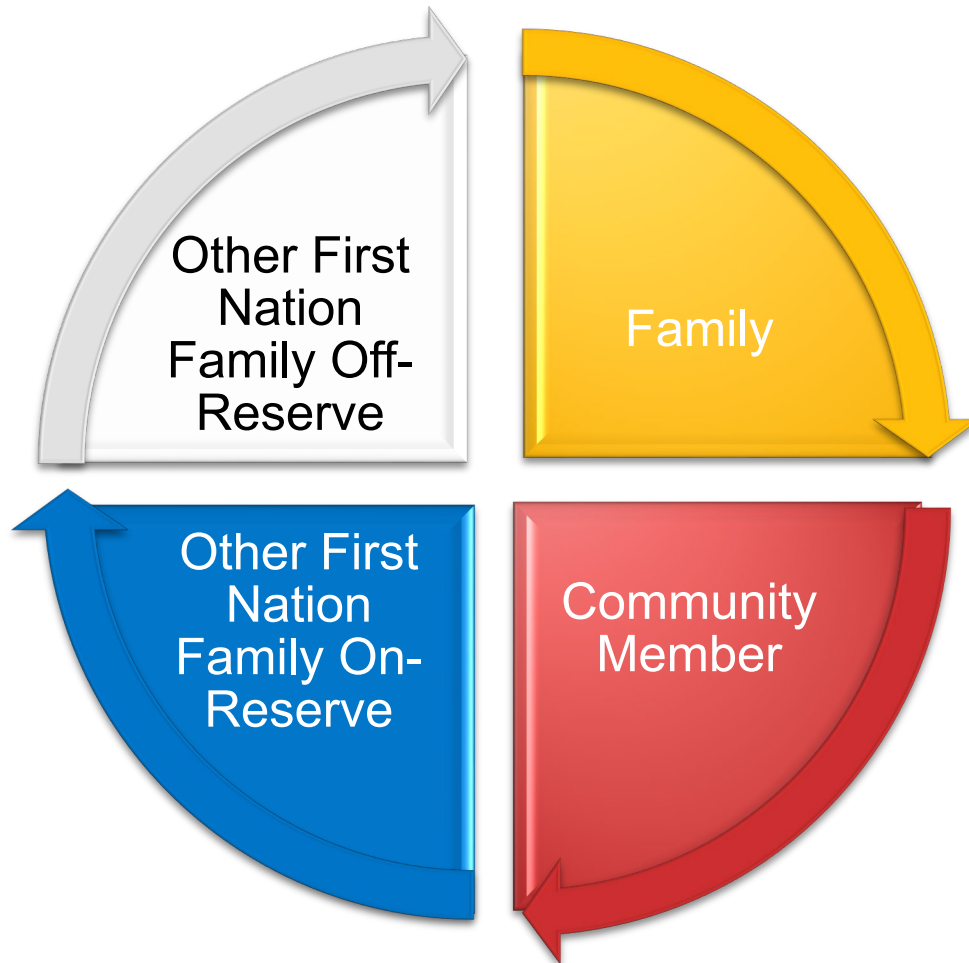


Requirements



1. Child(ren) who are “deemed” in need of protection by KGCFS and require an out of home placement.
2. Referral letter from the Band Representative or Chief to coordinate an agreement, identifying the child, parent(s) and placement.
3. Chief and Council endorse the placement with a Band Council Resolution (BCR) declaring Customary Care.
4. Placement can occur with the customary care provider immediately through a Designated Place of Safety, with the home study to be completed within 60 days (*foster home licensing standards apply).

Selection Process



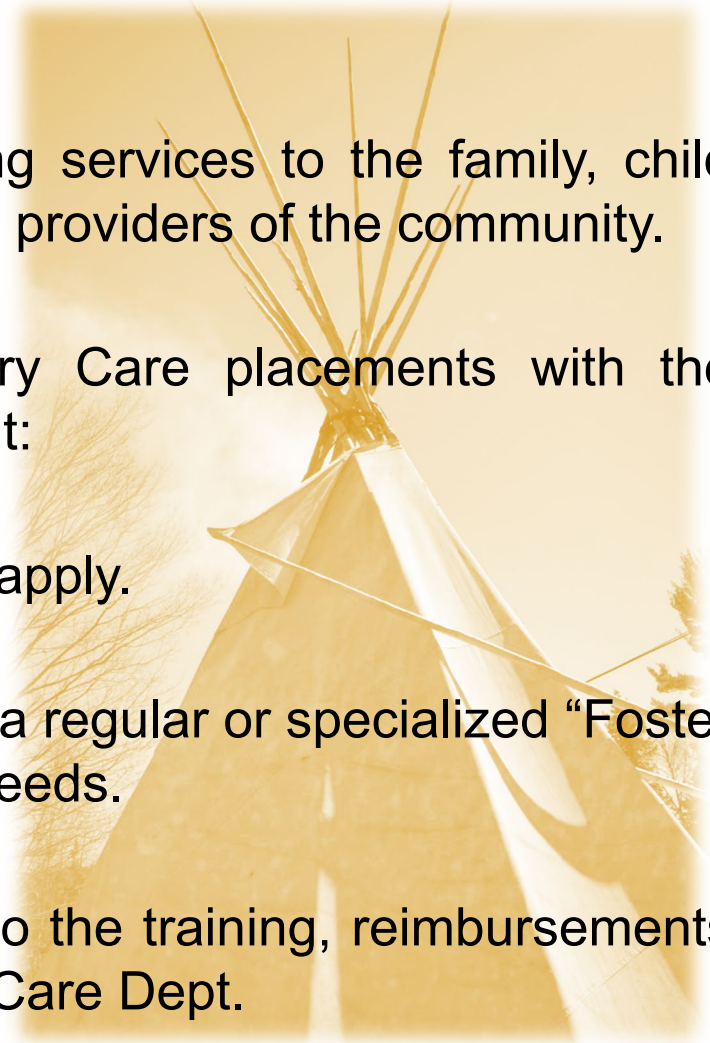
Customary Care Agreement is voluntary.

Required Signatures:

1. First Nation / Band
2. Parent(s)
3. Child who is 12 years and older
4. Customary Care provider
5. Kina Gbezhgomi Child and Family Services
6. Other Children's Aid Society (where applicable if children are placed outside the service delivery area)

Supports

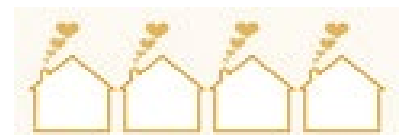
- A collaborative approach to providing services to the family, child and selected caregiver by the service providers of the community.
- Support and Subsidy for Customary Care placements with the endorsed Customary Care Agreement:
 - Children in care Standards apply.
 - Foster Care Licensing Standards apply.
- A Customary Care home will be paid a regular or specialized “Foster Care Rate” in accordance to child’s needs.
- A Customary Care home is entitled to the training, reimbursements and supports provided by the Foster Care Dept.



Customary Care One-time Financial Assistance

The Ministry of Children and Youth Services announced one-time funding to assist with costs associated with meeting Ministry licensing standards and/or accommodating the youth's placement prior to formal approval of the customary care home for youth subject to a Customary Care Agreement.

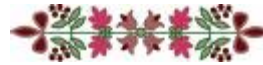
The MCYS will provide one-time financial assistance of up to \$5,000 with respect to incurred eligible expenditures by the agency.



Positive Outcomes



- Parental rights are maintained and the connection and relationship with the child are preserved.
- Court proceedings are not required.
- Child(ren) are not considered 'in care' as per subjected to legislative timelines. The First Nation Band has exercised the right to look after their own children by this process, court is not required and applications for society / crown / adoption orders need not occur.
- **Child Focused:** Child(ren) remain with their extended family and within their community. Child(ren) maintain their identity and way of life.
- **Family Based:** The relationship between the child(ren), parent and community is valued and respected.
- **Community Based:** decision making.

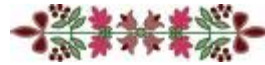


Successes

- Children with family
- Children closer to parents
- Parental involvement is supported-rights maintained
- Customary Care foundation of KGCFS service model
- FN families have advocacy
- Support from local Judges/ Court System. No Wardship/ Adoption orders
- No long-term court involvement
- Children returned to family

Challenges

- Out of jurisdiction repatriation requires additional resources
- Reluctance by some external CAS agencies to engage in CCA (this is decreasing).
- Obtaining consent from parents whom are currently not involved
- Lack of legal knowledge from court system – out of jurisdiction courts
- Home Study approval required for Financial supports



Successes

- Whether placements are short or long term CCA agreements, we as an agency are willing to continue to have a worker for the parents in a supportive role.
- Good relationships with Workers and Band Representatives.
- Building rapport with other service agencies e.g. specialized services.
- Cultural resources offered to clients and homes.

Challenges

- Customary Caregivers are having difficulty when children are being returned to parents especially when its a long term placement.
- Complex band membership entitlement.
- High risk youth / children being placed, e.g. specialized care.

Types of Agreements:



Short-Term Customary Care Agreement

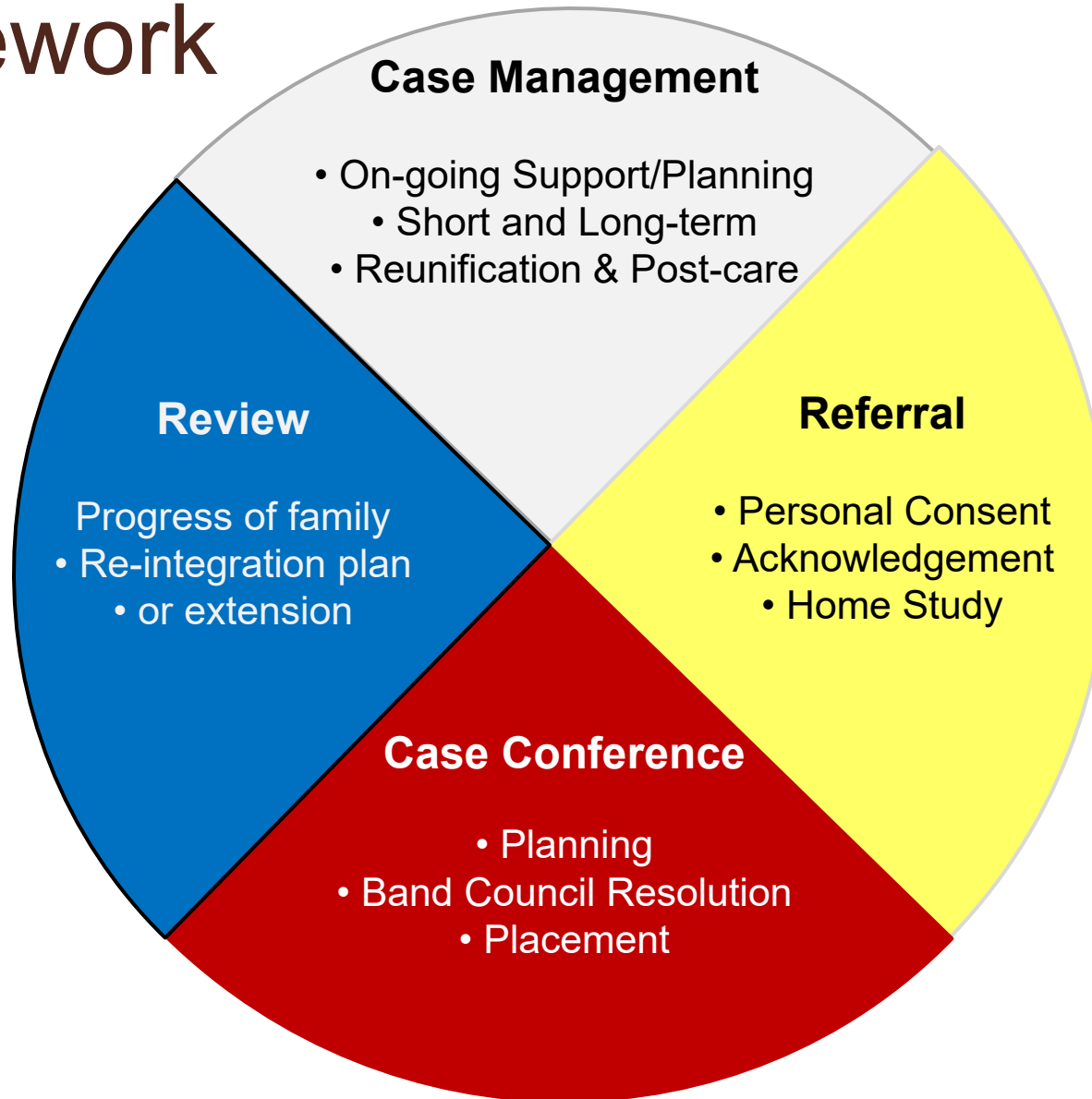
Short term Agreements can be extended for a period not to exceed 6 months however, we have been extending for an additional 6 months (up to a year) **Consenting authority remains with parents.*

Long-Term Customary Care Agreement

Can be in effect until the child reaches the age of 18 years. A Case Conference must occur with all parties on an annual basis to review the child's placement, planning and circumstances i.e. Case Conference Committee - Talking Circle Format.

**Consenting Authority is given to the Customary Care provider.*

Framework



Review of Agreements



1. Any signatory may request for a review of the agreement
2. Any signatory may terminate an agreement in accordance with notice and review provisions.
3. Annual reviews will occur with long-term agreements.

Purpose: progress of family, re-integration plan, on-going planning and support.

Repatriation / Reunification:

The care and maintenance of a Customary Care Agreement is shared between the parent(s), Band Representative and the service providers.

Together, they will determine when a child is able to return home, based on the best interests of the child(ren) and family.



Celebration



Once it is determined that child(ren) are to be returned. A traditional ceremony will be offered as an official acknowledgement that the sacred responsibility of parenting has been restored as witnessed by the community.

The parent(s) will be empowered to lead the preparation for the ceremony and feast as recommended with support (service and financial) from the circle of care team including the First Nation community and KGCFS.



Questions ???



Müigwech

Customary Care Coordinators:
Melinda Sampson and Nikki Williams

Kina Gbezhgomi Child and Family Services