

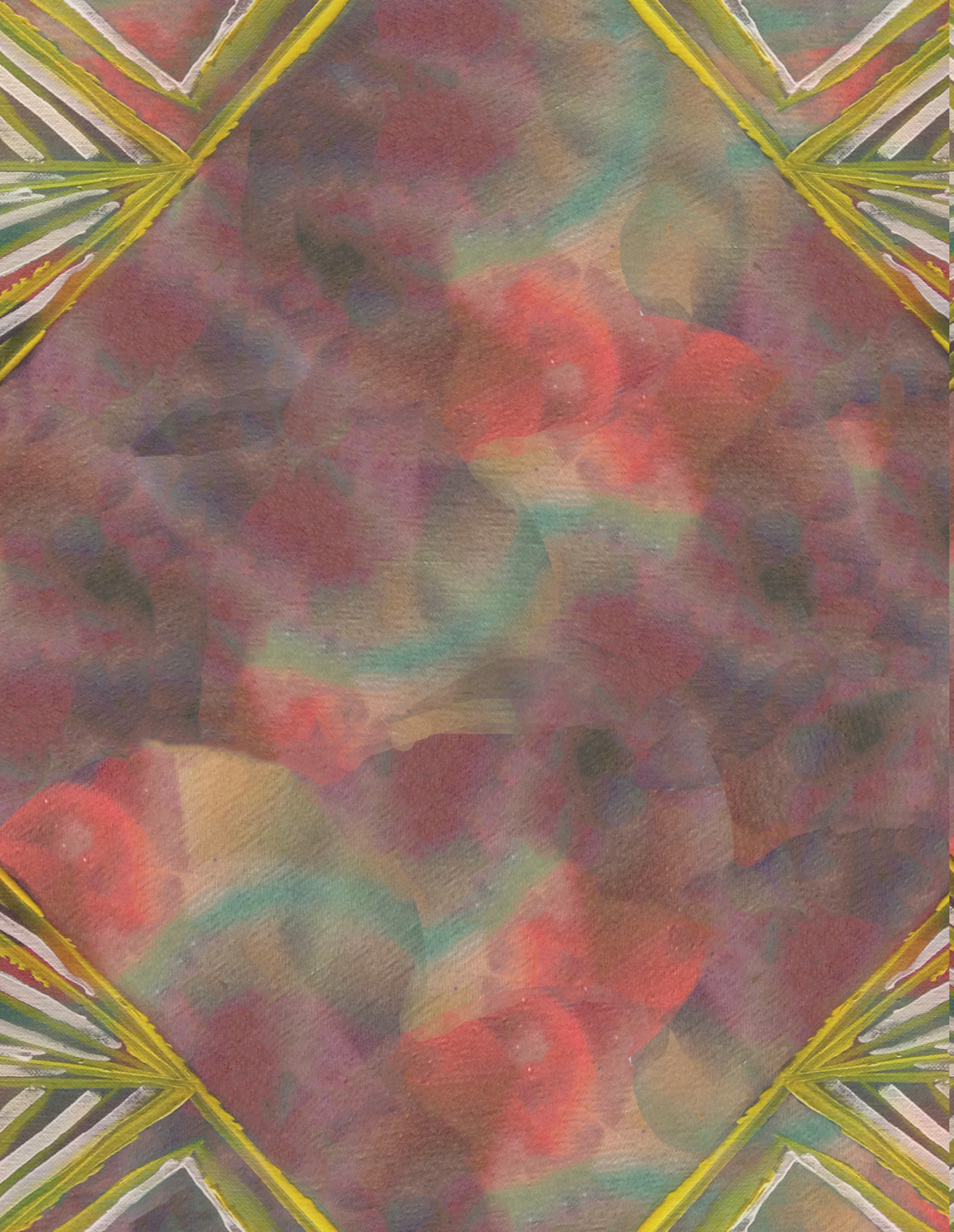
The Other Side of the Door



A Practice Guide for Child Welfare Professionals
Working with First Nations, Inuit and Métis Peoples



Ontario Association of
Children's Aid Societies
The voice of child welfare in Ontario




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Second Edition



**Ontario Association of
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The voice of child welfare in Ontario



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Author's Note to the Reader

Whenever one writes about a specific group of people, and attempts a description of who they are, it becomes by definition an exercise in stereotyping, one dimensionality, and over-simplification. In the case of this guide, certain ideas and concepts can easily be construed this way. In no way can one summarize the multiple historical, cultural and political dynamics defining First Nations, Inuit and Métis (FNIM) peoples and their communities within the narrative that follows. What is provided is an overall orientation to working within the FNIM context. Caution needs to be exercised, lest we confuse ourselves by thinking this is all we need to know and alienate those we seek to better understand.

In order to avoid the worst of this, the reader is encouraged not to take this guide alone as their reference. While we believe that it will be a helpful tool in your work with FNIM families and communities, it cannot act as your sole guidance on this complex and ever-changing subject.

In order to truly achieve movement toward improving outcomes for FNIM children, practitioners will need to engage FNIM people themselves, personally and within their specific communities, in a respectful dialogue of mutual discovery, engagement, and hopefully relationship.

This is the essence of this guide and the reason it was written.

Kenn Richard

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Introduction

In 2012-13, OACAS undertook a review of the Child Welfare Professional series of training curricula, with the purposes of identifying and strengthening training content related to working with First Nations, Inuit and Métis (FNIM) families. Based on the review, the OACAS endeavoured to create a Practice Guide that child welfare professionals would be encouraged to read within one month of employment at a children's aid society.

The objectives of the practice guide are that child welfare professionals will:

- Be sensitized to the history of colonization within child welfare
- Understand the requirements of child welfare practice when working with FNIM families and communities
- Be better prepared to fulfill their unique obligations under the *Child and Family Services Act* (CFSA) with respect to child welfare practice and providing services to FNIM families

While the information presented in this practice guide is intended to steer you toward enhanced and more effective practice, there is no one-size-fits-all approach in serving FNIM families.

For some, reading this guide may represent a first step in a continuing journey of learning about child welfare practice. In order to be a reflective and responsible child welfare practitioner, it is your duty to further your learning by making connections with the FNIM community nearest you.

As of 2011, there are 206 FNIM communities in Ontario (Government of Canada, 2011). Every FNIM community has its own rich history and complex story. In recognition of the fact that FNIM communities are diverse, evolving, and ever-changing, this practice guide contains a broad historical background of interactions between child welfare, FNIM communities and the governments of the day.

You are encouraged to speak directly with the band representatives (for First Nations) and elders to learn more about the local FNIM community's specific history.

The Use of Language in this Guide

The term FNIM is used within this guide to represent First Nations, Inuit and Métis peoples, except in cases where a specific people or group is identified.

While the term "Aboriginal" is often used within Canada to refer to First Nations, Inuit, and Métis peoples, regardless of their geographical location or status, it was felt that this term did not fully reflect the distinct and unique cultures, traditions, and languages of First Nations, Inuit and Métis peoples in Ontario, and Canada, as a whole.

First Nations, Inuit and Métis peoples in Canada have their own terms to describe themselves, based on their own history, community, and culture. It is important, when working with FNIM individuals and communities to use the language preferred by the community.

“Aboriginal” and “Native” are included only where directly quoted from secondary sources, to maintain the accuracy of the quotation.

Source(s)

Government of Canada. (2011). *Ontario First Nations Map*. Retrieved from <https://www.ontario.ca/aboriginal/ontario-first-nations-map>

The Use of Reflection Questions

Throughout this guide you will encounter reflection questions that ask you to consider your experiences, thoughts, feelings, and knowledge. These questions are an opportunity for you to reflect on your own practice, but are also a starting point for meaningful conversations with your peers and leadership during staff or unit meetings.

The purpose of these reflection questions is to:

- Understand and identify your own strengths
- Identify and question any underlying values and beliefs you may have
- Recognize any potential areas of bias or discrimination
- Acknowledge your fears and identify areas for improvement

These reflection points offer an opportunity to contemplate your current practice, things you are learning as you read through this guide, and ways you can be an agent of positive change in the future.



Why this Guide is Needed

“If you have come here to help me, you are wasting your time. But if you have come because your liberation is tied up with mine, then let us work together.”

-Lilla Watson, Aboriginal Australian Activist

There is an historical and current divide between FNIM peoples and the child welfare system, and it impacts each family served. Watson’s words challenge us to reconsider the approach that sees FNIM families and communities as liabilities and a risk to their own children.

In this guide, CAS staff will be asked to reorient themselves, to see the strengths and the possibilities in partnering with FNIM peoples, instead of allowing the historical “us” and “them” divisions to continue. This guide calls for CAS staff to address power imbalances and recognize the inherent rights of all people to care for their own children.

New knowledge from old sources can be of great benefit to child welfare professionals. This guide summarizes the current thinking of many FNIM scholars and practitioners. The perspective of the FNIM experience, as service recipients and as a sector with unique values, knowledge, and practices are also included in this guide. This Indigenous knowledge, both experiential and research based, can help redefine child welfare practice to the benefit of all stakeholders, including CASs themselves.

This guide reviews the historical, cultural, and practical constructs underlying child welfare services. It provides advice to all CAS staff charged with protecting and supporting FNIM children, as well as other staff members, leaders and boards of directors. It is a tool to help shift your own thinking, as well as the thinking and behaviours of CASs, in order to move away from historical oppression and towards future alliances, with the FNIM child at the centre of it all.

What follows is an overview of guiding practices. It’s one thing to be aware, knowledgeable and open-minded; it’s quite another to know what to do and how to do it. While the information presented here is intended to guide you toward enhanced and more effective practice, it cautions that there is no one-size-fits-all approach in serving FNIM families.



What Will Be Achieved?

In reading this guide and incorporating its content into practice, CAS staff will move closer to achieving competence in their work with FNIM families and communities.

In *The Elements of Cultural Competence: Applications with Native American Clients*, scholar Hilary Weaver states that cultural competence involves three specific areas: social work values, knowledge, and methods. She articulates Aboriginal considerations within each of these areas. This guide elaborates on many of these basic principles, which are essential to working with FNIM families. The guide also provides a chance to enhance practice by allowing you to understand the cultural contexts that affect FNIM populations today.

For Weaver, indicators of competence in work with FNIM people are:

Values

- Be motivated by a social justice orientation
- Appreciate the strength of Native culture
- Respect the practice of customary care as a preferred option in caring for Native children

Knowledge

- Be informed by the historical, cultural, and contemporary context of Native families to whom service is provided
- Have specific knowledge of the impact of intergenerational trauma and the Native approach to healing

Methods

- Be able to establish collaborative, mutually satisfying, and goal-oriented relationships with Native clients, so that children are kept safe and nurtured within their cultural context.
- Employ practices that are culturally congruent, strengths-based, and incorporate a “whole of community” approach in addition to individually focused interventions.

(Weaver, 2004)

This guide asks that you consider whether your own beliefs and practices help or hinder your work. It is hoped that this guide will help you start conversations with co-workers and supervisors, and, of course, with FNIM peoples themselves. It’s not exhaustive but it will, as guides do, point you in the right direction. Pointing you in the right direction is one thing, driving you there is another. That, you must do on your own.

Source(s)

Weaver, H. (2004). The Elements of Cultural Competence: Applications with Native American Clients. *Journal of Ethnic and Cultural Diversity in Social Work*, 13 (1), 19 – 35.

The Other Side of the Door

Visiting a home; knocking on a door; meeting a family for the first time; these are routine tasks that are performed by child welfare professionals on a regular basis. Child welfare professionals do not know who is on the other side of that door. We do know that how this initial encounter is handled can dramatically impact the relationship with the family you are about to meet.

Picture yourself in front of that door. What runs through your mind as you anticipate the opening of the door?

Consider how powerful a simple knock can be.

A child welfare professional knocking on the door of a FNIM family's home is not a neutral act; that knock is loaded with history and multiple, sometimes conflicting, feelings. The knock represents the point at which two different lived experiences and worldviews are about to intersect.

Your Side of the Door

You stand on one side of the door, responding to a complaint

What thoughts are running through your head?

Are you aware of the strengths and skills you possess, which may help you work with this family?
Are you aware of any deficits or biases that could negatively impact that interaction?

Are you influenced by any stereotypical beliefs?
What might they be?

With so many unknowns, you may feel anxious about the individuals or situation you may face on the other side of the door.

Is your agency's relationship with the FNIM community generally positive? Does it need work? Are there any particular concerns or considerations within the agency that may affect your relationship with FNIM families and communities? Do you feel that FNIM families are generally under more scrutiny in your agency than others? Less?

When the door opens, are you prepared for the possible responses to your presence on



7th Generation Image Makers / Isaac Weber

the doorstep? Your presence may evoke feelings of fear and distrust because of previous child welfare involvement in the community, which may have resulted in children being apprehended. This fear may manifest for the family as anger or an unwillingness to cooperate. Are you prepared for this? Are you aware of how your presence may affect, positively or negatively, the family that lives on the other side of that door?

Within your role as child welfare professional you carry a great deal of power. Power is an intense dynamic that can profoundly affect relationships. A positive power dynamic, in which both the child welfare professional and the family have a voice, can greatly enhance relationship-building. A negative dynamic, in which the family/community has no voice, can ruin any potential relationship and drive a family away.

Have you considered how the mental image you have constructed of a family may compare with the person who actually opens the door? For some, the person you meet may not seem like a 'real' FNIM person as s/he may not fit with the images that have been constructed in popular media. Not knowing what you will encounter can heighten your anxiety.

Your ability to reflect on your own strengths, skills, deficits, and biases before that door is opened, as well as to build a strategy for effective communication and collaboration with FNIM families, will affect your ability to build a meaningful relationship.

The Other Side of the Door

The FNIM person on the other side of the door knows your knock well, either through personal experience or through the stories that have been told within his/her family and community. S/he too, will likely experience anxiety, or even fear, as a result of that knock, but for very different reasons.

Experience has taught FNIM families that child welfare professionals, as agents of the 'state', hold a lot of power. FNIM families are still influenced by the generations of trauma they have suffered, and will often feel powerless in comparison to you. This feeling of powerlessness may lead to stress, anxiety, and fear, which will affect how they respond when that door is opened. FNIM families have strengths and skills, as well as deficits and biases, which will affect their ability to engage and build a strong interpersonal relationship.

As a result of historical experiences and family trauma, you may be viewed as a threat, not helpful, and full of potential alternative motives. The family may even believe that you are paid per apprehension, a belief that may have been carried through the stories and experiences within their own family and community.

For them, your knock will resonate deeply.

Your words are likely to be interpreted through a filter of fear, because their family is under investigation from an agency who they believe will eventually make their children disappear.

Reflection

Consider how this situation reflects your reality in the investigative stages of the service process.

Think about how your anxieties and those of the family will impact your first conversation.

What are some strategies that you can employ to build a positive relationship from the first interaction with a family?

What do you need to know about that family before you knock on the door?

What are you going to say and do when the door opens?

From Oppression to Alliance

“Social workers need a dynamic and deep understanding of their clients’ unique problems [...] A humanistic moral practice demands more than detached cognitive engagement [...] It requires social workers to be empathetic sharers in human suffering, to be capable of putting themselves in another’s position, and to communicate with compassion. Social workers must view their clients and their selves as whole people with souls, minds and lives that are situated in specific contexts and histories, as both individuals and communal beings. With a holistic and engaged understanding, social workers are more likely to identify with their clients’ predicaments”

(Chu et al., 2009, p. 287).

At its core, social work is a value-based profession that is directed to act according to higher principles of social justice. Social workers are all urged to go beyond agency mandates and to establish relationships with individuals based on collaboration and cooperation, mutuality and trust.

The “colonial period” in child welfare started in the 1940s, after the end of the Second World War, and lasted until 1985. Many believe this was a time when the child welfare field lost sight of their core principles and became agents of state oppression. As this period now recedes, and a new consciousness emerges, we are collectively challenged to find alternative approaches and build new relationships based on respect and understanding.

Considerations for Effective Interventions

The “knock on the door” scenario has played out countless times in every part of Canada wherever child welfare and FNIM families intersect. This initial response to a complaint is significant and pivotal. Failure on the part of CAS staff to engage the family and accurately assess the situation can have serious consequences. We may misinterpret issues as they relate to child safety and well-being. A poor encounter might also set the stage for a series of missed opportunities to work toward problem resolution. This can also result in an apprehension that might have been prevented.

Building on Weaver’s (2004) work, we know that displaying a caring attitude is critical and will be evident to the family the moment contact is made. Knowledge of the historical and contemporary reality confronting FNIM peoples, paired with an understanding of the diversity of FNIM peoples in Ontario, is critical for CAS staff. The abilities to communicate, to listen, and to craft your responses with measures of hope and support are essential.

Elder Herb Nabigon is remembered for saying “before we talk we must listen” and that, “we should look twice before judging once.” These words resonate well with Western notions of mindfulness and reflective practice, two important elements in serving FNIM families. They also denote a display of respect, a critical part of relationship building.

According to Weaver (2004), a child welfare professional’s cultural competence is dependent on the ability to display skill sets that are in tune with generic helping skills. These include:

- consideration of individual and family contexts;
- mutuality;
- establishing cultural safety;
- holistic and integrated case planning;
- familiarization with spiritual and cultural interventions;
- an ability to tolerate ambiguity;
- flexibility in the timing and phasing of the helping process, and;
- a curious and accommodating frame of mind.

Social work and child welfare practice is about building relationships, which is a critical skill in working with FNIM families. It may take some time for trusting and productive relationships to be established.

The Power Dynamic

CAS staff need to develop sensitive use of the power that comes with being an “officer” under the law. Power can be used to alienate and subjugate, and must be used cautiously with the least amount of intrusiveness. Continuous reflection on the use of power while helping a family is one way of ensuring child welfare professionals do not abandon the helping process too quickly by reverting to simple evidence-gathering for an upcoming court date. FNIM peoples speak of the court experience as traumatic in its own right and not conducive to any workable relationship. Indeed, many say it is the end of their capacity to engage in any meaningful work with the CAS.

Source(s)

Chu, W. C.K, Tsui, M., & Ya, M. (2009). Social Work as a Moral and Political Practice. *Social Work*, 52(3), 287 – 298.

Weaver, H. (2004). Elements of Cultural Competence: Applications with Native American Clients. *Journal of Ethnic and Cultural Diversity in Social Work*, 13 (1), 19 – 35.

Reflection

What is your “gut” response when confronted by authority?

Many of us have been spot-checked by police or been selected for a car search when crossing a border. Think about how you felt and how that shaped your experience.

Now imagine how FNIM families must feel when CAS staff come knocking on their door. How might the possibility of child apprehension affect the communication between you and a family?

Visualize a situation where you or a co-worker have encountered a power imbalance. What strategies did you/your co-worker employ to help minimize the potentially negative impact of power imbalances?

Before They Came: FNIM Communities Pre-Contact

The written narrative on the history of North America spends little time or attention on the ethnography of the continent prior to 1491. There are few written descriptors from before contact, and the oral histories are difficult to obtain. Indeed, many of the rich narratives of the past are lost. History is defined by the experiences of those who write it; thus, the written narrative of the European colonizer pays little reference to the Aboriginal experience before they came.

Aside from archaeological evidence, much of what is known today about Indigenous culture is obtained from what is left of oral traditions that were interrupted and compromised by the process of colonization. North America was a highly diverse and complex continent, with multiple cultural realities occurring simultaneously. The diversity of human experiences in the Americas prior to contact was incredible. The whalers of the north west had a very different life than the so-called mound builders (whose capital rivalled London in size) of the Tennessee Valley. Neither of these lived like the hunters north of the great lakes, or like the great Pueblo peoples of the south west who created skylines enviable to condo dwellers today.



Photo: U.S. National Archives (ARC no. 535753)

The Inuit of the far north, whose relations stretched around the top of the world (Alaska, Russia, and Greenland), and who survived in an environment more akin to Mars than southern Ontario, lived as small closely knit families in well-organized camps. The Inuit were perhaps the greatest hunters, as a single Inuk hunter could bring down a 3.5 meter polar bear with just a bone-tipped spear (Chansonneuve, 2005).

There were no Métis peoples pre-contact, as the Métis nation emerged through the process of Canadian colonization itself (Chansonneuve, 2005).

Before contact, more than 400 languages were spoken across North America, with a population that was estimated to be at least 10 million. Relations between FNIM peoples pre-contact ranged from peace to war, cooperation to competition. The diversity of FNIM communities of North America also meant that they had multiple ways of organizing, stratifying, and categorizing themselves.

Prior to the colonial period, FNIM communities cared for their children in ways that were consistent with their cultural practices, spiritual beliefs, laws, and traditions. While there was a wide diversity of cultures, there were also common values and traditions. FNIM communities were generally organized collectively, placing a strong emphasis on extended families and clans in the case of First Nations. They shared a worldview that

valued children as critical in their survival. Parenting was a community responsibility; to this day, in many communities, all adults are aunts or uncles to the children living within the community.

While the colonial period fractured this system of care, it survived. Many First Nations communities express traditional care practices in the modern notion of customary care and its capacity to provide better outcomes for children involved (MCYS, 2013).

Source(s)

Chansonneuve, D. (2005). *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People, a resource manual*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved from <http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf>

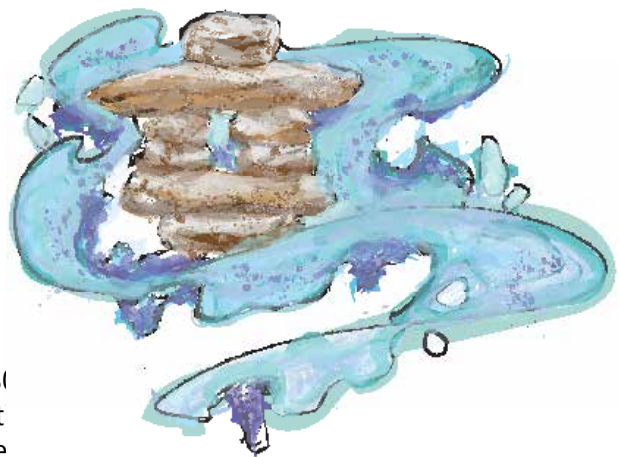
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FNIM Community Diversity in Ontario

There were and continue to be large differences between the cultural, social, and spiritual dimensions of the FNIM communities of Ontario. The Anishinaabeg (Ojibwa, Pottawatomi, Chippewas, Odawa, Algonquin, Mississauga) and Mushkego (Cree) peoples were primarily hunters who walked softly and followed their game, dominating the human landscape north of the French River and Great Lakes. The People of the Longhouse (Iroquois Confederacy: Mohawk, Oneida, Onondaga, Seneca, Cayuga, and Tuscarora), and, before the 18th century, the Wendat (Huron) established farming communities to the south west and east and based their agriculture on their “three sisters”: corn, beans, and squash.



7th Generation Image Makers / Isaac Weber

These complex societies are as different historically and culturally as the Franks and Saxons; or, in more modern terminology, France and England. The diversity of FNIM peoples, their cultures, languages, and traditions, continues to be evident. However, FNIM communities in Ontario share similar community values and worldviews. There are generic child welfare practices that are relevant and applicable to FNIM communities across the province. You will find these elaborated in further detail later in this guide, under the Foundations of Practice and Cornerstones of Practice headings.

The Inuit are recent arrivals to Ontario, coming south most often due to government intervention or the need for medical and related services. Many are clustered in the Ottawa region, with some settling in Thunder Bay. According to Aboriginal Legal Services of Toronto, there are also a number of Inuit children placed in care in southern Ontario who they believe are not being recognised and supported within their cultural context (Personal Communication, J. Rudin, ALST).

The Evolution of FNIM and European Relations

“It’s not that we live in the past, it’s that the past lives in us”.

Drew Hayden Taylor (Now Magazine, 2013)

The colonial history of Canada traces the destruction of FNIM peoples through wars, disease, the encroachment of European settlers on Indigenous lands, and persistent efforts toward FNIM assimilation. Despite this, and in testimony to the resilience of FNIM peoples, many FNIM communities endured, and some thrived.

The relationship between Europeans and First Nations was initially characterized as nation to nation, with cautious co-operation, not conflict, the dominant theme. For the most part, both viewed the other as separate, distinct, and independent communities. Each nation was in charge of its own affairs and could negotiate its own military alliances, its own trade agreements, and the deals that suited its best interests.

The relationships became more complex and formalized through the treaty-making process, which involved the creation of legal agreements negotiated between First Nations and European settlers - there were no treaties established between European settlers and the Inuit or the Métis. These early treaties between First Nations and European settlers established trading relationships, military alliances, and other economic exchanges. Treaties became tools that the colonial powers employed in an attempt to recognize nationhood, yet at the same time exploit the land and its resources as if they were their own. The contradictions built into this system are still alive today.



Photo Library and Archives Canada (ACC. No. 1988-250-25)

The *Royal Proclamation of 1763* is perhaps the most defining document in the relationship between FNIM and non-FNIM peoples in Canada. A complex legal document, the *Proclamation* summarized the rules that were to govern British dealings with FNIM communities.

The Proclamation stated that FNIM peoples were not to be “molested or disturbed” on their lands, and that transactions involving FNIM lands were to be negotiated between the Crown and First Nations (Bingham, 1911, p. 215). While it was a progressive document in its day, the Proclamation also introduced the concept of “protection” of FNIM peoples. This established a notion of ownership by the Crown over FNIM peoples which reverberated through history and manifested itself in the residential school system and child welfare practices of the future.

The Inuit did not come into significant contact with Europeans until 150 years later. The resource potential of the Arctic, the quest for increasing Canadian control of the region, and the need for NATO defence stations thrust Inuit into a reality of forced relocations from ancestral areas to centralized, government-created settlements. These actions often proved disastrous, with many communities torn apart by violence and drugs; stark reminders of the impact of this paternalistic and oppressive approach (Chansonneuve, 2005).

Source(s)

Chansonneuve, D. (2005). *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People, a resource manual*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved from <http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf>

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The Move to Domination

In the 1800s, the relationship between FNIM and non-FNIM peoples began to shift. The European population in Canada increased dramatically; by 1812, immigrants outnumbered FNIM peoples 10 to one. The fur trade was dying, and as the war finished FNIM allies were no longer important. In Europe, a doctrine of racial superiority emerged that underscored and rationalized the coming oppression of FNIM peoples.

Over time the passing of successive laws, including the *British North America Act*, the *Constitution Act*, and the *Indian Act*, increasingly marginalized, restricted, and created dependence of FNIM peoples on the government and its institutions. The passing of these laws allowed the European colonialists to systematically strip FNIM communities of the supports required to keep their nations functioning: land, an economic base (typically natural resources), political systems, and languages. The lack of traditional supports accelerated European domination, politically, culturally, and economically.

Of interest to child welfare is the establishment of residential schools across the country. Many see this development as ground zero for a failed and brutal process of assimilation that stretches over generations and into the FNIM child welfare caseloads of today (TRC, 2012).

The assimilation approach can be summed up as follows:

Our Indian legislation generally rests on the principle that the aboriginies are to be kept in a condition of tutelage and treated as wards or children of the state [...] It is clearly our wisdom and our duty, through education and other means, to prepare [them] for a higher civilization by encouraging [them] to assume the privileges and responsibilities of full citizenship (Government of Canada, 1876, p. xiv).

The residential school system aimed to devalue FNIM cultural heritage and language, and assimilate FNIM peoples into the mainstream culture. This assimilation process effectively undermined the foundations of FNIM nationhood. As the language of the legislation demonstrates, the destruction of FNIM culture was thoroughly systematic and based on a European worldview of racial superiority. At the time, Europeans strongly believed that their culture and values were more civilized than those of FNIM peoples.

Declared in 1867, the confederation of Canada was a new partnership between English and French colonists to manage lands and resources north of the 49th parallel. The *British North America Act* of 1867, however, was negotiated without reference to First Nations, the first partners of both the French and the English. Indeed, Canada's first Prime Minister, John A. Macdonald, announced his policy on relations with First Nations peoples quite succinctly by stating that it would be his government's goal to "do away with the tribal system, and assimilate the Indian people in all respects with the inhabitants of the Dominion" (Canada, Parliament, 1887, p. 37).

Section 91(24) of the *British North America Act*, 1867, made "Indians, and Lands reserved for the Indians" the jurisdiction of the federal government, like mines or roads. In 1876, parliament passed the *Indian Act*, which defined who was an 'Indian', and the specific rights and abilities granted to 'Indian' persons. The *Indian Act* essentially defined First Nations peoples as legally different from everyone else who lived in Canada. The act was founded on a mindset which placed Europeans at the top of a chain of human culture, categorized First Nations peoples as inferior, and granted the Crown the right to educate them and act as their guardian.

The *Indian Act* was regularly revised to protect colonial interests. The act was amended to control multiple, and even trivial, aspects of daily life for First Nations communities. The *Indian Act* prohibited alcohol and restricted the ability of First Nations peoples to congregate as a group or meet in certain locations. Essentially, the *Indian Act* served to solidify the position of First Nations peoples as wards of the state. Up until 1960, the *Indian Act* even restricted the right of status Indians to vote.

The *Indian Act* also put in place Indian agents, who were given the power to control almost every aspect of First Nations peoples' lives. The job of the Indian agent, who was typically Euro-Canadian, was to "implement federal policy, enforce the *Indian Act*, and manage First Nations communities" (Brownlie, 2003, pg. x). Their duties included, but were not limited to: recording of property; holding band elections; maintaining records; managing estates of the deceased; inspecting schools and health conditions on reserve;

Further Reading

The report of the Royal Commission on Aboriginal Peoples (RCAP) is a must-read for any Canadian interested in our collective history. The multi-volume online report provides an in-depth analysis of the issues affecting FNIM populations, but also serves to educate us on the history of Canada, and its relations with FNIM peoples. Most Canadians know little about the peaceful and co-operative relationship between FNIM peoples and the first European visitors. They know even less about how this relationship changed over the centuries.

In their report, RCAP speaks of the "ghosts" that haunt our country today:

"The ghosts take the form of dishonored treaties, theft of Aboriginal lands, suppression of Aboriginal cultures, abduction of Aboriginal children, impoverishment and disempowerment of Aboriginal peoples" (Government of Canada, 1996a, *The Ghosts of History*, para. 4).

presiding over band council meetings; registering births, deaths, and marriages; and negotiating the surrender of land for public purposes (Government of Canada, 1996b).

The *Indian Act* was, and still is, oppressive in nature and erased the practices that existed in areas of governance, economy, social relations, and identity. The *Indian Act* replaced traditional First Nations governments with band councils that possessed few powers. The *Indian Act* also gave the Crown control of valuable resources located on First Nations reserves and traditional lands, and control of managing reserve finances. It imposed European notions of land ownership, and applied non-Aboriginal concepts of marriage and parenting to First Nations peoples and communities. The actions permitted by the *Indian Act* increased the effectiveness of assimilation by breaking down the foundations that allowed First Nations communities to exist.

Canadian policies and laws have destroyed FNIM culture and language through oppressive and often violent education systems, and removed the rights of First Nations to land, and resources essential for economic survival. By eliminating these basic rights, Canada has undermined the political and family structures of FNIM peoples. In its place, Canada imposed a system that served colonialist interests and compromised the ability of FNIM peoples to resist. The laws, policies, and systems that supported the colonialist approach to FNIM peoples still exist, in many ways, to this day.

Reflection

What did you learn about FNIM peoples in school?

How does the history presented in this section impact your understanding of FNIM peoples?

Source(s)

- Brownlie, R. (2003). *A Fatherly Eye: Indian Agents, Government Power, and Aboriginal Resistance in Ontario, 1918-1939*. Toronto: Oxford University Press.
- Canada. Parliament. Sessional Papers, 1887. Paper no. 20b, "Return to an Order of the House of Commons, dated 2nd May, 1887, for all copies of all title deeds, patents, correspondence, and all documents respecting the claim of the Six Nations Indians as set for the in this petition presented to this House on the 18th April, 1887."
- Government of Canada. (1876). Annual Report of the Department of the Interior for the Year Ended 30th June, 1876. *Library and Archives Canada*. Retrieved from http://www.collectionscanada.gc.ca/databases/indianaffairs/001074-119.01-e.php?page_id_nbr=698&PHPSESSID=3bsdfpnbrcu81m6qrsrsc9lf7
- Government of Canada. (1996a). Highlights from the Report of the Royal Commission on Aboriginal Peoples. *Indian and Northern Affairs Canada*. Retrieved from <http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637>
- Government of Canada. (1996b). Report of the Royal Commission on Aboriginal Peoples. *Indian and Northern Affairs Canada*. Retrieved from http://www.collectionscanada.gc.ca/webarchives/20071115053257/http://www.aainc-inac.gc.ca/ch/rcap/sg/sgmm_e.html
- The Truth and Reconciliation Commission of Canada. (2012). *They Came for the Children: Canada, Aboriginal Peoples, and Residential Schools*. Retrieved from [http://www.myrobust.com/websites/trcinstitution/File/2039_T&R_eng_web\[1\].pdf](http://www.myrobust.com/websites/trcinstitution/File/2039_T&R_eng_web[1].pdf)

The Legacy of Residential Schools

“In order to educate the children properly we must separate them from their families. Some people may say that this is hard but if we want to civilize them we must do that” (Langevin, qtd. in TRC, 2012, p. 1).

“It is clear that the schools have been, arguably, the most damaging of the many elements of Canada’s colonization of this land’s original peoples and, as their consequences still affect the lives of Aboriginal people today, they remain so” (Milloy, 1999, p. xiv).

A key component of colonialism in Canada was the assimilation of FNIM children by way of the residential school system. In total, 130 schools were created in Canada, and a total of 150,000 FNIM children attended. The schools separated children from their families for extended periods, usually 10 months per year. FNIM children were immersed in both Christian and Anglo European traditions and values, while their Aboriginal languages and identities were suppressed. The schools themselves bore stark conditions, with excessive discipline and occasional brutality committed by their staff (TRC, 2012).

Many students were forced to do manual labour and were trained for the most menial of jobs. It was a familiar sight outside of Winnipeg in the 1950s to see young First Nations children picking sugar beets, while non-FNIM children were being schooled in classrooms a short distance away (Author’s observation). As an example of the harsh conditions of the schools, it is now known that in 1948, children were deprived of food as part of a control group experiment on nutrition (The Canadian Press, 2013). While many former students assert that the residential school experience has helped them grow, and that staff often undertook their work with kindness, for most the schools represent a litany of deprivation, abuse, and false promises.

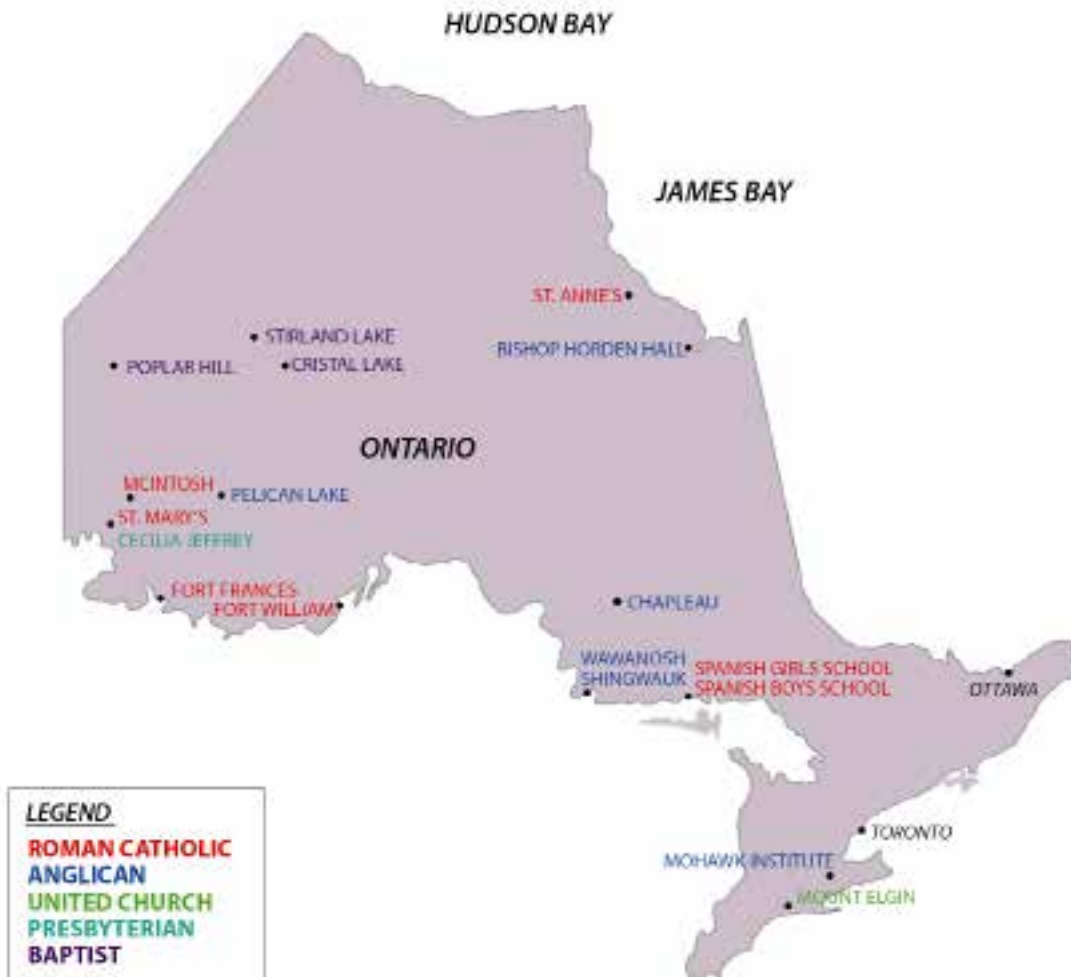
Both the Inuit and Métis suffered as well. Four residential schools served the Inuit with children living in them year round, sometimes over one thousand kilometers from family and community (Chansonneuve, 2004). Métis children were often sent to the residential schools as well, though they were not under the jurisdiction of the *Indian Act* governing their attendance. It appears that the more “Indian” a Métis child appeared to be, the greater chance

The trauma associated with residential schools has cascaded through generations, with the experience of emotional neglect and abuse getting worse with each subsequent generation.



Two Métis Children with an Inuit Child at Residential School (Library and Archives Canada/ J.F. Moran, acc. no. 1973-357, a102086)

of his/her going to residential school, and later, the greater the chance of being apprehended (Chansonneuve, 2005).



Adapted from Aboriginal Affairs and Northern Development Canada. (2012). *Indian Residential schools of Canada*. Retrieved from <https://www.aadnc-aandc.gc.ca/eng/1100100015606/1100100015611>

The residential school system had a widespread impact across FNIM communities. Individual families were traumatized, the value of community elders was undermined, and the collective strength and natural supports of the extended family were diminished. With the majority of their children removed, and sometimes taken thousands of kilometers away, for large portions of the year, parents, caregivers, and elders did not have the same role to play. With no children to nurture and develop, a large void in community life was created. The residential schools started to close in the mid-20th century, with the last school closed in 1996 (Vadna et al., 2011).

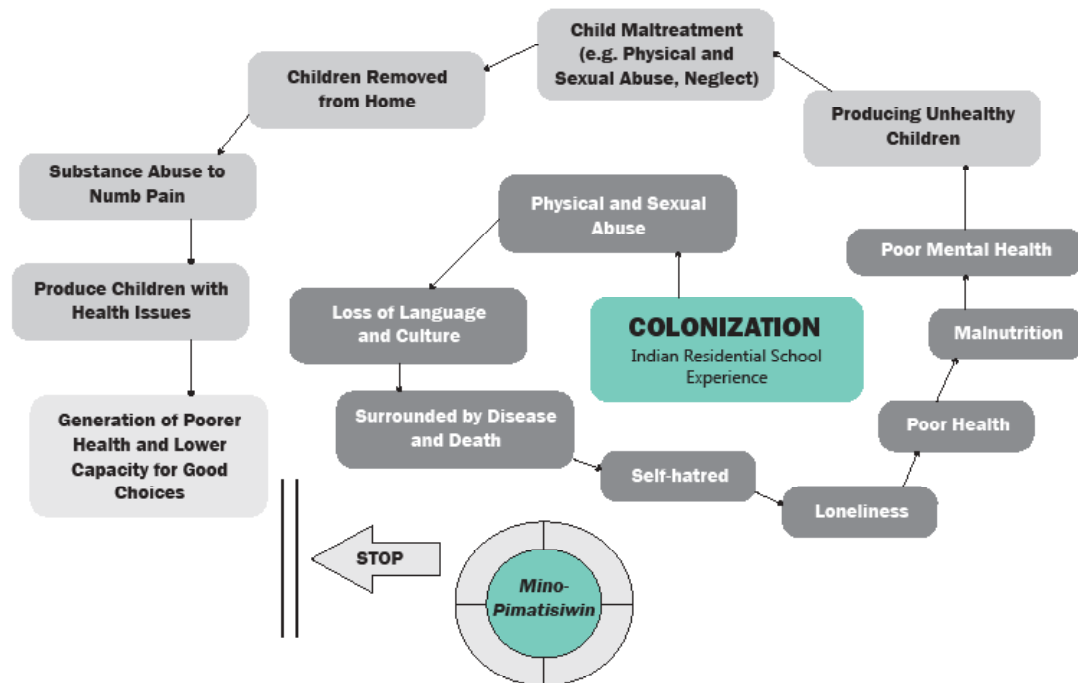
Established in 1998, the Truth and Reconciliation Commission (TRC) was mandated to learn about the residential school system through records and testimony from survivors, and those involved in creating and maintaining the system. The TRC reports

As a small footnote to our own social work history, the report of RCAP states that those responsible for Aboriginal child welfare directly referred children to the schools, and also sat on the committees and related bodies of the schools themselves.

that the trauma associated with residential schools has cascaded through generations, with the experience of emotional neglect and abuse getting worse with each subsequent generation. Cross-generational patterns of individual and family dysfunction have emerged, with multiple generations of families involved with CASs, which reminds us of how pervasive the problems have been.

Conditions of marginalization, joblessness, poverty, family violence, drug and alcohol abuse, emotional and sexual abuse, family breakdown, homelessness, imprisonment, and early death continue to persist for many generations of families (Government of Canada, 1996). Many FNIM peoples continue to be victims, not yet survivors, and they are over-represented in the caseloads of child welfare agencies to this day.

It's clear that the Canadian government's efforts toward assimilation did not work. Instead of "productive Indians" brought into the mainstream of Canadian life, many individuals and their families are untethered to any identity or community. This disconnection to any cultural identity has ultimately resulted in an over-representation of FNIM peoples within the human services sector, particularly child welfare.



Adapted from Collings, S. (2010). *The Intergenerational Legacies of Saskatchewan Indian Residential Schools: Social Workers, and the Medicine Wheel*. Retrieved from <http://unworthydominanceofregina.uregina.wikispaces.net/8.1+-+Intergenerational+Legacies+of+Indian+Residential+School,+The+Medicine+Wheel,+and+Social+Work>

The process of colonization has contributed to a 'cycle' of dysfunction within FNIM communities. The 'cycle' refers to the process by which each generation experienced its own trauma related to the oppressive practices of the day. Social histories on FNIM families reveal two common characteristics with alarming predictability: residential school, and foster care and adoption. The experiences of FNIM children who attended residential school and/or were placed in foster or adoptive homes contributed to a legacy of inter-generational trauma which manifests itself in the risk factors seen in FNIM families today.

On June 11, 2008 the Prime Minister of Canada issued an apology to former residential school students on behalf of the people of Canada. That apology recognized that it was wrong to have attempted to use education as a pretext to traumatize and forcibly assimilate FNIM children. The apology has been viewed well by some, but others have questioned its sincerity given the pervasive and impoverished conditions on reserves today.

Reflection

How much do you know about the histories of FNIM families on your caseload?

Can you identify how enrollment in a residential school has affected families on your caseload, and how they function?

Source(s)

- Chansonneuve, D. (2005). *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People, a resource manual*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved from <http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf>
- Government of Canada. (1996). Report of the Royal Commission on Aboriginal Peoples. *Indian and Northern Affairs Canada*. Retrieved from http://www.collectionscanada.gc.ca/webarchives/20071115053257/http://www.ainc-inac.gc.ca/ch/rcap/sg/sgmm_e.html
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- The Canadian Press. (2013, Jul 16). Hungry Aboriginal people used in bureaucrats' experiments. *CBC News*. Retrieved from <http://www.cbc.ca/news/canada/manitoba/hungry-aboriginal-people-used-in-bureaucrats-experiments-1.1317051>
- The Truth and Reconciliation Commission of Canada. (2012). *They Came for the Children: Canada, Aboriginal Peoples, and Residential Schools*. Retrieved from [http://www.myrobust.com/websites/trcinstitution/File/2039_T&R_eng_web\[1\].pdf](http://www.myrobust.com/websites/trcinstitution/File/2039_T&R_eng_web[1].pdf)
- Vadna, S., Trocmé, N., Fallon, B., MacLauren, B., Fast, E., Prokop, S.T., et al. (2011). Kiskisik Awasisak : Remember the Children, Understanding the Overrepresentation of the First Nations Children in the Child Welfare System. *Assembly of First Nations*. Retrieved from http://cwrp.ca/sites/default/files/publications/en/FNCIS-2008_March2012_RevisedFinal.pdf

Further Reading:

The Aboriginal Healing Foundation has produced a resource manual entitled *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People*. The manual provides a variety of reference sheets, as well as information on the impacts of residential school on FNIM peoples.

It can be found online at: <http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf>

Child Welfare in Ontario and the 60s Scoop

“The survivors have endured much pain and hardship. Canada’s treatment of them in this case, by using all of its resources to fight and deny the truth of the pain and hardship, is a continuation of the very same thought and consciousness that led to the 60’s Scoop cultural genocide in the first place. No one of us is going away. As long as it takes, the voices of the survivors will be heard” (Graham, 2013).

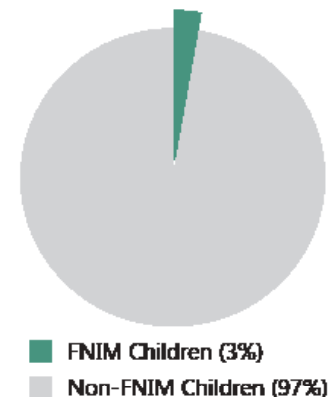
The Canadian child welfare field was founded in the 19th century with a focus on ‘rescuing’ children from immoral conditions, seen as the cause of their distress. There was little talk in the field of the structural dynamics that could be linked to poverty, marginalization, or the neglect of children.

Passed in 1893, Ontario’s first child welfare legislation gave chartered “Societies” broad powers to intervene in the lives of children, often with the goal of removing them permanently from their homes. Child welfare practice has been influenced over the decades by broader societal trends: physical and sexual abuse, family violence, and addictions being the dominant themes. The child welfare sector has evolved from its moral base to include enhanced ideals, new attitudes, and better practices. Only lately, however, have the issues related to FNIM children been addressed in any substantive manner.

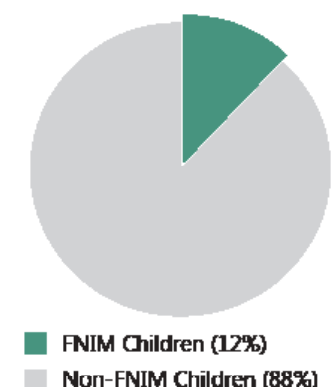
Following WWII, residential school operations were winding down and closing. Through changes in legislation, child welfare professionals, primarily social workers, became increasingly responsible for serving FNIM children on reserve. Through its professional organizations, the social work field articulated FNIM service needs and lobbied government to address the needs of FNIM families and children as early as 1947. In a presentation to a Special Federal Joint Committee, the Canadian Association of Social Workers recommended legislation and policy changes that would allow more provincial health, welfare (including child welfare), and education services on reserves. In 1951, the *Indian Act* was amended to enable provincial child welfare service delivery to status Indians on reserve, and “child saving” again became a major focus of child welfare practice. Thus began another process of assimilation, this time not disguised as education but in the name of child protection.

Social workers, with inadequate historical knowledge and little understanding of the circumstances, tried to resolve the problems associated with the condition of FNIM children. In 1950, there were only a few FNIM children in the care of provincial child welfare systems. However by 1980, FNIM children, who comprised 2% of the nation’s child population at that time, made up 12% of the population of children in care (Vadna et al., 2011).

CHILD POPULATION (1980)



CHILDREN IN CARE (1980)



The FNIM parents and communities left behind did just as poorly as the children. Deprived of the meaning and purpose that comes from family life, and traumatized by the apprehension of their children, many parents fell into deep depression (Vadna et al., 2011). While child welfare professionals may have believed that apprehension would motivate parents to change, this was rarely the case. The grief parents felt after having their children removed often went unresolved and exacerbated addictions and family violence within communities. Without support, parents and their communities spiralled downward. The wide-scale apprehension of FNIM children created a cycle of dysfunction that had tragic consequences, similar to those created by colonialism and residential schools.

Child welfare professionals, regardless of their level of concern for FNIM children, often interpreted strengths to be weaknesses, or “risks”. If children were found in the care of an aunt, their natural mother was judged as “ambivalent” about her role, or a poor parent-child bond was thought to exist between her and her children. Workers did not consider the FNIM cultural practices where, in an ideal world, children would have many “mothers” to live a full life and to learn all they can. Workers considered it neglect when they found children roaming in the community without parental supervision. This failed to recognize the FNIM child-rearing practices where all adults were responsible for the welfare of children, and that supervision naturally occurred wherever the children happened to be in the community.

Cross-cultural judgements are often problematic as they are rooted in the cultural worldview of the observer. It’s easy for the nuances and unique considerations of some cultures to be lost when anxious or hasty decisions, or misinformed judgements, are made.

These interpretations can occur throughout the service process and begin with the investigation phase. Mongolian spots are bruise-like skin discolorations that are often found at the base of the spine of FNIM infants and toddlers, and were once believed to be a sign of physical abuse. A story passed down from an elder states that in one case, child welfare professionals found children tethered to trees at a hunting camp in the far north. Alarmed at this treatment of children, child welfare professionals apprehended the children. Only later did they learn that they were tethered to keep the children from being swept away as the nearby river rose with the tides of Hudson Bay.

The legacy of the 60s Scoop extended into the 1980s and continued the culture of apprehending vulnerable children. These apprehensions were based on the following factors:

- a lack of critical reflection on the part of child welfare professionals;
- a lack of relationship;
- fear and distrust;
- ignorance and anxiety; and
- racism.

While in many instances it was true that the children did require help, the services provided focused solely on apprehension. The ease with which children were removed was remarkable, when simple and direct family supports might have helped resolve the presenting child welfare issues.

Shared accounts of the experiences of child welfare professionals in the field in the 1970s illustrate that it was typical for FNIM parents to avoid the court process, and often their absence was interpreted as a form of consent to having their children removed. Due to historical experience, FNIM peoples had learned that resistance could make matters worse. There were few agencies or resources to provide alternative supports to FNIM families, and those available were seen as part of the very system that was apprehending children.

Large numbers of FNIM children were apprehended and placed for adoption, almost always with non-FNIM families, in different provinces or outside of the country. Of all status Indian children apprehended between 1971 and 1981, 70-85% were adopted by non-FNIM parents (Vadna et al., 2011). It is estimated that over 11,000 FNIM children were adopted out between 1960 and 1990 (RCAP, 1996). Sometimes up to one-third of the population of children in a First Nation community were adopted out. Adoption files were typically completed in the interests of adoptive parents, and were "closed" – very limited information was available, with no contact between birth families and adoptees. FNIM children virtually disappeared.

As could be expected, many of those who were adopted eventually found their way home, and returned as strangers to themselves and to those left behind. Not surprisingly, many of these repatriations were unsuccessful as the children were no longer able to understand their own cultural roots, had significant unhealed trauma and little supports, and were greeted by families who were ashamed, still traumatized themselves, and unable to cope with their return.

One parent who tried unsuccessfully to reintegrate his children back into the family stated:

"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 ..." (Budgell, 1999, p. 66).

Reflection

Do you know if any of the families you have been working with have been impacted by the 60s Scoop?

Can you identify how inter-generational trauma may be impacting families' daily lives?

Source(s)

- Budgell, J. (1999). *Our way home: A Report to the Aboriginal Healing and Wellness Strategy: Repatriation of Aboriginal People Removed by the Child Welfare System: Final Report*. Toronto, ON: Native Child and Family Services of Toronto, Stevenato and Associates.
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- Kimmelman, E. (1985). *No Quiet Place: Final Report to the Honourable Muriel Smith, Minister of Community Services/ Review Committee on Indian and Metis Adoptions/Placements*. Winnipeg: Manitoba Community Services.
- Vadna, S., Trocmé, N., Fallon, B., MacLauren, B., Fast, E., Prokop, S.T. , et al. (2011). *Kiskisik Awasisak : Remember the Children, Understanding the Overrepresentation of the First Nations Children in the Child Welfare System. Assembly of First Nations*. Retrieved from http://cwrp.ca/sites/default/files/publications/en/FNCIS-2008_March2012_RevisedFinal.pdf

A New Consciousness: Moving Past Colonialism

In the early 1980s, it became clear that the child welfare system serving FNIM families was not sustainable. The over-representation of FNIM children in the care of the province showed no sign of stopping, and FNIM children in care were not doing well. New alliances between FNIM leaders, progressive non-FNIM people, and popular media, began to increasingly see child welfare as an oppressive, state-sponsored removal of basic human rights.

Over-representation was becoming a national story, with high profile cases coming to the public's attention. The story of Richard Cardinal, a Métis child who committed suicide while in care of Alberta authorities, made national headlines in 1984. FNIM political leaders demanded change and became increasingly activist. The growing movement was given more momentum by Manitoba Justice Kimmelman, who headed an inquiry which published a report on the issues facing FNIM populations. Using UN measures, he condemned the child welfare system as genocidal to FNIM culture and without merit in serving FNIM children. A consensus began to take shape among some child welfare practitioners that the FNIM children in care were doing poorly, and that things had to change.

It is estimated that the 60s Scoop impacted some 16,000 individuals in Ontario alone.

“Doing poorly” is an understatement: the only intervention that child welfare seemed to employ was apprehension. In some CASs, cases tended to be processed as legal files with Crown wardship the intended result, leaving children with no access to their homes and communities (Author's observation). It became clear that FNIM children were showing chronic distress in care. FNIM children in care often had multiple placements, stayed in care the longest, and were most likely to run away or commit suicide (Vadna et al., 2011).

If one accepts that bringing a child into care carries with it an obligation to do better by that child, then the failure of the state in meeting that obligation was profound. The scope of the problem was dramatic; while historical records are scarce, it is estimated that the 60s Scoop impacted some 16,000 individuals in Ontario alone (Chiefs of Ontario, n.d.). According to some, in one community in North Western Ontario, some 80% of the children were removed.

Over time, child welfare professionals better understood FNIM peoples, and became more sensitive to their situations, but this learning curve came at the cost of FNIM families and communities. Even understanding the FNIM context in which child welfare professionals worked did not change the systemic dynamics at play. The forensic nature of child welfare investigations did not support a strengths-based service approach, did not support cultural considerations, and certainly did not support the establishment of good working relationships with FNIM families and their communities.

While there has been movement towards shifting practice and working towards better understanding FNIM peoples, their situations, and the impact of past trauma, the current era of child welfare is still seeing disproportionate numbers of FNIM children being brought into care. Given the name 'The Millennium Scoop', there are claims that there are more FNIM children in care now than there ever was at the height of the residential school system (Beaucage, 2011). While practices have changed for the better, work still needs to continue to build relationships between FNIM communities and CASs in order to improve outcomes for children.

Source(s)

- Beaucage, J. (2011). *Children First: The Aboriginal Advisors Report on the status of Aboriginal child welfare in Ontario*. Retrieved from http://www.children.gov.on.ca/htdocs/english/documents/topics/aboriginal/child_welfare_EN.pdf
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The Colonial Legacy: Inter-generational Trauma and its Impact

In *Intergenerational Trauma from a Mental Health Perspective*, Menzies creates an inter-generational trauma model that succinctly describes the legacy of colonial Canada. He challenges our current understanding of trauma as an individual experience, and argues that the current model does not account for the collective wounds suffered by FNIM peoples. The Truth and Reconciliation Commission has elaborated that multi-generational trauma can only be healed if it is understood at all levels: individual, family, community, and nation.

The indicators of inter-generational trauma at each level are as follows (Menzies, 2000):

1. Individual

- Profound lack of identification with or connection to a family, community, or culture
- A lack of capacity to form positive and satisfying relationships with others
- Low self-esteem
- Addictions
- Unemployment
- Involvement with the criminal justice system
- Depression
- Other mental health issues

2. Family

- Family violence, especially intimate partner violence
- Lack of emotional health among family members
- Issues with child attachment and parental bonding
- Denial of cultural heritage
- Poverty
- Poor housing conditions
- Minimal capacity to move forward

3. Community

- Unconcealed and public displays of alcohol and drug misuse among community members
- A lack of community effort to address its issues
- Unstable leadership
- Lack of human and cultural services
- No transmission of knowledge, values or spirituality
- Little productive social engagement among community members

4. Nation

- Dependent relations with government
- Lack of self-directed purpose or process
- Popularization of negative stereotypes
- Lack of support for culture based and self-determining development
- General antipathy toward capacity building based on principles of self-help and mutual aid

It is critical that CAS staff recognize and consider that inter-generational trauma is a highly significant factor in the expression of child welfare issues. Child welfare professionals can help by seeking treatment and healing services not only for the FNIM individual, but also for their families and communities. It is especially important for child welfare professionals to be mindful of community events, a rash of suicides for example, that can trigger further upheavals and trauma in the lives of children. CAS staff need to find ways to engage with FNIM families and communities, to build a shared healing process that addresses all domains of the trauma experience. Included within this process would be individual and collective healing, both mainstream and traditional, and linking with broader community development initiatives that may promise a more supportive and nurturing environment.

Practical things like writing letters of support, sitting on advisory committees, referring and conferencing with the FNIM services involved, and attending FNIM sponsored events to learn and to contribute, are doable examples of how to be helpful. What is important is that child welfare professionals display concern in a tangible fashion and behave in a way that is viewed as helpful by the families themselves.

Not all family members may have been affected by inter-generational trauma. It is important for child welfare professionals to consider who in the family can contribute, through their personal experience, skills, and relationships, to the family moving forward in a good way. Every family, no matter how dysfunctional they appear, will have strengths and there will usually be someone in the family who can provide some measure of assistance. Sometimes it's simply a matter of being open to the possibilities.

Source(s)

Menzies, P. (2010). Intergenerational trauma from a mental health perspective. *Native Social Work Journal*, 7, 63 – 85.

Lateral Violence

One of the ways that inter-generational trauma can manifest in communities and organizations is through lateral violence. Lateral violence can be loosely defined as a set of organized, harmful behaviours that “we do to each other collectively as part of an oppressed group” (OACAS, 2012, p. 31). The violence includes “gossip, shaming of others, blaming, backstabbing, family feuds and attempts at isolating others” (OACAS, 2012, p. 31). Lateral violence is often referred to as “internalized colonialism” (OACAS, 2012, p. 31).

Lateral violence can undermine the integrity of service delivery and creates a challenge when working with FNIM service providers and families. There are a number of resources within the field that can provide further information on the impacts of lateral violence, including the OACAS (2012) practice guide *Working with First Nations, Inuit and Métis Families who have experienced family violence*.

Further Reading

The Native Women’s Association of Canada (NWAC) has produced a useful reference sheet on lateral violence and how it affects FNIM people, as well as individual and organizational strategies for coping with lateral violence. The resource can be found online at: <http://www.nwac.ca/files/reports/AboriginalLateralViolence%20-%20web%20version.pdf>

Source(s)

OACAS. (2012). *Working with First Nations, Inuit, and Métis Families who have experienced family violence*. Toronto: OACAS.

Reflection

What do you know about the history and current adversities facing the community in which the FNIM family you are working with resides?

How might the climate of that community (current and historical) impact that family’s situation?

Think back to the knock on the door.

How might your knock on the door affect an individual suffering from inter-generational trauma?

Have you ever asked how trauma has affected their family?

What services can you refer families to? What services does the family want? At what point is the family in their healing process, if applicable?

What steps do you need to take in your own healing process?

How might you contribute to your team and/or agency’s collective healing process?

Reorienting Child Welfare: FNIM Peoples' and Children's Rights

As colonialism faded, a more progressive and humane view of children's rights emerged that was supported and reinforced by the United Nations Convention on the Rights of the Child (1989). Article 5 of the convention states that "parties shall respect [...] the extended family or community as provided for by local custom [...]". This is elaborated in Article 8, which directs parties "to respect the child's right to preserve his or her identity". Other articles reference the right "to be protected against discrimination" (Article 2), the state's responsibility to "ensure to the maximum extent the survival and development of the child" (Article 6), the right to the "highest attainable standard of health" (Article 24), and even the right to leisure and recreation (Article 31).



In 2007, the United Nations passed the Declaration on the Rights of Indigenous Peoples. While broad in scope, Article 8 is clear in its direction to the parties who signed on. It states that:

1. *Indigenous peoples and individuals have the right not to be subjected to forced assimilation or destruction of their culture.*
2. *States shall provide effective mechanisms for prevention of, and redress for:*
 - a. *Any action, which has the aim or effect of depriving them of their integrity as distinct peoples, or of their cultural values or ethnic identities;*
 - b. *Any action which has the aim or effect of dispossessing them of their lands, territories or resources;*
 - c. *Any form of forced population transfer who has the aim or effect of violating or undermining any of their rights;*
 - d. *Any form of forced assimilation or integration;*
 - e. *Any form of propaganda designed to promote or incite racial or ethnic discrimination directed against them.*

Citing constitutional and other concerns, Canada initially voted against both charters when they were first released. While Canada ratified the Convention on the Rights of the Child in 1991, and endorsed the Convention on the Rights of Indigenous People

in 2010, there continues to be concerns which have kept Canada from fully integrating and supporting both conventions. Both charters are now part of an international consciousness, with child welfare's role under new and far more enlightened scrutiny.

The Canadian Association of Social Workers recently spoke to its stance on FNIM issues after years of silence. Addressing the Idle No More Movement, which originated in response to alleged legislative abuses of FNIM treaty rights, the association said:

"We are aware of the colonial legacy that impacts the physical, emotional and spiritual wellbeing of Indigenous Peoples and of the historical contribution of social work to this legacy" (Campbell, 2013).

While this falls short, it does acknowledge the social work profession's role in the 60s Scoop, which is a starting point to facilitating reflection and change.

New opportunities may be created through the recent certification of a class action lawsuit in the Ontario Superior Court of Justice. The suit alleges that the province and the federal government instituted practices that caused grievous harm to many FNIM children and served to promote the genocide of FNIM culture. To provide FNIM families appropriate and relevant services requires changing opinions, new legislation, and an acknowledgement of the impact of historical trauma.

In an article titled *Child Welfare and Native People: The Extension of Colonialism* (1981), Hudson and McKenzie state that colonialism involved creating dependence among a nation or group, the objective of which included the extraction of benefits to the dominant group. A key component of the colonial process involved efforts to achieve normative control of a group and its culture. The authors note the parallels between the child welfare system and the education and health systems. All three systems worked in concert, to separate children from families, and re-socialize them in ways that would make them participants in their own oppression. Despite all its good intent, social work can be oppressive in its practices. It has historically operated as an agent of a state-sponsored program, to the disadvantage of those supposedly being helped.

Looking back through history to the moralizing social work practices of the industrial age, to the residential school system, and to the 60s Scoop one can see that the social work field, and specifically child welfare's, basic responsibility to do no harm was dramatically compromised. Looking forward, it is critical that child welfare learn from the lessons of the past and find new approaches that help FNIM families in a tangible way.

Source(s)

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Going Forward: Restoring Power to FNIM Peoples

In 1985, the *Child and Family Services Act* (CFSA) in Ontario was amended to reflect a more progressive approach to CASs serving FNIM children. The legislation also recognizes that:

“Indian and native people be entitled to provide, whenever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family” (CFSA, 1985, S 2(5)).

The passing of the amended CFSA meant that First Nations communities in Ontario were able to begin restoring their control over child welfare. Today, there are a number of designated First Nations CASs, as well as one urban CAS in Toronto dedicated to serving families who self-identify as FNIM. A number of “pre-mandated” First Nations CASs are at various points along a continuum toward becoming fully mandated as children’s aid societies. These pre-mandated agencies cannot apprehend children, but do provide programs and services and are government funded under the CFSA.

For First Nations, this reinstatement of child welfare authority can be seen as the return of a natural set of rights of a FNIM community, to raise and protect one’s own children.

The current movement towards devolution of authority to First Nations peoples has been greeted with a mixture of hope, optimism, anxiety, and scepticism. It is incumbent on CASs to build good working relationships with the existing and emerging FNIM child welfare sector, and to work in partnership to improve service outcomes for children.

As difficult and problematic the transfer of authority may be, it will be worth it, as even sceptics have agreed that the historical approaches are not positive or sustainable.

While there are no existing Inuit or Métis CASs, and no provision for them in current law, there are child welfare agencies that are dedicated to and under the control of those communities. The Inuit population in the Ottawa area is well served by Ottawa CAS, Ottawa Inuit Children’s Centre (OICC), Inuit Tapiriit Kanatami, and Tungasuvvingat Inuit Centre, and dedicated Métis services can be located by visiting the website of the Métis Nation of Ontario.

In smaller communities, the local Friendship Center often has children’s programs and cultural events that are accessible to all FNIM peoples in the area. They can be a helpful resource in preventing the circumstances that might lead to apprehension, or in assisting with kinship care arrangements and other plans of care. Friendship centers are not concerned with Indian status and can be helpful in assisting workers in navigating the complex urban dynamic, especially on behalf of non-status families.

It is incumbent on CASs to build good working relationships with the existing and emerging FNIM child welfare sector.

Source(s)

Child and Family Services Act, R.S.O. 1990. (1990). Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

Kozlowski, A., Sinha, V., & Richard, K. (2012). CWRP Information Sheet #100E: First Nations Child Welfare in Ontario. Centre for Research on Children and Families. *McGill University*. Retrieved from <http://cwrp.ca/infosheets/first-nations-child-welfare-ontario>



Obligations and Mandates when Working with FNIM Populations

Non-FNIM CAS Obligations

The development of a FNIM-controlled child welfare system does not lessen the expectation that the mainstream sector improve its services to FNIM peoples. Current legislative and child welfare standards acknowledge the importance of FNIM community, heritage, and culture, regardless of the agency that serves them. According to the Commission to Promote Sustainable Child Welfare, the majority of FNIM children and families in Ontario do not reside in an area served by a First Nation. Although it is expected that most FNIM children on reserves will eventually fall under the jurisdiction of a FN child welfare agency, a full 72% of FNIM children served by child welfare in Ontario are still in care of the non-FNIM sector (Bay Consulting Group, 2010).

CASs must serve FNIM peoples in a way that reflects the current context and related expectations, based on collective knowledge and lessons learned in regards to working with Aboriginal populations.

Source(s)

Bay Consulting Group. (2010). A Description of the Child Welfare System in Ontario. *Commission to Promote Sustainable Child Welfare*. Retrieved from http://www.sustainingchildwelfare.ca/assets/Final_CW_System_Landscape_Report_Nov_4,_2010.pdf

Commission to Promote Sustainable Child Welfare. (2012). *Realizing a Sustainable Child Welfare System in Ontario, Final Report*. Retrieved from http://www.children.gov.on.ca/htdocs/English/documents/topics/childrenciaid/commission/2012sept-Final_report.pdf

The Child and Family Services Act: Part X

With the addition of Part X in 1984, First Nations' rights to have a voice in child welfare were recognized. The amended CFSA mandates how child welfare works with "Indian" and "native" families (as defined in the *Indian Act*), and recognizes some First Nations cultural practices that were historically ignored by child welfare.

The amended CFSA provides an expanded and culturally consistent definition of family, referring to the extended family as "*persons to whom a child is related by blood, through a spousal relationship or through adoption and, in the case of a child who is an Indian or native person, includes any member of the child's band or native community*" [S.3 (1)].

In recognizing that any member of a child's band or native community may be defined as extended family, the CFSA further acknowledges traditional systems of care. The CFSA recognizes "*the uniqueness of Indian and native culture, heritage and traditions*" and the importance of preserving a FNIM child's cultural identity.

Specifically, the CFSA provides for bands and Indian and native communities to:

- Have representation on Residential Placement Advisory Committees, and be advised of recommendations made by residential placement advisory committees;
- Participate in residential placement hearings;
- Have status as a party in child protection proceedings, that includes receiving advance notice of all court proceedings;
- Apply for access orders and receive notice of such applications from a CAS;
- Receive a copy of assessment reports before these are presented at a court hearing;
- Apply for a review of a child's status and receive notice of applications from CASs; and
- Be consulted by CASs about the provision of services, the exercise of powers, and about matters affecting "Indian or native" children.

(MCYS, 2013)

2006 amendments to the CFSA broadened and strengthened FNIM peoples' involvement in all aspects of planning for FNIM children. These include:

- Recognition of the role and relationship that significant others have in the life of children and therefore inclusion of these individuals, where appropriate, in planning and decision-making;
- Clear timelines within which bands and native communities must be consulted and the additional provision that a CAS must consult with the band / native community whenever the CAS proposes to provide specific services to an "Indian or native" child;
- A strategy for recognizing and preserving an "Indian or native" child's heritage, traditions and culture in plans of care;
- Receiving written notice of a CAS's intent to begin planning for the adoption of an "Indian or native" child; and
- A review of the manner in which CASs fulfill their obligations to "Indian or native" people every time the CFSA undergoes review (every five years).

(MCYS, 2013)

Including "*a representative of the child's band or native community,*" (commonly referred to as a band rep), at critical decision-making junctures, and recognizing the Indian or native community as a party to any legal proceedings further reinforces the importance of their involvement in the planning for a FNIM child (MCYS, 2013).

The CFSA mandates that a representative of the child's band or community be involved in provision of services to "Indian or native" children, but knowing who to contact can be difficult. The level of consultation should be determined through mutually developed protocols. Each community will have different processes for responding to child protection cases, and the individual responsible for liaising with the CAS will likely vary.

Some bands are organized under specific organizations that provide support to CASs, while others will be part of one of the 16 Ontario Tribal Councils with responsibility for child welfare (OACAS, 2012, p. 126). Doing a bit of homework will help you determine who you need to contact. First, determine which community the family is connected to, and then check if your agency has a protocol with that band.

Things to keep in mind when trying to engage with a band representative include:

- In many cases a band will have a band administrator to assist with CAS cases, but sometimes the responsibility will fall to the Chief
- The band designate(s) is the authentic voice and must be respected.
- The nation to nation principle should set the tone, and best interests of the child should set the agenda
- Protocols are important
- Bands are often under-resourced with heavy demands on their time, so it pays to be both patient and persistent.
- It's important to remember that in some remote communities, technology can be lacking. When information is provided by fax, a follow-up phone call or email should occur to ensure that the faxed information was received by the intended recipient.
- It is also important to know all possible contacts in the band office or community in the event that the designated contact is not available. If the contact is outside of your agency's jurisdiction, it's best practice to contact the CAS with jurisdiction regarding the established communication practices.

One of the most significant references in Part X is to "*customary care*". Citing the legitimacy of customary practices in the care of First Nations children was ground-breaking, as for the first time it provided clear direction to CASs to seek placements within First Nations' communities. Customary care remains a cornerstone of practice and is perhaps the defining service in First Nations child welfare.

A critical legal and ethical responsibility of CASs working with FNIM children and families is to make reasonable efforts to preserve the child's cultural identity. This can only happen in collaboration, with the child's family, band or community of origin.

Customary care is discussed further in the section titled Cornerstones of Practice.

Part X, Section 213 identifies the situations where a CAS should regularly consult with bands and native communities. These situations include:

- the apprehension of children and the placement of children in residential care;
- the placement of homemakers and the provision of other family support services;

- the preparation of plans for the care of children;
- status reviews under Part III (Child Protection)
- temporary care and special needs agreements under Part II (Voluntary Access to Services);
- adoption placements;
- the establishment of emergency houses; and
- any other matter that is prescribed

(CFSA, 1990, S. 213)

Part X does not contain any specific reference to Inuit or Métis peoples. Direction on the appropriate approach to these communities can be found in the overall purposes of the act that direct CASs to recognize that, wherever possible, services to children and their families should be provided in a manner that respects cultural, religious and regional differences. The Paramount and Other Purposes section of the CFSA further directs child welfare professionals to respect a child's need for continuity of care and for stable relationships within a family and cultural environment. This includes participation of a child, his or her parents and relatives, and the members of the child's extended family and community, where appropriate, in the services provided them (CFSA, 1990, Paramount and Other Purposes, Sec.1). The overall message is to direct CAS staff to not only respect cultural differences but to work with the families and communities in a manner that maintains as much cultural and familial integrity as is possible.

Source(s)

Child and Family Services Act, R.S.O. 1990. (1990). Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

Ministry of Children and Youth Services. (2013). *Formal Customary Care: A practice guide to principles, processes and best practices.* Retrieved from <http://customarycare.com/guide.php>

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Reflection

Do you know the names of the leaders [e.g., Chief(s), band rep(s)], and the elders in your local FNIM community?

Do you have the cell phone number of the person in the band office who is responsible for child welfare?

Can you describe the community and its child welfare history?

How well are you doing in meeting the obligations of Part X? What are you doing well? What improvements can be made?

Working With FNIM Peoples, Their Communities and Their Agencies

Building Positive Organizational Relationships

One cannot go from oppression, to reform, to devolution in one leap. It's a long and difficult process to decolonize child welfare. Devolution, or restoration of power, to the FNIM child welfare sector may represent both the defining moment and the marker of progress toward major change. Regardless of current progress, the reality is that for the foreseeable future, many FNIM families will continue to be served by the conventional CAS system. Also, there are urban FNIM populations who will likely not have FNIM specific services offered to them for years to come.

The OACAS's strategic plan (2012-17) asks its members to not only comply with the new legislative demands of the CFSA, but to aim higher and develop capacity to change their service approach altogether. Changes to service approaches are only possible, however, if there are basic changes brought about at the organizational level. It is unfair to expect child welfare professionals to change their practices without organizational shifts in the relationships between their agencies and the FNIM communities within their jurisdiction.

The leadership level of a CAS and a FNIM community is where fundamental organizational relationships are crafted and defined. Good relations facilitate good service, while poor relations simply replicate the service issues and outcomes of the past.

Good relations facilitate good service, while poor relations simply replicate the service issues and outcomes of the past.

Reflection

How can you improve your collaboration and communication with FNIM agencies and/or communities to enhance service delivery?

What steps can you take to improve your agency's relationship with the FNIM populations in your service area?

Nation to Nation

For relations between a CAS and a FNIM community within their jurisdiction to be cooperative and productive, each must recognize the legitimacy of their roles in service delivery. According to RCAP, “the right of Aboriginal governments to exercise authority over all matters relating to the good government and welfare of Aboriginal peoples and their territories is an existing Aboriginal right and is therefore recognized and affirmed by the constitution” (Government of Canada, 1996). Bands are “Aboriginal governments”, and any CAS that does not acknowledge this will diminish any chance for cooperative relations.

A CAS acts as an agent of the Canadian government within the boundaries of the CFSA, and must be recognized by the FNIM communities as a legitimate authority. The act of granting CASs the power to undertake the perceived work of the Crown goes back to imperial Britain. Today, a CAS continues that tradition and carries with it the mandated authorities of the Crown, that is, the province of Ontario.

When both parties affirm their mutual authority, it is possible to move forward and build tangible relationships and facilitate good practices. A key feature of cooperative relationships is the support CASs can offer in restoring FNIM communities’ rights to provide their own child welfare service.

The Need for Protocols

Once CASs and FNIM communities have both accepted the legitimacy of their roles in child welfare service delivery, then the next step is to define their relationship in practical terms. Since 1701, Canada and FNIM communities have negotiated treaties. Treaties are agreements between the Crown and FNIM communities that set out promises, obligations, and benefits for both parties.

In modern terms, a CAS and a FNIM community can undertake a process similar to treaty-making through the creation of “protocols”, which can both affirm the legitimacy of each party and outline a way of working together.

Protocols provide a clear understanding of the roles, responsibilities, and authorities of both CAS staff and FNIM community members. Without them, working relations between CASs and FNIM communities may be burdened with a lack of defined expectations and will have a negative impact on service quality.

Further, whenever possible, protocols should dictate that a FNIM representative (e.g., FNIM client advocate) be present and allowed to assist from the initial visit, when the CAS is working with a FNIM family, as well as whenever case conferences are scheduled for FNIM children. Having FNIM representation can add legitimacy to the meeting(s) and improve working relations between FNIM communities and CASs, and contribute to better outcomes for FNIM children.

Reflection

What protocols does your agency currently have in place with FNIM communities?

Reconciliation

Through several meetings over the course of 2011-2013, a consensus emerged among the Aboriginal Services Advisory Committee of OACAS around the need for acknowledgement of the horrific history of child welfare and FNIM children and families. This follows on the momentum created through the 2005 Touchstones of Hope Conference, which affirmed the need for CAS and FNIM communities to resolve historical issues, in order to clear the way for a new and more equitable approach to child welfare. The OACAS committee recommended that each CAS and First Nation within its jurisdiction give consideration to reconciliation within themselves and their relationship to the 60s Scoop. OACAS is now undertaking work to help move forward with reconciliation.



Following on the momentum created through the 2005 Touchstones of Hope Conference, the need for CAS and FNIM communities to resolve historical issues, in order to clear the way for a new and more equitable approach to child welfare as affirmed.

The approach to reconciliation chosen will be in the hands of the FNIM community and the CAS. According to Blackstock et al. (2006), key elements, or processes, of reconciliation consist of activities in the areas of:

Truth Telling

The process of open exchange (listening and sharing) regarding child welfare's past;

Acknowledging

Affirming and learning from the past and embracing new possibilities for the future;

Restoring

Addressing the problems of the past and creating a better path for the future; and;

Relating

Working respectfully together to design, implement, and monitor the new child welfare system

(Blackstock et al., p. 7-8)

If a FNIM community and a CAS have strained relations due to a long and painful history, some form of reconciliation may be necessary. Reconciliation is ideally initiated with the protocol process by the most senior level of both parties.

Source(s)

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

Government of Canada. (1996). Highlights from the Report of the Royal Commission on Aboriginal Peoples. *Indian and Northern Affairs Canada*. Retrieved from <http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637>

Governance

When building the nation-to-nation relationship between CASs and FNIM communities, accountability is essential. The CFSA allows CASs to enter FNIM communities, but also mandates the consultation and engagement of the FNIM community in service delivery. Protocols must be developed at the most senior levels in CASs to ensure that service delivery to FNIM communities is undertaken appropriately, according to mandates, and involves consensus among all parties. FNIM voices should be heard at all levels, and at all points in the decision making process. Effective relationships are built upon a balance of authorities, and both CAS and FNIM communities must work together to improve the lives of children and families.

A good expression of cooperation is through FNIM leaders having representation on the board and on existing committees of a CAS. In addition, FNIM communities should be supported to establish their own committees and reference groups. Mutual participation in leadership groups provides the ability to get past case-specific problem solving, and to address the substantial and systemic issues impacting both sectors.



Karen Hill (OACAS), Niki Hashie (OACAS), and Kenn Richard (Native Child and Family Services, author of *guide*) [2014]

CAS and FNIM communities can be powerful and persuasive allies in efforts to secure legitimacy and resources for child welfare. Sitting Bull, an Aboriginal activist in the 1800s, asked that “[We] put our minds together and see what life we can make for our children.” It is only through collaboration and inclusion that we can truly put these words into practice.

Restoration: Working with Pre-mandated Agencies

Over recent years, the process of restoring authority over child welfare has accelerated across the province. There are a number of pre-mandated agencies well on their way to becoming full CASs. While the development of the FNIM CASs can threaten established societies to the core of their existence and viability, devolution is nonetheless inevitable in most jurisdictions. FNIM communities rightly state that they never gave up their authority to care for their children, but rather had it taken from them. CASs now need to provide their full support in restoring that authority. The nation-to-nation principle underlies the process, with the details of authority transfer left to each jurisdiction to discuss and agree upon.

Conversations about devolution must occur at every level of a CAS, but more importantly need to occur at a structural level. A CAS should ideally have an ongoing advisory council of key decision-makers from all stakeholders as part of the authority transfer process.

CASs can facilitate smooth transfer of authority, or they can obstruct progress, both actively and through inaction. This guide entreats CASs to be active and helpful, and to trust that their interests will be best serviced through cooperation, not conflict. Establishing open and less formal relationships with FNIM peoples will increase the effectiveness of child welfare practices.

Further Reading:

In October 2005, FNIM and non-FNIM leaders in child welfare met in Niagara Falls at a historic gathering to discuss what aspects of child welfare worked for, and against, the well-being of FNIM children and youth.

The resulting report, entitled *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth, and Families*, draws from the rich conversations of the participants at the reconciliation event to describe why reconciliation in child welfare is needed, what reconciliation can mean in the context of child welfare, and to identify key values (touchstones) to guide reconciliation in child welfare.

The document can be accessed here:

http://cwrp.ca/sites/default/files/publications/en/Touchstones_of_Hope.pdf

Cultural Understanding

Beyond the structural and organizational level changes that must occur, workers must understand and appreciate the cultural diversity of Aboriginal communities in order to effectively engage and work with FNIM families.

Thinking back to *The Other Side of the Door* scenario, it is likely you and the person on the other side of the door have different ways of seeing things, informed by culture and your lived experience. Understanding these differences can better help you appreciate how your worldview impacts your approach to serving FNIM peoples. Remembering and acknowledging your worldview compared with that of the FNIM families you are serving can help improve your engagement and relationship-building skills.

Honouring FNIM Peoples

FNIM family structures differ from the typical nuclear family. FNIM families have strong family values, are often extended, and share collective responsibility toward children. FNIM families may be related by blood, but can also be tied by clan or other social structures. Children may be cared for by their natural mother, an aunty, or a cousin. Older children are also given some responsibility for caring for their younger siblings. Within FNIM cultures, shared parenting has traditionally been seen as a desirable way to produce a child who embodies the body of tribal experience, including its values, knowledge, and ways of behaving.

Some specific practices that help to nurture and support the development of children include, but are not limited to: continuous contact or proximity to caregivers, rites of passage to mark milestones in development (e.g., walk out ceremony, berry fasting), and behavioural guidelines for pregnant women to ensure the child is healthy and not exposed to conflict (personal communication, Karen Hill, OACAS, July 2014). FNIM children are taught by their parents to “respect everything and everyone,” as one day they will become their parents’ caretakers (Simard, 2011, p. 44).

While colonialist teachings may have privileged Anglo-European culture over FNIM cultures, critical observations reveal that no one culture is better than the next in producing well-adjusted, happy, and productive adults (Thompson, 1969).

In *Developing a Culturally Restorative Approach to Aboriginal Child and Youth Development: Transitions to Adulthood*, Estelle Simard argues that we need to rethink child welfare practices that have never applied well to FNIM communities, in the light of FNIM understanding of family, community, and culture based attachment theory.

Instead of seeing family from the perspective of the European ideal, Simard asks that we consider the strength, and the possibilities, of the collective parenting approach (Simard, 2011).

Source(s)

Simard, E., Bright, S. (2011). Developing a Culturally Restorative Approach to Aboriginal Child and Youth Development: Transitions to Adulthood. *First Nations Child and Family Review*, 6(1), 28 – 55.

Thompson, L. (1969). *The Secret of Culture: Nine Community Studies*. New York: Random House.

FNIM Worldviews

Understanding an individual's worldview is important when working across cultures, especially because worldview impacts the way we perceive and act in different situations. Contained within a person's worldview are sets of values, goals, knowledge, and beliefs, as well as culturally defined ways of behaving. A person's worldview is developed as part of the socialization process, through day-to-day interactions with people and the structures that bind them together. Our worldview affects our belief system, our assumptions, what is important to us, how we problem-solve, and our decision-making process. It is generally an unconscious process, and it directly affects how we see and interact with our environment.



A worldview is culturally, historically and regionally specific, and unique to each person. As individuals, we adhere to our own specific worldview, and often assume all others can, or should, share those same views with us. The power balance inherent in child welfare can lead to oppressive practice when one worldview holds pre-eminence over another.

Understanding the worldview of an individual is important. Understanding your own, and how that shapes your thinking in your work with FNIM peoples, is critical.

According to scholar Michael Hart, an FNIM worldview encompasses three main principles:

- Holism;
- Interconnectedness; and
- Spirituality.

(Hart, 2009)

Holism, or holistic thinking, sees the world as relational. Connections between individuals and events are dynamic, often fluid, and impactful. Holism is the idea that the world, and its many features, cannot be viewed or fully understood solely in terms of its individual parts. FNIM worldviews generally center on a belief of interconnectedness and vitality of all events and individuals, with a respect for the unknown.

In contrast, European worldviews are generally more reductive, focusing primarily on the individual parts that comprise the whole. Cause and effect is a key component of the European worldview, and it centers on the belief that one can manipulate individuals or environments in a way that allows particular outcomes to be expected and achieved.

The illustration at right demonstrates the difference between a reductionist and holistic worldview. On the left side we see a checklist; a linear sequence of parts that lead to a logical conclusion. This is the core of reductionism; thought and process can be reduced and contemplated as separate parts. Each part makes up the whole, each part is also separate and distinct from the whole.



The opposite side seems, initially, to be nothing more than a continuous loop, a sequence of connected circles; there are no separate parts, no conclusions that are easily drawn. This represents holism; there are no clear separations, connections are fluid and dynamic, and each aspect relates and connects with the next.

Interconnectedness, much like holism, sees connections bound by notions of harmony, sharing, and respect. Humans are seen not as individuals, but as a series of relationships which start with the family, and move outward to encompass the universe.

Anishinaabeg (Ojibway) teachings speak of the ideal of *Mino-Pimatisiwin*, the good life. Achieving this ideal state encompasses wholeness, balance, quality in relationships, walking softly, harmony, growth, and healing. Hart (2002) stresses the importance of spirituality, expressed as honouring the connection to family, land, culture, and community. FNIM cultures are often concerned with how people conduct themselves, particularly with respect to creating balanced and harmonious relationships with each other and to the natural and spiritual side of life.

Ceremony is one way that FNIM peoples have reinforced the connection to each other and the unknown forces that both challenge and nurture. Ceremonies vary, and are often specific to the particular cultural group that practices them. A common theme, however, is healing the imbalances that prevent the achievement of a full and happy life. CAS staff who recognize the importance of ceremony and what it represents can become better helpers for FNIM families.

Inuit people share the collectivistic and traditional orientation of First Nations but have their own unique way of seeing the world, not only literally but conceptually. Governed by unwritten codes of conduct (Inuit Law) they value women as decision makers and men as hunters, and all show restraint and strong consideration for the maintenance of balance (Chansonneuve, 2005). Their love of children is reflected in *Aqausig* (Chansonneuve, 2005), which means baby loving, and in creating songs for each child from that love (focus group, OICC, June 2014). The Ottawa area has child care specific services under control of the Inuit and is the home of the Inuit Tapiriit Kanatami, a federal body concerned with Inuit people across the country.

The Métis worldview is as diverse as the cultures that form the foundation of the Métis nation. Born of the fur trade, in contemporary times it has grown to include all mixed blood people who are not eligible to First Nations status but who declare themselves Métis. Traditionally, Métis were primarily Catholic with many First Nations' cultural influences (Chansonneuve, 2004). Their worldview remains a collectivistic orientation and a sense of rights as Indigenous people. Sault Ste. Marie and Thunder Bay areas have strong connections to the history of the Métis in Ontario, as they were situated along the fur trade routes to the west. Families need to be asked if they identify as Métis, and services for them should, whenever possible, include any community resource that is based on that identity.

Understanding the worldview of an individual is important. Understanding your own, and how that shapes your thinking in your work with FNIM peoples, is critical.

Worldviews inform how we understand and interact with our environments and the individuals we meet. Worldviews can sometimes stand in opposition, especially when one worldview is privileged over another. The trauma caused by the colonial process was a result of an oppression of one worldview over another.

Further, the CFSA was not written from a FNIM perspective. While it is a step forward from the historical legislation governing FNIM populations, it is derived from a Western worldview, not the cultural worldview and laws of FNIM communities.

Source(s)

Chansonneuve, D. (2005). *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People, a resource manual*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved from <http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf>

Hart, M. (2002). *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*. Winnipeg, MB: Fernwood Publishing.

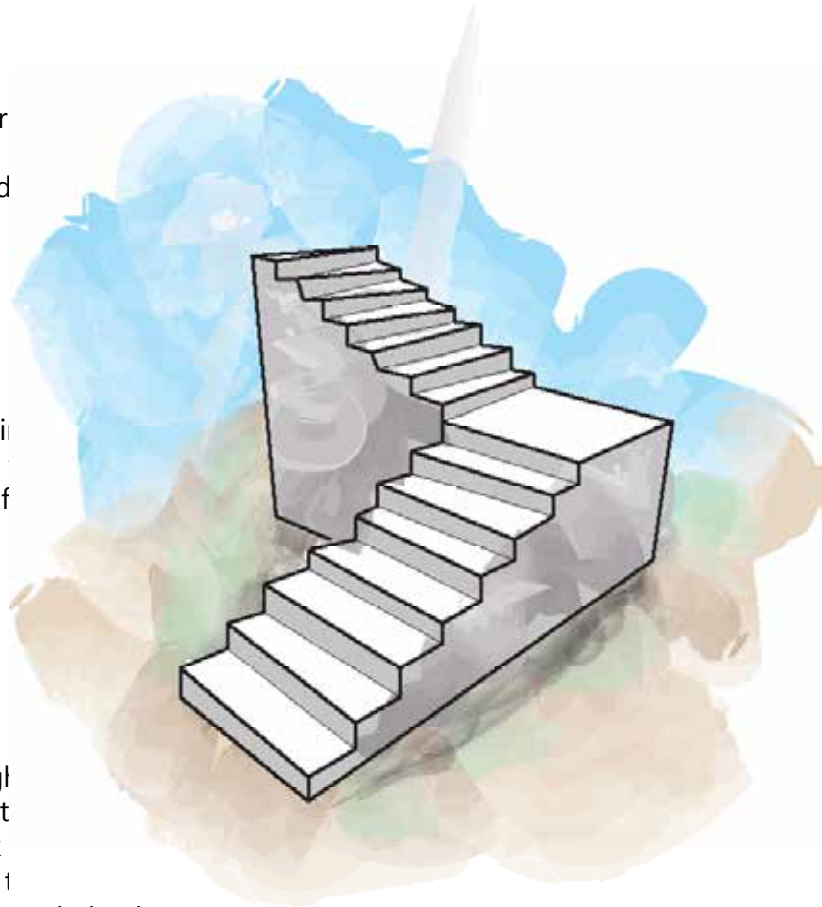
Hart, M. (2009). For Indigenous People, by Indigenous People, with Indigenous People: Towards an Indigenist Research Paradigm. In R. Sinclair, M. Hart, & G. Bruyere (Eds.), *Wicihitowin: Aboriginal Social Work in Canada*. Winnipeg, MB: Fernwood Publishing.

A Reflection on Cultural Paradigms

The following are simplified models of complex worldviews. They serve to illustrate how different groups can perceive the world and their place in it. The narratives represent two ends of a cultural continuum, with most people existing somewhere in between. Where someone lands on the continuum can have implications for service to their family.

The Staircase

You were brought up in a nuclear family that taught you many things to prepare for adult life. You learned that as an individual you could aspire to greatness, and that to be ambitious and strategic were attributes that could lead to success. You believe that success is defined by your personal achievements and that in this competitive world, it is good to be on top. In order to be successful you were taught to work hard, be patient, think positively, endure hardship, persevere through adversity, and look for support. When you made mistakes, you felt guilty. You learned that adversity is part of life, and that going through tough times will help you on your path to success. You were taught to walk through the world with purpose. You learned that you can make choices about your life, and plan for your own success.



Above all you were taught that you are in charge of your own life, and that the measure of your life is based on your personal achievements and their legacy.

You're on a staircase, hurry! Time is running out – everybody out of the way – get yourself to the top!

The Rollercoaster



You were brought up in an extended family that taught you many things to prepare for adult life. You were instilled with the belief that you were part of a larger collective, and within that collective is your future. Your destiny is not known to you. While you should live your life in a “good” way, your fate is in the hands of forces beyond your control. Maintaining harmony within yourself and your relations overrules your personal ambitions; what is good for the collective is best for you. When you made mistakes, you felt shame. If things did not go well, you were taught to accept it and be patient, as it will get better. You were taught to walk softly. You were told that while you should live with harmonious and balanced relations, you are subject to forces, all around you, beyond your personal control.

You were told that life is a sacred moment and not a vehicle for your personal gain.

You’re on a rollercoaster; experience the ride for its own sake! Hold on to your partners and help them, ride as well as you can, and accept where it takes you!

Reflection

Consider how your upbringing has shaped your worldview. Do you see your life more like the staircase, the rollercoaster, or somewhere in between?

How can you minimize the potential fallout from working with families with differing views, based on your understanding of how worldview shapes interactions?

Source(s)

Masse, P. (1988). *Rollercoaster and Staircases: Two World Views*. Unpublished Training Material.

The Client Experience: Jumping Through Hoops

In the article *Jumping t* Marylyn Bennett tells u typically report positiv welfare authorities. In l mothers involved with states that most moth should be avoided or you can lose your children. Among those who had children removed, many were not clear on the reasons their children apprehended and were given voluntary care o Many mothers felt that very traumatic for their child welfare professio important information did not feel that they were being heard. CAS staff were disrespectful, delivered inconsistent messages, and confused changed expectations. Most mothers did not feel helped at all.



7th Generation Image Makers / Isaac Weber

Some of the dominant themes arising from the survey were feelings of fear and issues of trust. Many mothers had difficulties with the times and places arranged for them to visit their children, and they had concerns about potential harm to their children while in care. The fact that many children were also placed in non-FNIM homes was also concerning. Many mothers said that CAS staff made them “jump through hoops”, attending program after program for reasons unclear to them.

In their survey of 38 FNIM women in Ontario, Baskin et al. (2012), echo similar themes. Their report contains a long list of recommendations directly aimed at CAS staff, including:

- The need for CAS staff to be reflexive and mindful in their ways and means of service;
- The need for CAS staff to be more collaborative with other service providers;
- The need for CAS staff to understand the client’s worldview and incorporate a holistic approach with the family and community as the focus of service.

The women interviewed wanted to be seen as people with strengths, but also wanted their workers to appreciate the power of addictions, PTSD, poverty, and other toxic burdens they must carry. They wished that their workers would see them as mothers, with capacity to care for their children. The mothers appreciated case management approaches that could get them the services that they needed in order to prevent apprehension. Respectful, clear, and transparent communication was sought; most women wanted to know exactly what they needed to do in order to have their children returned to them.

The number of FNIM mothers from both studies who felt poorly about their child welfare intervention is alarming, and stands as a challenge to CASs to provide better service. Workers must become aware of the complex systems and generations of trauma that can impact FNIM families and communities. The issues that surround FNIM mothers' feelings toward child welfare intervention cannot be discounted in any attempt to secure better outcomes for their children.

Cultural differences and power inequities can distort communication between CAS staff and families. While a worker may be trying to use strategies to help a parent remedy the situation, a FNIM parent may feel that they are being forced to 'jump through hoops'; that is, being arbitrarily given tasks to complete with no explanation as to how these tasks will lead to the return of their children. Practices that may seem culturally appropriate and clear to workers may not be clear to an FNIM caregiver. Workers may unintentionally prescribe solutions that they believe may be effective for the family, when in reality this may not be the case.

Social location and worldviews can have a direct impact on a worker's daily practice, and these can affect relationships with FNIM families. Weaver (2004) solidifies this point by arguing that it is important to understand one's own cultural bias in addition to learning about that of the individual or family. She stresses the need to actively listen, and to modify our interventions to incorporate social and cultural dynamics. Failure to do this might lead CAS staff to poor, unhelpful, and oppressive interventions.

Good relationships are the platform from which good services are launched. It is important for CAS staff to exercise engagement skills in this highly charged context and establish an honest and clear "contract" with families, so that they can work together.

Child welfare professionals may find that some FNIM families may take a "fight or flight" approach when faced with allegations of abuse and/or neglect, or the threat of child apprehension (Earle, 2000, p. 19). This response is caused by a variety of cultural, individual, and community factors, and may lead to FNIM caregivers being labelled as "uncooperative, unmotivated, resistant, or hard to reach"; inadvertently getting them into further trouble with courts and CASs (Earle, 2000, p. 19).

The women interviewed wanted to be seen as people with strengths, but also wanted their workers to appreciate the power of addictions, PTSD, poverty, and other toxic burdens they must carry.

Reflection

How has your own cultural upbringing shaped your work with families from different cultures?

Can you think of a situation where your worldview has had a direct impact on a decision you made, or an action you took? Was the outcome of that situation positive or negative?

Source(s)

- Baskin, C., Strike, C., McPherson, B., Smylie, T.A., Suave, A., McKay, D., Archer, L., Kimewon, W., Ross, L., & Kakekayash, J. (2012). *Developing collaboration between pregnant/parenting Aboriginal women with substance misuse problems, substance misuse treatment counselors, and child welfare workers. Project Final Report*. Retrieved from <http://rps.chass.utoronto.ca/doc/Women-of-the-Shining-Light-Report.pdf>
- Bennett, M. (2009). Jumping Through Hoops: A Manitoba Study Examining Experiences and Reflections of Aboriginal Mothers involved in Child Welfare in Manitoba. In D. Fuchs, & L. Brown (eds) *Passion for Action in Child and Family Services: Voices from the Prairies* (pp. 69-98). Regina, SK: Canadian Plains Research Center
- Earle, K.A. (2000). Child Abuse and Neglect: An examination of American Indian Data. *Casey Family Programs and National Indian Child Welfare Association*. Retrieved from http://www.nicwa.org/research/02.Child_Abuse.pdf
- Weaver, H. (2004). Elements of Cultural Competence: Applications with Native American Clients. *Journal of Ethnic and Cultural Diversity in Social Work*, 13(1), 19-35.

Foundations of Practice

Foundations of practice are the fundamental values, knowledge, and actions that underpin child welfare practice. Knowing and understanding the unique considerations in working with FNIM families is the platform on which specific child welfare practices rest.

Cultural Competence and Safety

In 1988, Terry Cross defined cultural competence as “a set of congruent behaviors, attitudes, and policies that come together” in a way that facilitates effective work in cross-cultural situations. This includes practices that honour the cultural identity of the individual and family and that take tangible steps in accounting for the different worldviews of all stakeholders.

Cultural identity is unique to each individual. Workers should refrain from making broad assumptions, as FNIM peoples might either identify strongly with traditional lifestyles and “walk the path”, or, they may see little relevance in their FNIM roots in who they are today. Particularly among youth, identity issues will be confusing; for some, a source of considerable distress. This is discussed further in the FNIM Children in Care section of this guide.

CAS staff must be able to learn and understand the cultural dynamics at play in a FNIM family. When you have doubts about how to proceed, FNIM specialists and resources targeted towards working with FNIM families (such as the local Friendship Center, the band rep, the local pre-mandated FN agency, etc.) can help in assessing the authenticity of any cultural intervention and ensure that practices do not challenge the cultural integrity of a situation. It is important to take guidance on these matters from people intimately connected to the FNIM community or we can miss the local nuances and special and unique considerations at play. A person who the community recognizes as authentic is important in this process.

Cultural safety requires a shift in the attitudes of CAS staff, away from historically oppressive approaches. Knowledge of and sensitivity to an individual’s cultural context is only one part of the process of developing cultural safety. It is also critical that this be incorporated within frameworks of social justice and anti-oppression. Without this the cultural considerations in a case can focus on matters of cultural “etiquette”, where we respond routinely to complex issues through over-simplification and the expression of superficial remedies, using scripted behaviours and communications.

Source(s)

Anishnawbe Health Toronto. (n.d.) *Aboriginal Cultural Safety Initiative*. Retrieved from www.aht.ca/aboriginal-culture-safety

Cross, T.L. (1988). Cultural Competence Continuum. *Focal Point*, 3(1): 1-4. Retrieved from <http://www.pathwaysrtc.pdx.edu/pdf/fpF88.pdf>

McKenzie, B. & Morrissette, V. (2004). Social Work Practice with Canadians of Aboriginal background: Guidelines for respectful social work. In A. Al-Krenawi & J. R. Graham (Eds.), *Multicultural social work in Canada: Working with diverse ethno-racial communities* (p. 251-287). Don Mills: Oxford University Press.

Anti-Oppressive Practice

True cultural competence requires that we take a proactive stance in confronting oppression. Racism and discrimination are a day-to-day reality for many FNIM families. Ignoring racism compromises our credibility with families and the success of our interventions.

Research has indicated that child welfare professionals' beliefs affect their decision making in their work with families. This tendency to resist changing our minds is not exclusive to child welfare, but is based in psychological research that dates back to philosopher Francis Bacon in the 16th century (Munro, 1996).

We look for evidence to confirm, not disprove, our views.

When working with families, it is critical for child welfare professionals to continually re-assess their hypotheses and conclusions, lest some risk be ignored. Or alternatively, CAS staff cannot always assume that there is a problem within the family, but should be open to considering the possibility that no protection concerns exist, or that existing ones may have been mitigated.

On the other hand, child welfare professionals must remain strengths-based in their family assessments, and ensure that stereotyping and pre-conceived hypotheses are not clouding their critical judgment of the risk.

CAS staff represent a powerful, often terrifying, force in the lives of families. We have seen how past child welfare practices became part of the colonial process of oppression, and how the resulting dysfunction continues in FNIM families. CAS staff must understand that their power does not exist to control or punish victims of oppression, but to make improvements in the lives of children. A full appreciation of systemic issues including: poverty, housing, unemployment, sub-standard education, and their roles in child neglect is required.

We must know and understand the dynamics of oppression, and act as advocates on behalf of FNIM families. This means challenging ourselves and our agencies to do things differently and to trust that FNIM communities are the key to improving the lives of their children. For example, restoring power and authority to FNIM communities and involving FNIM stakeholders are opportunities to improve outcomes and break the cycles that child welfare has had to contend with, and has contributed to, for generations.

Further Reading

Becoming an Ally (2002) by Anne Bishop is a search for the origins of racism, sexism, heterosexism, ableism, ageism, and all other forms of oppression that divide us. The book examines history, economic and political structures, and individual psychology looking for the roots of discrimination.

One of the most important things in working with FNIM families is relationship. A good working relationship between a child welfare professionals and a FNIM family is not easy to create, and requires CAS staff to use their power to facilitate and engage, not intimidate.

Child welfare professionals can achieve good working relationships by:

- following protocols,
- getting involved in community activities, and
- being helpful in addressing the broader systematic issues, such as housing or education.

If CAS staff ignore oppression, FNIM families will surely continue to be victimized.

Reflection

Have you taken any training in anti-oppressive practice?

Have you acknowledged your own social location and bias, and how that may affect the family you are working with? or how it affects how a family works with you?

Source(s)

Munro, E. (1996). Avoidable and Unavoidable Mistakes in Child Protection Work. *British Journal of Social Work*, 26(6), pp. 793-808.

Practice Tips for Engaging with FNIM Families

Effective engagement with FNIM families takes time. Conducting investigations, completing home studies, or building a service plan may take longer; but building good relationships with the family, and allowing them to share their story, if they choose to, can lead to better outcomes for children.



Photo: © CanStock Photo Inc./denyskuvaieu

Things to consider when engaging a family include:

- **Language**
 - English may not be their strongest language. If the worker is able to speak the family's FNIM language, this can set the stage for a less-threatening dialogue.
 - Consider their reading comprehension level when developing service plans or providing written conditions and/or guidelines
- **Questions**
 - Structure questions to build on the family's history, culture, and background
 - Recognize that the family is the expert in their own life
 - If answers are not clear, ask deeper questions
 - Be prepared to answer the questions the family may ask of you
- **History**
 - Recognize that FNIM families have not always had good relationships with child welfare and may require support to work with you effectively

(OACAS, 2012, p. 108-110)

The behaviour(s) of child welfare professionals and CASs can also significantly affect the engagement of FNIM families in child welfare service.

Effective behaviours for engagement include:

- Setting mutually satisfactory goals
- Providing services families find relevant and helpful
- Spending sufficient time with families, in order to demonstrate skills and provide the necessary resources

(OACAS, 2008, p. 22)

Identifying and providing support(s) throughout the child welfare process will also help to build a relationship with a FNIM family and help to improve engagement. Other ways to provide support include:

- Bringing and/or involving a FNIM client advocate
- Providing information and/or pamphlets on court processes, client rights, etc.

It is also crucial that safety plans for FNIM children be culturally appropriate. Consultation with the family will help achieve this, and also help to improve family engagement in the service process.

Source(s)

OACAS. (2012). *Working with First Nations, Inuit, and Métis Families who have experienced family violence*. Toronto: OACAS

OACAS. (2008). Handout 26: Engaging Families in Child Welfare: A Brief Review of the Literature. *Foundations of Child Welfare Practice – Course 5: Engaging Families*. Toronto: OACAS

Wise Practices in Child Welfare

Cynthia Wesley-Esquimaux argue Western-based research, which is “best practices” commonly used in the child welfare field, is of questionable value in work with FNIM families due to their Anglo-European bias and lack of FNIM-specific information. Instead, she presents the notion of “wise practices” that are based on experience and subsequent reflection in work with FNIM families (2010).

When compared to conventional Western approaches, wise practices are considered more promising, as they accommodate the worldview of those being served and increase our understanding of what to do and what to expect.

Wise practice experience reveals that child welfare practice must be family-centered, with CAS staff



open to working within the collective nature of FNIM life. Wise practices are inclusive, and work with FNIM leadership and their representation in a peaceful and child-centered manner. Extensive collaboration with FNIM band representatives or pre-mandated service staff are examples of inclusive practice.

Many wise practices are also based on a holistic frame of mind, with a strong sense of the importance of relationships and their quality. Engaging the natural systems of helping available in many communities, using a strengths-based perspective, and early interventions are key in preventing child abuse and neglect. Effective strategies are transparent, with open and honest communication among stakeholders (Blackstock, 2011; Pooyak et al, 2011; Wesley-Esquimaux & Snowball, 2010).

CAS staff should be willing to listen to alternatives and to trust that FNIM peoples, their extended families, and communities, can usually find the best solution to their problems.

Where possible, it would be beneficial for CASs to have a position or role established for a FNIM client advocate or liaison who could assist FNIM families throughout the initial court process, as well as provide families with assistance in completing necessary documentation.

Source(s)

Blackstock, C. (2011). The Emergence of the Breath of Life Theory. *Journal of Social Work Values and Ethics*, 8(1), 6 – 22.

Pooyak, S., Hefferstey, C., Rutman, D., Hume, S., Van Bibber, M. (2011). Aboriginal Child and Family Services Practice Standards: Literature Review Part 2. *Caring for First Nations Children Society*. Retrieved from <http://www.cfncs.com/downloads/the-literature-review-part-2.pdf>

Wesley-Esquimaux, C, & Snowball, A. (2010). Viewing Violence, Mental Illness and Addiction Through a Wise Practices Lens. *International Journal of Mental Health and Addiction*, 8, 390 – 407.

Cornerstones of Practice

Culturally congruent practices exist that are endorsed by FNIM practitioners, are promising for long-term success in creating safety, security, and healing for FNIM children and their families. Customary care is defined by legislation, while others are created from knowledge, and based on experience of what works in the FNIM service context. These practices build on the foundations elaborated upon in the previous section.

Family Services

Customary Care

One of the most effective ways of serving First Nations children in need of protection is through the use of customary care. Customary care is part of the continuum of permanency options for First Nations children (OACAS, n.d), and is the highly preferred and most promising approach. As the specifics of each care arrangement are defined by the First Nations community itself, customary care is highly culturally relevant, and incorporates the community's unique traditions and customs.

Customary care is a traditional method of caring for children, premised on the belief that children are gifts that sustain communities and, reciprocally, need to be sustained themselves (OACAS, n.d). Customary Care Agreements are utilized when protection concerns in a family require an out-of-home placement for the child(ren). Traditional customary care agreements may or may not involve the CAS, and can be entered into by a child, or the child's parents, band, or alternative caregivers. In contrast, a formal customary care agreement requires that a child's placement is supervised by a CAS, as it aligns with the band declaration and terms of the customary care agreement (Native Child and Family Services, n.d.). A customary care home must comply with all requirements of foster care licensing, within 60 days of a child's placement (OACAS, n.d.).

Further Reading:

The Ministry of Children and Youth services has produced a useful guide outlining the foundation and uses of formal customary care. A copy of the guide can be downloaded online from: <http://customarycare.com/guide.php>

Customary care has served as a flashpoint in the struggle for CASs and First Nations communities to find common ground in caring for children. Although this care option has been in effect for two decades, its use has been varied among FNIM CASs and non-FNIM CASs. In 2012-13, an average of 892 children per month were in customary care arrangements through OACAS' member agencies (OACAS, 2013, p.5).

Customary care requires clear and cooperative relations between CASs and the FNIM communities that they serve. Because the stakes are high and the potential for misunderstanding significant, it is important to have a protocol in place that speaks directly to the duties, roles and responsibilities of the various stakeholders (Tripartite Technical Table on Child Welfare, 2011).

Reflection

How many customary care arrangements are there in your agency?

Does your agency, whenever possible, try to use a customary care agreement?

Why or why not?

Source(s)

Native Child and Family Services. (n.d). *Customary Care*. Retrieved from: <http://www.nativechild.org/foster-parenting/customary-care-kinship>

OACAS. (n.d). *Permanency Planning Options Backgrounder*. Retrieved from <http://www.oacas.org/childwelfare/changes/permbackground.htm>

OACAS. (2013). *Child Welfare Report 2013: Modernizing our Child Welfare System: Marking Our Progress: Moving Forward*. Toronto, ON: OACAS. Retrieved from <http://www.oacas.org/pubs/oacas/childwelfarereport/OACAS-ENGLISH-REPORT.pdf>

Tripartite Technical Table on Child Welfare. (2011). *Customary Care: A Summary of Meeting Discussions on January 26, 2011*. Retrieved from <http://www.anishinabek.ca/download/customary%20care%20summary%20rpt%20june%202011.pdf>

Healing

According to the 1996 RCAP report, "healing in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations." This definition is especially relevant to those who are concerned with personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. "Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities, and self-respect" (RCAP, 1996). Inter-generational trauma has profound effects, and healing can only occur when undertaken at multiple levels. "The idea of healing suggests that to reach 'whole health', Aboriginal people must confront the crippling injuries of the past" (RCAP, 1996).

While there are a diverse range of healing methods and approaches across Ontario, promising healing practices share a number of key characteristics. According to RCAP, these include:

- A value base and guiding principles that reflect an FNIM worldview;
- A healing environment that is personally and culturally safe;
- A capacity to heal, represented by skilled healers and healing teams;
- A historical component, including education about residential schools, foster care and adoptions, and their impacts;
- Cultural interventions and activities; and
- A diverse range and combination of traditional and contemporary therapeutic interventions.

Effective practices in child welfare encompass both recognizing the importance of healing and supporting FNIM families on their healing journey. Support may come from a child welfare professional to a particular individual. It is important for the whole agency to understand that the FNIM approach to healing is critical to any success, and that the practices of a CAS should not in any way undermine this.

Healing takes time, is complex, and consumes resources. A CAS must commit to supporting healing by incorporating it specifically into the case planning process, and creating space for the process to take place. Creating space for healing may mean the increased use of Temporary Care Agreements, court adjournments, and “contracting” with a family on specific responsibilities. It could also mean allowing for more inquiry into the possibility of placements in the child(ren)’s home community, instead of simply informing the community of a child’s placement. Or it may mean some form of reconciliation between a particular individual or family and the CAS.

Many believe that healing inter-generational trauma is the only way to break the cycle of child apprehension and family dysfunction. Working with FNIM families requires a sound and trusting relationship, with some literacy on the part of CAS staff in the local traditions associated with the healing process. Each community, indeed each individual, will choose to define its own path toward healing, and child welfare professionals must respect and support the process.

Reflection

How do you use tools, such as temporary care agreements, to help ensure child safety and create space for healing?

Source(s)

Government of Canada. (1996). Report of the Royal Commission on Aboriginal Peoples. *Indian and Northern Affairs Canada*. Retrieved from http://www.collectionscanada.gc.ca/webarchives/20071115053257/http://www.ainc-inac.gc.ca/ch/rcap/sg/sgmm_e.html

Spirituality

FNIM families often have a strong and unique sense of their spirituality. They might be “walking the path” towards a high level of personal commitment to FNIM cultural or spiritual traditions; they may be Christians; and sometimes, they are both. Whatever their spiritual beliefs are, the family’s choices must be respected.

Sadly, a significant number of the FNIM families coming to the attention of the child welfare system are “anomic”; through the toxic combination of colonialism and personal trauma they are alienated from both Aboriginal and non-Aboriginal identities (Kirmayer, MacDonald, & Bass, 2000). Many believe that FNIM individuals who are estranged from any spiritual identity can often be helped through traditional FNIM approaches, including ceremony and related teachings. CAS staff should encourage use of FNIM approaches, especially for individuals with addictions and mental health problems.

Individuals who seek balance and meaning through spiritual practices are working on their 'whole' health. Such practices can be beneficial to child and family life; for some, these experiences can be life-changing.

Specific roles that CAS staff can play in encouraging FNIM spirituality will depend on the nature of the relationship with the family. The better the relationship, the more likely the CAS staff will be able to engage in this form of helping. Child welfare professionals can be a catalyst in a healing process by encouraging it, supporting it, and recognizing that it is a sign of strength.

CAS staff can seek direction from individuals within the family and the traditional knowledge keepers of the community about the appropriate ceremonial approach. As Aboriginal cultural and spiritual practices are widely diverse, sometimes there are specific protocols associated with ceremony, and it signals respect to ask families and communities about these protocols, and to behave accordingly.

It is also important to note that FNIM families or communities may identify as Christian, and that within these communities, traditional ceremony is not likely to be practiced. In these cases, the local parish may have helpful resources.

Finally, the family may express their own unique blend of Christian and FNIM spiritual beliefs and practices. This would need to be explored with each family, and service measures need to be taken to ensure their unique spiritual orientation is made safe and is respected.

Individuals who seek balance and meaning through spiritual practices are working on their 'whole' health. Such practices can be beneficial to child and family life.

Source(s)

Kirmayer, L.J., MacDonald, M.E., Brass, G.M. (Eds.). (2000). The Mental Health of Indigenous people. *Culture & Mental Health Research Unit, Report No. 10*. Retrieved from <http://www.mcgill.ca/files/tcpsych/Report10.pdf>

Reflection

What are the spiritual practices of the FNIM families that you are working with?

Repatriation

With the arrival of customary care and the overall decline in children experiencing a complete separation from community and family, the need for repatriation services has diminished. According to the Ontario Commission to Promote Sustainable Child Welfare, however, there exists and will continue to exist a significant population of FNIM children in care who will benefit substantially from reconnecting to their FNIM roots.

In a study undertaken in Ontario in 1999, repatriation was defined as “a process whereby the community re-establishes ties between adopted and/or fostered children, their families and the community of origin” (Budgell, 1999). Depending on each situation, the nature of these “ties” may be quite different.

Some examples of repatriation are as follows:

- visits by children to the birth community so the family and the community become regular parts of their lives;
- children moving back to the reserve [or home] on a temporary basis, without establishing permanent residence in the community;
- children moving back to the community permanently;
- simple re-establishment of communications between children and their families often through electronic/social media.

What these examples of repatriation have in common is a renewed relationship between the children and their families and communities of origin. Physical relocation is not required in all cases. As children develop and families change, the form and function of repatriation may change.

It’s important for child welfare professionals to treat any form of repatriation as a careful clinical decision, made with the full engagement of not only the children involved but with the family and community of origin.

Repatriation should not be seen as a political act, although it is by nature political, but as part of the many considerations associated with the best interests of children in care.

Reflection

Can you think of any examples of repatriated children in your agency, or children who could be repatriated?

Source(s)

Budgell, J. (1999). *Our way home: A Report to the Aboriginal Healing and Wellness Strategy: Repatriation of Aboriginal People Removed by the Child Welfare System: Final Report*. Toronto, ON: Native Child and Family Services of Toronto, Stevenato and Associates.

Commission to Promote Sustainable Child Welfare. (2012). *Realizing a Sustainable Child Welfare System in Ontario: Final Report*. Retrieved from http://www.children.gov.on.ca/htdocs/English/documents/topics/childremsaid/commission/2012sept-Final_report.pdf

Culture Based Alternative Dispute Resolution

Modern child welfare practice uses methods that provide alternatives to the lengthy, conflict-ridden, win/lose dynamics of the legal interventions of the past. Evidence of this can be seen in the Ministry's requirement for CASs to consider using Alternative Dispute Resolution in particular circumstances.

Alternative dispute resolution (ADR) is a "strategy to streamline court processes and encourage alternatives to court. It focuses on a more strengths-based, inclusive and collaborative approach to resolving child protection disputes, and encourages the involvement and support of the family, extended family, and the community, in planning and decision-making for children" (MCYS, 2006, p. 1). CASs can use any of the following prescribed methods of ADR: Child Protection Mediation, Family Group Conferencing, Aboriginal approaches (such as circle processes), or other methods that adhere to the 2006 MCYS policy directive (MCYS, 2006, p. 2-3).

When using ADR with FNIM families, the CFSA outlines specific requirements for notifying and consulting with the band (see section 20.2).

Family Group Conferencing is an approach that has been traced to Maori practices in New Zealand (American Humane, 2004). It has been successful at helping children remain in their homes, creating more kinship placements, earlier re-placement, and shorter time spent in care.

While the Maori may have pioneered this approach in NZ, FNIM peoples of Ontario have had their own practice, since before colonization: the "talking circle". Nishnawbe-Aski Legal Services provides a program titled, "Talking Together." The goal of the Talking Together program is:

"to bring participants together to discuss family problems in a non-judgmental way. The Circle is composed of family members, front line workers, agency representatives, community elders and representatives [...] participants look at who has been affected and how they have been affected by the problems that the family is experiencing [...] participants are asked: what can be done? If an agreement is reached, it is used as the basis for the Plan of Care and filed with the Court" (Nishnawbe-Aski, n.d.).

Native Child and Family Services in Toronto uses an "Original Dispute Resolution" modeled in much the same way. Ottawa CAS and the Ottawa Inuit Children's Centre have also developed, and use a similar model, the Circle of Care program, with Inuit and First Nations families (focus group, Ottawa CAS, June 2014).

CAS staff can be instrumental in facilitating talking circles, but must do so with the understanding that it involves less reliance on law and more reliance on the ability to clearly communicate and be open to alternatives. The power imbalances are addressed with all parties on equal footing in terms of process, content, and outcome. The talking circle, like Family Group Conferencing, can facilitate an overall improvement in case planning and can do a lot to improve relations between a CAS and FNIM families and communities.

Unless a trained FNIM person is on staff at the agency, the talking circle will likely be contracted through one of the available FNIM resources in the community. The "Talking Together" program is one example; others include the use of an Elder from the FNIM community.

Reflection

Have you ever used a form of Culture Based ADR (talking circles, family group conferencing, etc.)?

How did the Culture Based ADR approach benefit the family?

How could you encourage your agency to incorporate Culture Based ADR, or other culturally relevant practices, in the future?

Source(s)

American Humane. (2004). A Perspective on the Origins of Family Group Conferencing. *FGDM Issues in Brief*. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/fgdm/pc-fgdm-ib-fgc-origins.pdf>

Child and Family Services Act, R.S.O. 1990. (1990). Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

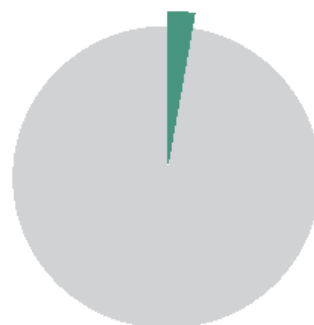
Ministry of Children and Youth Services. (2006). *Policy Directive: CW 005-06*. Retrieved from <http://www.cpmc.ca/userfiles/files/ministry.pdf>

Nishnawbe-Aski Legal Services. (n.d.) *Talking Together*. Retrieved from <http://www.nanlegal.on.ca/article/talking-together-126.asp>

FNIM Children in Care

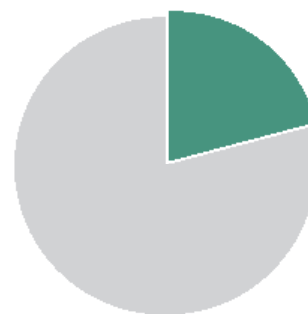
In the year 2006, FNIM children made up three percent of the child population in Ontario, yet comprised 21 percent of all provincial Crown wards (Kozlowski et al., 2011). This reality should motivate us to do better by them. The following provides strategies for achieving better outcomes for FNIM children in care.

CHILD POPULATION (2006)



■ FNIM Children (3%)
■ Non-FNIM Children (97%)

CHILDREN IN CARE (2006)



■ FNIM Children (21%)
■ Non-FNIM Children (79%)

Identity Development

Although fewer FNIM children are adopted, the number of FNIM children in care by the province through conventional care options, and by First Nations communities through customary care is on the rise. Almost all FNIM children in care of the non-FNIM sector are served through non-FNIM resources, both agency-run and purchased. Many children are in group care and some, particularly older Crown wards, remain unidentified as FNIM children altogether (Commission to Promote Sustainable Child Welfare, 2012).

The dominant issues for children in care are the lack of identity and attachment to a FNIM family and community. Aboriginal scholars have written extensively on the issues in Aboriginal to non-Aboriginal adoption, and these issues are easily applied to any long-term care situation. They consistently reference a historical expectation that the child fit the family, not the other way around. Recently, the child welfare field has recognized the importance of a child's identity and its relationship to the child's self-esteem and sense of self-worth. The provincial training program to prepare prospective resource parents, Parent Resources for Information, Development, and Education (PRIDE), calls on resource parents to promote a sense of positive racial and cultural identity.

In addition, the CFSA acknowledges the importance of identity in a child's life by requiring that the child's plan of care include a description of arrangements that are being made to recognize and preserve the child or youth's heritage, traditions and culture. This requirement is particularly emphasized where the child or youth is an FNIM person – in these situations, the CAS is also required to consult with the band or FNIM community whenever it proposes to provide a prescribed service to a child or youth (OACAS, 2010a).

Identity conflicts are reported as natural and many scholars call on CASs to take steps to ensure such conflicts are minimized. Scholars caution against a superficial approach to helping a child with their identity issues, as good intentions can often backfire. One author shares an example of a FNIM child attending a Pow Wow, who felt even more alienated by the fact that s/he was a visitor and no longer an integral part of any collective (Richard, 2004).



In order for children to maintain their cultural identity, child welfare practices must be **substantive, consistent, and authentic**.

- To be **substantive**, practices should go deep into the cultural heritage, not just skim the surface.
- To be **consistent**, practices must be built into the day-to-day, and not simply be a special event.
- To be **authentic**, practices must resonate with the child's true cultural background, not one that has been fabricated based on necessity or a specific goal.

Ideally, CAS staff should consult and work with the child's FNIM community to get direction and assistance when helping a child with identity issues. If a FNIM child has a specific and tangible relationship with a FNIM community, identity issues tend to be minimized. When a child's home community is distant, it is essential that the CAS make the best connections possible given that limitation.

Each child and situation will demand different approaches, but the benefit of cultural connection through FNIM communities must be recognized by CAS staff.

Source(s)

Commission to Promote Sustainable Child Welfare. (2012). *Realizing a Sustainable Child Welfare System in Ontario, Final Report*. Retrieved from http://www.children.gov.on.ca/htdocs/English/documents/topics/childremsaid/commission/2012sept-Final_report.pdf

OACAS. (2010a). *PRIDE Pre-Service Trainer Guide Session 5: Strengthening Family Relationships*. Toronto, ON: OACAS

Richard, K. (2004). A Commentary against Aboriginal to non-Aboriginal Adoption. *First Peoples Child and Family Review*, 1(1), 101-109.

Cultural Programming in Plans of Care

The creation of a cultural plan as part of a child's Plan of Care is a critical piece of identity formation and self-esteem. A cultural plan can stand as a record of an agency's commitment to ensuring that a child's heritage is honoured, and assists the child in growing up without the identity conflicts that plague many FNIM children in care.

While the format and content may vary, an appropriate cultural plan would include the following dimensions:

- A description of the child's cultural background.
- Home community, ancestry and affiliation.
 - A FNIM child will always have a tribal affiliation and a home community which should be clearly stated in the file. A non-status child, or Métis child, will also have a community of origin but it may be a village or even a large city. Indeed, in Ontario, the largest population of FNIM children is in Toronto.
 - If the child has a mixed ancestry, CASs must know that children with one Status Indian parent are not considered any less aboriginal. It is often challenging to be clear about identity when a child has complex and mixed heritage. It is incumbent on CAS staff to help children understand and appreciate who they are, especially when that identity does not conform to stereotypical definitions.
- An assessment of the child's current cultural connections and their significance.
 - What is the child's description of how s/he identifies, and how consistent is that with the written record? If there are significant discrepancies in this area then it will be up to caregivers to help the child sort them out, or it could create significant distress later. If s/he has a clear identity and simply needs an opportunity to express it, then the cultural plan can move forward.
- Identification of specific activities associated with a cultural plan.
 - These activities should focus on building identity and relationships, a community connection or some alternative to it. The actual activities would be best informed by partnering with the FNIM sector, the child's home community, or a local Friendship Center.
 - Encouraging the child's participation in ceremony can be an important part of CAS care. There are a number of childhood-specific ceremonies in many FNIM cultures. Ceremonies related to rites of passage and naming ceremonies have a great benefit to identity and are comforting for children in care.

Like other aspects of Plans of Care, the cultural plan requires regular review and amendments to mirror the child's progress, circumstance, and specific stage in life.

The following framework exemplifies one approach, in this case from Native Child and Family Services of Toronto, toward achieving a stronger and clearer understanding of what practical elements, practices and expectations are involved in plans of care for FNIM children.

Key Activities:

The worker and supervisor review quarterly the following FNIM child in care domains:

Ceremonies (spiritual connection)	Cultural activities, customs and events	Language
Elders	Band / Place / Land	Music, Art & fashion
Network of support (relationship building)	Community Involvement	Family Connection (& Extended Family)
First Nation History	Healing Journey	Traditional Foods
Bi-cultural considerations

The worker and supervisor create a full summary narrative of at least three basic **cultural outcomes**:

- Child’s development as it relates to **identity**
- Child’s development as it relates to **values**
- Child’s development as it relates to **relationships**

Performance Indicators:

When a child is discharged from care s/he should have:

1. A strong sense of identity,
2. Ability to stay true to the teachings of Aboriginal values
3. A strong network of supports (relationships)

These three basic cultural outcomes should position children and families to successfully meet the challenges and opportunities they will encounter in daily life.

Another readily available tool that can be used by child welfare professionals to build on discussions of identity development for children in care is the Assessment and Action Record (AAR). Every child in the care of CAS for more than one year must have an AAR completed, as part of the Ontario Looking After Children program (OnLAC). The AAR encompasses seven different developmental dimensions that are essential to a child’s overall positive well-being, one of which being identity. In the case of FNIM children, the AAR specifies a number of questions that a child welfare professional can consider in preparing the child’s plan of care, including:

- Does (the child) visit or meet with people from his/her own FNIM community?
- Does (the child) learn about traditional teachings, customs, or ceremonies?
- Does (the child) participate in his/her own FNIM community events, activities, traditional meals/foods, and ceremonies?
- How often does (the child) speak his/her own First Nations or Inuit language?
- Does (the child) have a personal connection with an Elder, Healer, and/or Cultural Teacher?
- Does (the child) have a native Spirit Name?

(OACAS, 2010b, p. 12-13)

Source(s)

OACAS. (2010b). *Looking After Children: Assessment and Action Record Ages 5 to 9 years*. Toronto, ON: OACAS

“The Sacred Bundle”: Cultural Support to Children in Care

Services to FNIM children in care can include creating a “Sacred Bundle”: essentially a Life Book modified to resonate with the child’s FNIM heritage. The Sacred Bundle is a metaphor, but is also a tangible product. It can answer important questions for the child about who s/he is, where s/he comes from, and his/her place within the FNIM collective.

Like any Life Book, the Sacred Bundle records as much information about the child’s life as possible, and creates a historical record of his/her life. The creation of a Sacred Bundle can help build a relationship for the child with his/her FNIM community, and presents opportunities for CAS staff to further their own literacy about the child and the issues confronting all FNIM children in care. The Sacred Bundle is the property of the child, and s/he decides how it is used.



Photo: Flickr Creative Commons/Michael Swan (CC-BY-ND)

In addition to the information typically contained in a Life Book, a Sacred Bundle can contain:

- reference to the child’s tribal affiliation
- his/her clan affiliation
- the history of his/her community of origin
- his/her family history
- any stories or anecdotes that can connect the child to his/her heritage
- significant cultural milestones such as the receipt of his/her “spirit” name
- important persons from the child’s extended family or community
- anything else that can enhance a child’s cultural affiliation and identity

Many FNIM community centres offer bundle making workshops for children and families. These workshops are a great way to help a child truly make their Sacred Bundle into something tangible.

Reflection

Does your agency use tools that support identity development for FNIM children in care?

Are your culturally relevant practices substantive, consistent, and authentic?

What areas are you strongest in?

What areas need improvement?

What would an effective and sustainable plan for improvement look like?

Other Considerations

Other considerations in caring for FNIM children include the assurance that all benefits afforded them as FNIM people are acquired, maintained, and processed.

These benefits could include:

- Eligibility for status
- Band membership (citizenship) rights, if any
- Non-insured health benefits
- FNIM-specific scholarships and financial assistance for post-secondary school
- Birth certificates – this is particularly relevant for Inuit children who may not have one (focus group, OICC, June 2014)

Source(s)

Carriere, J. (2004). Promising Practices for Maintaining Identities in First Nation Adoptions. *First Peoples Child and Family Review*, 3(1), 46 – 54.

Native Child and Family Services of Toronto. (2011). *Foster Parent Manual*. Toronto, ON: Native Child and Family Services of Toronto.

Richard, K. (2004). A Commentary against Aboriginal to non-Aboriginal Adoption. *First Peoples Child and Family Review*, 1(1), 101 – 109.

Sinclair, R. (2007). Identity Lost and Found: Lessons from the Sixties Scoop. *First Peoples Child and Family Review*, 3(1), 65 – 82.

Learning from FNIM Peoples

The relationship between child welfare and FNIM families and communities has long been defined by trauma and oppression, with a strong focus on identifying deficits within a family. Colonization of FNIM peoples has resulted in a legacy of inter-generational trauma and an over-representation of FNIM children and families within the modern child welfare system.

The current state of FNIM children is of grave concern, despite changes in legislation, progressive child welfare practice, and a growing awareness of the struggles of FNIM peoples.

While there is no one-size-fits-all approach to working with FNIM families, child welfare professionals must recognize how the intersection of history, culture, trauma, healing, and worldview affect the family system – and communities as a whole. Appreciating this intersection will help child welfare professionals better relate to and address the individual and systematic concerns that can cause stress within a family.

Strong relationships are built by working alongside FNIM families, and not against them. By looking for their strengths, and listening to their stories, child welfare can move beyond its historically oppressive approaches and move towards a positive, and productive, relationship with FNIM families and communities. Child welfare professionals, and CASs, must actively work to build cooperative and respectful relationships with FNIM families and communities going forward.

There is great value in listening to and learning from FNIM families and communities. In *Ancestral Landscapes in Human Evolution*, Narvaez et al. argue that traditional approaches to child rearing – many of which survived the destructive forces of colonialism – often align with the best practices for healthy child development (2014). These traditional practices, often found within FNIM communities, include:

- on-demand nursing;
- late weaning;
- maintaining physical contact between infants and adults;
- multiple adult caregivers;
- responding quickly to a baby's cry;
- avoiding physical punishment;
- giving children freedom to explore; and,
- multi-age playgroups.

These traditional approaches have been shown to lead to greater empathy and conscience development, and increased mental health in children (University of Notre Dame, 2010).

FNIM cultures often exemplify what child welfare aspires to achieve for the children we serve. Working as an ally with FNIM families and communities promises to enrich our work with FNIM peoples and potentially enrich the lives of all children and families we serve.

All My Relations



Kenn Richard, July 2014

Source(s)

Narvaez, D., Gray, P., McKenna, J., Fuentes, A., and Valentino, K. (2014). Children's development in light of evolution and culture. In Narvaez, D., Valentino, K., Fuentes, A., McKenna, J., and Gray, P. (Eds.) *Ancestral Landscapes in Human Evolution: Culture, Childrearing and Social Wellbeing*. New York: Oxford University Press.

University of Notre Dame. (2010, September 22). Child rearing practices of distant ancestors foster morality, compassion in kids. *ScienceDaily*. Retrieved June 20, 2014 from www.sciencedaily.com/releases/2010/09/100921163709.htm



7th Generation Image Makers / Isaac Weber

The Journey Continues

It is hoped that this guide has pointed you in the right direction; now it is your turn to continue your learning journey through conversation, reflection, and practice. This guide is simply a foundation towards building positive partnerships with FNIM families and organizations.

Within these final pages we offer you a few final considerations:

- Do you ever exit your “role” as a child welfare professional and engage with FNIM peoples on a less formal basis, outside your day-to-day work in child welfare?
- Become familiar with the FNIM communities in your area.
- Have you ever been to a cultural event sponsored by the FNIM communities in your area?
- Learn who the leaders and elders are, and who to contact for child welfare concerns. Decide together about the best methods to engage with the leaders in the community (phone, email, in person).
- Are you recognized as an ally by FNIM communities and treated as such? If not, what steps can you take to become an ally?
- Learn more about anti-racist and anti-oppressive practices and how these can be incorporated in your day-to-day work with FNIM families
- Consider how the information you have gained can help you assist your agency in building positive relationships with FNIM communities and improving service delivery to FNIM families.
- Work to develop a system of regular meetings and/or joint initiatives with the FNIM communities in your area to help foster good relations between CAS and FNIM communities and organizations

This journey ultimately ends where it started, in front of the door. Picture yourself standing before it.

As you walk through the door, be prepared to continue your learning, as each FNIM community is different.





Appendices

Appendix 1: OACAS' Commitment and Strategic Directions pertaining to First Nations Child Welfare

OACAS has taken substantial steps to acknowledge historical issues and to move forward constructively in partnership with the FNIM sector. These efforts are given direction in the following excerpt from the OACAS Strategic Plan.

Strategic Direction 3

Along with its member agencies, OACAS will support and collaborate with the Aboriginal communities in bettering the health, well-being and life chance of Aboriginal children in Ontario.

1. Enhancing the knowledge and understanding of the culture, current issues and needs impacting Aboriginal people in Ontario.
2. Creating an open dialogue between the OACAS and its members and the Aboriginal communities.
3. Advancing the devolution of services to Aboriginal Child and Family Services.
4. Enhancing the capacity of mandated and pre-mandated Aboriginal Child and Family Service agencies.
5. Engaging in a process of reconciliation.

Source(s)

OACAS. (2013). *Annual Report 2012 – 2013*. Toronto, ON: OACAS.

Appendix 2: A List of Mandated and Pre-mandated FN Children's Aid Societies

Adapted from Kozlowski et al., 2012

Mandated Agencies

(as of 2011)

Agency	First Nations Communities Served
Anishinaabe Abinoojii Family Services	Noatkamegwaning First Nation; Wauzhushk Onigum First Nation; Asubpeechoseewagong First Nation; Wabaseemoong Independent Nation; Obashkaandagaang (formerly Washagamis Bay); Ochiichagwe'babigo'ining Ojibway Nation ¹ ; Wabigoon Lake Ojibway Nation ¹ ; Northwest Angle #37 ¹ ; Wabauskang ¹ ; Shoal Lake #39 ¹ ; Shoal Lake #40 ¹ ; Northwest Angle #33 ¹ ; Migisi Sahgaigan ¹ ; Lac Seul ¹
Dilico Anishinabek Family Care ⁴	Fort William, Ginoogaming, Lake Nipigon, Long Lake #58, Michipicoten, Pic Moberg, Pic River, Lake Helen; Mississauga First Nation, Serpent River First Nation
Payukotayno James and Hudson Bay Family Services	Moose Cree First Nation (Moose Factory); Mocrebec Council of the Cree Nation (Moose Factory); Local Services Board (Moose Factory); Weenusk First Nation (Peawanuck); Fort Albany First Nation; Kashechewan First Nation; Attawapiskat First Nation; Town of Moosonee (not a First Nation)
Tikinagan Child and Family Services	Nish-naw-be Nation, Aroland First Nation ² , Bearskin Lake First Nation, Cat Lake First Nation, Deer Lake First Nation, Eabametoong First Nation, Fort Severn First Nation, Kasabonika Lake First Nation, Keewaywin First Nation, Kingfisher Lake First Nation, Kitchenuhmaykoosib Inninuwug, Koocheching First Nation, Lac Seul First Nation ³ , Marten Falls First Nation, McDowell Lake First Nation, Mishkeegogamang First Nation, Muskrat Dam First Nation, Neskantaga First Nation, Nibinamik First Nation, North Caribou Lake First Nation, North Spirit Lake First Nation, Pikangikum First Nation, Poplar Hill First Nation, Sachigo Lake First Nation, Sandy Lake First Nation, Saugeen First Nation, Slate Falls First Nation, Wapekeka First Nation, Wawakapewin First Nation, Webequie First Nation, Wunnumin Lake First Nation

Agency	First Nations Communities Served
Weechi-it-te-win Family Services, Inc.	Big Grassy First Nation; Big Island First Nation; Onigaming First Nation; Rainy River First Nation; Naicatchewenin First Nation; Stanjikoming First Nation; Couchiching First Nation; Nigigoonsiminikaaning First Nation; Seine River First Nation; Lac La Croix First Nation
Akwesasne Child and Family Services	Mohawks of Akwesasne
Native Child and Family Services of Toronto	All FNIM people in Toronto

¹ Anishinaabe Abinoojii Family Services has service agreements to provide prevention and/or protection services to Ochiichagwe'babigo'ining Ojibway Nation, Wabigoon Lake Ojibway Nation, Northwest Angle, Wabauskang, Shoal Lake #39, Shoal Lake #40, Northwest Angle #33, Migisi Sahgaigan, Lac Seul (prevention only).

² Aroland First Nation is within the jurisdiction of the Children's Aid Society of the District of Thunder Bay. Tikinagan provides child protection services to Aroland under an agreement with the Thunder Bay CAS.

³ Lac Seul First Nation is within the jurisdiction of Kenora-Patricia Child and Family Services. Tikinagan provides child protection services to Lac Seul under an agreement with Lac Seul and Kenora-Patricia.

⁴ Dilico Anishinabek Family Care currently has a Memorandum of Understanding (MOU) with the Children's Aid Society of the District of Thunder Bay

Pre-Mandated Agencies

(as of 2011)

Agency	First Nations Communities Served
Kina Gbezhgomi Child and Family Services	Sheshegwaning First Nation; Aundeck Omni Kaning First Nation; Sheguiandah First Nation; Wikwemikong First Nation; Zhiibaahaasing First Nation; M'Chigeeng First Nation; Whitefish River First Nation
Kunuwanimano Child and Family Services	Beaverhouse First Nation; Brunswick House First Nation; Chapleau Cree First Nation; Chapleau Ojibwe First Nation; Constance Lake First Nation; Hornepayne Native Community; Matachewan First Nation; Mattagami First Nation; Missanabie Cree First Nation; Taykwa Tagamou (New Post First Nation); Wahgoshig First Nation
Mnaasged Child and Family Services	Chippewas of the Thames; Aamjiwnaang; Caldwell; Delaware Nation; Chippewas of Kettle & Stoney Point; Munsee-Delaware; Oneida Nation of the Thames
Nog-da-win-da-min Family and Community Services	Garden River; Batchewana; Serpent River; Thessalon; Mississauga; Sagamok Anishnawbek; Atikameksheng Anishnawbek
Six Nations of the Grand River	Bay of Quinte Mohawks; Tuscarora; Oneida; Onondaga Clear Sky; Bearfoot Onondaga; Upper Cayuga; Lower Cayuga; Konadaha Seneca; Niharondasa Seneca; Delaware; Lower Mohawk; Walker Mohawk; Upper Mohawk
Dnaagdawenmag Binnoojiiyag Child and Family Services ⁵	Chippewas of Beausoleil First Nation (Simcoe County); Chippewas of Georgina First Nation (York Region); Mississaugas of Curve Lake First Nation (Peterborough County); Mississaugas of Hiawatha First Nation (Peterborough County); Mississaugas of Alderville First Nation (Northumberland County); Mississaugas of Scugog First Nation (Durham Region); Pottawatomi First Nation of Moose Deer Point (District of Muskoka) ⁶

⁵Dnaagdawenmag Binnoojiiyag Child & Family Services became an incorporated body in 2012

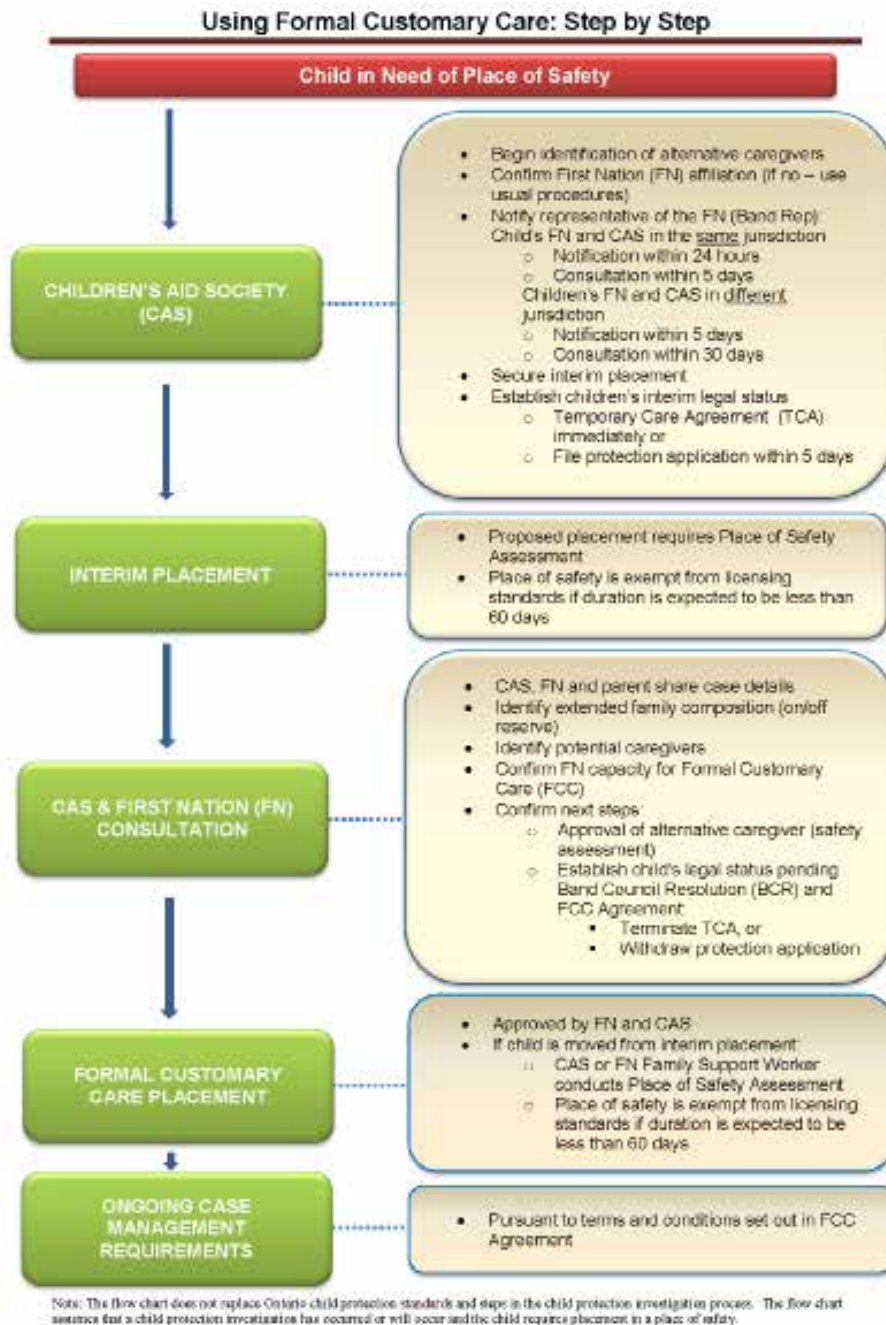
⁶Information from Dnaagdawenmag Binnoojiiyag Child & Family Services (n.d.) Our Seven Communities. Retrieved from <http://www.binnoojiiyag.ca/Public/Our-Seven-Communities>

Source(s)

Kozlowski, A., Sinha, V., & Richard, K. (2012). CWRP Information Sheet #100E: First Nations Child Welfare in Ontario. Centre for Research on Children and Families. *McGill University*. Retrieved from <http://cwrp.ca/infosheets/first-nations-child-welfare-ontario>

Appendix 3: Formal Customary Care Schematic

This flow chart represents Formal Customary Care as defined by the Ministry of Children and Youth Services. Every CAS should have a protocol for guiding how they implement customary care.



Source

Ministry of Children and Youth Services. (n.d.). *Using Formal Customary Care: Step by Step*. Retrieved from <http://www.children.gov.on.ca/htdocs/English/documents/topics/childsaids/CCGStepbyStep.pdf>

Appendix 4: Who is Aboriginal? The *Indian Act* and Federal Statutory Definitions

Aboriginal people in Ontario are categorized by laws concerning who are First Nations, Métis, and Inuit. The *Indian Act* of 1876 governs the administration of Indians (as defined under the Act) and their lands (reserves).

Bands

In Ontario, 117,152 Registered Indians (as defined by the *Indian Act*) are band members.

- A band is a group of First Nations individuals who are citizens of a First Nation and for whom land has been set aside.
- Of the 603 bands in Canada, 126 are in Ontario.

(Government of Canada, 1992)

Registered or Status Indian

A Registered or Status Indian, as defined by the *Act*, is recorded as an 'Indian' in the Indian Register of the Department of Indian Affairs and Northern Development. "Treaty Indians" are Registered Indians whose bands signed a treaty. The federal government recognizes legal obligations to Status Indians. For example, they have access to selective services and support for health, education, housing, and other social services (Maidman, 1999, p. 3).

CAS staff should always ensure that any child who has rights to Indian status gets it. This will not only assist the child in making the appropriate connections with their community, but it could also produce tangible support such as grants for education and the like. Also, it gives the child a sense of place and entitlement to any benefits, current and future, which come from being part of a particular community.

Non-Status Indian

Not all Aboriginal people are Registered or Status Indians under the *Indian Act*. Non-Status Indians did not make agreements with the Crown, or lost their status through enfranchisement, and are not entitled to registration on the Indian Register, as defined by the *Indian Act*. In 1985, under Bill C-31, the *Indian Act* revised the definition of "Indian", and abolished the concept of enfranchisement, which allowed the reinstatement of "Indian" status to some individuals who had previously lost it (Maidman, 1999). The 2013 Federal Court ruling, in the case of Daniels v. Canada, granted "Indian" status to Non-Status Indians under the *Constitution Act*. The Federal government appealed this ruling, and in 2014 the Federal Court of Appeals ruled that recognition of "Indian" status, under the *Constitution Act*, of non-Status Indians should be done on a case-by-case basis (The Canadian Press, 2014).

Métis

Métis people are also not considered Registered Indians under the *Indian Act*. In Ontario, they are mainly First Nations and French with communities defined through the original trade routes to the West. They have developed their own customs, and a group identity

that is separate from First Nations, Inuit, and their European ancestors. Most programs for Métis children are early years related, and there are currently no Métis agencies under development. A family that identifies as Métis should be respected as such and services should include whatever Métis specific resources are available.

In April 2014, the Federal Court of Appeal ruled that Métis are included as “Indians” within the definition contained in section 91(24) of the *Constitution Act, 1867*. This upheld part of the ruling from 2013, in which the Federal Court recognized Métis and Non-Status Indians as “Indians” under the *Constitution Act* (The Canadian Press, 2014).

Inuit

Inuit live primarily in the Northwest Territories, Labrador, and Quebec. The newest Territory of Nunavut occupies the central and eastern portions of the former Northwest Territories, and is comprised of Inuit people (Maidman, 1999). More recently, small groups of Inuit have come to settle (permanently, or for a short period) in urban centres like Ottawa, Montreal, and Edmonton (focus group, OICC, June 2014). In comparison to First Nations and Métis, Inuit are less likely to appear in Ontario’s child welfare system, simply because their population is smaller. The Ottawa region has the only Inuit-specific services within Ontario.

Source(s)

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Appendix 5: Demographic Profile of FNIM Peoples in Ontario

Of the over 1,172,785 people with Aboriginal ancestry in Canada, the province of Ontario has the largest concentration of FNIM peoples. As of 2011, there were 301,430 people who reported an Aboriginal identity, making up 2.4% of the population of Ontario and 22% of all FNIM peoples in Canada (Government of Canada, 2011).

Of the approximately 125,555 First Nations individuals with Registered Indian status in Ontario, less than half (37%) live on one of the 207 reserves and settlements across the province (Government of Canada, 2011), from near Windsor in the south to the shores of Hudson Bay in the north.

The large majority (63%) of First Nations people in Ontario live off-reserve, and are increasingly located in urban centers. Over three quarters of the off-reserve Aboriginal population resides in urban areas, and major urban Aboriginal populations can be found in Thunder Bay, Sudbury, Sault Ste. Marie, Ottawa, and Toronto.

Five of the 20 largest bands in Canada are located in Ontario, and one in four Ontario First Nations is a small, remote community, accessible only by air year round or by ice road in the winter. Ontario has more remote First Nations than any other region in Canada. There are over 126 bands in the province, and over 23,000 speakers of Aboriginal languages (Government of Canada, 2014).

More than two thirds with Aboriginal ancestry in Ontario identify as First Nations (67%), with Métis as the second largest group (28%) (Government of Canada, 2011). Ontario has a very small Inuit population, less than 1% of the total Aboriginal population in Ontario, and one in three Inuit people live in the Ottawa area (Government of Canada, 2014).

The FNIM population within Canada is significantly younger than the non-FNIM population, with 46% of FNIM individuals under the age of 25 (Government of Canada, 2011). In some northern communities, 75 to 90% of FNIM women experience violence, and are three and a half times more likely to experience spousal violence when compared to non-FNIM women (Government of Canada, 2013).

Source(s)

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Appendix 6: Becoming an Ally

What is an Ally?

An ally is a member of the dominant social group who takes a stand against social injustice directed at a group targeted by discrimination (Whites who speak out against racism; men who are anti-sexist). An ally works to be an agent of social change, rather than an agent of oppression.

Characteristics of an Ally

- Feels good about own social group members; is comfortable and proud of own identity
- Takes responsibility for learning about own and the target group's experience, culture and how oppression either benefits or disadvantages one group in everyday life.
- Listens to and respects the perspectives and experiences of target group members.
- Acknowledges unearned privileges received as a result of dominant group status and works to change privileges into rights that target group members also enjoy.
- Recognizes that unlearning oppressive beliefs and actions is a lifelong process, not a single event, and welcomes each learning opportunity.
- Is willing to take risks, try new behaviors, act in spite of own fear and resistance from other dominant group members.
- Is willing to make mistakes, learn from them and try again.
- Is willing to be confronted about own behavior and consider change.
- Learns and takes direction from target group members and encourages their leadership.
- Persuades other dominant group members to work to change unearned privileges.

Source(s)

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Appendix 7: Additional Resources

FNIM Organizations in Ontario

Across Ontario there are a number of FNIM organizations that provide services, support, and/or advocacy for FNIM families and communities. These organizations include:

- Ontario Federation of Indian Friendship Centres
- Aboriginal Health Access Centres
- Child and Family Services agencies
- Aboriginal Women's shelters
- Healing Centers
- Housing Cooperatives
- Chiefs of Ontario (COO)
- The Ontario Native Women's Association (ONWA)
- Aboriginal Healing Foundation
- Talk4Healing (Northern Ontario)
- Union of Ontario Indians (UOI)
- Independent First Nation (IFN)

Métis Specific Organizations

The Métis Nation of Ontario has established a range of programs which are offered through their offices across the province.

The Métis National Council (MNC) represents the Métis Nation nationally and internationally.

Inuit Specific Organizations

The Inuit specific service organizations that currently exist are based in Ottawa and include:

- The Ottawa Inuit Children Centre (OICC)
- The Inuit Family Resource Centre
- Tungasuvvingat Inuit – Inuit Community Centre

National organizations representing and advocating for Inuit peoples in Canada include: Pauktuutit - Inuit Women of Canada, and Inuit Tapiriit Kanatami.

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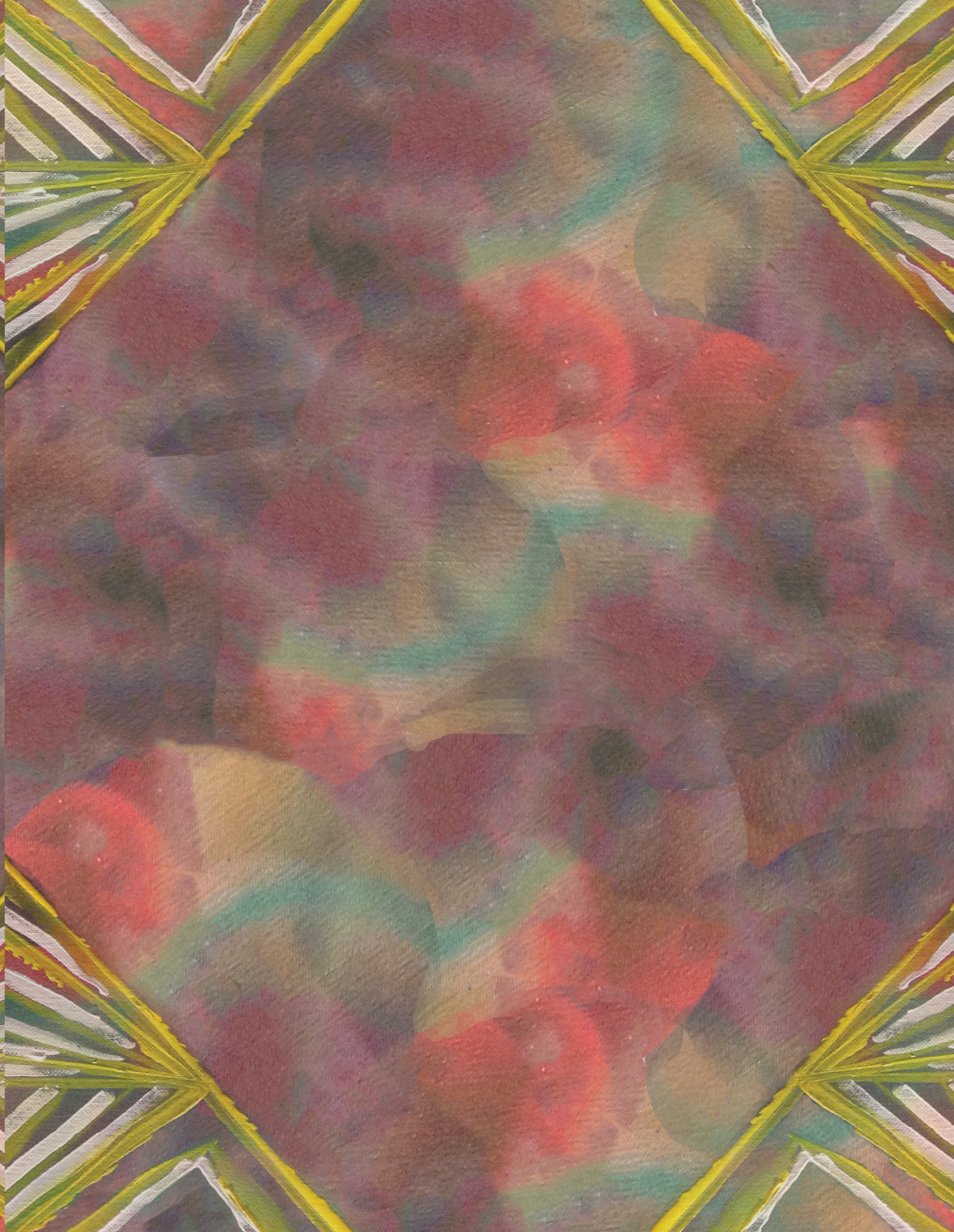
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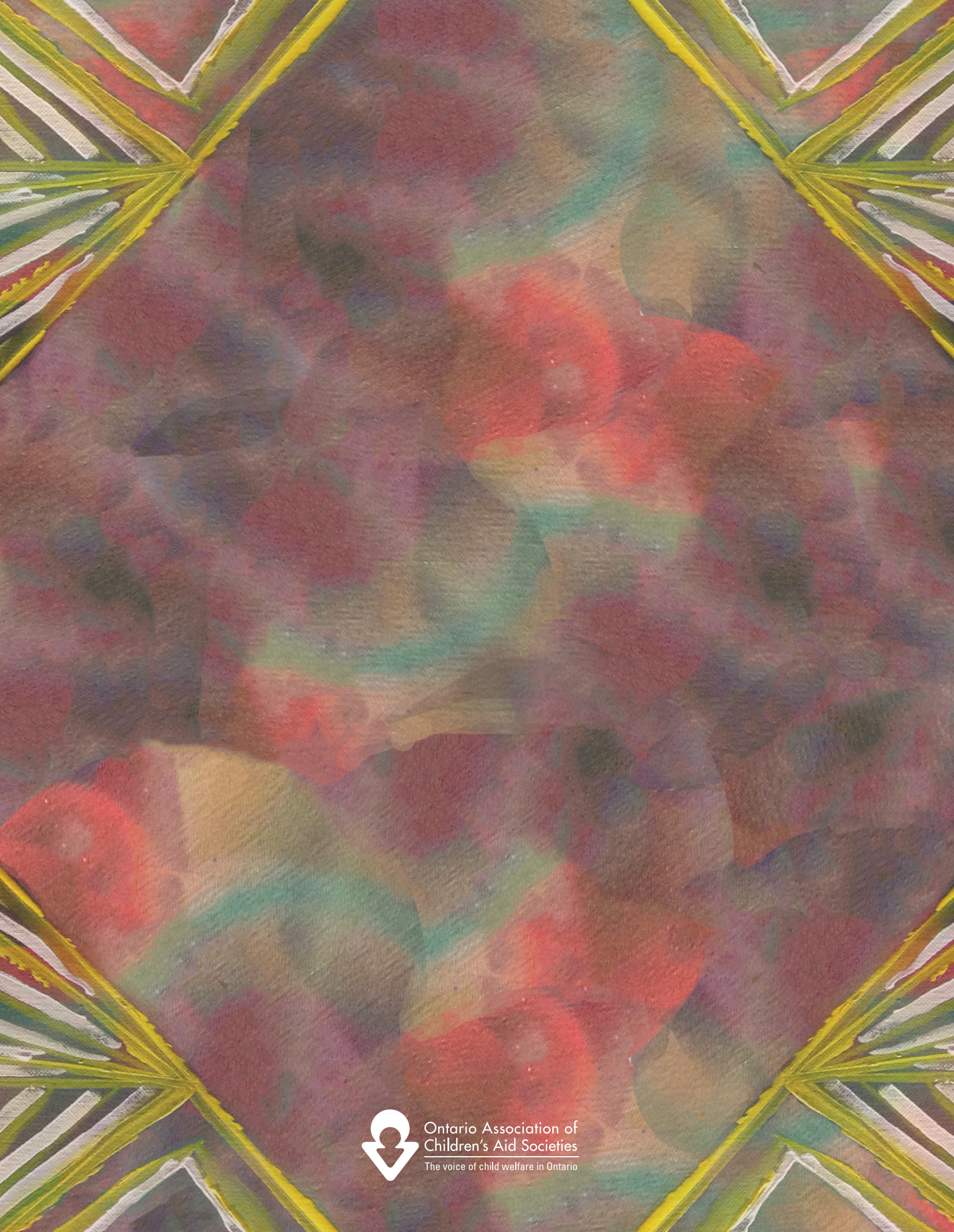
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