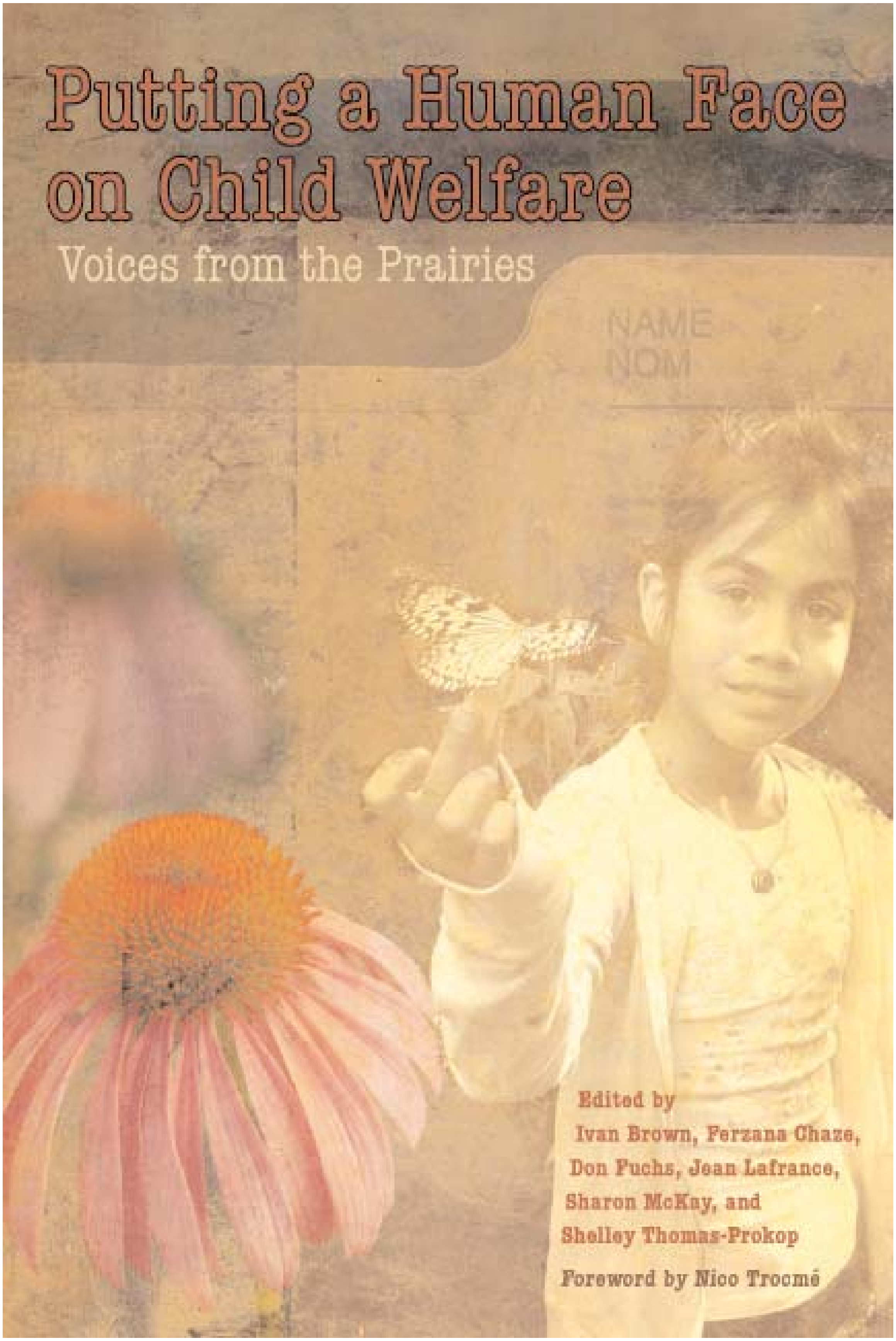

Putting a Human Face on Child Welfare

Voices from the Prairies

Edited by
Ivan Brown, Ferzana Chaze,
Don Fuchs, Jean Lafrance,
Sharon McKay, and
Shelley Thomas-Prokop

Foreword by Nico Trocmé

Nuu chayap men wa ha7th. Michelle Nahanee qui en sna.
Greetings to all of you. My name is Michelle Nahanee.

The cover design for *Putting a Human Face on Child Welfare: Voices from the Prairies* was inspired by the beauty and resiliency of children. The girl holding the butterfly asks the viewer for respect, not pity or falsity. She stands with the coneflowers almost lost in the textures of papers and file folders. With the butterfly, she reminds the viewer of the possibilities in transformation. With the coneflowers, she brings attention to the value of nurturance.

The coneflower is particularly interesting as it is still thriving as a wild flower despite the effects of the agricultural industry on its habitat. It is also recognized as a natural medicine by both Aboriginal and non-Aboriginal people. The message it holds in the image is that we can respectfully assist a life to keep its natural form despite seemingly disparate forces.

Putting a Human Face on Child Welfare
Voices from the Prairies

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Editors

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Putting a Human Face on Child Welfare: Voices from the Prairies
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This book is dedicated to the many communities who have shared their insights and communal wisdom to improve the lives of families in the Prairies. We are especially grateful to the circle of parents, children, foster parents, child welfare professionals, community leaders, academics, and policy makers who contributed to the creation of this first book on Prairie child welfare by engaging in research activities, community gatherings, focus groups, and filming requests to help document what we can do together to "Put a Human Face on Child Welfare."

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From the Editors

The editors are very pleased to bring you this book, *Putting a Human Face on Child Welfare: Voices from the Prairies*. Throughout the planning and preparation stages, the members of the Prairie Child Welfare Consortium (PCWC) have offered essential leadership and support. The book is strongly supported by the Centre of Excellence for Child Welfare (CECW), administered through the Faculty of Social Work, University of Toronto, and supported financially by the Public Health Agency of Canada. Most important, though, the book would not have become a reality without the hard work and dedication of the chapter authors and the large number of people throughout Alberta, Saskatchewan, Manitoba, and elsewhere who contributed to the knowledge contained in the chapters.

The chapters in this book represent a selection of the many very fine presentations made at the PCWC's 3rd bi-annual Symposium, held in Edmonton, Alberta, November 23–25, 2005. The theme of that Symposium was *Putting a Human Face on Child Welfare*, and it was with pleasure that the editors adopted this theme for the title of this book. The symposium was deeply appreciated by all present for its smooth organization, themes that were relevant and timely, informative sessions, and the opportunities it created for participants to be heard and to interact with each other. The success of this Symposium was such that few were aware of the sometimes rocky beginning, but subsequent solid development, of the PCWC which organized the Symposium. Sharon McKay's article "Development of the Prairie Child Welfare Consortium" at the beginning of this book provides a brief history of the beginnings of the PCWC, illustrating not only its practical, but more importantly the philosophical development. Readers will find that this philosophy informs a great deal of the writing in the 11 chapters of this book.

The chapters of *Putting a Human Face on Child Welfare: Voices from the Prairies* are presented in no particular order, and one is not more important than another. Each presents its unique perspective and represents somewhat different constituents. However, it is our hope that, collectively, the chapters of this book form a product that is one way of raising the voices of the Prairies, especially as it relates to the important challenges we face at the present time in child welfare. Our contention is that the more we can put a "human face" on these challenges and on the methods we choose to address them, the closer we will come to solving them in a way that is both relevant and helpful to those most affected by them.

Ivan Brown
Ferzana Chaze
Don Fuchs
Jean Lafrance
Sharon McKay
Shelley Thomas Prokop

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Many people have contributed to the creation of this book and, as editors, we would like to thank each of them for their hard work and support. We must begin by acknowledging the outstanding contributions of the chapter authors, whose expertise and wisdom have created a product that will benefit the field of child welfare research and practice. The chapters reflect the 22 authors' very considerable experiences as practitioners, program planners, and academics.

The following persons provided feedback and suggestions on the chapters. Their comments helped sharpen the focus and message of the chapters and we thank them for their input: Andrew Armitage, Ken Barter, Gerard Bellefeuille, Margaret Boone, Philip Burge, Jeannine Carriere, Sandra Cunning, Karen Dubinsky, Peter Dudding, Arielle Dylan, Bob Flynn, Robbie Gilligan, Joan Glode, Margo Greenwood, Barry Isaacs, Les Jerome, Dexter Kinnequon, Trudy Lavallee, Jeanette Lewis, Lucy Locke, John Milloy, John McDermott, Shauneen Pete, Nitza Perlman, Raven Sinclair, and Fred Wien.

We extend our thanks to Michelle Nahanee for creating a beautiful cover for the book. For the layout, we acknowledge the fine work of Tina Crockford, and, for the considerable work in copyediting and helping create the indexes, we are grateful to Sue Sullivan, Iffeh Hazlett, and Tina Crockford. Together, these three meticulously corrected all the inconsistencies across the chapter formats and contributed substantially to the overall quality of the book.

We are grateful to the Child Welfare League of Canada which has agreed to house and distribute the hard copies of the book.

We would also like to thank the core partners of the Prairie Child Welfare Consortium and the Centre of Excellence for Child Welfare, listed below, for their cooperation and support.

PRAIRIE CHILD WELFARE CONSORTIUM

- University of Regina, Faculty of Social Work
- First Nations University of Canada, School of Indian Social Work
- University of Calgary, Faculty of Social Work
- University of Manitoba, Faculty of Social Work
- Alberta Children's Services
- Saskatchewan Community Resources and Employment
- Manitoba Family Services and Housing, Department of Health and Social Services
- Government of the Northwest Territories, Health and Social Services

CENTRE OF EXCELLENCE FOR CHILD WELFARE

- Faculty of Social Work, University of Toronto
- École de service social, Université de Montréal
- Child Welfare League of Canada
- First Nations Child and Family Caring Society of Canada
- School of Social Work, McGill University

FOREWORD

Voices Discovering Each Other as They Rise From Canada's Fragmented Child Welfare System

I had the privilege in 1999 to become part of a proposal for funding a national Centre of Excellence for Child Welfare (CECW). In the original CECW proposal, we sought to overcome some of the barriers to developing a much needed national research and policy network. We started to reinforce an emerging bridge between the NGO sector and universities by establishing a solid partnership with the Child Welfare League of Canada. Subsequently, we teamed up with the Université de Montréal, to begin bridging the language divide. The emergence of the First Nations Child and Family Caring Society of Canada brought a key new partner to the CECW in 2002. More recently, the CECW has had the opportunity to develop new partnerships to help broaden its geographic network. Through the Prairie Child Welfare Consortium we have been able to link with a number of rich and diverse initiatives from western Canada. In May 2007, we will help sponsor the first Atlantic Canada Child Welfare Forum, which will strengthen ties with the Atlantic provinces.

Such networks are essential in a country where the structure of child welfare is fundamentally fragmented. The provision of child welfare services is a provincial and territorial responsibility in Canada. For children with federally recognized Indian status, the Department of Indian and Northern Affairs has funding responsibility, although services must be delivered under provincial/territorial legislation. In several provinces, the responsibility to look after vulnerable children is further delegated to local agencies. This structure has supported the development of a rich and varied service delivery system across more than 400 local child welfare authorities. While this decentralized structure can foster innovative initiatives adapted to local community needs, it also runs the risk of fragmentation and isolation. Fragmentation is evident at many levels. Standards for protecting and supporting vulnerable children and youth vary dramatically across the country. Many jurisdictions extend this protection to youth up to age 18, but others consider a 16-year-old who is physically or sexually assaulted not to be in need of special protection. Most child welfare services are funded to provide in-home support services and out-of-home care. For Aboriginal children, however, funding mechanisms favour out-of-home care. As a result, Aboriginal children are entering foster care at twice the rate of non-Aboriginal children.

While recognizing many of the challenges facing this fragmented service delivery system, *Putting a Human Face on Child Welfare: Voices from the Prairies* is first of all a celebration of the creative potential of community-based child welfare. Through *Putting a Human Face on Child Welfare: Voices from the Prairies*, the Prairie Child Welfare Consortium brings Prairie service providers and researchers together to share their experiences, linking them to service providers and researchers from the rest of Canada to learn about challenges and solutions emerging from child welfare in the Prairies. With the help of funding from the Public Health Agency of Canada's Centres of Excellence for Children's Well-Being program, the Centre of Excellence for Child Welfare has been able to partner with the Prairie Child Welfare Consortium and similar initiatives to form a Canada-wide child welfare research, policy, and practice network. This networking provides a critical opportunity for members of the Canadian child welfare community to exchange their research and their experiences, and to build a shared knowledge base that transcends fragmentation to ensure that children across Canada have equal access to the most effective and culturally appropriate services possible.

Nico Trocmé
The Philip Fisher Chair in Social Work,
School of Social Work, McGill University
and
Scientific Director,
Centre of Excellence for Child Welfare

INTRODUCTION

Development of the Prairie Child Welfare Consortium and This Book

Sharon McKay

The chapters in this book represent a selection of some of the excellent presentations made at the Prairie Child Welfare Consortium's third bi-annual symposium, held in Edmonton, Alberta, November 23–25, 2005. The book is made possible through the support provided by the Centre of Excellence for Child Welfare, administered through the Faculty of Social Work, University of Toronto. But the preparation of such a book is only possible because of the quite recent emergence and subsequent work of the Prairie Child Welfare Consortium (PCWC). I am pleased to share below some highlights of the short history of the PCWC, particularly because they illustrate not only the practical, but more importantly, the philosophical development of the organization. Readers will find that this philosophy informs a great deal of the writing in the 11 chapters that make up *Putting a Human Face on Child Welfare: Voices from the Prairies*.

Behind the scenes at the symposium and in much of the work of the Prairie Child Welfare Consortium are many faces that represent its key constituents. The PCWC is an informal, unfunded, inter-

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provincial and northern multi-sector network. Members of the Consortium are dedicated to advancing and strengthening child welfare education and training, research, policy development, practice, and service delivery in the Prairie provinces and the Northwest Territories.

This introduction tells the story of the truly humble beginning of the Consortium, which emerged from the faltering first steps of a small group of social work educators, service delivery agents, and policy-makers exploring ways to collaborate in the field of child welfare. From the time of these first steps, the development of the PCWC has been powerfully and fundamentally influenced by the urgent voices of Aboriginal people deeply concerned with the escalating numbers of their children and youth in the care of the State. Expressed strongly and clearly at the Consortium's first symposium, held in Saskatoon in November, 2001, these voices resulted in a *volte face*, or immediate turn-about, in how the event was proceeding. The decisions made at the time had the effect of pulling our fledgling group together with an even greater sense of commitment and resolve. The story of "honouring the voices" is worth telling, for there are lessons to be learned and potentially, a model for collaborative work between sectors integral to child, youth, and family well-being that could be adapted in other parts of Canada.

THE FIRST MEETING: DECEMBER 1999

Prompted by concerns echoing throughout the academic and practice communities of social work about the state of child welfare in Canada, a group of academics from the four Prairie-based university programs in social work met in December 1999 at the Saskatchewan Indian Federated College in Saskatoon to explore ways and means of working together to strengthen university preparation for the field. This meeting was attended by the four program heads and three faculty experts from the University of Regina, Faculty of Social Work; First Nations University of Canada (then the Saskatchewan Indian Federated College—SIFC), School of Indian Social Work; University of Calgary, Faculty of Social Work; and the University of Manitoba, Faculty of Social Work.[1]

In addition to the shared commitment to the field of child welfare, the meeting was stimulated by extreme budget cuts in all four programs, making the potential for collaboration appear attractive and, to some degree, necessary. Information shared in the meeting included current and planned curriculum initiatives, current research, central issues in the field, structural changes in service delivery, and the structure and delivery of Aboriginal child welfare in the three Prairie provinces. The ensuing discussion led to four outcomes:

- an agreement to draft a Memorandum of Understanding, entitled the Prairie Child Welfare Initiative (PCWI);
- an agreement to submit a Letter of Intent to Health Canada for a proposal to develop a Prairie Centre of Excellence on Child Welfare;
- an agreement to engage government ministries and Aboriginal service deliverers in a larger discussion of potential collaboration with the schools; and
- an agreement to pursue collaborative research.

In the following two months, a great deal of effort was put into the Letter of Intent, which subsequently was not funded. This pursuit side-tracked the group as the energy and time spent on this work served to waylay action on other objectives. It was not until November, 2000 that the PCWI Memorandum of Understanding was officially signed by senior university officials in the four institutions. Action on a proposed meeting with government ministries and Aboriginal service deliverers did not begin until December, 2000.

ENGAGING GOVERNMENT MINISTRIES AND ABORIGINAL SERVICE DELIVERERS

The idea agreed to by the PCWI was that a Prairie Child Welfare symposium should be held, dedicated to the development of a collaborative, tri-provincial action plan on a number of fronts. If this were to be successful, key government and Aboriginal representatives would have to buy into the idea. A strategic step to this engagement was to invite a representative group to a symposium planning meeting on June 4–5, 2001. Signaling that Aboriginal perspectives would be integral to the symposium, the meeting was again located at the SIFC social work offices in Saskatoon.

Twelve people from the university, government, and First Nations child and family services sectors attended this meeting. A number of items were discussed: policy and service delivery issues, community capacity building, issues related to education and training, the potential for collaborative research, and Aboriginal child and family service issues. All participants supported the idea of a working symposium to be scheduled in the fall of 2001. Aboriginal participants at the meeting cautioned that the original title (Prairie Child Welfare Symposium) might not draw in a large number of Aboriginal people, as there were too many negative associations with the term *child welfare*. In order to encourage Aboriginal participation, participants agreed that Aboriginal voices should be built into all aspects of the program, and the event should be held in the SIFC facility in Saskatoon. The theme chosen for the symposium was "Honouring the Voices."

The PCWI was committed to the notion of a working symposium and thus, limited attendance. Thirty key leaders from each province would be invited, representing education, government ministries, and Aboriginal and non-Aboriginal service delivery. A symposium steering committee was organized, and the first conference call scheduled for June 19, 2001.[2]

PLANNING THE FIRST SYMPOSIUM

Amazingly, with the exception of "on the ground" details handled by the School of Indian Social Work, planning for the first symposium occurred entirely by e-mail and conference calls. Decisions made by these means included establishing a budget, raising funds, preparing the symposium invitation, developing a program, and selecting and recruiting appropriate speakers. Louise McCallum, competent and enthusiastic Administrative Assistant for the SIFC program, was freed up to assist with the details. This assistance was enormously helpful to the task of ensuring that all on-site arrangements would be in place—that necessary equipment and room accommodations could be made available at the College, that hotel space would be available in Saskatoon, and that entertainment and numerous other items would be organized.

A primary objective of the steering committee was to organize the symposium in such a way that participants would be sufficiently informed and stimulated to move easily into working groups late in the afternoon of Day One, and again on the morning of Day Two. The work to be done in these groups would be the core of the symposium—the drafting of a tri-provincial plan of action on several levels. Achieving this end, while at the same time ensuring that key topics were addressed prior to the working group sessions, meant that the agenda would have to be especially tight and well-focussed. Fortunately for the planning group, Alberta Children's Services loaned the services of Alan Shugg, senior consultant and professional facilitator. Shugg was especially helpful with the design of questions to be used for group discussion on Day One and those that would serve as a guide for working groups on Day Two.

THE SYMPOSIUM: DAY ONE

One hundred and thirty-one participants registered for the symposium, which was held on November 16–17, 2001. This number included three participants from the Northwest Territories, two from British Columbia, and one from Ontario. The event proceeded as planned—drumming by the Saskatoon-based Wanuskewin Drum Group, an opening prayer by SIFC Elder Danny Musqua, and welcoming remarks from the respective Deans and Academic Vice-President from SIFC and the University of Regina. Dr. Jean Lafrance of the University of Calgary, Faculty of Social Work delivered the keynote address entitled, "The Social and Economic Context of Prairie Child Welfare." The first indication that all might not go as planned emerged in the response to the Lafrance address. A group of Aboriginal leaders were to have been invited to respond to the keynote address, which would be given to them a few days ahead of the symposium. However, a miscommunication occurred and the invitations had not been issued. Consequently, volunteer speakers were called for and several individuals agreed to comment spontaneously. For some of these participants, the keynote speech had evoked sadness and memories of difficult personal times. Others found it offensive to hear a non-Aboriginal man "tell us what we already know." Tension was high and steering committee members greeted the lunch break that followed with some relief.

Two panel presentations followed lunch. The themes were: “The Changing Policy/Practice Environment” and “Changing Needs and Directions for Education, Training and Research.” Each panel included representatives from education, government, and Aboriginal service deliverers. The panel chairs and the panel members were each notable for their accomplishments in the field and their presentations were well received. Following the panels, participants broke into discussion groups. Pre-selected facilitators and recorders took careful notes of the process.

An Unanticipated Crisis

At the end of Day One, several recorders from the nine discussion groups reported their concerns that, contrary to the theme of the symposium, Aboriginal voices were not being heard. This led to a planning crisis—how to respond, what to do? On the advice of our Aboriginal members, the planning committee decided that the agenda for Day Two would have to be substantially revised so that a full participant sharing circle could take place. Four planned presentations would need to be delayed, an Elder would need to be contacted, and physical arrangements for the circle would need to be made. The working group discussions that were to take place on Day Two would have to be set aside. The steering committee had considered these to be integral to the development of a tri-provincial workplan. Nevertheless, it was clear to all that the integrity and commitment of the entire planning group would be forever compromised if an immediate intervention did not take place to ensure that all participants felt equally heard and their voices honoured and respected.

Jon Sealy, then director of the SFIC School of Indian Social Work, immediately offered to contact an Elder and look after physical arrangements for the circle. Sharon McKay, then dean of the Faculty of Social Work at the University of Regina, undertook to contact the four individuals who would be asked to delay their presentations.

DAY TWO: THE SHARING CIRCLE

The sharing circle is an Aboriginal construct that can be used for information sharing, problem-solving, and for cultural and other purposes. Important to the process is a beginning prayer, led by an Elder, a circle formation, and a feather or other symbolic object to pass from person to person as people speak. Individuals holding the feather are free to say whatever comes to mind and to speak for as long as each feels is necessary. When the individual is ready, he or she passes the feather to the next person and the circle continues until all have said all that they wish to say. Often the feather will be passed around the circle several times—but never do people interrupt or argue with the speaker. All participants are expected to listen quietly and respectfully and wait for their turn to add to what has been said.

We were fortunate to be able to reach Elder Danny Musqua on the evening of Day One. He agreed to delay his own plans for the following morning so that he could speak to the group about the circle process and begin the proceedings with a prayer. Prior to his arrival, the planning group rearranged the gymnasium so that all of the chairs were set in one large circle. A microphone with a 50-foot cord was located. This object would be used in place of the symbolic feather.

People arrived and the morning began. One hundred and ten individuals took part in the circle, each having the opportunity to speak only once. The process took four and a half hours. The only interruption that occurred was to give instructions for lunch (five people at a time left the circle to pick up their lunch, returning quietly to the circle to eat their meal). Other than occasional slight rustling, the room was silent except for the person speaking into the microphone.

As the morning progressed, it became clear that the afternoon agenda items would have to be cancelled: a presentation by Marlyn Bennett of the Centre of Excellence for Child Welfare’s First Nations Research Site, and symposium highlights and observations from the perspective of three Aboriginal PhD candidates—Jeanine Carriere, University of Calgary; Deanna Greyeyes, Saskatchewan Indian Federated College; and Jackie Maurice, University of Regina. All four presenters were gracious about the turn of events, not one of them expressing disappointment even though they had each put considerable work into their personal contributions to the two-day event.

The symposium ended when the last participant had spoken. An Elder present in the room closed the circle with a prayer. This was followed by shaking of hands in traditional formation, and the symposium was formally over. A few thank-you's were called out as people left the room to travel home, many in a rush so as not to miss their flights. Most of the steering committee members parted at this point. The schedule had not included a final check-in with one another at the conclusion of the event. There were no final words, no plan of action, considerable emotion, and no forum in which to discuss next steps. A few hurried goodbyes were said, with suggestions that the steering committee hold a conference call in the near future to talk about what had happened and how we should move forward. Several participants in the room had called for a second symposium, shortly to follow this one.

ANALYZING WHAT WAS SAID

Three documents were prepared for the steering committee by facilitator Alan Shugg: a summary of reports from discussion groups on Day One; notes taken by various people during the sharing circle (anonymous observations and comments); and a report of participant evaluations, completed at the end of the day. Six themes emerged from the discussion groups:

- listen and respond to the wisdom of Aboriginal voices (continue the dialogue evident at the symposium)
- develop new partnerships
- take guidance from the community in establishing directions, policies, and service delivery approaches for social work
- think and act in new paradigms and move outside of the previous "boxes"
- change the basis and focus of legislation and policies
- revise how social workers are trained, attending to the Aboriginal perspective

These themes emerged from the wisdom that was spoken in the sharing circle. Many participants spoke from their hearts, describing their own experiences as children or parents dealing with the current child welfare system. The importance of personal caring relationships and of dealing with the "fragmentation of the spirit, heart, and health" was stressed. Community-based healing strategies were affirmed.

Participants commented that thinking and acting in new paradigms and moving outside of previous "boxes" required a sense of vision. This vision is articulated in new service structures emerging from Aboriginal communities. Service delivery models need to be shared across provincial boundaries, and within provincial ministries and schools of social work. By exchanging ideas and experiences around programs, all constituencies have an opportunity to learn from one another. The best of Aboriginal social work could be showcased.

Frustration with federal and provincial legislation and policies echoed through the sharing circle and group discussions. Aboriginal people spoke to the need for legislative change to support leadership in their own communities. Funding criteria are a serious roadblock and must become more flexible so that prevention programs can be designed and implemented. Social workers need to create spaces to hear voices and advance Aboriginal agendas.

Social work educators were challenged to become more relevant and accessible, and to partner and collaborate with service deliverers. Ongoing professional development linkages need to be made. Opportunities for community-driven research should be pursued and ensuring that there are "core" courses on Aboriginal issues is fundamental.

THE SYMPOSIUM EVALUATION

Four questions were asked on the symposium evaluation form. Responses were extremely positive. The questions and some representative responses are given below:

What were some of the things you learned at the symposium?

> That many people have similar experiences and feelings about child welfare and diverse approaches to dealing with the issue. It was very affirming.

> I learned so much: to be flexible, responsive, patient, build relationships, focus on healing the caregiver, focus on family, draw on traditional knowledge and practice, and trust the intent and the process.

> There was a tremendous amount of knowledge in the Aboriginal community. Aboriginal people need to develop their own programs based on their culture to meet their needs. (I didn't really learn that, but had it affirmed). People care. We all want the same results, but are not quite sure on how to get them.

What did you find most useful about the symposium?

> Participation of all, especially in the sharing circle [repeated in some form on most evaluations].

> It helped me to look at my work differently, and added to or enhanced the direction of my work. It reaffirmed what I was doing right and expanded the possibility of where it can go.

> The consideration shown by all. The ability to listen and share was encouraging.

What could have been different?

> I'm very thankful for the change in direction and flexibility of the organizing committee. It really fostered dialogue and connection.

> [They] might have built in the sharing circle earlier. But we need to move beyond this to develop deeper dialogue for change and key aspects of different types of learning, including academic, and dialogue on how to integrate this with community based knowledge.

> I would have liked to have heard more about various kinds of service provision, policies, and research that are working.

What do you think should be the next steps from here?

> As I was listening, I began to think about what tasks need to be completed so that there would be a way of showing people that their voices have been heard. It also gives people hope for change, which is so important.
>
> On the educational level, we need to have an Aboriginal education forum that deals specifically with issues related to [such things as] retention, curriculum development, accreditation, community involvement, and distance education.
>
> We need ongoing communication about what we are doing, and a place to share. Possibly a journal or newsletter.
>
> Follow-up collaboration in a variety of areas. It does not just have to be this group. It could be in education, service delivery, or policy.
>
> Continued dialogue both across and within groups (academics, government, First Nations).
>
> What is critically important is to involve government policy makers and cabinet ministers.
>
> Let's now focus on the successes and models—what ís working—then focus on what gaps are yet to be filled. Also bring in the other service directors: child & youth care, foster parents, family support, community workers, school systems, and others.
>
> Another gathering (perhaps next spring?) to achieve some consensus on priorities for action. Out of that will flow directions and action planning [several remarks to this effect].
>
> Take action in our group.
> Take action in our provinces.

Take action in schools/universities/Faculty of Social Work.
Take action in the communities.

Keep the dialogue going.

Follow-up, follow-up, follow-up!

PHASE THREE: THE PCWC IS BORN

Clearly, the tri-provincial effort no longer belonged only to the universities. Energized by the discussion group reports, experience as participants in the sharing circle, and review of the evaluations, all steering committee members agreed that a face-to-face meeting should be organized as soon as possible, and that the primary agenda should be to revisit our purpose together and determine next steps. In the interim, a symposium website was launched through the University of Regina, Social Policy Research Unit (http://www.uregina.ca/spru). Individuals attending the symposium were informed of its existence. The website contained information about the symposium, including a copy of the keynote speech and highlights from other presentations.[3] As well, the site included links to other web pages relevant to Prairie child welfare.

The steering committee met in Calgary in March, 2002, this time hosted by Gayla Rogers, Dean of Social Work, University of Calgary. We were again privileged to have the services of Alan Shugg to help facilitate a vision and mission exercise. We were also privileged to have Deanna Greyeyes attend the meeting and to hear the comments she was unable to make as one of the final speakers on Day Two. Her observations related to issues of governance, the need for capacity building, opportunities for collaboration, and the imperative that the social work profession respond to the need for change.

Symposium participants had urged an early follow-up gathering but doing so immediately did not appear possible for reasons of resource limitations, time, and logistics. Committing ourselves to organizing a bi-annual symposium appeared more reasonable. A tentative plan was made to locate the next event at the University of Manitoba in the fall of 2003.

The group addressed the larger task of moving forward with a collaborative agenda, the challenge being to determine what form this might take and how to move it along. Discussions led to envisioning a consortium encompassing the three provincial governments, four university programs in social work, and, hopefully, the engagement of Aboriginal service deliverers across the three provinces. Renaming the newly constituted body the Prairie Child Welfare Consortium, the group prepared a draft vision and mission statement, and related goals and objectives (see Appendix). The mission statement affirms respect for the needs of Aboriginal communities in the delivery of child welfare services.

Three standing committees were struck to develop action plans and begin work on education and training, practice and service delivery, and research. Coordinators were assigned to each of the standing committees. The Chair of the steering committee (Sharon McKay) would serve as a central link for the three standing committees and the steering committee.

PROGRESS: 2002–2006

Undeterred by what continues to be an unfunded, somewhat loosely knit and flexible and evolving structure, members of the PCWC steering committee and standing committees have been actively at work. Two additional symposiums have been organized (2003 in Winnipeg, Manitoba and 2005 in Edmonton, Alberta), each attracting an even larger number of participants. Evaluations of these have been enthusiastic and supportive, a strong majority of participants calling for continued bi-annual events. The symposia have each featured powerful keynote speakers, compelling and informative workshops and paper presentations, and a variety of vehicles to encourage information exchange and facilitate dialogue among and between participants. Highlights of the symposiums have been featured on the Consortium website and in other forms, such as videotape and print (e.g., this book).

A charter has been developed as a basis for sharing information across the provincial ministries. Plans are currently underway for a winter 2007 inter-provincial and northern training forum involving lead ministry and First Nation child and family service trainers from Alberta, Manitoba, Saskatchewan, and the Northwest Territories. It is expected that this project will lead to a written document and further collaborative initiatives. A parallel forum to share information and consider collaborative initiatives across the four university social work programs is envisioned.

Research principles have been established, ideas have been shared, proposals have been written, and, thanks to the support of the Public Health Agency of Canada through the Centre of Excellence for Child Welfare, three major projects have been completed in the past year ("Determinants of Children with Disabilities [Including FASD] Coming into the Care of Mandated Child Welfare Agencies," based in Manitoba; "Making Our Hearts Sing," based in Alberta; and "Identity, Community and Resilience: The Transmission of Values Project," based in Saskatchewan). In February, 2006 the Consortium co-sponsored a research and policy forum with the Centre of Excellence for Child Welfare. A group of key researchers and policy-makers from across Canada attended the event, held in Regina, Saskatchewan. Information regarding these projects and the policy forum may be found on the PCWC and CECW websites: http://www.uregina.ca/spr/prairie_child.html and http://www.cecw-cepb.ca/files/file/en/PrairieChildWelfareResearchForum_Feb2006.pdf

Not to be overlooked, significant developments have included the welcoming of three new institutional members since 2001: the Federation of Saskatchewan Indian Nations (2002), the Government of the Northwest Territories, and the Métis Nations of Alberta (2005). Numerous individuals, organizations, and communities have participated in Consortium activities through attendance at one or more of the three symposiums and/or through involvement in one of the three major research projects. These projects have, in turn, led to a growing partnership with the Centre of Excellence for Child Welfare (CECW), based at the University of Toronto. Grant funding for the 2006/07 fiscal year has been provided by the Public Health Agency of Canada through the CECW. This funding will support the planned training forum as well as a second phase of both the Manitoba and Alberta research projects. Infrastructure funding is an essential ingredient to the sustainability of the Consortium. The 2006/07 interim funding from the Public Health Agency of Canada has assisted the Consortium to strengthen its infrastructure and work towards assuring it continued viability and continuing development.

LESSONS LEARNED AND FUTURE NEEDS

The work of coordinating, maintaining, and nurturing the PCWC network is ongoing. The partnership literature speaks to the importance of having a "driver" to keep people connected and to move the agenda along. Thanks to the support of the University of Regina and the very fine teamwork of members, I have been privileged to play this role as chair of the Consortium steering committee since the inception of the PCWC. The literature fails to mention the equal importance of a driving spirit that keeps people energized and connected with one another over time. Undoubtedly this spirit evolves at least in part from the commitment and dedication of the individuals spearheading a network such as the PCWC. More may be needed, however. The triggering factor for the PCWC was without doubt the volte face incident that resulted in a complete change of program on Day Two of the 2001 symposium. This powerful experience fuelled the follow-up action described in Phase Three of the PCWC’s development, ensuring the commitment of the founding bodies over the past six years. The majority of this developmental work has occurred through steering committee email correspondence and conference calls supplemented by one or two in-person meetings per year. The cost of conference calls has been shared on a rotating basis. Travel funds for in-person meetings have been made available by constituent members and research funds. As the Consortium membership grows, and the work becomes more complex, there is a need for more face-to-face meetings—both of the steering committee and the working committees. A clear operational structure needs to be designed. This is especially important to ensure effective communication processes and a transparent handling of funds that we anticipate we will be successful in procuring for ongoing development or research purposes.

Government and agency partnerships with universities have their own special quirks. Respect for academic freedom is paramount within the universities yet this can lead to inevitable school/agency tensions. Government and agency service deliverers need to know that academics will make genuine efforts to understand their issues and to work together with them, even though research findings may not sit well in some quarters. Protocols need to be developed to handle real and potential conflicts.

A significant challenge has been to more fully engage our Aboriginal partners, either as formal members of the PCWC or, if they so wish, in some form of associate membership (e.g., an independent structure with links to the PCWC). First Nations structures for the delivery of child and family services vary considerably within the three provinces, and much more needs to be done to fully engage this constituency across the Prairies and in the north in a meaningful way.

Continuity and engagement is an ongoing membership challenge. Organizational links are heavily dependent on individual representatives. However, individuals or their immediate superiors often change positions or retire, necessitating an assertive effort on the part of the PCWC to encourage the organization to continue its involvement. This entails making personal contact with senior staff members who may or may not be cognizant of the work of the Consortium, of prior commitments of the organization, and of the high value placed on their continued involvement. During the course of the six years that the PCWC has existed, several government officials, university administrators, and Aboriginal leaders supportive of the partnership have left their positions for various reasons. Fortunately, through the concerted efforts of steering committee members, continuity has been maintained. Nevertheless, this is a constant concern.

Child welfare is a well-known political and emotional minefield that reverberates throughout many levels of the system and in the eyes of the general public. Collaborative work has had its challenges but these have not created significant barriers to the development of the Consortium. Relationships among the members have consistently been marked by respect for the roles played and the constraints limiting sector representatives. Individuals serving on the Consortium steering committee and working groups hold each other in high regard. Our collegial working relationships have been marked by an assured confidence that we can rely on one another to carry through with commitments, and that these will be done well. In relation to the engagement of key players across provincial and institutional boundaries, this steady confidence that people can rely upon one another is axiomatic.

The partnership that has evolved is in part the consequence of established working relationships within and across provincial boundaries, a history of cooperation and collaboration pre-existing on the Prairies and in the north, and an acknowledged deep sense of responsibility and urgency related to the imperative to respond more sensitively and effectively to the needs of children and families who come in contact with the child welfare system.

Solid relationships and strong commitment to working together, however, may not be enough to hold together a voluntary group that is handicapped by lack of funding and an underlying infrastructure. Consortium processes have advanced considerably in the past few months through the hiring of a coordinator, ably served by Shelley Thomas Prokop, former First Nations University of Canada faculty member and co-investigator of the Saskatchewan PCWC research project. The Consortium is especially grateful to the Public Health Agency of Canada and the CECW for advancing the funds that made this hiring possible. If the work done to date is to continue to flourish and advance, funds to hire personnel will need to be found on a more permanent basis. The Consortium has been regularly engaged in strategic planning processes that have been charting its' future direction and addressing issues of funding for its' sustainability and undertaking innovative new initiatives.

CONCLUSION

Steering committee members are indebted to our colleagues in Saskatchewan, Alberta, and Manitoba—educators, government personnel, and Aboriginal service delivery people—for their encouragement, involvement, and significant contributions to the PCWC initiative. The Consortium has attracted national attention resulting in a much valued partnership with the CECW and through that Centre, with the Public Health Agency of Canada. This partnership has made the Consortium's research and policy development initiatives possible.

We especially wish to acknowledge the participants in the November, 2001 Child and Family Symposium, organized by the members of the PCWC. Participant contributions to the symposium led to the crisis event that has been described. Responding to this event led to a profoundly rich and compelling dialogue—and "courageous" conversation between individuals and groups that has continued for over six years, albeit in different forms. This very human process has been humbling, inspiring, energizing, and hopeful. While history, demographics, and geography naturally lead to a major emphasis of all of our work on the needs of Aboriginal children and youth, their families, and communities, the lessons learned have implications for all children and youth in our child welfare systems. We are conscious of this, and dedicate our activities to all those who are affected by policy, practice, and service delivery in this part of the country. Our hope is that our experience will encourage others to launch similar partnerships in other parts of Canada.

ENDNOTES

1. Participants at the December 1999 meeting included Sharon McKay, then dean of Social Work, and Drs. George Maslany and Daniel Salhani University of Regina; George Inkster, then director, School of Indian Social Work, Saskatchewan Indian Federated College; Dr. Gayla Rogers, Dean of Social Work, and Dr. Jean Lafrance, University of Calgary; Dr. Don Fuchs, then dean of Social Work, University of Manitoba.
2. The 2001 symposium steering committee members were:

   Saskatchewan

   Sharon McKay (Planning Committee Chair)

   Jon Sealy, Laurie Gilchrist, Associate Professor, SIFC

   Richard Hazel, Executive Director, Family and Youth Services Division, Saskatchewan Social Services

   Janet Farnell, Senior Program Consultant, Child Protection, Saskatchewan Social Services

   Archie Laroque, Coordinator of Aboriginal Policy, Saskatchewan Social Services

   Thelma Musqua, Yorkton Tribal Council, Indian Child and Family Services

   Alberta

   Gayla Rogers, Dean of Social Work, University of Calgary

   Jean Lafrance, Edmonton Division Head, University of Calgary Faculty of Social Work

   L.M. (Molly) Turner, Director, Human Resources, Alberta Children's Services

   Betty Deane, Manager, Strategic Human Resource Initiatives, Alberta Children's Services

Manitoba

Don Fuchs, Dean of Social Work, University of Manitoba

Alexandra Wright, Assistant Professor, Faculty of Social Work, University of Manitoba

Gwen Gosek, Distance Education Coordinator, Faculty of Social Work, University of Manitoba

Carolyn Loeppky, Senior Associate, Family Services and Housing, Government of Manitoba

Dennis Schellenberg, Executive Director, Manitoba Child Protection Support Services

3. These documents have since been replaced by more current information.

APPENDIX

Prairie Child Welfare Consortium

Vision

Child welfare services in the Prairie provinces meet the needs of the children, families, and communities they support.

Mission

Build capacity, at different levels of all systems that support children, families, and communities in the Prairie provinces, while ensuring respect for the needs of Aboriginal communities in the delivery of child welfare services.

The PCWC works to influence, advocate and change education, training, research, policy and practice/service delivery through collaboration, innovation and partnering.

The PCWC will seek affiliation with other national child welfare bodies for joint initiatives, which would further the PCWC mission and present a Prairie perspective at the national level.

Strategic goals

Education and training

- Approach education and training as a continuum, ensuring appropriate linkages between the education received and the training provided and recognizing the specialized focus in each domain.
    - Develop processes to ensure that both training and formal education are more effectively integrated with the needs of the employer.
    - Create better linkages between formal education and the orientation, and ongoing training, of professional.
    - Build linkages, as appropriate, between education, training and other related initiatives.
- Promote educational and training curriculum that works toward the improved delivery of child and family services.
- Develop a collaborative approach for the development and sharing of curriculum for training and education to maximize the ability to take advantage of government, agencies, and educational institutions.
- Expand the knowledge and skill development of learners in the areas of:
    - advocacy on behalf of clients within government and other service systems;
    - managing in an environment of constantly changing paradigms; and
    - working effectively within the employer's system.
- Enable cross-fertilization through mentorship, cross-appointments, secondments, inter-provincial exchanges.
- Develop opportunities for graduate students as resources for the various objectives of the Consortium.

Research

- Develop a prioritized research agenda that:
    - poses researchable questions as a collective; thereby improving opportunities for research funding;
    - links new research to current research activities, e.g., longitudinal studies;
    - ensures opportunities for consumer and service provider input and participation; and
    - develops strategies for the application of research.
- Develop a strategy to support skill transfer in research.
- Determine the need for an ethics review process with credibility and feasibility; establish an inter-provincial research protocol.
- Develop/enable a synergy of resources for research to support:
    - the collaboration of academics and policy developers; and
    - the dissemination of research results.
- Foster the sharing of information (e.g., website).
- Promote research that works toward capacity-building in the delivery of child and family services.

Policies

- Develop a strategy to ensure input and influence is provided for the analysis, evaluation, and development of policy, including implementation, at all levels.
- Apply a child friendly policy lens focussed on the interests and rights of children, families, and communities.
- Use policy issues to frame research.

Practice/service delivery

- Share practice and delivery models to learn about what works, what does not work, and what has been learned (rural/urban/Aboriginal).

- Develop/implement a collaborative model for innovative research, examination of practice issues, and development of practice/service delivery.
- Collect data, develop research questions, and exchange experiences to practically support best practices and evidence-based practice.
- Support practitioners in their advocacy role.

CHAPTER 1

Contextual and Cultural Aspects of Resilience in Child Welfare Settings

Michael Ungar

Children under child welfare mandates are known to have higher rates of problem behaviours, mental illness, and delinquency than other children (Arcelus, Bellerby, & Vostanis, 1999; Haapasalo, 2000; Kroll et al., 2002; Webb & Harden, 2003). Efforts to meet the needs of these children and prevent the possible negative impact of intervention have led to innovations in child welfare services. A short list of these includes the Looking After Children case review process (Klein, Kufeldt, & Rideout, 2006); Family Group Conferencing in which families, community members, and formal care providers work out a collaborative response to one family's needs (Burford & Hudson, 2000); Systems of Care's coordinated culturally relevant approaches to service (Hernandez et al., 2001); and, in Aboriginal communities, Kinship Adoption, which places children in culturally relevant foster care that erects fewer boundaries between adopted and natural families (Blackstock & Trocmé, 2005). Each of these efforts creates structural conditions in which children can experience more say in their service plans and receive services appropriate to their needs and cultures. These opportunity structures help children and

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families succeed despite exposure to chronic and acute stressors such as poverty, violence, abuse, dislocation, and marginalization due to race, ethnicity, ability, or sexual orientation.

What these programs share is their responsiveness to children and families. When they work, they help individuals achieve positive developmental outcomes that are sometimes described as resilience (Masten, 2001). Seen this way, resilience is more than a trait of the child. It results from the interaction between the child and his or her environment. When social workers and other helping professionals shape that environment, resilience is more likely to result (Leadbeater, Dodgen, & Solarz, 2005).

This chapter will explore the concept of resilience as it relates to clients of child welfare organizations. It will argue that resilience as an outcome emerges, at least in part, from the opportunities children have to access the psychological, emotional, relational, and instrumental supports they need to thrive while growing up under adverse circumstances. Further, it will argue that child welfare services can help to create the environmental conditions for positive development through planned systemic intervention.

What, though, do children do when they have no access to the resources provided by professional helpers and their services? How do they survive? For other children who are offered these resources, how do we explain their reluctance to engage with service providers? Children lacking resources and others who refuse service may manifest troubling behaviours typically diagnosed in child welfare populations such as self-harm, truancy, delinquency, and drug abuse. A broader view of resilience can help us to understand these troubling behaviours by clients of child welfare services. Although they may be indicators of disordered attachments, post-traumatic stress, and cognitive distortions, these behaviours are not always a sign of the child's vulnerability. In many instances such problem behaviours are contextually and culturally relevant expressions of resilience, a hidden resilience overlooked by care providers (Ungar, 2004). To show that the notion of resilience can be usefully applied to interventions with these "problem" children, I will make a three-part argument.

First, outcomes associated with resilience, like staying in school or avoiding early pregnancy, are culturally embedded. Diverse cultural groups define benchmarks of successful development differently. Some benchmarks are almost universal, while others are very specific to one group or another. When, after all, is the right time for girls and boys to become sexually active? The answer is of course dependent on historical and social forces that constrain the behaviours of young people.

Second, culture and context determine whether the interventions and programming that are offered to a child in need of protection are seen by the child, family, and community as helpful resources. For example, while educating one's children is a near universal desire for families, in many parts of the world parents would prefer their children not attend school and instead contribute to the family income. The gender of the child, a country's relative wealth, whether the family is rural or urban, and even religious views, all influence whether a child is sent to school or not. Even where schools are available, not all families will choose to access educational resources.

Third, children who thrive make do with whatever is available to them, and what they perceive as useful to sustaining themselves. A child may not attend school, but that does not mean that he or she does not find a sense of self-worth, competence, maturity, and self-efficacy through contribution as a member of a street gang or child labourer. This is not an argument for blindly accepting children's and families' decisions as socially valid. My intention instead is to make service providers open to hearing children's own definitions of their pathways to resilience and the cultural and contextual relevance of their decisions.

The argument is of course heuristic. Children’s culture and context constrain their choice of what they think will help them survive. Culture defines for children the appropriate outcomes that are benchmarks of success. A child's survival strategies may, therefore, make perfect sense to a child and his or her community in one context, but be completely unintelligible if judged by an outsider to that context. Of course, defining insiders and outsiders leads us into contested territory.

Children may exist in any number of communities simultaneously: the community where they live; the cultural community with which they identify; their community of peers; or a community formed by exclusion, as when children who are marginalized by ability or sexual orientation group together. Children who do exist in two or more communities simultaneously may experience some conflict of values, and they may not know which values to follow for their own positive growth. Such plurality provides many avenues to resilience. Viewed through the binocular lenses of culture and context, even socially unpopular behaviour by a child or the family that resists intervention or places the child more in harm's way may, in fact, be the child and family's hidden pathway to resilience. Understanding a child's hidden resilience as a cultural artifact expressed in a particular context can inform interventions that are less likely to be resisted. A discussion of the implications of this understanding to intervention forms the final part of this chapter.

RESILIENCE AS CONTEXTUALIZED THEORY

In the mid to late 1900s, researchers of psychopathology and its manifest problem behaviours routinely identified in their studies subpopulations of children, who, despite exposure to the same risks as their disordered peers, had managed to develop successfully. Early pioneers of resilience research changed the focus of their studies (or at the very least, incorporated a dual focus into their work) to study these young people who thrived as a distinct group from those who showed problems. Normative positive development under stress came to be known as resilience. As Crawford, Wright, and Masten (2005) explained, the study of resilience came to be the "search for knowledge about the processes that could account for positive adaptation and development in the context of adversity and disadvantage" (p. 355). Many of the early studies included populations of children typically served by social workers, including children with mothers who had schizophrenia (Garmezy, 1976) and children marginalized by poverty and neglect (Werner & Smith, 1982). Initially, researchers searched for individual traits that predicted variable outcomes among children. Temperament was one such trait (Rutter, 1987). A more evoking child with a less explosive temperament would be expected to thrive better than the peer with more impulsive characteristics. This view of children's resiliency, or inner characteristics, soon gave way to more contextualized understandings of the mechanisms that influenced positive outcomes. It was about this same time that ecological theory, notably that of Bronfenbrenner (1979) in psychology and Meyer (1983) in social work, began to focus as much on the person in context as the person.

Resilience research kept pace. Rutter's (1987) and Garmezy's (1976, 1987) work in the 1970s and 1980s began to shift focus to protective mechanisms that are processes at the interface of individuals and their environments that predict positive outcomes. Among the best known of these processes are Garmezy's (1987) three:

1. The personality dispositions of the child
2. A supportive family milieu
3. An external support system that encourages and reinforces a child's coping efforts and strengthens these by inculcating positive values (p. 166)

Individually, or in combination, a growing body of research is demonstrating the positive outcomes that result from these and other similar processes when they function for children who experience severe disadvantage (see, for example, Fraser, 1997).

ARGUMENT ONE: THE CONCEPT OF RESILIENCE MUST BE CULTURALLY EMBEDDED

There was little discussion early on about the cultural relativism of this work. Resilience, like most Western-based concepts, was presented as distilling a homogeneous set of truths that could be applied to all populations. When studies were done with non-Aboriginal children and families, or in countries other than Western democracies, the testing instruments and protocols were the same across studies, and the benchmarks of success remained consistent. While this increased the generalizability of findings, we can now look back and wonder at the validity of the results. One could speculate, as many have, whether broader cultural forces were overlooked and patterns of successful adaptation ignored when these did not conform to expected behaviour for dominant cultural groups (Boyden & Mann, 2005; Werner & Smith, 2001; Wong & Wong, 2006). This distinction is easy to see when one thinks, for example, of street children (Hagan & McCarthy, 1997; Hecht, 1998). Some are runaways, leaving homes to find safety among peers, adventure, or a sense of themselves as grown-up. A second group of children, sometimes termed "throw-aways," have been pushed from their homes unwillingly. Both groups may account for their experiences of survival very differently, and define themselves as more or less successful depending on the contextual factors that brought them to the street (Hagan & McCarthy, 1997).

Sensitivity to culture and context are now much more evident in the resilience literature. Researchers globally are beginning to use the construct to identify both similar and divergent patterns to the way protective mechanisms work and the benchmarks communities use to judge successful outcomes (Chun, Moos, & Cronkite, 2006; Ungar, 2005). Furthermore, researchers are encouraging a more nuanced view of stereotypically marginalized cultural groups who tend to be seen as having more problems. As Leadbeater, Dodgen, and Solarz (2005) have explained, risk statistics can cause us to overlook the number of children and families doing well. Careful longitudinal research such as that by Lalonde (2006) has shown that even widespread problems like youth suicide among Aboriginal youth does not occur in all Aboriginal communities. It is situational and related to structural conditions such as participation by women in government, equitable treatment in dispute resolution processes, availability of cultural facilities, and control over education by the community itself.

Therefore, understanding resilience among children and families requires sensitivity to multiple points of view, especially when those we are trying to understand are from marginalized communities. Even among these individuals on the fringes of the mainstream, one can find stories of survival, though these stories may not typically be those celebrated by outsiders. After all, the child who is poor and raised without opportunities for higher education, or whose abilities academically are not likely to get him or her to university or even college because of poverty, may choose delinquency as one way to find a modicum of respect from peers in his or her community (Dei, Massuca, McIsaac, & Zine, 1997). The Innu boy of northern Canada who leaves formal schooling at age 12 to learn traditional ways of life on the land may be living an anachronism and putting himself at risk for future success beyond his community, but his behaviour is not without purpose and meaning inside his culture (Innu Nation, 1995). It may in fact be protective if it guards that same child against feelings of anomie and failure that traditional education may bring. Without a thorough appreciation for the context in which dangerous, delinquent, deviant, and disordered behaviour manifests, it is impossible to argue whether one child is more or less resilient than another (Ungar, 2001). All one can say, based on research with a number of marginalized populations globally, is that these children cope in ways that exploit the opportunities available to them (Solis, 2003; Taylor, Gilligan, & Sullivan, 1995).

Clara's Story

Fourteen-year-old Clara is known in her community as one of its most troubled youth. Her mother struggles with an alcohol addiction. Since her birth, Clara has witnessed one man after another take up residence in their home and try to father her. She has been the victim of abuse—physical and sexual—and watched her mother experience the same. Adding to the chaos, the family survives on meager social assistance in subsidized housing in a neighbourhood where there are serious safety issues for children and women. Though Clara is Caucasian, her world is a world apart from that of her middle-class peers at the junior high where she is bussed. Social workers have tried to provide as many resources as they can to Clara and her mother. Little has been helpful. Clara was removed from her home twice. Both times she required intensive support and supervision and demanded to be returned home. Clara insists her mother needs her and willingly takes on the role of her protector. Their home looks like it is run by a 14-year-old, with dishes piled high and the garbage overflowing behind their two-bedroom townhouse. Clara attends school only sporadically. Truancy officers have all but given up trying to develop individualized education plans or rouse her out of bed to get to school. Child protection workers no longer see the danger posed to Clara as sufficient to warrant removing her again.

In this context, it is not surprising that Clara has taken to the street and lives among her peers most days. It is there that she finds a measure of security and a sense of belonging. Her proudest moment, she says, was when the local newspaper took a picture of her sitting on the stoop of a corner store with a bunch of her friends. The newspaper had described her in its article as the leader of a gang of girls terrorizing their neighbourhood. Far from a problem for Clara, she saw this as a sign of her success. She was, she insisted, still doing better than anyone might expect, given what she had to work with. She wasn't suicidal, she hadn't run away from home entirely, and she wasn't prostituting herself like other girls she'd met in care. Instead, she'd staked her survival on her identity as a gang leader, a label that brought her security and recognition in her community of peers.

Clinically speaking, these benchmarks of success are contextually relevant expressions of what it means to survive in Clara's world. Clara is taking advantage of the resources that she perceives as available to create continuity in her identity as a youth who can control her world. It is a highly specific definition of resilience with which most of us would disagree, but one that nevertheless is functional for Clara. Helping Clara to change how she expresses that resilience and the mechanisms she uses to achieve well-being is a challenge for future intervention. Whatever form that intervention takes, however, it will have to take into account Clara's own view of herself as a thriving individual.

ARGUMENT TWO: AVAILABLE RESOURCES CIRCUMSCRIBE EXPRESSIONS OF RESILIENCE

Theories of resilience highlight factors that exert different patterns of influence on children who are exposed to multiple adversities. According to Luthar, Cicchetti, and Becker (2000), resilience factors can function in a number of ways. First, they can maintain a child's functioning under stress, protecting the child as stress increases. These factors are equally potent in the lives of children from both high- and low-risk environments, meaning that their influence is like that of a good teacher whose help equally affects any child in need. Second, a protective factor may also interact with stressors to create growth in a child who is exposed to adversity. This notion of challenge makes it likely that the child exposed to more risk will actually do better in life because of the "steeling effect" of exposure. Child welfare interventions seldom view children's exposure to risk as positive, and usually work to minimize such exposure. Third, the protective factors that are most often the focus of child welfare are those that help to maintain normative levels of competence in children exposed to multiple risks. In other words, workers try to keep children functioning at levels that would be expected of them if they had grown up without exposure to heightened levels of challenge. Fourth, there are often cases where children are doing much worse than expected because of the multiple disruptions to their normal development. Although children may show signs of deterioration, or an increase in problem behaviour, workers seek to prevent the decline from occurring too rapidly, or seek to prevent a child from declining more than necessary. For example, for a child who shows self-harming behaviour after a sexual assault, the goal might be harm reduction rather than cessation of the behaviour altogether (Levenkron, 2006). Similarly, the disruption to children's homes and increasing poverty after divorce can cause children to decline in their functioning temporarily. However, positive relationships with adults, mentors, and stable school environments can all mediate the impact of the crisis at home (Lipman, Offord, Dooley, & Boyle, 2002).

What we know then is that risk factors interact with protective factors and conditions of the child's context and culture to produce differential effects. Any protective mechanism cannot categorically be said to affect all children equally. A child's acting out behaviours that result in a referral for counselling or placement may cause us to overlook the fact that the child has many resources that may have prevented his or her behaviour from becoming even *more* of a problem. The function of protective mechanisms may be difficult to perceive when problems appear to have reached the clinical stage and require intervention. Without an appreciation for the hidden qualities of resilience amid a child's more overt problem behaviours, professionals may mistakenly disrupt a child's own coping strategies.

What this tells us is that the resources available to children will circumscribe how they express their resilience. Cultures, and contexts within cultures (e.g., poor or rich, practising or non-practising religion), present children with opportunities that make sense to those who are the gatekeepers of the resources. Available health resources, for example, represent the values of a society at a given time, and are enacted through the political and social processes that distribute resources. The available resources we can use as social workers to help children achieve resilience are also culturally bound. Incarceration of young offenders for non-violent offences, for example, though lacking empirical support for effectively changing behaviour, is nonetheless still funded because of a public perception that we need to get tough on crime (Hylton, 2001). Such moral panic is neither statistically justified, nor clinically indicated, and yet boot camps continue to be used as intervention. This relationship between culture and the availability of resources can be seen more clearly when children's accounts of their resilience are gathered from around the globe.

In a recent study of youth who face multiple culturally relevant risks in 14 communities on five continents, Ungar and his colleagues (Ungar, Lee, Callaghan, & Boothroyd, 2005; Ungar & Liebenberg, 2005) investigated the ways in which youth demonstrate unique patterns of survival. Known as the International Resilience Project (IRP), over 1,500 youth were surveyed using a standardized instrument developed for the project, and another 89 youth were invited to participate in one- to two-hour qualitative interviews. Each community invited participation of youth facing at least three significant risk factors such as poverty, violence, family dislocation, cultural disintegration, mental illness of a parent, and war. Youth were then selected by local advisors on the basis of their perceived success, with the cohorts divided into those "doing well" and those "not doing well" as defined by community standards. Using an iterative research design, international partners met twice face-to-face; first, to design both a quantitative instrument and qualitative interview guides and; later, to review findings. The novelty of this participatory design allowed for community partners to negotiate between themselves a set of 32 common factors that were believed to influence positive outcomes across all populations. These included factors such as self-efficacy, parental monitoring, family routines and rituals, meaningful involvement in one's community, and cultural adherence. These factors were the basis for a 58-item questionnaire distributed to youth in all 14 communities. Qualitative interviews helped discern patterns of how youth make use of their personal, family, community, and cultural resources to promote and sustain well-being.

In contexts as diverse as Winnipeg's urban Aboriginal community, a Moscow orphanage, and a middle school in Hong Kong, children showed evidence of a variety of contextually relevant coping strategies with trends towards both homogeneity and heterogeneity across subpopulations. Although far from representative, and still only exploratory given the limited size of the sample, the study's findings suggest that there are both global and culturally specific aspects to resilience (Ungar, in press). The qualitative data, in particular, was useful in understanding why children select different strategies to cope with contextually specific risks. Using a grounded theory approach to the analyses, and the dialogical process of member checks and reciprocity in the design, seven "tensions" were identified that could account for the youth participants' experiences of positive growth. These seven tensions are:

1. *Access to material resources*: Availability of financial, educational, medical, and employment assistance and/or opportunities, as well as access to food, clothing, and shelter.
2. *Relationships*: Relationships with significant others, peers, and adults within one's family and community.
3. *Identity*: Personal and collective sense of purpose, self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including spiritual and religious identification.
4. *Power and control*: Experiences of caring for one's self and others; the ability to affect change in one's social and physical environment in order to access health resources.
5. *Cultural adherence*: Adherence to one's local and/or global cultural practices, values, and beliefs.
6. *Social justice*: Experiences related to finding a meaningful role in community and social equality.
7. *Cohesion*: Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one's self socially and spiritually.

Findings show that *youth who experience themselves as resilient and are seen by their communities as resilient are those that successfully navigate their way through these tensions, each in their own way, and according to the strengths and resources available to the youth personally, within family, community, and culture*. In practice, this means that youth say they must find ways to use the resources they have at hand to create for themselves the optimal conditions for their development. Families and communities provide different resources depending on cultural and contextual factors, such as:

- Availability (Are the resources there in the community?)
- Access (If a resource is available, is it accessible to those who need it?)
- Appropriateness (Is what is available and accessible culturally relevant and respectful of people's values?)
- Advocacy (Does the community have the power to advocate for the resources it needs for its children when they are not available, accessible, or appropriate?)

John's Story

The seven tensions discussed earlier are a useful way of looking at the life of a young Aboriginal man, John, growing up in Canada, and more especially at the way he copes. Viewing John's life as patterned development targeted at resolving the seven tensions simultaneously, we see a pathway to resilience that is culturally and contextually specific. John survives the many stressors he faces in his community by finding conventional and unconventional (hidden) ways to bolster his identity as a competent young Aboriginal man.

John has been in and out of jail most of his adolescence. He seldom spent time at home with his mother or father. In the past, he has been found guilty of assault and theft. He is known in his community as a youth who is constantly in trouble, and who frequently breaks his probation orders. By 15, John had left school. His only contact with adults tended to be through mandated social services such as probation. Evidently, John's life was becoming progressively worse until, on a temporary absence from custody at age 16, he went to visit his uncle, a fisher involved in an armed struggle with Department of Fisheries and Oceans (DFO) officers over Aboriginal treaty rights to fish. Upon his return to custody, John enjoyed sharing stories of being on his uncle's boat while DFO officers fired shots across their bow to get them to stop fishing. These acts of resistance, and John's later identification with members of an Aboriginal Warriors Society, proved to be a powerful force in his life for change. Upon discharge, he returned to join his uncle fishing.

John's strong cultural adherence, and an identity narrative that is linked to that adherence, has been a significant coping strategy in his life. Becoming—in his eyes—a warrior has helped him to access experiences of social justice that are now available in his community. With these experiences have come significant relationships with influential adults who have encouraged John to channel his negative behaviours in pro-social directions (although, pro-social behaviour can mean different things to different people). John's resulting relationships and growing sense of cohesion with others in his community, and the instrumental support that has come with his ability to earn his own income as a fisher, have all combined to result in John viewing himself as a successful individual. It is this sense of success that has mitigated many of the risks he faces and that has led him to be seen by others in ways that outsiders to the community (e.g., researchers) characterize as resilient. This new self-concept is sufficiently powerful to offer John a viable alternative to his former lifestyle as a violent and drug-abusing youth.

Of course, one could never prescribe an intervention that purposefully places a young person in a situation of armed conflict. It would be unethical. However, it is important to understand what worked in such a case, and why it worked: interventions that address the seven tensions, and that respect the various positive outcomes different cultures define for themselves (and different contexts as well), will probably succeed with youth who display problem behaviours.

There is nothing all that surprising in John's solution to his problems. A great deal of literature on resilience has already shown that meaningful involvement in community, a sense of citizenship, experiences of efficacy, attachment to mentoring adults, the attainment of job skills, and a change of peer group can all help children succeed (Moore & Lippman, 2005). The resources that make these outcomes possible, however, are not common across all cultures and contexts. One would never imagine encouraging an urban Caucasian youth like Clara to join an armed resistance movement. It is the very specificity of the solution John finds that makes his experience a powerful catalyst.

In practice, the interaction between the seven tensions can be seen at the level of individual case studies. Individuals show different forms of pro-social and anti-social behaviour, though as was seen above, such distinctions can be arbitrary when viewed beyond a specific child's context and culture. To illustrate, researchers holding focus groups with youth in Israel and Palestine noted that there was a significant difference in how youth in the two countries expressed their desire to participate in the political process for securing their rights. Both make do with what opportunities their societies provide them. Israeli men are required to participate in their armed forces for up to three years (women for two years), immediately following graduation from secondary school. This means that all Israeli youth are required to be part of the defence of their country. In Israel, participation in the armed forces is seen as a legitimate way youth participate and make a contribution (Bar-On, 1999). On the other hand, Palestinian youth in East Jerusalem and Ramallah said they throw stones at soldiers and resist the Israeli occupation of their land in any way they can. They tell stories of being part of the protests that often turn deadly, with casualties on both sides. Youth leaders in Palestine say that the throwing of rocks, while dangerous, prevents youth from feeling completely disempowered given the lack of a legitimate form of political self-expression.

Although it is not the purpose of this paper to weigh in on any one side of this conflict, the example shows the way in which youth exploit opportunities to experience a generic set of resilience enhancing processes and factors that may or may not be socially sanctioned. Clearly, it is not enough to examine an act of violence or self-harm outside the context in which it occurs (Rutter, Giller, & Hagell, 1998).

ARGUMENT THREE: CHILDREN WHO THRIVE MAKE DO WITH WHAT THEY HAVE

Thus far, I have shown that resilience is an outcome that depends on the interface between individuals and their environments. I have argued that positive outcomes are culturally relative, dependent for their definition on community norms. I have also shown that the resources to promote and sustain resilience are themselves shaped by culture and context. Communities provide what makes sense to them at a particular point in time and convey through ideology and everyday practices what they value. My third argument is the corollary of the first two. Children who thrive do so by making do with what they have available to secure (for themselves) a self-description, or narrative, as resilient.

Take, for example, the case of a child caught between two parents during a very conflicted divorce. Reading the cues, the child may choose to survive by clinging to one parent and rejecting the other, creating an alignment that may not be seen as healthy to outsiders, but reassures the child that someone loves her nonetheless. Cultural norms may further shape the child's decision about which parent to cling to. Such nuanced explanations for children's behaviour when under stress support a view of coping as temporally and culturally sensitive. Children simply do what they must do to survive with what they have to work with. Resilience results for a child who shows the capacity to *navigate* her way towards the health resources she needs and that are available, accessible, appropriate, and advocated by her caregivers. Resilience is also the outcome of her ability to *negotiate* to have those resources provided to her in ways that make sense culturally. Children who reject our interventions are not purposefully putting themselves in harm's way: they are more likely seeking resources elsewhere that make more sense to them and that bring them a better self-description as a healthy and competent youngster. Understood this way, resilience is not an end state for those with whom social workers work, but a description of a constantly fluctuating process of self-appraisal to attain success. This notion of navigation to health resources, and negotiation for those resources to be provided on the child's own terms, is part of an emerging discourse in the child development field. Lerner, Brentano, Dowling, and Anderson (2002) referred to this process as indicative of a child's "relative plasticity," a child's capacity to adapt to the demands of his or her environment:

> Stress on relative plasticity is a foundation for an applied developmental science aimed at enhancing human development through strengthening the linkages between developing individuals and their changing family and community settings. From this applied developmental science perspective, healthy development involves positive change in the relation between a developing person—who is committed and able to contribute positively to self, family, and community—and a community's support in the

> development of such a citizen. (p. 15)

The role of social work has historically been to ensure the provision of adequate developmental assets for children to cope well with their adversity. Understanding the person in context, however, means recognizing both the individual's degree of personal agency to secure health resources and the ability of resilient communities to provide them. Demonstration of children's personal agency can result in conflict between them and their providers of services who define what type of behaviour is acceptable and unacceptable.

Jake's Story

A 13-year-old boy, Jake, with whom I have been working clinically, has been moved between communities often during his lifetime. His mother was a street child who left home at age 11. Since then, she has used many social service systems, including services for drug and alcohol addictions, child welfare services, and educational upgrading. She has also spent time incarcerated. She is now in her mid 30s. She had one child other than Jake who was apprehended and placed for permanent adoption by child and family services. She has, however, managed to hang on to Jake who, despite her best efforts to protect him, was sexually abused by a pedophile in one of the communities where the family lived while Jake was still in elementary school. Though the abuse was dealt with briefly some years before, Jake was brought by his mother to counselling because she worries about his bullying and aggressive behaviour in junior high school and the three suspensions he received during the Fall term just before we met. Jake's mother believes his behaviour is related to his unresolved experience of sexual victimization. Jake refuses to discuss that part of his life.

As a compromise, Jake, his mother, and I created space for Jake to talk about his coping strategies: the bullying, suspensions, and denial of the abuse. Not surprisingly, Jake said he was pleased with how he copes. To him, three suspensions weren't a lot: "It's a problem for my mother but not really for me." Similarly, playing the bully has proven an effective way to keep other youth from picking on him.

"What are all the good things about being the bully?" I asked him.

That question proved pivotal to helping his mother and me understand his behaviour. Jake explained how other youth used to see him as someone they could push around. His fighting back, and becoming known as someone who would lash out, protects him against further abuse by his peers at school. Listening to Jake, one also has to wonder if his violence is his way of warning anyone, child or adult, who might hurt him again that he is not going to be their victim.

IMPLICATIONS FOR PRACTICE: FINDING SUBSTITUTE BEHAVIOURS

A more culturally- and contextually-embedded understanding of resilience can lead to focussed interventions that can help children like Jake, John, and Clara find substitutes for adaptive but problematic expressions of resilience. The goal becomes to identify intelligible alternatives that accrue the same benefits that children find through their disordered behaviour. These substitutes must bring with them the same experiences of personal power and well-being if they are to be seen by the child as worthy of exchange. Substitutes must also be as culturally and contextually relevant as the original solution the child found on his or her own (Ungar, 2006). And these substitutes must be realistically available and accessible. In Jake's case, the substitution was his ability to ignore problems and maintain control of his emotions. He admitted he used this strategy when it came to memories of his sexual abuse, but had not used it to deal with taunts he faced from other children at school. When Jake perceived having power as being able to control a situation, he agreed to change his strategy. As a result, he was able to avoid fights in most instances and to remain in school.

Substitution offers children alternative identity stories. These stories are as powerful as those that support a self-definition of success in anti-social ways. One way to characterize substitution is moving from "unconventional" pathways to resilience toward "conventional" pathways to resilience. Unconventional pathways might further be described by one or more of four D's that define problem children: Dangerous, Delinquent, Deviant, and Disordered. Conventional pathways might be described by one or more of four C's: Competent, Caring Contributors to their Communities. Figure 1 schematically

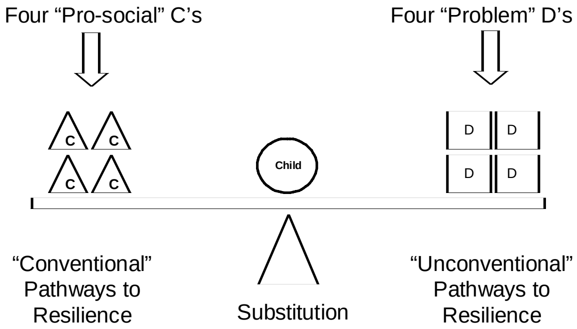
Four “Pro-social” C’s
Four “Problem” D’s
C
C
C
C
Child
D
D
D
D
“Conventional” Pathways to Resilience
Substitution
“Unconventional” Pathways to Resilience

Figure 1. Conventional and unconventional pathways to resilience
Source: Ungar, 2006. Reprinted with permission

represents this process of substitution. What social workers need to understand is that "problem" children are simply showing through one or more of the four D behaviours that they are successfully resilient. After all, for many of the most disadvantaged youth, the only community they can contribute to and feel successful in is one populated with other problem teens.

Clara, the girl introduced earlier who had taken on the dual roles of parent to her mother and gang leader, was not going to easily give up either self-description for a less powerful identity. Working together, we found a pathway to substitution in a classroom at school where Clara had connected with an English teacher, Mrs. G., who liked her but insisted she follow the rules. Mrs. G.'s compassionate expectation was something Clara said she liked and though she attended school irregularly, when she did attend, she always went to English class. It was in that class that Clara was told she had talent as a leader and reciprocated by being helpful to her teacher whenever she could. Such intelligible resolution of identity crises is often noted in the literature that reports on delinquent and problem youth. Studies of children who join gangs have shown they do so because membership brings with it a sense of belonging, protection, and material gain

(Hecht, 1998; Solis, 2003; Totten, 2000). Where a better resourced child may choose to avoid gang involvement, these children make their choices in the absence of other options.

By implication, this appreciation for children's navigations and negotiations as health-seeking fits within an emerging field of positive psychology, critical and postmodern social work, and advances in the field of resilience. Effective interventions that reflect an understanding of the hidden resilience described in this chapter may be guided by the following three principles:

- *Don't believe everything you read*: Findings suggest that different communities have very individual definitions of what makes children resilient. Although the bulk of the resilience literature has been generated in Western contexts, one cannot assume homogeneity across global populations. There is a need to ask more, and tell less, when it comes to understanding positive development under stress within specific contexts.
- *All aspects of resilience are not created equal*: As the case illustrations show, the aspects of resilience that are most protective influence outcomes differently depending on the culture and context in which they appear. A singular approach to intervention would be highly unlikely to succeed across all cultures, since children's social ecologies interact with the protective function of each aspect of resilience. As demonstrated in this chapter's example, even something like social justice or relationships with adults are highly contextually determined and influence well-being in ways that may or may not be normative across cultures.
- *Pathways to resilience are a many splendoured thing*: The constellation of factors that interact in the lives of resilient children have been shown to be complex. There must necessarily be appreciation shown for both homogeneity and heterogeneity in coping strategies across populations.

These practice principles are meant only as a guide to help social workers explore the possibility of multiple truth claims by clients who themselves live in many different contexts. Honouring this plurality is essential for a sensitive practice that is respectful of diversity among at-risk children and families who seek to survive in any way possible. Understanding resilience as an outcome demands attending carefully to the specific setting in which behaviour is manifested. It is incumbent on those helping to inquire carefully as to the meaning of the behaviour and assume its intelligibility to those living with adversity.

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CHAPTER 2

Identity, Community, Resilience: The Transmission of Values Project

Sharon McKay and Shelley Thomas Prokop

"What did we do when we were Indians?" This question reflected the deep dismay of one agency director over the apparent limited ability of Indian child and family service agencies to stem the rising number of Aboriginal children in care in Saskatchewan. The question served as the key stimulus for a group of First Nations agency representatives interested in a collaborative child welfare research project and kindled a series of conversations that ultimately led to an innovative project involving four Saskatchewan First Nations communities.

The “Transmission of Values Project,” initiated in fall 2004 and completed in March 2006, was developed and guided by Elders, community, and agency representatives and researchers from Saskatchewan's two social work faculties, which are situated within the First Nations University of Canada and the University of Regina. This chapter was written by the project's two co-investigators and is intended to detail the project and explain the policy implications drawn from it. The project forms part of the research program of the Prairie Child Welfare Consortium and was funded by the Centre of

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Excellence for Child Welfare, one of the Public Health Agency of Canada's Centres of Excellence for Children's Well-Being.

SETTING THE SCENE

Indian child and family service agencies were established in Saskatchewan more than a decade ago in response to the closure of residential schools and the recognition of the need to provide community-based, culturally appropriate programs delivered by First Nations people. This shift in service delivery has had many positive outcomes. However, systemic barriers continue to exist, such as policies that are not culturally aligned and designated funding that does not allow the development of preventive community programs and services reflecting individual community needs. Such barriers are imposed on First Nations communities already fractured by colonization. The residential school system separated children and families from their personal histories, traditional parenting practices, and family and community values. Current socio-economic conditions are also barriers significantly contributing to the rising number of First Nations children in the care of provincial and Indian child and family service agencies (ICFS). There are more First Nations children in care now than at any time during the period that residential schools were operating in Canada (Blackstock, 2001).

In Saskatchewan, as in other provinces, ICFSs have been established (17 to date) but this has not stemmed the tide of Aboriginal children coming into care. Deborah Parker-Loewen, Saskatchewan's first Children's Advocate, expressed her outrage about the growing over-representation of Aboriginal children in care. When she presented her final report to the legislature in March 2005, the statistics indicated that the number of Aboriginal children in care continued to increase over the 10 years she served as Children's Advocate:

> The number of First Nations on-reserve children in Canada, who are placed in out-of-home care, increased by 71.5 percent between 1995 and 2001 (McKenzie, 2002). In Saskatchewan the increase in the number of First Nations children on-reserve placed in out-of-home care has been more modest, but equally alarming. The number of Métis, Non-Status, Status, and children

> of Aboriginal origin where the status was unknown was 65% in 1999; in 2004 the percentage had risen to 69%... While this increase may seem slight, these figures do not take into account the children in care of the 17 FNCFS agencies which were created over the past 10 years and are now serving children not traditionally served by the provincial government. In 1995, there were 370 children in care of three FNCFS agencies. As of March 31, 2004, Indian and Northern Affairs Canada (INAC) reported there were a total of 1,133 children in care of an FNCFS agency in Saskatchewan, representing a 206% increase over 10 years. (Parker Loewen, 2005, p. 21)

Several First Nations leaders, child welfare advocates, researchers, and scholars have written on how the alarming over-representation of First Nations children in care has negative repercussions for First Nations children, their families, and communities (Bennett & Blackstock, 2005; Blackstock, 2001; Fournier & Crey, 1997; Timpson, 1993; Timpson, 1994; Timpson, 1995). These and other scholars speak fervently about the urgent need for First Nations control of their own child welfare delivery systems as the way forward.

PROJECT BEGINNINGS

The child welfare concerns of First Nations people underlies much of the work of the Prairie Child Welfare Consortium. Research funding from the Centre of Excellence for Child Welfare led to discussions between the two co-investigators and the directors of the province's Indian child and family service agencies to identify potential partners for relevant collaborative research. Five agencies agreed to work with the co-investigators to design a research project, but one agency had to quit due to time and resource constraints. The remaining four ICFSs represented north, south, east, and west regions of the province. They were joined by Ranch Ehrlo Society, a non-Aboriginal residential treatment agency, and two Elders who agreed to sit on an advisory committee for the project. The advisory committee met several times during the course of the research augmented by email and teleconference communication. Four research assistants joined the advisory committee discussions once the research had commenced, two community based and two from the School of Indian Social Work, First Nations University of Canada.

Within the advisory committee, the "What did we do when we were Indians?" question triggered numerous conversations about the situation in the province. ICFSs have been established in Saskatchewan to deliver culturally appropriate services to First Nations communities, but the legislation, methodologies, and approaches are effectively based on the mainstream system, resulting in an incongruence of philosophy for those who delivered the services. From the perspective of the agencies, this created barriers that limited their abilities to effect change in a significant way. The agencies had not stemmed the rising numbers of children in care or prevented an increased number of First Nations youth entering the criminal justice system. Would knowledge of traditional, pre-contact ways and means of child rearing point to a better way to approach today's problems?

Elder Danny Musqua, a member of the advisory committee, presented the view that historical events had led ultimately to a "lost" population, without the benefit of their own language or the values and cultural practices essential to the development of positive identities as individuals, families, and communities. This view resonated with the group. Further discussion led to a strong consensus that all services and programs and all members of the communities must play a stronger role if children and families are to receive necessary support and guidance, and if communities are to thrive. The need for a community-wide approach to child and family well-being appeared paramount. Questions were asked such as:

- How does the community work alongside ICFSs?
- What is done currently that supports children?
- What does a strong and healthy identity look like for Aboriginal children?
- What is the benefit of living by values?
- How does one transmit the right values?
- How do traditional values become transferred in contemporary society?
- What will make a difference?

Dexter Kinequon, steering committee member and Director of the Lac La Ronge Indian Band Child and Family Services, spoke directly to the relationship of traditional values to today's world:

> The need to preserve and sustain life is equally as urgent for our people today as it was historically. Historically, cultural practices, traditions, and values were based on the need to preserve and sustain life for a people living on the land. Today, the need is to preserve and sustain families and communities living in contemporary society.

The advisory committee agreed that the goal of the research project would be to identify the values and practices that communities believe necessary to support and strengthen child, youth, and family well-being and prevent child maltreatment, resulting in strengthening collaborative efforts among child welfare stakeholders and First Nations communities.

Three project objectives were developed:

1. Engage communities in examining/rediscovering/articulating First Nations' values and community practices that promote child, youth, and family well-being and prevent child maltreatment.
2. Identify and promote existing programs and services that reflect First Nations' values and community practices.
3. Utilize identified values and practices to envision how gaps in programs and services might be overcome.

THE RESEARCH PROCESS

Aboriginal peoples have justifiably raised many concerns about research conducted by non-Aboriginal university or government-based researchers from outside the community which, from the perspective of the population researched, was of no benefit to the communities involved. Heightened sensitivity to these concerns has led to the establishment of guidelines, such as the Tri-Council Policy Statement respecting research involving Aboriginal people (Canadian Institutes of Health Research, 1998). Such guidelines are intended to ensure that research conducted with Aboriginal peoples is respectful, guided by principles developed by Aboriginal peoples, and of benefit to the communities involved.

The Transmission of Values Project endeavoured to respect these guidelines. The co-investigators consulted the directors group and Saskatchewan ICFSs and worked closely with the advisory committee to develop the goals and objectives of the project, determine the methodology to be used and the questions to be asked, and decide on the format and structure of the research. Together, the investigators and the advisory committee completed the required university ethics application. As the project progressed, advisory committee members made themselves available to facilitate access to key community groups, advise on local community protocol, comment on progress made, and support the project in a variety of ways. This involvement enriched the project enormously.

Methodology

Conscious of the negative perceptions about research within many communities, the project adopted inclusiveness, respectful research, and capacity building as guiding principles to engage the community throughout the research project. These principles led the research team to look for and choose Appreciative Inquiry as a methodology that would help focus attention on the many positive aspects of community life that were known to exist. It was believed that concentrating on the positive would reveal the values and practices that the community believed were key to supporting well-being and this approach fundamentally extended an invitation to community people to share positive realities and futures.

Cooperrider and Whitney (2005) define Appreciative Inquiry (AI) as being about the search for the best in people, their community, programs, services, and the relevant world around them. It involves recognition of what gives lifeblood to an ever-changing system when it is most alive, successful, and constructively capable. AI involves asking questions that strengthen a structure's capacity to bring about positive potential. It centrally involves the mobilization of inquiry through the crafting of the "unconditional positive question," often involving many people.

> In Appreciative Inquiry the difficult task of intervention gives way to the speed of imagination and innovation. Instead of criticism there is discovery and dreams. AI seeks, basically, to build a helpful union between people and what people talk about as past, present, and future capacities: achievements, assets, unexplored potentials, strengths, opportunities, lived values, traditions, stories, expressions of wisdom, insights into the deeper corporate spirit or soul—and visions of valued and possible futures. AI intentionally seeks to work from accounts of this "positive change core" and it assumes that every living system has many untapped and rich and inspiring accounts of the positive. Link the energy of this core directly to any change agenda and changes never thought possible are suddenly and democratically mobilized. (Cooperrider & Whitney, 2005, p. 14)

Along with the guiding principles, AI methodology sought to ignite community people to ask the questions that would help shape and influence their future programs, services, policies, and practices.

Partnerships and Protocol

Respectful research with Aboriginal peoples recognizes tribal, band, community, and cultural protocols. Alongside of the responsibility to meet university ethics requirements, it was critical for the research team to carefully consider the customs and expectations of each of the participating First Nations communities. The four communities each had their own traditions and protocols. Each differed in their adherence to cultural traditions and practices, and to First Nations and/or Christian religion and spirituality. Native languages spoken in the communities varied. One community was comprised of four different native language groups. Ensuring a culturally sensitive research approach was critical for the success of the project.

The First Nations co-investigator and First Nations research assistants had experience with, and respect for, the cultural protocols. Through discussions with Elders in each community and with advisory committee representatives known to each of the communities, the research team created a written partnership agreement with each of the four First Nations. This was a pivotal document that encouraged community involvement with the research agenda, protocol, and dissemination of the results throughout the project. In the context of fostering community capacity building, the partnership agreement is the first step towards discussing the mutual benefits of the research for all concerned. This agreement was signed by the chiefs of the respective bands.

The partnership agreement gave the team initial entry into the local community. However, the agreement was only the first step in gaining consent of the participants, paving the way for speaking with various groups in each community. In the traditions of First Nations communities, a first meeting with local Elders is expected and welcomed. Initial discussions with Elders led ultimately to approval for questions to be asked of other groups in the community. Each group was approached in a separate gathering: Elders, youth, service providers, and interested community members.

Given the past negative experiences of Aboriginal people with research and researchers, the advisory committee recommended that the term "research" be used sparingly. Instead, "sharing information," "gathering information," and "working together" were used to reflect the guiding principles of inclusiveness, respectful research, and capacity building.

Data Collection Process

When the research team prepared to work with the communities, it was evident that several strategies needed to be employed to encourage participants to attend the focus groups. Again, each community was unique and each community advised the research team on the best way to bring people to the meeting. A traditional First Nations meeting usually begins with a prayer and includes a meal. All of the focus group meetings for the Transmission of Values Project included food. With the exception of pizza for the youth groups, local people were hired to prepare the meals served.

The research team was advised that getting people out to focus group meetings would be difficult and would require a lot of ground work in the community. Different media were used to attract participants, given the rural locations of the communities, as well as the range of participants needed for the project. Due to limited time and budgets, it was not always possible for members of the research team to stimulate broad community participation by putting up posters inviting community people to attend the focus groups and issuing reminders. Local ICFSs assisted greatly in this regard by placing advertisements where they would likely receive the most attention and by spreading information by word of mouth. In one northern community, the local radio station broadcast a public service announcement inviting people to participate. If at all possible, the ICFS agency linked the research team with an existing group within the community. This proved to be successful in gathering participants to join in the meetings and to bring in other people interested in the transmission of values.

The Elders, youth, service providers, and community members groups met separately, primarily to keep the groups small enough to facilitate broad discussion and to accommodate differences in how the transmission of values was discussed. The data gathering process needed to coordinate with other events occurring in the community. Over the course of the research, several meetings were rescheduled due to incidents within the communities, such as funerals, crime, and unanticipated conflict with other meetings. These incidents were characteristic of how communities are supportive of their members. For example, when a funeral occurred, most band agencies would close in respect, so that employees could attend the funeral.

Each community required different protocols based on their local culture and traditions. In all communities, it was important for the research team to understand and perform well for the Elders group, as the Elders' receptivity towards the project and the researchers was important to the project's success. Local people working as community-based researchers or connected with the project through local committees invited Elders to meet with the research team. Tobacco, gifts, honorariums, and meals were provided for the Elders who participated. The Elders provided an opening prayer and spoke one at a time, answering and discussing the questions in a large circle. A facilitator moved the process along and two recorders recorded the information being shared. More importantly, a local interpreter was present to ensure accuracy in interpreting what was being said.

Meeting with Elders in each community was a lengthy and rich process. In one community, the meeting started with a meal of traditional rabbit soup and bannock, whereas in another community the meeting ended with traditional foods. The diversity of the Elders groups was notable. Honorariums of various amounts were provided to participating Elders in all but one community, where honorariums were not expected except for the Elder giving the opening prayer. Knowing how to ask Elders questions was important for the researchers. Listening skills are necessary in garnering respect and further participation with any group. Knowing when to ask an Elder another question and when to wait quietly for the next response is a skill that also requires cultural sensitivity. This was facilitated by local, community-based researchers' familiarity with the Elders and by reading body language. At some points throughout meetings, Elders would request that a particular teaching or story not be recorded. These wishes were respected by the researchers.

Prior to meeting with the youth groups, the First Nations co-investigator contacted the local schools and connected with principals and teachers to discuss the project. Once school administrators approved the project, the research team connected with youth through the classroom, local youth groups, posters, and word of mouth. This was also a lengthy process requiring consent forms signed by a parent or guardian prior to individual youth participating in the project.

All youth meetings were held after school hours and a variety of data collection methods were used. Large groups required volunteer youth facilitators for small group processes. With groups of fewer than 20 youth, the facilitators conducted one large or two smaller focus groups. In each of the sessions, the youth were given a meal after the discussion was complete, which gave the research team an opportunity to visit with the youth and meet with them on a casual level.

Service providers comprised the third largest group in the communities involved in the project. They were interested as employees and front-line workers who developed and provided programs in the community, and as residents and members of the community. These meetings occurred during the day and were organized by contacting key service providers in the community. Meetings were held in local facilities within the community and lunches were provided to encourage attendance during busy work schedules. This proved to be helpful in bringing people together to discuss the Transmission of Values Project and further program and service development.

The general community meetings were advertised by poster and radio and held during the day. These meetings were the least well attended, due in part to the dual role that many people in First Nations communities play. Many people active in the community had already been reached via the other group meetings.

The circular format of meeting together is traditional with First Nations people, so the research team used focus group format for data collection. In each community, the same questions were asked. The focus group size ranged from 6 to 62 participants. The length of time for the groups ranged from 1.5 hours to 5 hours. The style of responding ranged from a circle of people with each speaking after another, to a more random style. For each focus group the community-based researcher and/or the community contact person chose a location that was available and convenient for the focus group participants. In each gathering, the community-based researchers facilitated the discussion with two note takers: one working on a flip chart and the other on a notepad. The notes were transcribed by a transcriber, following which the research team conducted a thematic analysis. This was reported back to the community in a subsequent meeting to ensure validity of responses and to provide an opportunity for additional remarks if desired. Neither the original sessions nor the feedback sessions were videotaped, as this was not recommended by the advisory committee.

The research team worked with the local community to ensure respectful adherence to protocols and ethics. This was typically an easy task, as most of the research team was comprised of First Nations people familiar with the local cultural needs and preferences.

Participant Communities

Four Saskatchewan First Nations communities agreed to participate in the research: Stanley Mission First Nation, Gordon First Nation, Whitebear First Nation, and Little Pine First Nation. These communities are located in the north, south, east, and west regions of Saskatchewan and are demographically diverse in terms of size, tribal allegiance, language, culture, and religion. Each community was supportive of the project and participated in the focus groups and interviews.

Whitebear First Nation is located in the Treaty Four area in the southeast corner of Saskatchewan. Currently, there are 750 people living on the reserve, 400 of whom are under 18 years of age. This Nation is made up of four cultural and language groups, including Cree, Nakota, Sioux, and Saulteaux. The Whitebear community was actively involved in the research project, with 62 Elders, 17 youth, 11 service providers, and seven general community members participating.

Stanley Mission First Nation is one of five Cree communities that make up the Lac La Ronge First Nation—the largest First Nation in Saskatchewan. Stanley Mission is located in the Treaty Six area of the province, approximately 500 km north of Saskatoon, 100 km north of Lac La Ronge. Currently, Stanley Mission has 2,300 people living on reserve, with approximately 708 under 18 years of age. Lac La Ronge First Nation is a member of the Prince Albert Grand Council. The Stanley Mission community was enthusiastically involved in the research project, with 18 Elders, 10 youth, 14 service providers, and three general community members participating.

Little Pine First Nation is a Cree community, approximately 80 km northwest of North Battleford in the Treaty Six area. Little Pine First Nation is one of five First Nations within the Battlefords Tribal Council. Little Pine has approximately 717 people living on reserve, the approximate number of residents on reserve under 18 was not available at time of publication. The Little Pine First Nation and surrounding communities were keenly involved in the research project, with 39 Elders, 18 youth, 35 service providers, and five general community members participating

Gordon First Nation is located 240 km southeast of Saskatoon. This Cree and Saulteaux community has 1,268 people living on reserve, including approximately 451 under 18 years of age. The Gordon First Nation is located in Treaty Four territory and is affiliated with the Touch Wood Tribal Council. The Gordon First Nation was actively involved in the project, with 22 Elders, 44 youth, 19 service providers, and three general community members participating.

Participant Group Questions

Drawing upon the AI philosophy, the co-investigators and the advisory committee spent many hours developing questions that would ignite positive responses and identify how values are transmitted and practised in the community. A total of six questions were asked in each gathering. A total of 324 individuals participated in the study (141 Elders, 89 youth, 79 service providers, and 15 members of the general community). See Table 1.

Table 1. Participant group questions and expected outcomes

Question	Expected outcome
What positive programs, events, and activities are happening in this community to help children and families in a healthy way?	This question is the first question posed in the focus group, using positive language to elicit positive responses about the community. It is a question everyone can answer. Responses portray the diversity of programs in the community, giving the researchers and participants an opportunity to learn more about the community (reciprocal sharing). Responses provide the beginning of a community profile.
What makes these programs and activities good for children and families?	Participants identify values and behaviours believed to contribute to healthy families.
What additional resources could be tapped to better these events and programs?	Participants identify resources that may be under-utilized in the community.
What teachings (values) are practiced in your community?	Participants identify values practiced in the community. These may be values held in the past, present, or those that they may want to see in the future. Participants are creating a bank of values in the community.
Which do you think are important for all children and families in the community to learn and relearn?	Participants identify the values most important for the community to invest in and continue to practice.
As a community, how do you think these teachings (values) can be strengthened?	Participants identify resources that may contribute to continuing to invest in and practice these values.

Table 1. (cont'd) Participant group questions and expected outcomes

Question	Expected outcome
Name the five top values taught in your community? (youth group question) Who are the teachers? How are these teachings being taught?	Youth identify the most important values emphasized (taught) in the community. Youth indicate how and in what way they are being taught these values.
My community helps me be a good person by___________ (youth group question)	Youth identify how the community assists them to grow. Youth identify actions, people, resources that contribute to their personal growth.

Data Analysis

The First Nations co-investigator and research assistants collectively categorized the substantive information gathered from each community and disseminated this information back to each community for the purpose of inviting participants to comment on it. Team members asked community participants if the information was a fair representation of their responses to the questions asked. Additional comments were recorded and corrections made as needed. With this verification process completed, the two co-investigators conducted a more thorough analysis of the data gathered.

Returning to each of the communities after the data had been collected and developing handouts that summarized the major themes demonstrated the project team's commitment to the community, and respect for the information they shared. The research team met with the groups separately, as the original data were gathered separately. The research team attempted to contact each person that had attended the first session, using posters and personal contact. Some participants were not available for the second meeting. Handouts identified the major themes, using the same terminology that the participants had used throughout the meetings. Some participants suggested words that were more suitable and representative of their original message. In most follow-up meetings, the participants agreed with the researchers' summary and added to the list. Bringing these people together again also gave them an opportunity to see all the ways in which values were being transmitted throughout the community and some discussed working with other groups in the community to sustain the services and programs.

Two data analysis methods were used by the co-investigators to provide an in-depth analysis of the data. One method involved manually reviewing the qualitative data looking for themes. The second approach involved software, called Hyperresearch. Themes were derived and compared from both approaches to the analysis. A literature search conducted parallel to the data gathering process added richness to the discussion of the themes that emerged.

The large number of participants contributed an extensive and rich database for analysis. The first question alone ("What positive programs, events, and activities are happening in this community to help children and families in a healthy way?") elicited a lengthy list of programs and activities in each community. For analysis, programs and activities were categorized as cultural, community events, community resources, community programs, adult education, and drug and alcohol prevention programs. The following is a partial list of programs found in the four communities:

- *Cultural programs*: Ceremonies (purification, sweats, sacred pipe, name-giving), community feasts, traditional dances (Round Dance, Sun Dance, Rain Dance), cultural camps, pow-wow singing and dancing, traditional crafts (beading, blanket-making), language training, traditional skills (hunting, trapping, sage-picking, sweet grass picking), celebrations (Aboriginal Day, Treaty Day, Family Day).
- *Community events*: Sports tournaments, winter games, community dances, talent show, annual sobriety run, fishing derbies, trail rides.
- *Community resources*: Fitness centre, youth drop-in centre, recovery and wellness centre, health centre, drop-in centre, schools, churches.
- *Community programs*: Organized sports, child and youth programs such as music and arts programs (band lessons, guitar club, painting classes), baby-sitting classes, cadets, First Nations youth livestock program.
- *Parent support programs*: e.g., Healthy Mother/Healthy Baby; Home Care.

- *Adult education*: Employment programs, life skills training, leadership courses, computer training, and firearms training.
- *Alcohol and drug prevention*: Alcoholics Anonymous, National Native Alcohol and Drug Abuse program, Fetal Alcohol Syndrome program, gambling prevention program.

RESPONSES BY PARTICIPANT GROUPS

The data were analyzed in a variety of ways. This section highlights the key findings found by comparing the data gathered in the four participant groups (Elders, service providers, community, and youth). Questions 1, 2, and 4 were asked of all groups so the analysis focussed on these questions.

Question 1: What positive programs, events and activities are happening in this community to help children and families in a healthy way?

The large number of references to cultural activities and practices within each community show these were highly valued and significant for participants in each of the gatherings. All four groups emphasized cultural and community events as significant positive contributions to the community. Elders emphasized programs that had healing attributes. Service providers also emphasized sports and recreation activities and listed a variety of resources, such as youth programs and alcohol and drug prevention programs. Both service providers and community members emphasized employment training for adults and youth. Community members also emphasized adult education. Youth listed sports and recreational opportunities most frequently among the positive programs and activities happening in the community. This was followed by cultural and community events and activities.

Question 2: What makes these programs and activities good for children and families?

Elders emphasized that the positive programs and activities identified contributed to strengthening personal attributes. Service providers and interested community members emphasized that programs and activities facilitated and strengthened a sense of community togetherness and belonging. Community members also spoke of strengthening personal attributes. Community members linked spirituality and spiritual practices as being part of what made the programs and activities identified as "good" for children and families. Youth listed the following positive features of the activities and programs they had identified: the strengthening of cultural identity, celebration and support of family, opportunities to learn new things, strengthening of personal attributes, and the building of personal relationships.

Question 4: What teachings (values) are practised in your community?

This question evoked a list of values from each group. All groups emphasized the importance of cultural identity. Ceremonies, cultural practices, language, and family and kinship values were interconnected with one another. All groups listed the key value of respect, which was articulated in the following ways:

- respect in ceremonies,
- respect all religions/spiritual beliefs,
- respect for Elders and the community,
- respect nature,
- respect yourself and respect others,
- respect of belongings,
- treat grandparents with respect, and
- learn to listen to Elders, parents, teachers.

Elders spoke specifically of traditional values and teachings, whereas service providers, interested community members, and youth all listed values common to the forging of positive, mutually beneficial, community-building relationships in Aboriginal and non-Aboriginal communities in Canada and elsewhere in the world. These included: caring, sharing with the less fortunate, helping one another, and cooperation. Personal attributes were valued. Among those listed were compassion, honesty, discipline, integrity, taking responsibility, and self-control. In the words of one participant:

> Traditional values and the Christian values have merged together in this community. People who practice these values are working together. An example of this is a funeral. The Clergy and Elder from the community each have a role in the ritual. They walk side by side and respect each other. The rituals of the funeral is holistic. The core belief in the Creator/God/Higher Power is taught in the community. The core values are taught, such as respect, love, caring, sharing, compassion, forgiveness, tolerance, and acceptance. The core belief in the Creator and these core values are threaded through the traditions and fabric of our community.

All groups mentioned knowing and/or learning one's native language as an important value. Language was especially emphasized by Elders and youth. Education was spoken of as a value, such as "stay in school and get educated."

Traditional Values

Conscious of the stimulant question that triggered this research, the data were further analyzed to pull out any mention of traditional values held by Aboriginal peoples over the centuries. As noted, these were mentioned more frequently by the Elders:

- the importance of the gift to bring a child into this world from conception to adulthood
- importance of relationships and kinships
- importance of keeping your Indian-given names
- [the importance of] spiritual well-being/faith
- have faith with the culture, the Creator
- equality between men and women

Elders frequently answered the question about values practiced in the community by advising parents and grandparents about valued child-rearing practices:

- Teach your children about respect of God/Creator.

- Teach your kids language and cultures—learn the proper protocol of behaviour, e.g., giving tobacco.
- Teach children their family history and kinship.
- Parents need to be positive/healthy role models for their kids,
- Be more involved with your children; [spend] quality time with them, (e.g., be at home with them; be involved in their activities). [The] personal relationship with children is very important.
- Take kids all over the place (being and praying with parents, grandparents, and kids).
- Learn to recognize your children's talents—let your children go and be free to explore their talents.
- Talk to your kids quietly and they will listen.
- A grandmother raises her children and grandchildren and does not give up on them—being with grandchildren when they are being born and being there throughout their life.
- Reclaim culture that was once lost and use it to teach children.
- Go back to your native ways—keeping traditional lifestyle and teachings.
- A man should not take a wife until he is ready to raise that family.
- Do not abuse alcohol and drugs.

One of the participants summarized these values by saying:

> Things that our parents did were passed on to us and the teachings that we learned were very positive. We learned to sew and clean house. We were taught to love and challenge life and work and we were not dependent on the government. We were taught to be workers and to feel good about life. Life can be good if you seek it.

Concerns

As might be expected, participants in the gatherings occasionally digressed to mention concerns and issues that, from their perspective, needed to be addressed by the community. These remarks were few in number, but did serve as a subtle reminder that alongside of the many positive features of community activities, programs, and events, there also existed ongoing and emerging challenges, such as drug and alcohol addictions, teenage pregnancies, lack of discipline/respect on the part of some youth, and parenting problems. The lack of culturally appropriate policies was frequently mentioned as a serious obstacle for the communities. Related to this was the overriding concern that native languages are being lost, further weakening attempts to maintain cultural ceremonies and practices. An emerging issue was gaps within the community due to differences in income and the weakening of the centuries-old tradition of sharing. Some participants expressed their concerns about a perceived lack of energy or commitment in the community to deal with these issues.

> Teach kids the result of drugs and alcohol. We can give the children the information about drugs and alcohol but they are still choosing to use. What laws can protect the children against the negative impacts? Children are buying and selling for their parents.
>
> Parents need to be more involved with their children, quality time (e.g., be at home with them, curfew times) and in the activities they are in.
>
> In the community there is an unequal representation of families having their needs met. For example—a large family needs a house but nobody is speaking for them—when people have their needs met it is because they demand it. Some people have a louder voice than others.
>
> We need to have more faith in ourselves and our community. People have wonderful ideas but nobody wants to put them into action.

In the spirit of emphasizing the positive, these few remarks were noted but not dwelled upon. More important were the many ideas that participants put forward as ways and means for strengthening what is good in the community, including new initiatives that would further enhance these directions. These are incorporated in the section on policy implications of the research.

DISCUSSION

Aboriginal children and youth face extraordinary challenges in making sense of, and understanding familial, community, and tribal history, especially where this history has resulted in negative effects for the child and his or her family and community. Added to this are the negative impacts of systemic barriers, such as the socio-economic conditions in First Nations communities and racism. Poor physical and mental health stemming from these conditions, pressures to join deviant groups such as youth gangs, and the daily distractions of our technologically advanced and global society combine to place many First Nations youth at high risk of being drawn into activities that will limit their future life choices. The situation is equally urgent for First Nations communities. Cultural continuity will not occur if the young do not grow into adulthood with:

- a sense of pride in themselves as First Nations people,
- knowledge of cultural practices and traditions that have stood the test of time,
- a firm grasp of the values and teachings that have guided their people over the centuries, and
- a sense of hope for their future as individuals and as members of a distinctive cultural grouping in Canada and the world.

By focussing on the positive, the Transmission of Values Project reveals an extensive effort by various sectors of the community to:

- support positive child and youth activities,
- educate children and youth about their history and culture,
- include children and youth in cultural practice and ceremonies,
- teach traditional lifestyles, skills, and language, and
- encourage community togetherness through a number of community-wide events.

Alongside of these efforts, communities provide several formal programs of support, such as Healthy Mother/Healthy Baby, home care, life skills training, National Native Alcohol and Drug Abuse program, and gambling prevention.

The co-investigators were struck, as they examined the data, by the sense of community as a fundamental aspect of individual identity—a place of belonging, recognition, and emotional and social ties. Aboriginal members of the advisory committee affirmed that this is what they had experienced and known from early childhood. Non-Aboriginal committee members were intellectually acquainted with the importance of community to Aboriginal people through statements made in various forums, and especially in the literature. But the data evoked a stronger, more profound image of the importance of community: an image of a large extended family united with one another through a powerful sense of a shared social, geographical, and for many, a spiritual location where young and old belong, and where space will be made for members, even if returning from a very long absence. The co-investigators observed that conversations among Aboriginal people almost always begin by individuals seeking to place each another. The conversation might sound something like this: "Oh yes, you are from…, My sister is married to…, the brother-in-law of your uncle…, and my brother's niece is the daughter of your mother's sister's nephew…," and so on. There is a strong sense of social and geographical relatedness and ancestral heritage. Ironically, the reserve system that historically "quarantined" and marginalized First Nations people has also provided home bases that are truly unmatched by any other group in the country. Ancient teachings assert the responsibility of the present generation in assuring the health and well-being of the seventh generation—the generation that cannot be known (Clarkson, Morrissette, & Regallet, 1992). Although the conditions in some communities are truly deplorable, the existence of a social and geographical home base provides an opportunity for change that can be nurtured and made safe, not only for the current occupants but also for the seventh generation to come.

This powerful sense of community will inevitably influence identity formation and capacity for resilience of the youngest members. For this reason, it is critically important that attention be paid to the cultural and value-based messages that young people experience through their life in the community. In her study of resiliency, Norman (2000) combines the interaction of two conditions: risk factors, which are stressful life events or adverse environmental conditions that increase the vulnerability of individuals; and personal, familial, and community protective factors that buffer, moderate, and protect against these vulnerabilities. She speaks of individual and interpersonal resilience factors that have been found in the research literature to increase a person's ability to cope with stressful life events and circumstances. Interpersonal resiliency factors include positive, caring relationships, positive family or other intimate environment, and "high enough" expectations (Norman, 2000, p.4). The data from this study suggest that an important resiliency factor for Aboriginal children and youth may be a strong sense of belonging to a vibrant, positive, community that proudly celebrates its own culture and history.

Chandler and Lalonde (1998) assert that, for some young people, community efforts to restore cultural practices and traditions may be a matter of life and death. They speak of personal and cultural continuity as critical factors in the lives of First Nations adolescents whom they believe to be:

> …at special risk to suicide for the reason that they lose those future commitments that are necessary to guarantee appropriate care and concern for their own well-being.... This generalized period of increased risk during adolescence can be made even more acute within communities that lack a concomitant sense of cultural continuity that might otherwise support the efforts of young persons to develop more adequate self-continuity warranting practices. (p. 2)

Data show suicide rates vary across Aboriginal communities in British Columbia, ranging from zero to nearly 800 times the national average. The variable rates are "strongly associated with the degree to which BC's 196 bands are engaged in community practices that are interpreted here as markers of a collective effort to rehabilitate and vouchsafe the cultural continuity of these groups" (Chandler & Lalonde, 1998, p. 2).

Referring also to the significant importance of community, Blackstock and Trocmé (2005) speak of the 525 generations of

Aboriginal children who were raised on the lands now known as Canada before the arrival of Europeans. Tracing the acknowledged tumultuous history that Aboriginal children, families, and communities have experienced since that time, they assert that the multi-generational trauma that has occurred can only be addressed by community-based systems of Aboriginal child welfare, supported by culturally responsive structures and adequate levels of funding. "Resilient Aboriginal communities provide the best chance for resilient, safe and well Aboriginal children, young people and families" (Blackstock & Trocmé, 2005, p. 31). Resilient communities are described as those equipped with the governance structure and the resources to address child poverty, inadequate housing, and substance abuse. We would like to add to this description of community resilience, the incorporation of a strong value base, supported by cultural traditions and practices that strengthen community identity and cohesiveness and that serve to facilitate and advance community-based approaches to known issues and concerns affecting child, youth, and family well-being.

POLICY IMPLICATIONS

Too often, the media, general public, and Aboriginal people themselves accept a negative view of First Nations communities, unaware of all of the work that is being done to support children, youth, and their families and to strengthen the community. Personal, family, and communal experiences with the system of child welfare bring forth a rush of negative memories and experiences about unjust treatment and considerable loss for many Aboriginal people. These negative images and experiences can be conceived as a kind of mental map of the history that Aboriginal people have endured with child welfare throughout Canada. Their experiences often reflect their perspectives about the conditions of a troubled individual, family, and community. Once accepted as the truth about Aboriginal communities, this "needs map" determines how problems are to be addressed, through deficiency-oriented policies and programs. As a result, many people and communities will see themselves with special needs that can only be met by people, services, and programs outside the community.

This deficiency-oriented picture needs to be counter-balanced with a strengths-based approach. The Transmission of Values research has shown that there are many positive initiatives taking place in Aboriginal communities that have not been reported and that need to be recognized and supported. The premise underlying the research is that people and communities have many of the answers they require to solve their own problems—a message conveyed by Aboriginal leaders for decades (Miller, 1990; Turpel-Lafond, 2004). The power of solution, creation, and authority rests with those in the communities. The Transmission of Values Project sought to provide a methodology to make the potential for change more apparent.

The Appreciative Inquiry method used in the project was designed through carefully developed questions to assist communities, not only to be internally focussed by recognizing and discussing their assets, but also to mobilize them for development purposes. Within the community development process, it is important to place this discussion in its larger context. Two major realizations should be stated:

- First, focussing on the assets of the Aboriginal people and community does not imply that these communities do not need additional resources from the outside.
- Second, the asset-based discussions are intended to affirm and build upon the valuable work already going on in the communities.

These two realizations provide a sense of efficacy based on interdependence. Policy makers, practitioners, and service administrators within and outside the community can be guided by the community's own sense of the programs, events, and activities that make a positive contribution to individual, family, and community well-being. The research affirms the community's assertion that knowledge of traditional values and teachings and participation in cultural practices are fundamental to the development of a positive identity as an Aboriginal child or youth. A critical ingredient to raising healthy children and youth is the participation of family and community in emphasizing, supporting, and reinforcing key values believed essential to the well-being, health, and vitality of the community. Celebrating cultural practices and history informs young people of the history and experiences of their tribes and communities. Native language instruction strengthens understanding of culture and history. Using these stepping stones, the young person can find stability and grounding as a First Nations individual to move forward to adulthood in a positive way.

Fulcher (2002) introduces the concept of "cultural safety," asserting that the duty of care undertaken by child care authorities needs to include the acknowledgement of and attendance to a child's needs and cultural frames of reference, even if they are not fully understood (as cited in Bennett & Blackstock, 2002). The Transmission of Values Project affirms the strong value placed on family by the youth who participated in the research. The co-investigators were struck by the number of times that young persons mentioned the support of families, grandparents, and kinship ties. Policy makers and service delivery agents are well advised to bear these strong connections in mind, and to do all that they can to support and strengthen these.

Similarly, the high value placed on education by Elders, family members, and the community was affirmed time and again by the young people who participated in this study. School teachers were frequently named as important support persons in the young person's life. Parents, grandparents, Elders, and school teachers were named as the primary transmitters of Aboriginal, family, and communal values. Along with support of families, the research supports extensive investment in schools. Related to education, community-based opportunities for employment training and employment opportunities were valued. These can enhance a young person's sense of competence and efficacy, initially instilled through school-based learning. School and employment-based initiatives need to be encouraged and strongly supported by policy-makers, practitioners, and service delivery agents.

Opportunities to participate in sports and recreation are of great importance to the young. These help to build strong bodies and connect young people with one another in ways that serve to build positive relationships and teamwork, as well as being fun. Investment in fitness centres, sports equipment, individual and team sports, indoor and outdoor games, and recreational opportunities enhances an individual's sense of competence, self-awareness, and self-esteem. Recognizing, supporting, and celebrating these activities helps to build individual and communal spirit, and contributes to the development of a positive attitude towards life and the community.

Table 2 summarizes policy and practice recommendations made by participants in the study.

Table 2. Policy implications

Outcomes (values)	Community level/practices	Government level/policy
Strengthened sense of cultural identity and continuity as an Aboriginal child/youth	• Optimize opportunities for community-wide cultural events (e.g., feasts, ceremonies, dances, celebrations) • Build a cultural/ spiritual resource centre	• Recognize/respect the paramount importance of culturally-based practices and beliefs and work with Aboriginal leadership to develop culturally appropriate policies • Acknowledge and attend to the cultural identity and spiritual needs of children and youth in care as part of the state's duty of care
Strengthened understanding of culture and history as Aboriginal peoples	• Hire community historians • Make greater use of Elders in the schools and band offices • Speak/teach native languages more frequently in school • Incorporate tribal/band/ community history into education curriculum	• Provide cross-cultural training to non-native policy-makers and service providers • Work with Elders/ community leaders to ensure flexibility and adaptability of school curriculum

Table 2. (cont'd) Policy implications

Outcomes (values)	Community level/practices	Government level/policy
Strengthened sense of community	• Optimize opportunities for organizing community-wide events and programs (e.g., sporting events, seasonal camps, recreational events) • Establish a vision with the community and develop and formalize a strategic plan. • Provide programs that encourage and reinforce key values identified by the community • Establish community rules and regulations for children and youth • Acknowledge inequities and teach equality • Establish a central meeting place for the community (e.g., the school) • Ensure transparency and accountability in programs and services	• Support/resource the training of Aboriginal service providers • Hold inter-agency meetings/ consultations
Heightened sense of the young person's individual competence and efficacy, self-awareness and self-esteem, health and physical well-being.	• Encourage, facilitate, and support the development and maintenance of child and youth sport and leisure programming within the community • Facilitate, develop, and implement community-based employment/training opportunities for young people and adults	• Acknowledge and attend to the physical, recreational, and employment training needs of children and youth in care as part of the state's duty of care

Table 2. (cont'd) Policy implications

Outcomes (values)	Community level/practices	Government level/policy
Prevention of maltreatment	• Strengthen/augment existing programs the community finds helpful in supporting and strengthening family relationships and good parenting practices • Provide programs, events, and services that assist families in caring for children and youth within the community (e.g., home care, respite care) • Include children and youth in planning programs and activities • Endorse and support alcohol and drug prevention programs and services	• Allocate funds and resources essential to ensure successful programs identified by the community continue in the community

CONCLUSION

This research successfully engaged interested members of the four communities that participated in the study in examining and articulating key values and practices that participants believe necessary to support and strengthen child, youth, and family well-being and prevent child maltreatment. Numerous highly valued cultural and community practices and events have been recorded, along with well-regarded programs and services that are believed to be beneficial to children, youth, and families. The research has identified some culturally derived and anchored approaches which could be used to address current gaps in programs and services.

Returning to the stimulus question ("What did we do when we were Indians?"), we cannot say that this research met the objective of "examining, rediscovering, or articulating First Nations values." This is because the values identified by participants in the study are recognizably shared by most Canadians and indeed by people from around the world as being essential for the support and maintenance of child, family, and community well-being: caring, respect, honesty, responsibility, sharing, and trust. What the study has discovered and articulated is the significant importance of cultural traditions, practices, ceremonies, and language for instilling these universal values into the minds and psyches of Aboriginal children and youth. Through these cultural practices, young people learn of their shared history, including past harms. This knowledge helps to explain personal and family experiences in a more appreciative way. A very important aspect of the shared history is knowledge that Aboriginal people have survived for thousands of years, overcoming environmental and social hardships that can hardly be imagined. Today, this long history of survival—of safeguarding traditional stories, beliefs, ceremonies, language, and skills throughout the centuries—can be acknowledged with pride and faith that the current and next generations will thrive and flourish.

Although limited to the four communities that participated in the study, the findings underscored the diversity existent in most Aboriginal communities. Aboriginal spirituality and Christian beliefs co-exist in a variety of ways in each of the participating communities. Even so, participants spoke of the critical role played by Elders as cultural transmitters of traditional language, history, values, knowledge, and skills. Many of the suggestions for strengthening the positive values and practices that communities believe all children and families should learn involve supporting and enhancing opportunities for Elders to become involved in school and community programs.

The study has also learned of the great importance of community social and sports events to the social and physical development of the young. Time and again, the data pointed to organized sports and recreation (e.g., hockey, baseball, track and field, golf) and informal recreational opportunities (e.g., swimming, fishing, hunting) as extremely important to the young. More formal community programs, especially drug and alcohol prevention programs and parenting programs, were highly valued.

The study stimulated one of the four communities to organize a round-dance in honour of the community's children. Over 1,000 people gathered for this event, which was an overwhelming success from the organizers' perspective. The co-investigators plan to return to the communities to discuss how the results might be used to further community goals and objectives in relation to their children, youth, and families.

AUTHORS' NOTES

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CHAPTER 3

Reconciliation: Rebuilding the Canadian Child Welfare System to Better Serve Aboriginal Children and Youth

Cindy Blackstock, Ivan Brown, and Marlyn Bennett

Despite changes in child welfare service design and implementation, Aboriginal children have been drastically over-represented in child welfare care for more than five decades (Trocmé et al., 2006). The failure to reduce the over-representation of Aboriginal children in care calls for an exploration of the child welfare system itself, and the social work profession in particular, to assess how they support or lessen positive outcomes for Aboriginal children. This chapter presents the view that reconciliation (conceptualized broadly as learning from the past to reframe current approaches and relationships) is an essential prerequisite to improving child welfare outcomes for Aboriginal children, youth, and families in Canada. It also describes the beginnings of a process of reconciliation in the Canadian child welfare context, which began with approximately 200 leaders in child welfare who came together in October 2005 to identify the process of reconciliation in child welfare and develop foundational principles (touchstones) to guide that process. The chapter concludes with a dis-

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cussion of how the touchstones can be implemented throughout the child welfare system.

RECONCILIATION IN CHILD WELFARE: WHY NOW?

Aboriginal communities flourished throughout the lands now known as North America successfully providing for their children for thousands of years. After Europeans dislocated Aboriginal peoples from their traditional lands and established reserves, often in less desired geographic areas resulting in cultural and socio-economic poverty, it became increasingly difficult for Aboriginal communities to provide for their children.

Among the most devastating of these government policies was official support for religious institutions to establish and run federally-funded residential schools. These schools were developed to assimilate First Nations children and eliminate what Duncan Campbell Scott, Superintendent of Indian Affairs, called "the Indian problem" (Milloy, 1999; RCAP, 1996). Residential schools existed in one form or another for over 100 years, from the early 1800s to mid 1990s, and were attended by approximately 100,000 students (Indian and Northern Affairs Canada, 2004; Indian Residential Schools Resolution Canada, n.d.), despite some ongoing criticism by contemporaries, publicly known reports of the deaths and abuses of children, and the continuous lack of demonstrated success (Milloy, 1999). Perhaps the main reason for their continuation was that governments did not avail themselves of opportunities to provide meaningful and respectful supports to First Nations (RCAP, 1996). As a consequence, numerous social, economic, and related problems continued to worsen. One such problem was the protection and care of Aboriginal children.

By the 1940s, social workers within Canada's provincial child welfare systems began to recognize this problem and to advocate for the expansion of child welfare services on reserves. Service provision began at different times and in different ways across Canada in large part because Indians and lands reserved for Indians are the constitutional responsibility of the federal government, whereas social services and education are the responsibility of provinces and territories. However, by the mid 1950s, a number of child welfare services were being offered to people who lived on reserve across the country (Hudson & McKenzie, 1985; Johnston, 1983).

There are various views about the intentions of social workers of the era, but what does seem clear is that the non-Aboriginal social work profession as a whole functioned according to a set of values and beliefs that had evolved from European cultures and applied them to Aboriginal communities with very little critical analysis. This resulted in a continuation, among social workers and social policy makers, of the prevailing view that Aboriginal children who lived on reserve were best served living off reserve in residential schools or in the care of non-Aboriginal families (RCAP, 1996).

Social workers were among the strongest supporters of residential schools (Caldwell, 1967; Indian Residential School Survivors Society, 2006; Milloy, 1999). Some residential schools had begun closing in the 1940s, but when a joint House of Commons and Senate committee recommended closure of all residential schools in 1948, the social work profession joined with churches in lobbying against such action (Indian Residential School Survivors Society, 2006). The main reason was that social workers perceived the schools as a useful and immediate way to alleviate the problems Aboriginal children faced, and they had come to use schools widely as a child welfare placement option (Indian Residential Schools Survivors Society, 2006). Social workers also took an active role in perpetuating the residential school system by serving on admissions committees (RCAP, 1996). By the 1960s, over 80% of the children in Saskatchewan residential schools were placed there by social workers (Caldwell, 1967; RCAP, 1996).

Residential schools also feature prominently in what came to be known as the "sixties scoop," when social workers removed large numbers of on-reserve children from their homes and communities (Union of BC Indian Chiefs, 2002). The children were primarily placed in residential schools (Caldwell, 1967; RCAP, 1996), and sometimes in non-Aboriginal foster or adoptive homes. By the 1970s, 10% of Aboriginal children were in care, as compared to 1% of non-Aboriginal children (Milloy, 2005).

Gradually, residential schools began to close, although the last ones closed fairly recently. The Gordon Residential School in Saskatchewan closed only in 1996 (Indian and Northern Affairs

Canada, 2004), and the St. Michael's Indian Residential School in British Columbia closed in 1998 (Indian Residential Schools Resolution Canada, n.d.).

Remarkably, throughout these decades, most social workers apparently did not understand or were not concerned that these placements would exacerbate rather than solve the socio-economic problems (e.g., poverty, unemployment, substance abuse, poor health) that motivated them to remove children from their families in the first place. Instead, many social workers appeared to falsely interpret these socio-economic problems as evidence that Aboriginal parents were unable to care for their children and that assimilation into the broader society would serve Aboriginal children well in future years.

The impact of the sixties scoop was and continues to be devastating for many Aboriginal children, families, and communities. Justice Kimmelman, as cited in Balfour (2004), claimed that in Manitoba, the placement of Aboriginal children away from their families and communities amounted to cultural genocide. It is unfortunate that, today, few social work students are taught about the child welfare profession's historic support of residential schools.

By the 1990s, leading social work academics believed that child welfare had learned from its harmful actions of the past and entered what Armitage (1995) referred to as "the post assimilation period" when the profession focussed on what were termed "culturally appropriate" responses. The problem is, though, that there is no standard for understanding what culturally appropriate practice is, nor are there ways of measuring whether child welfare has eliminated vestiges of what Armitage (1995) termed "assimilative practice."

In fact, the problem might be getting worse. A study conducted in 2005, which reviewed children in care data from three sample provinces that collect disaggregated data on Aboriginal children, found that as of May 2005, 0.67% of non-Aboriginal children were in care compared with 3.31% of Métis children and 10.23% of status Indian children (Blackstock, Prakash, Loxley, & Wien, 2005). The Canadian Incidence Study on Reported Child Abuse and Neglect confirmed that First Nations children are two and a half times more likely to be placed in out of home care than non-Aboriginal children (Trocmé, Knoke, Shangreaux, Fallon, & MacLaurin, 2005). The primary reason why Aboriginal children come to the attention of child welfare is neglect, with the key drivers of neglect being poverty, poor housing, and substance misuse (Trocmé, Knoke, & Blackstock, 2004).

What makes this trend particularly worrisome is that the outcomes for Aboriginal children in care are, on the whole, not encouraging. Although there are no specific studies exploring the experiences of Aboriginal children and youth in care, media reports and experiential reports from social workers and Aboriginal communities suggest that these young people experience high rates of suicide, homelessness, substance misuse, incarceration, continued involvement with child welfare, and low levels of educational attainment. This is consistent with findings of the National Youth In Care Network, which suggest that the in-care experience for young people has not improved over the past 30 years despite changes in the child welfare system itself (Alderman, 2003). Youth in care continue to report that they are experiencing multiple placements, are not adequately involved in their life planning, and receive inadequate supports from the state, both while in care and after discharge (Alderman, 2003; Blackstock & Alderman, 2005; Manser, 2004). Moreover, it is a mistake to believe that removing Aboriginal children from their homes and placing them in care always amounts to placing the child in a risk-free environment. In many cases, it is simply replacing one set of risk factors with another that may or may not be more severe than what the young person was experiencing at home.

Some argue that the past actions of child welfare workers must be considered within the context of the period in which they occurred. More detailed analyses by Blackstock (2005) and Milloy (1999) of the impact of levels of knowledge, prevailing social values, and ability to implement redress provide little justification. Milloy noted that many of the reports of child maltreatment and deaths of children in residential schools were made by people who found the treatment of Aboriginal children to be unacceptable and, in some cases, criminal. Blackstock asked if issues, such as lack of knowledge, mandates, and sensibility of the time, all serve to mute social workers' ability to respond to the pronounced and publicly known incidence of abuse experienced by Aboriginal children in residential schools and their poor outcomes in current child welfare systems, then why is this not a topic of intense exploration and debate within the profession today?

Reconciliation is needed now because the social work profession simply has not learned from the devastating effects past interventions had on Aboriginal children and families. Good intentions are not enough. The poor outcomes that are evident in the current lived experiences of Aboriginal children, youth, and families compel child welfare to move past tinkering with services to examine what needs to be changed in the values and basic approach of the profession itself to improve child welfare work and relationships with Aboriginal children and families. Reconciliation in child welfare is a process of jointly examining the history of child welfare from Aboriginal and non-Aboriginal perspectives, understanding the values and beliefs that underpinned poor practice, and then moving forward with a new set of foundational and collaborative values (touchstones) to develop an improved system. It has never, to our knowledge, been done before.

RECONCILIATION: WHAT IS IT?

The authors view reconciliation as a dynamic process with an overall goal of peacemaking, whereby everyone's history and reality are validated and respective rights are recognized. It is chameleon-like in terms of process, as it takes different forms depending on the context, history, and culture in which it is occurring. For example, reconciliation in South Africa took into full account the distinct histories of the people involved, and was embedded in local context and culture. The reconciliation movement between Indigenous and non-Indigenous peoples in Australia reflects colonization as it has been experienced in that country. What is different about these two examples is that in South Africa, there has been more vigour and sustainability in the movement, whereas support from the Australian government and people for reconciliation has been uneven, accounting in part for the less substantial outcomes.

To some, reconciliation implies that a positive relationship once existed and, therefore, is about the restoration of that relationship. This definition, however, is limited in that it does not apply in situations where the relationship has arguably never been positive. For Aboriginal peoples, whose relationship with European-based cultures has, to a great degree, been embedded in colonialism (Blackstock, 2003; Blackstock & Trocmé, 2005; Milloy, 1999; RCAP, 1996), reconciliation does not mean the restoration of the old relationship, but rather the establishment of a new one based on equality, respect for distinct cultures and ways of being, and a recognition of rights (Blackstock, Cross, George, Brown, & Formsma, 2006; RCAP, 1996). Human history throughout the world shows how one society prospered from the oppression of another, but that the gains of the oppressors are not sustainable over time. At some point, they have to account for their gross inhumanity, which has often been couched in the language of progress and civilization (Wright, 2005). Progress, it seems, is seductive; societies the world over have and continue to purchase it using their own humanity and values as currency. In societies that have been torn by gross violations of human, economic, and social rights, reconciliation for the oppressed can mean restoring the right to survive as a distinct people and, for the oppressors, the restoration of their humanity and values. Thus, reconciliation involves a process of transformation from systems of domination to a relationship of mutuality that involves improvements in personal and political understanding, valuing, and behaving (Sutherland, 2004).

Reconciliation and restorative justice are related concepts (Hauss, 2003). While restorative justice is concerned with *repairing harm* (Declan, 2006), reconciliation is concerned with *healing and mending* deep emotional wounds on both sides of a relationship (Assefa, 1999; Herwitz, 2003). Justice and equity are at the core of reconciliation. For this reason, wrongdoers, victims, victims groups, representatives of various communities, government officials, and others must be involved not only in the processes but also in the development and designing of restorative processes. Such inclusion contributes to the work of restoration (Llewellyn, 2002).

EMERGENCE OF THE RECONCILIATION MOVEMENT IN CHILD WELFARE

In recent years, a growing number of people began to understand that child welfare practice was not resulting in positive outcomes for many Aboriginal children. However, experimenting with services or assessment tools continued to be the focus of professional efforts to correct the problem, as child welfare was not ready to consider if its interventions were actually harming children and their families. Harm was considered to be something that was located outside of the social work profession and found most often within the family. It was easier when we thought that way, but it was not effective—at least not for the Aboriginal children and families we supported.

How reconciliation in child welfare emerged from fragmented, radical, and often unspoken thoughts to become an open conversation about understanding and building together is an important story. As in all movements, a number of small, courageous conversations began to emerge, often occurring in isolation of one another, where people began naming the significant problems of child welfare interventions with Aboriginal children and families. At the beginning, these conversations, in spite of their credibility, had little overall impact on a child welfare system that continued to invest in the belief that it was doing the best it could—perhaps even doing the right thing—for Aboriginal children. Despite repeated claims (Milloy, 1999; RCAP, 1996; Trocmé, Fallon, et al., 2005) that children continued to be removed at alarming rates, there was little investment by child welfare systems to investigate or respond to the concerns. It was difficult to make the case in ways that non-Aboriginal people could understand, especially as there was only a small amount of focussed research available to document the problem and inform solutions.

Over time, the conversations of concern became more pervasive in both Aboriginal and non-Aboriginal child welfare circles. At the same time, a growing body of research reports, such as the analyses of the Canadian Incidence Study on Reported Abuse and Neglect (e.g., Trocmé, Knoke, et al., 2005), validated concerns about the over-representation of Aboriginal children in care. Reconciliation in child welfare became a concrete project in 2004, when four national child welfare organizations (the Centre of Excellence for Child Welfare, the First Nations Child and Family Caring Society of Canada, the National Indian Child Welfare Association, and the Child Welfare League of America) came together and collectively recognized that they needed to take action.

The problem was determining what action to take. The four sponsoring organizations had several conversations about whether child welfare professionals would be ready to explore the part played by their profession in perpetrating harm against Aboriginal children and families. We anticipated that some would acknowledge their role, but that others would not. In any case, we knew that the question of whether or not reconciliation in child welfare was *needed* was not open to any further debate. Clearly, the answer was that reconciliation was needed. Standing still and silent in the face of such pronounced evidence of poor outcomes for Aboriginal children was not an option. No matter how controversial, we had to do something to begin the process of reconciliation. But how?

We began where Elder Wilma Guss (personal communication, May 16, 2004) would have us begin—by learning. But learning begins with asking and exploring questions: What is reconciliation? Are there examples we can learn from? What do we know about how organizations and professions learn? How can reconciliation make a difference? Addressing these questions collectively, the sponsoring organizations learned important information from the worldwide literature and consultations with experts:

- To begin the process of reconciliation, those who experienced the harm had reached out in friendship to those who had been largely responsible for the harm.
- Reconciliation requires a joint accounting of the history. For Canada, this meant a joint Aboriginal and non-Aboriginal account. In Canada, the telling of history respecting Aboriginal peoples has largely been left to Aboriginal peoples themselves (RCAP, 1996). Although the voices of Aboriginal peoples should have a central role in any process of reconciliation in child welfare, it is equally important to hear the voices of non-Aboriginal people who were involved, directly or indirectly, in the design and implementation of child welfare research, laws, policies, or services affecting Aboriginal children and families (see Llewellyn, 2002 on dealing with the legacy of residential school abuse in Canada; see also Funk-Unrau, 2004 regarding the imposition of residential schools and the role of apologies as one aspect of reconciliation made by the United Church of Canada to Aboriginal people).

- Reconciliation requires acknowledgement that good people with good intentions can do harmful things to others (Neiman, 2002). In the case of child welfare, those good people with good intentions were most often non-Aboriginal individuals, and their impact on Aboriginal people has been devastating (Milloy, 2005). The need for social workers to do good is apparently so powerful that it can overshadow the ability of many to see harmful outcomes as a result of what they perceive to be altruistic actions.
- The success of reconciliation requires that non-Aboriginal people understand that they were harmed during the process of colonization as well. The actions they undertook, knowing they had an unequal power relationship, did not work to enhance the very values that presumably lead them to professional social work in the first place. The sixties scoop was a powerful example of this. Recognizing, exploring, and understanding this harm is a first step for non-Aboriginal people, but leads to a new lens through which to view disputes and conflicts and develop new models for resolving and restoring helpful and healthy relationships (Llewellyn, 2002).
- Non-Aboriginal and Aboriginal people must jointly understand that they, and the people they care about, will continue to lose if the nature of their relationships does not change. For non-Aboriginal people, the journey will be longer as they are less familiar with Aboriginal peoples than Aboriginal peoples are with them.
- Maintaining momentum once the reconciliation movement has begun can be challenging without the personal experience of harm, and without feeling driven to redress that harm, non-Aboriginal peoples have always had the option of walking away. Aboriginal people who have been harmed do not have this option.
- The outcomes of reconciliation efforts worldwide have been uneven. It has been least successful when people viewed it as a discrete moment or event, and most successful when people understood that it involved a difficult, fundamental

> change with an ongoing re-examination of truth, values, and beliefs at personal, professional, and societal levels.

Over time, the sponsoring organizations were joined by other partners, and they together worked through a two-year process to design an event where Aboriginal and non-Aboriginal leaders in child welfare—researchers, practitioners, Elders, and youth from United States, Canada, and around the world—attended a reconciliation gathering. The goal was to develop the foundational principles on which to build an ongoing reconciliation movement and eventually, a more responsive child welfare system for Aboriginal children and youth. To get there, participants would work through their diverse perspectives of the history of child welfare and the values and beliefs that fuelled the professional actions and inactions of the past. Finally, participants would envision what an improved child welfare system could look like and identify the reconciliation steps necessary to get there.

The Reconciliation: Looking Back, Reaching Forward—Indigenous Peoples and Child Welfare gathering took place in Niagara Falls, Canada, on the traditional territory of the Six Nations of the Grand River, from October 23 to 25, 2005. The magical energy that emerged from having approximately 200 people reach out to each other—not as social workers or experts but as people interested in doing better for Aboriginal children and families—made the event a success.

Delegates had come together to face what many in child welfare feared the most, which is that we, the "good guys," had been doing harm to children all along (Cross & Blackstock, 2005). Just as importantly, we took on the task of establishing principles for the development of a new system of safety and care for Aboriginal children, taking full account of an Aboriginal worldview and understanding of the underlying problems evident with mainstream child welfare practice.

RECONCILIATION AND TOUCHSTONES OF HOPE

At the end of the *Reconciliation: Looking Back, Reaching Forward—Indigenous Peoples and Child Welfare* event, the sponsoring organizations had more than 20 pages of rich suggestions from delegates and were challenged to distil this into a touchstone document that reflected the spirit of all of the contributions. The first step of the process involved two Aboriginal individuals (Cindy Blackstock and Terry Cross) and two non-Aboriginal (Ivan Brown and John George) independently looking at the participant contributions and developing no more than 10 touchstones and then comparing their results.

When they met in Portland, Oregon in January 2006, they were amazed by the similarity of the touchstones they had individually developed. They also became keenly aware that delegates suggested two forms of touchstones: one that described the *process* of reconciliation, and one that described the *values* needed to shape the design of a new child welfare system. These became known, respectively, as the Four Phases of Reconciliation and the Touchstones of Hope: Guiding Values. After the Portland meeting, a draft touchstone document was developed, followed by a second review that was completed to ensure it embodied the suggestions made by conference participants before it was sent out to the individuals who attended the reconciliation event for their input. Feedback from participants was integrated, and *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth, and Families* (Blackstock et al., 2006), was published in March 2006.

Four Phases of Reconciliation in Child Welfare

The four phases of reconciliation that emerged from the Reconciliation event are (see Figure 1):

- *Truth telling*: Telling the story of child welfare as it has affected Indigenous children, youth, and families;
- *Acknowledging*: Learning from the past, seeing one another with new understanding, and recognizing the need to move forward on a new path;
- *Restoring*: Doing what we can to redress the harm and making changes to ensure it does not happen again; and
- *Relating*: Working respectfully together to design, implement, and monitor the new child welfare system.

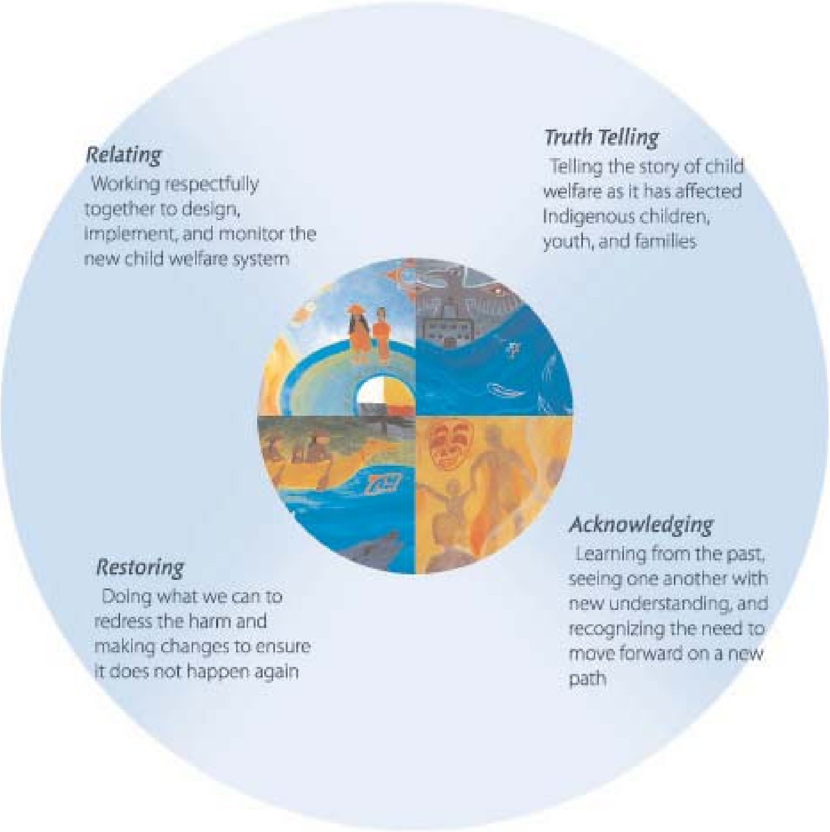
Relating
Working respectfully together to design, implement, and monitor the new child welfare system
Truth Telling
Telling the story of child welfare as it has affected Indigenous children, youth, and families
Acknowledging
Learning from the past, seeing one another with new understanding, and recognizing the need to move forward on a new path
Restoring
Doing what we can to redress the harm and making changes to ensure it does not happen again

Figure 1. Four phases of reconciliation
Source: Blackstock et al., 2006. Reprinted with permission

All effective reconciliation processes begin, as noted earlier, with a mutual accounting of the historical truth by both Aboriginal and non-Aboriginal people who work together to examine both the past and present (Funk-Unrau, 2004; Llewellyn, 2002). This type of mutual historical examination has not happened in Canada in any systematic way and thus many people mistakenly believe that the past does not manifest itself in our contemporary practice. Too often, the founding assumptions or values of child welfare have been either lost over time or are so embedded into our way of working that they are no longer visible, or even talked about. In fact, many Aboriginal and non-Aboriginal child welfare leaders at the reconciliation event were unable to articulate the values and beliefs that currently drive the child welfare system.

The participants at the reconciliation event were consistent in saying that the process of truth telling was a critical starting point for reconciliation in child welfare and that this process sets the foundation for the other phases of reconciliation. The other three phases (acknowledging, restoring, and relating), generally follow one another but this is not always the case, so the four phases are represented in Figure 1 in a circular fashion. Participants at the reconciliation event agreed that it was not necessary for these phases to be sequential in practice. For example, they anticipated that, in entering the restoring phase, groups may become aware of a new area where an examination of the truth may be necessary. What could be seen by some in this example as moving backwards (from restoring to truth telling) really is an understanding that "backwards" reflection is often necessary before we can move forward to a new reality. Participants agreed, however, that there must be an overall commitment to forward movement and that reverting to the past or the status quo were not options.

Identifying a process for reconciliation in child welfare was considered by the participants to be critical, but that such a process needed to be guided by touchstone values. These values are critical cornerstones to developing a new approach to better serve Indigenous children and youth.

Touchstones of Hope: Our Guiding Values

The guiding values in the reconciliation process are interdependent, are of equal value, and are seen to be fundamental to ensuring optimal child welfare services for Aboriginal children. They are intended to guide reflection and action at a national, provincial/territorial, and community level in all aspects of child welfare research, policy, and practice. For example, they can be used as key reflection mechanisms when considering the implementation of child welfare approaches, such as differential response or risk assessment models. They are also essential to the design of education and training programs for Aboriginal and non-Aboriginal social workers working with Aboriginal peoples.

The word "touchstone" symbolizes the traditional view of stones in many Aboriginal cultures, as silent witnesses to the passing of time and generations before them. Stones are grandfathers—the holders of the wisdom of the times. For the purposes of this discussion, they are the witnesses to care provided to Aboriginal and non-Aboriginal children and young people (Blackstock et al., 2006). As the following section identifies, each Touchstone of Hope has also been substantively supported by other research literature. The five Touchstones of Hope in child welfare, detailed below, are:

- self-determination,
- culture and language,
- holistic approach,
- structural interventions, and
- non-discrimination.

Self-determination

Indigenous peoples must be in the best position to make decisions for Indigenous children and youth.

Research conducted by Cornell and Kalt (1992) and by Chandler and Lalonde (1998) substantially affirms the value of self-determination in ensuring sustained improvements in socio-economic outcomes in Aboriginal communities. Cornell and Kalt examined the socio-economic outcomes in American Indian communities to find out what factors were leading to sustained socio-economic well-being. The key factor that differentiated successful communities from those who were continuing to struggle was that the successful groups had high levels of sovereignty in decision-making. This same factor was found to be important in reducing youth suicide in First Nations communities in British Columbia (Chandler & Lalonde, 1998). Taken as a group, the 197 First Nations in British Columbia have one of the highest youth suicide rates in the world but, as Chandler and Lalonde noted, there was a great deal of variability in suicide rates among communities. In fact, some communities reported having no youth suicides in the decade before the study and many more reported low rates. This led the researchers to track suicides by community and they discovered that more than 90% of the suicides had occurred in 10% of the First Nations. By controlling for different factors, Chandler and Lalonde were able to determine that the key factor differentiating communities with low rates from those with high rates was community self-determination as reflected in First Nations control over services and progress in self-government negotiations.

The importance of self-determination in ensuring optimal outcomes for Indigenous peoples has also been recognized by the Royal Commission on Aboriginal Peoples (1996) and by the Permanent Forum on Indigenous Issues and the United Nations Draft Declaration on the Rights of Indigenous Peoples (United Nations High Commission for Human Rights, 1994/1995).

Child welfare in Canada has been only modestly influenced by this growing body of research, as provinces and territories continue to insist on holding statutory authority over child welfare, and the provincial and federal governments hold the financial resources to fund the services. Although there has been an increasing trend for provinces to delegate Aboriginal organizations to deliver child welfare, their actual decision-making authority is severely limited. Little has changed in the 10 years since Durst (1996) noted that:

> [T]he level of self-government of child welfare is currently capped at a co-management/delegation level of self government, given the federal position that provincial legislation is the final authority. This restriction clearly limits the communities' ability to exercise self-determination regarding child welfare issues. (p. 16)

The possibility of enabling Aboriginal communities to leverage the efficacy of their traditional systems of child and youth safety by developing and implementing their own child welfare laws has yet to be realized in Canada. Child welfare is still a system where non-Aboriginal people draw up the rules and hold the child welfare resources, leaving Aboriginal people with very little room to develop programs that would be most effective in their unique culture and context.

The Touchstone of Hope on self-determination is intended to inspire meaningful conversations of change leading to an affirmation of Aboriginal peoples' decision-making over child welfare.

Culture and language

Culture and language are ingrained in all child welfare theory, policy, and practice. There is no culturally neutral policymaker or practitioner.

Culture, which includes language, underpins everything we are and the way we understand ourselves, other people, events, and the world around us. It provides a framework for locating ourselves within a broader social order and ultimately shapes our ways of being, including our professional ways of being in child welfare. The culture and language touchstone is intended to affirm that services to Aboriginal children and youth must be based on their cultural ways of knowing, and on support for Indigenous children to learn and use their traditional language.

It might be assumed that child welfare practice, as it has evolved in Aboriginal communities, is based on Aboriginal culture and reflects their worldviews. Aboriginal peoples in Canada are a diverse group, but on the whole, there is some commonality. They position individual rights within a highly valued communal rights system, and have a holistic worldview that considers the child to be intrinsically connected to other people, the past, the spirit world, the earth, and future generations (Blackstock, 2003). But child welfare in Aboriginal communities does not embed these values and views as they are compelled to use Euro-centric child welfare laws and standards imposed on Aboriginal peoples.

Mainstream child welfare traditionally values individual rights and personal independence, holds that the present is more important than the past and future, and assumes that progress justifies free and unlimited access to resources. Moreover, values held by mainstream child welfare systems in Canada are those of the dominant culture, and, at least partly because of this, they assume that these values can be usefully applied to all other peoples and cultures. In recent years, mainstream child welfare systems have made attempts to develop and implement culturally appropriate practice in Aboriginal communities. But when this has occurred, it has been applied only to program procedures rather than to the worldview or assumptions that drive the program. Furthermore, there has yet to emerge a set of principles to ensure that services truly embrace Aboriginal culture, rather than simply acknowledging it in a token way (Blackstock, 2005).

Language is one of most important aspects of culture because, among other functions, it ties people together. Language acts as a major way for people to share their common experiences, share lessons learned from the past, solve current problems, and plan for the future. Language functions to teach children and adults and conveys customs, spirituality, and other cultural beliefs. The United Nations Education, Scientific and Cultural Organization (UNESCO) has widely recognized the importance of teaching Indigenous children their mother tongue. This not only ensures the preservation of the language and the worldview that informs it, but also provides a better foundation for learning success in other languages (UN News Centre, 2004). Indigenous languages represent about 4,000 to 5,000 of the world's 6,000 languages and 90% of these are likely to be extinct by the end of the 21st century, according to the United Nations Conference on Environment and Development Convention on Biological Diversity (1992). This organization also suggested that languages around the world are disappearing at a rate of two per month.

In Canada, there are over 50 Indigenous languages within 11 distinct language families. Many of these are on the endangered list, having only a few fluent speakers left (Indian and Northern Affairs Canada, 2003). Since as many as 1 in 10 status Indian children are in child welfare care in some provinces (Blackstock et al., 2005), there is an urgent obligation for child welfare to ensure mother tongue fluency for these children, not only to strengthen their cultural and linguistic identity, but also to ensure their scholastic success. The situation is critical and yet child welfare workers are rarely advised of the importance of mother tongue language fluency for Aboriginal children or provided adequate resources to ensure that the children have access to learn and sustain their Indigenous language.

Holistic approach

It is essential to reflect the reality of the whole child.

Child welfare interventions have broadly been acknowledged to have lifelong impacts on Aboriginal children, youth, and families (Blackstock, 2003; Carriere, 2005; Milloy, 2005; RCAP, 1996; Shangreaux, 2004). The notion that decision-making has to take into account the life experience of a child is not ground-breaking on its own, but it is hardly evident in child welfare practice today. When it is discussed, the dialogue is most often confined to debates on permanency planning and adoption. Discourse and research on the lifelong impacts of child abuse investigations, risk assessment/family assessment, and various other interventions are very much in their infancy and often confined to the debate on the efficacy of differential response models. Although differential response models claim to consider long-term impacts on children who come into contact with the child welfare system, there is little research on their efficacy with Aboriginal children throughout their life cycle.

Over time, the lack of longitudinal studies on the impacts of child welfare intervention has reduced the profession's ability to respond to calls from Aboriginal communities, families, and youth in care themselves to better consider the long-term impacts of child welfare interventions. In this regard, there is also a need to better evaluate the risks posed by the actions of the child welfare system itself. Too often, there is an implied assumption that children are better off when they are removed from risk-filled family homes and placed into a risk-free child welfare system. The multi-generational impacts of child welfare are often written about (Blackstock & Trocmé, 2005; Carriere, 2005; MacDonald, 2000; Milloy, 2005; RCAP, 1996), even though there is an absence of research exploring the long-term risks that child welfare interventions might pose.

There is some research suggesting that children do better in child welfare care than when they are returned home, although the value of this research is limited by the lack of reliable assessments of child functioning prior to admission to care, or analysis of the impacts of service reductions once the child is returned home. Moreover, research by the National Youth In Care Network (2004) suggested that the quality of life for youth in child welfare care is poor, with child welfare inadequately responding to the holistic life needs throughout the life stages. Despite different approaches to child welfare, there have been very marginal improvements to the quality of life for young people in state care over the past 30 years in Canada. Research findings continue to point to the fact that young people face early and abrupt emancipation from care, have multiple placements, inadequate physical and sexual health care, poor educational outcomes, and lack meaningful participation in decisions affecting them (National Youth In Care Network, 2004). It seems logical to assume that these all have a strong impact on long-term outcomes for youth and adults who have experienced them during their childhood years.

This touchstone is intended to inspire child welfare law makers, researchers, policy makers, and practitioners to consider whether their decisions not only are in the best interests of the child at that moment, but also will remain in the child's best interests over time.

Structural interventions

Structural interventions are key to the protection of Aboriginal children and youth.

Researchers for the Canadian Incidence Study on Reported Abuse and Neglect have found that Aboriginal children are coming to the attention of child welfare authorities in Canada at disproportionate rates (Blackstock, Trocmé, & Bennett, 2004; Trocmé, Fallon et al., 2005). The leading reason for this is neglect (Trocmé et al., 2004). When researchers explored neglect to determine what caregiver or child functioning factors were resulting in the assessment of neglect, they found that poverty, poor housing, and substance misuse at the level of the caregiver were the key drivers (Trocmé et al., 2004). A replication of this study in 2006 found that these same key drivers are still leading to the assessment of neglect in Aboriginal families. Nevertheless, when it came to placement decisions by social workers, the identification of a child as a First Nations member appeared to have an influence on the decision to place children in care (Trocmé et al., 2006). The prevalence of structural risks resulting in assessments of child neglect has also been found in research with American Indian families. For example, Nelson et al. (1994) found that substance misuse, poor housing, parental history of abuse or neglect as a child, limited father involvement, and poverty were the key factors contributing to neglect.

Social work has typically relied on interventions at the level of the child and the family (Blackstock & Trocmé, 2005). Contemporary risk assessment models continue to fail to capture structural risks that often lie beyond the level of influence of the family. The failure of risk assessments to capture structural risk raises the possibility of social workers reaching the incorrect assessment that the family is able to address the risk factor (Blackstock & Trocmé, 2005). It can also lead to social workers providing services that do not address the structural drivers resulting in the manifestation of child neglect. For example, social workers routinely provide parenting classes to families who are experiencing neglect, but unless these services simultaneously address such factors as substance misuse, poverty, and inadequate housing, they are unlikely to be effective.

Interventions at the structural level have long been identified by Aboriginal communities as key to the elimination of child neglect in their communities. There has been a sustained and focussed effort by First Nations child welfare agencies to urge the federal and provincial governments to equitably invest in primary, secondary, and tertiary prevention programs that target both structural and family risk (Blackstock et al., 2005; MacDonald, 2000; McDonald & Ladd, 2000; RCAP, 1996).

The inclusion of this touchstone is intended to promote focussed reflection and action in the development of culturally-based structural interventions that respond to neglect and other forms of child maltreatment within Aboriginal communities.

Non-discrimination

Indigenous children and youth should not receive inferior services because they are Indigenous.

There is universal agreement in Canadian law that discrimination on the basis of race will not be tolerated and this principle is ingrained in the *Charter of Rights and Freedoms* and repeated in many provincial and territorial statutes. These national commitments are buoyed by Canada's enthusiastic ratification of a plethora of international human rights statutes that call for the elimination of racial discrimination, such as the *Universal Declaration on Human Rights,* the *International Convention for the Elimination of All Forms of Racial Discrimination*, and the *Convention on the Rights of the Child*. Ensuring non-discrimination on the basis of race is so widely accepted as the right thing to do that it seems perplexing to see child welfare systems continuing to discriminate against Aboriginal children in Canada.

Perhaps the most essential right of people is the right to define their own culture and race. It is something that Canada, and the Canadian child welfare system, respects for all people, except Aboriginal people. The *Indian Act* (1985) continues to define who is and who is not a registered or "status Indian." Canada issues identification cards to status Indians, and terms those who do not meet their definition as "non-status Indians," people for whom the federal government believes it has a lower level of legal obligation. With few exceptions, provincial and territorial child welfare laws either rely on the *Indian Act* to define which children are Aboriginal, or empower the minister overseeing child welfare with the duty to define who is Aboriginal and what an Aboriginal community is. Thus, Aboriginal peoples are not entirely free to choose for themselves their own cultural and racial identity. Such a situation appears to be blatantly at odds with the value of non-discrimination that is contained within many Canadian laws and presumably is widely supported by Canadians. The discrimination does not end there. Research has affirmed that First Nations children on reserve receive far less child welfare funding than non-First Nations children living off reserve, in all provinces except Ontario where child welfare services for status Indian children on reserve are funded pursuant to a separate funding agreement (McDonald & Ladd, 2000). The provinces typically pay the full cost of child welfare for non-First Nations children within their borders, but when it comes to providing services to First Nations children on reserve, the province looks to the federal government to pick up costs. When the federal government does not pay or does so inadequately, the provinces typically do not step in to provide the needed funding, despite the fact that none of the child welfare statutes allow discrimination based on funding agreements with the federal government.

A detailed report completed in 2005 found that federal funding must be increased by a minimum of $109,000,000 per annum (less than 1% of the most recent federal surplus budget at the time of publication of this book) in order to ensure that First Nations children on reserve have access to an equitable level of child welfare services (Blackstock et al., 2005; Loxley et al., 2005). The child welfare funding deficit is particularly acute in terms of services provided to families at-risk to help them safely care for their children at home. The negative impacts of the discrimination in funding have been repeatedly documented (Amnesty International Canada, 2005; Blackstock, 2003; Blackstock et al., 2005; First Nations Child and Family Caring Society of Canada, 2005; Lavalee, 2005; Loxley et al., 2005; McDonald & Ladd, 2000), and yet it persists.

Breathing life into the non-discrimination touchstone means setting aside racial discrimination in child welfare by respecting the right of Aboriginal peoples to define their own cultural and racial identity—non-discrimination also means entering Aboriginal knowledge in discussions affecting them. Funding systems and the policies that direct them must ensure that Aboriginal children receive equitable child welfare funding levels, and that there is adequate flexibility to employ culturally-based child welfare systems. Most of all, it challenges child welfare itself to understand why this degree of racial discrimination exists at a time when we universally, as the social work profession, accept that all children have the right to non-discrimination. What allowed us to normalize it and even rationalize it, instead of naming it and acting stridently against this type of discrimination? Those of us working in child welfare need to know and understand this. Most of all, the children and families of all the cultures that we serve, need us to know, so that we can stop it from happening again.

MOVING FORWARD IN RECONCILIATION IN CHILD WELFARE

These Touchstones of Hope are unremarkable in many ways. They are principles that Indigenous peoples and some others have identified as being important in child welfare for years. They are powerful in their simplicity and they ring true and important across the diversity of Aboriginal peoples and child welfare professionals. They are supported by evidence, both lived experience and research. In many ways, they go beyond what is important for Aboriginal children to suggest what might be important for all children who come into contact with the child welfare system. Therein may lie one of the most important potentials of the reconciliation movement: the promise to improve the lives of all children and young people who come into contact with the child welfare system, not just those identified as Aboriginal.

The effort, courage, conversation, and skill of those who contributed to the *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth, and Families* document will be mute if the social work and allied professions do not collectively engage in a meaningful process to implement them. The authors of the document and their supporting organizations will move forward to develop tool kits so that those involved with child welfare research, law making, education, policy, and practice can begin reflecting on the degree to which the current child welfare reality reflects the touchstones and begin to actively move through the phases of reconciliation with a goal of improving child welfare for Indigenous children, youth, and families.

Those who read the touchstones document should not wait for the sponsoring organizations to develop the toolkits to begin the important work of reconciliation. The time is now to actively seek out conversations across cultures about the touchstones and to mobilize change in the child welfare system. It will take a sustained effort across the profession to accomplish the goal of redesigning the child welfare system to better serve Aboriginal children. Together, we must acknowledge that it will be tempting to set this document aside as so many have been before. But, if we do, we must also recognize that it will be the Aboriginal children and families who will bear the brunt of our failure just as they will live much better if we succeed. They are leading us. We must follow—regardless of how ashamed, embarrassed, or tired we feel—because in the end, we are much more privileged than they are, and yet they have been much more courageous.

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CHAPTER 4

Here be Dragons! Breaking Down the Iron Cage for Aboriginal Children

Jean Lafrance and Betty Bastien

This chapter discusses critical and timely issues in First Nations and Métis (collectively referred to here as Aboriginal) child welfare that have emerged from the Making Our Hearts Sing (MOHS) research initiative in Alberta. From the outset, the MOHS initiative focussed on the stories of Aboriginal people as the source of wisdom that would inform the research process. The stories are rich with meaning and distinctive from many other approaches to research. The challenge has been to learn from joint efforts with Aboriginal communities to create, not only new insights, but also knowledge that can be readily applied to real world situations. MOHS sought to build collaboration among child welfare stakeholders and Aboriginal communities in order to create innovative, effective, and practical approaches to child welfare, which are more in keeping with traditional Aboriginal worldviews and which may contribute to reconciliation, healing, and increased community capacity. The MOHS initiative was a partnership of the Alberta Ministry of Children's Services, the University of Calgary Faculty of Social Work, the Blood Reserve, the Sturgeon Lake Cree Nation, the Prairie Child Welfare Consortium,

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and Region 10 (Métis Settlements) Child and Family Services Authority.

The questions guiding the study were:

- What are the historical effects of the residential school experience on the identity of Aboriginal children, families, and communities?
- How do these compare with the current effects of child welfare placement on the identity of Aboriginal children, families, and communities?
- How can key stakeholders collaborate to create effective and innovative child welfare program responses that are consistent with Aboriginal worldviews?
- How do we create respectful working relationships that can lead to reconciliation and enhanced collaboration?

RATIONALE FOR THE MOHS INITIATIVE

Understanding the Prevailing Western Paradigm

The rationale for the MOHS initiative begins with an understanding of the prevailing Western paradigm for social organization. Max Weber is considered by many as the father of modern bureaucracy, but he was also a scholar of bureaucracy with deep concerns about such systems. Weber cautioned against creating a "polar night of icy darkness," in which a highly rational and bureaucratically organized social order traps people in an "iron cage." He feared the effects of this iron cage on human choice and identity, stating that "Perhaps it will so determine [the lives of all individuals] until the last ton of fossilized coal is burnt" (as cited in Grosak, 2006, p. 21). Weber lived and wrote in Germany 100 years ago, but it seems that he was almost prophetic in his anticipation of some elements of modern social order. He is referred to here because some of his predictions appear to have been realized, and many of the structures that constrain modern people have elements of this iron cage: rigid procedures and structures that stifle creativity and reduce community. The ultimate objective of the MOHS initiative was to create an opportunity for conversation and understanding, and to help free us from the increasingly tight boundaries of this cage.

Such an opportunity seems especially important at a time when Aboriginal people are seeking to return to more holistic values at the interpersonal, ecological, and spiritual levels. For child welfare, in particular, such values stand in direct contrast to prevailing models of practice, which are usually based upon relatively recent Western paradigms that have greatly contributed to the development of modern civilization. The child welfare agencies formed in the 20th century inevitably reflected these prevailing paradigms as the most efficient ways to organize work, becoming part of what Morgan (1986) described as an inevitable societal movement toward increased mechanization, specialization, and bureaucratization. Thus, it is not particularly surprising that child welfare systems adopted bureaucratic practices, and continue to do so.

These practices have numerous benefits, but they also have a downside when it comes to human services, especially in Aboriginal communities that are rooted in different value systems. In the absence of any other familiar models, and because of the constraints imposed by those who fund and make policy for child welfare services, Aboriginal communities have been forced into a paradigm alien to their beliefs and values. This has resulted in child welfare services that involve large numbers of Aboriginal families and children but show poor outcomes (Blackstock & Trocmé, 2005).

Modern child welfare services are, for the most part, hierarchical, increasingly specialized, and often procedurally bound. This can result in service models that look for pathology rather than strength, and that seek to maintain the status quo rather than structural change. There is a need to counter this tendency by creating more forums in which service recipients, service providers, policy makers, and academics can challenge and support each other to create more responsive services. The MOHS initiative has attempted to do this, and is discovering signs of hope in the Aboriginal communities who are engaged in a healing process. Youth are being asked to contribute to their communities and to help other youth. Clients and front-line social workers are beginning to be heard. Most importantly, the Elders are increasingly recognized as an important source of wisdom and experience.

Important changes are taking place in Aboriginal communities, changes that must be attended to and carefully nurtured, as they may hold the key for improvement of all of child welfare services. We must also be mindful that in spite of the best intentions of Aboriginal communities, there are forces at play that work against their interests—some overt, some subtle, and others so deeply engrained in our psyche that we are barely conscious of their presence.

Understanding the Aboriginal Worldview

The discussion here begins with an ancient prophecy that brings to life our thinking, as related by planet biologist Sahtouris (1992):

> Within the ancient Hopi Indian Prophecy is told the history of the Red and White brothers, sons of the Earth Mother and the Great Spirit who gave them different missions. The Red Brother was to stay at home and keep the land in sacred trust while the White Brother went abroad to record things and make inventions. One day the White Brother was to return and share his inventions in a spirit of respect for the wisdom his Red Brother had gained. It was told that his inventions would include *cobwebs* through which people could speak to each other from house to house across mountains, even with all doors and windows closed; there would be carriages crossing the sky on *invisible* roads, and eventually a gourd of ashes that when dropped would scorch the earth and even the fishes in the sea. If the White Brother's ego grew so large in making these inventions that he would not listen to the wisdom of the Red Brother, he would bring this world to an end in the Great purification of nature. Only a few would survive to bring forth the next world in which there would again be abundance and harmony. (p. 1)

Indigenous Elders tell us that the time for this is near and that the need for dialogue is urgent and compelling. But they also caution us that we may not be prepared to respect the richness of each others' contributions and the outcome of our respective missions. The juxtaposition of these perspectives can help in our journey through regions that early explorers called *terra incognita*, or an unknown land. The warning that "here be dragons" often followed. Reconciling

Indigenous and Western knowledge to improve Aboriginal child welfare services can lead into uncharted land, which calls for uncommon wisdom and guidance. The risks are not only worth taking, but also essential. Only by merging Western and Indigenous knowledge can we break the ever tightening bonds of Weber's iron cage and free all people to recognize their common humanity. Ultimately, we hope that we can begin to recognize the wisdom inherent in all spiritual traditions and recognize our fundamental brotherhood and sisterhood. This chapter tells the story of one small attempt to do so.

Our Aboriginal colleagues have articulated their hope for a child welfare system that works for them. Their intent is clear and their objective is sound. It is also clear that the path to this objective is strewn with overt obstacles, hidden dangers, fog laden forests, impish impediments, and lurking lunatics. Some of these may be easier to spot than others. They include explanatory discussions of oppression, colonialism, Euro-centrism, domination, and exploitation. The impacts of systemic poverty and racial discrimination are well-known and require little elaboration. A federal government that has had much practice in evading its full fiduciary responsibility towards Aboriginal peoples, and provincial governments that collude with this evasion, only perpetuate the dilemma. Canada's non-Aboriginal citizens seem at best to be bemused, and at worst, hostile toward Aboriginal people who have been socially constructed under the regime of colonialism to be dependent upon the larger society.

Meanwhile, Aboriginal communities continue to lose their most precious resource, their children, to child welfare systems. These systems, more often than not, end up destroying children's affiliation with their people, leaving far too many as lost souls disconnected from both their communities of origin and their adopted communities. Some end up on the street or in jail. Although there are exceptions, such interventions all too often do not create happy, healthy, and productive adults (Richard, 2004).

To what do we attribute such tragedies? Research conducted under the umbrella of MOHS and other initiatives has begun to reveal the impact of residential schools and foster care on Aboriginal children. As we reflect upon the seemingly inexorable flow of Aboriginal children into non-Aboriginal care, it is evident that current service and program paradigms are at odds with traditional Aboriginal ways of thinking. It is time to reflect upon the foundations of such programs, as Aboriginal people seek a return to traditional values that can inform the development of new and more relevant program models.

If we are to break the cycle of destructive practices that have nearly decimated Aboriginal cultures and ways of life, it is important to reflect on Indigenous peoples' experiences with oppression and colonization over the past 500 years. This calls for an examination of deeply held assumptions, values, and attitudes that can have a possibly unconscious, but always powerful, impact on our behaviours. An alternative perspective is needed that builds greater understanding of the Aboriginal worldview.

The importance of reflection on this matter is timely in light of the discourse initiated by the Reconciliation initiative, launched in 2005 in Niagara Falls, Ontario (Reconciliation in Child Welfare, 2006). Although it was recognized at this event that important policy and legislative changes have been made in support of greater autonomy for Aboriginal child welfare programs, these changes are insufficient in achieving self-determination in the delivery of such services. And the challenges associated with reconciliation between Aboriginal people and members of the dominant society are no simple matter, as they involve the most difficult change of all—that of changing minds of others. To support Aboriginal self-determination in developing policy and practice that fits with Aboriginal traditions and beliefs calls for uncommon humility on the part of decision-makers and receptivity to different ways of thinking. This task is further complicated by the reality that many Aboriginal professionals have been educated in mainstream child welfare systems of practice. Many are gaining a greater understanding of their heritage in this way, but at the same time, they are often cautious about being unduly influenced by the educational and socialization system to which they have been exposed, resulting in what Little Bear (2000) called "jagged colonialism."

Instead, Aboriginal communities are being challenged to become even more aware of their own internalized oppression and the challenges of creating social work practice that is congruent with their traditional worldview and values. This calls upon the best of the community's collective wisdom. Many of those who wish to promote such collective wisdom believe that the way forward lies in trusting the wisdom of the Elders and accepting them as our guides on this journey.

The issue is further complicated by the challenges involved in fully understanding a different epistemology. This can be especially daunting when the dominant society is largely unaware of its contribution to the oppression of Aboriginal people. This is evident when new knowledge derived from work with Aboriginal people fails to resonate at a deep enough level to create greater understanding and change deeply engrained practices, which are based on subconscious beliefs and attitudes. Our partnerships demand an authentic sharing of knowledge and an intensive collaboration in creating new paths. Mutual respect and recognition of the integrity of the "natural" Aboriginal cultural context must be our guides as we continue our journey together, a journey whose difficulties cannot be underestimated.

The MOHS initiative confirms that community perceptions about child welfare issues in Aboriginal communities begin with human rather than technocratic responses. Our collaboration is premised on the assumption that Aboriginal cultural integrity conflicts with many of the prevalent approaches to the delivery of child welfare services. The holistic and flexible models favoured by Aboriginal families and communities differ greatly from the specialized and often rigid practice models that prevail in most of child welfare. We are learning from the stories gathered in our work that the outcomes of current child welfare interventions for many Aboriginal children have been abysmal, and in some respects, worse than those of the residential school system. Some survivors from foster care who grew up as the only Aboriginal person in non-Aboriginal communities claim to have been badly off throughout their childhood, because they were deprived of the companionship of peers who shared their culture, language, and values. In response to the question of how bad things happen when good people have good intentions, Milloy (2005) replied that:

> Doing "good" is apparently better than doing "nothing" well—and so hangs the tale of the residential school system, and the child welfare system too, which could only afford child protec-

> tion (removal of children from their families) rather than prevention activity. (p. 2)

The MOHS initiative strives to move beyond attempts at doing good, to the development of joint approaches in ways that call on us to reflect upon the experiences of the past and to learn from the community about what might be done to rectify fundamental injustices to Aboriginal families—injustices that many of us believe continue to this day in spite of major efforts to change.

MAKING OUR HEARTS SING

Goals of the Initiative

It seems clear that some wrong turns have been taken in over a century of residential school and child welfare programs that were established to care for and educate Aboriginal children. Much of this history has been characterized by a lack of respect for and understanding of the legitimate aspirations of Indigenous people. The MOHS initiative took up the challenge of addressing some of the negative outcomes of this era by building collaboration among child welfare stakeholders and some Aboriginal communities to examine issues relating to child welfare from a community perspective. The MOHS initiative is striving to create innovative, effective, and practical approaches to child welfare that are in keeping with traditional Aboriginal worldviews and that contribute to reconciliation, healing, and increased community capacity.

Methodology

In addition to the authors, the following individuals played key leadership roles and brought the community together: Susan Bare Shin Bone, Director of the Blood Tribe Child and Family Services; Robin Little Bear, Director of the Kainai Legislative Initiative; and Robin's colleagues Kim Gravelle and Lance Tailfeathers. The efforts and support of the Elders advisory committee and the Band Council were fundamental to our efforts. Their ongoing interest and commitment to their children and communities is admirable.

Appreciative Inquiry was the guiding methodology for the study. It was considered to provide a good fit with the research goals and Aboriginal cultures in three ways. First, Appreciative Inquiry moves away from a problem focus to a participatory, strengths perspective. In this approach, people collectively celebrate their accomplishments, build on their successes, and act upon their dreams and wishes for the future (Elliot, 1999; Hammond, 1996). This strengths approach is consistent with calls to move away from deficit approaches to understanding Aboriginal communities and toward approaches that highlight the competence and resiliency of Aboriginal people. It is considered that such shifts can contribute to the design of new and culturally-meaningful approaches to community needs (McShane & Hastings, 2004). Second, the Appreciative Inquiry process is a participatory approach that provides a voice to Aboriginal perspectives, which have traditionally been silenced (Sinclair, 2004). Third, storytelling is the primary data collection approach of Appreciative Inquiry—a practice that is congruent with Aboriginal oral traditions. Storytelling has also been conceptualized as a consciousness-raising type of activity that allows people to relate to each other, develop greater self-awareness, break the silence, and contextualize their experiences from their own worldview (Abosolon & Willett, 2004).

Storytelling or unstructured interviews in the form of gatherings or sharing circles were used to collect data for the project. A sharing circle begins with an open-ended question, which in this case was the set of MOHS research questions as well as the objectives of that gathering. Each participant in the circle has the opportunity to share his or her perspective on the question or issue. The gatherings focussed on the implications of the legacy of residential schools for child welfare, developing community and youth leadership, and sharing and learning from the gatherings. The specific focus of the gatherings in each community varied according to community needs and interests. More than 200 community members, leaders, professionals, and Elders from the Blood Tribe were involved as participants in three gatherings. The gatherings and stories were audio-recorded and transcribed, and in many cases, filmed.

In summary, Appreciative Inquiry approach provides a holistic and participatory approach that values multiple ways of knowing and working collaboratively from a strengths perspective towards a shared vision. It was hoped that this would help generate community-empowered approaches to child welfare, which could serve as exemplars for other Aboriginal communities.

MESSAGES FROM THE COMMUNITY GATHERINGS

Overall Messages

In the community gatherings of MOHS, the participants' renewed vision for child welfare services began to unfold. All seemed to acknowledge that existing programs are not working well, if the rising number of Aboriginal children in care is an indicator. Many were concerned that child welfare today may inadvertently parallel the colonial experience of residential schools, and perpetuate similar long-term negative outcomes for Aboriginal communities. The impact for those who have experienced either or both systems is evident in the alarming statistics of Aboriginal peoples' continued trauma as reflected by high rates of suicide, poverty, substance abuse, family violence, family breakdown, school drop-out, and escalating child welfare caseloads in Aboriginal communities.

Although many Aboriginal child welfare agencies are seeking models of practice that are more consistent with their worldviews to counter these trends, there is a dearth of "new" models that incorporate "old" ways of responding to a growing understanding of the impact of colonization, residential school experiences, and the sixties scoop on Aboriginal communities and families. A consensus is evolving that calls for new approaches to child welfare intervention and prevention founded on a sound understanding of the history and current reality of Aboriginal people. The Blood Tribe is well positioned for such an undertaking because they have completed extensive work in recent years to create a new governance framework as the foundation for Aboriginal ownership and leadership in child welfare.

We have found that the creation of a new vision is not without its challenges. On the one hand, there is a strong and continuing desire among many Aboriginal people and their allies to build upon traditional Aboriginal strengths and values, such as courage, respect for each other and for nature, the oral tradition and the wisdom of the Elders, a deep connection with each other, and a consistent application of spiritual relationships to all of life. Cultural camps and some child welfare service models provide concrete examples of the power of these concepts to improve daily life.

On the other hand, the loss of culture and tradition resulting from colonization continues to affect the lives of Aboriginal people, and non-Aboriginal people are often unaware of the oppressive impact of their assumptions, beliefs, and attitudes towards Aboriginal people. The Blood Tribe is clear about the essential values and philosophy that must guide the development of programs and services. They stress the importance of shared parenting and community responsibility for children, the importance of language as a source of renewed culture, knowledge of history and tradition as an essential element of identity, the importance of kinship, and connection to each other and a respectful approach to the planet. There is, however, a chasm between what Aboriginal communities envision and the realities of funding and policy restrictions. The gap in our understanding is vast, and we have much to learn. The Elders have been enormously patient with current efforts to learn from their wisdom. But time is pressing as the community loses one Elder per week—people who are often the sole repositories of an ancient oral tradition that cannot be replaced. This calls for urgent action.

Specific Messages

The most important specific message from the community gatherings was that the incorporation of cultural practices that support important familial and community kinship systems is critical to a process of recovery. This has two prerequisites. First, Canada and the provinces must own their responsibility to change legislation and funding in ways that mitigate the impact of colonial policies on Aboriginal communities, families, and children, and allow for a higher degree of self-determination in charting their collective future. Second, Aboriginal people must intensify their awareness of the depth of colonization and its impact on their communities, especially on the children and youth who remain at high risk. Unless these prerequisites occur, the disconnection from Aboriginal beliefs and values, and the resulting devaluing of their child rearing and human development practices will be perpetuated.

An approach to child welfare consistent with Aboriginal culture would focus on family and collective human relationships. It would strengthen a collective approach to child care responsibilities that encompasses the cultural continuity of a people. Cultural continuity is the cornerstone for the amelioration of the most negative and destructive impacts of colonization. Socialization and educational theories and practices are fundamental to the survival of parenting practices for any cultural group or society. In fact, they are essential to the group's meaning of life and the purpose of their existence.

In addition to the above, two major clusters of themes that emerged from the community gatherings express the cultural and societal crisis of the community and its understanding of the path of recovery. These clusters are: 1) the recovery and affirmation of culture and a way of life; and 2) the structural impact of colonization and collective trauma. The first cluster of themes focussed on identity, relationships, and the interconnectedness of language with a way of life supported by the teachings of the Elders, the passing on of stories that are their knowledge system (education), and the importance of kinship systems as important components of responsibility for child care, socialization, and education. The second cluster of themes reflected the realities of their lived experience with colonial violence, the structural violence of poverty and marginalization, unemployment and racism, with the attending issues of substance abuse and lateral violence among community and family members.

Cluster one: Recovery and affirmation of culture and way of life

Three inter-related themes are described within this cluster.

1. Making a path for children so that they can live

The cultural identity of the tribe is the most significant component in revitalizing and affirming traditional methods of child care. Tribal identity is based upon a common worldview of the nature of human beings, and their relationship to nature. These primary relationships shape the nature of relationships within family and community. The incorporation of the physical and metaphysical world, family, and ancestors is fundamental to kinship relations. The separation and disconnection of people from the essence of their existence has been the most profound impact of residential schools and child welfare systems, as the unity and wholeness of an all-inclusive universe is at the heart of Aboriginal peoples' connection to their cultural and social identity.

The community said that the teachings and stories must be once again told to the children and that "our children must know who they are." The children must be given their cultural names; this is what connects them with the universe, the land, their community, and their family. Most importantly, this is what provides them with a place from which to securely participate in the world, as they draw on the kinship relations from which their names are derived. Reuniting and affirming these relational connections and the responsibilities imbued in these relationships is the essential function of cultural and social identity.

The stories must be told in the original language. Language reflects the philosophical system of the people and evokes a relational perspective that mirrors their sacred world (Bastien, 2004). It reflects the meanings ascribed to existence, the purpose of relationships, and the responsibilities inherent in these connections. It provides a way of interpreting the world in which they live (Bastien, 2004). Language guides the epistemology and pedagogical practices of the tribe; it is instrumental in creating knowledge and creating reality (Bastien, 2004). It is the medium for incorporating knowledge systems and creating identity. New responsibilities, organizational structures, programs, and services can flow from this connection to traditional knowledge and the responsibilities of the collective. Inclusion and connection are integral to the way of life and identity of Indigenous people and can serve to inform revitalized programs and services. More specifically, participants stressed the importance of revisiting education by:

- incorporating Indigenous methods of research,
- recording and documenting traditional knowledge,

- rethinking educational programs,
- Involving the community in changing the social environment,
- making language education mandatory, and
- educating young parents in traditional ways of parenting.

2. Collective recovery through participating in Indigenous culture

The disruptions to Aboriginal family and community life derive from colonization and, more specifically, from the residential school experience, some aspects of which are perpetuated in current approaches to child welfare service delivery. A new approach would be consistent with Aboriginal values, which affirm attachment to family and community, parental bonding, kindness, and nurturing children with love and acceptance as essential components of services and programs. Recent scientific thinking about the nature of reality suggests that everything is related to everything else in the universe. In other words, material objects are no longer perceived as independent entities but as a concentration of energy of the quantum field. This knowledge is not new to Indigenous people who have always understood the universe to be the indivisible whole that quantum physics now understands. This indivisible wholeness of the universe is the source of Aboriginal spirituality. The cultural principles and assumptions of Aboriginality—a way of life based on spirituality as the source of all relationships—calls upon all people to assume responsibility for all relationships.

An Indigenous human development approach based on collective responsibilities must guide the development of programs and services for families and children. It must begin with those who are most vulnerable and who contain the greatest hope for a new era for Aboriginal people—their children. The participants were adamant that language is mandatory and that their stories form the foundation of knowledge systems, of inclusiveness and harmony, and of the knowledge that guides the interpretation of experience. Language provides the forum and medium for speakers to call into existence a world of relationships and alliances. This calls for a social and spiritual order that places them in a universal social system, where all things are interrelated. This social system essentially consists of relationships held together by an affinity to all of life and an intention for survival. Collectively, it is being responsible for the health and peace of all. Communal well-being is a collective, sacred responsibility and the essence of the purpose for living. Children must be taught about their ancestors, their history, and their alliances through story, ceremony, and language. Cultural continuity means integrating tribal ways into everyday life, and it is in this experience that the identity of Indigenous people can best be understood.

The participants valued coming together at feasts and gatherings to renew and revitalize communal values and the affinity of kinship systems. Such gatherings are the traditional methods for gathering and promoting collective knowledge and wisdom. They renew and strengthen collective responsibility and, through consensus, call for action to address the challenges of the day. Gatherings revitalize traditional ways for strengthening the affinity of collective and family ties, affirming and utilizing knowledge building, decreasing external dependencies, developing Indigenous leadership and practices, and creating new sources of knowledge for recovery.

Spirituality is expressed by the community, as an ontological responsibility for strengthening family and kinship alliances that create a more sustainable and thriving community, with a focus on the wisdom of the Elders and the potential for a more hopeful future for children and youth. It is based upon traditional teaching and learning, with each person taking responsibility for the various roles of family and community. It is a method of forging new alliances and coming to know your relatives. Spirituality is respectfully caring for family, Elders, children, parents, and grandparents. Respect is striving to preserve the sacred nature of all relationships that life holds for everyone and everything, and between everyone and everything. It is the "all my relatives" of the tribe. This means to live in ceremony, to be respectful, and to honour all relationships as the source of communal strength. Spirituality is living and being in a way with life that includes the sacred. The community stressed the importance of the following practices to support and affirm this more spiritual way of life:

- Spirituality must be expressed in sacred ways of prayer and include smudging ceremonies, feasts, and gatherings that promote kinship and connection to each other and to the creator.

- These would enhance kinship and knowledge of one's relatives, create greater harmony in the community, and provide a means for passing on the teachings of the Kainai (Blood Tribe), leading to not only knowing, but fully living traditional values.
- Such activities at a deeply spiritual level could promote healing from the process of colonization, leading community members to take greater responsibility for themselves by pursuing further education and preparing for greater self-reliance.

3. Living in ceremony demonstrates traditional knowledge and teaching

Traditional teachings about collective responsibilities are the guiding principles for everyday living. They have a transformational impact on community life and social organization, and can improve the quality of life for all members. The hope is that families and community will have stronger connections because of a more culturally appropriate approach and the use of their Indigenous language. This approach is based on coming together as a Nation in a return to traditional teachings led by the Elders, and in a process governed by communal values. Aboriginal culture has the healing properties of collective spiritual practices and organizational structures that are needed to address the challenges of a fragmented and wounded nation. By recovering and affirming their practices of authenticity and integrity premised on their traditional teachings, Aboriginal people can begin a collective healing process. Implementing an affirming cultural approach and reconstructing social systems and community collective responsibilities would form the context for education, research, and the creation of more culturally appropriate policies and services.

A comprehensive strategy guided by traditional principles of collective responsibility will begin with a community development approach. Community awareness, education, and training for tribal entities are essential for the implementation of policy and program changes. The participants stressed the urgency of developing programs where youth are taught by Elders and where there are social workers trained in Aboriginal culture, if the vision of the community is to be realized. The revitalization and affirmation of cultural identities is seen as the long-term solution for child welfare and youth at risk. This calls for *Aatsimihkasin*, which means living in a sacred manner.

Cluster two: Structural impact of colonization and collective trauma

The themes in Cluster Two sum up community perceptions of issues that must be addressed to deal with the impact of structural violence. The community is interested in bringing together youth and Elders to build a stronger community and to support families in loving one another.

A belief in power and control has been central to mastery of one culture over another and, in the Euro-Western view at least, human culture over nature. Colonialism has made Indigenous nations dependent by stripping them of their own resources, their means of economic sustainability, and their ways of knowledge production, leaving a legacy of abuse and violence that rendered them powerlessness and demoralized. This continues in policies of apartheid, marginalization, economic dependency, stigmatization, and stereotyping—the very fabric of those same policies that initiated the process of genocide. The violence that continues on reserves in Canada includes overt physical violence, structural violence, and psycho-spiritual violence. This violence terrorizes and re-traumatizes communities with programs structured on the very tenets of genocide—hierarchy, paternalism, patriarchy, power, control, rationality, and empiricism. These tenets continue to fragment and isolate individuals, creating community despair and hopelessness. Aboriginal communities in Canada continue to rank near the bottom of the United Nations quality of life index, while other Canadians are positioned near the top (Blackstock & Bennett, 2002). Poverty, inadequate housing, and substance abuse are leading factors for child welfare involvement and must be addressed if significant gains are to be achieved (Blackstock & Trocmé, 2005). Such factors are deeply rooted in the structural violence of genocide and herein lies the fallacy for those who would limit their efforts to assimilation, adaptation, rehabilitation, reconciliation, accommodation, and advocacy as the only possible strategies to be considered. If these systemic structural issues are not seriously addressed, there can be little hope for achieving the goal of improving the lives of Aboriginal children, families, and communities.

Community members called for urgent collaboration and community action on the following issues:

- Fundamental, systemic factors, such as poverty and inadequate housing, are priority issues for improving the health of the community.
- Healing, employment, and other means of improving self-sufficiency are essential for Aboriginal men to regain their self-respect and valued place in the community. Although this theme was not explored further in the community gatherings, the idea likely arises from the lack of opportunities for men and the belief that they have suffered greatly from the loss of their role and place in the community.
- Lateral and family violence and increasing rates of alcohol abuse are critical issues.
- In light of the ongoing loss of their children to child welfare systems, the community wishes to create laws to protect the children who have been adopted outside the community and to develop longer term foster care solutions where necessary, by finding better ways of keeping their children close to them.
- The growth of gang violence is increasingly worrisome.
- There were calls for increased parental involvement in planning more responsive child welfare programs.
- Of special concern was the health and well-being of the Elders who are said to be dying at the rate of one per week in a community that depends upon them to pass on values, history, and tradition. This is critical to the future of the

community and to the formation of culturally appropriate programs and services.

NEXT STEPS FOR MOHS

Future work for the MOHS initiative involves:

- working with Elders and ceremonialists in the construction of knowledge systems, conceptual frameworks, and pedagogy for social work practice based on cultural integrity;
- developing, with the community, new program models and a legislative framework that are in harmony with Aboriginal ways of life;
- evaluating existing models that offer promise for broader application;
- establishing demonstration projects to affirm and evaluate the community recommendations;
- developing curriculum for Aboriginal social work leadership and organizational change; and
- developing training programs for human services workers working with First Nations communities that pursue cultural continuity as their primary objective.

The authors look forward to these challenges and wish to express gratitude and recognition of the people of the Blood Reserve for their commitment, wisdom, and generosity of spirit.

IMPLICATIONS FOR SOCIAL WORK

This chapter would not be complete for us as social work educators if we did not own up to the deficiencies of our own institutions of learning and our profession. The authors believe that anti-colonial epistemologies, methodologies, and pedagogies are required to affirm, rediscover, and reconstruct the knowledge systems and social organizations of First Nations people. The context, reality, and aspirations of First Nations people must become integrated in our research and knowledge production to counter the current imbalance in power relationships, which perpetuates a construction of knowledge primarily based upon colonial assumptions that maintain oppression. Social work education and practice must develop curricula that support structural change and reflect anti-oppressive practice by transforming conceptual frameworks in ways that support Aboriginal aspirations and right to self-determination.

As Aboriginal people seek to renew and invigorate their own spirituality as a source of strength, perhaps social work should also look deeply into its spiritual roots. Zapf (2003) suggested that as a profession seeking to improve its status as an evidence-based discipline, social work may have avoided spiritual issues because they were perceived as unscientific. This pattern is changing as social workers express a renewed interest in spirituality. Drouin, as cited in Zapf (2003), attributed this renewal to "a longing for profound and meaningful connections to each other, to ourselves, and to something greater than ourselves" (p. 34). This longing has arisen because detrimental effects of the Western mindset of individualism and materialism on the environment and community. Drouin saw evidence of "growing spiritual longing" in social work practitioners, in clients, and in Western society as a whole (p. 36).

Zapf (1999) suggested that, although some authors have attempted to include traditional knowledge or "Aboriginal theory" as part of the knowledge base for mainstream social work practices, the assumption that traditional Aboriginal knowledge is just another theory base disguises a fundamental difference in worldview. Morrissette, McKenzie, & Morrissette (1993) expressed the essence of this difference:

> While Aboriginal people do not embrace a single philosophy, there are fundamental differences between the dominant Euro-Canadian and traditional Aboriginal societies, and these have their roots in differing perceptions of one's relationship with the universe and the Creator. (p. 93)

Hart (1996) compared Western and Aboriginal approaches in the following manner:

> Western models of healing separate and detach individuals from their social, physical, and spiritual environments, isolating "patients" for treatment purposes and then re-introducing them into the world. Traditional healers are concerned with balancing emotional, physical, mental, spiritual aspects of people, the environment, and the spirit world. (p. 63)

Zapf (2003) attributed a spiritual sense of interconnectedness to Aboriginal social work and asked if spirituality might not be a key to expanding our understanding of the person/environment relationship and the profound connections between ourselves and the world around us.

CONCLUDING COMMENTARY

Our goal has been to reconcile Aboriginal and Western approaches in the delivery of child welfare services. We have discussed some key elements of these worldviews and are increasingly sensitive to the dragons that lie in our path of greater understanding. We believe that many of the dragons that might endanger the achievement of a more balanced perspective are contained in Weber's caution about the dangers of unrestrained bureaucratic systems and their imposition on a people whose history and values are in direct opposition. To elaborate on our introduction to this chapter, we offer Weber's warning (as cited in Elwell, 1996), about the creation of an iron cage:

> No one knows who will live in this cage in the future, or whether at the end of this tremendous development entirely new prophets will arise, or there will be a great rebirth of old ideas and ideals or, if neither, mechanized petrification embellished with a sort of convulsive self-importance. For of the last stage of this cultural development, it might well be truly said: "Specialists without spirit, sensualists without heart; this nullity imagines that it has obtained a level of civilization never before achieved." (On Social Evolution section, para. 4)

We are not so naive as to believe that the cage we have so carefully wrapped ourselves in can be easily escaped. After all, it has now become normal for human beings to live in complex, specialized, and often over-regulated social environments that can stifle the flow of human intercourse and deaden our spirits. Many live in ways that fail to recognize their connection as human beings, let alone as spiritual beings who are intimately connected in ways that quantum physics is now recognizing—confirming what major world spiritual systems have been saying for a long time. Is it not possible that Aboriginal views, with their spiritual sources linked to an ancient animist belief in the soul or other spiritual forms as distinct from the physical or material, might have been the first to identify and to live in recognition of these fundamental spiritual principles? If so, perhaps the ancient Hopi legend cited in the beginning of the chapter has to be taken seriously so that the Red and White Brothers can come together and build on each other's experiences and learning for all our sakes.

This calls for living in a sacred manner, or *Aatsimihkasin*. It calls for a clearer understanding of the impact of the destruction of the Aboriginal way of life, and the importance of confronting the challenges of cultural continuity and collective survival. Countering genocidal impacts and becoming a thriving community depends on the continuity of cultural ways and kinship systems. It depends on the creation of social programs and structures that support kinship relational roles and responsibilities, as the continuity of kinship is critical to the well-being and survival of the community and is the foundation of identity for Aboriginal people. The question is whether policy makers, funders, academics, and all others who retain power over Aboriginal people can understand sufficiently what is being said, drop their self-perceived sense of superiority, and replace it with humility and a willingness to learn from the experiences acquired over 500 years of oppression.

For example, the MOHS participants valued coming together to renew and revitalize communal values and their affinity as kinsmen. Such events are not common practice in child welfare systems, but they are valuable ways of gathering and promoting collective knowledge and wisdom. They have demonstrated the communities' capacity to renew and strengthen collective responsibility and, through a consensus model, to promote action on the challenges of the day.

They ultimately affirm and utilize knowledge-building, decrease external dependencies, develop Indigenous leadership, and create new sources of knowledge for recovery.

The bars to the iron cage are more rigid than ever. We do not have the temerity to recommend that the cage be dismantled and discarded. It seems that this would be too frightening for all of us, because we do not know what would replace it. Yet we are convinced that we need more freedom to achieve better solutions. Perhaps the best that can be done for now is to loosen the bonds of the iron cage and allow its residents some room to breathe, to live more fully, to honour the divine in each other with love and respect, and to begin moving in a new direction. Perhaps Weber will rest more easily in his grave and perhaps we will all live more fulfilling lives.

Our challenge is now to continue the collaboration and take steps to implement community recommendations. This calls for local, provincial, and federal authorities to acknowledge the importance of community views in policy and program development. It means recognizing that for the most part, children are as safe and well cared for as their families and communities have the capacity to provide, and reinforces the importance of community capacity-building. It means that we can no longer impose rigid processes that do not work and that consume immense staff and community resources with little benefit for children and their families. It means that we need to collaborate on the development of program designs that promote community development and reduce procedural requirements that contribute little to program quality. Mostly, it means beginning to let loose the bounds of an iron cage that can stifle life and limit the innate creativity in those who care about others.

AUTHORS' NOTE

The authors are both members of the Faculty of Social Work, University of Calgary, and come from very different backgrounds. Our association over the past several years has brought home the importance of learning how each of us sees the world. We have encountered our share of dragons, but we have also learned how to make our hearts sing. Betty Bastien is a Blackfoot woman from the Peigan Reserve in Southern Alberta. She teaches, and conducts research and community work on the Blood Reserve. She has been a passionate advocate of traditional ways as an antidote to the negative outcomes experienced by her people, which arise from the adoption of Western ways. She has written extensively on this topic, with her most recent publication, entitled *Blackfoot Ways of Knowing*, attracting great interest. Jean Lafrance is a non-Aboriginal professor (with distant remnants of Iroquois blood) who draws on more than 40 years experience in bureaucratic systems to share lessons about what he believes has, and has not, worked in serving Aboriginal children and their families. He is convinced that an approach to child welfare that is more consistent with Aboriginal worldviews can assist all communities in creating a more humane and ultimately a more spiritual approach to serving all communities. The authors have been on a journey, making their hearts sing and slaying dragons for several years, as they strive to understand each other's perspectives and to work together.

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CHAPTER 5

The Journey of the Métis Settlements Child and Family Services Authority: Serving Alberta's Métis Settlement Children, Youth, and Families

Shane R. Gauthier and Lillian Parenteau

This chapter provides an overview of the unique journey of the Métis Settlements Child and Family Services Authority in Alberta. This Authority serves the child, youth, and family needs of Alberta's Métis Settlements. The chapter outlines the origins of the Métis Settlements, the legislation governing them, Métis Settlements governance, and the creation of the Métis Settlements Child and Family Service Authority. The current role of the Authority is then briefly described, including its joint initiative with the Edmonton Region.

ESTABLISHMENT OF THE MÉTIS SETTLEMENTS

Alberta's Métis Settlements were created in 1938 under the *Métis Population Betterment Act*, later renamed the *Métis Betterment Act* (see Métis Settlements General Council, 2005-2006 for a brief histo-

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ry). The 12 Settlements created were (Heritage Community Foundation, n.d.):

- Big Prairie (Peavine),
- Caslan (south of Lac La Biche),
- Cold Lake,
- East Prairie (south of Lesser Slave Lake),
- Elizabeth (east of Elk Point),
- Fishing Lake,
- Gift Lake (or Utikuma),
- Kikino (originally called Beaver River or Goldfish Lake),
- Paddle Prairie (or Keg River),
- Touchwood,
- Marlboro, and
- Wolf Lake (north of Bonnyville).

The intent behind creating the Settlement Associations and their elected Boards was for the government of Alberta and Settlements to work together to improve the living conditions in a variety of ways. Over time, however, this goal was not met in a substantial way for three reasons. First, amendments to the Act in 1940 established additional provincial government control, which resulted in the planned Settlement Associations not being developed, and considerably less voice for the Métis. Second, despite financial help for infrastructure advances in the Settlements (such as roads, houses, and schools), economic conditions developed very slowly or, in some Settlements, worsened. For the most part, Settlement people relied on farming, hunting, and fishing for sustenance. Third, in 1952, the *Métis Betterment Act* was amended, allowing Settlement Associations to elect only two of the five-member Settlement Board. The other three were appointed by the Alberta government. As a consequence, four Settlements failed, and their settlement status was rescinded: Touchwood (1940), Marlboro (1941), Cold Lake (1956), Wolf Lake (1960). The remaining eight Settlements continued to exist.

For the 30 years following 1960, contining difficulties failed to be resolved. Poverty and ongoing lack of development were serious concerns, exacerbated by the fact that the Settlements had no effective voice in local government. A 1972 task force recommended, among other things, the removal of boundaries around the Settlements, hoping perhaps to mitigate isolation as a factor contributing to Settlement poverty. The Settlements did not agree with this recommendation, and formed the Alberta Federation of Métis Settlements as a structure through which they might act (Heritage Community Foundation, n.d.).

Métis Settlements Legislation

The government of Alberta and the Alberta Federation of Métis Settlements established an agreement, known as the *Alberta Métis Settlements Accord*, on July 1, 1989. This Accord resulted in Alberta becoming the first province in Canada to pass legislation specifically for Métis people. The legislation "was created in an effort to accommodate Métis aspirations of securing their land base, gaining local autonomy, and achieving self-sufficiency" (Government of Alberta, 2003).

There are four separate Acts in this unique legislation:

- *Métis Settlements Act* (Government of Alberta, 2007a) provides a framework for central and local governance and establishes the Métis Settlements Appeals Tribunal, the Métis Settlements Land Registry, and the Métis Settlements Ombudsman. It also contains a schedule that allows the General Council to participate—up to 25%—in oil and gas activities on the Métis Settlements.
- *Métis Settlements Land Protection Act* (Government of Alberta, 2007b) ratifies the grant of letters patent to the General Council, sets rules against alienating Settlement lands—including rules against granting mortgages, and provides control over access to Settlement lands to the General Council and Settlement Councils.
- *Constitution of Alberta Amendment Act, 1990* (Government of Alberta, 2007c) is the only amendment in the history of Alberta's Constitution. The Act recognizes that the Métis people were present when the Province of Alberta was established, that Settlement lands need to be protected by the Constitution of Canada, and provides procedural

protections from taking back Settlements lands, or from dissolving the General Council.

- *Métis Settlements Accord Implementation Act* (Government of Alberta, 2007d) sets out how the monies from the settlement of the oil and gas lawsuit are to be applied over a 17-year period.

In 1998, the *Métis Settlements Statutes Amendment Act* was enacted to simplify and clarify implementation of the 1990 legislation.

Together, these pieces of legislation accomplished three goals (Government of Alberta, 2003):

- 1.25 million acres (505,857 hectares) of land were constitutionally protected for Alberta's Métis Settlements.
- Local governments were established.
- The Province of Alberta is committed to financial support (currently $10 million per year, with annual reviews to examine financial need).

Métis Settlements Governance

The *Métis Settlements Act* established eight Métis Settlements in Alberta: Buffalo Lake, East Prairie, Elizabeth, Fishing Lake, Gift Lake, Kikino, Paddle Prairie, and Peavine. The membership of each Settlement elects a five-person Settlement Council, which in turn selects a chairperson to administer its affairs (Government of Alberta, 2003).

Bylaws for each settlement must be approved by its members. Settlements Councils are responsible for determining the membership of, and land allocations within, their settlements. Settlement Councils can also make bylaws provided that they do not contravene any provincial laws or General Council policies (Government of Alberta, 2003).

The Métis Settlements General Council (MSGC) was created under the *Métis Settlements Act* (1990). The elected councillors of all eight Métis Settlements make up the MSGD, which then elects a four-person executive. The role of the MSGC is to address issues that pertain to the well-being of all Settlements. According to

Government of Alberta sources (2003), the MSGD creates polices "in consultation with the Minister of Aboriginal Affairs and Northern Development. Policies dealing with hunting, fishing, gathering, and trapping must be approved by the Lieutenant Governor in Council."

Formation of the Métis Settlement Child and Family Services Authority

In the early 1990s, the Government of Alberta held a provincial consultation to redesign services to children and families. The Métis Settlements recognized in this a rare opportunity to advocate for the establishment of an Aboriginal Authority, dedicated to providing supports and services to the Métis Settlement children, youth, and families. The process involved community members as well as local and provincial Métis leaders. In November 1997, the General Council and all the residents of the Métis Settlements unanimously passed a resolution, which was subsequently forwarded to the Minister of Aboriginal Affairs and Northern Development, stating that land-based Métis people wished to provide supports and services to their families through their own Authority. A formal service plan was developed and the communities and Métis Settlement leaders acted as one voice to lobby for their own Authority. The Alberta government enacted the *Child and Family Services Authorities Act* in 1999, which established 10 Authorities for the province (see Government of Alberta, 2007e for additional details and maps of the areas covered by the 10 Authorities). One of those was the Métis Settlements Child and Family Services Authority (CFSA) Region 10 (hereafter referred to as Region 10 CFSA), which serves all of the residents of the eight Métis Settlements.

Each Regional Authority is led by a community board, whose members are chosen from the community and appointed by Alberta's Minister of Children's Services. The community members serving on this board provide strong leadership and work closely with communities in the region. The board's policies and decisions are implemented by Region 10 CFSA's chief executive officer, who also manages the daily operations of the CFSA and ensures the regional system runs effectively.

Each Child and Family Services Authority:

- assesses needs, sets priorities, plans, allocates resources, and manages the provision of services to children, families, and other community members in the region;
- ensures that children and families have reasonable access to quality services;
- ensures that provincial policies and standards are followed in the region; and
- monitors and assesses the provision of child and family services.

Development Challenges for Region 10 CFSA

Prior to the establishment of Region 10 CFSA, the Métis Settlements had never provided their own child and family support and intervention services. Rather, they had been in a position of relying on outside agencies or the Alberta government. As a consequence, Settlement residents knew very little about the nature of these services, and many held the perception that social workers came only to remove children from the Settlements.

The Settlements were responsible for providing the same level of services and supports as Alberta's other Authorities, but, initially at least, they were ill-equipped to do so. Many Settlements are located in isolated areas of northern Alberta and had little in the way of infrastructure to support communications and administration. The challenge was to provide child welfare services without office space for social workers, and with little or no technological support. In response, Region 10 embarked on a partnership with Alberta Infrastructure and Transportation on the eight Métis Settlements to create family centres, a one-stop-place where families could receive a variety of integrated services, including at least a health nurse and a social worker (Government of Alberta, 2005).

Like many other Aboriginal communities, Region 10 was challenged by a historical mistrust of government and social services. Region 10 decided to engage the Settlements in a dialogue designed to foster trust, one family at a time. To do this, it adopted values and actions designed to demonstrate to Métis Settlement children and families the attitudes necessary for engaging people and to open doors for meaningful work. These two principle values and actions are: gaining and maintaining the trust of the community; and helping families rather than separating children from them. In this way, the Region 10 CFSA gradually built trust and demonstrated integrity.

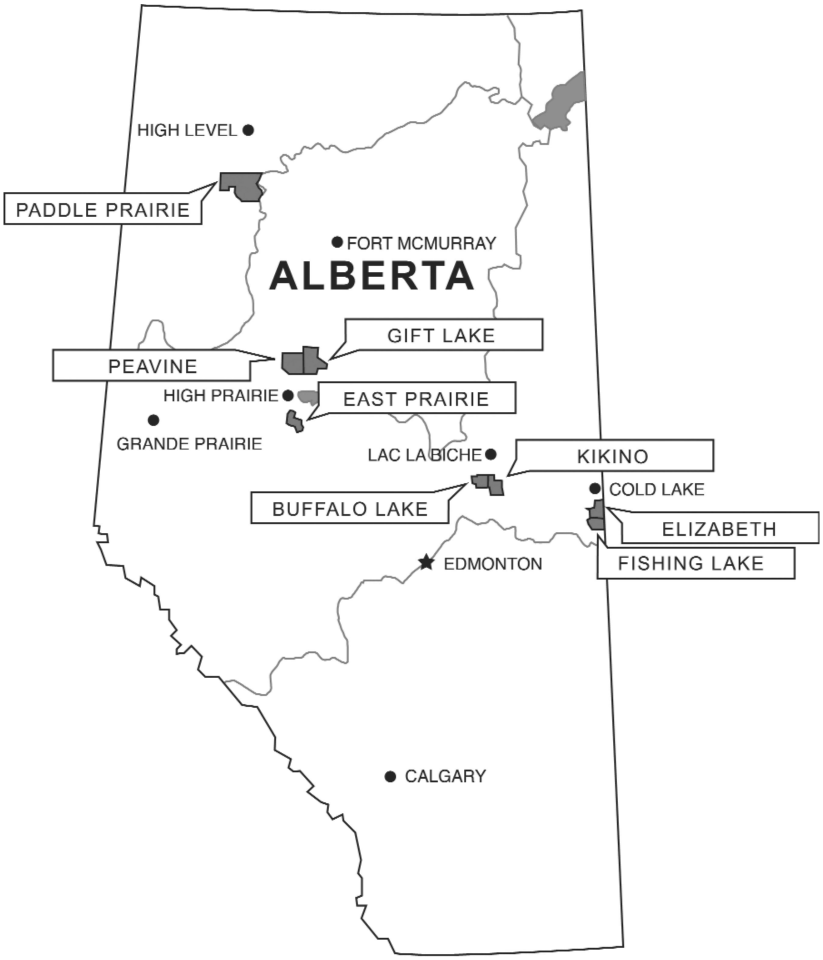
HIGH LEVEL
PADDLE PRAIRIE
FORT MCMURRAY
ALBERTA
GIFT LAKE
PEAVINE
HIGH PRAIRIE
EAST PRAIRIE
GRANDE PRAIRIE
LAC LA BICHE
KIKINO
COLD LAKE
BUFFALO LAKE
ELIZABETH
FISHING LAKE
EDMONTON
CALGARY

Figure 1.
Reprinted with permission from the Métis Settlement General Council.

Another key challenge was the geographic location of the Settlements. The eight Métis Settlements are located throughout northern Alberta from the Saskatchewan border in eastern Alberta to the far northwest corner of the province. They are situated within two other Child and Family Service Authorities (7 and 8) that serve the general population (see Figure 1). This provided an opportunity to build and strengthen partnerships between Region 10 CFSAs and Region 7 and 8 CFSAs by establishing protocol agreements that articulate the respective roles and responsibilities among the authorities, and set out rules for ongoing communication. This written agreement is reviewed regularly to ensure continued agreement in fulfilling the prescribed roles and responsibilities.

CURRENT SITUATION OF REGION 10 CFSA

Region 10 has an office in Edmonton, and two regional offices located in the provincial buildings in St. Paul and High Prairie. The St. Paul office serves the four northeastern Settlements: Fishing Lake, Elizabeth, Kikino, and Buffalo Lake. The High Prairie office serves the three northwestern Settlements: Gift Lake, Peavine, and East Prairie. The fourth remaining northwestern Settlement, Paddle Prairie, has an office on the Settlement because it is geographically remote from High Prairie. In addition to these two regional offices, Region 10 has at least one office within each settlement to enhance its presence.

Region 10's Supportive Role in the Settlements

Region 10 CFSA supports the Settlements communities in several important ways:

- It increases community capacity-building by developing programs and services such as early intervention projects, prevention of family violence, early childhood, and Parent Link centres. Currently the primary focus is on alcohol and drug addictions. Elders tell us: Don't bring something to us that's going to hurt us; bring something to us that's going to help us.

- It endeavors to keep children with their families and, if that is not possible, to keep them with members of their extended family. More often than not, the extended family is in the same community, so this housing option has the advantage of keeping the child in his or her home community. If that is not an option, foster homes are sought in the same Settlement. The goal is the least disruption to the child.
- It funds eight early intervention projects, one in each of the eight Métis Settlements. Region 10 CFSA has the highest investment in early intervention supports of all the Regions in Alberta. The Region not only provides funding, but mentors and coaches Settlement community service workers and early intervention staff to enable communities to successfully deliver programs. Members of the community are encouraged to provide the necessary supports to families at risk so they don't have to enter the child welfare system. For example, Elders are encouraged to teach youth about their identity as Métis people, about the history of Métis people, and about how to instill a sense of identity and pride in themselves.
- It opened a Parent Link Centre on each Settlement in 2004. All Alberta's CFSAs received $300,000 each from the Alberta government to establish a Parent Link Centre. When that funding came to Region 10, it was divided among the eight settlements. These Parent Link Centres provide resources and workshops tailored to the needs of each community. The centres also act as referral agents to direct families to the most appropriate resources inside and outside their home communities.
- Region 10 CFSA's social workers are generalists, which helps to carry out their functions, as well as all the mandated and legislated services. This can, at times, be overwhelming because the broad range of work required includes: child protection, family enhancement, family support for children with disabilities (FSCD), administering the Child Financial Support program (financial support to families are provided to look after children to prevent them

from coming into child welfare), and the Kin Child Care Program.

Region 10 has no day care centres or day homes on their Settlement communities but has developed the Kin Child Care Program. This program helps relatives look after children while parents are working, looking for work, or at school. Region 10 CFSA is also looking at some innovative ways of supporting single parents who have children and who need support.

The Métis Settlement and Edmonton Region Initiative

When families move from the Settlements, they tend to migrate to major centres, such as Edmonton, where they may still need supports and services. Region 10 and the Edmonton Region (Region 6) have embarked on an initiative to reconnect Métis Settlement children with their home communities. This reconnection can take many forms, ranging from occasional contact with their community of origin to give the children a greater sense of who they are, to the creation of a permanent placement. This initiative began with 27 children in November 2004, and by June 2006, the caseload had grown to 50 children. This program is staffed by three social workers and a supervisor, and is supported financially by the Edmonton Region, in recognition of the mutual benefits to Region 6 and 10. The initiative was perceived to be so successful that talks are currently underway between Region 10 and Regions 7 and 8 in northern Alberta, where many Métis children live and are served.

CONCLUSION

For the past seven years, Region 10 CFSA has worked diligently to meet the unique needs of the Settlement children, youth, and families. There are many challenges, but these are being met with a clear vision of the future, and with optimism and determination. Through unique and innovative partnerships, Region 10 CFSA has established a local and provincial voice that advocates for Métis Settlement children, families, and communities without compromising Métis values and traditions. The family unit is valued and keeping the family together with appropriate supports is a guiding principle. Métis traditions are valued and an important focus has been to keep local language and culture intact through activities and forums that promote a Métis lifestyle for children and youth who might not normally have had an opportunity to be engaged in their Métis culture.

The future looks bright in spite of our challenges and Region 10 CFSA adheres to the motto: The future is something you create, not something that just happens.

AUTHORS' NOTES

1. The authors wish to acknowledge and honour the commitment and passion that the Settlement Elders, children, youth, and families have shown during the creation of the Métis Settlements Child and Family Services Authority. In addition to this, we wish to thank the past and current staff at the Authority for their dedication and hard work in bettering the lives of Settlement residents. Finally, we wish to acknowledge the Métis Settlements General Council and other community, provincial, and partnering stakeholders in working together to make our Settlements a safer place for our families.
2. For additional information about topics included in this chapter, readers are encouraged to consult Region 10 CFSA personnel, and to refer to Government of Alberta websites and other government publications.

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CHAPTER 6

Children with Disabilities Involved with the Child Welfare System in Manitoba: Current and Future Challenges

Don Fuchs, Linda Burnside, Shelagh Marchenski, and Andria Mudry

There is growing awareness that children with disabilities are highly over-represented among those children who are reported for abuse and neglect (Fudge Schormans & Brown, 2006; Sullivan & Knutson, 2000). This over-representation may reflect a higher incidence of common risk factors for maltreatment among families with a child with a disability. These risk factors include poverty, parental substance misuse, social isolation, and stress (Krahn, Thom, Sokoloff, Hylton, & Steinberg, 2000). In addition, other factors contribute significantly to the risk of maltreatment for children with disabilities, such as the child's need for long-term care, inadequate supports, parent and child characteristics, and possible differences between parents' and professionals' understanding of the nature of the child's disability. Whatever the reasons for the over-representation of children with disabilities among those who are abused and/or neglected, their particular vulnerability is a critical child welfare issue.

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Not all children who are reported for or substantiated as being maltreated are placed in out-of-family care. However, there is evidence that children with disabilities are also over-represented among those who are placed in care (Fudge Schormans & Brown, 2006). Moreover, the number of children involved with mandated child welfare agencies who have medical, physical, intellectual, and mental health disabilities has increased dramatically over the past decade. Many of these children continue to be involved with the child welfare system, not because of an ongoing risk of maltreatment, but because they have intensive needs for care as a result of their disabilities, which communities and services are unable to fully meet (Cooke & Standen, 2002). The capacity of the child welfare system to respond to the service needs of this population group has become strained (Krahn et al., 2000). This is a serious social and economic concern (Sullivan & Knutson, 2000).

Despite increased recognition of these issues and risk factors, there has been little research aimed at developing a better understanding of the scope of the issue and the characteristics of the children requiring services (Horner-Johnson & Drum, 2006). This chapter begins to address this knowledge gap with results from an important research initiative in Manitoba, with much needed data on the growing number of children with a range of disabilities receiving services from both Aboriginal and non-Aboriginal child welfare agencies. “Children with Disabilities Receiving Services from Child Welfare Agencies in Manitoba” (Fuchs, Burnside, Marchenski, & Mudry, 2005), contributes to the interpretation and understanding of other study results in this area and provides a basis for interprovincial comparisons of Manitoba, Saskatchewan, and Alberta data.

In designing this study, the researchers adopted a broad approach to disability, including developmental delay, physical disabilities, and other disability disorders, with a particular emphasis on Fetal Alcohol Spectrum Disorder (FASD). Using this cross-disability approach and the World Health Organization (WHO) definition of disabilities, the study describes the population of children with disabilities who were involved with the child welfare system in Manitoba during the 2004/05 fiscal year. It also highlights some of the factors associated with their involvement with the system. Specifically, this chapter presents:

- a profile of children with disabilities in care in Manitoba, including their number, distribution, nature of disabilities, care needs, and the services provided;
- a preliminary profile of children with disabilities involved with the child welfare system who use different forms of social services but who have not been placed in care; and
- implications of these findings for child and family service policy, programs, services, and training.

THEORETICAL CONTEXT OF THE STUDY

The discussion of children with disabilities who are involved with the child welfare system must address the evolution of the concept of disability and the relationship between disability and the child welfare system. The following summary is intended to provide context as opposed to an in-depth analysis of these topics.

Evolution of the Concept of Disability

The concept of disability has evolved over the past 50 years—from a medical model, through a functional model, to a social rights and ecological model. Disability is now almost universally understood to be the result of the interaction between an individual and the environment, rather than viewing the individual as the source of limitations. The World Health Organization (WHO) has been instrumental in establishing this perspective as the worldwide standard through the International Classification of Functioning, Disability and Health (ICF, 2006). In addition, the United Nations has enshrined children's rights to services, family support, and education, which serves to guide national policy on children's issues.

On the continuum of human ability, those who have difficulty in fully and independently participating in their various social contexts have been variously labelled, shunned, and marked as different or *the other* (Priestly, 2003). Our understanding of disability and treatment of those so identified are part of a continuing evolution. (See, for example, Brown & Brown, 2003). Considerable progress has been made from the early 20th century, when illness and impairments were associated with shame, moral punishments, and living apart from society (Barnes & Mercer, 2003). The medical and functional models, although still useful for specific purposes, are no longer widely used because they emphasize personal deficits and limitations within the individual. The narrow definitions of normalcy prescribed by these models neglect to take into account social, economic, and attitudinal barriers faced by children with disabilities.

For the past decade, the ecological perspective has emerged as a useful theoretical framework for understanding the social construction of disability. Like the functional perspective, it is based on three distinct disability concepts: pathology, impairment, and disability. However, it sees disability as a result of the interaction between the person and the environment. This shift in emphasis from the individual limitations to the person-environment interaction can be clearly seen in the WHO amendments to the International Classification of Impairment, Disabilities and Health (ICIDH). For the first time, persons with disabilities and disability organizations were involved in developing the International Classification of Functioning, Disability and Health (ICF) system. The ICF conceptualizes disability as a complex phenomenon resulting from the interaction between health conditions and contextual factors (WHO, 2003).

An assessment of disability from the ecological perspective, therefore, involves "three levels of human functioning: at the level of the body or body part, at the level of the whole person, and the whole person in the social context" (WHO, 2002, p. 10). More recently, in response to advocacy by disability groups around the world, the WHO has extended its perspective to indicate that an assessment of disability must also examine the barriers to functioning that exist in social environments of persons with disability (Barnes & Mercer, 2003).

The ecological perspective provided the principal theoretical framework for this study, which had a particular interest in examining the individual, social, and environmental factors associated with childhood disability. The study was guided by the view that effective measurement of childhood disability requires:

> …consideration of the mediating role of developmental and environmental factors. A central issue is that children's environments change dramatically across stages of infancy, early childhood, middle childhood, and adolescence…. The influence of the environment on the child's performance and functioning is thus particularly important to document in this phase of the life-span. (Simeonsson et al., 2003, p. 605)

This research project also recognized the importance of the social rights model in developing its conceptual framework. The social rights perspective emphasizes not only that individuals with disabilities have the same rights as all other citizens, but that it is the responsibility of society to provide for and protect all of its citizens, including all "marginalized" citizens, in an equitable way (see Bach, 2003, and Rioux & Frazee, 2003). Simeonsson et al. (2003) suggested that the development of measures specific to the ICF to assess disability in children should be guided by a number of considerations—most importantly, the framework of children's rights. The publication of the United Nations *Convention on the Rights of the Child* in 1989 provided the initial guidelines for policy on children's issues. Key principles underlying the Convention include the child's right to be the first to receive services, to have his/her family protected, to have a family environment, to be protected from exploitation, and to receive education. The UN *Convention on the Rights of the Child* and the ICF complement one another: "One defines the rights of children and the second provides the framework for documenting the dimensions for which those rights are to be carried out" (Simeonsson et al., 2003, p. 606). Work is currently being carried out to develop a version of the ICF adapted specifically for children and youth (WHO, 2003).

Definitions and Prevalence of Disability

Although it is clear that disability occurs everywhere, its precise prevalence is difficult to determine. Efforts are hampered by the vast array of disability definitions that make comparisons problematic.

Disabilities in children are particularly difficult to characterize because of the developmental nature of childhood. Although developmental delays or developmental disabilities are the most frequently noted type of disability, there is no standard definition of the elements of functioning encompassed by those terms (Betz et al., 2004). They may include physical impairments, sensory impairments, and intellectual disability.

The literature describes rates of developmental, sensory, and learning disabilities, as well as rates of psychological disorders and chronic health conditions. In Canada, the Participation and Activity Limitation Survey (PALS) conducted in 2001 provides national and local prevalence rates (Statistics Canada, 2002). According to PALS, the rate of disability in Manitoba (14.2%) was slightly higher than the national rate (12.4%). However, the rates of disability increased with age and the prevalence rates of children were reportedly low (1.6% for preschoolers and 4% for 5- to 14-year-olds). The rates of disability in the Aboriginal population were considerably higher than the national rates. The Aboriginal Peoples Survey (APS) cited a rate of 39.1% for children in Manitoba (Statistics Canada, 2001). (See also Brown & Percy, 2007 for a discussion of the prevalence of specific types of disabilities.) In Canada, Yu and Atkinson (2006) argued that it is reasonable to assume a prevalence rate of 2.25% for people with developmental disabilities. Statistics Canada (2002) reported that, among preschoolers with a disability, 68% had a developmental disability. Of those, 59% had an intellectual disability, 54% had a physical disability, and 38% had another type of disability. Among school-aged children with disabilities, 29.8% had a developmental disability and 31.8% had a psychological disorder. The likelihood of children in care having attention deficit or attention deficit hyperactivity disorder (ADHD) was at least three times that of children not in care (Martens et al., 2004). FASD, a serious social and health problem, is considered the most common cause of preventable intellectual disability. The incidence in Manitoba has been estimated from 7.2 per 1,000 live births (Williams, Odaibo, & McGee, 1999) to as high as 101 per 1,000 live births (Square, 1997).

Disability and the Child Welfare System

There is considerable evidence that children with disabilities are at increased risk of abuse and/or neglect. Crosse, Kaye, and Ratnofsky (1993) found that in the United States, children with disabilities were 1.7 times more likely to be abused than children without disabilities. Sullivan and Knutson (2000) completed a study in Omaha, Nebraska with a sample of 50,278 children between the ages of birth to 21 years. They identified 4,503 children who were maltreated (physical, emotional, or sexual abuse and/or neglect). Of those children who were maltreated, 1,012 had a disability. For non-disabled children, the rate of maltreatment was 11%, while the rate for disabled children was 31%. In other words, children with a disability were 3.4 times more likely to be maltreated than non-disabled children.

As part of this study, Sullivan and Knutson (2000) also compared children by type of disability to non-disabled children in terms of their risk for the four types of maltreatment they identified. Children with behavioural disorders were found to be at the highest risk of abuse. They were seven times more likely to be neglected, and/or to be physically or emotionally abused, and five and a half times more likely to be sexually abused. Speech and language difficulties resulted in five times the risk of disabled children experiencing neglect and physical abuse, and three times the risk of being sexually abused. Children with a developmental delay had four times the risk of all four types of maltreatment. Deaf and hard of hearing children had twice the risk of being neglected or emotionally abused and were almost four times more likely to be physically abused. Children with learning and orthopedic disabilities had twice the risk of all types of neglect.

A study by Sullivan, Knutson, Scanlan, and Cork (as cited in Krahn et al., 2000) also found that children with a disability were more likely to be abused or neglected. Specifically, they were 1.6 times more likely to be physically abused, 2.2 times more likely to be sexually abused, and 1.8 times more likely to be neglected. In addition, the risk of abuse for these children increased if they had multiple disabilities. In Oregon, Krahn et al. (2000) found that the presence of a disability increased the effects of poverty, social isolation, and stress on the likelihood of abuse occurring.

Cooke and Standen (2002) completed a study on abused and neglected children in the United Kingdom. Questionnaires were sent to the 121 chairs of the area child protection committees. Information from the 73 who responded demonstrated that there was a lack of statistical information on children with disabilities involved with child protection committees. Children with disabilities were less likely than children without disabilities to be put on the registry of child victims. From their study, Cooke and Standen made a number of recommendations to address the risk of child maltreatment faced by children with disabilities. These included: 1) recording and computer forms that allow child protection and child disability teams to identify children with disabilities being investigated for abuse; 2) using a computer system that can effectively extract statistical information on abused, disabled children; 3) creating training programs for staff members on abuse awareness, definition of disability, and forms of recording; and 4) creating a clearly defined protocol to ensure better communication between child protection teams and child disability teams.

Fudge Schormans and Brown (2006) analyzed data from the 1998 Canadian Incidence Study on Reported Child Abuse and Neglect (Trocmé et al., 2001) to report on children with developmental delay who had experienced substantiated maltreatment. They compared 666 children with developmental delay and 7,006 children with no delay and found that the children with delay made up 8.68% of all those maltreated. This over-representation—approximately three times as many as would be expected from population prevalence—was associated with increases in child behaviour problems, risk factors of main caregivers (e.g., alcohol and drug use, mental health problems), and poor socio-economic conditions for the children with developmental delay. Sexual abuse was the least common type of maltreatment among children with and without delay. Neglect was the most common form of maltreatment and the rates were higher among children with delays than those with no delays. The study also found that biological mothers and fathers were the perpetrators in more than 90% of cases of reported and confirmed maltreatment, and that children with developmental delay were more likely than children with no delay to be placed in out-of-home care following a maltreatment investigation by social workers.

When examining family factors that influence out-of-home placement decisions, Llewellyn, Dunn, Fante, Turnbull, and Grace (1999) examined the experiences of 167 families with children with disabilities requiring a high level of support. To be eligible for placement, a family had to have a child between the ages of birth to six years with a physical, intellectual, sensory, or multiple disability. Additionally, parents and/or service providers could identify the child as having a high need for supports, which the general child service system was unable to meet.

The researchers identified three types of families: those who did not want to place their child (75%), those who were undecided (19%), and those who were actively seeking or had already sought a placement (6%) (Llewellyn et al., 1999). There was no difference among the three types of families in terms of being proactive, finances, father's involvement, mother's availability, and religion. There was, however, a difference in terms of values and beliefs about caring for the child, changes in family circumstances, and messages received about out-of-home placement.

It is worthy of note that Manitoba's *Child and Family Services Act* (1985) provides an incentive for bringing children into the care of the child welfare system. It makes special provision for children with disabilities through the Voluntary Placement Agreement (VPA). Children with disabilities may be voluntarily placed in the care of an agency to access services or obtain care that parents are unable to provide. Placement may be renewed until the age of majority, and the parents maintain guardianship throughout the length of placement. Although this assists in keeping parents involved to some extent in the care of the children, it requires that families with children with disabilities receive service from a system that is set up to deal with child maltreatment, and not disability support for families.

In summary, disability occurs as a consequence of the interaction of the individual and his or her environment. The literature presents a somewhat confusing picture of the prevalence of disability in children in Manitoba. There does, however, appear to be a significantly higher rate of disability among Aboriginal children, compared to the general population. It is clear that many children have disabilities that are reflected in their intellectual, psychological, physical, medical, and/or sensory functioning. Developmental delays and psychological disorders are the most commonly described disabilities in children. Multiple disabilities affect the majority of children with disabilities. Unfortunately, children with disabilities are at increased risk of abuse and neglect.

The needs of children with disabilities create significant challenges for child welfare agencies in Manitoba. The number of children with disabilities and their demands on care systems have increased as medical advances have reduced the mortality rate, and increased the longevity of children with complex medical needs. Because of additional risk factors associated with disability, these already vulnerable children have a greater potential than other children for requiring the support or protection of a child welfare agency.

CONCEPTUALIZATION OF DISABILITY

Disability research often becomes mired in issues relating to the definition of disability. Consequently, establishing the parameters of disability for the purposes of this study was a critical first task. The definition had to be:

- broad, to capture a wide enough sample to provide as much information as possible (i.e., present the "big picture");
- concise, to be easily interpreted and consistently understood by a variety of workers and agencies; and
- relevant, to recognize current thinking in the field of disability so that results were meaningful and comparable to existing and future research studies.

The definition of disability that was developed did not attempt to classify children, but to describe their health in the context of personal and environmental factors. Therefore, this study defined children with disabilities as those whose ability to participate in age-appropriate activities of daily living is compromised by limitations in one or more areas of functioning. Disability and functioning included physical, medical, sensory, intellectual, and mental health components.

More specifically, the definition included children with congenital conditions (e.g., spina bifida, Down syndrome), as well as children who have experienced life-changing illness or injury. It included children with complex medical needs and those with chronic psychological or mental health concerns. It also included children with FASD and learning disabilities. By definition, children with disabilities require adaptations to their environment to meet their special needs.

Using this definition, which was intended to conform to the WHO understanding of disability, a conceptual framework was developed (see Figure 1). This framework conceptualized disability as one of the factors affecting the functioning of a child and his/her family. Functioning was also influenced by adaptive services and service providers (Brown, Moraes, & Mayhew, 2005). For the purposes of this study, adaptive services were comprised of medical, mechanical, technical, and personal support. These elements were chosen because they are the types of services offered and recorded by child and family service agencies.

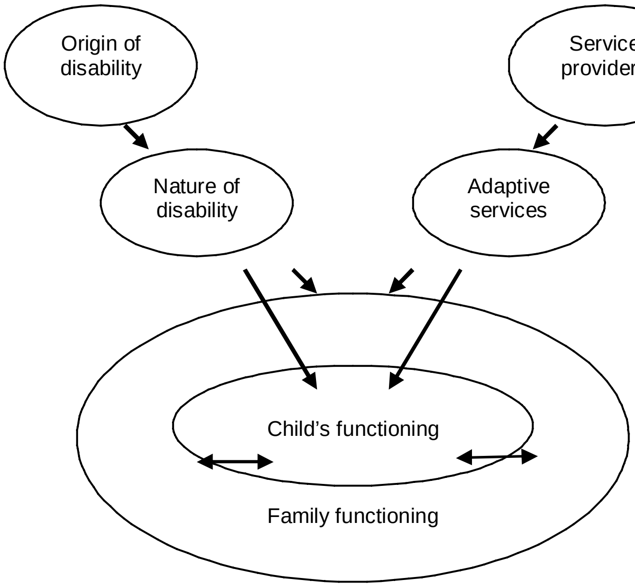
Origin of disability
Service providers
Nature of disability
Adaptive services
Child's functioning
Family functioning

Figure 1: Conceptual framework of disability

Table 1: Components of factors related to functioning

Factor	Components	
Origin of disability	Genetic Medical	Injury Substance abuse
Nature of disability	Physical Medical Sensory perceptual	Cognitive intellectual Mental health
Functioning and service needs	Physical Medical Sensory perceptual	Cognitive intellectual Mental health Behavioural
Adaptive services	Medical Mechanical	Technical Support
Service providers	Government Non-government	

Components of the factors related to the child's functioning are highlighted in Table 1.

Plans for the care of children with disabilities always included adaptations to the environment (e.g., home, school, community) that were necessary to meet their special needs. Environmental adaptations might be described as medical care (e.g., essential medication routines, physiotherapy), mechanical aids (e.g., wheelchairs, prostheses), technical devices (e.g., communication aids, computer programs), and/or personal support services (e.g., 24-hour supervision or in-home support workers).

Excluded from the study were children who required special care as a result of difficult to manage behaviour that was not related to a diagnosable condition.

METHODOLOGY

Because of the dearth of research in this area, this study employed an exploratory and descriptive research design. The choice of research design was dictated by the need for a descriptive profile of children with disabilities who were involved with child welfare agencies in

Manitoba, as well as the limitations of the available databases. A data collection instrument was developed to gather information in each of the areas outlined by the conceptual framework. Because the project relied entirely on the information available in agency files, the data collection instrument was also shaped by the existing child welfare information gathering system.

Data collection took place between October 2004 and June 2005. Agencies throughout the province were asked to identify children who were receiving services on September 1, 2004 and who met the study's definition of disability. They were also asked to identify children who were not in care but whose families were currently receiving services. Research staff then visited each agency and reviewed the files of the children identified. A review of randomly selected files on children in care at each site served to check the accuracy with which agencies applied the disability definition. Agencies that participated in the data collection process represented 90% of the children in care and the resulting database is reflective of children in all regions of Manitoba: rural and urban, and north, south, and central Manitoba.

PROFILES OF CHILDREN IN CARE WITH DISABILITIES

The profiles of children with disabilities created by this research present a demographic description of the population and illustrate the nature and origin of disabilities, the functioning of children, and the adaptive services they received from child welfare agencies and other sources.

Using the definition outlined above, one-third (*n*=1,869) of children in care in Manitoba on September 1, 2004 were found to have a disability. The children ranged in age from birth to 20 years with a mean age of 10.5 years. Boys accounted for 60% and girls for 40% of the children with disabilities in care. The higher proportion of boys was consistent across cultures of origin. The number of children with disabilities increased with age until 13 years when the numbers of both boys and girls began to decline. First Nations children comprised just over two-thirds (68.7%) of children with disabilities in care. Their representation within the disability population approximated their over-representation in the overall children in care population. Most children with disabilities were permanent wards of the state (69%) but a significant proportion (13%) were in care under a Voluntary Placement Agreement (VPA). The proportion of permanent wards was somewhat greater among First Nations children. The most frequently cited reasons for children with disabilities coming into care were related to the conduct or condition of their parents. Children in care under a VPA were the exception. Approximately half of those children were in care for reasons related to the conduct or condition of the child. Most children (75%) were placed in foster homes, and only 2% required hospital or residential care at the time of data collection. The proportion of children requiring more intensive care was greater among those under a VPA (41%), than among those who were permanent wards (16%).

A comparison of the demographics of children with disabilities and the general population of children in care revealed that children with disabilities were more often older, male, and permanent wards, than children without disabilities.

Disabilities were ordered in six main categories: intellectual, mental health, medical, physical, sensory, and learning. The most common disabilities were intellectual, which affected 75.1% of the children with disabilities, and mental health (45.8%). More than half the children had more than one type of disability (58.1%) and the most common combination of disabilities was, again, intellectual and mental health. FASD was diagnosed in one-third of children with disabilities (34.2%) or 11% of all children in care. Children with a mental health diagnosis were almost always (95%) given a diagnosis that fell in the attention deficit/disruptive behaviour disorders group. Attention deficit disorders were the most frequently diagnosed (73%). FASD and attention deficit hyperactivity disorder (ADHD) were comorbid (occurred together) in 39.1% of children with an FASD diagnosis. The remaining disability types affected smaller proportions of children with disabilities: medical disabilities (22%), physical disabilities (18%), sensory disabilities (5%), and diagnosed learning disabilities (3%).

The majority of disabilities resulted from an unknown cause. Maternal substance abuse was reported as the origin of disability for 34.3% of the disability population, and was a suspected cause for an additional 17.3% of those children.

To support functioning, 25.1% of the children needed assistance with the activities of daily living and 42.2% required medical support, as described by the Unified Referral and Intake System. The majority of children were not age appropriate in language (55.1%) or learning (62.8%). Of those with mental health disabilities, 84.4% required medication. Most children with disabilities were not able to achieve age-appropriate behaviour in dependability (76.4%), emotional modulation (72.0%), interpersonal interaction (64.4%), or awareness of risk (58.6%). Aggressive behaviour was problematic for 43% of children with disabilities. Other problem behaviours included sexually inappropriate behaviour, involving 15.7% (*n*=294), and conflict with the law, involving 11.3% (*n*=212).

The most frequently noted adaptation was medication, which was provided for 47.8% of children. Children with multiple disabilities were the most frequent recipients of services. Many organizations and agencies outside of child and family services (CFS) assisted in supporting children with disabilities. The greatest contributor was the education system, which provided some form of additional support to more than 50% of children. CFS was the second most frequent additional service provider, purchasing extra services for 18.5% of children with disabilities.

MAJOR IMPLICATIONS OF THE STUDY

The findings of this study have significant implications for policy makers and practitioners in contact with children with disabilities in the child welfare system.

The study demonstrated that children with disabilities are a significant proportion of the children in care in Manitoba. Currently, the child welfare system is not well structured to serve children with disabilities and their families. The data indicate that many children with disabilities and their families are not receiving the services necessary to meet their needs from the child welfare or other service systems. To ensure that these children and their families receive the services they require, awareness of their needs and knowledge of how to address them must be the foundation of policy, program planning, staff training, and service provision.

The large number of families of children with disabilities coming to the attention of the child welfare system represent significant social and economic costs. Greater understanding, sensitivity, and awareness within the child welfare system is needed to more effectively address the issues and needs of families and children with disabilities.

Approximately one-third of Manitoba's children in care have a disability and most of these children have multiple disabilities. The culture of origin of children with disabilities was reflective of the general population of children in care, including the over-representation of Aboriginal children.

The highest proportion of mental health, medical, physical, and sensory disabilities was found among the non-Aboriginal population, but there were substantially higher numbers of Aboriginal children with all types of disabilities in care. First Nations children had the highest rate of intellectual disabilities and the lowest rate of mental health disabilities. Among the non-Aboriginal group, the opposite was true.

Slightly more than one-third of children with disabilities had FASD and slightly more than half had suspected FASD. In most cases, children had co-occurring disabilities; the most frequently combination being intellectual and mental health disabilities, such as FASD with ADHD.

Maternal substance abuse during pregnancy was the cause of approximately one-third of disabilities. If suspected FASD is included, just over half of the children had a disability as a result of substance abuse. Prenatal substance abuse is a totally preventable cause of disability. If FASD could be fully prevented, the number of children in care with disabilities would shrink up to one-third.

A large number of children received adaptations and supports, particularly medication and personal supports. Most children were not functioning at an age-appropriate level in terms of personal and social behaviour.

The findings of this study have significant implications for policy makers and practitioners. The study demonstrates that children with disabilities are a significant proportion of the children in care in Manitoba but the child welfare system is not well structured to serve children with disabilities and their families. Many such children and families are not receiving the services they need from any system. A better awareness of their needs and knowledge of how to address them must inform policy, program planning, staff training, and service provision.

The study also demonstrates the importance of research related to children with disabilities and child welfare. The data provides a baseline for future research and makes a significant knowledge contribution but also points to the urgent need for additional research to inform professional training and service development, and to promote safety, accessibility, and social inclusion for families and children with disabilities.

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CHAPTER 7

Supporting Aboriginal Children and Youth with Learning and Behavioural Disabilities in the Care of Aboriginal Child Welfare Agencies

Gwen Gosek, Alexandra Wright, and Diane Hiebert-Murphy

This chapter presents an overview of a two-year project entitled "Supporting Aboriginal Children and Youth with Learning and Behavioural Disabilities in the Care of Aboriginal Child Welfare Agencies." The project involved 29 First Nations child and family services agencies (FNCFCAs) and communities across Canada (the full report can be accessed at: http://www.fncfcs.com/docs/SupportingAboriginalChildren.pdf). The need for this project emerged from three related sources of information.

First, it is estimated that 26.2% of Canadian children between 4 and 11 years of age experience emotional or behavioural problems. However, there is no systematic or comprehensive national data concerning children and youth with learning and behavioural disabilities (LBD) (Health Canada, 1999). Children and youth with LBD appear

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to be at greater risk of having difficulty achieving at school, becoming involved in the criminal justice system, misusing substances, requiring greater health services, and experiencing employment difficulty as adults (McKechnie, 2000). Other difficulties affecting children with LBD include a greater number of medical problems, difficulty with emotional bonding, and problems with the transition to adulthood (Dubienski, 1996). Second, it has been noted that educational outcomes for children in care are less favourable than for children who are not in care. For example, some children recorded higher scores on negative behaviours such as hyperactivity and inattention, emotional disorder and anxiety, conduct disorder and physical aggression, indirect aggression, and offences against property (Flynn & Biro, 1998). Third, Aboriginal children and youth are over-represented in the child welfare system, with statistics ranging between 30% to 80%, depending on the province or territory represented (Gough, Trocmé, Brown, Knoke, & Blackstock, 2005; Manitoba Aboriginal and Northern Affairs, 2000).

There were several objectives of the study. Overall, it was designed to further knowledge related to the needs of Aboriginal children with LBD in the care of Aboriginal child welfare agencies. This included an understanding of current FNCFSAs' policies and service practices, and an examination of collateral service providers' and community members' perspectives and experiences. Ultimately, though, the research goals were to identify challenges and best practices for addressing the needs of these children.

The research team, composed of Aboriginal and non-Aboriginal members, determined that the study would reflect a culturally respectful and helpful approach. Accordingly, the study was designed to maximize opportunities for building research capacity within the Aboriginal communities and to ensure collaboration with community members. Maximizing opportunities for building research capacity within the Aboriginal communities included incorporating an Aboriginal research partnership, developing a national advisory committee made up of representatives from the Aboriginal community as well as individuals with expertise in childhood disabilities, and hiring and training Aboriginal research coordinators to assist with on-site community visits.

Collaboration and consultation between the researchers and communities were ongoing throughout the study and were accomplished in a number of ways. For example, the research team met with the advisory committee and had ongoing contact through email and by phone. Feedback, in the form of suggested changes was incorporated into the research instruments and design. To ensure a respectful and culturally appropriate approach, planning for community site visits included obtaining permission from band councils to approach their communities, speaking to FNCFSA directors in advance, and maintaining ongoing discussions with on-site research coordinators who were appointed by the agencies' directors. At the end of the study, written reports were distributed to all First Nations communities who had been contacted about the study.

The research plan incorporated two phases that used both quantitative and qualitative methods. In the following sections, the research design, methods, and findings of Phase I and Phase II are discussed in greater detail.

PHASE I RESEARCH DESIGN, METHODS, AND FINDINGS

Phase I of the research consisted of a survey that incorporated open and close-ended questions. The survey was developed and piloted, and then distributed to 124 FNCFSAs and communities across Canada. Survey items addressed: a) the number of Aboriginal children with LBD in the care of Aboriginal child welfare agencies and the nature of these disabilities, b) current practice with these children within these agencies, c) the agencies' perceptions of their needs in providing the best care for these children, d) what agencies perceive to be the strengths and weaknesses in their current ability to meet the needs of these children, e) what agencies see as changes that would enhance their ability to meet the needs of this population, and f) agency policies related to accepting children for service and providing services to them.

Multiple contacts were made with the agencies to familiarize staff with the research and encourage their participation. Of 124 surveys distributed to agencies, the project received a total of 29 completed surveys. Six agency representatives stated they could not complete the survey because they did not have time due to high workloads, and eight other agencies stated that they do not currently have responsibility for children with disabilities.

Identification of Disability

Of the 29 survey respondents, the overwhelming majority reported that their agency does not follow a specific definition of disability for purposes of identification. One respondent wrote that her agency did not have a definition of disability, but rather "we look at each case on an individual basis." Three respondents provided an agency definition of disability:

- Any restriction or lack of ability to perform an activity in the manner within the range considered normal for a human being.
- Individuals presenting with delays in the four domains.
- Children who are physically or emotionally handicapped.

Three agency representatives reported that their agencies do not identify children with disabilities, whereas 22 respondents identified various means by which their agencies identify children with disabilities. The most frequently reported means was referral by the school, followed by social worker assessments, a formal diagnosis (not specified), referral by family and medical professionals (including doctors and those not specified), psychologists, and/or referrals from other agencies.

Reasons for Entering Care

Twenty-one of the respondents affirmed that there are children who come into care primarily because services and supports are unavailable in their communities. Two primary reasons were given for the placement of these children: serious medical conditions and the corresponding lack of services within the community, especially northern communities, to maintain the children either in the home or in the community; and behavioural problems that were putting children at risk. Thirteen respondents identified a total of 71 children who were in care due to a lack of services and supports in their home communities.

Agency Disability Policies

Twenty-two respondents stated that they had no specific written policies concerning children with disabilities. Three survey respondents noted that they had written policy, but that this was not shared with the research group. Other respondents identified established practices based on provincial family services legislation, needs assessments, and holistic practices.

Staff Training

Nineteen participants reported that their agencies provide training to enable the workers to work effectively with children with LBD. The most frequently reported topic of training was Fetal Alcohol Spectrum Disorder and Fetal Alcohol Effects (FASD/FAE), followed by attention deficit hyperactivity disorder (ADHD), autism, and adolescent behaviour concerns. Some of the participants reported that training was narrow in scope, and focussed on administrative processes rather than specific content regarding children with LBD. The main methods of training were workshops, although conferences, seminars, and tele-psychiatry seminars were also noted.

Targeted Funding

Twenty respondents stated that their agencies receive no targeted funding to support children with LBD. Respondents explained that the agency receives funds for children in care and is reimbursed for residential treatment, special needs, or therapeutic foster homes. Other local service providers, such as the health agency or the school, received targeted funding on a minimal level. Explanations for the lack of targeted funding for these families include government funding cutbacks, and difficulties in accessing formal diagnoses.

On the other hand, four survey respondents stated that their agencies receive targeted funding to support children with LBD. The funding, from the provincial government and in one case, from Indian and Nothern Affairs Canada (INAC), was targeted for in-home support for children with special needs, and for a "development program" that provides for two full-time positions, including an on-site psychiatrist.

Service Partnerships

Survey responses identified a range of options regarding partnerships with mainstream organizations. Two agencies stated that there were no mainstream agencies to partner with. Other agencies identified between 1 and 12 mainstream partner organizations, with an average of four identified organizations. The most frequently mentioned organizations included health services, mental health services, schools, and other mandated child welfare agencies. Early intervention programs such as Head Start, Healthy Babies, and Early Years were also frequently listed.

Communities in, or in close proximity to, urban centres have access to comprehensive services, but rural and remote communities reported limited availability of services. For example, one agency respondent explained that medical services are "basic," speech therapy is available in the community two days per week, physiotherapy and occupational therapy are available once every four months, and child development counsellors (for children from birth to 5 years of age) are available on a limited basis.

Culturally-Based Services

According to 12 respondents, culturally-based services were available for children with disabilities and their families. Eight respondents stated that such services do not exist. While some respondents described the culturally-based services as being intrinsic to their agencies, others replied that the services were available from other sources in the community.

Identified Needs

The agency representatives identified a wide range of needs that, if met, would assist them and their respective communities in providing adequate supports to children with disabilities and their families. Seventeen respondents identified increased funding as a major solution to current difficulties. Other identified needs addressed quality of life issues, often related to either non-existent or difficult to access services and specialized supports. Some of the identified needs that could be met through increased funding include:

- community-based professionals;
- costs related to community remoteness;
- culturally-specific residential treatment and support programs;
- educational training for staff, community, and parents;
- emergency foster homes;
- improved living conditions;
- improved screening services;
- increased availability of alternate care treatment opportunities;
- increased child psychiatry services;
- increased staffing;
- infant development programs;
- intensive behavioural one-on-one work with children;
- neuro-developmental assessments (i.e., FASD);
- psycho-educational assessments;
- recreational programming for children and youth with disabilities;
- respite care for biological and foster families;
- specialized foster homes in the north;
- specialized social workers;
- suicide prevention and intervention;
- treatment centres for children with behavioural problems; and
- wheelchair accessibility and other equipment.

PHASE II RESEARCH DESIGN, METHODS, AND FINDINGS

The second phase of the study examined the needs and supports of children with LBD and their families in greater detail. This was done through community focus groups, interviews and focus groups with agency staff and collateral agencies, reviews of relevant agency policies, and, where available, the analysis of financial data.

Five research sites were targeted for participation in Phase II. These sites represented the diversity of issues emerging from the survey. The final selection of sites represented the west coast, central Canada, the Prairies, the northern and southern regions, and the east coast.

Consent to conduct research was obtained from the agency, chief and council, and from the research committees where such committees were established. On-site research assistants, selected by the participating agencies, were employed by the research team to assist in the planning of the visit and to facilitate data collection. Their responsibilities included: advertising and preparing for the community focus groups, the staff and collateral focus groups, and interviews; assisting in the planning of traditional community feasts and giveaways; overseeing the distribution of honoraria for Elders and helpers; and collecting relevant policy and financial data from the agencies.

Although five agency sites were selected, research was conducted in six communities in order to accommodate one agency that requested that research occur in two of their communities. Overall, 136 participants took part in 13 focus groups and 10 individual interviews.

View of Disability in Aboriginal Communities

Although a specific focus of the research was on learning and behavioural disabilities among Aboriginal children, it soon became apparent that focussing on this group of disabilities was too narrow for many of the participants. The term *learning and behavioural disabilities* was not familiar to all participants. It seemed to resonate more with school personnel than with child welfare staff or other community members. Given the understanding of disability by participants, discussion often extended to a broader range of disabilities. Discussion included, for example, concerns related to physical disabilities and children with complex medical needs. The needs related to specific types of disabilities, such as FASD, were also discussed. A variety of specific behavioural concerns were identified as disabilities including, for example, suicidal behaviour, oppositional and aggressive behaviour, and attachment disorder. When viewed from the context of the challenges faced in many communities, it is not difficult to understand the reluctance to view disabilities from a narrow perspective. Communities and agencies are struggling to provide for the basic needs of children with disabilities.

The participants had varying perceptions of attitudes towards disability within their communities. Some participants spoke of a traditional view of disability. This view includes seeing disability as a gift, where individuals with disabilities are perceived as being special. This view can contribute to valuing and respecting people with disabilities, but it can also mean that some people do not perceive a need for services. Other participants described a shift away from the traditional view of disability, including the respect shown towards people with disabilities, and the negative consequences that have resulted.

The issue of labelling children with a disability emerged, and with it different opinions about the value of identifying disability. Some participants raised concerns about the effects of labelling and the potential for a disability label to be inappropriately applied to Aboriginal children. In other cases, parents in the community are concerned a disability label will have negative consequences for the child. The research also found that some parents fear being blamed for the disability, especially with a diagnosis of FASD.

Community Context

It is clear that the issue of childhood disability cannot be easily separated from other social issues within the communities. Participants identified a number of issues they see as related to childhood disability. These include self-governance issues, poverty, the effects of residential schools, family violence, child abuse history, fear of child welfare, lack of economic opportunities, lack of recreational facilities, the increased use of drugs on reserve, overcrowding, lack of housing, parents with disabilities raising children with disabilities, and teen pregnancy.

Unmet Needs of Children with Disabilities and Their Families

Participants in Phase II were keenly aware of gaps in services for children with disabilities in their communities and echoed many of the same concerns as the Phase I survey respondents. They identified various unmet needs of children with disabilities that highlighted the overall lack of resources related to specialized services and supports, training of professionals and paraprofessionals, and community-based services. These are:

- access to professionals with specialized skills,
- community-based educational services outside of the regular school system,
- coordination among existing service providers,
- early diagnosis and intervention services,
- education and training for parents and foster parents,
- recreational activities for children with disabilities,
- resources to assess needs and follow through with recommendations,
- services for youth when they reach adulthood,
- specialized foster homes for children with special needs,
- tangible and emotional support for biological and foster families, and
- training for professional and paraprofessional staff.

Barriers to Meeting Needs

Participants strongly expressed how the lack of resources in the communities in general, and child welfare agencies in particular, seriously limits the response to the needs of children with disabilities. It is clear that in all communities, the need for services far exceeds the resources that are available to address those needs.

Some of the concerns identified by agency personnel and community members as barriers to supporting the needs of children with disabilities and their families include:

- lack of government and other funding bodies to understand and respond to the needs of children with LBD,
- lack of supports to maintain children with LBD in their homes and/or communities,
- ongoing jurisdictional disagreements,
- policy and financial constraints in meeting the expressed needs of the community, and
- short-term project funding.

One consequence of the lack of resources is that agency staff and other professionals often find themselves responding to crises. They recognize the importance of moving beyond working in a crisis mode and toward addressing the broader issues, but are constrained by the imbalance between current demands and existing resources. The stress of working in crisis mode is illustrated by the comments of two participants:

> As long as we're working in crisis all the time, nothing can… You're putting out the fire but everything's burnt.
>
> You know, if you can get through a crisis and you're intact and you're not dead, you're not crying every day, you know you've made it. But then you never get to deal with some of the longer-term underlying problems.

Community Strengths

Overall, community members, family members, and agency people demonstrated a strong sense of commitment to supporting children with LBD and their families. They expressed determination to encourage the education and training of their own community members to provide specialized services such as occupational therapy, physical therapy, pediatric care, and speech therapy. They also expressed a determination to continue to network and lobby for positive changes for their communities. Participants were hopeful, and identified some positive progress in their communities. Some of these include:

- developing an after-school homework program specifically for children with disabilities,
- hiring extra staff so children with disabilities can participate in recreational activities,
- making facilities wheelchair accessible, and
- providing cultural teachings.

At the same time, people working within Aboriginal child welfare agencies and within the communities expressed a sense of urgency and impatience for change that will improve the lives of children with disabilities. This is illustrated by the comment of one participant:

> The hard work that we're putting into trying to get things going, that's the biggest strength, and being patient, waiting, you know. But the patience is running out.

RECOMMENDATIONS AND CONCLUSION

First Nations child and family service agencies function within a unique jurisdictional context that is unlike other social service agencies in Canada. This political-practice environment results in a high demand for services, jurisdictional divides, broad catchment areas, remote or northern locations, under-funding, over reliance on short-term project funding, and a shortage of accessible, coordinated, collaborative, and culturally appropriate service providers. Findings from the study present a context of significant need for children and youth with disabilities in the care of FNCFSAs. FNCFSAs are often the only resource available to the children and their families on reserve. This places an inordinate amount of pressure to deal with crises, and there is limited ability to focus on prevention.

In light of the study's findings, the following recommendations are made:

- Provide adequate support services within Aboriginal communities.

- Provide culturally appropriate services that reflect the cultural aspects and social realities of Aboriginal children living with disabilities.
- Develop a common, inclusive, and meaningful definition of disability that acknowledges learning and behavioural issues.
- Develop a voluntary sector to provide services to Aboriginal communities.
- Establish a comprehensive national agenda and associated service delivery to provide systematic and integrated funding and services that include federal, provincial, and band levels of government.

AUTHORS' NOTE

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CHAPTER 8

A Sacred Family Circle: A Family Group Conferencing Model

Gayle Desmeules

The development of "A Sacred Family Circle," family group conferencing (FGC) model in north central Alberta, emerged out of a need to engage in a collaborative research inquiry project that addresses the over-representation of Aboriginal children requiring Child Intervention Services (CIS). This chapter explores FGC as a means to work effectively with Aboriginal children and families involved with CIS, and to discuss this in the context of the work being carried out by Region 7, North Central Alberta Child and Family Services (CFSA). In particular, the chapter:

- reviews the history of FGC and how this concept is understood within the Region 7 CFSA,
- illustrates why policy makers and practitioners need to understand why our Aboriginal population is so "unhealthy" and in such a dependent position in Canada,
- describes how the FGC program was developed,
- overviews the FGC process from referral stage onward, and

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- discusses the potential of the Sacred Family Circle to offer a decolonization journey for Aboriginal children and families involved with CIS.

THE CONCEPT OF FGC AS UNDERSTOOD WITHIN THE REGION 7 CFSA

According to Burford and Hudson (2000), FGC offers a new approach to working with families involved with CIS. It is a collaborative dispute resolution process that empowers families to make and implement decisions regarding the care and protection of children experiencing or at the risk of maltreatment. In Region 7 CFSA, a family conference involves a formal meeting, where members of the child's immediate family come together with the extended kin and members of the child's community who are, or might become, involved in order to develop a permanency plan. Permanency, as defined in Alberta’s Child, Youth and Family Enhancement Policy, refers to a placement other than in the care of the director, where, either the child is returned to his or her legal guardians, or placed under a private guardianship or adoption order (Alberta Ministry of Children's Services, 2005). The family's plan, once approved by the referring caseworker at the conference, is incorporated into the service plan, and, if required, presented in court. Subsequent review meetings are held over the course of several months, until the planned goals are achieved. A home coming celebration is often planned by the family after the child's file is closed.

Objectives for FGC, as listed in the FGC Region 7 CFSA Manual (Desmeules, 2004), are to:

a. ensure children, youth, and families have a voice in decisions that affect them,
b. prevent the occurrence and reoccurrence of child abuse and neglect,
c. prevent children from experiencing multiple placements, either in or outside the family,
d. achieve permanency for children in a care placement other than in the care of the director,
e. successfully transition a youth to adult independence,

f. maintain a child's connection to his or her family, culture, and community,
g. expedite the court process, either by presenting agreed upon plans in court, or diverting cases from court, and
h. break the cycle of intergenerational abuse in Aboriginal families, stemming from the residential school system and colonization. (p. 4)

Conferences can be referred by the caseworker if a case meets one or more of the program objectives mentioned above. In addition, the FGC facilitator will also incorporate family members' expectations regarding what they hope to see accomplished.

HISTORY OF FGC AND UNDERSTANDING ROOT CAUSES OF THE PROBLEM

The use of FGC in child welfare originated in New Zealand with the *Children, Young Persons and Their Families Act*, 1989. According to Wilmot (2000), the creation of this Act "was a result of the concerns raised by the Indigenous Maori population over standard child welfare practices and their implications on tribal families" (p. 1). In the early 1980s, the Maori leadership became aware of the actions taken by the New Zealand government, which, due to concerns regarding the protection of Maori children, were removing them from their family homes at excessive rates. These children were primarily placed in non-relative state care. Consequently, the Maori people lobbied for legislation to incorporate traditional tribal practices. These practices involved Whanau Hui meetings, which became known as FGC, and were used to resolve issues related to the care and protection of their children.

Prominent persons, such as Mike Doolan, Chief Social Worker for the Children, Young Persons and Their Families Agency in New Zealand, strongly supported this type of legislation. This is evidenced by his 1988 paper, *From Welfare to Justice*, which "urged that legislation be framed that gives Whanau/family real status in the decision-making process of the judicial system" (Doolan, 1999, p. 2).

According to Barbour (1991), this legislation enables and empowers families to make and implement decisions in cases of abuse, neglect, and delinquency. The emphasis placed on FGC grew out of a number of political concerns, including:

- the perceived disintegration of the traditional family structure and the growing number of youths, particularly minorities, living in out-of-home care; the increased length of time in these settings; the multiple nature of these placements;
- a shift toward reducing government interventions;
- increased emphasis on community participation and accountability; and
- decentralization of government services to local solutions. (p. 17)

The Aboriginal experience with colonization in Canada mirrors the Maori situation. To better understand why Aboriginal children and families are over-represented in child welfare caseloads today requires one to revisit the past.

The Royal Commission on Aboriginal Peoples (RCAP) reported on how Aboriginal people are, as it describes them, the first peoples in last place. By all measurements of the human condition, Aboriginal people lead in the statistics of suicide, alcoholism, family violence, family breakdown, substance abuse, poverty, and school drop-out (Indian and Northern Affairs Canada, 2006). The central question that needs to be understood is: Why are Aboriginal people in such a vulnerable position in Canadian society? Smith (1999) proposed that this condition is primarily due to the effects of “ethno-stress,” caused by colonization of Aboriginal peoples. Ethno-stress, according to Antone, Miller, and Myers (1986), "occurs when the cultural beliefs or joyful identity of a people are disrupted" (p. 7).

Prior to European contact, much like the Maori's experience in New Zealand, Aboriginal people in Canada were living a healthy communal lifestyle. Elders, parents, and tribal members all shared in the responsibilities of teaching their children tribal values and cultural ways for community survival. This harmonious lifestyle was eroded with the arrival of Europeans, through centuries of colonization and assimilation policies. The following two quotes offer a framework to begin this discussion:

> The relationship that has developed over the last 400 years between Aboriginal and non-Aboriginal people in Canada… has been… built on a foundation of false promises—that Canada was, for all intents and purposes, an unoccupied land when the newcomers arrived from Europe; that the inhabitants were a wild, untutored and ignorant people given to strange customs and ungodly practices; that they would in time, through precept and example, come to appreciate the superior wisdom of the strangers and adopt their ways; or, alternatively, that they would be left behind in the march of progress and survive only as an anthropological footnote. (Report of the Royal Commission on Aboriginal Peoples, 1996, as cited in Henry, Tator, Mattis, & Rees, 1995, p. 119)

Further,

> Policies and practices that evolved between Aboriginal peoples and White society over the past 400 years have been based on the assumption that Aboriginal people were inherently inferior and incapable of governing themselves. Therefore, actions deemed to be for their benefit could be carried out without their consent or involvement in design or implementation. (Henry et al., 1995, p. 119)

This line of thinking was reflected in the *British North American Act* in 1867. In 1874, Prime Minister John A. MacDonald introduced the *Indian Act*, including the following rationale:

> Indian children should be taken away from their parents so as to eliminate their barbarian influence and expose children to the benefits of civilization. The teacher has been sent out as an educational missionary to introduce cultural changes in Indian societies. (Green, as cited in Makokis, 2000, p. 17)

In the 1800s, the Canadian government and Christian churches established the residential school system, which according to Bird, Land, and Macadam (2002), was one of the most "insidious tools of assimilation," which, in effect, "formalized family breakdown as a matter of national policy" (p. 94).

According to the Aboriginal Healing Foundation (2003), from the mid-19th to the late 20th centuries, there were more than 150 residential schools operating across Canada. In Alberta alone, there were 33 residential schools in operation. Indian, Inuit, and Métis children were compelled to attend these schools. The Aboriginal Healing Foundation proposes that many generations have suffered from the legacy of residential schools even though they did not personally attend the schools. "Children of residential school survivors, in response to their parents' unresolved trauma, developed the same or new defense/coping mechanisms and behaviours that, in most situations, are as unhealthy as the behaviours of those who experienced the original trauma" (Aboriginal Healing Foundation, as cited in Ma'mowe Child and Family Services Authority, 1999, p. C-14).

The loss of culture, community, and family caused by the residential school system was devastating. Those who survived residential school and returned home often found that their family members had migrated or died. In other cases, the returnees were rejected because they were seen as outsiders, raised by the “White” world, and no longer Indian. The term "apple," meaning white on the inside and red on the outside, still exists in conversation today.

A Cree Elder and residential school survivor, George Brertton, eloquently sums up the occurrence of child abuse by saying, "hurt people, hurt people." In more specific terms, the Aboriginal Healing Foundation (as cited in Ma'mowe Child and Family Services Authority, 1999), explained that:

> Various forms of abuse, low self-worth, anger, depression, violence, addictions, unhealthy relationships, fear, shame, compulsiveness, lack of healthy parenting skills, body panic and panic attacks are passed on from one generation to the next. (p. C-14)

From the 1890s to the 1970s, the number of Aboriginal children needing substitute care escalated. The negative and devastating impacts of residential school on community life resulted in a dramatic increase in the need for children to receive protective care. The reason for this is explained by Honourable Murray Sinclair:

> You cannot take a child and separate that child not only from his or her mother and family but also separate that child from his sis-

> ters, his brothers, his aunties, his uncles, any adult of any importance to him; and put that child in an environment where they don't see a loving and caring family environment, and then ask that child to return, become a parent, and expect them to be able to function properly. (Sinclair, 2000, p. 7)

Subsequent to the residential school era, child welfare workers took on the role of apprehending Aboriginal children in need of child protection services. Large numbers of children were removed from their homes and placed into non-relative care, disconnected from their families and culture. For some, this resulted in the severing of their ancestral ties. Many stories were told about child welfare workers coming onto the reserves and apprehending children who were then adopted by persons of non-Aboriginal ancestry. A graduate student had such a story to share. She discovered that her mother was taken from a reserve in Saskatchewan, and placed in a very affluent English home in Victoria, British Columbia, where she said she was raised with all the luxuries, learned how to play piano, etc. She was brought up and expected to behave as a “White” person. Before her death, she shared with her daughter her anguish about not really knowing who she was. After the passing of her mother, this student obtained a copy of her mother's records from social services, in search of her ancestry. One sentence revealed the identity of her mother; she was a Cree woman from Saskatchewan. The student was then able to reclaim her Aboriginal heritage, and became a member of the Métis Nation in British Columbia.

A basic question in life, and what every human being wants to know is: Who am I? This leads one to ask other questions, such as, Where did I come from? Why am I here? and What is my purpose in life? The Cree woman from Saskatchewan was not afforded the "privilege" of knowing who she was. This has significance in current practice. For example, when a caseworker is approving a permanency plan, and dealing with other matters to be considered in the *Child, Youth and Family Enhancement Act* (CYFE), they are required to respond to the question: What is in the best interests of the child? Caseworkers often place the child permanently with extended family, even when family ties have been disconnected for years. In such cases, transition planning takes place, and the child is reintroduced (repatriated) to his or her home community and family. However, in situations where the child has formed significant attachments to foster parents who are willing to be permanent caregivers, some caseworkers still support placement of a child outside of extended family options. This debate is layered in shades of grey, because deciding what is in the best interests of the child varies dramatically from case to case. Historically, placing Aboriginal children outside their extended family and culture has proven unsuccessful in reducing the overrepresentation of Aboriginal children in CIS. Bird et al. (2002) wrote that "Canada's attempts to assimilate Aboriginal people (so they become just like other Canadians) has been disastrous in the past, and will not work in the future" (p. 133).

By the early 1980s, the "child rescue" approach was falling under heavy criticism. In Alberta, a moratorium on First Nations adoptions was put into place in the early 1990s, due to lobbying First Nations communities who "called for the end of the sixties scoop practice of apprehending children and placing them in non-Aboriginal homes" (Alberta Ministry of Children's Services, 2001, p. 9).

It is essential for practitioners and policy makers to recognize the levels of mistrust, resentment, and fear experienced by Aboriginal families who have a history of involvement with CIS. Historical reflection reminds policy makers of the need to rebuild relations. Adopting a Euro-centric service delivery approach has led to intergenerational cycles of abuse. Practices such as FGC reflect a necessary shift in the crafting of policy. It works on the principle of building and strengthening relationships, and provides the opportunity to honour traditional decision-making and healing practices.

> FGC has always been there, it came from our forefathers, which was taken away hundreds of years ago… this practice goes back to tribal ways, when members sit together in a circle and determine what to do. (Desmeules, 2003, p. 72)

BUILDING CAPACITY—A PARTNERSHIP MODEL RESPECTING ABORIGINAL VALUES

The development of the FGC model in north central Alberta was informed by a Participatory Action Research (PAR) project, sponsored by Region 12 Sakaigan Asky CFSA (now known as Region 7 CFSA). Using a qualitative research methodology, community residents were encouraged to work collaboratively to find new ways of knowing. PAR emphasizes meaning-making and discovery, and involves gathering and analyzing data in a systematic way and following a continuous improvement model. The key principle in PAR is that organizational and community members are involved from the very beginning in the design, execution of the research, production of conclusions, and implementation of recommendations. To oversee this PAR project, a mentorship collaborative was developed, comprised of Aboriginal children, youth and families, Elders, Ministry of Children's Services, Native Counselling Services of Alberta, and Blue Quills First Nations College. The principal question was how to deepen our understanding of Family Group Conferencing, partnerships, and our collective capacity to support Aboriginal children and families involved with CIS? Other questions included whether it was possible for an established culture of service delivery (children's services) to change in a significant manner and how could FGC honour the principles inherent in self-determination, and achieve Alberta Ministry of Children's Services outcomes?

The collaborative inquiry revealed that FGC was seen as more than merely being a decision-making process. The participants felt that the process afforded the opportunity for building positive relations, reconciliation, healing, collaborative problem solving, forgiveness, visioning, and strengthening the family and community system that supports the child needing intervention services. It was perceived that FGC is not a one-time event; it entails a journey the family undergoes until balance is restored, and permanency achieved for the child in care. Mentorship committee members deliberated on how FGC offers a leverage point that facilitates the paradigm shift from that held by conventional CIS, to one that is more respectful of Aboriginal traditions. Table 1 depicts this paradigm shift.

FGC is a solution-focussed process that requires caseworkers to see families as valuable resources in developing a plan. This is a vision-building process that asks family members what they would like their family to be or look like. The family is considered the expert in determining what needs to be included in the plan for the children to be happy, feel secure, and be successful. Everyone has a

Table 1. From conventional CIS to FGC

From…	To…
Problem focus	Solution focus
Families as problems	Families as resources
Reactive	Proactive behavior
Fault finding	Claiming responsibility
Consultation	Collaboration
Professionals	Everyone
Crisis management	Vision building
Despair	Hope
Controls	Consent
Prescriptive	Creative
Service centred	Care centred
Fragmentation	Collective effort
Poor relationships	Relationship building

Adapted from various sources by Sharon Steinhauer, Blue Quills First Nations College; and Kim Kelso, Consultant.

role in the process, and everyone's voice is heard. FGC is a creative process, and it is not prescriptive. By using this creative, collaborative problem-solving approach, unexpected outcomes transpire.

From a capacity-building perspective, FGC represents an opportunity for Aboriginal families to practise self-determination, meaning Aboriginal people have "the authority to make their own choices as to how they are governed" (Frideres, 1998, p. 359). This process allows the family to establish its own rules regarding how to govern itself in addressing the child protection issue. By virtue of fully engaging the Aboriginal community in the design, delivery, and evaluation of the FGC model, a true partnership is created. Cultural values and practices can then permeate how the model is governed. Taking a collaborative approach offers a liberating opportunity for Aboriginal people to partner with CIS, to bring about a better reality for themselves, their families, their communities, and their Nations.

The study concluded that FGC, as adapted by this project, is Indigenous in origin and universal in its application for families from different cultural, ethnic, and religious backgrounds. According to Scheiber (1995), the roots of FGC trace back to traditional Aboriginal cultures, in which "the care and decision making for children was considered the natural responsibility of the extended family and community as a whole" (p. 153). The majority of referrals in Region 7 CFSA involve Aboriginal families. Interestingly enough, non-Aboriginal families referred to the program express no difficulty with the program, but rather appreciate its values and philosophy, and the way in which the conference is conducted. Participants are seated in a circle, signifying equality and interconnectedness, with an Elder or spiritual leader present. Everyone has a voice, and is respected. There are nine value categories commonly used across many Aboriginal cultures (Gaywish, as cited in Hart, 2002), which underscore the FGC model. They are:

1. Vision/wholeness, spirit-centred,
2. Respect/harmony,
3. Kindness,
4. Honesty/integrity,
5. Sharing,
6. Strength,
7. Bravery/courage,
8. Wisdom, and
9. Humility.

The intention of FGC from an Aboriginal worldview is important to consider when infusing this traditional practice into mainstream delivery systems. Rupert Ross (1996), Assistant Crown Attorney in Ontario and a leading scholar on exploring Aboriginal approaches to justice, maintains that conferencing derives its power from the worldviews that shape them. As Burford and Hudson (2000) explained, "If Western justice professionals don't understand what shaped them in the first place, we'll quickly bend them out of shape. If that happens, if we westernize them, consciously or unconsciously, I suspect that their power will be substantially eroded" (p. 6). Thus, the intention and process of the FGC needs to be shaped by the community, with Elders serving as chief advisors.

THE FAMILY GROUP CONFERENCING PROCESS

Figure 1 provides a conceptual overview of the FGC process.

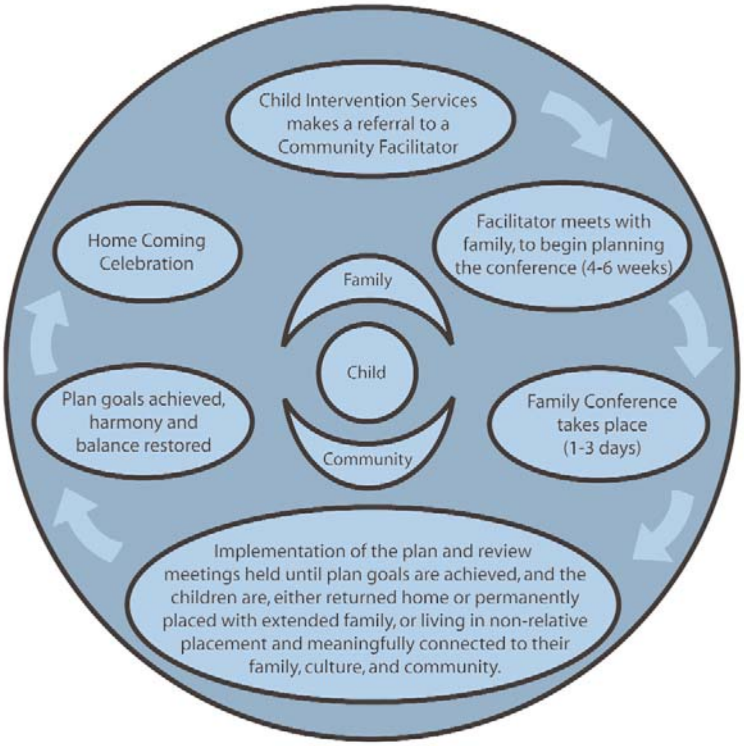

Child Intervention Services makes a referral to a Community Facilitator
Facilitator meets with family, to begin planning the conference (4-6 weeks)
Family Conference takes place (1-3 days)
Implementation of the plan and review meetings held until plan goals are achieved, and the children are, either returned home or permanently placed with extended family, or living in non-relative placement and meaningfully connected to their family, culture, and community.
Plan goals achieved, harmony and balance restored
Home Coming Celebration
Family
Child
Community

Figure 1. A Sacred Family Circle: A family group conferencing model

In Region 7 CFSA, a referral can be made at any time of involvement with Child Intervention Services. Typically, this referral is sent to a community-based facilitator who is responsible for facilitating the process from this point forward, although some CFSAs provide their own facilitation services. Available academic literature recommends an outside third party facilitator be used. This is thought to avoid conflict of interest since social workers are responsible for carrying out maltreatment assessments and any subsequent service. This "inevitably means that there are positions to defend, and work attitudes and histories that affect the view of the service needed" (Marsh & Crow, 1998, p. 45). A third party community-based facilitator has no vested interest in the outcome since he or she is not involved in the assessment of the problem, or responsible for service delivery. Families are more receptive to this process if they believe the facilitator is neutral and unbiased.

The role of the facilitator is to prepare family, professionals, and children for the conference. They actively engage the family in planning the conference. They are responsible for dealing with barriers to participation, ensuring everyone's safety, and minimizing any problems participants might have working together. Facilitators are "neutral guides who take an active role in process management" (Justice & Jamieson, as cited in Alberta Community Development, 2001). They are not content experts, and those who engage in content issues often lose their power to manage the group—a power given to the facilitator by the group members.

Shortly after a referral is received, the facilitator begins engaging family members in planning the conference. Pre-conference planning is when the bulk of the work takes place. On average, community facilitators in Region 7 CFSA spend 40 to 60 hours over a 4- to 6-week period on pre-conference planning. The widest net is cast by inviting all family and kin, regardless of whether they have been estranged from the child and family for years. Adequately preparing family, professionals, and community-members can make the difference between the success or failure of a conference. Reinforcing the family's role as the primary decision maker helps promote family ownership and accountability. For example, key family members set the date, length, and location for the conference, type of food to be served, along with cultural and spiritual aspects to be included. They share with the facilitator their expectations for the conference, and ways to ensure that the children are meaningfully involved. For example, parents or foster parents can help a child make invitation cards or name tags to hand out as people arrive at the conference, or perhaps plan a social activity for the children to spend quality time with their family.

A Family Group Conferencing manual (Desmeules, 2004) was created as a resource guide for referring caseworkers and community facilitators working in Region 7 CFSA. To facilitate common understanding and consistency in practice, a conference agenda is included in the manual and encompasses the six main parts, detailed below.

1. Conference Opening

The conference usually begins by giving the families, professionals, and Elders present some unstructured time to connect with each other. An opening appropriate to the family's culture and chosen by them is then initiated, such as a prayer or smudge. The facilitator reviews the conference objectives and agenda, and helps the group to establish guidelines. Meeting guidelines attend to the emotional and physical safety for all participants, and set out what the group considers acceptable and unacceptable behaviour. In addition, the group is asked to predetermine what corrective action(s) should be taken in the event that a group member engages in unacceptable behaviour. Transferring the responsibility for establishing and enforcing meeting guidelines promotes individual and collective responsibility for a positive and productive conference experience.

2. Information Sharing

This part is dedicated to sharing information so everyone in the circle understands the history and nature of the problem, along with the support services available to the family. Information sharing may begin with a presentation by the caseworker regarding the history of involvement with Child Intervention Services, and the current child welfare status. Other professional members such as a First Nations/Métis designate, addictions counsellor, or peace officer may be invited to give information about his or her involvement with the family and services available. The role of the information providers is to provide information only. The information provider is not there to direct how things should go, influence the outcome by giving advice, or skewing the outcome in any way by providing selective information. An opportunity is provided for parents, youth, children, and other key family members, such as grandparents, to share family history and their views regarding the history of the problem. Sometimes, family members will speak before the caseworker and other professional members present. The order is pre-determined by consulting with the key parties, either before or on the day of the conference.

An important element added for Aboriginal families, with their consent, is to invite an Elder to offer a teaching on the historical impacts of colonization and residential schools. The Elder may also provide information on traditional healing practices. This Elder then leads a sharing circle to give the family an opportunity to speak, to better understand the source of the family dysfunction. This is when the process of reconciliation truly begins to emerge. Often, this sharing circle will lead into a healing circle. Typically, at this point in a conference, a break is provided to allow family members to retire for the evening and to process and reflect on what they have heard. This is a highly emotional process for some family members, as they may be hearing and sharing things for the first time. A night's rest allows for reflection and recovery, before moving into planning and decision-making.

The next day, the family reconvenes. If the conference only lasts one day, then after all the information is presented and everyone has been given an opportunity to ask questions, the caseworker, professionals, and possibly the facilitator, leave the room.

3. Visioning

The family is given the choice of having the facilitator to lead them through a visioning exercise. Questions asked at this stage include: How would you like your family to be in one year's time? What does the plan have to include for the children to feel happy, safe, and to be successful? This is "where the full panorama of possibilities is expressed, considered through debate, consultation, and building dreams on further dreams, which eventually become the flooring for the creation of a new social order" (Battiste, 2000, p. 155). Family strengths begin to emerge, offering a solid foundation in the development of a plan. The visioning component of the FGC generates a lighter atmosphere and offers a renewed sense of hope.

The facilitator prepares the group for private family time, before leaving the room. He or she may distribute a planning template to help guide the family in their discussions and, for everyone's safety, once again references the meeting guidelines. Also, the facilitator may need to help the group decide who should be involved in this process. For example, foster parents may be considered “family,” given the presence of significant attachments with the child. In this instance, the biological family may invite the foster parents to stay during private family time. They can either accept or decline this invitation. Sometimes, the family may want to meet by itself first, and then invite the foster parents back into the circle. Foster parents will often accept an invitation to participate in family time if they are interested in being a permanent caregiver for the child through private guardianship or adoption.

4. Private Family Time

During this stage the family is responsible for developing a plan for the safety and well-being of the child that takes into account both short- and long-term considerations. In Region 7 CFSA, this may include the development of a concurrent permanency plan, or a transition to independence plan, per the Child, Youth and Family Enhancement Policy of Alberta Children's Services. For example, when a child is apprehended, the caseworker is required to develop a concurrent permanency plan, as follows:

Plan A	Plan B
Reunification plan that outlines the tasks and services required to assist the parents/guardian in making the changes needed to create a safe and secure home for their child and facilitate the return of the child.	Alternative permanency plan developed for the care of the child with an alternative caregiver, preferably other family members. This plan comes into effect should reunification of the child with the guardian not occur in a timely manner.

The benefit of developing a concurrent plan is that the child does not have to wait in a foster care placement while the parent(s) are working on making the changes required before the child can be returned. By involving other family members early in the process, a permanent placement can happen soon after the child is apprehended. Families have also been involved in making permanency plans for high-needs children who have been living in group care for years. In such cases, the primary conference objective is to connect the child to his or her family, culture, and community. Given the creative and often unpredictable nature of this process, a family placement option sometimes emerges and the child is placed upon successful completion of a home study. During private family time, the group becomes self-facilitative and family leadership begins to emerge. The facilitator remains in close proximity to provide support, if needed, in the communication process.

5. Reviewing the Plan

Once the family has reached consensus on a plan, the caseworker is invited back to the conference to review the plan. The plan is approved if it satisfies the protection and permanency planning requirements of the CYFE Policy (Alberta Children's Services, 2005). There may be further negotiation and clarification required to reach an agreement. It is expected that the referring social worker will make a decision regarding approval or disapproval of the plan at the FGC. The majority of plans have been approved by the referring caseworkers since the inception of the program in 2003. Positive outcomes for the child occur even in cases where family members are unable to agree on a plan, or where the caseworker does not approve the plan. Caseworkers often share how helpful it was to meet with the family in a natural setting and to observe family interaction, communication patterns, and the level of emotional connection between the parents and children. This provides the caseworker with helpful information, when required, to make permanency planning recommendations. In cases where the review is complete and the plan has been approved, the facilitator will ask the family to select a family monitor. This person is considered a respected leader within the family. They are responsible for helping the caseworker in monitoring the completion of the planned goals and activities.

6. Conference Closing

Once the plan is reviewed by the caseworker, the facilitator will commence with closing activities. A sharing circle is convened for participants to reflect on how they felt about the FGC process and outcome. Written evaluations are distributed. The closing is done through a prayer, or any other ritual in accordance with the family's religious and spiritual beliefs. Quite often, pictures are taken as a keepsake. Before everyone departs, a follow-up review meeting is set. The purpose of the review meeting is to monitor the completion of goals listed in the plan, make any necessary adjustments, and maintain a sense of joint responsibility with the family. Meeting the planned goals may take from six months to a year. A homecoming celebration often occurs after the child's file is closed.

A vital component in FGC is focussing on the needs of the children, and planning for their future. For this reason, it is important that they attend the conference. This is a significant event in a child's life. Children are encouraged to attend, to share their views, to listen, learn, and be allowed to reconnect with their families. For some, the conference gives them an opportunity to connect with family members who they have never met, or seen in a long time. After one such conference, a teenage girl shared with her caseworker that she now understands why she can't go back to live with her mother. She said she has reservations about going to live with her father, because she doesn't know him, but she is interested in setting up visits at this point. Attending the conference offered her an important learning opportunity, which enabled her to make an informed decision. Early in the referral stage, a support person is identified for the child or youth. This person is responsible before, during, and after the conference for attending to the child's emotional needs and well-being. The presence of the child(ren) at the conference, regardless of their age, is a powerful reminder for family members to put aside their differences, and work together to develop a plan.

FGC—A DECOLONIZATION JOURNEY FOR ABORIGINAL CHILDREN AND FAMILIES

FGC is broader than a permanency planning strategy. It provides a way for Aboriginal families to break the cycle of intergenerational abuse stemming from colonization and residential schools. The critical questions that need to be asked when implementing this model in children's services are: Whose interests are being served? What is the intention? Who owns it? Who will benefit from it? What outcomes are being sought? These questions emerge as a result of judgments people are trying to make when determining whether the authority in question has "pure" intentions, or a hidden agenda. In addition, these questions often arise due to the tremendous distrust Aboriginal people have of Child Intervention Services. Smith (1999) maintained that Western researchers (outsiders) have sought to "extract and claim ownership of Aboriginal ways of our knowing, our imagery, the things we create and produce, and then, simultaneously reject the people who created and developed those ideas and seek to deny them further opportunities to be creators of their own culture and own nations" (p. 1). A review of FGC models practised in Alberta and across North America suggests that there is a lack of articulation regarding Indigenous knowledge. In places where there is a large Aboriginal population, the absence of Indigenous knowledge in the design and delivery of services, like FGC, weakens the foundations of these services considerably.

Thus, FGC is one pathway for Aboriginal families to move forward in their decolonization journey. Understanding and valuing the process of FGC helps those involved to ensure that it is indeed a useful pathway. The following statements by participants illustrate some of the ways that they understood and valued the FGC project.

Objectives of the FGC

> To heal people, to live in peace, kindness to share with each other, and form a functional family.
>
> To build a relationship that is in harmony with others, to grow, learn and change through relationships.
>
> To bring us from harm to harmlessness as best that can be accomplished within that relationship.
>
> To strengthen families. Healthy families are dependent on our tradition of strong healthy women. Our women's power has been negated. FGC allows everybody's voice to be heard once more. Right now the children's voices are not heard that often. FGC puts the balance back into families. That is the way to become self-determined people.

> I see FGC as being a way of affirming the intent and purpose of child welfare services to protect children and keep them with family. Despite families being wounded and in pain, all children want their families to stay together.

Advantages of FGC

> By having family—extended family—come together, we can find creative solutions.
>
> FGC demystifies the issues, and brings the problem out in the open; it opens the door for further help. Some family members in the circle may not even realize what is happening for the child, and will give accountability.
>
> FGC increases accountability and desired changes in behaviour. It is easy to walk away from a relationship with a therapist as there is no relationship lost there, but to face people that you have to live with everyday, it is harder to walk away.
>
> FGC circle is more respectful, since there is no time limit. A therapist is time restricted and a circle is not.

Timing of the FGC

> FGC should happen early in the child protection process. If you haven't been around your parent for awhile it's harder to re-build that relationship. Sometimes, if we can do this earlier, then maybe child protection services don't have to be involved.

Making the Journey on Our Own

FGC is intended to swing the pendulum from professionally-based services, to family and other informal community supports. In doing so, it seems appropriate to make it more "our own," beginning with what it is called. Desmeules (2003) wondered, "Is FGC an appropriate name for Aboriginal communities? Conferencing is a business term; perhaps it should be called a family grounding circle. This is a warm, powerful process that's about family, in a family context" (p. 76). In response, Elder George Brertton of the Saddle Lake First

Nation, suggested "A Sacred Family Circle" be added to the FGC title, which eloquently captures the spirit of this experience for families.

Moving Forward

In an Aboriginal context, the process of empowerment is rooted in how we as individuals are connected to everything around us. It is about restoring relationships, which is a spiritual and emotional journey, rather than a cognitive or behavioural one. Parents engaging in harmful behaviours need to connect or reconnect themselves, with their family and community to understand their pain, and the impact they are having on others. For example, Battiste (2000) talked about colonization and decolonization at the social and spiritual levels. Her perspectives were based on her experiences working with the United Nations on the issue of decolonization or liberation of Indigenous thought. She submits the following:

> One of the most destructive of the shared personal experiences of colonized people around the world is intellectual and spiritual loneliness. From this loneliness comes a lack of self-confidence, a fear of action, and a tendency to believe that the ravages and pain of colonization are somehow deserved. Thus, the victims of colonization begin, in certain cases, to blame themselves for all the pain they have suffered. (p. 7)

She maintained that the antidote is for colonized people to connect with other colonized people who share the same experiences and feelings. For the rehabilitation and healing process to begin, Aboriginal people need to learn about the impact that colonization has had on their lives, their family, and their community, to make sense of things and put things into perspective. This awareness stage represents a first step in offering a decolonization journey, and is incorporated as an option for Aboriginal families referred to FGC in Region 7 CFSA, through the sharing by an Elder, as detailed in the FGC process earlier. These stories by Elders are very well received by Aboriginal and non-Aboriginal family members, foster parents, and caseworkers. People in the circle begin to view the nature of the problem and how to deal with it through a different lens, from a cultural historical perspective. They generate new insight, at a greater level of acceptance and forgiveness.

A Sacred Family Circle, then, is a modification of the more generally understood FGC. This modification for Aboriginal families encompasses the first two stages in the decolonization process offered by Battiste, namely rediscovery/recovery and mourning. Storytelling is the primary methodology and the first step in the healing journey. "The healing journey of individuals often begins when they come face to face with some inescapable consequence of destructive pattern or behaviour in their life or when they finally feel safe enough to tell their story" (Lane, Bopp, Bopp, & Norris, 2002, p. 59). For example, during a family conference, a mother took a courageous step by sharing her story. She explained how the abuse she had experienced growing up in care had affected her ability to take care of herself and her children. Later she said, "I finally felt heard." Sharing her story made her feel validated. It diminished feelings of blame and shame the family felt towards her. They were then able to focus on ways to support her and the children.

A sharing circle is an effective way to help individuals who have spent a significant part of their lives unaware of, or denying, that their pattern of behaviour is harmful to themselves and others around them. In conference settings, family members are able to share with each other the impact of their behaviours in a respectful and honest way. Storytelling allows participants to grieve and to mourn, and offers "a time when people are able to lament their victimization" (Battiste, 2000, p. 54). For example, while observing a family conference, a youth commented, "I didn't think so many people cared about us; I didn't think anyone would come." The mother had passed away a year before, and the boys were living with their stepfather. They had been getting into trouble with the law, using drugs, not attending school, and showed signs of neglect. In his own words, the youth shared his grief over the loss of his father, and his family relations, whom he and his brothers had not seen in over 10 years. Mourning is an essential phase in healing. It provides the family concerned with an opportunity to emotionally process and to release, in order to move forward in one's healing journey. In the example mentioned above, the boys' father, and family too, had travelled from their

First Nation community in Saskatchewan because of the loss they felt and the desire to reconnect with the boys.

Incorporating a sharing circle in the family conferencing process affords participants with a renewed sense of hope. True change is more than a cognitive process. It is a deep emotional process that can be painful. According to Elder Victoria Whalen, who resides in Edmonton, Alberta, and is currently working with incarcerated women on their healing journey, "Intellectualization is a defense coping mechanism" (personal communication). Thus, viewing FGC primarily as a decision-making process has ramifications when trying to restore harmony and strengthen family relations.

With mourning comes forgiveness. "Unless people learn to forgive (not forget), they are still holding onto feelings that hurt them" (Lane et al., 2002, p. 46). In the previous example, the father and family members were able to explain, as best they could, the reasons for their absence, and apologized to the boys. Forgiveness laid the groundwork for the boys to reconcile with their father. They began to understand why they were disconnected, which helped them let go of the pain they were holding onto. The boys ended up returning to the care of their father, an outcome that was not anticipated at the time of referral. The family was then able to move forward into a new way of being, which encompasses the third decolonization phase as cited by Battiste (2000): dreaming and shared vision. The last two decolonization phases are: commitment and action.

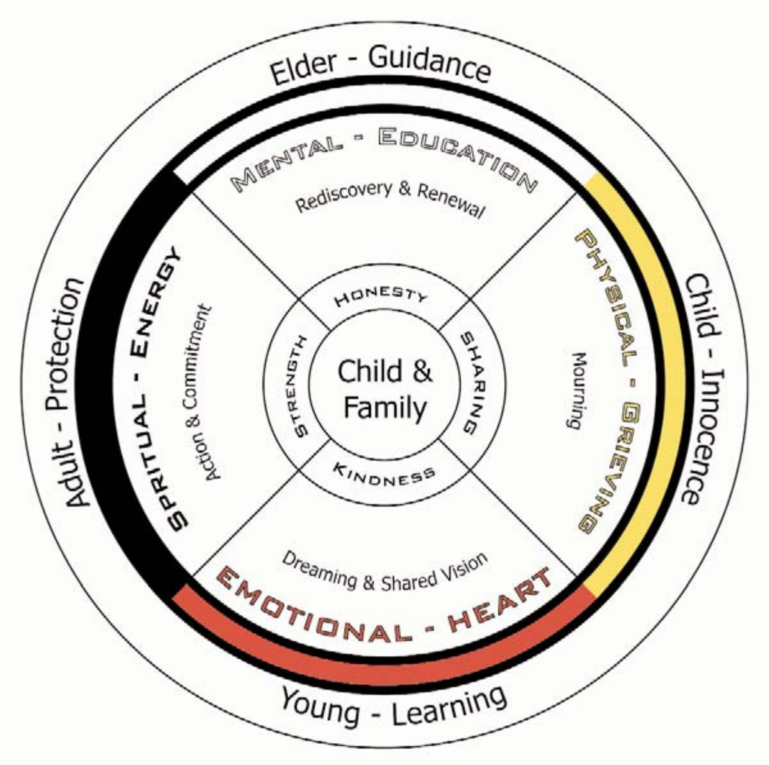
Family conferencing embraces the principle of inclusion and shared leadership through consensus decision-making. It offers a model of service delivery that promotes family empowerment and self-reliance. The family system, once mobilized, is more powerful than professional services. It is the participation process that makes the plan created by the family come alive as a personal reality. Family members will then commit themselves and act on making their shared vision a reality.

FGC offers Aboriginal families a decolonization process. To return to the earlier example, the boys and their family were empowered by the FGC process by being allowed to make decisions for themselves. They were allowed to mourn, to forgive, to regain a renewed sense of hope, and move forward into a new family social order. In other words, they were provided with a healing process by which they could address the internalized oppression caused by ethno-stress. Internalized oppression can be described as a feeling of helplessness, loss of hope or sense of despair, which is often manifested in behaviours that are destructive and harmful to self and others. The boys in this case expressed loss of hope and a sense of despair, in thinking that they had no family who cared about them, which contributed to their destructive behaviours. Family group conferencing provided a means by which to cross old boundaries, and a safe place for the boys to be reconnected with their father and to their First Nation. The person who supervised the care of the boys felt that without the family conference, there would not have been such positive outcomes for them. FGC can break the cycle of maltreatment, by recognizing that true healing comes from within, with the love and support of people who genuinely care.

In the words of Chief Jean-Charles Pietacho and Sylvie Asile, of the Mingan First Nation:

> The process of healing must be based on our traditional spiritual values of respect, pride, dignity, sharing, hospitality, and mutual aid… Self-reliance begins with the individual, then is built by the family, then by the community, and finally, by our relations with other nations. (Indian and Northern Affairs Canada, 2004)

Acknowledging FGC as a capacity-building model, based on traditional spiritual values, will produce positive outcomes for Aboriginal children needing protection services. To illustrate the merging of Aboriginal worldviews with the FGC process, this writer presents Figure 2, which meshes the FGC process with Battiste's (2000) decolonization phases and medicine wheel teachings. This guide depicted in this illustration is offered as a starting point for readers and practitioners working with FGC to conceptualize and further refine how their model can offer a decolonization journey for Aboriginal families. The stages are fluid, cyclical, and interconnected but lead us forward in the decolonization journey.


Elder - Guidance
Child - Innocence
Young - Learning
Adult - Protection
MENTAL - EDUCATION
Rediscovery & Renewal
PHYSICAL - GRIEVING
Mourning
EMOTIONAL - HEART
Dreaming & Shared Vision
SPRITUAL - ENERGY
Action & Commitment
HONESTY
SHARING
KINDNESS
STRENGTH
Child & Family

Note: Outer circle represents four stages of life. Inner circle represents four natural laws.

Figure 2. Decolonization journey guide for Aboriginal families and communities

CONCLUSION

Every day offers new insight regarding the intention of Family Group Conferencing as shared by Elders, social workers, families, and children who participate in the circle. I have come to appreciate the depth of Family Group Conferencing. The process starts by meaningfully engaging family and reinforcing them as the primary decision-maker. From there, it moves into restoring relationships, healing, recovery, a renewed sense of hope, commitment, and action required to implement a sustainable permanency plan. On a larger scale, the role that family conferencing can play in reducing the over-representation of Aboriginal children involved with Child Intervention Services remains to be seen. Though research in this area is only preliminary, there is optimism that FGC can offer a powerful decolonization journey. Partnerships between CIS and the Aboriginal community that work to break the cycle of intergenerational abuse are worthy of future research. Broadening the cultural lens and embracing traditional processes offer new ways for everyone to work together in restoring harmony and balance.

AUTHOR'S NOTES

1. This chapter is a synopsis of my master's thesis, combined with what I have learned from coordinating the Family Group Conferencing program in Region 7, North Central Alberta Child and Family Services (CFSA). Given the impact that colonization and residential school has had on my own life and the lives of my family members, I am committed to understanding the decolonization process. As a social services worker, as a mother, and as a Métis woman, I have been afforded an opportunity to develop a service delivery model to positively impact Aboriginal children and families involved with Child Intervention Services.
2. I would like to extend special thanks to the Aboriginal families, social workers, and Elders who took part in the collaborative research inquiry and development of the Family Group Conferencing program. Special acknowledgement to my parents, Larry and Ann Desmeules, and Elder George Brertton, for their guidance, and to my children Kendra and Cora for showing me the way. My sincerest appreciation to Blue Quills First Nations College, the Ministry of Children's Services, and Native Counselling Services of Alberta, for their generous support.

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CHAPTER 9

On the Matter of Cross-Cultural Aboriginal Adoptions

Kenn Richard

The appropriateness of adoption of Aboriginal children by non-Aboriginal people is an issue that has been hotly debated for many years. Despite court battles on individual cases, human rights tribunals related to class action from both sides, and considerable newspaper and related media attention to the issue, there exists no real consensus on what is in the best interests of Aboriginal children in need of long-term care.

This chapter presents an argument against the adoption of Aboriginal children by non-Aboriginal families. The arguments presented are from the cultural perspective, not the political, and flow not as much from hard research as from practical experience. The major thrust of the argument follows from the cultural issues at play. Aboriginal children are presented within their cultural context with their best interests tied to cultural considerations. These in turn tie to critical developmental milestones, such as identity formation in adolescence. It is observed that far too many Aboriginal to non-Aboriginal adoptions break down, and is concluded that cultural dynamics must play a significant role in this process.

I am informed primarily by my experience in the field of child

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welfare, an experience dating from 1973 that has put me in contact with hundreds of people who sought out or were referred to social services. Admittedly, there may be a significant number of Aboriginal children or youth who have had happy and successful experiences in cross-cultural adoptions with whom I have not come in contact. Still, a great many have not had positive experiences. I am further informed through my work at the University of Toronto, where I have taught cross-cultural social work practice for a number of years. Finally, I am informed by the stories I have heard over the past years, stories that are not always written down, but nevertheless are compelling arguments in support of intra-cultural placements of Aboriginal children.

THE BROADER CONTEXT

With the introduction of the Canada Assistance Plan (CAP) in 1966, significant changes were effected regarding the delivery of child welfare services to Aboriginal and First Nation communities. Prior to this, few resources were dedicated to delivering services on reserves and staff from off-reserve child welfare authorities were generally directed to enter reserve communities in their official capacity only if it were a matter of "life or death."

The CAP resolved issues of jurisdiction and responsibility by allowing provincial governments authority on reserve and by providing federal cost sharing to offset provincial costs. As a result, child welfare authorities became more active within First Nations and children began to be apprehended at rates dramatically disproportionate to the size of the First Nations child population. By 1977, 20% of all children in care across Canada were Aboriginal, and in British Columbia that figure rose to 39% (Kline, 1992).

Trocmé, Knoke, and Blackstock (2004) reported that approximately 40% of children and youth living in out-of-home care in Canada in 2000–2002 were Aboriginal. With the apprehension of Aboriginal children came the issue of state-directed care arrangements. Most were not placed with Aboriginal families, and they were less likely than were non-Aboriginal children to be returned to their families in their home communities. They were also less likely than non-Aboriginal children to be adopted, and more likely to have multiple foster care placements until the state relinquished its responsibility at the child's age of majority (Kline, 1992).

With regard to adoption, the total number of First Nations children adopted by non-Aboriginal families increased five-fold from the early 1960s to the late 1970s. From 1969 to 1979, 78% of all First Nations children who were adopted were taken in by non-Aboriginal families (Fournier & Crey, 1997). Today, the establishment of Aboriginal child welfare authorities and more than 100 First Nations child welfare agencies across Canada have resulted in a paradigm shift toward a growing emphasis on taking culture into account. As a consequence, fewer Aboriginal children are being removed from Aboriginal communities, and more are benefiting from stable community placements. A recent report from the federal Department of Indian Affairs and Northern Development (1997) indicates a progressive drop in the number of placements, from 6.5% in the mid 1970s to just 3.6% in 1995/96. Among many professionals, Aboriginal and non-Aboriginal alike, there is emerging consensus that the shift toward the control of Aboriginal child welfare by Aboriginal communities holds more promise than historical mainstream child welfare practices. Although Aboriginal child welfare is still in the early stages of development, many people believe that Aboriginal children are now better off in the newer, developing Aboriginal controlled systems than they were before.

THE BEST INTERESTS OF THE CHILD

This principle has evolved over time, through policy, social work practice, and the courts, to become the primary consideration in planning for a child. Although the principle seems self-evident and culturally neutral, it is operationalized subjectively through a value, knowledge, and practice base that is decidedly Anglo-European. The notion of the child and his or her best interests, as being separate and distinct from family, community, and culture, is one that has its roots in the individualist orientation of European culture (Hall, 1981). The child is seen as a discrete unit, whose relationships are measured in accordance with the degree to which they are harmful or helpful to the child's good and welfare.

This view stands in contrast to the world-views in tribal societies, including those found in North America. Within the tribal worldview, individuals, while acknowledged and valued, are contextualized within families, communities, and cultures. The best interests of a child are inexorably linked to the best interests of the community and vice versa. As children are seen as the embodiment of their culture, they, as a result, are required to be nurtured within it. Given this symbiotic relationship, the community is, thereby, compelled to do its best in producing well-adjusted and productive adults to further strengthen the collective through the generations. This is not only good for the child, but also necessary for the overall survival of the community of which the child is a part. Here, the notion of rights of any one party is subservient to the notion of responsibility to care for children. The children themselves, because cultural and community survival depend on them, are considered sacred. The idea of the child being considered apart from the child's context simply cannot be fathomed by collectivists.

For the child, the collective not only nurtures but also provides a clear identity and a sense of belonging. Regarding Aboriginal children specifically, but all children generally, this is a critical indicator of successful adjustment in adult life.

Anglo-European ideology, on the other hand, may consider culture and community as a factor, but its fundamental linkages to the child's best interests are often superseded by considerations more compatible with that world-view. Both tribal societies and Anglo-European cultures are concerned with the best interests of the child, but defining best interest and considering factors related to it are clearly culture bound. Given that the child welfare system, its legislation, standards, practices, and processes, were crafted by the Anglo-European settler, it is not surprising that the cultural context of the Aboriginal child bears little weight. What is given the greatest weight is that which conforms to the dominant paradigm. For example, child developmental psychology, as written primarily by those with an individualist orientation and tested with non-Aboriginal children, is given credence over non-scientific beliefs about a child's best interests held within the tribal context. One application of this is that "bonding" and "continuity of care" are often cited by the mainstream courts as key considerations in decisions relating to the child's best interests, as they attend to what is considered important from the individualists' orientation. While bonding and continuity of care are also considered important within the tribal perspective, they are balanced by other considerations related to the cultural context of the child and his or her best interests within it.

The dichotomy identified here is not merely an academic argument. It has had profound effects on judgments related to the best interests of the Aboriginal child. By emphasizing one world view and marginalizing another, the child welfare system has historically missed or discounted critical Aboriginal components in the assessment of Aboriginal children. These components, among other things, help to shift the mindset of the practitioner toward a more inclusive and holistic framework for assessing the best interests of the Aboriginal child. In short, practice is informed by culture. Moreover, child welfare legislation now exists that not only enables culture to be taken into consideration, but also demands that it gets the attention that it arguably deserves.

BONDING AND ITS RELATIONSHIP TO FUTURE SUCCESS

Of significance is that, even when Anglo-European frames of reference are applied to Aboriginal children, they often fail in their efforts at predicting successful outcomes. Bonding, the tie between an individual caregiver and a child that implies an in-depth and deeply attached emotional relationship, has increasingly been a primary consideration guiding both mainstream practitioners and the courts in their efforts to make appropriate decisions in the best interests of a child. This, not surprisingly, is consistent with the individualistic ideology of Anglo-European culture. It is also reinforced by a generic knowledge base informed almost exclusively through the study of non-Aboriginal children and families.

On the surface, this consideration seems valid and appropriate, but the fact remains that an Aboriginal child bonded to her non-Aboriginal caregiver is not—and many case histories will attest to this—necessarily going to maintain the bonded relationship over time. Sometimes, the well-bonded four-year-old becomes the raging adolescent, bent on both personal and familial self-destruction. Although bonding is believed by many to be an accurate predictor of adoption success, we have little information, if any, that this is the case in the context of Aboriginal children being adopted by non-Aboriginal parents. Again, practical experience in the field leads one to conclude that bonding as an accurate predictor of success in adoptions is clearly challenged by reality, at least in reference to Aboriginal children.

Why is bonding between an Aboriginal child and a non-Aboriginal caregiver not a good indicator of success during the adolescent and adult years? The Aboriginal adolescent adopted into a non-Aboriginal family is a child who sometimes faces almost insurmountable challenges on the path toward adulthood. In addition for dealing with the problems associated with adolescence, the child must also attend to facts related to his or her cultural identity, namely, an Aboriginal child adopted into a non-Aboriginal world. This idea is expanded in the paragraph below.

Child development, as articulated by Western theorists, is predicated on the successful completion of various life stages—all leading to the creation of an emotionally intact and functioning adult. One of the most challenging stages occurs in adolescence when a child must resolve all issues related to identity formation. In this stage, a child is compelled to "individuate" or, put more simply, to develop a sense of self separate and apart from the parents. Self-esteem, the ability to trust, a sense of where one is placed in the broader scheme of things, a history that can guide and inform, all are important components of the process.

The developmental goal of adolescence is to separate oneself from parents, but the process is informed by the parents themselves, the environment in which they live, and what the child sees in the mirror. If the information appears contradictory or confused, or is experienced in a negative way by the child, then problems may well emerge that can have serious consequences for both the child and the parents.

Often, the adopted child, whether Aboriginal or not, must deal with what may be viewed as a chronic doubt as to individual worth. No matter how sensitive adoptive parents may be to the issue, the child is often questioning why the birth family let him or her go. Children may feel they did something wrong, or that they were not wanted in the first place. Each child may have doubts based on his or her own interpretation of the facts but many conclude that they were at least partially at fault. When this occurs, the negative impact on self-esteem can be substantial. This presents a challenge that many adolescents do not deal with adequately. When feelings of abandonment felt by many are added, the challenge is greater than many adolescents can handle.

Research suggests that adoptees who appear unmistakably different from their adopted parents are most likely to encounter societal discrimination (Feigelman, 2000). Apart from the obvious differences in appearance, Aboriginal adoptees into non-Aboriginal families are further challenged by their Aboriginal status. They often have little information to help them interpret their present situation and instead rely on messages garnered from their parents, and the broader environment in which they live. Subtle and not so subtle messages will often "inform" Aboriginal adolescents that they are lucky to be out of their birth culture and that the Aboriginal community is not capable in providing good care for children. They rarely see the diversity of Aboriginal life and absorb the stereotyping, often negative, that abounds in North American mainstream society.

Dr. Leo Steiner, former director of the Aboriginal Community Crisis Team at the Toronto East General Hospital, in an affidavit to the Family Court in Toronto in 1990, said the following in a case regarding the importance of role of identity in cross-cultural Aboriginal adoption:

> A child who is conflicted about his identity is severely handicapped. He may have developed a host of functional skills, but he is also subject to a gnawing, chronic self questioning. The child becomes a victim of a self fulfilling prophecy, self sabotaging his own attempts at success for he strongly believes he is doomed to failure. With low self-esteem and a confused sense of self, the child is ill equipped to form healthy and mature relationships with others. He is then more likely to seek short-term pleasures rather than more productive realistic long term goals. Unable to interact meaningfully in adulthood, he often develops a self-centered, impulse pleasing self-destructive life style. (Excerpted from a confidential court document held by Native Child and Family Services, Toronto)

CONTINUITY OF CARE FROM THE ABORIGINAL PERSPECTIVE

Continuity of care is a term that has been considerably used in recent years in making child welfare decisions. The primary assumption when using this term, is that every child benefits from consistency over time in his or her care arrangements. Continuity of care is seen as one important way to promote the positive bond between a child and at least one caregiver. When mainstream social workers consider continuity of care, the focus of analysis is on individual nuclear families, and usually on parents or set of parents. Grandparents and other related caregivers are sometimes factored into the assessment, but only if they have taken an active role in parenting the child. On the whole, though, continuity of care, like the best interests of the child, has been developed, understood, and used exclusively within the Anglo-European cultural context and by those holding an individualist world view.

The traditional Aboriginal family is no family at all in the Anglo-European world-view. Rather, it is in fact a community of people, some related by blood, some tied by clan or other Indigenous social structures, all of whom have responsibility for the good and welfare of the community's children. As such, a child may be cared for by the natural mother, an aunty, and a cousin at different points in the child's life. Such an arrangement is not a problem for the children or for an Aboriginal community that takes a traditional approach. In fact, it is usually seen as desirable, because a child can experience the wider tribal experience—its values, knowledge, and ways of behaving. Thus, what may have been misunderstood and judged by non-Aboriginals as inconsistent parenting, or a disorganized family life, was often simply cultural practice taking its course. A variety of family structures and child-rearing practices around the world illustrates that there are numerous effective ways of organizing child care. Children develop into well-adjusted, happy, and productive adults in most cultures. Such has been the historic experience of Aboriginal people across this country.

When a dominant culture judges another to be flawed simply because family structures and child-rearing practices are different, a colonial mindset results. Such mindsets are almost always racist, and contribute to cultural and personal damage to the less dominant culture.

ABORIGINAL CULTURAL MAINTENANCE IN A NON-ABORIGINAL CONTEXT

Adoptive parents of Aboriginal children inevitably will agree to make efforts towards nurturing the child's cultural self as an Aboriginal person. Although this is well-intended, it is almost impossible to achieve, and may, in fact, exacerbate the problem of identity for Aboriginal children.

Culture is complex, but its method of transmission is quite simple. Put a child within a cultural milieu and an organic process of acculturation occurs. It is through everyday living that the values, beliefs, and culturally prescribed behaviours are learned. Immersion in culture is the vehicle of acculturation. The agents of it are primary relationships in the child's life: parents, relatives, educators, and others. If an Aboriginal child is being raised in a non-Aboriginal environment, he or she will acculturate within its cultural context. I have met full-blooded Aboriginal children who were culturally Dutch, British, and Swiss.

Casual and superficial exposure of an Aboriginal child who has been brought up outside his or her birth culture to Aboriginal life, such as attending a pow wow once a year, can serve to exacerbate identity formation problems. Such exposure may enhance cultural literacy—leaving a few words of the language or skills in certain crafts—but fundamentally, they are estranged from their heritage and may be viewed as tourists in their Aboriginal land. If the child has identity confusion, or is otherwise conflicted, then exposure to Aboriginal culture may trigger chronic anxiety, and all its consequences. Children are reminded of their estranged status and are told, sometimes subtly, sometimes not, that they are not "real Indians." If a child also feels that he or she is not a legitimate part of the adoptive family's cultural heritage, which many Aboriginal children and adolescents do, then the child is in real danger of facing insurmountable barriers to identity formation. As a result, he or she may not feel comfortable in relationships, may alienate, and be alienated from, those who care about the child.

But simply moving Aboriginal children and adolescents back to their home communities is not always easy either. This is illustrated by the comments of one father, after his sons returned to their home reserve after years in adoptive care:

> It was not easy... they showed no respect for their mother, they expected to be looked after, they expected their meals on time, they swore in front of the girls, they talked "man" this and "man" that... They couldn't fit into our life. They are strangers... (Native Child and Family Services of Toronto, Stevenator and Associates and Budgell, 1999)

EXPERIENCE AT NATIVE CHILD AND FAMILY SERVICES OF TORONTO

Toronto, because it is situated in the centre of a large population into which many Aboriginal children were adopted, has experienced first-hand the legacy of decisions made in the best interest of children some 20 years ago. The precise number of adoptions is elusive, but many Aboriginal children from all over Canada were adopted by non-Aboriginal families living in southern Ontario.

Native Child and Family Services of Toronto (NCFST), founded in 1985, provides child welfare related services to the estimated 40,000 Aboriginal people in the Greater Toronto Area. It has a full range of prevention programs, provides treatment and healing services, is a licensed foster care provider, manages the Aboriginal child welfare caseload, and has an extensive program for youth on the street.

Of significance is the number of people served by NCFST who are experiencing adoptive breakdowns. Adoption breakdowns are simply those adoptions where the child leaves the home prior to reaching the age of majority. We have found that, of the approximately 300 women served in our child welfare related services and in our treatment and healing programs, about 200 were not raised by their natural extended families in their home communities. Rather, about 100 were raised by the State in foster care and/or institutions, and about 100 were adopted at an early age and sent far from their home communities. Of the 100 adopted women, at least half left due to adoption breakdown.

It is useful to look at what happened to these women. Typically, after their adoption brokedown, they did not return to their home communities, nor did they establish relationships with their natural families. Some became chronic runaways and gravitated to the streets of large urban cities, such as Toronto. Many finished their adolescence in a series of placements provided by the child welfare system and were simply discharged with little or no follow up on reaching the age of majority (age 16 as defined by the *Ontario's Child and Family Services Act*). All were alienated from both their adoptive family and from their home communities. Many carry significant unhealed trauma that contributes to higher addiction rates and a tendency to enter and stay in abusive relationships. Most got pregnant early and quickly slid into a life of isolation, loneliness, and despair. Almost all are poor and many will lose their own children to the child welfare system in the future.

The irony here is that somewhere, when these mothers were children, a well-intentioned social worker made a decision in a child's best interests that, in reality and over time, led to the replication of the very circumstances that led to their own apprehensions. This time, it is their own children who are at risk, and the cycle is repeated into yet another generation.

The situation is even bleaker for Aboriginal youth on the street. Aboriginal youth are over-represented in the homeless population in seven major cities of Canada, including Toronto. In 1997, Arboleda-Florez and Holley reported that Aboriginal people make up 25% of the homeless population of Toronto, though they make up only 2% of the city's total population.

A profile of the typical Aboriginal youth on the street is that of a young male, often a runaway from an adoptive home, who has been on the street since he was 14 years of age. He will likely have some involvement with the criminal justice system, and will often be cross-addicted to both alcohol and street drugs. He likely carries considerable unhealed trauma related to physical and/or sexual abuse and has probably contemplated, and perhaps attempted, suicide at least once. He is not likely to avail himself of services unless he has no choice, and he is one who rarely follows through on any formulated case plans. He is either "a loner" or is part of group of other Aboriginal youth in similar circumstances and from similar backgrounds. He has little hope for the future, believing that his fate is likely to be jail or, as is sometimes the case, a violent death on the street. Though the Aboriginal youth on the streets share many characteristics with abused street youth in general (Parliamentary Research Branch, 1999), they experience the additional burden of racism associated with their Aboriginal identity.

In our experience, these youth, without assistance, will follow a predictable pattern. Being on the street at an early age, they become, over time, the hard core and hardest to serve of all youth on the street. They are not making use of the conventional services available and are to a large extent, alienated even from conventional street culture. They are highly visible when in an intoxicated state, as they often are, yet at the same time make themselves almost invisible when sober. They tend to exist in this state for years until they either die violently, of lifestyle-related causes, graduate to being adult street people, or are incarcerated, often for petty crimes that are repetitive and thus dealt with harshly by the courts.

Special mention must be made of the deaths of Aboriginal youth on the street. NCFST has lost six youth since we began our youth program. Two have died of AIDS, but four died violently on the street. One died on the streets of Ottawa after being beaten and dowsed with cooking sherry and set on fire by two other Aboriginal street youth. He experienced an adoption breakdown and did well in our program but moved to Ottawa to start anew. Without supports such as those provided by NCFST, he went back to the street and died.

Another young man, again an adopted child, lived an uneventful life in his adoptive placement until he reached 12 years of age. As a child, he and his brother were removed from his family in northern Ontario and adopted by a school principal and his wife in a small southern Ontario community. On reaching adolescence, he and his brother began acting out. They both began skipping school and getting involved in petty theft. Although the family, who by all accounts were loving and caring to these children, tried to understand what had happened to these boys, their behaviour escalated to the point where they began running away for days at a time. They would go to Niagara Falls or Toronto, where they got involved in life on the streets. Alcohol, drugs, and violence became themes in their lives.

Eventually, the older brother killed himself by leaping into the Niagara River just below the famous falls. The boy we knew left his adoptive home soon after, and made his way to Toronto where he became involved in the NCFST youth program. He appeared to be making progress, but he died under suspicious circumstances on the street one year ago. His family and our program staff still mourn his loss.

NCFST has a photograph of four young men, all smiles and good looks at our summer residential camp. All four were adopted into non-Aboriginal homes as young children. Of the four, three are dead and one is still on the streets, addicted to both heroine and alcohol.

CONCLUSION

Aboriginal provisions in child welfare legislation, those that recognize the significance and importance of Aboriginal culture when considering the best interests of the child, are there for good reason. Emerging knowledge and considerable practice experience are providing us with evidence that as much weight must be given to the cultural context of the child as has been given to culturally biased interpretations of bonding or continuity of care.

The lack of research associated with adoption and other issues related to Aboriginal child welfare is truly remarkable. With the advent of devolving mandates to Aboriginal authorities, it seems urgent that we get a sense of the scope of child welfare related problems associated with Aboriginal children. The Aboriginal authorities need not only good research on the nature of the problems, but also an articulation of probable solutions, best practice models of service.

Huge sums of money are currently being spent in court battles where the life courses of vulnerable Aboriginal children are being decided. These are mostly based on incomplete, biased, and subjective information touted as science. A fraction of the dollars spent on lengthy litigation, if routed toward quality research, could serve to get our field beyond the rhetoric and emotionalism that characterizes the current discourse.

Finding consensus is the challenge to all stakeholders. It is a challenge that deserves to be addressed, not for the sake of argument but for the sake of the children affected.

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CHAPTER 10

Aboriginal Children: Maintaining Connections in Adoption

Jeannine Carriere and Sandra Scarth

This chapter examines adoption of Aboriginal children, with a focus on First Nations, and highlights diverse experiences and knowledge involving adoption of Aboriginal children by non-Aboriginal families. It begins with a conversation that led the Adoption Council of Canada to further explore cross-cultural adoption of Aboriginal children. Reports, statistics, and personal accounts of negative experiences have resulted in the adoption of Aboriginal children by non-Aboriginal families as being considered the most intrusive alternative in permanency planning for these children. There are, however, some positive experiences that underline the importance of focussing on the factors that made a difference in these instances. Presentations at a Prairie Child Welfare Consortium symposium by Carolyn Peacock, Roy Walsh, and Jeannine Carriere in 2005 provided some such examples. Also included in this chapter are some highlights of research by Carriere (2005), involving interviews conducted with adult First Nations adoptees and talking circles with First Nations Elders, adoptive parents, and First Nations social workers. Her conclusions and recommendations for the development and delivery of First Nations

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adoption programs, which emerged from this research and discussions with Aboriginal youth, are presented as context for legislative and policy reform from an Aboriginal perspective.

BACKGROUND

In 2004, Kenn Richard, Executive Director of Native Child and Family Services in Toronto, met with Sandra Scarth, President of the Adoption Council of Canada (ACC) to deliberate on the issue of adoption of Aboriginal children by non-Aboriginal families. At this time, two contentious custody battles were underway between First Nations agencies and non-Aboriginal foster parents wishing to adopt their Aboriginal foster children. Richard noted that the cases were being tried "in the courts and in the press" to the detriment of everyone involved, particularly the children. He felt there was a need for all parties to look at their common interest in helping children to have the kind of family and connections they need to grow into caring and successful adults. The ACC had been focussing on the large number of Aboriginal children in the foster care system as one of its highest priority areas. Richard suggested a roundtable at the October 2004 ACC conference to begin this discussion.

The initial conversation at the ACC conference confirmed the vastly different perspectives that needed to be bridged before any common position could be adopted. A number of Aboriginal people and organizations agreed to take part in future discussions. The First Nations Child and Family Caring Society of Canada lent its support to this. The starting point for the ACC was developing a position statement on cross-cultural adoption of Aboriginal children, articulating that all children have a fundamental right to family, identity, and cultural connections. An article in the November 2004 ACC newsletter (Scarth, 2004) set out the commitment of the ACC to continue discussing this issue. This article acknowledged that the ACC did not have the answers, but it did have a series of questions to initiate what might be, for some, difficult conversations. These questions asked: How do we develop sufficient trust, and how do we deal with the reality of colonization and assimilation, and move forward to action? How do we get beyond conflicting ideologies about whether an Aboriginal child should be placed in a non-Aboriginal family and whether, if placed, they should be removed from these homes after they developed attachments to their non-Aboriginal parents?

The process of struggling to answer the questions posed by the ACC began in earnest at a symposium, entitled *Putting a Human Face on Child Welfare*, that was presented by the Prairie Child Welfare Consortium (PCWS) in 2005. Highlights of three presentations are presented below.

Lived Experiences Within a First Nations Agency

Carolyn Peacock (2005) shared her experiences as a child raised in a custom adoption, as a mother and grandmother, and as a professional who developed the open custom adoption program of Yellowhead Tribal Services Agency (YTSA) in 1997. First Nations had their own words, ceremonies, and processes for adoption long before contact with European settlers. Historically, child rearing was a shared responsibility, and children often resided with adults who were not their biological parents (Durst, 1999). Peacock was adopted as an adult by her maternal aunt and uncle through a unique legislative process. The open custom adoption program she developed at YTSA was an alternative to the provincial foster care system. Through this program, First Nations children from the five tribal communities that make up the Yellowhead Tribal Council can be placed in temporary care with extended family or other caregivers who were approved and supported by the agency.

In 1999, with the guidance of Elders and others in the community, the agency decided to try to legalize custom adoptions, while still honouring the traditional ways. After many challenges, and working closely with the Alberta Ministry of Children's Services and the Court of Queen's Bench, the first custom adoption was legally completed in November 2000 (YTSA, 2001). This was the first time in Canada that a Supreme Court judge had visited a reserve to finalize an adoption. Since then, the agency has completed 63 open custom adoptions. Peacock outlined the many challenges posed by custom adoption, including:

- recruiting adoptive families, particularly off-reserve families, without funding support from Indian and Northern

Affairs Canada (INAC) or other sources;
- the vast amount of time required to do this work in a quality manner;
- number of non-Aboriginal families that want to adopt children;
- adoption process bureaucracy;
- keeping adopted children connected with their communities and culture;
- responding quickly to young mothers wanting their babies placed with an Aboriginal family; and
- large numbers children in care, both on- and off-reserve.

According to Peacock, the YTSA first tries to place children with family members, secondly with a family in the community, and thirdly with a family from another First Nation. She described a recent ceremony involving two non-Aboriginal families who had raised their foster children from birth. The birth family, Chief, Council, and community members agreed to adopt both these families to keep the communication open so that the children could stay connected to their community and culture and the families could adopt the children. This unique process of the YTSA open custom adoption program involved the birth family extending itself to the adoptive parents in order to encircle the child in one family.

Sharing Lived Experiences of a Non-Aboriginal Adoptive Parent

Roy Walsh (2005), former executive director of Halton Children's Aid Society in Ontario, shared some of his personal experiences as the adoptive father of 11 children, most of whom are Aboriginal. Walsh spoke about his adopted son, Rick, who had recently died of sudden heart failure at 35 years of age. Rick was the eldest of four siblings, all of whom were adopted by the Walsh family. They were living in three separate foster homes before they came to live with the Walsh family. When he was about 11 years of age, Rick was described by a psychologist as "not a candidate to enter high school, let alone complete it," but Rick proved him wrong. He completed high school, undertook trades training, and got a job at Purolator, where he worked for 10 years. At his wake, his regional manager described Rick as a model employee—kind, hard working, and always willing to help his colleagues and customers. As a token of its respect for Rick, the company put up a plaque with his name on it and gave the Walsh family a cheque for $800 to go to Rick's baby daughter, who was born two weeks before he died.

Although Walsh was modest about what might have encouraged Rick to become a balanced and healthy individual, he described how his family approached Rick's cultural needs. As the children were growing up, the Walsh family tried to keep their children connected with their birth families by encouraging telephone calls and correspondence, and by inviting the families to visit. Initially, the families did not respond but one day, Rick's whole family arrived from Northern Ontario in two carloads. The Walshes had no idea they were coming until they received a telephone call asking the Walsh family to find a hotel where they could stay. The birth family stayed at the Walsh house for the weekend and the grandmother, who was 80 years old, spent time sharing stories with the children. Their uncles told them how much they looked like their father, who had died at a young age of heart failure. At dinner, the Walshes thanked the family for coming and told them it was a joy to give them back their children and that they hoped they had done well by them as their guardians. After that weekend, the children made periodic visits north to see their birth family. During Rick's last visit with his adoptive parents, he showed them the ultrasound picture of his expected baby and said, "Dad and Mom, I'm really happy we were part of this family because it allowed us to achieve, and we can go back and have our family proud of us."

Walsh noted that Rick was the epitome of being connected. He was connected on his own terms with his family of origin, his siblings, adopted brothers and sisters, his parents, friends, clients, and colleagues. Walsh said, "If we are to succeed in this dialogue, it will be with the understanding that parents are not proprietary owners of children. Whether they come to us by birth, by legal sanction, by blended families, or unanticipated circumstances, we are only entrusted with their care for a short time. We are accountable to them for this privilege." It is a statement such as this that can lead the way to develop an adoption policy and practice that allows children to flourish with the full knowledge of who they are and where they come from.

Lived Experiences of an Aboriginal Scholar

Jeannine Carriere made some recommendations for working with First Nations children in care, based on her personal and professional experiences and her recent research. Carriere discussed the connection of her life to her work. As an adoptee herself, Carriere had first-hand experience with the importance of maintaining connections to birth family and community as part of developing and maintaining an overall sense of identity and inclusion in the world. When collecting data for her PhD dissertation entitled *Connectedness and Health for First Nation Adoptees*, Carriere was drawn back to her own adoption experience, which she described as a "personal rationale for conducting the study." Her story is woven throughout this study as "a way of knowing, an epistemological sensitivity, and personal testimony to the importance of knowing who you are and where you come from in the experience of adoption." She further described that, in her own life, there was trauma that she can associate with feelings of disconnection from the rest of the world, based in hidden knowledge and silent grief.

The rationale for her dissertation also stemmed from her practice as a social worker, especially in Alberta, where a policy existed at that time regarding adoption of First Nations children. The Policy Directive in the Adoption of First Nation Children (Alberta Children's Services, 1997) required the consent of the Chief and Council for a First Nations child to be adopted—but in practice this policy was not always followed. The history of First Nations child welfare in Alberta is contextualized in the broader history of colonization, including the "sixties scoop," whereby thousands of First Nation children were removed from their communities and adopted into non-Aboriginal homes. Conducting interviews with adult adoptees for her dissertation, Carriere found identity loss was a major theme.

IDENTITY AND CONNECTEDNESS IN CROSS-CULTURAL ADOPTIONS

Carriere (2005) identified themes around identity and connectedness in the context of cross-cultural Aboriginal adoptions. She found that identity has been discussed as a prevalent issue in cross-cultural and First Nations adoption literature, and that it is important to understand the importance of tribal identity in order to recognize the impact of separation or disconnection from tribal knowledge and connection for First Nations children. Cajete (2000) explained that:

> Relationship is the cornerstone of tribal community, and the nature and expression of community is the foundation of tribal identity. Through community, Indian people come to understand their "personhood" and their connection to the communal soul of their people. (p. 86)

Yeo (2003), stated that "spirituality is the cornerstone of identity" for Aboriginal children (p. 294). In *An Evaluation of the Southern Manitoba First Nation Repatriation Program*, Bennett (2001) interviewed First Nations adoptees who later returned to their birth family and community. A majority of interviewees felt that it was important to know about their ancestral background. One of the most common reasons that First Nations adoptees wanted to be reconnected to family and community was to gain "official recognition of who they are, as an Indian person" (Bennett, 2001, p. 14).

Anderson (2000) illustrated her search for identity as an Aboriginal woman who grew up away from her family and community. She described how she struggled with growing knowledge about Aboriginal people, especially while taking university classes and examining issues from the voice and writings of others. Anderson proposed a theory of identity formation for Aboriginal people that includes four steps:

1. Resisting definitions of being, or rejecting negative stereo types
2. Reclaiming Aboriginal tradition

3. Constructing a positive identity by translating tradition into the contemporary context
4. Acting (e.g., using one's voice) on a new positive identity

Kral discussed the concept of identity in his study of meanings of well-being in Inuit communities. He noted that Aboriginal people have *collective selves*, which "see group membership as central to their identity, whereas individualistic selves are more autonomous from any particular group and may value individualism quite highly" (Kral, 2003, p. 8). The collective worldview values kinship as the foundation of social life. Kral posited that in Inuit communities, kinship connection is viewed as an important way to transmit traditional knowledge. The importance of family and kinship was the most prominent theme across Kral's 90 interviews with Inuit people, who explained that this connection was a determinant of well-being and problem prevention.

Grotevant, Dunbar, Kohler, and Esau (2000) challenged the argument that adoption policies, such as confidentiality and severing ties to the birth family, promote attachment to adoptive parents. They refuted, in particular, the notion that adoptive parents can replace biological parents by erasing all existing pertinent information about the biological parents. The authors concluded that changing policy can challenge this assumption, and that openness in adoption likely will have an impact on a variety of complex adoption issues, including identity formation, which they described as "central to the emerging understanding of adoptive identity" (2000, p. 385). Grotevant et al. (2000) also identified a need for further research in adoption and, in particular, investigation into the diverse social contexts that can influence identity formation.

In summary, the complexity of identity as it relates to adoption and First Nations children is enhanced by various political and legal dynamics. For example, what would be the impact on adoption policy and practice for First Nations children if culture and identity were viewed as protective factors for resilience? Indigenous scholars have proposed that individual identity is inseparable from the collective identity of Aboriginal people (Anderson, 2000; Bennett, 2001; Brendtro, Brokenleg, & Bockern, 1990; Kral, 2003).

Stories Untold

The literature provides some contextual data around the issue of Aboriginal children and adoption. Carriere (2005) wanted to ensure that the voices of First Nations adoptees were heard. In the course of the study, some of the adoptees spoke at length about identity confusion and the need to reconstruct themselves from a continual flow of new information as they met their extended family members.

The methodology used to gather this knowledge was in-depth interviews with 18 First Nations adoptees, who were adopted during the 1960s and 1970s through closed adoption procedures. Talking circles were also utilized to discuss adoption with First Nations Elders, adoptive parents, and Yellowhead Tribal Services Agency staff. Thematic analysis and grounded theory procedures were used to analyse the data. The entire research process was reviewed by, and received guidance from, a First Nations community advisory committee made up of representatives of the five First Nations of the Yellowhead Tribal Council, Elders, and staff from the YTSA's Open Custom Adoption Program. Its role was to provide suggestions regarding the research process, including community protocols and political or cultural matters that informed this study. The committee recommended potential adoptees and key informants for inclusion in this study, and provided feedback on research questions. This feedback was carefully considered in developing the interview guide. The committee also made recommendations regarding the dissemination of research results.

Several cultural practices were observed for receiving permission and spiritual grounding for this study. The researcher participated in ceremonies to ensure that the cultural process was honoured and that the blessings of the Elders were received as crucial elements of the research. One of the major contributions of the 18 adoptees interviewed was their recommendations for changes in adoption policy and practice. The following section reports on the recommendations from the 18 adoptees and key informants, and is supplemented by an analysis from Carriere (2005).

RECOMMENDATIONS FOR THE DEVELOPMENT AND DELIVERY OF FIRST NATIONS ADOPTION PROGRAMS

1. Open and Custom Adoption Programs Across Canada

Throughout the study, both the adoptees and key informants discussed the importance of openness in adoption practices. Open records and open adoption are different concepts. With open records, information can be provided through adoption registries where the adoptee can have access to records at a certain age, provided there is no veto entered by a birth family member. In open adoption, the birth family is usually involved in the adoption. (For additional information on the terminology used in Adoption, please refer to the Adoption Council of Canada Website at http://www.adoption.ca/). When the participants discussed openness, they were referring to complete information about the adoption being shared with the adoptee. The participants perceived that the secrecy associated with adoptions was the biggest barrier to their search for identity, creating undue stress about personal health information and not knowing who their relatives are. They felt that openness in adoption would help remove these barriers.

While some provinces in Canada, including Alberta, boast of having open adoption programs (Child and Family Services Act, 1990; Child, Youth, and Family Enhancement Act, 2000), these programs continue to be developed and implemented under provincial legislation based on mainstream cultural perspectives. These programs might look very different if the First Nations communities had been involved in their development. From a First Nations perspective, open adoption programs must be based on an Indigenous, holistic paradigm that considers the child's physical, mental, emotional, and spiritual development. Although First Nations people believe that maintaining links with the community is critical for the spiritual development of the child, this is flagrantly disregarded by a legal system directed by Euro-centric worldviews. For example, Saskatchewan has a policy, similar to Alberta's Policy Directive in the Adoption of First Nations Children, which prevents First Nations children from being adopted without the consent of the child's First Nation. However, in a recent court hearing involving five First Nations children, a Court of Queen's Bench judge refuted the First Nation agency's claim that it had the authority to "speak for the children" and ruled that there is no constitutional basis or Aboriginal rights related to equality, liberty, and security in this matter (Saskatchewan Court of Queen's Bench, 2004, p. 28). This case is a good example of how easy it is to disregard policies unless they are legislated.

Custom adoption is a traditional extended family value and practice for First Nations and the reality of poverty and the shortage of resources in extended family networks should not be insurmountable barriers. Indian and Northern Affairs Canada should stop patronizing First Nations child and family service agencies (FNCFSAs) by proposing that they develop adoption programs on menial budget allocations. Indigenous literature suggests that custom adoption practices need to be revived in First Nations communities, with adequate financial support (Alberta Ministry of Children's Services, 2000; De Aguayo, 1995; YTSA, 2001).

2. Financial Support for First Nations Adoption Programs

The key informants stressed the need for financial support for First Nations adoptive homes. This need is also supported in the literature on Aboriginal adoptions (Rechner, 2001; Trocmé, Knoke, & Blackstock, 2004).

INAC's financial allocations for adoption must be reviewed by a standing committee on First Nations adoption comprised of FNCFSA directors and representatives from the Assembly of First Nations. The standing committee could make recommendations based on research and statistics comparing the social cost of adoption breakdown with the benefits of financial support to FNCFSA for adoption. In addition, child and family service agencies both on- and off-reserve should offer adoption services in addition to child protection services.

3. Adoption Registries and the Concept of Veto

Some of the participants discussed problems and experiences with adoption registries. The access to registries was described as difficult or unclear, and inconsistent from province to province. The adoptees interviewed suggested that adoption registries should address the enormous demand for First Nation "friendly" adoption registries. This type of registry would clearly identify a child's First Nation ancestry and be expanded to include extended family members. Also, registry staff should receive training in working with First Nations communities to provide the type of counsel required for First Nations adoptees pursuing a search.

The participants suggested that the issue of veto be revised in consultation with First Nations communities. The concept of an individual vetoing the right of another to have information that is pertinent to his or her identity was considered questionable. Such a concept was perceived as stemming from a non-Aboriginal worldview that did not take into account issues of legislated rights accorded to the First Nations persons, or the issue of rights of the collective, as opposed to those of an individual.

4. Adoption Social Work Practice

Key informants suggested that adoption workers need to begin adoption work with a consultation session with the child's First Nation community, through delegated child protection workers or others who represent the interests of the leadership and community. Mirwaldt (2004) discussed the high number of Aboriginal children needing permanent care, and stated that "meaningful case consultation with the Aboriginal community is stressed as being fundamental to good permanency planning practice" (p. 18).

4.1 Relinquishment counselling

The participants recommended that counselling be provided for birth family members to ensure that relinquishing the child truly reflects their personal choice, and the best choice for the child. A study of young mothers involved with the British Columbia child welfare system reports that, "In BC today, as has been true throughout the last century, those who are most likely to lose their children are poor, young, Aboriginal, and come from families that have historical involvement with child welfare" (Rutman, Strega, Callahan, & Dominelli, 2001, p. 6).

In addition, counselling should encourage birth parents to provide as much information as possible about family and medical histories as well as extended family and community of origin.

4.2 Photos

A number of participants said that photos of birth families are precious and that photos of birth parents, siblings, and/or extended family members should be saved for the adoptee, in a resource such as a Life Book. This would be a valuable source of information and comfort, and would facilitate a future reunion for both adoptees and birth families. They described, for example, the importance of "looking like someone." Life Books can take the form of scrapbooks, or other collections of photos and history, which can enhance connectedness for adopted children (Fulcher, 2002).

4.3 Information on birth fathers

Knowledge and information about birth fathers are critical for adoptees because this essentially is the other half of the parental equation (Coles, 2004; Menard, 1997). The importance of having information and knowledge about the birth father was reiterated by the adoptees in the study. It is imperative that birth mothers provide this information to the best of their knowledge and that it becomes part of the relinquishing file documentation. This information can be a legislated requirement, but will require further consideration in light of privacy legislation.

4.4 Registration for Indian Status

Registration for Indian status requires birth parents *and* adoptive parents to ensure that eligible children be registered as Status Indians with INAC. Some participants in this study described some difficulties in being registered. In order to preserve a child's treaty rights as a First Nation person, adoption workers need to be diligent about identifying First Nations children who are placed for adoption.

4.5 Training for adoptive parents and adoption workers

A few of the participants in the study suggested that training might have assisted their adoptive parents in understanding their background and culture. Training for adoptive parents and adoption workers should involve the development of a module that explains the rights of a First Nation child, details historical information, and identifies resources where additional information can be obtained (Society of Special Needs Adoptive Parents, 2003). It was also suggested that a First Nation person should deliver this training in order to provide some necessary context and Aboriginal worldview. Additionally, such training should include a component of culturally competent adoptive care of First Nations children. Some of the adoptees suggested that this training be included as part of the services provided to adoptive parents.

While sharing this information may be difficult in closed adoptions because of stringent confidentiality rules, adoption legislation and policies must address this issue. Adoption workers also need to be trained to be culturally competent in working with Aboriginal children and families. For example, some of the adoptees in this study were not sure about their tribal background, and assumed a tribal ancestry that was inaccurate. This could have been avoided if both the adoption workers and the adoptive parents had been trained in culturally competent adoptive care of First Nations children.

5. Cultural Plans

According to the key informants, cultural plans should be mandatory for First Nations children. These plans contain provisions to maintain contact with the child's First Nation community and culture, and are signed by both the adoptive parents and representatives of the child's First Nation community. Fulcher (2002) also recommends that this practice be mandatory in the adoption of all First Nations children.

6. Repatriation Services

All the participants in the study considered that First Nations agencies need to be supported in repatriation services for adult adoptees. It was suggested that this support should be provided through INAC funding for child and family services. This critical service should be free for adoptees who wish to be reconnected to their First Nations communities.

7. Counselling and Peer Support for Adoptees

The adoptees suggested that, if needed, First Nations adoptees should be provided with therapeutic supports and interventions to assist with issues related to loss and adoption.

Therapeutic supports and interventions can range from Western approaches, such as individual counselling and peer support, to traditional Indigenous methods, such as ceremony and meeting with Elders. These approaches may require additional resources, which should be provided as part of the repatriation services for First Nations on and off reserve.

8. First Nations Community Mentors

First Nations child and family services agencies need to establish a list of community mentors for adoptees who return to their home communities, according to the participants. The names of these individuals can be recorded at the Band Office of the child's First Nation. Mentors could provide family history and other required information to adoptees or assist in making linkages with extended family. Training for mentors should be funded and provided by FNCFSAs, through resources from repatriation budget allocations.

9. Health Information

Adoption files should contain family health history for both birth parents as a mandatory requirement and be provided to the adoptive parents during the adoption process. Adoptees in this study provided examples of how this lack of information affects their lives and the lives of their children.

10. First Nations Adoption Legislation

FNCFSAs and First Nation, provincial, and federal governments should work towards the development of national legislation for First Nations adoption. At the very least, provincial adoption legislation should have clear guidelines and policies around Aboriginal adoption. In Canada today, some jurisdictions remain silent on the issue (Adoption Council of Canada, 2004).

SUMMARY

In summary, the issue of First Nations adoption is eloquently captured in the following:

> For natural parents and for adopted people, it is not forgetting your past and your history that allows you to move forward with your life. Rather, it is acknowledging the past and honouring its impact that makes the present more meaningful and allows you to look to the future with confidence. (Robinson, 2000, p. 57)

The presenters at the PCWC symposium echoed this sentiment while presenting their diverse experiences and views on First Nations adoption. They recognize the importance of sharing their views and stories for how we will collectively "look to the future with confidence."

AUTHORS' NOTES

1. This chapter represents part of an ongoing dialogue between Aboriginal and non-Aboriginal people working in child welfare about the importance of maintaining connections to family and culture for Aboriginal children who have to be cared for away from their birth family and community. The authors wish to acknowledge the significant contributions in

the area of Aboriginal adoption by their PCWC symposium co-presenters: Roy Walsh, Carolyn Peacock, and Deborah Parker-Loewen. The authors hope they captured the spirit of their presentations in this chapter.

2. Some of the adoptees interviewed for Carriere's PhD study were involved with the Manitoba First Nation Repatriation Program. As such, some findings presented here replicate findings from the evaluation of the Southern Manitoba First Nation Repatriation Program.

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CHAPTER 11

Creating Conditions for Good Practice: A Child Welfare Project Sponsored by the Canadian Association of Social Workers

Margot Herbert

Child welfare social workers in all parts of Canada report that good practice is often hampered by impediments within their employment settings, and by their own sense of powerlessness to create change in their work environments. In 2000, the Canadian Association of Social Workers (CASW) launched a project, entitled "Creating Conditions for Good Practice," that was designed to provide front-line social workers in child welfare with the opportunity to comment on both positives and negatives within their own work environments, and to describe what would need to happen in order to optimize their contribution to the well-being of vulnerable children and families. This chapter reports on what CASW learned from this study, and challenges all parts of the profession to use this information to advocate for more effective ways to serve children and families.

Over time, the delivery of services to children and families in

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Canada, and indeed in North America, has seen many changes. The field today includes services to children who are at risk in their own homes, others who are in foster family care, residential treatment centres, secure treatment facilities, and group homes, as well as many who are living in shelters, makeshift arrangements, and on the street. In recent years, the child protection mandate has increasingly included newborns addicted to controlled substances or infected with HIV, children with fetal alcohol spectrum disorder, and young people with mental health problems. In response to increasing numbers of children referred to child protection systems across the country, mandated organizations and their communities are exploring new ways to deliver services to vulnerable children and their families.

Meanwhile, there are many difficulties associated with the role of the child welfare social worker. In many parts of the country, practitioner morale is poor. Caseloads are heavy, there is a shortage of qualified social workers, practitioners are poorly paid, the attrition rate is high, and there is a major image problem in many communities. Child protection work is very often stressful and is sometimes high profile. Social workers who do this work often feel that they are "damned if they do and damned if they don't." Many social workers involved in child protection work feel their role is misunderstood in their communities, and that the organizations that employ them do not provide the supports they need in order to do their work well. A major issue for some practitioners is the perceived discrepancy between the demands of the workplace and their own allegiance to ethical social work practice. As well, many practitioners carry with them the chronic sense of being unable to influence the system that employs them because of the layers of bureaucracy between the client and the child welfare system.

Historically, the literature on organizational problem solving has made the point that employee productiveness and customer satisfaction are directly related to the climate of the employing organization (Brager & Holloway, 1978). Increasing numbers of studies in the human service field suggest that organizational climate (attitudes shared by employees about their work environment) is a primary predictor of positive service outcomes, and a significant predictor of service quality for clients of human service agencies, including children and families in the child welfare system (Glisson & Durick, 1988; Glisson & Hemmelgarn, 1997; O'Reilly, Chatman, & Caldwell, 1991; Sheridan, 1992). These studies have been welcomed by those concerned with effective delivery of services to vulnerable populations, since strategies for improving organizational functioning have rarely been based on a real understanding of how decisions that improve administrative systems may affect client services (Grasso, 1994).

The organizational literature clearly reports that front-line service providers frequently have little confidence that those who plan and administer child welfare services understand front-line work (Herbert & Mould, 1992; Kamerman & Kahn, 1990). The difficulty is that efforts to improve services are often not informed by the experience of those who are actually delivering them to clients. Many organizations have concentrated, for example, on the importance of inter-organizational coordination as a way to improve services to populations at risk. However, it is becoming increasingly clear that what goes on inside the organization is as important as how well it is coordinated with other organizations.

The literature identifies a variety of specific organizational components that support the effective delivery of child welfare services (Brager & Holloway, 1978; Kamerman & Kahn, 1990; Pecora, Whittaker, & Maluccio, 1992; Weissman, Epstein, & Savage, 1983). The following elements of an effective human service system, as outlined by Pecora et al. (1992), reflect the major themes from this literature:

1. Articulating a clear organizational mission and program philosophy;
2. Developing effective organizational designs and service technology;
3. Recruiting, selecting, and training personnel carefully.
4. Professionalizing child welfare staff members;
5. Specifying measurable performance criteria and [social] worker appraisal methods;
6. Providing high quality supervision;
7. Collecting and using program evaluation data, including consumer feedback information; and
8. Addressing organizational and [social] worker liability.

This list is by no means complete. Ongoing education opportunities, for example, have become part of most effective human service organizations. Recognition of good practice within the organization, emphasis on client service, and reduction of unnecessary paper work are others (Kinjerski & Herbert, 2000).

Organizational change frequently creates a climate of uncertainty, particularly when front-line staff members perceive that they have had little or no voice in planning changes being undertaken (Brager & Holloway, 1978; Briar, Hansen, & Harris, 1991; Herbert & Mould, 1992; Weissman et al., 1983). However, the way change occurs is vitally important to its success. Virtually all of the literature on organizational change cites the importance of seeking input and involvement of front-line staff, from the very onset of the planning process when major organizational change is contemplated. To do otherwise is likely to have long-standing negative effects on staff morale, and consequently on the effectiveness of client service.

Many child-serving organizations lack an ideological base and a clearly stated mission that is apparent in the day-to-day work of every person in the organization. Policy is not always measured against its potential effect on vulnerable populations, and success is too often measured by policy compliance instead of client outcome (Trocmé, Nutter, Thompson, Fallon, & MacLaurin, 1999). As well, difficulty in hiring and retaining competent people is related to organizational climates that fail to understand and support good practice.

THE "CREATING CONDITIONS FOR GOOD PRACTICE" PROJECT

The Canadian Association of Social Workers is a national organization that represents more than 18,000 social workers across Canada. Many of the social workers represented by CASW practice directly in the specialized field of child protection; many others work in the broader field of child and family welfare. Over time, CASW has heard from practitioners in all parts of the country that good practice is often hampered by impediments within their employment settings, and by their own sense of powerlessness to create change in their work environments. The CASW Board of Directors became convinced it had a role in providing leadership in the areas of professional support and advocacy, and thus decided to launch the project.

The project was not about child welfare reform. Rather, it was about creating conditions that optimize the contribution of professional social workers to the well-being of vulnerable children and families. The primary focus of the project was to provide a voice for front-line social workers. It is the lived experience of those front-line practitioners that formed the basis for this report, and that will continue to inform CASW's efforts to work toward change.

The data were collected by means of a survey questionnaire, provincial/territorial focus groups, and consultations with front-line social workers. The questionnaire was designed to provide respondents with the opportunity to identify factors in their work settings that are seen as supportive of good practice, as well as those that represent impediments to good practice. They were also asked to identify indicators of good practice and alternate practice methods that would enhance their practice. (Respondents were also asked to identify examples of good practice initiatives from their own jurisdictions. The responses to these were so few in number that they have not been reported.)

Each member of the CASW Board worked with his or her provincial/territorial social work association to identify a social worker, who would be willing to act as a coordinator for the project. These coordinators took responsibility for distributing the questionnaire in their jurisdictions and for encouraging their child protection colleagues to respond. The survey instrument was also published in the *CASW Bulletin*, and posted on the CASW website. Provincial/territorial social work associations provided links to this website and publicized the project in provincial publications. Subsequently, the coordinators also arranged focus group meetings, thus collecting additional data for the project.

LEARNING FROM THE SURVEY

By the established deadline, 1,118 responses were received from 10 provinces and three territories. Of the total responses received, 983 were complete and usable. Respondents were predominantly female, and most were front-line service providers who had worked in child protection for five years or more. The majority of respondents worked in government settings. About two thirds of the respondents had professional social work degrees. Both rural and urban settings were represented.

The first question asked respondents to rate, from a list of factors, those that would encourage good practice. Most frequently identified were the following:

- acknowledgment of challenges/complexities of child welfare work by the employing organization;
- comprehensive, job-specific training by the employing organization for all new staff;
- increased fiscal resources to meet the legislated mandate;
- increased services to meet the needs of children and families;
- ongoing opportunities for professional development provided/enabled by the employing organization;
- reduced caseload size; and
- visible supports for good practice.

Space was provided to identify additional factors; however, the majority of these added comments were reiterations of factors already included in the original list.

Other themes from the survey

Five other themes, each addressed in the subsections that follow, emerged from the survey responses:

- organizational support
- professional training
- role of child welfare social workers
- work with families
- elements of good practice

Organizational support

Emphasis on the need for more resources was not surprising. A similar result might be anticipated if this question were put to any group of employees in the human service field. A more interesting result was that respondents equally emphasized the importance of the employing organizations in acknowledging the complexity of child protection work and providing visible supports for good practice. It is clear that there is much good work being done, but there is a pervasive view that the good work is generally not understood, appreciated, or acknowledged by employing organizations. Some respondents commented that those who direct their work do not have social work education and may not appreciate the difficulty of following the principles of competent and ethical social work practice while satisfying the demands of the workplace.

Respondents all over the country perceived that when a case does not go well, particularly if a child dies or is injured while in care, social workers are often "hung out to dry" by the media and do not feel supported by their employing organization. Several examples were cited of social workers being disciplined or dismissed following such tragedies, when, in the opinion of these respondents, the failure to protect the child was due to systemic inadequacies, rather than personal or professional incompetence. These comments were not directly elicited by the questionnaire, but were made spontaneously, seemingly to emphasize the perceived failure of employing organizations to provide regular, visible, and public support for professional staff members who have taken on difficult and demanding work, and who are trying hard to provide competent service.

Professional training

Comprehensive, job-specific training, provided by the employing organization for all new staff, was identified as another important potential encourager of good practice. Many respondents reported that, as new workers, they were given large caseloads and very little supervision, and reflected that their clients could have been better served had they had the opportunity to learn the specifics of the job from the outset. Experienced social workers often reported that they now spent a lot of time helping new staff members, particularly those with no social work education, who come into the system with little sense of the specific requirements of their particular child protection setting. Interestingly, most respondents did not complain that their basic social work education had failed to prepare them for child protection practice, but rather, that schools and faculties of social work generally devalue the child protection setting as a career choice, which many respondents connected with the current national shortage of trained social workers in the child protection field. An accompanying perception was that child welfare teaching in many schools or faculties of social work is often not informed by the real and current experience of those practitioners who work on the front line. Conversely, the respondents perceived that important child welfare research, emanating from academia, is not easily available to front-line practitioners, for whom the demands of the workplace make it difficult to be regular readers of social work books and journals. Considerable emphasis was placed by respondents on the need for employing organizations to provide ongoing opportunities for professional development.

Role of child welfare social workers

The following description of good practice was drawn from comments of the respondents.

> Good practice in child welfare is about creating the capacity and conditions for positive change within families, so that children can maximize their potential within stable and safe environments. Good practice must be based on strong, personal commitment to serve children and families, and dedication to positive outcomes. Good practice implies the creative use of resources to support each family's plan for their children.

An overarching theme from these respondents was that good practice means meeting the needs of the client instead of those of the organization, when those are not congruent. Many respondents commented that although additional resources are needed, it is the responsibility of professional social workers to be creative in using whatever resources are available. Many spoke of their frustration and disappointment with colleagues who are poor advocates for themselves and for their clients, who seem inordinately fearful of rocking the organizational boat, and who tend to give themselves and their professional status too little credit for having the power to influence.

Many respondents pointed out that national and provincial social work associations have existing advocacy mechanisms that need to be used more effectively. They stated that the personal commitment to serving children and families is strengthened by:

- a work environment that fosters good practice,
- accountability mechanisms,
- adherence to professional practice standards,
- effective use of social work knowledge and skills, and
- social workers who address their own wellness as part of their practice.

Work with families

Respondents repeatedly commented that the means for supporting positive change is based on creating good working relationships with families. Showing honour and respect toward children and families; being responsive and accessible; involving and supporting families, extended families, and communities; mobilizing strengths; and respecting cultural diversity were constant themes in this section of the survey instrument. It was noted, however, that families involved with child protection often lack the resources they need to fulfill the plans they have for their children. The development of permanency plans with families based on their unique needs, and the creative use of existing resources to meet those needs, are essential tools in the achievement of positive outcomes. Advocacy on behalf of vulnerable families was seen as a critical way to secure access to services, as well as a symbol of shared understanding.

Elements of good practice

As respondents considered the elements of good practice, organizational conditions that foster good practice were identified:

- accessible clinical supervision
- adequate, appropriate, and accessible resources
- appropriate workloads
- competent and qualified staff

- flexible and creative service systems
- management decisions based on social work ethics
- positive, supportive, and encouraging work environment
- shared view of child protection that enables everyone to work together

Respondents were also asked to comment on indicators of good practice. The following factors—if they were put in place—were identified as having the potential to support good practice:

- *Accountability*: Outcome measures are in place; interventions have lead to documented, improved circumstances for children and families.
- *Adherence to a professional code of ethics, and standards*: Best practice principles are incorporated into everyday work; all social workers stand up for professional beliefs.
- *Broader professional role understood and supported*: Systemic obstacles are recognized and addressed; agency mandate is balanced with family's goals; teamwork exists among clients, social workers, management, and the broader community.
- *Employee wellness*: Staff is emotionally healthy; there is evidence of balanced life; workplace morale is high, as evidenced by less burnout and low staff turnover.
- *Focus on serving children and families*: The organization understands the importance of relationship as a catalyst for change; the work is done creatively and is focussed on each family's unique needs and best interests; workers routinely join with clients to achieve positive outcomes.
- *Personal and professional development*: The organization as a whole and individual practitioners take responsibility for ensuring that each worker has the skills and ability to do the job; there is interest in ongoing professional education and incorporation of current research into agency practice.
- *Personal and professional satisfaction*: All staff feel that their work is valued by the community; have the sense of a job well done; love the work; have confidence that each child and family is receiving the best possible service.

Factors commonly identified by the respondents as impediments to good practice were also noted. Of these, caseload size was the most frequently reported. Many respondents from across the country wrote that caseload size prevents individualized, relationship - based work with clients. Subsequent focus group discussion clarified that the essential issue is difficulty in having time for relationship-based work, with large caseload size being a major contributing factor. The most significant impediment to social workers' practice was that large caseloads prevented the social workers from getting to know their clients and spending quality time with children and families. Respondents talked about the fact that competent social work practice is relationship-based, and that the inability to work in this way creates ethical dilemmas for many on a daily basis. They were mainly confident that they know how to do the work and that they can make good decisions in the best interests of the children they support, but their employing systems are too often unaware of the value of good, relationship-based practice as a catalyst for change and do not sanction doing the work in this way.

Although the issue of caseload size inhibiting relationship building was certainly the factor identified most frequently, other factors were also seen as major obstacles. The fact that practice decisions are often fiscally driven was experienced as a demoralizing reality by many of these social workers. Employing organizations were seen as more interested in saving money than providing quality service to children and families. Limited resources, both within the agency and in the broader community, were also cited as a chronic impediment to good practice. However, the most consistent message from the practitioners had to do with their ability to get to know children and families, and to use their social work skills to help vulnerable people optimize their life opportunities.

Respondents were asked to name alternate practice methods that would enhance their practice. Examples given were: resiliency models, structural social work, community-based practice, group work, family preservation, and reunification work. Some suggested traditional healing/cultural practice, mediation, and family group conferencing.

LEARNING FROM THE FOCUS GROUPS

In most provinces, focus groups included a mix of managers, front-line staff and supervisors, although, in some provinces, these groups were separated. The participants represented urban and rural community organizations. First Nations social workers were included in many focus groups and, in two provinces, separate focus groups were arranged for First Nations social workers.

In focus group discussions, several impediments to good practice were identified, in addition to those presented in the survey. Of particular significance were:

- Child protection social workers felt very vulnerable. There was a strong fear of liability and lack of confidence in the employing organization's support, should they be involved in a high profile case.
- The timing and ordering of child welfare-specific training often did not contribute to competent practice. In many jurisdictions, this specific training by the employing organization was deemed inadequate, and was available only after a new social worker had been in the system for some time. Most participants expressed strongly the need for very high quality training at the very beginning, regardless of the educational preparation of the new worker.
- In many jurisdictions, focus group participants identified case studies and other costly child welfare projects that had been undertaken at the behest of the employing agency (often in response to a local problem or a tragic event). Although the perception is that many of the ensuing reports contained very good and practical recommendations, there seems to be a common failure to implement these recommendations or to follow through with any suggested modifications to the existing system.
- Lack of opportunity for increased pay and increased status within the system, without advancing to supervisory status, was identified as an impediment. There were suggestions that competent front-line practice should be rewarded and good practitioners encouraged to continue with front-line

practice through incentives such as opportunities for continuing education.

- Lack of expertise of supervisors was a prominent theme. There was a widely held perception that people became supervisors for a variety of reasons that have little to do with their understanding and skill at clinical supervision. Participants expressed frustration with supervisors who are preoccupied with administrative tasks, and as a consequence, are often unavailable to staff. Even experienced practitioners cited the value of case consultation, and stated that they would expect this from a child welfare supervisor. Peer support was valued, but was not perceived to take the place of responsibility for tough decision making, which was seen as an inherent aspect of supervision in child protection.
- Focus group participants echoed the prominent themes from the questionnaire responses. Lack of relationship-based work and continuity of service as a result of workload, vacancies, and high staff turnover were recurring themes. Repeatedly, it was suggested that the greatest deficit in the system was the lack of emphasis on the importance of one-on-one relationships and individualized planning for children.

Overall, the focus group discussions provide evidence that, in many jurisdictions, legal mandates were not being met, client needs were not being met, and social workers were not meeting the ethical requirements of their profession. It was suggested that many social workers engaged in child protection work had lost their sense of pride and ability to do effective and evidence-based social work practice. In particular, a lack of recognition and support had left many social workers feeling victimized, helpless, isolated, and disenchanted. An attitude of apathy coupled with powerlessness prevailed among social workers in many of these groups.

Nevertheless, some remedies to this situation were suggested by the focus group participants. They suggested that the first step to regaining a sense of pride was for social workers to value themselves as professionals, to value the work they do, to take responsibility through their work and professional associations to create a positive image, to advocate on behalf of their clients and profession, and to reclaim their expertise and field of work. Creativity and flexibility were stressed. While chronic resource shortages were a constant challenge, many practitioners seemed able to find ways to deliver good services in the context of these constraints, and were critical of colleagues who succumbed to the challenges of the work, instead of meeting them head-on.

Focus group participants suggested that employing organizations could encourage a sense of pride by creating positive and supportive work environments, promoting a positive public profile, recognizing social workers' competence and expertise publicly and internally, and improving the competence and confidence of social workers through timely and ongoing specific job training, and opportunities for continuing education. They felt that social work associations and schools of social work also have an important role in promoting a positive profile of child protection as a social work specialization, and in recognizing good practice.

Practitioners emphasized that more fiscal resources and increased services would enable a reduction of workload, which in turn would facilitate the use of relationship as a catalyst for change. In the minds of these respondents, this would create additional congruence between social work values and social work practice, so that children and families would be better served, and social workers would feel confident about their practice and resulting outcomes. Participants acknowledged the reality that many social workers had spent their careers responding to crises, and that retraining would be needed if they were faced with the need to do individual work with children and families. Without retraining, some practitioners would inevitably continue with the same crisis-oriented practice.

A strong point was made about the potential for creating conditions for good practice, even within the limits of existing budgets. These included encouraging a sense of pride among social workers through provision of visible supports like a positive work environment and recognition, timely and orderly training, clinical supervision, and prioritization of work. With fixed resources, child protection work should focus on relationship-based work, prevention, and increased work with communities. Part of creating conditions for good practice includes reliance on regular staff. Participants considered that there was too much contracting out to other professionals of work that can be done by social workers.

SUMMARY OF FINDINGS

The project data reflect the lived experiences of social workers in child welfare across the country. Interest in and support for the project has been remarkable. More than 1,000 social workers took time to respond to the questionnaire alone; many more attended focus groups, and still more attended the consultation day, and subsequent presentations of the project in various parts of the country.

The most powerful messages from all the data were that the demands of the work environment overwhelmingly impede the use of relationship as a catalyst for change, and that social workers felt keenly, the lack of visible and public support for good practice. Shortages of resources, poor quality supervision, and large caseloads were also common themes. There was a sense that many of these practitioners feel lonely and isolated, and that there is a pervasive sense of powerlessness and fear. Some child welfare social workers involved with this project recognized that their employing systems are as concerned about the well-being of the children they serve as are the social work staff, but those responsible for these systems are often driven by political and fiscal agendas to create policies and programs that create difficulties for front-line staff. Others suggested that their employing organizations seemed to identify front-line staff as part of the problem rather than as a key to positive change. It is hard to imagine a more destructive or demoralizing state of affairs for those who work in such environments.

The following were the specific themes from the survey data, focus groups, and consultations.

- Across the country, the most frequently identified impediment to good practice was the inability to form meaningful relationships with clients. This was attributed in part to caseload size and staff turnover, and to the employing organizations' lack of understanding of the relationship-based nature of social work and of the importance of spending time with individual children and families. Some respondents spoke of children on their caseload whom they had not seen for months. Others described taking children into care which might have been avoided if the worker had been able to spend more time with the family.

- The most important encourager of good practice was for employing organizations to publicly acknowledge the challenges and complexity of child welfare work, and to take more responsibility for interpreting that role to the public. Social workers in child welfare settings felt very vulnerable to public criticism and public misunderstanding.
- Decisions that affect children's lives were too often driven by fiscal considerations rather than by good practice.
- Resources were often insufficient, both within mandated organizations, and in the community.
- Many social workers were concerned about legal liability, and were unsure about their employing organizations' support if a problem arose.
- The culture of fear could be overcome with competency-based, job specific training, high quality supervision, and mentoring by senior colleagues. Respondents did not describe their social work education as deficient. However, they felt that they require supplementary, on-site job-specific training, which should be mandatory for every social worker new to child welfare work, regardless of educational background. The need for skilled clinical super vision was mentioned repeatedly.
- Recommendations of existing studies needed to be implemented. Respondents from virtually every province identified studies and reviews that had been commissioned in their jurisdictions (often in response to a tragic event) that were comprehensive, accurate, and included excellent recommendations. However, the recommendations of the studies had rarely been implemented.
- More meaningful connections needed to be made between schools of social work and the practice community. Front-line staff tended to repeat the interventions traditionally

used in their agencies, with little knowledge about the efficacy of those interventions. Most were aware that there was good research being done at universities and elsewhere, but the results of that research rarely informed their practice.

- Community agencies and organizations needed to be seen as part of the solution. Social workers must stop thinking that they can, or should be, working in isolation from the communities where they work. Employing organizations need to make genuine connections with the community and other non-mandated organizations. It is interesting to note that on the survey instrument, the most frequently identified alternate practice model was "community-based practice."
- Respondents to the survey instrument communicated a pervasive sense of apathy and powerlessness. Many described ethical dilemmas that they faced every day, but felt powerless to change. Some suggested that their employing organizations seemed unaware of the frequent lack of congruence between the ethical stance of social workers and the demands of the workplace.
- A number of respondents spoke of their own frustration and disappointment at the sad state of morale among their colleagues. These colleagues were described as poor advocates for themselves and their clients, and as being afraid to rock the organizational boat. The respondents perceived that if these colleagues were more confident in their professional identity, and had the tools, they could positively affect the organizational climate.
- Joining and supporting provincial social work associations was seen as a good advocacy strategy. It was suggested that social workers who are afraid to speak out individually should use their provincial associations as advocacy arms. Both the national and provincial/territorial associations needed to encourage such action, and be active advocates on behalf of members.
- There are many positive stories to be told. Social workers in child welfare should take every opportunity to positively

promote the work they do. They need to “walk taller,” be proud of their profession, and stop giving away practice to other professionals.
- Provincial and territorial associations need to engage in social action initiatives in relation to the poverty that is commonly experienced by child welfare service recipients.
- Creating conditions for good practice must be a shared responsibility. Provincial and national social work associations, faculties and schools of social work, organizations that employ social workers, and front-line social workers themselves, must all be part of the solution.

PARTNERING WITH THE NATIONAL YOUTH IN CARE NETWORK

One of the groups identified as an important partner in this project was the National Youth In Care Network (NYICN). CASW met with representatives of NYICN in early 2002 to discuss areas of mutual concern. At that meeting, the CASW team was made aware of “Primer,” a project designed and managed by NYICN. This project (NYICN, 2001) was designed to “teach social workers, those already working and those training to be in the field, how to be more sensitive to young people growing up in care.” The project was based on a survey of 50 young people in care across Canada. These young people were asked to talk about three main issues they feel they face as young people in care. Respondents were also asked to describe an ideal social worker, and to comment on how social workers can work more effectively with youth in care. The CASW team was immediately struck by the fact that the NYICN study provided an additional and valuable perspective on the very questions that the CASW study was attempting to answer.

Social workers in child welfare organizations will not be surprised at what these young people had to say. (Quotations in this section are taken from the *Primer: A Survey of Young People in Care*, NYICN, 2001.) There were major issues around moving ("placement bouncing," as one youth described it). Recommendations were that youth should be consulted regarding placement options, that pre-placement visits should be mandatory; and that social workers need to show consideration and sensitivity to youth who have to be moved. Transition from care after age 18 was another major issue. Assisting with long-term financial planning, connecting with sources of support in the community, and encouraging the development of existing skills were seen as ways to lessen the extreme anxiety felt by most of these young people as they reach the point of leaving care. The public's generally negative and suspicious attitude toward young people who are, or who have been, in care was another issue. These young people suggest that the inclusion of more positive information, such as good qualities and records of achievement, should be standard policy in agency files. Community outreach and education, and opportunities for youth to share feelings of isolation and stigmatization in support groups, were also seen as desirable. Being listened to was a big issue for these young people. They felt that their voices are often not heard; that when they have an issue, "it takes weeks for our worker to call back," that they are often excluded from decisions that affect their lives, and that their individual plan of care is not always reflective of their own wishes and life plan. Many of these young people lived with depression, loneliness, and low self-esteem, and they needed more information about sources of help in the community. They also wished for opportunities to form personal attachments with their social workers in order to "repair damaged trust."

Young people growing up in care were asking social workers to:

- Get smaller caseloads. ("Social workers could take some time to get to know each of us.")
- Listen to youth. ("They should get to know us better—don't just rely on files to tell the story.")
- Don't give up on us. ("They need to be there for us—that's all we need and want.")
- Be better advocates for us. ("Try to improve the system from within—really get on the Minister's back about the budget cuts, and try harder after your supervisor says, ‘No.’")

When asked, "What should a social worker be?" The most common descriptors were:

- attentive,
- available,
- caring,
- flexible,
- knowledgeable,
- real, and
- trustworthy.

Universally these young people said that the social worker should be "someone who cares about me," "someone who is interested in me as an individual person," "someone who I can talk to and see even when I don't have a problem," and "someone who will call me back when I leave a message." One young person said, "When I first went into care, I felt so lonely and the only person I knew was my social worker, so it helps if they call back, even for a two-minute conversation." (National Youth In Care Network, 2001).

It is difficult to escape the impression that the issues raised by this group of young people who have grown up in the care of child welfare systems are analogous to the issues raised by the social workers who responded to the CASW study. Like the young people whom they are mandated to support, social workers in child welfare often feel unappreciated and misunderstood, and not heard by the larger system. Again, like these young people who have grown up in care, social workers feel that they are not understood within the communities in which they live and work. There is a powerful message here. The very people who are most immediately affected by the organizational impediments identified by the respondents to the CASW study are articulating an identical message to that of the social workers who are the targets of their concerns. The impediment to good practice most frequently identified by respondents to the CASW questionnaire was the difficulty in having time for relationship-based work with individual clients. The NYICN report highlights the importance of the relationship between a social worker and a young person in care. "This relationship is crucial to the overall well-being of a young person in care… the social worker is often the biggest constant human support that youth have.”

In face of the complementary findings from these two studies, it is difficult to ignore the importance of relationship as a catalyst for change in the child welfare system.

ACTIONS ARISING FROM THE PROJECT FINDINGS

The Board of CASW examined the data from the project, and initiated a series of solution-focussed actions. Discussions were held with other interested individuals and organizations, including the Child Welfare League of Canada, the Canadian Association of Schools of Social Work, the National Youth In Care Network, provincial and territorial Directors of Child Welfare, and the Chair in Child Protection at Memorial University of Newfoundland. Identified actions included:

- Developing and disseminating a public message regarding the role of social workers in child welfare (see Appendix 1). Member organizations were encouraged to use this message as an advocacy tool.
- Making innovative practice information for front-line workers available on the CASW website.
- Encouraging provincial and territorial associations to sponsor workshops and emphasize child welfare issues at conferences.
- Encouraging provincial social work associations to use the findings of this project as the basis for information-based advocacy within their jurisdictions.
- Establishing of children's issues committees in member organizations, and linking these committees in order to provide CASW with a national view of issues facing social workers in child welfare.
- Initiating discussion with the Canadian Association of Schools of Social Work regarding the need to emphasize child-welfare specific information in the teaching of ethics in schools/faculties of social work.
- Collaborating with the CASW insurer to ensure that

liability workshops focus on social work practice in child welfare settings.

- Inviting social workers in child welfare settings across Canada to submit success stories.

Some of the actions have been put in place. Others will take time to evolve. In some jurisdictions, provincial social work associations have used the findings from the study as the basis for advocacy within their own employment settings. At this point, the effectiveness of this advocacy is difficult to judge. The most visible action has been the establishment of children's issues committees in each province. In many places, these committees meet regularly, and provide a forum for social workers to identify practice difficulties and gaps in service, and to share information about new initiatives. This process should enable information-based advocacy by the provincial social work association. The energy that has gone into this action varies from one jurisdiction to another. A pamphlet has been prepared for public distribution with a view to improving public understanding of the role of social work in child welfare. Stories of successful interventions have been posted on the CASW website, as have additional articles for the information of front-line staff. Recently, CASW was asked to provide a representative to be part of a national panel on CBC Radio, which was convened to discuss high profile child welfare cases. This last event gives some assurance that CASW has achieved a heightened profile in child welfare in Canada.

COMMENTARY

Public child welfare in Canada has never been a perfect human service. However, one can look back at times when being employed in a child welfare setting was viewed by one's colleagues and by the public as an important role, worthy of esteem. That is not the case today and it has not been the case for some time. Profound changes have taken place in public child welfare across this country and beyond. Effects of globalization, increased evidence of political decision making in the human services, renewed emphasis on family responsibility, the philosophy of letting the community provide—all set within an environment of severe cost containment—are important factors contributing to these changes.

There is little community involvement with the children, youth, and families who receive services from the child welfare system and consequently, there is little community awareness as to why parents and children need the intervention of child welfare social workers, or about the work that these social workers do. Experience suggests that the community trusts child welfare professionals to help "needy" children, and to assist families to "get on their feet" so they are able to carry on without government help. This trust is compromised when something occurs that casts doubt on the ability of child welfare professionals to successfully manage these difficult problems. These incidents often involve the media challenging the service system's efficacy, creating anger and criticism in the community, and leaving child welfare staff feeling unfairly judged by a community that doesn't understand its work.

What is particularly discouraging for those of us who have been involved in this work for a long time, is the reality that much is known about creating environments where children will prosper. Social workers in child welfare talk about this endlessly. They know and understand the needs of children and families, they are acutely aware of the effects of poverty and other social ills, and they understand the need for relationship-based practice. For social workers, the realities of political decision-making and fiscal restraint are often discouraging. Why is the political will to make needed changes so hard to muster? Perhaps we have not been strong enough and strategic enough in our advocacy efforts. It is the hope of those involved with this project that the voices of more than 1,000 Canadian social workers will eventually be heard and will lead to changes in their ability to serve vulnerable children and families in a humane and effective way.

There is some cause for optimism. Social workers are aware of what constitutes good practice in child welfare. The data reveal that for the most part, these are social workers who not only understand what good practice is, they also understand very well the needs of vulnerable children and families. In spite of difficult and demanding working conditions, there are social workers everywhere who have found ways to be good advocates for themselves and for their clients, who are proud of their work, and who are impatient with their colleagues for their perceived lack of creativity.

CASW has taken on a powerful and important task. There is much work left to do. Perhaps the most challenging part is yet to come. As the project has evolved, it has become clear that in addition to providing front-line staff with advocacy tools, the social work profession as a whole, including those who teach, research, organize, regulate, and work in child welfare settings, needs to take a hard look at professional associations, organizations that employ social workers, schools of social work, and other professional social work bodies and organizations concerned with the well-being of children. There are multiple targets for change, and multiple potential members of the action plan. Active liaisons need to be encouraged. Change will not happen easily. The profession must be creative and assertive in finding ways to get the message out to where it can be heard, and to strategize about ways to exercise influence, individually and collectively. Like most professional endeavours that are worthwhile, moving ahead will be a challenge. For those who believe that change is always possible, it is a challenge well worth our very best efforts.

AUTHOR'S NOTES

1. This chapter expands upon material that appeared in *Canada's Children* [Herbert, M., & Mould, J. (2002). Canadian Association of Social Workers Child Welfare Project: Creating Conditions for Good Practice. *Canada's Children*, *9*(2), 44-46.] and material that is posted on the CASW website (casw@casw-acts.ca).
2. The author gratefully acknowledges the support of the Canadian Association of Social Workers and all of its members. Special thanks are due to Eugenia Repetur Moreno, Executive Director of CASW, and to John Mould and Ellen Oliver whose terms as president of CASW overlapped with the child welfare project.

APPENDIX 1

CASW Statement on Social Work Practice in Child Welfare

Child welfare is considered a special area of practice within the profession of social work, and the principles and values of the social work profession generally fit with policies that guide modern child welfare organizations. In most jurisdictions in Canada, social workers in child welfare agencies have a minimum of a Bachelor of Social Work degree, and are registered with a provincial body that holds them accountable for competent and ethical practice.

The mandate of child welfare agencies is to work with the community to identify children who are in need of protection, and to decide how best to help and protect those children. A fundamental belief is that government interference in family life should be as minimal as possible, except when parental care is below the community standard and places a child at risk of harm. The major guiding principle is always to act in the best interests of the child.

Social workers in child welfare agencies are involved with the planning and delivery of a variety of services for children and families, such as family support, residential care, advocacy, and adoptions and foster care programs, as well as child protection. The social worker's task is to understand a variety of factors related to the child, the family, and the community and to balance the child's safety and well-being with the rights and needs of a family that may be in need of help. The professional social work judgment involved in these decisions serves children and families well in the great majority of situations, a fact often lost when a case decision becomes the object of intense public and legal scrutiny. As in other professional work, it is difficult never to make a mistake, and most decisions about complex matters involve risks as well as benefits.

The typical referral to a child welfare agency involves a child who is the victim of neglect, not of physical or sexual abuse. Very few children who are known to child welfare agencies are removed from their homes. Social workers in child welfare believe that most children are better served within their own homes, with resources being used to shore up and strengthen families, and removing children from their homes is a measure of last resort. When a child is removed, it is usually for a temporary period with the idea of working intensively with the family so that the child can return home as soon as his or her safety can be assured. Chronic shortages of resources, however, make this work difficult. When a child is removed and the family's situation poses ongoing risks to that child, the court may decide to remove guardianship permanently from the parent or caregiver. Whether the child is removed temporarily or permanently, a home within the extended family is the preferred placement, but it is frequently necessary to place the child in a foster or adoptive home or in residential care.

Public child welfare agencies have evolved as a result of society's belief that all children have the right to stable homes where they are well cared for and are safe from abuse and neglect. But this cannot be solely the concern of government and those who work in human services. The public is not always aware of the lack of resources for children from impoverished homes who so often end up in the child protection system with concomitant poor success rates in school, poor employment opportunities, and a greater than usual chance of becoming involved in the mental health or prison system. It is not always easy to convince the voting and tax-paying public that spending on vulnerable young children and their families can save a huge cost down the road. Children need to be a priority not only for governments, but also for the communities in which they live.

Social work in child welfare settings is frequently stressful. Caseloads are often large and there are chronic shortages of needed resources, both within the child welfare system itself and in community agencies that support it. Sometimes social workers experience differences between the demands of the workplace and their own allegiance to the ethics of the social work profession, largely because the systems that employ them are driven by political and budgetary agendas. Nevertheless, there are many thousands of skilled and ethical professional social workers in Canada who are committed to their work in child welfare agencies and whose efforts have made positive differences in the lives of countless vulnerable children and families (Canadian Association of Social Workers, 2005, p. 12).

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Abstracts

Introduction: Development of the Prairie Child Welfare Consortium and This Book

Sharon McKay

This chapter highlights the development of the Prairie Child Welfare Consortium (PCWC), a relatively new tri-provincial and northern multi-sector network engaging university educators and researchers, government and Aboriginal administrators, policy-makers. and service delivery agents dedicated to advancing and strengthening child welfare education and training, research, policy development, practice, and service delivery in the Prairie provinces and the Northwest Territories. The Consortium is unique in Canada due to its accomplishments across organizational, geographical, political, and cultural boundaries. Partnering with the Centre of Excellence for Child Welfare and with funding from the Public Health Agency of Canada, members of the Consortium have collaborated to prepare this book. This collaboration makes it possible to tell the story of the development of the PCWC and describe a model for collaborative work among sectors integral to child, youth, and family well-being.

Contextual and Cultural Influences on Resilience

Michael Ungar

This chapter explores the concept of resilience as it relates to children under child welfare mandates. The author argues that resilience is an outcome related to the opportunities children find to access the psychological, emotional, relational, and instrumental supports they need to thrive, and that child welfare interventions help to create the conditions for positive development through planned systemic intervention. Three points will be made: first, outcomes associated with resilience are culturally-embedded; second, culture and context determine the nature of the interventions offered to a child in need of protection; and third, children who survive make do with whatever they have available that they perceive useful to sustaining themselves. Thus, children may display hidden resilience, employing survival strategies that are culturally and contextually relevant, but unintelligible to those mandated to care for them.

Identity, Community, Resilience: The Transmission of Values Project

Sharon McKay and Shelley Thomas Prokop

The rapid loss of culture among young Aboriginal people and their families is viewed as a significant factor influencing the rise in child welfare apprehensions, and is a cause for great concern among Indian child and family service agencies. Guided by community representatives and Elders, the project research team of the "Identity, Community, Resilience: The Transmission of Values Project" sought to explore how Aboriginal communities transmit values. This chapter reports on the research methodology and findings regarding the many positive programs and services within the community that contribute to the strengthening of cultural identity through the transmission of values. Policy recommendations are made that would ensure the continuance of positive programs in the community that contribute to the transmission of values and the strengthening of cultural identity, community cohesion, and individual and community resilience.

Reconciliation: Rebuilding the Canadian Child Welfare System to Better Serve Aboriginal Children and Youth

Cindy Blackstock, Ivan Brown, and Marlyn Bennett

Child welfare practice, which has evolved in Canada over the past hundred years, has been based on Euro-centric values and worldviews. These have caused considerable harm to Aboriginal individuals and communities and continue to contribute to outcomes for Aboriginal children that are not encouraging. A conceptual framework for effecting reconciliation between mainstream and Aboriginal child welfare is presented. The framework is composed of four aspects of reconciliation related to each other in a circular fashion, and five principles to guide the way forward. Together these represent "touchstones of hope" for Aboriginal children, youth, and families.

Here Be Dragons! Breaking Down the Iron Cage for Aboriginal Children

Jean Lafrance and Betty Bastien

We are entering what the early explorers described on ancient maps as *terra incognita*, an unknown land. The warning that "here be dragons" often followed. We are suggesting that reconciling Indigenous and Western Knowledge to improve Aboriginal child welfare can lead into uncharted lands that call for uncommon wisdom and guidance. It is also a reminder that while these were unknown lands for the early explorers, this was not true for the original people who served as guides for the newcomers. Perhaps in our search for technical solutions, we have lost sight of the spirit needed to guide us in our search, and we need to turn to our ancient guides once again. This calls upon the best of our collective wisdom. Perhaps the answer lies in finally merging Western knowledge with that of Aboriginal colleagues and Elders and calling upon the lessons of the past to guide us in this journey to slay the dragons that lie in wait.

The Journey of the Métis Settlements Child and Family Services Authority: Serving Alberta's Métis Settlement Children, Youth, and Families

Shane Gauthier and Lillian Parenteau

This chapter provides an overview of the unique journey of the Métis Settlements Child and Family Service Authority in Alberta. It details the creation of the Authority and discusses the unique responsibilities and challenges faced in providing child welfare services to Métis Settlement children, youth, and families. It discusses the supportive role played by the Authority in the community and its joint initiative with the Edmonton Region to reconnect Métis Settlement children to their Settlement families.

Children with Disabilities Involved with the Child Welfare System in Manitoba: Current and Future Challenges

Don Fuchs, Linda Burnside, Shelagh Marchenski, and Andria Mudry

The number of children who are involved with mandated child welfare agencies and have medical, physical, intellectual, and mental health disabilities has increased dramatically in the past decade. Often, these children are involved with the child welfare system due to their high care demands as a result of their disabilities and the inability of communities and services to fully meet the needs of these children and their families. The capacity of the child welfare system to respond to the service needs of this growing number of children has become strained, particularly in light of the unique needs of children with disabilities and their families. Another reason disability is particularly important in child welfare is that this population, already vulnerable because of disability, is very much over-represented in reported child abuse and neglect. This chapter presents much needed data on the growing number of children with a range of disabilities receiving services in both Aboriginal and non-Aboriginal child welfare agencies.

Supporting Aboriginal Children and Youth with Learning and Behavioural Disabilities in the Care of Aboriginal Child Welfare Agencies

Gwen Gosek, Alexandra Wright, and Diane Hiebert-Murphy

This chapter reports on a research project involving First Nations child and family service agencies (FNCFSAs) and communities across Canada. It describes FNCFSA and community experiences with, and perceptions of, service planning and provision for children and youth with learning and/or behavioural disabilities. The project is an initial attempt to explore this topic area and contributes significantly to the literature as it presents data on which little research has previously been published. It contributes to our understanding of the issues and challenges faced by First Nations child welfare agencies and communities in meeting the needs of children with disabilities, and in particular, the needs of children with learning and/or behavioural disabilities. The results highlight the difficulties with defining learning and/or behavioural disabilities, gaps in services, the barriers to meeting the identified needs, and strengths.

A Sacred Family Circle: A Family Group Conferencing Model

Gayle Desmeules

This chapter explores Family Group Conferencing (FGC) as an effective way of working with Aboriginal children and families involved with Child Protection Services. FGC offers a collaborative dispute resolution process, which empowers families to make and implement decisions regarding the care and protection of children experiencing maltreatment, or at risk of abuse. FGC is a circle process, facilitated by a third neutral party and frequently, at the request of the family, an Elder is present. Once a referral is made, a community facilitator begins to meet with the family, the child(ren), extended kin, and members of the community who are interested in the well-being of the family to plan the initial conference. At the conference a permanency plan is developed by the family, whereby the child is reunified with the family or placed with alternative caregivers. The central feature underscoring this model is that it serves to strengthen and re-connect the familial and community relationships that encircle the child. This powerful process engages the family system to take the lead in problem identification and resolution. Key family members then work in partnership with professional services, and also have an option to incorporate traditional cultural and spiritual practices in their efforts to restore balance and harmony, and break the cycle of intergenerational abuse.

On the Matter of Cross-Cultural Aboriginal Adoptions

Kenn Richard

This chapter describes the author's experience and related observations on the appropriateness of adopting Aboriginal children into non-Aboriginal settings. It elaborates the negative impacts of cross-cultural adoptions on children and deconstructs accepted thinking on the issue from an Aboriginal perspective. While concluding that cross-cultural adoptions of Aboriginal children are not typically in their best interests, the author cautions against simplistic thinking and urges further research of a longitudinal nature.

Aboriginal Children: Maintaining Connections in Adoption

Jeannine Carriere and Sandra Scarth

This chapter provides some context on the issue of adoption and Aboriginal children by highlighting conversations, experiences, and knowledge from diverse stakeholders. The authors provide a summary of dialogue and research findings that consider the many complexities of this issue from both an Aboriginal and non-Aboriginal perspective. The contributors to this chapter have multiple roles in this area and have come together to produce a discussion that can hopefully be advanced by others. The chapter exemplifies how Aboriginal adoption needs to be discussed by all those involved including policymakers and advocates, agency directors, academic researchers, adoptees, and their families.

Creating Conditions for Good Practice: A Child Welfare Project Sponsored by the Canadian Association of Social Workers

Margot Herbert

Child welfare social workers in all parts of Canada report that good practice is often hampered by impediments within their employment settings, and by their own sense of powerlessness to create change in their work environments. In 2000, the Canadian Association of Social Workers (CASW) launched a project entitled "Creating Conditions for Good Practice," which was designed to provide front-line social workers in child welfare with the opportunity to comment on both positives and negatives within their own work environments, and to describe what would need to happen in order to optimize their contribution to the well-being of vulnerable children and families. More than 1,000 social workers across the country participated in the project. This paper reports on what CASW learned from this study, and challenges all parts of the profession to use this information to advocate for more effective ways to serve children and families.

Résumés

Introduction : la création du Prairie Child Welfare Consortium et de ce livre

Sharon McKay

Ce chapitre présente le développement du Prairie Child Welfare Consortium (PCWC), un réseau multisectoriel relativement récent composé de professeurs et de chercheurs universitaires, d'administrateurs autochtones et gouvernementaux, de décideurs et de prestateurs de services. Le réseau est consacré à l'avancement et au renforcement de l'éducation, de la formation, de la recherche, de l'élaboration de politiques, de la pratique et de la prestation de services en matière de protection et de bien-être de l'enfance dans les trois provinces des Prairies et les Territoires du Nord-Ouest. Ce regroupement est unique au Canada en raison de ses nombreuses réalisations qui s'étendent au-delà des limites organisationnelles, géographiques, politiques et culturelles. Grâce à un partenariat avec le Centre d'excellence pour la protection et le bien-être des enfants et une subvention accordée par l'Agence de santé publique du Canada, des membres du consortium ont pu collaborer à la préparation de ce livre. Par cette collaboration, il nous est possible de relater l'histoire de la mise sur pied du PCWC et de transmettre des leçons à tirer et un modèle de travail multisectoriel concerté sur le bien-être des enfants, des jeunes et des familles pouvant potentiellement être adapté à d'autres régions du Canada.

Influences contextuelles et culturelles sur la résilience

Michael Ungar

Ce chapitre explore le concept de la résilience chez des enfants pris en charge par les services de protection. L'auteur soutient que la résilience est un résultat associé aux occasions qu'un enfant a de disposer de soutien psychologique, émotionnel, relationnel et instrumental dont il a besoin pour bien se développer. Il fait valoir que les interventions en protection de l'enfance contribuent à mettre en place des conditions propices au développement bienfaisant par une intervention systémique planifiée. Trois arguments sont présentés. Premièrement, les résultats liés à la résilience ont un volet culturel. Deuxièmement, la culture et le contexte déterminent le type d'intervention offert à un enfant nécessitant de la protection. Troisièmement, les enfants qui survivent s'en sortent en s'appuyant sur tout ce qu'ils trouvent pouvant servir à leur survie. Ainsi, les enfants peuvent faire preuve de " résilience cachée " en utilisant des stratégies de survie qui sont pertinentes sur les plans culturel et contextuel, mais incompréhensibles aux yeux des personnes mandatées pour leur fournir des soins. La perception de la résilience cachée d'un enfant comme un trait culturel peut contribuer aux meilleures pratiques des organismes de protection de l'enfance.

Identité, communauté et résilience : le projet Transmission of Values

Sharon McKay et Shelley Thomas Prokop

La perte rapide de patrimoine chez les jeunes autochtones et leurs familles est perçue comme un facteur majeur contribuant à la hausse des prises en charge par les services de protection. De plus, il consiste en un phénomène qui suscite de grandes inquiétudes auprès des organismes autochtones de services aux enfants et aux familles. À l'aide de représentants de la communauté et de sages, l'équipe de recherche d'Identité, communauté et résilience : le projet de transmission des valeurs a voulu explorer comment les collectivités autochtones transmettent leurs valeurs. Ce chapitre présente la méthodologie de recherche et les résultats de plusieurs programmes et services qui contribuent positivement à renforcer l'identité culturelle par la transmission de valeurs. Des recommandations de politique sont formulées pour assurer la continuité des programmes qui contribuent à la transmission de valeurs et au renforcement de l'identité culturelle, à la cohésion collective et à la résilience individuelle et collective.

La réconciliation : reconstruire le système canadien de protection de l'enfance pour mieux prêter main-forte aux enfants et aux jeunes autochtones

Cindy Blackstock, Ivan Brown et Marlyn Bennett

L'intervention en protection de l'enfance, qui a connu une évolution au Canada depuis une centaine d'années, est fondée sur des valeurs et une vision du monde euro-occidentales. Cela a eu pour effet de causer des préjudices considérables à des personnes et à des communautés autochtones et contribue encore à ce jour à des résultats moins que favorables pour les enfants autochtones. Un cadre conceptuel pour réconcilier la protection de l'enfance courante et autochtone est donc présenté. Ce cadre est composé de quatre aspects de la réconciliation liés l'un à l'autre de façon circulaire ainsi que cinq principes conducteurs. Ensemble, ces aspects représentent des " pierres de touche de l'espoir " pour les enfants, les jeunes et les familles autochtones.

Ici résident les dragons! Briser la cage de fer des enfants autochtones

Jean Lafrance et Betty Bastien

Nous entrons en terra incognita, ce que les premiers explorateurs ont décrit sur les anciennes cartes comme étant des terres inconnues. La mise en garde " ici résident les dragons " suivait habituellement cette inscription. Nous suggérons que la réconciliation des savoirs autochtone et occidental pour améliorer la protection des enfants autochtones peut mener à des terres inconnues qui exigent de nous une sagesse et une orientation peu communes. Nous sommes aussi rappelés que même si ces territoires étaient inconnus pour les premiers explorateurs, ce n'était pas le cas pour les premiers peuples qui ont servi de guides à ces nouveaux venus. Il est possible que dans notre recherche de solutions techniques, nous ayons perdu de vue l'esprit requis pour nous guider dans notre quête et que nous devions nous fier à nouveau à nos anciens guides. Cela nous incite à faire appel au meilleur de notre sagesse collective. Finalement, il se peut que la réponse se trouve dans la fusion du savoir occidental avec celui des collègues et des sages autochtones, de même qu'en tirant profit des leçons du passé afin qu'elles nous guident dans cette chasse aux dragons.

Le cheminent de la Métis Settlements Child and Family Services Authority : au service des enfants, des jeunes et des familles des établissements métis de l'Alberta

Shane Gauthier et Lillian Parenteau

Ce chapitre présente un survol du cheminement particulier de la Métis Settlements Child and Family Service Authority de l'Alberta. On y expose en détail la création de la régie ainsi que les responsabilités et défis qui lui sont propres dans la prestation d'aide sociale aux enfants, aux jeunes et aux familles d'établissements métis. On traite également du rôle de soutien joué par la régie au sein de la collectivité, de même que son initiative conjuguée avec la région d'Edmonton pour rétablir les liens entre les enfants des établissements métis et leurs familles.

Les enfants ayant une incapacité pris en charge par les services de protection de l'enfance du Manitoba : enjeux actuels et futurs

Don Fuchs, Linda Burnside, Shelagh Marchenski et Andria Mudry

Le nombre d'enfants pris en charge par des organismes mandatés de protection de l'enfance qui ont une invalidité d'ordre médical, physique, intellectuel et de santé mentale a connu une croissance draconienne au cours de la dernière décennie. Souvent, ces enfants sont pris en charge parce qu'ils nécessitent beaucoup de soins en raison de leur invalidité et parce que les communautés et les services sont incapables de répondre à l'ensemble de leurs besoins et de ceux de leurs familles. La capacité du système de protection de l'enfance de répondre aux besoins de services de ce nombre croissant d'enfants est devenue limitée, particulièrement en raison des besoins propres aux enfants atteints d'une invalidité et à leurs familles. Le thème de l'invalidité est aussi très important en protection de l'enfance parce que cette population est non seulement vulnérable, mais aussi surreprésentée dans les signalements de cas de mauvais traitements mais surtout de négligence. Ce chapitre présente des données fort nécessaires sur le nombre croissant d'enfants atteints de diverses formes d'invalidités recevant des services par des organismes autochtones et non autochtones de protection de l'enfance.

Soutenir les enfants et les jeunes autochtones ayant des problèmes d'apprentissage et de comportements et qui sont pris en charge par les organismes autochtones de protection de l'enfance

Gwen Gosek, Alexandra Wright et Diane Hiebert-Murphy

Ce chapitre présente un projet de recherche sur des collectivités des organismes de service aux enfants et aux familles autochtones des Premières nations de partout au Canada. On y traite des expériences et des perceptions de ces organismes et collectivités au chapitre de la planification et de la prestation de services aux enfants et aux jeunes ayant des troubles d'apprentissage ou de comportement. Cette étude représente une première tentative d'exploration de ce thème. Sa contribution au corpus documentaire est très importante, puisque peu de recherches ont été publiées sur ce sujet. L'étude contribue également à approfondir notre compréhension des problèmes et des défis auxquels doivent faire face les organismes de protection et les collectivités des Premières nations qui cherchent à répondre aux besoins des enfants atteints d'une invalidité, en particulier, ceux vivant avec des troubles d'apprentissage ou de comportement. Les résultats soulignent les difficultés liées à la définition des troubles d'apprentissage ou de comportement, de même que les lacunes de services, les obstacles entravant la satisfaction des besoins et les forces.

Le cercle familial sacré : un modèle de conférences familiales

Gayle Desmeules

Ce chapitre explore l'utilisation des conférences familiales (CF) comme moyen efficace de travailler avec des enfants et des familles autochtones recevant des services de protection de l'enfance. La CF est un processus de résolution de conflits axé sur la collaboration. Ce processus permet aux familles de prendre des décisions et de les mettre en action au sujet du soin et de la protection des enfants actuellement mal traités ou à risque de subir de la violence. La CF est en fait un cercle, facilité par un tiers neutre. Souvent, à la demande de la famille, un sage est également présent. Une fois la demande reçue pour la tenue d'une CF, un facilitateur communautaire commence en rencontrant la famille, l'enfant ou les enfants, la famille élargie et les membres du cercle social de l'enfant qui s'intéressent à son bien-être. L'objectif de cette rencontre est de planifier la conférence initiale. Lors de la conférence, un plan de garde permanente est élaboré par la famille, où l'enfant est soit réuni avec sa famille, soit placé avec d'autres soignants. La caractéristique principale de ce modèle tient au fait qu'il sert à renforcer et à rétablir les liens familiaux et communautaires qui encerclent l'enfant. Ce processus puissant engage la famille à prendre l'initiative au chapitre de l'identification et de la résolution de conflits. Les principaux membres de famille travaillent ensuite en partenariat avec les services professionnels et ils ont l'option d'incorporer sur les plans culturel et spirituel des pratiques traditionnelles à leurs efforts visant à rétablir l'équilibre et l'harmonie ainsi qu'à briser le cycle de la violence générationnelle.

À propos des adoptions autochtones interculturelles

Kenn Richard

Cet article porte sur l'expérience et les observations de l'auteur liées au bien-fondé de l'adoption d'enfants autochtones par des non-Autochtones. L'article présente les répercussions négatives des adoptions interculturelles pour les enfants et remet en question les idées reçues sur cette question à l'aide d'une perspective autochtone. L'auteur conclut en affirmant que les adoptions interculturelles d'enfants autochtones ne sont habituellement pas dans le meilleur intérêt de ceux-ci, mais il met en garde contre les visions simplistes et insiste sur l'importance d'effectuer d'autres recherches de type longitudinal.

Les enfants autochtones : maintenir les liens en contexte d'adoption

Jeannine Carrière et Sandra Scarth

Ce chapitre fournit un certain contexte au thème de l'adoption d'enfants autochtones en présentant des conversations, des expériences et des connaissances de diverses parties prenantes. Les auteures présentent un résumé de dialogues et de résultats de recherche portant sur les complexités de cette question à partir des perspectives autochtone et non autochtone. Les collaborateurs à ce chapitre jouent divers rôles dans ce domaine et ils se sont réunis afin d'entamer une discussion qu'ils souhaitent poursuivie par d'autres. Le chapitre illustre comment il est important que l'adoption fasse l'objet de discussions auprès de toutes les parties prenantes, y compris les décideurs, les défenseurs de droits, les directeurs d'organismes, les chercheurs en milieu universitaire, les personnes adoptées et leurs familles.

Créer les conditions d'une pratique exemplaire : un projet relatif à la protection de l'enfance commandité par l'Association canadienne des travailleuses et travailleurs sociaux

Margot Herbert

Des travailleurs en protection de l'enfance de toutes les régions du Canada affirment que les bonnes pratiques sont souvent entravées par des obstacles en milieu de travail, de même que par leur propre sentiment d'impuissance à apporter des changements à ces milieux. En 2000, l'Association canadienne des travailleuses et travailleurs sociaux (ACTS) a lancé un projet intitulé Créer les conditions d'une pratique exemplaire adressé aux travailleurs sociaux de première ligne œuvrant en protection de l'enfance. L'objectif était de permettre à ces derniers de présenter leurs commentaires sur les aspects positifs et négatifs de leurs milieux de travail et de décrire ce qui doit changer afin d'optimiser leur contribution au bien-être des enfants et des familles vulnérables. Plus de 1000 travailleurs sociaux de partout au pays ont participé au projet. Ce rapport traite de ce que l'ACTS a tiré du projet et incite tous les domaines de la profession de se servir de cette information pour revendiquer des façons plus efficaces de venir en aide aux enfants et aux familles.

Contributors

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Putting a Human Face on Child Welfare: Voices from the Prairies documents important contemporary child welfare issues in Canada. Unique to this book is its focus on Aboriginal children in child welfare, and that the chapters are largely grounded in the experiences of the Prairie Provinces written by prairie authors. The book provides a wealth of knowledge that will prove invaluable to policy makers, practitioners, researchers, and students interested in child welfare all over the country.

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