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CULTURALLY RELEVANT ABORIGINAL CHILD WELFARE:
PRINCIPLES, PRACTICE, AND POLICY

BY

DEBORAH A. GILMAN

A Thesis
Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

Department of Psychology
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**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
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ABSTRACT

Aboriginal workers appear to bring a holistic approach to their practice of child welfare. The theory of reasoned action (Ajzen & Fishbein, 1980) predicts a relationship between individuals' characteristics such as ethnicity and their beliefs, attitudes, behavioral intentions, and behaviors. Based on this theory, the study compared the intended interventions of 26 Aboriginal workers from Aboriginal child welfare agencies and 32 non-Aboriginal workers from agencies serving rural and remote areas. Workers responded to questionnaires consisting of rating scales and open-ended questions requiring written responses. Results indicated that Aboriginal workers rated a set of mainstream social work practice principles as less frequently relevant to their practice. A repeated-measures multivariate analysis of variance (MANOVA) indicated that Aboriginal and non-Aboriginal workers would respond differently to four Aboriginal child welfare vignettes. Specifically, Aboriginal workers indicated that they would be more likely than non-Aboriginal workers to employ less intrusive interventions. They were also more likely to favor some short- and long-term interventions. Workers did not differ in their intentions to employ within-family interventions. Given that non-Aboriginal workers reported completing significantly higher levels of education than Aboriginal workers, analyses of covariance were conducted with education as the covariate. For the

practice principles, a MANCOVA indicated no difference between the two groups with respect to relevance ratings. However, a repeated-measures MANCOVA indicated that Aboriginal and non-Aboriginal workers still differed with respect to their intended interventions. Also, a MANCOVA indicated that Aboriginal and non-Aboriginal workers differed with respect to their intentions to intervene at varying levels of intrusiveness. Five Aboriginal workers were interviewed to provide a context for the findings. The results suggest that education influences a worker's assessment of the relevance of practice principles. However, the application of these principles is more complex and appears to be influenced by a worker's ethnicity. With respect to culturally relevant Aboriginal child welfare policy, recommendations were made to alter time constraints imposed on Aboriginal child welfare cases and to support interventions that aim to strengthen Aboriginal families.

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Finally, I submit this project in honor of my grandmothers, Eva Dolgin and the late Rachel Gilman:

You fought for humanity, even then
The moon bears witness, even now
We welcome you through beams from starlight skies
stars of David pipe offerings

(Frimer, Gottfriedson, Littlechild, & Schneider, 1994,
inset front cover)

DEDICATION

I dedicate this project to those whose memory guided me:

Elizabeth Hill, a beloved mentor, invited me and many others to join in her vision to strengthen First Nations through clinical service with Aboriginal children and families.

Wendy Geller, my childhood friend, an artist, modeled how to work fearlessly and gracefully in pursuit of truth and beauty.

Thomas Gilman, my father, left me with the legacy of his ethnic pride, strength of conviction, and deep feelings.

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ABORIGINAL CHILD WELFARE

Aboriginal Child Welfare in Context

Conceptual Overview

Within mainstream society, Meketon (1983) explains that it is difficult to define the concept of mental health. "It can be limited to a small part of medical practice or expanded to a prescription for living. It can be focused exclusively on the individual or widened to incorporate the total life of a community" (p. 110). While much of mainstream psychology focuses on the processes of individuals, community psychology extends these principles to the study of "classic conflict between individuals and social groups" (Rappaport, 1977, p. 1). This focus translates into a community psychologist's "concern with understanding emotional and behavioral health and dysfunction as it appears within people who exist within physical, psychosocial and political settings" (Lorion, 1990, p. 36). From a developmental and historical perspective, community psychologists "are always mindful of the fact that they are dealing with people in process - people with a history that is relevant to their current behavior, and people who are on a developmental trajectory that cannot be ignored, without risking failure to arrive at a complete understanding of the processes of interest" (Allen, 1990, p. 132).

In the traditional Aboriginal world view, there appears to be only one system with the Creator as the causal agent. The universe exists as a system in which humans take part.

Problems for humans are conceptualized as a manifestation of a lack of balance or harmony within the universal system (Morrissette, McKenzie, & Morrissette, 1993; Richardson, 1981; Timpson, McKay, Kakegamic, Roundhead, Cohen, & Matewapit, 1988). Further, mental health problems are not distinguished from general health problems (Jilek-Aall, 1976). Therefore, some Aboriginal peoples take a holistic approach in conceptualizing the social problems that they face (Morrissette et al., 1993; Wilkinson, 1980). For example, Red Horse (1980) states that if "Indians discuss children's rights for a group of child welfare professionals, they begin by defining rights to heritage, tribal custom, and extended family" (p. 490). Blanchard and Barsh (1980) add that the "issue is not tribal right versus individual right, but rather the right of a people to maintain a culture that has provided them meaning in this world from the beginning of time" (p. 354).

Erasmus (1989) states that "a quiet cultural renaissance" (p. 41) is underway in the Aboriginal community. According to Jilek-Aall (1976) "since mental or emotional disorder in Indians on the reserves today is often directly or indirectly connected with acculturation stresses, this reorientation towards Indian culture is in itself therapeutic" (p 356). The welfare of Aboriginal children is intimately tied to the welfare of First Nations or Aboriginal communities. Accordingly, the restoration of the natural system of child care and protection will develop along with

the strengthening and restoration of traditional forms of community organization.

There is a growing movement within Aboriginal communities to take control and to develop their own child welfare systems. As a result, Aboriginal child welfare agencies are replacing existing bureaucracies or are establishing systems and services where none have existed previously. These agencies have been experiencing inevitable "growing pains" (Wares, Wedel, Rosenthal, & Dobrec, 1994, p. 14) such as the struggle to separate political agendas and service needs (Teichroeb, 1992a, 1992b, September 5; Timpson, 1995, Wares et al., 1994).

To place Aboriginal child welfare agencies in context, Nelson, Kelley, and McPherson (1985) state:

The first essential factor in understanding Indian helping is to recognize that it is firmly embedded in and grew out of its natural context - the tribal community. The same can be said to be true of professional social work practice: It is integrally connected to the urban context and formal helping agencies. (p. 236)

By definition, child welfare agencies represent dominant society's mechanism for intervention. Given their mandates, Aboriginal child welfare agencies as bureaucracies must pay some tribute to the conceptualization of social problems as discrete units disconnected from the general fabric of the community, or the universe for that matter. Consequently,

their intervention models must bear some resemblance to mainstream models.

Generally, the function of the provincial child welfare system is to uphold "the mandate of society to maintain minimal standards of child care" (Maidman, 1984, p. 16). Child welfare workers intervene to protect maltreated children and to restore family functioning (Fischler, 1985). Specifically, the goal of the Aboriginal child welfare system is to protect Aboriginal children and the integrity of Aboriginal culture (Cross, 1986).

Aboriginal peoples bring their own values and world views to their practice of child welfare, as do all child welfare workers. In creating their own systems, Aboriginal peoples have the opportunity to shape their practice to reflect their own cultural heritage (Morrissette et al., 1993). Therefore, Aboriginal child welfare agencies can move beyond mandates to protect children and to restore family functioning. Instead, they can begin to take a more holistic approach. They can develop systems that strengthen and preserve families, communities, and nations (Mannes, 1993).

Currently, there are many challenges facing both the Aboriginal and provincial child welfare systems. For Aboriginal peoples, jurisdictional and financial arrangements must be secured in order to achieve the goals of self-government. This includes the control of child welfare services for Aboriginal children on reserves and in urban areas. Further, with the control of Aboriginal child welfare

services comes the pressing need for the development of Aboriginal "social work manpower and for elaboration of culturally relevant child welfare practice" (Miller, Hoffman, Turner, 1980, p. 471).

According to Sinclair, Phillips, and Bala (1991), provincial child welfare workers "who are not informed of the aboriginal [sic] communities' struggle for control of child welfare services, or of the cultural, social, legal and historical dynamics involved, will be unable to adequately meet the test of providing for the best interests of the child" (p. 172). With respect to teaching non-Aboriginal human service workers how to respond to Aboriginal children and families, Sinclair et al. believe that "as much as possible, the education should be provided by aboriginal [sic] people to others" (p. 193). However, Sinclair et al. state that "research in the field is sparse, and there are relatively few resources to help child protection workers understand these complex issues" (p. 172).

Hamilton and Sinclair (1991) recommend that "the federal and provincial governments provide resources to Aboriginal child and family service agencies for the purpose of developing policies, standards, protocols and procedures in various areas" (p. 538). Their report states that "in some areas, Aboriginal agencies have had to operate in a policy vacuum because the agencies have not had the time or the resources to develop policies" (p. 532). In order to develop such policies, there must be a clearly delineated model of

culturally relevant practice on which these policies can be based.

In reference to general child welfare practice in the American context, Thompson and Wilcox (1995) state that "advances in understanding of the causes and consequences of child maltreatment, and of the most feasible strategies for preventing and treating this social problem, remain contingent on the commitment of behavioral scientists to create policy-relevant knowledge and on the willingness of federal agencies to provide appropriate administrative and financial support" (p. 793). Further, they emphasize the need for multidisciplinary approaches because they believe that the issue of child welfare crosses disciplinary boundaries. They also believe that such cross-fertilization ensures that knowledge generated through research will be made available to members of various disciplines involved in the many facets of this complex problem. For this research, the investigator has drawn from social work and clinical, social, and community psychology.

Social workers, family therapists, and clinical psychologists intervene to help strengthen families in need. Social work is the discipline that trains practitioners who typically intervene in matters of child welfare. Social psychologists study the relationships between culture, beliefs, attitudes, and behaviors that apply to an investigation of the intervention models of child welfare practitioners. Community psychologists aim to intervene at a

systemic level to address such issues as family dysfunction. From this perspective, community psychology, a subfield that is inherently multidisciplinary and incorporates aspects of the disciplines named above, presents a viable framework from which to respond to the call for research in the field of Aboriginal child welfare.

Aboriginal Issues and the Social Sciences

Sarason (1981) states that disciplines such as psychology often believe that it is possible and valuable to exclude contextual variables. Thus, psychologists are often unaware or refuse to acknowledge the impact of their own personal, professional, social, political, and cultural contexts on their own work or on the discipline. Further, Sarason believes that community psychologists must grapple with the legacy of their "misdirected" discipline. According to Tolan, Chertok, Keys, & Jason (1990) they must strive to move "beyond a goal of context-free theories of behavior, trait-oriented measurement, and reductionistic research designs taken from traditional laboratory psychology" (p. 4).

Heller (1990) describes community psychology's theories as "attempts to grapple with issues associated with how psychological phenomena are best conceptualized (e.g. ecological models and systems analyses), sprinkled with a healthy mixture of skepticism and social conscience" (p. 159). He believes that many community psychologists may "not have a clear enough understanding of the cultural mores of disenfranchised groups to enable them to mount sensitive

programs" (p. 159). However, he points out that community psychology emerged as a reaction against mainstream psychology's neglect of these sectors of society. According to Rapkin and Mulvey (1990), "community psychology was founded as a challenge to schools of psychology that espoused monolithic theories of individual behavior, devoid of concern for ecological interdependency" (p. 152).

Community psychologists strive to conduct their research and practice from an ecological perspective (Tolan, Chertok, Keys, & Jason, 1990). Some of the values implicit in this approach are "cultural relativity, diversity, and ecology: the fit between persons and environments" (Rappaport, 1977, p. 3). Rappaport translates this viewpoint into a respect for "the value of human diversity and the right of people to choose their own goals and life-styles while still maintaining their fair share of society's material and psychological resources" (p.3).

Social work as a discipline also values the ecological validity of its theory and practice (Maidman, 1984). Therefore, efforts are directed at scrutinizing the fit between social work content and context. Yet, Blanchard and Barsh (1980) are critical of the relationship between the field of social work and its application to the issues facing Aboriginal people. As a discipline that "historically has been in the forefront of safeguarding the integrity of family life and enhancing its strength, to date these efforts have not been characteristic of work with American Indian

families" (p. 353). They explain that "the strengths of American Indian families are not explored and presented, but only the weaknesses" (p. 353).

Some social work practitioners and writers recognize the limits of the capacity of non-Aboriginal human service providers to translate their practice into culturally sensitive models for work with Aboriginal children, families, and communities, especially in non-urban areas. Stehno (1990) cites the historical existence of "the great cultural distance between clinical professionals and low-income minority youths" (p. 557). Further, Collier (1984) notes that it is much easier for a social worker to adapt a largely urban model of service delivery to rural communities of non-Aboriginal farmers than to extend their practices in an appropriate fashion to isolated Aboriginal communities or reserves. For Collier, "the difference between social workers among North American farmers and among native people is that in the former instance they are usually working with their own people" (p. 102).

Collier (1984) believes that "when social work is carried to cultures foreign to its development, all sorts of dislocations occur . . . since social work carries a certain view of the world, by its very nature it is disrespectful of other world views . . ." (p. 70). This critique applies equally well to scientists and practitioners of all disciplines that are embedded in the dominant culture and society (Gladwin, 1980).

In his criticism of the practice of community psychology, Heller (1990) highlights the "gap between the field's most prominent value, the empowerment of disenfranchised groups, and its programmatic accomplishments" (p. 159). Rappaport (1987) defines empowerment as "both individual determination over one's own life and democratic participation in the life of one's community" (p. 121). It "conveys both a psychological sense of personal control or influence and a concern with actual social influence, political power, and legal rights" (p. 121).

With respect to child welfare, Sherraden and Segal (1996) advocate for action directed toward "child well-being" (p. 499) as opposed to child protection. In their definition, this "is a broader commitment and requires attention to increasing life chances and enhancing successful participation in society" (p. 499).

By definition, Adams (1975) explains that colonized people can never be empowered by their colonizers. Given the colonizer's power, "such gifts can be taken back by the colonizer whenever he wishes" (p. 70). Adams states that "the native has never had the freedom of the bureaucrat, who has various alternatives in occupational opportunities, or experienced power over others" (p. 70). From his perspective, Aboriginal people must "seize power, hold on to it, and not share it again" (p. 70) with their oppressors.

Alinsky (1971) goes further to say that "to give people help, while denying them a significant part in the action,

contributes nothing to the development of the individual" (p. 123). He believes that "denial of the opportunity for participation is the denial of human dignity and democracy" (p. 123). Blanchard and Barsh (1980) state that "American and Alaska Native families are consistently denied the opportunity to resolve their own problems. Any aberrant or disapproved behavior on their part is immediately interpreted as an inability to properly rear their children" (p. 353).

According to Alinsky (1971), oppressed people regain their self-respect when they take action to solve their own difficulties. With regard to Aboriginal people, Attneave (1977) states that "there is much unused knowledge available-not only of how to prevent human misery, but also how to develop our children's real potential" (p. 32). She explains that she does "not speak of these things to arouse pity, but rather to direct attention to the fundamental strengths of peoples now being wasted-strengths that could be released if the right framework were provided" (p. 32). The "right framework" may now exist in the form of the developing Aboriginal child welfare system. This system represents an organized response on the part of First Nations to exercise their own knowledge and strengths to address the needs of their children. This framework may be best understood in relation or in contrast to the Canadian and Manitoba child welfare systems.

Child Welfare in Canada

Johnston (1983) explains that "like most countries, Canada accepts the notion that the state has an obligation to care for children who, for whatever reason, cannot properly be cared for by their own parents" (p. 1). This obligation "is enshrined in legislation that establishes a system of procedures and programs usually referred to as the child welfare system" (p. 1). Child welfare services are those "activities governments undertake or mandate to care for neglected [/abused] children" including "such things as adoption, placement in foster and group homes, the provision of family counselling and support services and aid to unmarried parents" (p. 1).

According to Johnston (1983), "Canada is unique in that it does not so much have a system of child welfare as it has a number of child welfare systems - twelve systems, in fact" (p. 2). Child welfare has evolved as a provincial and territorial responsibility since powers were divided between the provincial and federal governments in the British North America Act of 1867. Responsibilities and services have been delineated by each province and territory through their own child welfare legislation. Johnston believes that "the concerns of Native people can only be understood when it is realized that this country does not have a single, uniform system of child welfare" (p. 2).

Among the fundamental principles stated in the Child and Family Services Act (Manitoba, 1985-86), there are two

principles with special relevance for Aboriginal children and families in Manitoba. One principle states that "families are entitled to services which respect their cultural and linguistic heritage" (p. 761). The other states that "Indian bands are entitled to the provision of child and family services in a manner which respects their unique status as aboriginal peoples" (p. 761). The first of these principles respects the rights of all children and families to their own cultures. The second principle speaks directly to the rights of Aboriginal children and families. The primary implications of this principle are both jurisdictional and clinical.

Jurisdiction

According to Carasco (1986), the "question of who bears full responsibility for the provision of child welfare services to Indians, while seemingly straightforward, has never been resolved" (p. 115). Aboriginal people understand that the federal government has jurisdiction over the affairs of Indians on reserves as specified in the Indian Act. The federal government assumes responsibility for those services expressly stated in the treaties and in the Indian Act. These include such services as education and health care. Child welfare services are not among those responsibilities explicitly stated in the Indian Act. The federal government has taken the stance that, unless specified, all other services which apply generally to provincial residents apply to Aboriginal people as well. Given that child welfare is a provincial service, the federal government contends that

Aboriginal child welfare is a provincial responsibility (Carasco, 1986). This interpretation is unsatisfactory to provincial governments and to Aboriginal people (Rollason, 1988, May 27). Carasco (1986) maintains that many Aboriginal people are opposed to attempts on the part of the federal government to transfer responsibility for their affairs to the provinces. To First Nations, this represents a denial of the special relationship that they have with the federal government (Tester, 1986). They "view the extension of provincial child welfare jurisdiction over them as yet another attempt at assimilation which could end in cultural genocide" (Carasco, 1986, p. 116).

Provincial governments have been reluctant to provide services on reserves, "primarily for financial reasons" (Sinclair et al., 1991, p. 184). While the federal and provincial governments have continued in this jurisdictional dispute, some Aboriginal communities have begun to take control of their own child welfare programs. Bilateral and tripartite agreements have been established to empower some of these Aboriginal agencies with funding or appropriate mandates. Bilateral agreements provide for the transfer of payments for services provided to Aboriginal people by either the provinces or by Aboriginal agencies. Tripartite agreements involve both the provincial and federal governments and Aboriginal child welfare agencies. Jurisdiction for the child welfare services under tripartite

agreements rests with the provincial government. Funding is provided in full or part by the federal government.

Sinclair et al. (1991) explain that Aboriginal agencies can only enforce provincial law under such tripartite agreements. This gives them some latitude in interpreting provincial laws and in incorporating Aboriginal values, beliefs, and traditions into their child welfare practices. However, Sinclair et al. view both bilateral and trilateral agreements as interim solutions. Generally, Aboriginal communities have entered into these agreements "because they felt it was the quickest way to obtain needed services for their children" (p. 186).

In their final analysis, Sinclair et al. (1991) state that "the federal government continues to disclaim full constitutional and legal responsibility for aboriginal [sic] child welfare issues" (p. 184). They feel that this failure to assume responsibility bears directly on the varied quantity and quality of services for Aboriginal children living on reserves across the country. While others (Johnston, 1983; Sullivan, 1983) would agree with this analysis, Monture (1989) believes that various bipartite and tripartite agreements, as well as band initiatives, have primarily resolved jurisdictional disputes. She agrees, however, that the resolution of these disputes has not improved the quality or quantity of services for Aboriginal children, but has "merely released First Nations children who were trapped in a void between the federal government and

provincial governments as they argued over legislative and financial responsibilities" (p. 9). In other words, she views these bipartite and tripartite agreements as political resolutions that have yet to impact on service delivery.

The issue of service provision in Aboriginal communities is only one facet of this issue. Aboriginal children in need of service in urban areas represent yet another side of this complex and unresolved social problem. These children are likely to come into contact with the provincial child welfare system when they are perceived to be in need. The Aboriginal agencies that have been established in Manitoba are mandated to provide services only within certain geographical regions on reserves (Sinclair et al., 1991). Further, Monture (1989) expresses concern that "Metis, urban, and disenfranchised people" (p. 16) are not benefiting from the services offered to status Indian children.

Aboriginal Children in Care

According to the Indian and Northern Affairs Canada (1987), "in 1985/6, Indian children were placed into care, on average, 2.7 times as often as other children across the country" (p. 14). In Manitoba, the ratio of "indian [sic] to nonindian [sic] children in care" (p. 14) for the same year was 2.2. In a rank-ordering of the provinces, Manitoba was second to Alberta, the province with the lowest ratio of 1.5. Prince Edward Island had the largest ratio of 11.5 "indian [sic] to nonindian [sic] children in care." Statistics like these reveal that Indian children are overrepresented in the

child welfare system. However, the figures are underestimates of the total involvement of Aboriginal children. The statistics include only status Indians who are listed as members of bands or are registered under the terms of the Indian Act. Non-status Indians, Metis, and Inuit children are not included in the federal statistics because they do not qualify for registration under the Indian Act (Sinclair et al., 1991).

In addition to being overrepresented, Aboriginal children have different experiences within the child welfare system than non-Aboriginal children (Blanchard & Barsh, 1980; Kimmelman, 1985; Johnston, 1983; McKenzie & Hudson, 1985). Aboriginal children are involved in the system for longer duration than are non-Aboriginal children. They are likely to spend their time in more placements. Also, these children are less likely than non-Aboriginal children to have contact with their natural families or to be returned home once they enter the system. Not only do Aboriginal children lose contact with their families, but they also lose contact with their entire community and cultural heritage because of their frequent placement in non-Aboriginal families and communities. A similar pattern exists for minority children in the United States (Hogan & Sui, 1988; Ishisaka, 1978; McPhatter, 1997; Pierce & Pierce, 1996; Stehno, 1990).

The literature is replete with vignettes of children whose lives degraded to the point of suicidal, criminal, or abusive behavior as a result of their involvement in the

child welfare system (e.g., Bagley, 1985; Monture, 1989; Teichroeb, 1992b). Beginning in the late 1960s and early 1970s, many Aboriginal children were removed from their families and placed in non-Aboriginal homes far from their reserves (Kimmelman, 1985; Sinclair et al., 1991). As a result, entire communities have also been among the casualties of the system. In British Columbia, the Spallumcheen Band lost approximately 150 children to the child welfare system between 1960 and 1980. For a Band with 300 members, this loss "had a dramatic effect upon the community's population and sense of future" (Sinclair et al., 1991, p. 187). In 1980, the band adopted a by-law stating that they were assuming full control of child welfare matters for Band children (MacDonald, 1983). B.C.'s Minister of Human Resources agreed to recognize the by-law and to work with the Band to return the children (Sinclair et al., 1991).

In many cases, Aboriginal children were not only removed from their homes but were exported to the United States. With the growing movement for Aboriginal rights in the 1970s and 1980s, these practices have been slowed. Manitoba no longer places Aboriginal children in homes outside of Canada, but they are still being placed in non-Aboriginal homes within the province (Kimmelman, 1985). In describing the practices in the United States of removing Aboriginal children from their homes, Blanchard and Barsh (1980) state that "the disproportionate rates of out-of-home placement of American Indian versus non-Indian children . . . approximated

instances of kidnapping" (p. 353). The casualties of this system include children, families, communities, tribes, clans, and the entire Aboriginal population. The removal of children from their families and communities, and their placement in foreign environments, creates a loss of culture and identity. Metcalf (1979) labels these behaviors "institutional abuse/neglect" (p. 180). She explains that:

major institutions in Anglo society, such as bureaucracies, churches, schools, have set out deliberately to alter or destroy major institutions in Indian society. What is going on, then, is not a case of abuse against an individual who happens to be in a physical institution. Rather, it is a case of social institutions in one culture abusing whole segments or classes of persons in another society. (p. 180)

The History of Cultural Abuse

Many writers (Carasco, 1986; Ishisaka, 1978; McKenzie & Hudson, 1985; Monture, 1989; Sinclair et al., 1991) refer to the child welfare system as one of many agents of cultural genocide. Monture (1989) views the child welfare system and the criminal justice system on the same continuum. In her view, both systems exercise control through "punishment, force, and coercion" (p. 5). Both systems remove people from their own communities. She believes that these systems are damaging to "the cultural and spiritual growth of the individual" and "the traditional social structures of family and community" (p. 5).

Sullivan (1983) likens the child welfare system to the missionary system. He states that the child welfare system "serves to devalue Indian cultural practices, disrupt and erode family and community ties and contributes to the social breakdown and disorder on the reserves" (p. 76). He adds that "contemporary child welfare authorities practice the same cultural imperialism as the early missionaries in their zeal to 'civilize the savage'" (p. 79).

The health and education systems have also served as agents of assimilation (McKenzie & Hudson, 1985). There are many parallels between these two systems and the child welfare system. All three systems have taken Aboriginal children from their families and have forced them to assimilate and accommodate to foreign systems. With regard to health, McKenzie and Hudson explain that Aboriginal children in need of medical care were and continue to be taken to medical centers in urban areas. They believe that these children were often separated from their families for longer periods than their medical treatment warranted.

Similarly, between 1860 and 1970, most Aboriginal children were taken to residential schools far from their communities (Ing, 1990). Children were prohibited from speaking their own languages or practicing their own customs (Blount, 1996). As a result, many of these children lost contact with their cultures and communities. The generation that grew up in residential schools is the same generation of parents who have lost and continue to lose many of their

children to the child welfare system (Horejsi, Craig, & Pablo, 1992; Mannes, 1993).

According to Johnston (1983), 40 years ago, Aboriginal people were more isolated and, therefore, less visible to the majority of Canadians. Children in need were looked after by members of their extended families, placed by the Indian agent with another family on the reserve, or sent away to residential schools. Due to this lack of visibility, some believe that Aboriginal child welfare is a relatively new social problem (Johnston, 1983).

In 1947, when a committee of the Senate and House of Commons was considering changes to the Indian Act, the Canadian Welfare Council and the Canadian Association of Social Workers submitted a joint presentation pertaining to Aboriginal child welfare. The two organizations stated that Aboriginal children were not afforded the same quality of service that other Canadian children received. They concluded that, in order to remedy the situation, provincial child welfare must be extended to the reserves. Revisions to the Indian Act were introduced in 1951. Johnston (1983) comments that these organizations had good intentions. However, they neither anticipated the impact that such a system might have on Aboriginal people nor concerned themselves with the compatibility of the child welfare system with the needs of Aboriginal people.

McKenzie and Hudson (1985) believe Aboriginal child welfare to be one of the major social problems of the 1980s.

Sinclair et al. (1991) project the issue into the 1990s, considering the fact "that children make up over half of the current aboriginal [sic] population, and that the aboriginal [sic] population continues to increase at a much faster rate than that of the general population" (p. 171). Some argue that Aboriginal child welfare as a social issue in its current form is a result of the practice of removing Aboriginal children from their homes and communities, and placing them within the residential school and child welfare systems (Hull, 1982; Mannes, 1993).

Traditional Aboriginal Child Protection

Children who have grown up in residential schools or in non-Aboriginal placements have lost out on a rich legacy of parenting models and traditions that differ from those of the dominant society. These traditions derive from a completely different world view (Monture, 1989; Sinclair et al., 1991). While writers acknowledge that Aboriginal peoples in Canada have distinct languages and cultures, these same writers emphasize the similarities in philosophies and practices that Aboriginal peoples share (Morrissette et al., 1993; Sinclair et al., 1991).

Cross (1986) explains that "Indian parenting was not just a matter of spontaneous reactions, but rather was based on values and teachings that preserved the integrity of the tribal society" (p. 284). For example, Carasco (1986) states that "the Euro-Canadian emphasis on self-reliance and individualism is in sharp contrast to native communities'

orientation towards co-operation, interdependence and sharing" (p. 127). Monture (1989) also contrasts the emphasis on the individual in the dominant culture with the focus on the collective in Aboriginal cultures. Red Horse (1980) states that for Aboriginal people "individual selfhood and family mental health are indistinguishable and integral" (p. 491).

Before contact with the dominant culture, Aboriginal communities protected their children, their culture, and their future through a natural child welfare system. Whereas the nuclear family forms the basic social group for children in the dominant culture, several households comprising the extended family provide the nurturing and care for Aboriginal children (Carasco, 1986; Fischler, 1985; Goodluck & Short, 1980; Hull, 1982; Long, 1983; Metcalf, 1979; Miller et al., 1980; Red Horse, Lewis, Feit, & Decker, 1978; Sinclair et al., 1991). According to Fischler (1985), "as a result of bonds formed early, the Indian child's self-concept is strongly tied to his family, clan and tribe" (p. 96). According to Blanchard and Barsh (1980) an "American Indian child is born into two relational systems, a biological family and a kinship network such as a clan or band" (p. 351).

The child's bond and the extended family's commitment were adaptive to the harsh life that Aboriginal people traditionally led (Cross, 1986). At times, children needed protection because of absence or loss of parents. A network

of extended family or a designated tribal elder would commonly care for children under these circumstances (Fischler, 1985; Miller et al., 1980). Given that extended family networks were linked to clan systems, this protection system extended beyond the child's village (Cross, 1986; Wallace, 1980). Since clan members were treated like family, children would be nurtured by members of their own clans in other communities. Cross states that these practices "provided a strong substitute care system" (p. 285).

In an analysis of tribal societies, Metcalf (1979) explains that siblings, cousins, parents, aunts, uncles, and grandparents live in close proximity. Upon the birth of a child, the young parents do not lose their status as children, grandchildren, nieces, or nephews within their extended family network. Further, child-rearing is rarely charged solely to young parents. Community members share the responsibilities so that "no single individual was overburdened with the care, discipline, or feeding of a child" (Cross, 1986, p. 284). For young parents, help, support, and advice are readily available from Elders. The wisdom and experience of the Elders are highly valued and respected by younger community members (Hull, 1982; Metcalf, 1979).

Aboriginal parents' child-rearing behavior is scrutinized by the community. With respect to other behaviors, communities have expectations for "behavior regarding human relationships and social interaction" (Cross,

1986, p. 284). Those who fail to comply with community expectations are often chastised or ridiculed until they comply (Cross, 1986; Metcalf, 1979). Metcalf (1979) states that "fear of being talked about and having one's weakness exposed to public scrutiny is a powerful deterrent" (p. 185). By observing the rigid adherence to these standards of behavior within their communities, children learn about community norms and the consequences for deviant behavior (Hull, 1982). Elders and relatives also teach the children about these behavioral expectations through myths, stories, and individual teachings. According to Blanchard and Barsh (1980) "throughout the child's development, the connections between everyday life are made clear so they can be understood by the child. This may be the most crucial part of an American Indian child's education in the tribal setting" (p. 351).

Cross (1986) emphasizes the significance of the oral tradition with respect to children. He believes that Aboriginal people are taught good listening skills as well as verbal and nonverbal communication skills. These skills enable adults to be "sensitive and responsive to the needs and expressions of children" (p. 285). Also, children have a specific place in Aboriginal spiritual beliefs. "Children in a very real sense represent the renewal and preservation of life" (Blanchard & Barsh, 1980, p. 350). They are prized as gifts from the Creator. Adults, believing that children are innately wise, have high regard for their opinions.

Aboriginal adults also believe that "the mistreatment of a child might result in the return of the child's spirit to the Creator" (Cross, 1986, p. 285). Thus, the clan system, oral tradition, and spiritual practices constitute important components of traditional Aboriginal child protection.

The Attack on Traditions

Aboriginal traditions were "besieged" (Cross, 1986, p. 285) by the colonialism of non-Aboriginal society. While there were variations in the factors affecting different Aboriginal communities, "several factors seem to have been powerful almost everywhere" (p. 286) in disrupting the natural child protection systems.

Cross (1986) believes that the most fundamental and destructive force was the "loss of a land base" (p. 286). Under current land allocations, Aboriginal people have had difficulty sustaining many of their traditional land-based practices. This has made it very difficult for some communities to maintain their cultures in the traditional forms. For example, adults have been less able to provide children with traditional role models given the restriction of hunting and fishing practices. Further, the government relocation that accompanied the loss of land often disrupted the extended family networks, thereby forcing Aboriginal people to live in "discrete nuclear families" (p. 286). This has been further compounded by the need for Aboriginal families to move to urban areas to find employment and educational opportunities (Sinclair et al., 1991). The

"stresses of entering a foreign, urban culture as well as a loss of community support" (p. 175) have left Aboriginal families vulnerable to allegations of neglect on the part of child welfare workers.

Religion is another factor that has disrupted traditional child-rearing practices. With the prohibition of traditional spiritual practices and the introduction of Christianity came new beliefs and attitudes, including the concept of "original sin" and "Spare the rod, spoil the child" (Cross, 1986, p. 286). These beliefs about children and discipline embody the notions of force, coercion, and punishment that Monture (1989) has identified. Sinclair et al. (1991) explain that "aboriginal [sic] parents respect their child's individuality, whereas nonaboriginal [sic] parents direct and control their children" (p. 176). Thus, as Aboriginal people were forced to surrender their traditional spirituality, they often lost many of their customary child-rearing practices.

Another factor that has contributed to the disruption of traditional child-rearing practices is the "generation of unparented parents" (Fischler, 1985, p. 100). Children who grew up in residential schools were deprived of the opportunity to learn to parent in traditional ways (McKenzie & Hudson, 1985). Residential schools were not structured for the promotion of family life. Their mandates were to carry out programs of assimilation. Without models of parenting, traditional or otherwise, many of these adults have not been

able to offer their children the type of upbringing that their lost legacy had to offer (Horejsi et al., 1992; Ing, 1990).

Alcohol is another disruptive factor often cited (Cross, 1986; Fischler, 1985). Cross explains that the devastating impact of alcohol on Aboriginal communities may be the result of the lack of "traditional values and mores to govern its use" (p. 286). Regardless of the reasons, alcohol is implicated in the increase in many health and social problems. Among these problems are "family disintegration, fetal alcohol syndrome, and high alcohol-related deaths" (p. 286).

These problems leave Aboriginal children in a vulnerable position. The extended family network, the clan system, and the traditional child welfare systems have all been disrupted. Formal systems and services provided by the dominant society came to replace these traditional systems. Unfortunately, the formal systems "were neither Indian-operated nor culturally sensitive" (Cross, 1986, p. 286). Aboriginal people believe that culturally relevant child welfare services can best be provided by Aboriginal people through a system that they control (Rollason, 1988, May 27). Such a system would draw on traditional models and "conform to native laws instead of provincial ones" (p. 11).

Aboriginal Child Welfare Practice

Unique Aspects

Hamilton and Sinclair (1991) highlight the differences between Aboriginal and non-Aboriginal child care agencies. Among these are a greater sensitivity to "Aboriginal culture and the needs of the families," an ability "to find solutions which those not familiar with the community might not even consider," and an adherence to the best interests of the child that translates into a view of "child and family situations and problems in a much more holistic fashion" (p. 529). Consequently, Aboriginal child welfare workers "treat the whole family, rather than intercede only when presented with a troubled or neglected child" (p. 529).

Nelson et al. (1985) explain that "Indian helping has remained largely invisible to the outsider. The Indian worker has never hidden his or her 'techniques' and 'approaches'; they were merely not recognizable to the outsider, who was viewing the process from a different paradigm" (p. 232). Metcalf (1979) acknowledges that, among non-Aboriginal experts, "concepts such as 'network therapy', 'supportive systems', 'natural helping networks' are beginning to emerge as challenges to the individual expert-individual client paradigm" (p. 181). However, she explains that "what is unique about the Indian model is that it developed not as a challenge to the Anglo model, but rather out of Indian traditions and tribal patterns themselves" (p. 181).

Etiology of Child Abuse and Neglect

Metcalf (1979) explains that the non-Aboriginal model "assumes that child abuse/neglect begins and develops within the context of personal pathology and aberrations in individual growth and development" (p. 180). Further, Blanchard and Barsh (1980) explain that abusive and neglectful behaviors are viewed as learned responses from the non-Aboriginal perspective. Therefore, an abusive or neglectful parent was most likely an abused or neglected child. Thus, abuse and neglect must become the inter-generational legacy of these families.

While both non-Aboriginal and Aboriginal writers link abusive experiences in residential schools to subsequent abusive behaviors (e.g., Fischler, 1980; Horejsi et al., 1992; Ing, 1990), Blanchard and Barsh (1980) take issue with this position. They state that "this phenomenon is akin to believing that the sins of the parents are visited upon their children" (p. 352). Given that "it is difficult to find an American Indian alive today whose parent, grandparent, or other close relative has not attended boarding school. . . . it must follow that every American Indian child is a potential victim of abuse and neglect" (p. 352). These authors indicate that they have difficulty laying blame on previous generations, as well as conferring upon subsequent generations this "generational propensity" (p. 352).

According to Metcalf (1979), the Aboriginal model "views the problem of child abuse(/)neglect as due to social

processes originating outside the individual and occurring because of institutional pressures exerted by Anglo society on Native American cultural systems" (p. 180). Blanchard and Barsh (1980) also favor the view that social institutions and processes continue to disrupt Aboriginal family life. They argue that some practitioners, who hold the learning model, believe that clients, who hold the systemic model, are denying their own contributions to their problems. Blanchard and Barsh comment that "it is especially disheartening that the right of clients to present the problem from their perspective is denied American Indians in this sensitive area of social work" (p. 352).

In keeping with these sentiments, Morrissette et al. (1993) argue for a model of Aboriginal helping that promotes, among other forms of knowledge, "an awareness of the impact of colonialism" (p. 95). Specifically, Morrissette et al. advocate for helping Aboriginal people "to make clearer distinctions between personal responsibility and structural causes" (p. 95). They view this intervention strategy as a form of empowerment. From a similar perspective, Ishisaka (1978) calls for a shift in focus from problems "all too often seen as originating from within the Indian community itself" to a view of issues such as child welfare "as the legacy of centuries of restricted opportunities, genocide and forced assimilation" (p. 306).

Standards of Care

Gordon (1985) contends that standards of adequate child care cannot be separated from culture. Therefore, Aboriginal child welfare workers who are familiar with traditional parenting practices within their communities are less likely to perceive families to be neglectful and children to be in need of apprehension. Specifically, traditional Aboriginal parenting has been described as non-interventionist. For example, "Indian parents have relied on the process of imitation - behaviors of the parents are modeled for, and copied by, the children" (Hull, 1982, p. 342). However, Aboriginal parents are frequently charged with neglect by non-Aboriginal child welfare workers who misunderstand their non-directive parenting styles (Carasco, 1986; Hull, 1982). According to Ishisaka (1978), these workers often make "culturally biased inferences" (p. 304). McPhatter (1997) comments that "the imprecise nature of the ways in which the profession assesses risk for children and what genuinely constitutes neglect and abuse demand that we approach these areas solidly grounded in community and cultural norms" (p. 269). Further, Sullivan (1983) argues that it is up to Aboriginal communities to "decide where non-intervention ends and where neglect begins" (p. 87).

Fischler (1985) outlines Aboriginal parenting practices that are often misperceived as neglectful or abusive. He attempts to distinguish traditional from neglectful practices. For example, Aboriginal parents are often

criticized for allowing their children to stay with relatives for long periods of time. However, when members of the extended family contribute to child care, children can develop a rich connection of bonds within the family. Fischler explains that a similar but neglectful pattern can be identified when children are shifted between family members as a burden or as a form of free labor. He states that these children "show developmental delays and difficulties in interpersonal relationships" (p. 99).

Leaving children in the care of siblings has been viewed as neglectful by child welfare workers (Fischler, 1985; Ishisaka, 1978). In a customary fashion, children seven to nine years of age are trained to care for younger siblings. They may be left for short periods while adults are not far. Fischler believes that leaving siblings in charge for several days is a form of neglect. He also suggests that leaving siblings as caretakers in urban areas may place children at risk. On the contrary, Ishisaka (1978) argues that "adequate care is an empirical issue that must be addressed case by case" (p. 303). During the course of a project called the Alternative to Foster Care Program (ATFCP) serving Aboriginal families by preventing the placement of their children, Ishisaka reported that children as young as eight years old appeared to provide adequate care for their younger siblings. In case of emergency, these children could call on adults in the vicinity.

In families where alcohol abuse is a problem, Fischler (1985) identifies two patterns of drinking behavior. He believes that chronic alcohol abuse and binge drinking have different impacts on the parents' capacity to meet their children's needs for support and protection. Fischler describes families suffering from chronic alcohol abuse as disintegrated and chaotic. If the extended family is similarly distressed, then the children do not have an adequate substitute parenting system. These children may suffer the consequences of chronic neglect. Their difficulties may include "developmental delays, frequent illness, lack of medical care, failure to thrive, behavior problems, school failure, substance abuse, etc." (p. 100). Fischler believes that, for these families, the prognosis is not good and that long term permanent substitute care may be necessary.

Fischler (1985) describes families that are generally functional yet exhibit episodes of binge drinking. Similarly, Ishisaka (1978) stated that 23 of the 26 families involved in the ATFPC requested assistance with alcohol management. However, only one family displayed a pattern of chronic drinking, while the others revealed binge patterns. During these binge periods, the children may be neglected. To protect these children, Fischler advocates for temporary placement with extended family members or in local shelters or foster homes. From a prevention perspective, it is most

valuable to target the factors that precipitate alcohol abuse in both types of families.

Fischler (1985) explains that, in the United States, parents have been accused of not providing supervision to children whom they were raising in an atmosphere of traditional permissiveness. In other words, these parents were allowing their children the latitude to explore, discover, and learn at their own pace. Also, parents have been charged with abandonment for leaving children with their extended families. Others have lost their parental rights after being coerced by welfare workers to relinquish or to voluntarily place their children in care.

Carasco (1986) cites growing sensitivity on the part of the Canadian courts to the difficulties Aboriginal parents are facing. The court has "stated that when a mother voluntarily places her child in the care of a child care agency because of temporary hardship, a finding of neglect could not be made" (p. 132).

Other recent court rulings have addressed the issue of standards of care in relation to Aboriginal children. In one such case, a judge ruled that it was important to assess the standards of care in a community with respect to cultural differences, community practices, and external pressures on the community. Child protection is only warranted when there is a "substantial and significant departure from the standard of care of the community" (p. 131). Subsequent rulings have clarified that "in attempting to assess community standards,

the courts are not necessarily attempting to lower for native children the minimum standard of care" (p. 132). However, the courts are attempting to acknowledge that children from impoverished families can be viewed as adequately cared for if they are provided with their health, nutritional, and educational needs.

Further, due to the great need for Aboriginal foster homes in Canada, Johnston (1983) argues that "not only must we dispel the notion that poor people make poor parents, but we must ensure that warm, loving parents are not prevented from fostering because they are poor" (p. 99). This will enable Aboriginal child welfare workers to exercise their preference for placing children with their relatives or with Aboriginal foster families.

Stehno (1990) believes that there are not enough minority foster parents because "so many minority women have always had to work outside the home, that licensing regulations barred otherwise qualified low-income women from fostering, and that recruitment efforts seldom gave priority to minority communities" (p. 555). For similar reasons, Goodluck (1980) argues for "foster care payments to relatives, culturally relevant foster care standards, and [that] state regulations need to be rewritten to reflect social reality, cultural diversity, and common sense" (p. 521). Pierce and Pierce (1996) also argue for a less critical stance when evaluating potential foster families or relatives with respect to their financial and material resources. They

cite research with African-American families that has shown that relatives have "served children well" (p. 723).

Best Interests of the Child

Some Aboriginal groups propose that the best interests of the child are primarily served through the best interests of the tribe. Most agree that it is in the best interest of children to be placed with their extended families or with other Aboriginal families. They argue that the most important aspect of such a determination rests on the recognition of children's rights to their cultural, linguistic, and religious heritage. The courts are in a position to rule on the criteria that promote the child's best interest (Carasco, 1986; Sinclair et. al, 1991).

In some custody cases, judges have ruled that cultural needs are a priority. However, a ruling by the Supreme Court of Canada (Racine v. Woods, 1984, as cited in Carasco, 1986) stated that culture diminishes as a priority the longer a child remains in non-Aboriginal care. Conversely, the bond established between the child and the non-Aboriginal foster or adoptive parent assumes greater priority according to this judgment. Despite this ruling, some writers (e.g., Carasco, 1986; Sinclair, et. al, 1991) are optimistic that a child's right to his or her cultural heritage will continue to receive judicial sanctions. For example, bands applying for guardianship of children have been unsuccessful, but "have nevertheless been recognized, by some courts at least, as

having a contribution to make in arriving at a best interests decision" (Carasco, 1986, p. 129).

With respect to adoption, Aboriginal people prefer customary as opposed to statutory practices (Sinclair et al., 1991). In traditional practice, Aboriginal children can maintain contact with their natural parents. This is in sharp contrast to the practice of withholding information about a child's placement from the natural parents under statutory procedures. However, Sinclair et al. note that statutory adoption policies are changing in Canada and other countries. According to Sobol and Daly (1995), "openness is, without a doubt, the key policy matter for adoption practice in the 1990s" (p. 661) in Canada. As the adoption process becomes more open, it bears more of a resemblance to traditional Aboriginal adoption.

Sinclair et al. (1991) report that Canadian courts have recognized Aboriginal customary adoptions since the 1960s. These are adoptions that have been arranged "in accordance with Indian or Eskimo customs" (Carasco, 1986, p. 129). On the other hand, Carasco cites a recent court decision indicating that, unless a custom adoption has "been validated under a statute or ordinance," the adoption does "not confer legal rights or obligations on the adopted child or adopting parents" (p. 130). In light of this decision, Carasco argues that the term, custom adoption, has been rendered "meaningless" (p. 130) because without formal or legal

validation "there is no adoption and no change of status" (p. 130).

Values

Trimble and Fleming (1989) emphasize the necessity for human service providers who work with Aboriginal clients to be "thoroughly knowledgeable about Indian culture and values" (p. 195). In their review of the literature on differences between Aboriginal and non-Aboriginal values, they explain that Aboriginal "value orientations are more subtle, diverse, and complicated than previously understood" (p. 188). Individuals' values may vary as a function of acculturation status, tribal affiliation, urban versus reservation residence, and strength of identity. However, they maintain that there are enduring and generalizable orientations that distinguish the values of Aboriginal people. Blount (1996) created a list of 18 "selected American Indian and Anglo American value differences" (p. 259) that she found "cited most often in the literature" (p. 258). Among these, she contrasted the "Traditional Indian" value of "giving/sharing" with the "Anglo American" value of "saving." She cited an "oral tradition" as an American Indian value and contrasted this with a "written history" as an Anglo American value. With respect to family, she listed the Traditional Indian value as "extended" and the Anglo American value as "nuclear."

The work of DuBray (1985) is most relevant to this discussion of values. Specifically, she investigated

differences in value orientation between 36 Aboriginal and 36 non-Aboriginal female social workers at the Masters degree level. According to DuBray, she chose females to reflect the majority of social work practitioners and to eliminate gender as a source of variability. She also chose workers between the ages of 30 and 45 because she believes that the values of this group are likely to be stable and to endure through old age. The Aboriginal sample was drawn randomly from 28 American Indian tribes.

DuBray (1985) used the instrument devised by Kluckhohn and Strodtbeck (1961). DuBray explains that the Kluckhohn and Strodtbeck theory is based on three assumptions. The first is "that there is a limited number of common human problems for which all people at all times must find some solution" (DuBray, 1985, p. 33). Interestingly, Sarason (1978) makes the same statement about basic human problems. He believes that "despite all the diversity among human societies, past and present, each dealt with three problems: how to dilute the individual's sense of aloneness in the world, how to engender and maintain a sense of community, and how to justify living even though one will die" (p. 372).

DuBray (1985) explains that Kluckhohn and Strodtbeck (1961) believe that there is a finite range of solutions to these basic problems and that a profile of value orientation predominates within each society. Kluckhohn and Strodtbeck identified four categories of value orientation. They include activity (i.e., being versus doing), time (i.e., past,

present, or future), man/nature (i.e., subjugation-to-, harmony-with-, or mastery-over-nature), and relational (i.e., individualism, collaterality, or linearity). DuBray defines a lineal orientation as a value orientation in which "group goals have primacy; one of the most important goals is continuity through time" (p. 34). With a collateral orientation, there is "primacy of goals and welfare of the laterally extended group" (p. 34). Finally, from an individualistic orientation, "individual goals have primacy over the goals of collateral or lineal groups" (p. 34).

The Kluckhohn and Strodtbeck (1961) instrument presents the respondent with a number of vignettes that are followed by several questions. Each vignette addresses a particular value orientation. The respondent has the option to choose among the various alternatives that relate specifically to the particular orientation. For example, after a vignette relating to activity orientation, the respondent has the option of indicating a "being" or "doing" orientation. The two response options represent these two different values.

DuBray (1985) hypothesized that there would be differences between the Aboriginal and non-Aboriginal groups for all four value orientations. She found significant differences for three of the four orientations. With respect to relational orientation, the Aboriginal workers revealed more of a collateral as opposed to the more individualistic orientation of the non-Aboriginal workers. DuBray believes that this is a reflection of loyalty to the extended family,

tribe, or community. With respect to time, the Aboriginal group indicated an orientation towards the present, whereas the non-Aboriginal group revealed an orientation that was "midway between" (p. 35) a future and present orientation. DuBray interprets the present orientation as an appreciation of day to day living, as opposed to the pursuit of materialistic goals associated with a future orientation. Finally, with respect to the man/nature orientation, Aboriginal workers revealed an orientation toward harmony with nature. DuBray translates this orientation into a valuing of harmony and balance within the universal system. The non-Aboriginal group displayed an orientation toward mastery over nature.

DuBray (1985) was surprised to find that both Aboriginal and non-Aboriginal workers preferred a being, as opposed to a doing, orientation. She explains that such an orientation devalues education, power, status, or wealth while honoring intrinsic worth. For Aboriginal mother/child relationships, DuBray speculates that this translates into a valuing of children for who they are, as opposed to what they accomplish. She offers three explanations to account for the shared orientation. She speculates that this value orientation in the non-Aboriginal sample may be a function of the social work curriculum's emphasis on human worth and self-determination. Also, she suggests that there may be a selection bias due to non-Aboriginal people with this orientation choosing social work as a profession.

Additionally, she speculates that the non-Aboriginal social workers are experiencing a "reverse assimilation process" (p. 37). In other words, DuBray suggests that the non-Aboriginal social workers may be assimilating the traditional Aboriginal value orientation of being as opposed to doing.

DuBray (1985) concludes her discussion by remarking on the stability of the Aboriginal workers' values "even through six years of professional education" (p. 37). She believes that her data support the contention that Aboriginal people resist the pressure to assimilate the values of the dominant society. She also asserts the desire of Aboriginal people to maintain their cultural values and strong ties to their communities.

Translating these cultural values into child welfare practice, Metcalf (1979) makes distinctions between Aboriginal and non-Aboriginal perspectives. She believes that these differences lead non-Aboriginal child welfare workers to make culturally biased assumptions and decisions when responding to Aboriginal children and families. For example, she describes non-Aboriginal workers as holding beliefs or values representing an individual rather than collective responsibility for child-rearing. "This value of individual responsibility makes it easy for non-Indian social workers to view a child who is living with someone other than his/her natural parents as having been abandoned by those parents" (p. 182).

Metcalf (1979) explains that non-Aboriginal parents place greater faith in expert rather than natural helpers. In other words, non-Aboriginal parents will seek help from teachers, pediatricians, counsellors, or books rather than from their own parents. Consequently, "the experts, then, have little difficulty in believing that they know better than the parents what is good for a child" (p. 182).

Cross (1986) also believes that "natural helpers" are valued service providers in an Aboriginal child welfare system. Whereas the experts described above are valued by non-Aboriginal parents for their objective, scientific knowledge, "natural helpers" are valued by Aboriginal parents for their familiarity with Aboriginal culture, traditional practices, and their community. These helpers include "medicine men, shamans, tribal elders" (p. 285).

Within Aboriginal communities, Elders have special roles as brokers who can link troubled families with these other natural helpers. Elders are invaluable resources because they have inherited the knowledge of traditional child welfare practice. They can provide formal and informal parenting training to help to re-establish Aboriginal child-rearing traditions. Red Horse (1980) adds that "throughout history, elders have defended the value of family life through deeds, not simply by words or thought. Elders have sustained family strengths by resisting an assault from Anglo professionals armed with foreign value systems" (p. 490).

Women are also valued for the central role they must play in the development of an Aboriginal child welfare system (McKay, 1993; Monture, 1989). As a "First Nations woman," Monture explains that "it is the woman who stands at the centre of the nation because women are the caretakers of children" (p. 5). This is not to say that men do not have important roles to play as parents, extended family members, Elders, medicine men, and shamans. However, Monture believes that "there exists a natural balance between women and men in the way of creation" (p. 5). She indicates that Aboriginal women have traditionally cared for children with pride. She also speaks of the painful "reality that First Nations women carry, for we are the ones who continue to watch the children suffer" (p. 8).

Metcalf (1979) explains that non-Aboriginal people value change or progress while Aboriginal peoples value continuity. "In Anglo culture there is an expectation of change from generation to generation, whereas in most Indian cultures there is an expectation that the generations will repeat themselves" (p. 182). Given that they value change or "progress," Metcalf believes it is "easy for Anglo teachers and social workers to see the removal of Indian children from their homes as in the best interest of the child, or to view acculturation to technological way of life as a laudable goal" (p. 182).

Practice Principles

According to Nelson et al. (1985):

Practice principles provide the general rules that govern social work behaviour through incorporating and organizing significant knowledge and values.

Understanding the behaviours of helping within the Indian community should, therefore, give direction for conceptualizing Indian social service practice principles. (p. 231)

Nelson et al. (1985) describe their "experiences and insights gathered" while "collaborating with groups of indigenous Indian human service workers providing services to Indian families and children" (p. 231). Whereas they believe that non-Aboriginal helping models focus on change through a problem-solving process, they believe that Aboriginal models focus on "helping as support" (p. 231). They explain that, from an Aboriginal perspective, there is "no 'solution' to a situation or problem, only an appropriate response to the environment here and now" (p. 237). Sarason (1978) describes the goal of social action similarly. It "is not once-and-for-all solutions in the scientific sense but to stir the waters of change, hoping, and sometimes praying that more good than harm will follow" (p. 376).

In an attempt to conceptualize "Indian practice principles," Nelson et al. (1985) begin by outlining "a typical set of mainstream practice principles that are oriented to producing change, regardless of whether the client system is an individual, family, group, or community" (p. 242). According to Nelson et al., the following list of

ten "social work practice principles and behaviours" (p. 242) represents a non-Aboriginal approach:

1. Establishing an environment of support and acceptance.
2. Inviting client to elaborate concerns and needs.
3. Defining agency's services and worker's role.
4. Developing a mutual assessment of the problems-in-living and how they are manifested.
5. Engaging the client in task specification and priority setting.
6. Setting mutually acceptable conditions of work.
7. Eliciting differential reactions of all members of families and groups.
8. Intervening differentially according to age, sex, cultural norms, cognitive styles, and levels of social functioning.
9. Evaluating, re-evaluating, and renegotiating problem definition, tasks, roles, conditions, modalities, and temporal arrangements.
10. Creating hope.

According to Nelson et al. (1985), Aboriginal practice, "a supportive helping process, by contrast, calls for a different 'package' of practice principles" (p. 243). With respect to developing a comprehensive package of Aboriginal helping principles, Nelson et al. state that "this package may contain some familiar items, but likely will also contain new principles. . . . As this is only a beginning effort at

conceptualizing Indian practice principles, additional principles will surely be determined" (p. 243).

To begin to identify Aboriginal practice principles, Nelson et al. (1985) suggest that only 4 of the above 10 mainstream social work principles pertain to "Indian helping principles and behaviours" (p. 243). For example, they include the practice of "establishing an environment of support and acceptance" (i.e., Principle 1) as relevant to the supportive helping process. They also include "inviting client to elaborate concerns and needs" (i.e., Principle 2), "eliciting differential reactions of all members of families and groups" (i.e., Principle 7), and "creating hope" (i.e., Principle 10).

From the 10 general practice principles, Nelson et al. (1985) eliminate 6 practices that they do not believe are relevant to Aboriginal child welfare practice. For example, they exclude "engaging the client in task specification and priority setting" (i.e., Principle 5). They imply that this principle represents the more linear and compartmentalized view that non-Aboriginal child welfare workers bring to their work with both Aboriginal and non-Aboriginal children and families.

A non-Aboriginal child welfare practice that is consistent with a compartmentalized process is the separation of foster from natural parents. "In a non-indian [sic] model the child becomes something of a pingpong ball, transferred from one family to another and back again" (Metcalf, 1979, p.

186). Metcalf believes that the children suffer as a result of the lack of continuity in their social networks. Further, she believes that this pattern promotes jealousy between the foster and the natural families. Ultimately, the children are caught in this rivalry.

In contrast, Aboriginal child welfare workers encourage foster parents and natural parents to work together to form a larger family unit for the benefit of the child. This practice flows from "the tribal concepts of shared responsibilities in an interlocking network" (Metcalf, 1979, p. 186). The network often continues to exist after the child returns to the natural parents.

Blanchard and Barsh (1980) state that Aboriginal parents are discouraged from visiting their children in their foster homes because non-Aboriginal child welfare workers believe "that the 'irrationality' of the American Indian parent will intrude and disrupt the life of the substitute home" (p. 353). Given the confusion and mixed messages children receive about their parents and their parents' visits, they often respond with disturbed or disruptive behavior following the visits. Often, the "disruptive response is used as ammunition against the American Indian families to prove that they cannot provide comfort and security to their children" (Blanchard & Barsh, 1980, p. 354).

Blanchard and Barsh (1980) explain further that "most American Indian parents are required to visit with their children in the sterile, uncomfortable, and threatening

atmosphere of the agency office in the presence of the probing and often punitive caseworker" (p. 353). According to Horejsi et al. (1992), child welfare agencies are perceived as threatening by any parent. However, Horejsi et al. provide an extensive discussion of the "cultural, historical, and community factors that magnify this threat for the Native American parent" (p. 331). Given the perceived threat that they may lose their children, some Aboriginal parents become angry and "behave in ways that get them labeled as uncooperative and resistant" (p. 341). On the other hand, "some parents become so frightened and intimidated that they give up and seemingly abandon their children" (p. 341).

According to Blanchard and Barsh (1980), Aboriginal children are often placed in substitute care homes far from their parents. Parents are not always informed of their visitation rights. Travel to visit their children may present a financial or logistical hardship. "These circumstances and their consequences often form the basis for an allegation of disinterest and uncooperativeness on the part of American Indian parents and play a major part in the court's decision to terminate parental rights" (Blanchard & Barsh, 1980, p. 353).

Generally, in Metcalf's (1979) view, non-Aboriginal group interventions tend to be "hierarchical - with a defined leader therapist - or homogeneous" (p. 186). Her examples of homogeneous groups include interdisciplinary teams of experts or "self-help" groups of clients. She states that "clients

and experts rarely come together as equals; usually the setting in which they interact is formal and provides for 'professional distance'" (p. 187). In an Aboriginal program, "communal activities are necessary to build the mutually reinforcing network which is the ultimate goal of treatment" (p. 187).

Metcalf (1979) further contrasts the Aboriginal group process with non-Aboriginal group treatment. She states that Aboriginal agencies favor informal over formal interventions such as "potlucks, powwows, feasts, and recreation programs" (p. 186) involving children's entire networks. Metcalf explains that the therapeutic benefits include "building ethnic identity, solidifying families, gaining spiritual guidance through traditional songs and ceremonies, educating children, and in general breaking through patterns of social isolation" (p. 186). The structure of these events are "nonhierarchical; staff, professionals from other Indian organizations, clients, foster parents, natural parents, children, and adults all participate on an equal footing" (p. 186). The practice of involving client families to help other new client families demonstrates the Aboriginal value of reciprocity in helping relationships (E. Hill, personal communication, Spring, 1990).

From a systems perspective, interventions that target change in families, networks, and communities "pull people into a mutually reinforcing social network" (Metcalf, 1979, p. 181) to promote and restore inter-dependence and

connectedness. In contrast, interventions from a learning or individual pathology perspective target change in individual clients to foster independence and self-sufficiency. The goals inherent in both perspectives represent value systems that "grossly differ" (Richardson, 1981, p. 225).

Values, practice principles, and child welfare interventions are intricately connected. In the waiting room of the Southeast Child and Family Services Agency, the researcher observed the following "core values" printed on a poster produced by West Region Child and Family Services, Inc.:

1. Aboriginal children are best protected within their own families and within their own tribal communities.

2. To protect the Aboriginal child, one must protect the families and ensure the survival of the tribal communities.

3. First Nations are unique, [sic] and, as the primary source of these nations, its children must be given every opportunity to grow up in healthy environments.

4. First Nations are entitled to services that respect the culture and traditions of the tribe.

5. Tribal Life is the essence of Aboriginal society; children belong not only to the natural parents, but also to the extended family or clan and also to the tribe.

6. The responsibility for raising a child does not rest only with the natural parents; it is the responsibility of the clan and the tribe. A family seeking help is exercising

its right as an extended family member and as a member of the tribe.

7. First Nations have the right to self determination and to the exclusive jurisdiction over their children, regardless of where these children may reside. This includes those children previously removed from their tribes, as well as their children.

8. Each First Nations community is unique; the needs and priorities of each community are best determined by people of the community and they have the right to input into decision making for their community; services must be community based.

9. Provincial legislation has no place on First Nations communities; the use of such legislation is an interim measure only and the development of First Nations codes and standards is crucial.

10. A child and family service agency must be an arm of First Nations governments and must deliver services that are unique and not a part of the mainstream. The agency is to be an extension of the support offered by clans and tribes; as such, it is to have a broad scope in its delivery of services and is to deliver services from a holistic view, respecting and recognizing community structures.

These cores values represent a statement of global Aboriginal practice principles that can serve as a basis for the development of Aboriginal child welfare policy.

The Present Study in Context

Partnerships

While there is much anecdotal evidence and clinical wisdom in the area of Aboriginal child welfare, Ryan (1980) advocates for the establishment of "a data base to provide directions for culturally relevant mental health program development" (p. 510). Further, Polansky (1986) states that "practice-relevant theory is best advanced by agency personnel, especially those engaged with clients" (p. 14) and "who better than they could do initial conceptual mapping" (p. 15). Therefore, in an attempt to generate a data base for Aboriginal child welfare development in Manitoba, the present study aimed to examine the practices of Aboriginal child welfare workers. Specifically, the goal was to delineate a model of culturally relevant practice, with direct input from Aboriginal child welfare workers from mandated Aboriginal child welfare agencies serving children and families on reserves in Manitoba. Ultimately, such knowledge will not only foster policy development but will enhance training in culturally relevant practice for both Aboriginal and non-Aboriginal child welfare workers.

Polansky (1986) advocates for the enhancement of "the partnership between practitioners and researchers in extending theory for the field" (p. 15). In the spirit of Aboriginal self-government, Ryan (1980) states that "the right of the American Indian and Alaska Native people to decide their own destiny would be inherent in any attempt to

conduct research in their community" (p. 511). Only from this perspective does he believe that mental health research can contribute to the development of "meaningful approaches in mental health intervention, prevention, and enhancement" (p. 511). Community psychologists echo these sentiments in their call for researchers to promote collaboration (Fawcett, 1990; Glenwick, Heller, Linney, & Pargament; 1990; Kingry-Westergaard & Kelly, 1990; Rappaport, 1990;) and participation (Bond, 1990; Serrano-Garcia, 1990) on the part of respondents in the planning and implementing of research and interventions within their neighborhoods, schools, organizations, and communities. Therefore, a further goal of this study was to foster the partnership between Aboriginal practitioners and social science researchers in extending theory for culturally relevant child welfare practice.

For this research project, the partner organization was the Indigenous Women's Collective of Manitoba Inc. (IWC) (M. Staniscia, personal communication, September 17, 1993). Some of the staff of IWC met previously with women throughout the province to compile a report for the Royal Commission on Aboriginal Peoples on the views of Aboriginal women (McKay, 1993). Women voiced their belief in the importance of the role of women in shaping the Aboriginal child welfare system. Therefore, the leadership of IWC believed that the present research was responsive to the wishes of Manitoba's Aboriginal women. Consequently, IWC offered to work in

partnership with the researcher to facilitate the successful completion of the project.

Paradigms

Along with the establishment of a partnership with a community organization, the research described here derived its theoretical framework about Aboriginal child welfare practice from an analysis of contextual issues. To frame a theoretical context, tribute was paid to the cultural, historical, legal, and political influences on traditional and current Aboriginal child-rearing, child protection, and child welfare practices. Despite this framework, the present research can still be faulted for extracting the issue of child welfare from the fabric of the current Aboriginal context or world view for the purposes of study. Such a practice admittedly represents the reductionism of the dominant society (Wilkinson, 1980).

According to Hallowell (1971), "the world is always perceived and derives its meaning and significance from the beliefs and presuppositions of a particular culture. Or, to put it figuratively, it is viewed through the spectacles with which our culture has provided us" (p. 1). With respect to people from other cultures, Hallowell states that one "can never wear their culturally tinted spectacles; the best we can do is to try them on" (p. 3). The author of this paper believes that people always wear the lens of their own culture. They may try on the spectacles of another culture, but they are never without their own cultural lens.

Therefore, it may be impossible to truly understand Aboriginal child welfare practices within an Anglo-European context. Aboriginal people come to know their worlds from a vantage point that may be incomprehensible to non-Aboriginal people. However, Anglo-European thinkers hold increasingly diverging views on the way they come to know their worlds and the way they ought to conduct scientific inquiry (Guba & Lincoln, 1985). According to Guba and Lincoln, the practice of social science is shifting in a Kuhnian sense (Kuhn, 1970) from a positivist to a constructivist paradigm. The constructivist world view may be more compatible with the Aboriginal world view.

Guba and Lincoln (1989) distinguish positivist and constructivist paradigms on the basis of ontology, epistemology, and methodology. With respect to the nature of reality, positivists believe in a "'substantial reality' of natural laws and causes" (p. 85). Within this paradigm, truth and reality are isomorphic. Therefore, positivists believe that the truth can be found and that prediction and control of natural phenomena are both desirable and possible. This belief in control over natural phenomena is an often cited sharp contrast to Aboriginal belief systems (Richardson, 1981). Specifically, traditional Aboriginal beliefs center around coexistence or harmony with, as opposed to control over, natural phenomena. Human beings are viewed as part of the system. Therefore, they neither believe in nor desire to exercise such control.

The ontological perspective of constructivists differs from the positivists' in that it rests on a belief in "multiple, socially constructed realities ungoverned by natural laws, causal or otherwise" (Guba & Lincoln, 1985, p. 86). Constructions represent attempts by individuals to understand their experiences. According to Guba and Lincoln, these constructions "can be and usually are shared, ranging all the way from constructions about subatomic particles to those about cultural mores" (p. 86). While shared constructions are not necessarily viewed as more "real," they are viewed as more truthful. For, in this context, truth is defined "simply as that most informed and sophisticated construction on which there is consensus" (p. 86). Therefore, the constructivist is in pursuit of "ever more informed and sophisticated constructions" (p. 87). However, a new and challenging insight can overturn a widely-held or sophisticated construction "in an instant" (p. 87).

With respect to the nature of knowledge, the positivist or conventional paradigm rests on the belief that the inquirer can remain distinct from the subject of inquiry (Guba & Lincoln, 1989). Further, inquirers believe that it is desirable and possible to exclude their values from the inquiry (Sarason, 1981). In contrast, the constructivist paradigm rests on the belief that there is an interactive relationship between inquirers and their inquiries. Further, Guba and Lincoln argue that "it is precisely their

interaction that creates the data that will emerge" (Guba & Lincoln, 1989, p. 88).

Rather than exclude or ignore the values of inquirers, respondents, and stakeholders, constructivists acknowledge "their very influential role in all inquiry" (Guba & Lincoln, 1989, p. 88). Similarly, most community psychologists openly pursue goals that represent and express the values of their field (Rappaport, 1977). This is not to say that all community psychologists pursue research that reflects only their own values. Shadish (1990) argues not for "value-free science, but rather for explicit consideration of a plausible range of values, so that one's own values do not dominate the research and so limit its utility" (p. 16). The distinction between Shadish's position and that of the positivist is the former's assumption that values are an explicit and essential part of the research process. As such, they merit effort to ensure their representation rather than exclusion.

Finally, positivists and constructivists differ with respect to their methods of inquiry. The ultimate goal of positivist inquiry is to "reach unequivocal conclusions about causes or reasons" (Guba & Lincoln, 1989, p. 89). Inquiries are conducted "in ways that strip context of possible contaminating influences (confounding variables) . . . to be able to discover (or test presumptions about) causal mechanisms" (p. 89). This "interventionist methodology" (p. 89) is operationalized through the use of physical and statistical controls.

The goal of constructivist inquiry is to achieve "successively better *understanding*, that is, to *making sense* of the interaction in which one usually is engaged with others" (Guba & Lincoln, 1989, p. 89). The inquirer elicits and communicates the various constructions, solicits critiques, and incorporates new information into more sophisticated constructions. The process is both dynamic and circular, and concludes when the "improved (joint) constructions" (p. 90) approach consensus among the respondents.

Models and Methods

Kingry-Westergaard and Kelly (1990) present an analysis similar to that of Guba and Lincoln (1989) to make explicit the implicit assumptions corresponding with the respective paradigms. In concluding, they "propose that a contextualist, Ecological epistemology provides the freedom to pursue lines of inquiry more congruent with the philosophical and sociopolitical interests of Community Psychology" (pp. 30-31). In this context, contextualism and constructivism are synonymous. In their view, the philosophical and methodological assumptions of positivism constrain the growth of knowledge pertaining to the complex phenomena of interest to community psychologists.

In a similar vein, Rapkin and Mulvey (1990) state that community psychologists must evaluate whether or not they want to promote "research that is good according to the dominant models of psychology" (p. 152). They do not believe

that this necessarily translates into research that is less rigorous. Rather, they stress the need for "an articulation of what *rigor* means from a community perspective. Anything less will leave community psychology trying to justify itself as 'good science' according to standards that are antithetical to its worldview" (p. 152).

Currently, community psychologists (e.g., Cauce, 1990; Fawcett, 1990; Maton, 1990; Rapkin & Mulvey, 1990) are calling for an integration of quantitative and qualitative methods. Previously, Trimble (1977) called for the "use of multimethod, multitechniques" (p. 169) when conducting research within Aboriginal communities. He stated that the use of such methodology "has occurred far too infrequently in Indian communities. Future investigations of Indian community processes should consider its benefit as it is closely aligned to the native view of people-in-their-environments" (p. 169).

In keeping with community psychology's commitment to the disenfranchised, Maton (1990) values qualitative research as a means "to give voice to disenfranchised populations and diverse subcultural groups, by portraying in a compelling manner their distinctive life experience and strengths" (p. 155). With respect to hypothesis-testing, Maton explains that quantitative analysis is traditionally the basis. However, he believes that:

qualitative observation or interviewing is uniquely able to reveal a behavioral pattern or cultural norm whose

existence is sufficient to disconfirm a given research hypothesis. Furthermore, triangulation of data from qualitative and quantitative methods to assess key research variables and to help establish relationships among research variables would very likely result in greater confidence in findings than that gained by quantitative methods taken alone. (p. 155)

In the present study, such an integration or triangulation of methods and data was undertaken. It is described briefly below and fully in the Method section of this thesis.

A Theory of Reasoned Action

Child welfare workers responded to a questionnaire with three tasks. First, both Aboriginal and non-Aboriginal workers rated the relevance of 10 social work practice principles to their own child welfare practice. Next, they described their likely responses to a written vignette depicting a hypothetical child welfare case. The questions were open-ended. Finally, by selecting among forced-choice options, they responded to another set of written vignettes involving Aboriginal children. The child welfare workers indicated the interventions that they would most likely utilize given the available information and response options. In other words, they provided their behavioral intentions (Ajzen & Fishbein, 1980).

According to Ajzen and Fishbein (1980), individuals' intentions to perform (or not to perform) specific behaviors

are the immediate determinant of their actions. Behaviors are viewed as the outcome of a reasoning process whereby individuals make rational and systematic use of the information available to them.

Ajzen and Fishbein (1980) theorize that characteristics of individuals (i.e., age, marital status, SES), termed external variables, partially determine their beliefs. In the present case, the participating social workers' cultural identity is expected to be predictive of their beliefs. In this context, relevant beliefs are as specific as those about child care or child welfare, or as global as worldview. Beliefs can be either about behaviors such as separating children from their parents, or about objects or persons such as children. An example of a belief about a behavior is the belief that it is responsible to leave siblings under the care of their nine year old sibling when there are adults nearby. An example of a belief about children is that they are gifts from the Creator.

Beliefs are formed directly by observation or experience, indirectly through the knowledge of others, or inferentially through an individual's own analytic process (Ajzen & Fishbein, 1980). According to this model, Aboriginal people who are raised within a traditional context can develop traditional beliefs about children and child-rearing through the teachings of their Elders, as well as through their own observations and experiences. Therefore, this model would support the view that children raised in residential

schools were not only deprived of traditional models of child-rearing behavior, but also learned the punitive and controlling models they observed and experienced in those institutions.

Ajzen and Fishbein (1980) explain that specific beliefs are based on characteristics associated with specific behaviors or objects. For example, some individuals believe that children are gifts from the Creator. Therefore, these same individuals associate positive characteristics such as innate wisdom with children. Therefore, these individuals hold positive beliefs about children.

In the theory of reasoned action, positive or negative beliefs give rise to positive or negative attitudes, respectively (Ajzen & Fishbein, 1980). In other words, believing that children are precious leads to positive attitudes toward them. Further, a belief that proper care of children leads to their thriving (i.e., a positive outcome) would yield a positive attitude toward care and nurture of children. Conversely, a belief that children are evil translates into a negative attitude towards them. Individuals holding such attitudes might believe that treating children with permissiveness results in spoiled children (i.e., a negative outcome). In this case, the expression "spare the rod, spoil the child" represents both a negative belief and attitude toward children.

Ultimately, attitudes lead to behavioral intentions (Ajzen & Fishbein, 1980). Behavioral intentions are a

reflection of an individual's assessment of their future behaviors. These intentions are influenced by both a personal and a social factor. The individual's own attitudes, independent of others, constitute the personal factor. The individual's perceptions of the social pressures to perform a behavior, or the norm for the individual's community or social group, constitute the social influence factor. According to Ajzen and Fishbein, when individuals believe that important others think that they should perform a behavior and when the individuals evaluate the performance of the behavior positively, they will likely intend to perform the behavior. For example, Aboriginal Elders feel that it is important to respond in a specific manner to children. If an Aboriginal child welfare worker also believes that such a response will lead to the greater well-being of the child or family, then the worker will likely intend to perform the behavior. Ultimately, the worker is likely to translate this intention into a specific child welfare behavior.

With respect to health behaviors, several investigations have established the empirical relationship between the variables of the Ajzen and Fishbein model (1980). For example, Hennig and Knowles (1990) found that the model significantly predicted women's intentions to have regular screening tests for cervical cancer. Also, using a revised version of the theory of reasoned action incorporating self-efficacy, Brubaker and Fowler (1990) found partial support for a relationship between a persuasive message, behavioral

intentions, and the self-reported performance of testicular self-examination.

Warshaw, Calantone, and Joyce (1986) conducted a large scale field investigation of donating blood to test the theory of reasoned action, as well as the relationship between self-report and actual behavioral measures. They found a significant correlation between self-report and actual donor behavior ($\underline{r} = .63, p < .01$). However, they explained that one would predict a higher correlation if the two behavioral measures were "equivalent indicants of performance" (p. 136). They suggest that this discrepancy is a result of the effects of socially desirable responding on the self-report measures. Most relevant to the present research, Warshaw et al. found significant relationships between behavioral intention and both self-report ($\underline{r} = .30, p < .01$) and actual donor behaviors ($\underline{r} = .31, p < .01$) "obtained from the computerized records of blood banks" (p. 137).

In an analysis of self-reported behaviors and actual behaviors, Manfredo and Shelby (1988) concluded that both of these domains made significant and distinct contributions to the investigation of attitude-behavior relationships. They explain that self-reported behaviors are often solicited because "it is frequently unethical, logistically impossible, or prohibitively expensive to employ research designs that obtain measures of actual behavior" (p. 731).

At this exploratory and descriptive stage, the researcher planned to solicit the behavioral intentions of child welfare workers. Their behavioral intentions are likely to correlate positively with their actual interventions. Also, by indicating the interventions that they would ideally or theoretically employ, these workers were revealing their implicit beliefs and attitudes. It was expected that such beliefs and attitudes would be associated with the workers' cultural identifications (i.e., external variables).

Reason in Context

Through questionnaires and interviews, Aboriginal workers were asked to describe the ways that they prefer to respond to the needs of their children. Using quantitative methods, their intervention models were compared to those of non-Aboriginal child welfare workers to identify the response patterns that are unique to the culturally relevant approach of Aboriginal workers. Using qualitative methods, Aboriginal child welfare workers' descriptions, understandings, or "constructions" of culturally relevant child welfare practice were also solicited.

Hypotheses were supported or rejected based on responses to rating scales. The open-ended responses were classified and treated as both quantitative and qualitative data. When reduced to numerical format, statistical tests comparing the intervention models of the two groups were conducted using all of the quantitative data.

In a qualitative process, workers' responses to the open-ended questions were solicited to "permit an element of personal expression" (Trimble, 1977, p. 171). Further, these items provided Aboriginal workers with the opportunity to generate intervention strategies "which those not familiar with the community might not even consider" (Hamilton & Sinclair, 1991, p. 529). In other words, a range of potential interventions unanticipated by the researcher may have emerged when response categories or interventions were unspecified.

The goal of the interview process, along with the open-ended questionnaire items, was to provide yet a richer and fuller context in which to interpret the results of the quantitative analyses (Fawcett, 1990). The interviews specifically enriched the interpretation process by aiding the researcher to understand the findings "within the context of the social reality of Aboriginal people" (Morrissette et al., 1993, p. 106).

From another perspective, Glaser and Strauss (1970) direct the fieldworker to "trust in one's own credible knowledge" (p. 294). They explain that it is the fieldworker "who knows what he knows about what he has studied and lived through. They are his perceptions, his personal experiences, and his own hard-won analyses" (p. 294). However, this researcher or fieldworker has been taught that Aboriginal people are offended when non-Aboriginal people present themselves as "white experts on Native people" (E. Hill,

personal communication, Spring, 1990). This researcher or fieldworker knows what she knows from her clinical work with Aboriginal human service providers, Aboriginal families, and Aboriginal children who were in the care of the provincial child welfare system. She has also learned from observations, experiences, readings, and teachings she has received from her Aboriginal mentors. As a non-Aboriginal person who acknowledges the limits of her understanding, this researcher offered as her basic construction the belief that Aboriginal child welfare practice differs from non-Aboriginal practice. She hypothesized that Aboriginal workers would rate general social work principles as less relevant than non-Aboriginal workers to their child welfare practice. Further, she hypothesized that Aboriginal practice is less-intrusive, more family- and community-oriented, and more preventive, long-term, and supportive in nature. With the input of child welfare workers, she looked forward to developing more informed and sophisticated constructions.

HYPOTHESES

1. Aboriginal workers will rate a set of mainstream social work practice principles as less relevant to their child welfare practice than will non-Aboriginal workers.

2. Aboriginal workers will be more likely than non-Aboriginal workers to plan to respond with more minimal as opposed to more intrusive interventions.

3. Aboriginal workers will be more likely than non-Aboriginal workers to plan to implement within-home or within-family interventions.

4. Aboriginal workers will be more likely than non-Aboriginal workers to plan long-term preventive and supportive involvement with Aboriginal families.

METHOD

Participants

The participants were Aboriginal and non-Aboriginal child welfare workers from agencies serving rural or remote communities. Requests to recruit Aboriginal workers were directed to Manitoba's mandated Indian Child and Family Services: Anishinaabe Child and Family Services, Awasis Agency of Northern Manitoba, Cree Nations Child and Family Caring Agency, Dakota Ojibway Child and Family Services, Intertribal Child and Family Services, Sagkeeng Child and Family Services, Southeast Child and Family Services, and West Region Child and Family Services. The administrative personnel of Awasis Agency of Northern Manitoba, Sagkeeng Child and Family Services, Southeast Child and Family Services, and West Region Child and Family Services granted permission for the researcher to recruit participants within their respective agencies. However, only workers from two agencies, Southeast and West Region Child and Family Services, agreed to participate.

Requests to recruit non-Aboriginal workers were directed to Child and Family Services of Central Manitoba, Child and Family Services of Western Manitoba, Eastman Regional Office - Child and Family Services, Interlake Regional Office - Child and Family Services, Norman Regional Office - Child and Family Services, Parklands Regional Office - Child and Family Services, Thompson - Child and Family Services. The Carman

and Portage La Prairie offices of Child and Family Services of Central Manitoba participated in the research. Also, workers from the Eastman, Interlake, Norman, and Thompson Regional Offices took part in the study.

Permission to recruit the child welfare workers from the specific agencies was obtained through the Directors of the respective agencies. The researcher made initial contact with the Directors by telephone. She introduced herself as a doctoral student in the Department of Psychology at The University of Manitoba who was working in partnership with the Indigenous Women's Collective of Manitoba Inc. She explained that she was interested in learning about regional and cultural variations in the practice of child welfare in rural and remote areas across Manitoba.

In exchange for the agencies' support of the study, the researcher offered to provide in-service training sessions to the workers under the supervision of a registered psychologist. Possible topics for presentations included stress in the workplace, the nature of play therapy, child behavioral management, cross-cultural clinical interventions, or other topics of special interest to the staff of the particular agency. The entire staff was to be invited to attend the training sessions, whether or not they had participated in the study. This exchange process represents a culturally relevant practice within an Aboriginal context. It is customary for Aboriginal people to engage in reciprocal

helping relationships (E. Hill, personal communication, 1990).

After the initial telephone conversation, the researcher sent a letter to the Directors briefly describing the study (see Appendix A). Once the Directors had an opportunity to review the letter, the researcher contacted them again to discuss her request, answer questions, and schedule data collection and inservice sessions. For those Directors who required information about the study beyond the initial letter, the researcher sent a summary of the rationale, goals, and methodology of the study (see Appendix B).

It bears noting that the decision process varied greatly across the agencies. Some of the Directors were in a position to make the decisions on their own. Often they sought the input of their management teams. Other Directors had to seek permission from the Boards or Regional Directors to which they were accountable. In turn, some of the Boards of Directors, particularly among the Aboriginal agencies, sought further confirmation from Chiefs and other political organizations.

After receiving either written or verbal consent from the Directors, the researcher sent a letter of confirmation (see Appendix C). She included a contract outlining the conditions under which the study would be conducted (see Appendix D). In advance of the data gathering sessions, the Directors were asked to inform their workers only that the researcher would be in attendance.

The researcher presented the goals and described procedures of the study to the workers. She explained that the workers' responses would be confidential and anonymous. She stated her interest in the responses of child welfare workers' as a group. She briefly described the process of analyzing aggregate data. She emphasized the fact that she would not identify the responses of individual workers.

Workers' participation was strictly voluntary. They could elect to withdraw from the study at any time. Workers were entitled to access the in-service training regardless of their participation or withdrawal from the study. Participants were required to indicate their informed consent by signing forms provided by the researcher (see Appendix E).

Procedure

Questionnaire

Survey participants were told that the purpose of the study was to learn about regional and cultural variations in the practice of child welfare work in remote and rural communities across Manitoba. Participants were asked to respond to a written questionnaire. They were told that it would take them less than an hour to complete the questionnaire. Whenever possible, the survey was administered to the respondents in groups. If necessary, workers who were unable to attend the group administration sessions were permitted to complete the questionnaires individually.

The researcher received 11 questionnaires (16%) from workers from Aboriginal agencies who could not attend the

group administration. At the end of one of the group administration periods in one of the Aboriginal agencies, a worker asked if he could take more time to fill out the questionnaire and mail it back to me. He explained that he felt that the issues warranted more of his time to consider them.

Of these 12 questionnaires, only 6 datasets were ultimately included in the data analysis. One questionnaire was eliminated due to insufficient identifying data. Four datasets were eliminated from the final analyses because the workers did not meet inclusion criteria (to be discussed in the Results section). Finally, one dataset was eliminated because it was identified as an outlying case. The worker indicated "don't know" for the majority of the questions. Therefore, 6 (10%) of the 59 datasets used for the analyses were completed individually.

Interviews

In order to obtain a richer description of culturally relevant child welfare practice, the researcher planned to interview the workers. She began with workers from Southeast Child and Family Services. She selected this agency on the basis of receptivity to the project on the part of the agency Board of Directors, Director, and staff. This agency was also chosen because of its Winnipeg location. Given that the process involved multiple interviews, the researcher required convenient access to workers without prohibitive travel expenses.

The researcher introduced this phase of the research to the workers after they had participated in the survey phase. However, completion of the questionnaire was not a prerequisite for participation in the interview process. The researcher stated that she was specifically interested in learning about traditional and culturally relevant child welfare practice with Aboriginal children. She explained that written questionnaires could provide a limited description of the unique approach of Aboriginal child welfare workers. However, interviews would provide an opportunity to develop a more complex and in-depth understanding of Aboriginal child welfare practice. Those respondents who agreed to be interviewed were required to provide their informed consent by signing a form provided by the interviewer (see Appendix F).

To conduct the interviews, the researcher planned to implement a process outlined by Guba and Lincoln (1989) that they refer to as a "hermeneutic dialectic negotiation" (p. 151). The process begins with the selection of an initial respondent (R1). Guba and Lincoln (1989) direct the researcher to make this initial selection based on "any convenient or salient reason" (p. 151). In this case, a worker who is reputed among her colleagues and other professionals for her knowledge of traditional Aboriginal child care and protection practices was chosen as an appropriate initial respondent. When invited to participate

in an interview, she agreed to serve as the initial respondent.

With respect to this inquiry, the original criteria for seeking subsequent interview participants changed to reflect the cultural context of the interviewees. Following Guba and Lincoln's hermeneutic approach, the researcher planned initially to ask interviewees to identify another worker whose beliefs about traditional practice or whose practices *differed from their own*. However, all of the interviewees made comments reflecting their humility and their beliefs that there were others who had opinions that they *valued more than their own*. Therefore, it appeared to be more appropriate, respectful, and responsive to follow the respondents' direction to proceed to interview someone whom they respected. According to Guba and Lincoln (1989), shifts in methodology such as these, once an investigation has begun, diminish the reliability of a given positivist inquiry. In contrast, they state that deliberate changes in methodology "are hallmarks of a maturing - and successful - inquiry" (p. 242) from the constructivist perspective.

At the scheduled time in the interviewee's office, the researcher informed the participant that the interview would be taped. Before starting the tape, the researcher offered each interviewee tobacco. She explained that she had been directed to do so by her Aboriginal teachers. The researcher had been taught that it is both culturally-appropriate and respectful to offer the gift of tobacco to some of the

Aboriginal peoples in Manitoba when seeking to learn about traditional practices. All of the interviewees graciously excepted the tobacco. One of the workers indicated that she had never received an offer of tobacco and felt particularly honored.

After consenting to be interviewed and accepting the tobacco, each participant was asked to describe and comment on traditional Aboriginal practices pertaining to the welfare of children. The worker was also asked to discuss her own approach to child welfare work. Finally, the worker was asked to identify another worker, who she believed to be knowledgeable about Aboriginal child-rearing practices and their application to child welfare.

In cases where the nominee refused to be interviewed, the researcher planned to return to the previous interviewee for another nomination. Specifically, the first interviewee nominated a worker in her agency who was willing to be interviewed. At the conclusion of the second interview, the interviewee nominated a worker from another agency. This worker was unwilling to participate. She stated her belief that it was inappropriate for her to speak of traditional practices to someone outside of the Aboriginal community.

The researcher returned to the second interviewee for another nomination. The next nominee agreed to be interviewed. At the conclusion of her interview, the worker felt that she was unfamiliar with her co-workers and unable to nominate another worker. She directed the researcher back

to the second interviewee who had nominated her. Following this direction, the researcher approached the second interviewee again to enlist her help in finding more potential interviewees. Due to her stature in her agency and her commitment to the research project, she felt willing and able to provide her assistance.

A fourth child welfare worker within Southeast Child and Family Services agreed to be interviewed. At the end of her interview, she initially nominated workers who had already participated in the interview process. When the researcher contacted a nominee who had yet to be interviewed, he agreed to participate. However, when the researcher arrived at the scheduled time, the worker declined to be interviewed due to his workload. He was unwilling to schedule a subsequent appointment and did not feel that he could offer further assistance to the interviewer.

The researcher felt that she had come to the end of her interview chain within this agency. She consulted with her research supervisor, Dr. Don Fuchs. He directed her to interview a fifth Aboriginal child welfare worker who was highly regarded by other professionals and by members of her community, outside of Winnipeg, for her knowledge of traditional Aboriginal child care and protection practices. Due to the fact that the researcher was leaving the province shortly to commence her clinical internship, the researcher and Dr. Fuchs decided that an Aboriginal social worker would conduct this final interview in the researcher's absence.

While the changes to the initial selection criteria represented a "maturing" of the investigation from a constructivist and culturally responsive perspective, the changes in the interview recruitment process reflected pragmatic considerations.

With respect to the validity and reliability of a qualitative study, Miles and Huberman (1984) believe that the determination rests on how reliable and valid the interviewer is "likely to be as an information-gathering instrument" (p. 46). Although they acknowledge that this is a controversial topic, they identify four criteria as characteristics of persons who represent the "best investment" (p. 46) as researchers or interviewers.

First, they believe that, in order to conduct reliable and valid interviews, individuals must possess "some familiarity with the phenomenon and the setting under study" (p. 46). They also value "a multidisciplinary approach, as opposed to a narrow grounding or focus in a single discipline" (p. 46). Miles and Huberman explain that while many sociologists or anthropologists would disagree with their multidisciplinary criterion, they believe that naive observers or interviewers offer little more than their own evolving understandings. These formulations often translate into "global, surface-oriented data and conclusions—and usually into self-induced or informant-induced bias as well" (p. 48). Further, they believe that researchers who are grounded in a single discipline run the risk of "plastering a

ready-made explanation on phenomena that might well be construed in far more compelling ways" (p. 48).

Finally, Miles and Huberman (1984) value researchers with "strong conceptual interests" (p. 46) and "good 'investigative' skills, including doggedness, the ability to draw people out, and the ability to ward off premature closure" (p. 46). Partly, they are referring to skills relating to instrument design. They indicate that the data collection process is enhanced when the researcher can bring insight and experience to sampling decisions, conceptual clarification, and priority setting. They are also implying that clinical skills are necessary for valid and reliable qualitative research. Through her training as a scientist/practitioner, the researcher feels that she has developed these necessary skills. The assistant who conducted the final interview, Ms. Celeste McKay, is an Aboriginal woman, with a B.S.W., who has experience providing service to Aboriginal families in both Aboriginal and non-Aboriginal human service agencies. She has also had experience conducting interviews in her work for the Royal Commission on Aboriginal Peoples (McKay, 1993).

Measures

The measures were administered in the form of a written questionnaire. The sections included ratings of practice principles, responses to open-ended questions following a child welfare case vignette, and responses to forced-choice questions following a series of case vignettes.

Practice Principles

As described in the preceding theoretical discussion, Nelson et al. (1985) identify 10 mainstream social work practice principles. They believe that only four of these principles (listed in the previous section) are relevant to "Indian helping principles and behaviours" (p. 243). Rather than assuming which of these ten practice principles are culturally relevant to Aboriginal workers, both Aboriginal and non-Aboriginal workers were asked to indicate how frequently each of the 10 practice principles is relevant to their own child welfare work.

Each principle served as an item for a 10-item scale of practice principles (see Appendix G). Respondents rated the frequency with which the particular practice is relevant to their child welfare practice by circling a number on a 7-point scale. The following is an example of an item:

1. Establishing an environment of support and acceptance for the client.

always

sometimes

never

1

2

3

4

5

6

7

DK

No reliability or validity data exist for this instrument because it was designed for use in the present research. In constructing the instrument, the researcher followed various recommendations made by Foddy (1993), who surveyed the literature on the construction of questions for

interviews and questionnaires. His conclusions rest largely on empirical bases for question construction. Foddy states that 7-point scales have been shown to produce reliable and valid data for use with many multivariate statistical analyses. Therefore, seven anchor points were employed for rating the items, from 1 (always) to 7 (never). For data analyses, these scores were reversed so that higher numbers indicated practice principles that were more frequently relevant.

As Nelson et al. (1985) state, "this is only a beginning effort at conceptualizing Indian practice principles, additional principles will surely be determined" (p. 243). Therefore, at the end of this section, respondents were asked if there were any practice principles that are particularly relevant to their work that they would like to add. The written responses are appended (see Appendix L).

Provincial Child Welfare Vignette

The next section of the questionnaire was composed of a child welfare vignette and corresponding open-ended questions (see Appendix H). Respondents were provided with various scenarios relating to the particular vignette. Following each scenario, respondents were asked to describe how they would respond or what they would do in the given situation. They provided written responses to the questions. Given the unstructured nature of the response, this section of the questionnaire provided the workers with the opportunity for

the "element of personal expression" (p. 171) that Trimble (1977) recommends.

This instrument constitutes a portion of the provincial government's protocol for interviewing prospective child welfare workers for rural Manitoba. Lori Grandmont, Personnel Administrator, Human Resource Services, Family Services of the province of Manitoba provided the researcher with the instrument. Ms. Grandmont (personal communication, October 5, 1993) believes that the instrument was developed and refined through use approximately 8-10 years ago. She stated that it has remained unchanged during the four years that she has been in her current position. However, slight variations may be employed depending on the position to be filled and the respective selection criteria and priorities. For the present study, the researcher specified that the family depicted in the vignette is Aboriginal.

Ms. Grandmont endorsed the instrument by volunteering that "it works." In other words, she implied that individuals who respond in certain ways to the interview have demonstrated effectiveness in their practice of child welfare. The fact that the protocol is useful in recruiting and hiring competent child welfare workers may form the basis of an argument for the predictive utility of the interviewing protocol. Specifically, there is a presumed relationship between behaviors elicited by the interview and future behaviors of the child welfare workers (Bellack & Hersen, 1984). Individuals who perform adequately during the

interview subsequently perform adequately as child welfare workers.

Aboriginal Child Welfare Vignettes

Four vignettes of hypothetical Aboriginal child welfare cases, with forced-choice response options, were presented next in the questionnaire (see Appendix I). These vignettes were composed by the author and Karen Gamey-Koscielny, MSW. Ms. Gamey-Koscielny has worked both as a rural child welfare worker and as a school social worker for the Waywayseecappo First Nation.

Four Domains of Child Welfare Practice

The first vignette was modeled after a discussion by Hull (1982) of a case in which a child, John, was reported to a child welfare agency by his teacher because he had been living with a non-relative for several weeks. "The intake social worker was not aware of the extended family and tribal ties that existed within John's family and found it hard to believe that the parents had not abandoned their son" (p. 344). In the present study, the teacher noticed Billy's increasingly poor hygiene, sleepiness, and apparent hunger. Similarly, when she learned that Billy had not stayed with his parents' the previous evening, she called the intake worker at the child welfare agency. This vignette targeted issues relating to initial assessment procedures.

The second vignette depicts a case in which a concerned community member reported that Steve, her son's friend, a 14 year old, had appeared at her home with bad bruises

repeatedly. She decided to call the agency because she saw bruises again and Steve seemed more withdrawn. Based on this report, the worker decided to interview Steve. He implied that his bruises were due to a fall from his bicycle. He made no comment when the worker inquired about a history of bruises. This vignette targeted issues relating to the investigation process.

The third vignette depicts a potential child sexual abuse case. A nine year old girl, Shelley, disclosed to her aunt that her father comes into her room at night and fondles her. The aunt called the agency to report her niece's disclosure as well as her own concern that her sister, the girl's mother, was unaware of the abuse. This vignette addresses issues related to the apprehension process.

The fourth vignette depicts a chronic child welfare case. The agency has had a three year history of involvement with Mary, a 23 year old, single mother of four. Mary's extended family live in a distant community. Due to her substance abuse problems, she was unable to provide for her children's needs. Initially, the agency provided her with a family aide for approximately one year. Then when Mary felt unable to parent her children, she entered into a six-month voluntary placement agreement (VPA) with the agency. The children were placed together with a family in Mary's community. Despite Mary's plan to devote her efforts toward resolving her substance abuse problems, she showed no sign of recovery at the end of the six-month VPA. At that time, the

agency obtained a 12-month uncontested temporary order on all the children. The order will expire in two months. This vignette addresses issues of guardianship.

The researcher attempted to design a set of vignettes having content validity for child welfare. Bellack and Hersen (1984) define content validity as the degree to which a measure, including the stimuli and response options, reflects the universe or domain of the "focus of our interest" (p. 36). In this sense, the four vignettes targeted issues relating to assessment, investigation, apprehension, and guardianship respectively. These topics represent the major concerns within the domain of child welfare practice.

A pilot test of Aboriginal and non-Aboriginal child welfare workers was conducted to determine the face validity of these vignettes. Bellack and Hersen (1984) suggest that, although face validity may not be important to the "professional, it is through face validity that the subject receives an impression of what the test is measuring" (p. 256). They believe that this variable affects the attitude of the respondent. In this case, if the vignettes or the response options did not appear to be relevant, realistic, or representative of their own interventions, child welfare workers would likely regard the instrument as trivial at best and insulting at worst. To solicit survey respondents' reactions to the questionnaire, the final question on the Face Sheet invited them to comment (see Appendix J).

Response Scales and Composite Variables

Each of these four vignettes were followed by three questions. Each question corresponded to one of the three continua of philosophies of child welfare service provision in Canada (Thomlison and Foote, 1987). These questions represented the following continua, respectively:

1. "minimal intervention versus greater intrusion"
(p. 130)

2. "within-home and within-family assistance versus institutionalization" (p. 130)

3. "short-term versus longer-term involvement" (p. 130)

Each of the three questions was followed by five potential actions on the part of the worker. The researcher attempted to represent the domain of intervention options available to child welfare workers corresponding to each continuum. For example, the first question following each vignette measures behavioral intentions with respect to the likelihood of engaging in interventions at varying levels of intrusiveness. The respondent was asked to rate the five potential actions representing a range of minimal to more intrusive interventions.

On a 7-point scale, from 1 (extremely likely) to 7 (not at all likely), the workers were asked to indicate how likely they would be to follow any one or all of the courses of action presented. For data analyses, these scores were reversed so that higher numbers indicated potential interventions that workers were more likely to employ. Given

that there were four vignettes followed by three questions, each with five levels or potential actions, each respondent generated 60 variables. Scores on each variable ranged from 1 to 7. The responses at the five levels for each of the three questions were used as repeated measures across the vignettes for each respondent. Differences between the Aboriginal and non-Aboriginal workers with respect to these 60 variables were the focus of the repeated measures, multivariate analysis of variance.

In another set of analyses, the 60 variables were used to create the three sets of composite variables, INTRUSIVENESS, FAMILY, and SUPPORT. For example, Question 1, after each of the four vignettes, was designed to test Hypothesis 2 (i.e., INTRUSIVENESS). The five interventions (i.e., levels) that respondents rated following Question 1 for each vignette represent the continuum from the least to the most intrusive intervention. In other words, the first intervention to be rated after Question 1, INTRUSIVENESS, for the four vignettes was the least intrusive response. The fifth intervention following the INTRUSIVENESS question represented the most intrusive response with respect to each vignette.

The ratings for the first intervention or level following the INTRUSIVENESS questions on all four vignettes were summed to represent a respondent's score at the least intrusive level. Five composite variables were created by summing the responses following each of the four vignettes at

each respective level of the continuum for INTRUSIVENESS. Given that the composite scores were the sums of the 4 scores on the 7-point scales, the total scores could range from 4 to 28. To establish a mean score for each respondent at each of the five levels, the composite scores were then divided by four.

Using the same procedures that created the five composite variables for INTRUSIVENESS, five levels of composite variables were created for FAMILY and SUPPORT, Questions 2 and 3, respectively. For Hypotheses 2, 3, and 4, these composite variables served as dependent measures in the three separate sets of multivariate analyses of variance and covariance. Group or ethnicity served as the between-subjects variable. Highest level of education completed was the covariate.

Face Sheet

To develop a profile of the respondents, the workers completed a face sheet (see Appendix J). Sheatsley (1983) recommends placing demographic questions at the end of survey interviews. He believes that personal or sensitive questions can create defensiveness or suspiciousness if posed early in an interview. Such reactions may cause the respondent to be evasive or to withdraw from the survey. Therefore, these questions were placed at the end of the written questionnaire.

Participants indicated their age, gender, level of education, years of child welfare experience, and ethnic

background. The data on ethnic background was used primarily to identify non-Aboriginal workers among the Aboriginal agency respondents and Aboriginal workers among the provincial agency respondents. If there had been a significant number of respondents who fit these categories, their data would have been used to form two additional groups for the analyses. Unfortunately, this was not the case.

RESULTS

Overview of the Statistical Analyses

Between-group differences were analyzed using multivariate analysis of variance (MANOVA), multivariate analysis of covariance (MANCOVA), repeated-measures MANOVA, repeated-measures MANCOVA, chi-square tests, and t tests.

Before conducting the multivariate analyses, tests for homogeneity of covariance matrices were conducted using the chi-square test for pooling matrices that is included in the discriminant function analysis procedure using SAS (i.e., PROC DISCRIM). This test indicated that the covariance matrices were homogeneous. Therefore, the data met the assumption of homogeneity of variance.

To assess for normality, tests of skewness were conducted on each of the dependent variables. Following the directions of Tabachnick and Fidell (1983), z scores were calculated to determine "the probability of obtaining that large a skewness value if data came from a normal distribution" (p. 79). They explain that "a z value in excess of ± 2.58 would lead to rejection of the assumption of normality of the distribution at $p \leq .01$ " (p. 79). Tabachnick and Fidell state that "if sample size is sufficiently large, a variable may be significantly skewed but not enough to make a realistic difference in the analysis" (p. 79). Further, Tabachnick and Fidell explain that the presence of univariate normality increases the likelihood that the multivariate

distributions are normal, but there is no "guarantee" (p. 79). However, they state that "the central limit theorem protects against failures of normality when sample size is large and there are roughly the same number of cases in all groups" (p. 78). They also explain that MANOVA is robust to violations caused by skewness and "even with unequal n , a sample size of about 20 in the smallest group should ensure robustness with a few DVs" (p. 232). Therefore, in the case of MANOVA, in which inferences about group differences are the goal, the "evaluation of normality is not as critical" (p. 78).

Further, Tabachnick and Fidell (1983) indicate that the issue of transforming variables, to correct for skewness, is controversial. From their own experiences, they have "observed cases in which transformed variables behaved no better (and occasionally worse than) the original ones did" (p. 84). They state that, although there are theoretical advantages, the practical "advantages may be slight" (p. 84). Seven of the 10 practice principles were skewed. Of the 60 variables associated with the 4 child welfare vignettes, 25 were skewed. In these cases, most of the participants rated the variables with the same value. Therefore, transformations of these skewed variables would likely make little difference to the analysis while making interpretation less straightforward. Further, only 2 of the 15 composite variables constructed from these 60 variables were skewed. The composite variables, as opposed to the 60 individual

variables, served as the dependent variables for the specific tests of the hypotheses. For these reasons, these variables were not transformed.

A mean substitution procedure was used to replace missing values or "don't know" responses for the questions associated with the four child welfare vignettes. A more detailed description of the procedure is provided later in this section. In cases where there were insufficient valid responses, the mean substitution procedure was unable to create a valid variable. In those cases, that individual was deleted from the analyses by the computer program.

To check for multivariate outliers, the DSQ statistic was computed using the residuals of the 60 data points for the child welfare vignettes. One participant's responses were identified as far beyond the range of the other participants. Upon inspection of the raw data, it was discovered that the participant had responded with "don't know" to most of the items associated with the vignettes, as well as several of the practice principles. The responses of this individual, belonging to the Aboriginal group, were deleted from the sample. The responses of six other Aboriginal participants and two non-Aboriginal participants had extremely large DSQ values. Inspection of the data revealed no obviously deviant response patterns or inaccuracies in coding. A decision was made to include these responses as part of the sample because there was no apparent reason to believe that these scores were invalid.

Characteristics of the Final Sample

The final pool of participants consisted of 75 workers from Aboriginal and non-Aboriginal agencies. Thirty-seven child welfare workers from Aboriginal agencies responded to the survey. Of these 37 respondents, 27 (73%) identified themselves as Aboriginal, 8 (22%) identified themselves as non-Aboriginal, and 2 (5%) provided no identifying information. Thirty-eight workers from non-Aboriginal agencies responded to the survey. Of these 38 respondents, 32 (84%) workers identified themselves as non-Aboriginal, 5 (13%) identified themselves as Aboriginal, and 1 (3%) provided no identifying information. Therefore, 59 (79%) of the 75 respondents identified themselves as belonging to the same ethnic category as their agencies.

The responses of the three workers (4%) who did not identify their ethnicity were excluded from the analyses. The responses of the 13 workers (17%) who identified themselves as belonging to a different ethnic category than their agency category were also excluded. In the case of these workers, ethnicity and agency affiliation were confounded. Therefore, it would be impossible to test whether the child welfare practices of these workers were more driven by their ethnicity than their agency affiliation. Finally, with the removal of one outlying case in the Aboriginal group, the data analyses were performed using the responses of 58 workers (see Table 1).

Table 1

Ethnicity of Respondents

Workers	Agency	
	Aboriginal	Non-Aboriginal
Aboriginal	26*	8
Non-Aboriginal	5	32*

Note. *These workers formed the sample for purposes of data analyses. Two workers from Aboriginal agencies and one worker from a non-Aboriginal agency did not provide any identifying information with respect to ethnicity. One Aboriginal worker in an Aboriginal agency was identified as an outlying case and deleted from the final sample.

Across the sample of 58 workers, 22 (38%) were male and 36 (62%) were female. In the Aboriginal group, there were 9 (35%) males and 17 (65%) females. In the non-Aboriginal group there were 13 (41%) males and 19 (59%) females. A chi-square test of the ratios of males to females within each group indicated that the Aboriginal and non-Aboriginal groups do not differ with respect to their distributions of male and female workers.

In addition to being characterized with respect to ethnicity and gender, the samples can be characterized along the dimensions of age, number of years of experience in the field, and level of education (see Table 2). The mean age for Aboriginal and non-Aboriginal groups were 38.6 ($SD = 7.11$) and 38.9 ($SD = 9.67$) years, respectively. Group means did not differ with respect to age.

The mean number of years of experience for Aboriginal and non-Aboriginal workers were 5.3 ($SD = 3.25$) and 8.4 ($SD = 8.31$) years, respectively. The groups did not differ with respect to experience. Despite the lack of statistical significance with respect to experience, it bears noting that a non-Aboriginal worker reported 34 years of experience. Without his response, the mean years of experience for non-Aboriginal workers is reduced considerably ($M = 7.5$, $SD = 6.99$).

Table 2
Characteristics of the Sample

Group	<u>n</u>	<u>M</u>	<u>SD</u>	<u>t</u>	<u>p</u>
Age					
Aboriginal	26	38.6	7.11	0.16	.88
Non-Aboriginal	32	38.9	9.67		
Experience in Years					
Aboriginal	26	5.3	3.25	1.93	.06
Non-Aboriginal	32	8.4	8.31		
Highest Education Completed					
Aboriginal	21	2.8	0.81	7.35	.001
Non-Aboriginal	31	4.2	0.48		

Workers were asked to indicate the highest level of education they completed. They were provided with a set of response options and asked to choose only one category. These response options were assigned a numerical value: 1 (less than Grade 8), 2 (High School or equivalent), 3 (College - 2 yrs), 4 (University - BSW), 5 (Post-Graduate - MSW), and 6 (Other). Values of 1 through 5 were used to generate means for the Aboriginal and non-Aboriginal groups. Responses coded 6 were replaced with the mean for the individual's group. Based on this data, the groups differed with respect to level of education completed, $t(31.2) = 7.35$, $p < .001$. Non-Aboriginal workers indicated that they had completed higher levels of education ($M = 4.2$, $SD = 0.48$) than Aboriginal workers ($M = 2.8$, $SD = 0.81$).

A valid test of the distribution of responses, across the six categories, with respect to education was not possible due to several cells with frequencies of less than five respondents (see Table 3). Upon inspection, the most striking difference between the groups is represented by the percentages of workers who indicated that they had earned a Bachelor of Social Work degree. While 72% of the non-Aboriginal workers reported that they had completed university, only 19% of the Aboriginal workers reported that they had completed this same level of education.

Within the group of Aboriginal respondents, 16 respondents (62%) indicated that the highest level of

Table 3

Highest Education Completed by Category

Highest Education Completed	Group			
	Aboriginal		Non-Aboriginal	
	<u>n</u>	%	<u>n</u>	%
Less than Grade 8	0	0	0	0
High School or equivalent	9	34.6	0	0
College (i.e., 2 yrs)	7	26.9	1	3.1
University (i.e., BSW)	5	19.2	23	71.9
Post-Graduate (i.e., MSW)	0	0	7	21.9
Other	5	19.2	1	3.1

education they had completed was either high school or two years of college. Within the group of non-Aboriginal respondents, one respondent (3%) indicated having completed high school or two years of college. The remaining respondents in the non-Aboriginal group reported having completed the B.S.W. degree or some graduate training. This reveals that the two groups are not evenly matched with respect to education. To control this difference, education was used as a covariate when testing hypotheses of group differences based on ethnicity. The values, from 1 to 5, assigned to the levels of education completed were used as respondents' scores for the covariate.

As an exploratory variable, respondents were asked to describe their "religion and/or spirituality." If they identified themselves as "Christian," they were also asked to indicate in writing a particular denomination. This process generated 13 different categories of responses. Four categories consisted of specific Christian sects. Four other categories included Christian sects in combination with Traditional Aboriginal Spirituality. Due to the large number of categories and the limited number of respondents per category, the researcher could not apply a valid test for the differences of the distributions based on these 13 categories.

Using the faith orientation of the Aboriginal workers, the researcher formed subgroupings among them for analysis purposes. There were 11 workers who identified a Christian

faith orientation, 11 workers who identified Christian and Traditional Aboriginal Spiritual orientations, and 4 workers who identified a Traditional Aboriginal Spiritual orientation. The researcher attempted some preliminary analyses using faith orientation as a grouping variable with a Christian group (i.e., $n = 11$) and a Christian/Traditional group (i.e., $n = 15$). As would be expected, she did not appear to have sufficient statistical power to detect differences between these groups.

Those respondents who identified themselves as Aboriginal were asked to complete a further series of questions. First, they were asked to indicate the group(s) (i.e., Nations) to which they belong. Nineteen respondents (73%) identified themselves as Ojibway. Two respondents (8%) identified themselves as belonging to the Ojibway Nation and other First Nations groups. Therefore, the majority (81%) of the Aboriginal respondents are members of the Ojibway First Nation. While this representation makes the data less generalizable across Aboriginal groups or less representative of First Nations as a whole, it suggests that the present respondent pool may be relatively homogeneous with respect to traditions and cultural practices. One may argue that, as a result, there is likely to be less variability within the Aboriginal sample and, therefore, more statistical power to detect differences between the non-Aboriginal and the Aboriginal groups.

Second, Aboriginal respondents were asked to indicate whether or not they are able to speak the language of their ancestors. Twenty-two (85%) respondents indicated that they are able, whereas four (15%) indicated that they are not. They were also asked to indicate whether they use their ancestral language in their work. Again, 22 (85%) respondents indicated that they do, while 4 (15%) indicated that they do not.

Finally, Aboriginal workers were asked to indicate the philosophical perspective from which they practice child welfare. They responded on a continuum from 1 (mainstream) to 7 (traditional). The mean of the Aboriginal respondents was 4.4 and the standard deviation was 1.39. Given that 4 is the midpoint of the continuum, this group of workers can be generally characterized as practicing child welfare from a bicultural or mixed perspective.

Practice Principles

Hypothesis 1

Hypothesis 1 states that Aboriginal workers will rate a set of mainstream social work practice principles as less relevant to their child welfare practice than will non-Aboriginal workers.

As an initial test for between-group differences on the set of 10 practice principles, the researcher created a composite score for each participant by computing the mean of his or her ratings across all 10 principles. This new variable, RELEVANCE, has a range from 1 to 7. Lower scores

represent an overall rating for the set of principles as less frequently relevant. An analysis of variance (ANOVA) indicated that the two groups differed significantly with respect to their ratings for the principles, $F(1,56) = 13.83$, $p < .001$. The Aboriginal workers rated the set of principles as less frequently relevant to their child welfare practice ($M = 5.33$, $SD = 0.86$) than did the non-Aboriginal workers ($M = 6.04$, $SD = 0.58$).

For all of the 10 principles, the Aboriginal group means for frequency of relevance ratings were lower than the non-Aboriginal group means (see Table 4). Before inspecting differences with respect to individual principles, a multivariate analysis of variance (MANOVA) was conducted as an omnibus test. The 10 dependent variables were the ratings for the 10 principles. The between-groups effect across the 10 principles was significant, $F(10,42) = 2.45$, $p < .05$. Further, the univariate tests indicated that the Aboriginal workers rated 6 of the 10 principles as significantly less frequently relevant to their child welfare practice than did the non-Aboriginal workers (see Table 5).

Given that the groups of Aboriginal and non-Aboriginal workers differed with respect to level of education, Pearson correlation coefficients were calculated between level of education and ratings of relevance for each practice

Table 4

Frequency of Relevance Ratings for Practice Principles

Principle	Aboriginal			non-Aboriginal		
	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>
1. Establishing environment	26	5.77	1.28	32	6.50	0.67
2. Inviting concerns	26	6.08	0.98	32	6.72	0.58
3. Defining services	26	5.81	1.27	31	6.23	0.92
4. Developing assessment	25	4.64	1.66	32	5.81	0.93
5. Engaging client	26	5.46	1.33	32	5.53	1.02
6. Setting conditions	26	5.19	1.33	31	5.55	1.00
7. Eliciting perspectives	26	4.42	1.21	32	5.38	1.07
8. Intervening differentially	26	4.89	1.68	32	6.25	0.95
9. Evaluating problem	25	5.12	1.45	31	6.23	0.96

Table 4 (continued)

Principle	Aboriginal			non-Aboriginal		
	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>
10. Creating hope	26	5.85	1.22	32	6.22	1.10

Note. Higher scores indicate that the principle was judged to be more frequently relevant to child welfare practice.

Table 5

ANOVAs of Frequency of Relevance Ratings for Practice Principles

Principle	SS	df	F
1. Establishing environment			
	6.40	1	6.08*
error	53.67 (1.05)	51	
2. Inviting concerns			
	4.83	1	7.68*
error	32.04 (0.63)	51	
3. Defining services			
	3.44	1	3.25
error	53.89 (1.06)	51	
4. Developing assessment			
	22.65	1	13.05**
error	88.52 (1.74)	51	
5. Engaging client			
	0.79	1	0.57
error	70.45 (1.38)	51	
6. Setting conditions			
	4.40	1	3.52
error	63.79 (1.25)	51	

Table 5 - continued

Principle	SS	df	F
7. Eliciting perspectives			
	16.32	1	12.52**
error	66.51 (1.30)	51	
8. Intervening differentially			
	30.58	1	17.27***
error	90.29 (1.77)	51	
9. Evaluating problem			
	16.79	1	11.72**
error	73.10 (1.43)	51	
10. Creating hope			
	2.66	1	1.90
error	71.27 (1.40)	51	

Note. Values enclosed in parentheses represent mean square errors.

*p < .05. **p < . 01. ***p < .001.

principle (see Table 6). Significant positive correlations (i.e., $p < .05$) were found between level of education and eight principles. In other words, the higher the education level, the higher the relevance rating of the principle in question. These eight principles were:

1. Establishing an environment of support and acceptance.
2. Inviting clients to elaborate their concerns and needs.
4. Developing mutual assessment of problems-in-living.
6. Setting mutually acceptable conditions of work.
7. Eliciting differential perspectives from all members of families.
8. Intervening differentially according to age, sex, cultural norms, . . .
9. Evaluating, re-evaluating, and renegotiating problem definition.
10. Creating hope.

Of the statistically significant correlations, six of these are the same principles (i.e., 1, 2, 4, 7, 8, and 9) that Aboriginal workers rated as significantly less relevant than non-Aboriginal workers. In other words, the differences in workers' education are strongly related to the between-group difference for the relevance ratings for the principles.

To further inspect the contribution of education to the correlations between the grouping variable (i.e., ethnicity)

Table 6

Pearson Correlations Between Relevance of Practice Principles
and Level of Education

Principle	Correlation ($n = 53$)
1. Establishing environment	.30*
2. Inviting concerns	.42**
3. Defining services	.26
4. Developing assessment	.49***
5. Engaging client	.17
6. Setting conditions	.27*
7. Eliciting perspectives	.42**
8. Intervening differentially	.62***
9. Evaluating problem	.59***
10. Creating hope	.28*

Note. Higher scores on the relevance rating represent more frequently relevant principles.

* $p < .05$. ** $p < .01$. *** $p < .001$.

and the 10 practice principles, a partial correlation table was generated (see Table 7). It should be noted that the correlation between group (i.e., a dichotomous variable) and level of education is .76, $p < .001$. The correlation between level of education and years of experience is .34, $p < .01$.

Given the strong relationship between the rated relevance of the practice principles and worker education, as well as the difference between the Aboriginal and non-Aboriginal groups with respect to education, the analyses of variance reported above were redone with education as a covariate. Using the composite variable, RELEVANCE, in an analysis of covariance (ANCOVA), ethnicity no longer accounts for differences with respect to relevance of the principles. Similarly, when the MANOVA for all 10 principles is run as a MANCOVA, with level of education as the covariate, the two groups do not differ overall with respect to the set of principles.

With respect to philosophical orientation, Aboriginal workers were asked to indicate how they would characterize their child welfare work on a continuum from mainstream to traditional. Higher ratings indicated a perspective that was more consistent with a traditional Aboriginal view. When philosophical orientation was correlated with the relevance ratings, negative correlations ($p < .05$) with four of the principles were found (see Table 8). A negative correlation indicates that the more traditional the perspective of the worker, the less relevant the principles were to their

Table 7

Residual Correlations between Group and Relevance of Practice Principles Controlling for Level of Education

Principle	Pearson Correlations		Residual Correlations
	Ed	Group	Group
1	.30	.33	.16
2	.42	.36	.08
3	.26	.25	.08
4	.49	.45	.15
5	.17	.11	-.03
6	.27	.25	.08
7	.42	.44	.22
8	.62	.50	.08
9	.59	.43	-.02
10	.28	.16	-.06

Note. The first column refers to the correlation between the relevance ratings for the practice principles and education. The second column refers to the correlation between the principles and group. The third column represents the residual correlation between principles and group after controlling for education.

Table 8

Pearson Correlations Between Relevance of Practice Principles
and Philosophy

Principle	Correlation (<u>n</u> = 24)
1. Establishing environment	-.35
2. Inviting concerns	-.48*
3. Defining services	-.39
4. Developing assessment	.00
5. Engaging client	-.26
6. Setting conditions	-.48*
7. Eliciting perspectives	-.16
8. Intervening differentially	-.32
9. Evaluating problem	-.43*
10. Creating hope	-.42*

Note. * $p < .05$.

practice. These four principles were:

2. Inviting clients to elaborate their concerns and needs.

6. Setting mutually acceptable conditions of work.

9. Evaluating, re-evaluating, and renegotiating problem definition.

10. Creating hope.

Only two of these principles (i.e., 2 and 9) are among the set of principles on which the Aboriginal and non-Aboriginal groups differ. Unlike education, philosophical orientation does not appear to correspond with many of the differences between the Aboriginal and non-Aboriginal groups with respect to the relevance of practice principles. This is supported by the finding that there is no significant correlation between education and philosophical orientation, $r = -.28$, $p = .22$. It is interesting to note that education is related to practice principles but not to philosophical orientation.

When the Aboriginal group mean ratings of the principles are rank-ordered from most to least relevant, three of the top four principles match with the subset of principles identified as "Indian helping" by Nelson et al. (1985) (see Table 9). As predicted, Aboriginal child welfare workers rate a set of mainstream social work practice principles as less relevant to their child welfare practice than did non-Aboriginal workers. However, differences in education account

Table 9

Summary of Practice Principles as Rated for Relevance by
Aboriginal Workers

Rank Order By Aboriginal Workers	Mean Rating By Aboriginal Workers	Aboriginal Helping?
2. Inviting concerns	6.08 ^a	yes
10. Creating hope	5.85	yes
3. Defining services	5.81	no
1. Establishing environment	5.77 ^a	yes
5. Engaging client	5.46	no
6. Setting conditions	5.19	no
9. Evaluating problem	5.12 ^a	no
8. Intervening differentially	4.89 ^a	no
4. Developing assessment	4.64 ^a	no
7. Eliciting perspectives	4.42 ^a	yes

Note. ^a Relevance ratings significantly lower than non-Aboriginal workers' ratings.

for much of this finding. Therefore, the results of the analyses only partially support Hypothesis 1.

Aboriginal Child Welfare Vignettes

Hypotheses 2, 3, and 4 represent specific predictions that Aboriginal and non-Aboriginal workers would differ in their plans to intervene in child welfare cases involving Aboriginal children. Responses to the child welfare vignettes served as the data to test these hypotheses. Each of the above hypotheses was investigated through one of the three questions that followed each of the four child welfare vignettes.

A mean substitution procedure was used to replace missing values or "don't know" responses. For example, if respondents did not provide a response to the fifth item following the INTRUSIVENESS question for the first vignette, the mean of the responses to the fifth item following the INTRUSIVENESS question for the other three vignettes was substituted. However, the mean substitution procedure was unable to create a valid variable in cases where there were insufficient valid responses to generate a mean. In those cases, that individual was deleted from the analyses by the computer program.

To test for overall differences between the responses of the Aboriginal and non-Aboriginal workers to all of the vignettes, questions, and actions, a repeated-measures, multivariate analysis of variance was conducted. Dr. Harvey Keselman (statistical consultation, June 21, 1995)

recommended this procedure to provide an omnibus test of Hypotheses 2, 3, and 4. A repeated-measures, MANCOVA was also conducted using level of education as the covariate.

For these preliminary analyses, the design was group by vignette by question by action (i.e., 2 X 4 X 3 X 5). In other words, two ethnic groups responded to four vignettes, followed by three questions, with five actions or child welfare interventions to be rated for each question. Specifically, the dependent variables were these 60 responses. The repeated-measures were the five levels or actions following each of the three questions across the four vignettes. Tests of the individual hypotheses will be presented following the discussion of the omnibus tests (i.e., MANOVA and MANCOVA).

According to Tabachnick and Fidell (1983), "a major assumption in repeated-measures analysis is that correlations among levels of the within-subjects variable are constant over all combinations of levels" (p. 228). As a check, a test for homogeneity of covariance matrices was conducted using the chi-square test for pooling matrices that is included in the discriminant function analysis procedure using SAS (i.e., PROC DISCRIM). Given that the chi-square test was not significant, indicating that the covariance matrices were homogeneous, a pooled covariance matrix was used in the calculations for the discriminant function analysis.

To begin, the repeated-measures multivariate analysis of variance tests of between-subjects effects was significant,

$F(1,54) = 11.03, p < .005$. Given a significant, overall difference between Aboriginal and non-Aboriginal child welfare workers on the MANOVA, specific tests of the effect of the grouping variable (i.e., ethnicity) on the dependent measures were inspected. With respect to the hypotheses of the differences between Aboriginal and non-Aboriginal workers, the two-way tests of question by group and action by group yielded significant F statistics using Wilks' Lambda (see Table 10). There was no vignette by group effect.

These analyses were followed by a repeated-measures multivariate, analysis of covariance, controlling for education. In the repeated-measures MANCOVA, the main effect of the grouping variable (i.e., ethnicity) remained significant, $F(1,53) = 6.30, p < .05$. In other words, there was a significant difference between the Aboriginal and non-Aboriginal workers' responses overall when level of education was used as a covariate. However, the two-way interactions between group and level and group and question were no longer significant, as they were in the MANOVA.

The above analyses indicated the presence of differences between the groups based on ethnicity that merited further investigation. To analyze the direction of the group differences and to address Hypotheses 2, 3, and 4, a subsequent series of analyses were performed. Three separate multivariate analyses of variance and covariance were conducted. Each MANOVA and MANCOVA represented one of the three hypotheses corresponding to one of the three questions

Table 10

Tests of Hypotheses for Multivariate Repeated Measures
Between-Subject Effects

Source	<u>df</u>	<u>F</u>
group	1,54	11.03**
vignette*group	3,52	0.74
question*group	2,53	3.53*
action*group	4,51	3.02*

Note. *p < .05. **p < .01.

following each vignette.

Hypothesis 2

Hypothesis 2 states that Aboriginal workers will be more likely than non-Aboriginal workers to plan to respond with more minimal as opposed to more intrusive interventions.

Since there was no group by vignette effect, the ratings for the first intervention or level following the INTRUSIVENESS questions on all four vignettes were summed to represent a respondent's score at the least intrusive level. Five composite variables, increasing in intrusiveness, were created by summing the responses following each of the four vignettes at each respective level of the continuum for INTRUSIVENESS. These five variables served as dependent measures in the MANOVA and MANCOVA, with group serving as the between-subjects variable and level of education as the covariate.

The researcher predicted that the Aboriginal workers would indicate decreasing likelihood ratings from the first to the fifth level of INTRUSIVENESS. Conversely, she expected that the non-Aboriginal group would indicate increasing likelihood ratings from the first to the fifth level of INTRUSIVENESS. This pattern is evident for the non-Aboriginal group when inspecting the means at the first and fifth level (see Table 11). The expected pattern did not emerge in the mean ratings of the Aboriginal group. The lack of patterning in the responses suggests that this variable is not unidimensional with respect to intrusiveness.

Table 11

Mean Composite Scores for INTRUSIVENESS

Level	Aboriginal			non-Aboriginal		
	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>
1	26	5.38	1.38	32	4.38	0.85
2	26	6.25	0.69	32	6.53	0.54
3	26	5.63	0.83	32	5.19	1.02
4	26	6.35	0.64	32	6.05	0.72
5	26	5.29	0.74	32	5.56	0.92

Note. Higher scores represent a greater likelihood to employ the intervention.

For INTRUSIVENESS, a significant multivariate main effect for group was found, $F(5,52) = 5.48, p < .001$. Of the five univariate tests of this hypothesis, only Level 1, representing the most minimal intervention was significant, $F(1,56) = 6.75, p < .05$ (see Table 12). Aboriginal workers would be more likely ($M = 5.38, SD = 1.38$) than non-Aboriginal workers ($M = 4.38, SD = 0.85$) to respond with the most minimal interventions.

Specifically, the most minimal child welfare interventions for the first two vignettes were to make "no response" to the reports of potential neglect and physical abuse. The most minimal response to the third vignette was to "interview Donna," Shelley's aunt, who called the agency on her behalf as a possible victim of child sexual abuse. The most minimal response to the fourth vignette was to "interview Mary and assess her substance abuse and her social and family network." Mary is the mother depicted in the chronic child welfare case vignette.

To test for between-group differences on each of the four items that constitute Level 1, four t tests were performed (see Table 13). Using the Bonferroni Inequality to protect against Type I error, the alpha level (i.e., .05) was divided by the number of analyses (i.e., four) to yield a p value of .01 per test. According to Hays (1981), when following this procedure, "the probability of a Type I error in one or more tests could be no larger than" alpha (p. 435).

Table 12

Univariate Tests of Frequency of Increasing Levels of
INTRUSIVENESS from the MANOVA

Level	SS	df	F
1	14.12	1	11.31**
error	69.90 (1.25)	56	
2	1.11	1	2.98
error	20.85 (0.37)	56	
3	2.85	1	3.21
error	49.73 (0.89)	56	
4	1.27	1	2.70
error	26.32 (0.47)	56	
5	1.06	1	1.51
error	39.58 (0.71)	56	

Note. Values enclosed in parentheses are mean square error.

**p < .01.

Table 13

Ratings of Specific Interventions at Level 1 of INTRUSIVENESS
by Vignette

Intervention	Vignette	<u>M</u>	<u>SD</u>	<u>df</u>	<u>t</u>
no response	1				
Aboriginal		4.31	2.72	41.9	3.70**
non-Aboriginal		2.00	1.81		
no response	2				
Aboriginal		3.81	2.73	42.8	2.92**
non-Aboriginal		1.97	1.88		
interview Donna	3				
Aboriginal		6.85	0.46	56	0.02
non-Aboriginal		6.84	0.57		
interview Mary and assess her substance abuse and her social and family network	4				
Aboriginal		6.54	0.51	50.8	0.97
non-Aboriginal		6.72	0.89		

Note. \bar{n} = 26 for the Aboriginal group. \bar{n} = 32 for the non-Aboriginal group.

**p < .01.

With respect to these specific interventions at Level 1 across the four vignettes, the groups differed significantly in their relevance ratings for the first two vignettes only. Aboriginal workers were more likely ($M = 4.31$, $SD = 2.72$) than non-Aboriginal workers ($M = 2.00$, $SD = 1.81$) to make "no response" to the child welfare case depicted in the first vignette, $t(41.9) = p < .01$. Aboriginal workers were also more likely ($M = 3.81$, $SD = 2.73$) than non-Aboriginal workers ($M = 1.97$, $SD = 1.88$) to make "no response" to the case depicted in the second vignette, $t(42.8) = p < .01$.

A multivariate analysis of covariance (MANCOVA) with education as the covariate, supports the finding that Aboriginal and non-Aboriginal workers differ with respect to their intentions to intervene at increasing levels of INTRUSIVENESS. The main effect for ethnicity was significant, $F(5,51) = 2.75$, $p < .05$, but there were no significant univariate effects. Therefore, the findings from these analyses partially support Hypothesis 2.

Hypothesis 3

Hypothesis 3 states that Aboriginal workers will be more likely than non-Aboriginal workers to plan to implement within-home or within-family interventions.

The continuum for Question 2 (i.e., FAMILY) represents a range of actions beginning with assistance within the home. The interventions then range from temporary placements with relatives to placements with non-familial foster families. Five composite variables were created for FAMILY.

Upon inspection of the means within the two groups, a pattern of decreasing likelihood is evident across the responses for both Aboriginal and non-Aboriginal workers (see Table 14). Also, both groups were least likely to employ interventions at Level 2. For the first two vignettes, the interventions at this level were to "place homemaking services in the home." For the third vignette, the intervention involved a "contract with mother to prevent father's sexual contact with Shelley (i.e., entire family remains home)." For the fourth vignette, the intervention involved "a VPA with extended family placement."

The multivariate tests (i.e., MANOVA and MANCOVA) for between-group differences among these composite variables yielded no effect. There were no differences between the preferences of the Aboriginal and non-Aboriginal child welfare workers with respect to interventions within the home or family. Therefore, this analysis did not support Hypothesis 3.

Hypothesis 4

Hypothesis 4 states that Aboriginal workers will be more likely than non-Aboriginal workers to plan long-term, preventive, and supportive involvement with Aboriginal families.

The intervention options following Question 3 (i.e., SUPPORT) range from short-term to long-term child welfare involvement. Five composite variables were created for SUPPORT (see Table 15). A significant main effect for group

Table 14

Mean Composite Scores for FAMILY

Level	Aboriginal			non-Aboriginal		
	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>
1	26	4.96	1.04	32	4.63	0.74
2	26	4.23	1.12	32	3.77	1.19
3	26	4.71	0.93	32	4.56	0.72
4	26	4.56	0.88	31	4.48	1.15
5	26	4.26	0.98	32	4.01	1.11

Note. Higher scores represent a greater likelihood to employ the intervention.

Table 15

Mean Composite Scores for SUPPORT

Level	Aboriginal			non-Aboriginal		
	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>
1	26	4.12	1.60	32	2.69	1.13
2	26	5.51	0.97	32	4.78	1.27
3	26	5.10	1.03	32	4.75	0.96
4	26	5.57	0.90	31	5.20	0.93
5	26	4.58	1.05	30	3.86	1.05

Note. Higher scores represent a greater likelihood to employ the intervention.

was found, $F(5,50) = 3.22$, $p < .05$. The groups' responses differed on univariate tests of three of the five composite variables (see Table 16).

At Level 1, the means for the Aboriginal and non-Aboriginal workers were 4.12 ($SD = 1.59$) and 2.69 ($SD = 1.13$), respectively. Contrary to Hypothesis 4, this represents a preference on the part of Aboriginal workers for short term interventions, including resolution through "intake/investigation" for the first three vignettes and a "permanent order, non-familial adoption, no further contact with mother" on the fourth vignette, $F(1,54) = 13.69$, $p < .01$.

With respect to the specific interventions, Aboriginal workers were more likely ($M = 4.8$, $SD = 2.08$) than non-Aboriginal workers ($M = 3.09$, $SD = 1.93$) to resolve the second case through an intake or investigation, $t(56) = 2.81$, $p < .01$. Aboriginal workers were also more likely ($M = 4.44$, $SD = 2.07$) than non-Aboriginal workers ($M = 1.81$, $SD = 1.42$) to resolve the third case through an intake or investigation, $t(42.9) = 5.50$, $p < .001$ (see Table 17).

At Level 2, the means for the Aboriginal and non-Aboriginal workers were 5.51 ($SD = 0.97$) and 4.78 ($SD = 1.27$) respectively. In contradiction to Hypothesis 4, this represents a preference on the part of Aboriginal workers to engage in "immediate/crisis intervention" for the first three vignettes and a "permanent order, extended family adoption/care, one to two year agency support" on the fourth

Table 16

Univariate Tests of Frequency of Increasing Levels of SUPPORT
from the MANOVA

Level	SS	<u>df</u>	<u>F</u>
1	25.26	1	13.69**
error	99.63 (1.85)	54	
2	7.47	1	5.48*
error	73.59 (1.36)	54	
3	2.28	1	2.27
error	54.28 (1.01)	54	
4	1.75	1	2.07
error	45.64 (0.85)	54	
5	7.30	1	6.59*
error	59.84 (1.11)	54	

Note. Values enclosed in parentheses are mean square error.

* $p < .05$. ** $p < .01$.

Table 17

Ratings of Specific Interventions at Level 1 of SUPPORT by Vignette

Intervention	Vignette	<u>M</u>	<u>SD</u>	<u>df</u>	<u>t</u>
Resolve through intake/investigation					
	1				
Aboriginal		4.69	1.93	56	1.90
non-Aboriginal		3.75	1.83		
Resolve through intake/investigation					
	2				
Aboriginal		4.58	2.08	56	2.81**
non-Aboriginal		3.09	1.93		
Resolve through intake/investigation					
	3				
Aboriginal		4.44	2.07	42.9	5.50***
non-Aboriginal		1.81	1.42		
Permanent order, non-familial adoption, no further contact with mother					
	4				
Aboriginal		2.78	1.76	44.5	1.72
non-Aboriginal		2.09	1.28		

Note. $n = 26$ for the Aboriginal group. $n = 32$ for the non-Aboriginal group.

p < .01. *p < .001.

vignette, $F(1,54) = 5.48$, $p < .05$. With respect to long range plans, Aboriginal workers would be more likely ($M = 6.46$, $SD = 1.24$) than non-Aboriginal workers ($M = 5.02$, $SD = 2.40$) to plan an "immediate/crisis intervention," $t(48.2) = p < .01$ in response to the third vignette (see Table 18).

Finally, at Level 5, the means for the Aboriginal and non-Aboriginal workers were 4.58 ($SD = 1.05$) and 3.86 ($SD = 1.05$), respectively. This represents a stated preference on the part of Aboriginal workers to intervene by providing "long term child welfare involvement" for the first three vignettes and "children returned to Mary, with intense long term involvement on the part of the agency & extended family" for the fourth vignette, $F(1,54) = 6.59$, $p < .05$.

The response at Level 5 to the fourth vignette is consistent with Hypothesis 4. Aboriginal workers were more likely ($M = 4.04$, $SD = 1.91$) than non-Aboriginal workers ($M = 2.65$, $SD = 1.60$) to plan to return the children to Mary with intense long term child welfare involvement, $t(54) = p < .01$ for the fourth vignette (see Table 19). At this level, Aboriginal workers indicated that they would be more likely to intervene on a long-term, supportive basis in a seemingly refractory case. However, Aboriginal workers also indicated a greater likelihood than non-Aboriginal workers to intervene with some of the more short-term, less supportive interventions as indicated by Levels 1 and 2.

Table 18

Ratings of Specific Interventions at Level 2 of SUPPORT by
Vignette

Intervention	Vignette	<u>M</u>	<u>SD</u>	<u>df</u>	<u>t</u>
Immediate/crisis intervention	1				
Aboriginal		5.42	1.45	56	2.17
non-Aboriginal		4.53	1.65		
Immediate/crisis intervention	2				
Aboriginal		5.65	1.55	56	0.87
non-Aboriginal		5.27	1.75		
Immediate/crisis intervention	3				
Aboriginal		6.46	1.24	48.2	2.77**
non-Aboriginal		5.02	2.40		
Permanent order, extended family adoption/care, one to two year agency support	4				
Aboriginal		4.51	2.01	56	0.40
non-Aboriginal		4.30	2.07		

Note. \underline{n} = 26 for the Aboriginal group. \underline{n} = 32 for the non-Aboriginal group.

**p < .01.

Table 19

Ratings of Specific Interventions at Level 5 of SUPPORT byVignette

Intervention	Vignette	<u>M</u>	<u>SD</u>	<u>df</u>	<u>t</u>
Long-term child welfare involvement	1				
Aboriginal		4.12	1.51	54	2.12
non-Aboriginal		3.29	1.41		
Long-term child welfare involvement	2				
Aboriginal		4.45	1.76	54	0.46
non-Aboriginal		4.24	1.53		
Long-term child welfare involvement	3				
Aboriginal		5.73	1.19	53.7	1.31
non-Aboriginal		5.26	1.49		
Children returned to Mary, with intense long-term involvement on the part of the agency & extended family	4				
Aboriginal		4.04	1.91	49.1	2.97**
non-Aboriginal		2.65	1.60		

Note. **p < .01.

For the MANCOVA, Aboriginal and non-Aboriginal workers do not differ with respect to preferences for the SUPPORT interventions. Therefore, education, as opposed to ethnicity, accounts for these complicated findings. Overall, these results do not support Hypothesis 4.

Provincial Child Welfare Vignette

For the Provincial child welfare vignette, participants were asked to provide open-ended, written responses to indicate how they would intervene given information about different aspects of a case. The first question had four parts. There were five subsequent questions, each with only one part. These nine written responses formed the data for this component of the research.

To begin analysis of this qualitative data, the researcher read through every respondent's written comments following each question. She focused on one question at a time across the participants, as opposed to examining each participant's set of responses. This enabled the researcher to immerse herself in the responses elicited by each of the nine sections.

In the early stage of the process for each question, the researcher wrote down each new worker response. She noted the responses that were repetitions of these initial responses. After having noted and tallied all of the responses to a question, the researcher then aggregated responses to create action categories that subsumed many of the individual responses. For example, responses such as "phone the school"

and "talk to the teacher" were classified more broadly as attempts to communicate with the school. For each of seven of the nine questions, the researcher derived seven action categories. Ten action categories were necessary to depict the range of responses for one of the questions. For the final question, fourteen action categories were necessary.

Once the researcher had established the action categories, she re-read each response to each of the questions. She coded the responses according to the presence or absence of the derived action categories. If participants included a particular action within their responses, they were assigned a score of one for the category. If they did not include the action, they were assigned a zero. The researcher assigned to each respondent as few or as many scores of one as their written responses encompassed. Next, data sets were created that represented the presence or absence of intentions to take the actions depicted by the categories. For example, on questions where there were seven categories, each respondent had a set of seven data points.

Finally, the data for each question formed the basis for chi-square analyses. The goal was to determine whether the Aboriginal and non-Aboriginal groups differed in their intended actions, represented by the derived categories. There were 73 categories with an inter-rater agreement score of .97 for the entire set (see Table 20). (Please note that this table departs from APA style in order to facilitate the reader's inspection of the data alongside the descriptions of

Table 20

Frequency Counts for Action Categories

1. You receive this referral this morning. What would you do?
 A. Where would you begin?

Category	Absent	Present	p
Contact home			
Aboriginal	3	20	
Non-Aboriginal	7	22	
Contact school			
Aboriginal	19	4	
Non-Aboriginal	18	11	
Check for previous agency contact			
Aboriginal	23	0	
Non-Aboriginal	24	5	
Seek out or check for other professionals involved			
Aboriginal	21	2	
Non-Aboriginal	25	4	
Meet or interview child			
Aboriginal	21	2	
Non-Aboriginal	28	1	
Consult within agency			
Aboriginal	20	3	
Non-Aboriginal	28	1	
Gather more information			
Aboriginal	23	0	
Non-Aboriginal	27	2	

Note. The inter-rater agreement score for this set of categories is 1.00. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

B. What would you be looking for?

Category	Absent	Present	p
General or specific assessment of mother's functioning			
Aboriginal	16	7	n.s.
Non-Aboriginal	15	14	
Level of child/children's functioning			
Aboriginal	18	5	n.s.
Non-Aboriginal	20	9	
Family functioning			
Aboriginal	19	4	
Non-Aboriginal	16	13	
Clear description of problem/assessment			
Aboriginal	15	8	n.s.
Non-Aboriginal	17	12	
Previous agency or therapeutic involvement			
Aboriginal	23	0	
non-Aboriginal	27	2	
Supports available			
Aboriginal	21	2	
Non-Aboriginal	15	14	
Mother's perception of problem			
Aboriginal	19	4	
Non-Aboriginal	19	10	

Note. The inter-rater agreement score for this set of categories is .92. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

C. Who would you want to talk to?

Category	Absent	Present	p
Mother			
Aboriginal	7	16	n.s.
Non-Aboriginal	6	23	
Child (John)			
Aboriginal	20	3	
Non-Aboriginal	19	10	
School			
Aboriginal	19	4	
Non-Aboriginal	11	18	
(Other) children in the family			
Aboriginal	15	8	n.s.
Non-Aboriginal	24	5	
Medical personnel			
Aboriginal	21	2	
Non-Aboriginal	18	11	
Other family			
Aboriginal	17	6	n.s.
Non-Aboriginal	19	10	
Other supports			
Aboriginal	20	3	
Non-Aboriginal	20	9	

Note. The inter-rater agreement score for this set of categories is 1.00. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

D. What areas would you explore?

Category	Absent	Present	p
Potential interventions			
Aboriginal	17	6	n.s.
Non-Aboriginal	19	10	
Mother's strengths and weaknesses			
Aboriginal	13	10	.04
Non-Aboriginal	8	21	
Support systems			
Aboriginal	19	4	
Non-Aboriginal	18	11	
Abuse/neglect issues			
Aboriginal	13	10	n.s.
Non-Aboriginal	23	6	
History			
Aboriginal	18	5	
Non-Aboriginal	23	6	
Material concerns			
Aboriginal	22	1	
Non-Aboriginal	25	4	
Mother's perspective			
Aboriginal	20	3	
Non-Aboriginal	21	8	

Note. The inter-rater agreement score for this set of categories is 1.00. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

2. Suppose that Helen tells you that she is alcoholic, and received treatment at Detox two months ago. You also learn from her that David, the father, had been physically abusive to her and both children. How would you respond?

Category	Absent	Present	p
Assess current level of drinking as well as issues relating to treatment (i.e., previous, ongoing, or future)			
Aboriginal	11	12	n.s.
Non-Aboriginal	10	19	
Assess current risks to children			
Aboriginal	17	6	n.s.
Non-Aboriginal	18	11	
Offer Helen support			
Aboriginal	14	9	n.s.
Non-Aboriginal	15	14	
Involve legal systems or assess for previous involvement			
Aboriginal	18	5	n.s.
Non-Aboriginal	19	10	
Assess and develop parenting skills and support systems			
Aboriginal	18	5	n.s.
Non-Aboriginal	18	11	
Offer agency support			
Aboriginal	9	14	n.s.
Non-Aboriginal	17	12	
Develop safety plan			
Aboriginal	17	6	n.s.
Non-Aboriginal	22	7	

Note. The inter-rater agreement score for this set of categories is .96. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

3. You receive a call from the Night Duty worker advising you that Helen phoned to say she was sick and could not look after the children. When you phone Helen, she sounds obviously drunk. What do you do?

Category	Absent	Present	p
Home visit			
Aboriginal	14	9	n.s.
Non-Aboriginal	16	13	
Assess Helen's level of intoxication and safety of children			
Aboriginal	10	13	n.s.
Non-Aboriginal	14	15	
Follow-up in a.m. or non-specified time			
Aboriginal	19	4	
Non-Aboriginal	21	8	
Place support in home			
Aboriginal	15	8	n.s.
Non-Aboriginal	24	5	
Temporarily place children with family			
Aboriginal	18	5	.02
Non-Aboriginal	13	16	
Temporarily place children outside of family (or family not specified)			
Aboriginal	17	6	n.s.
Non-Aboriginal	19	10	
Apprehend or "remove"			
Aboriginal	17	6	n.s.
Non-Aboriginal	22	7	

Note. The inter-rater agreement score for this set of categories is 1.00. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

4. When you visit the following day, Helen is sober. She thanks you for your help when she was sick, but says that she is okay now and can care for her children without further assistance. How would you respond?

Category	Absent	Present	p
Talk, listen, or educate			
Aboriginal	19	4	
Non-Aboriginal	21	8	
Plan for children in the event this happens again			
Aboriginal	20	3	
Non-Aboriginal	21	8	
Applaud Helen for calling for help (return children)			
Aboriginal	20	3	
Non-Aboriginal	28	1	
Assess/confront regarding drinking behavior/impact on family			
Aboriginal	17	6	n.s.
Non-Aboriginal	16	13	
Monitor situation (supervision)			
Aboriginal	20	3	
Non-Aboriginal	24	5	
Involve Helen in making plan			
Aboriginal	22	1	
Non-Aboriginal	25	4	
Make plan without Helen			
Aboriginal	19	4	
Non-Aboriginal	16	13	
Get Helen into treatment			
Aboriginal	18	5	n.s.
Non-Aboriginal	22	7	
In home support			
Aboriginal	16	7	n.s.
Non-Aboriginal	18	11	

4. continued

Category	Absent	Present	p
Place children while Helen gets help			
Aboriginal	20	3	
Non-Aboriginal	27	2	

Note. The inter-rater agreement score for this set of categories is .93. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

5. Suppose instead that during the visit Helen expresses concern and asks for help with her drinking problem and care of the children. How would you respond?

Category	Absent	Present	p
Get Helen into alcohol treatment			
Aboriginal	12	11	.04
Non-Aboriginal	7	22	
Look for existing supports (for child care)			
Aboriginal	21	2	
Non-Aboriginal	20	9	
Place children while Helen is in treatment			
Aboriginal	14	9	n.s.
Non-Aboriginal	16	13	
Place support services in home			
Aboriginal	16	7	n.s.
Non-Aboriginal	17	12	
Praise, support, educate, talk			
Aboriginal	17	6	n.s.
Non-Aboriginal	22	7	
Work together with Helen			
Aboriginal	10	13	n.s.
Non-Aboriginal	16	13	
Directive interventions			
Aboriginal	19	4	
Non-Aboriginal	22	7	

Note. The inter-rater agreement score for this set of categories is .96. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

6. You are about to leave the office for a 1:00 p.m. appointment to visit a young, single Aboriginal mother at her home and you have also scheduled an interview at your office at 2:30 with a newly assigned Aboriginal family who have requested placement of their 14 year old son who has been refusing to listen to his step-dad. You receive a call from Helen's neighbor who tells you that for the past couple of hours she has heard children's cries from the home, and that when she went to check, the door was locked and no one answered her knocking. What would you do?

Category	Absent	Present	p
Go to house with police			
Aboriginal	18	5	n.s.
Non-Aboriginal	20	9	
Go to house with co-worker or community member			
Aboriginal	21	2	
Non-Aboriginal	25	4	
Phone and cancel appointments			
Aboriginal	19	4	
Non-Aboriginal	29	0	
Reschedule appointments			
Aboriginal	17	6	n.s.
Non-Aboriginal	19	10	
Ask co-workers to take appointments			
Aboriginal	21	2	
Non-Aboriginal	26	3	
Use police as necessary for back up			
Aboriginal	21	2	
Non-Aboriginal	24	5	
Phone Helen first - then go over if necessary			
Aboriginal	22	1	
Non-Aboriginal	25	4	
Go to Helen's because this is a crisis or priority			
Aboriginal	9	14	n.s.
Non-Aboriginal	15	14	

6. continued

Category	Absent	Present	p
Cancel (or reschedule) 1:00 p.m. appointment only			
Aboriginal	17	6	n.s.
Non-Aboriginal	20	9	
Deal with 2:30 p.m. appointment separately			
Aboriginal	19	4	
Non-Aboriginal	24	5	
Send co-worker to Helen's with or without police			
Aboriginal	21	2	
Non-Aboriginal	28	1	
Send police alone			
Aboriginal	23	0	
Non-Aboriginal	27	2	
Assess and possibly apprehend children			
Aboriginal	20	3	
Non-Aboriginal	24	5	
Get more information from neighbor			
Aboriginal	23	0	
Non-Aboriginal	27	2	

Note. The inter-rater agreement score for this set of categories is .93. Significance values or "n.s." correspond to categories that were tested for differences between the groups.

the categories). However, only 34 of these actions were mentioned in the written responses of at least 20% of the workers in both groups. In other words, at least five participants in both groups had indicated that they would respond with the specific interventions. Chi-square tests were run on these 34 categories only. Valid tests could not be performed for categories with fewer than five participants per cell.

Using a conservative criterion (i.e., an alpha level of .01), there were no significant differences between the Aboriginal and non-Aboriginal workers' intended actions with respect to the Provincial child welfare vignette. However, with an alpha level of .05, Aboriginal and non-Aboriginal child welfare workers differ with respect to three categories.

After the initial description of the case, non-Aboriginal workers would be more likely than non-Aboriginal workers to explore the mother's strengths and weaknesses (see Section 1D, Table 20). After a telephone call to Helen, the mother, and determining that she sounds obviously intoxicated, non-Aboriginal child welfare workers would be more likely to remove the children and place them with family (see Section 3, Table 20). Finally, if workers find that Helen is requesting help with her drinking problem and care of her children, more non-Aboriginal than Aboriginal child welfare workers would be likely to get Helen into alcohol treatment (see Section 5, Table 20).

The researcher noted that Aboriginal workers' written responses were often shorter than the non-Aboriginal workers' responses. Consequently, the non-Aboriginal workers provided more responses on which to base category development. Therefore, the researcher expected the two groups would likely differ on the number of categories they endorsed. In order to test this prediction, the researcher created a composite variable, SUMCAT, for each of the nine questions (see Table 21). She summed the scores (i.e., zero or one) for each of the categories for each question. In other words, for a question with seven action categories, the scores ranged from zero to seven.

To test for differences in category usage, a MANOVA was conducted with the nine SUMCAT scores serving as the dependent variables. The findings of this analysis indicated that non-Aboriginal child welfare workers did use more categories than did Aboriginal workers, $F(9,42) = 4.04$, $p < .01$. Three of the nine univariate tests of the SUMCAT variables were significant (see Table 22). However, a MANCOVA, with education as the covariate, indicated that the two groups of workers no longer differ in their frequency of category usage.

The findings indicate that Aboriginal and non-Aboriginal child welfare workers responded differently to the vignette and the questions associated with it. Aboriginal workers provided fewer responses on which to base the development of categories. However, with the contribution of level of

Table 21

Means for the Sums of Categories Used (SUMCAT)

SUMCAT	Aboriginal (n = 23)		non-Aboriginal (n = 9)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
1A	1.35	0.65	1.59	0.95
1B	1.30	0.77	2.55	1.15
1C	1.83	1.07	2.97	1.09
1D	1.70	1.06	2.28	1.03
2	2.48	1.34	2.90	1.40
3	2.22	1.24	2.55	0.95
4	1.70	0.82	2.48	0.79
5	2.26	1.14	2.86	1.09
6	2.22	0.95	2.52	1.18

Table 22

Univariate Tests of Frequency of Category Usage Associated
with the MANOVA

SUMCAT	SS	df	F
1A	0.73	1	1.06
error	34.25 (0.69)	50	
1B	19.96	1	19.94***
error	50.04 (1.00)	50	
1C	16.65	1	14.29***
error	58.27 (1.17)	50	
1D	4.32	1	3.95
error	54.66 (1.09)	50	
2	2.24	1	1.19
error	94.43 (1.89)	50	
3	1.43	1	1.21
error	59.09 (1.18)	50	
4	7.95	1	12.37**
error	32.11 (0.64)	50	
5	4.64	1	3.75
error	61.88	50	
6	1.15	1	0.98
error	59.15 (1.18)	50	

Note. *p < .05. **p < .01. ***p < .001.

education removed, Aboriginal and non-Aboriginal workers no longer differed with respect to the number of responses they provided. The purpose of the open-ended questions was to elicit responses from the Aboriginal workers, in particular, that would translate into culturally relevant child welfare interventions that the researcher may not have considered when designing the forced-choice questions. Unfortunately, the findings of this analysis did not serve to support this objective.

Interviews

Overview of the Qualitative Analysis

A Thematic Approach

Seidman (1991) offers "two basic ways to share interview data" (p. 91). Using one approach, the researcher develops profiles of the participants to depict their experiences. However, "a more conventional way of presenting interview data is to organize transcripts into categories.... then present excerpts from the interviews thematically organized" (p. 99). The researcher chose to follow the latter thematic approach for a number of reasons.

First, the researcher did not gather interview data with the goal of creating narratives to reflect each worker's story. She asked the interviewees to describe culturally relevant Aboriginal child welfare practices as opposed to their experiences as Aboriginal child welfare workers. Second, Aboriginal child welfare workers are a relatively small and visible group within both Aboriginal and non-Aboriginal child welfare circles and within First Nations communities. Therefore, it would be difficult to craft profiles of workers that would disguise their identities sufficiently to reduce their sense of vulnerability (Seidman, 1991). For this reason, the researcher made explicit agreements with the workers before the interviews to protect their identities and the identities of the communities they served. The purpose of this initial agreement was to provide the workers with the opportunity to speak candidly.

The goal of the interviews was to provide a context, in addition to the literature review, for the interpretation of research findings. The researcher utilized the insights provided by the interviewees to guide her to integrate the results and to develop constructions about culturally relevant Aboriginal child welfare. Each interviewee made a unique contribution to the description of culturally relevant practice.

The first interviewee described her efforts to adapt mainstream practices to respond to the challenges confronting her in her work. She also shared some of her experiences as an Aboriginal child welfare worker. Her interview lasted for 2 hours and 15 minutes. Unfortunately, due to technical difficulties during the middle of the interview, the researcher taped only 90 minutes of the interview.

The second interview was 50 minutes long. This worker talked about her traditional upbringing and how her life experiences shape her child welfare practice. The third interview lasted for 1 hour and 40 minutes. This interviewee contributed her views on the plight of Metis children. In the fourth interview, the worker spoke for 50 minutes. Her major concerns related to the adoption process. Finally, the fifth interview was 35 minutes in duration. The worker spoke most specifically about the connections between traditional parenting and current Aboriginal child welfare practices.

During the four interviews conducted by the researcher, she imposed little structure or direction on the process. She

was interested in providing the opportunity for the workers to give voice to the issues that were relevant to them. Interestingly, the content of the fifth interview conformed most to the initial question posed to the interviewees. This is likely due to the fact that the interviewer felt responsible to adhere to the question posed by the researcher.

Transcription

Once the five interviews were completed, they were transcribed into text form for purposes of analysis. With regard to transcription, Seidman (1991) states that "interviewers who transcribe their own tapes come to know their interviews better, but the work is so demanding that they can easily tire and lose enthusiasm for interviewing as a research process" (p. 88). They add that "the ideal solution is for the researcher to hire a transcriber" (p. 88). They caution that this is an expensive solution and only worthwhile if the job is done well.

Following Seidman's initial advice, the researcher transcribed the first interview herself. She found it difficult to understand some of the interviewee's comments because of the poor quality of the recording and the interviewee's soft speech and her accent. The researcher requested assistance with this transcript from Ms. Audrey Scrivens. With Ms. Scriven's extensive experience working in Aboriginal human service organizations and as the Administrative Assistant of the Elizabeth Hill Counselling

Centre, she was familiar with the terminology of the child welfare workers. Ms. Scrivens listened to the tape and made corrections and additions to the transcript.

The researcher hired two transcribers to complete the transcriptions of the second and third interviews. These women had difficulty transcribing the interviews because they were unfamiliar with First Nations and child welfare issues. Consequently, the researcher thoroughly groomed the transcripts to correct for any inaccuracies.

Given the time-consuming nature of the grooming process and the expense of transcribing, the researcher transcribed the fourth interview herself. The fifth interview was transcribed by Ms. McKay, the interviewer. The researcher believed that Ms. McKay would be able to draw on her familiarity with the interview throughout the transcription process.

Data Analysis

The researcher consulted with Dr. Arnold Hook at the outset of the analyses. Dr. Hook has a Ph.D. and M.A. in Cultural Anthropology and a Masters of Social Work from the State University of New York at Buffalo. For his Master's research, he conducted a quantitative and qualitative (i.e., interviews) study of alcohol use among the Yupik Inuit of Alaska. For his dissertation, he conducted a qualitative study of the social organization in a police department. During his social work training, he completed an internship with the Seneca Nation on the Allegheny Reservation in New

York State. Currently, he practices social work with children, adults, and families at a rural mental health center in central New York State.

To begin, Dr. Hook and the researcher read each interview and demarcated shifts in the content of the dialogue. This process created meaningful and discrete chunks or segments of text. The segments were numbered within each interview to enable the researcher to locate the specific segments. After numbering, these segments were sorted into content categories. Twenty-two categories emerged from the first phase of analysis. These categories represented the range of themes embodied in the interviews. Following the suggestions of Miles and Huberman (1984) to create conceptual displays of the data, the researcher created a chart of the 22 categories. She indicated which interviewees made comments pertaining to each category. This created a visual representation of the frequency of category usage across the five interviews.

After establishing the first set of categories, the researcher re-read the segments of text within each category file. She highlighted the salient and representative passages she gleaned in each of the text segments. At this stage, categories were deleted if the content did not pertain to the discussion of Aboriginal child welfare, parenting practices, or traditional Aboriginal lifestyles. Also, categories containing few excerpts (e.g., one or two text segments) were deleted if the content could be subsumed under one of the

other categories. For example, one of the interviewees talked about working with chiefs and councils. To represent this response, the researcher initially created a specific category in the original set of categories. However, the comment pertained to issues of placement and adoption. Therefore, this segment fit well with the comments collected under the broader category of "adoption."

As a result of this second phase of analysis, the researcher winnowed the categories from the original 22 to 13 categories. For the subsequent phase of analysis, the researcher re-read all of the excerpts and paraphrased the ideas contained in each. Next, she typed the paraphrased comments onto strips of paper. She labeled each paraphrased comment to indicate the site of the passage in the original text. Then, the researcher spread the comments out on a table. She identified thematic links among the paraphrased comments and organized them within the 13 existing categories.

Through this inductive process, the researcher gained an overview of the themes addressed across the categories and the interviews. Six broader categories emerged that could subsume several of the other categories. For example, the researcher synthesized the categories initially created to describe "family gatherings," "traditional teaching," "spirituality and medicine," "time," and "women's role" under the category, "general description of Aboriginal lifestyle."

In addition to using existing categories to subsume other categories, new categories were developed to capture more accurately the essence of the interviewees' comments. Specifically, the categories initially created to describe "differences between Aboriginal and non-Aboriginal agencies" and "issues of the Aboriginal worker" were deleted. Two new categories, "Aboriginal agency practices" and "frustrations with non-Aboriginal agencies" were created instead. The former category incorporated issues such as placement preferences, the development of networks, other culturally relevant interventions, and values represented by the workers' practices. The latter category incorporated the interviewees' beliefs that non-Aboriginal workers do not take them seriously and do not always notify them when Aboriginal children come into care, as well as other frustrations pertaining to non-Aboriginal agency practices.

At the final stage, the researcher had created an outline of the interview content (see Appendix K). From this outline, she prepared a first draft of the results of the qualitative analysis. Through continued editing and winnowing of this document, the final narrative of the interview content was produced.

The researcher created a narrative that places Aboriginal child welfare issues within a social and historical context. Workers placed themselves within this same context. They affirmed the need for the current provincial child welfare system but articulated the

constraining nature of the mandates. They spoke of the special needs of Aboriginal families and of their efforts to incorporate Aboriginal values and practices.

The interviewees detailed their frustrations with non-Aboriginal child welfare agencies. They stated their beliefs that non-Aboriginal child welfare workers intervene to save children. They contrasted this attitude with their own orientation toward strengthening families. They described the Aboriginal child's place in a community as opposed to a nuclear family. They stressed the importance of placing children with extended family members, as well as creating networks between foster and biological parents. Finally, the interviewees offered descriptions of traditional community lifestyles. They linked some of these traditional practices with current Aboriginal child welfare practices and principles.

A description of culturally relevant Aboriginal child welfare practices and related salient issues emerged from the interviews of these five Aboriginal workers. Their shared understandings of culturally relevant practices and traditional lifestyles formed the backdrop against which the results from the various components of the research could be integrated and synthesized.

Narrative Results

To begin, some of the interviewees attribute the origin of Aboriginal child welfare problems and the deterioration of traditional parenting practices to the introduction of

residential schools. Two interviewees commented on the lost legacy of Aboriginal parenting associated with residential school attendance, as follows.

V-1. Traditional child welfare and Aboriginal parenting I remember I guess in the past, the families or people parenting really didn't have the opportunity to raise their own children when they were going to the residential school system so they lost a lot of their parenting skills. Um, they went to the residential schools going quite a ways back and now I guess what I see the outcome, parents my age really don't have the skills that they should have. It's been lost. They just don't have the knowledge, you know.

II-7. And then those are the kinds of things that have been lost, you know, and I know a lot of it, the major contributing factor, I think is the residential school. Because if we take a look at theories, and it's true, you don't learn behavior right. In order to be a good parent you need to learn it, you need to have experienced it, you know, to be parented. Uh, if you take a look at the residential schools, what they've done, all of the people that have gone to residential school lost that piece.

It is interesting to note that the interviewees highlighted the lost opportunity to learn parenting behaviors. However, they did not make as strong a case for a learning model with respect to child abuse. From this perspective, the absence of positive parenting behaviors, as opposed to the presence of abusive behaviors, was invoked as the mechanism for enduring child welfare problems within the Aboriginal community.

As cited earlier, Blanchard and Barsh (1980) believe that abusive behaviors are neither learned behaviors nor the result of individual pathology. According to them, Aboriginal people hold the view that non-Aboriginal systems (e.g., the educational system) that perpetrated abuse on Aboriginal

systems (i.e., families, communities, and traditional practices) are responsible for the presence of abuse in the Aboriginal community today. However, the quote that follows indicates that one interviewee associates the experience of abuse within the residential school system with the presence of child abuse in the Aboriginal community. She views abuse in residential schools as a devastating experience that continues to impact on parental functioning. Nevertheless, she does not make a clear statement that establishes a causal chain from a learning perspective.

III-7. Because our children I think are sometimes in those gangs or, in that type of thing, it's cause it's been since, uh, residential schools, those parents didn't know how to parent, didn't know how to have a home life, they lived in institutions, you know, and uh, and then they didn't know how to teach their children, you know, and then those children are trying to teach their children, now, and , uh, it's really affected our Aboriginal community because of that. You know, that's why I think a lot of our children are in care. You know, or the abuse they suffered--sexual, physical, emotional abuse--within these institutions when they were in there. It's come all the way down and, you know, uh, it's still affecting right to our young people.

The workers characterized the nature of Aboriginal child welfare problems as long-standing and, consequently, requiring long-term rather than short-term intervention strategies. They cited the limitations of the current system with regard to long-term interventions.

V-5. I think it's coming, it's coming, but I really feel it's a long way from where it could be. You know, like dealing with what's happened to them in the past, you know, is going to take a longer time to heal, you know.

III-7. There's a lot of teens hurting and the government never gives enough money to help them, you know, and they end up being 18 and we can't help them anymore. You know, from the time they're 13 to 19, that's 5 years. If

we can't begin something right away at 13 and only have 5 years to do it, we've lost them and then there's some more children and people out there addicted to alcohol or drugs or sniffing or something and then they have children and those children end up in care and it gets worse and worse anyhow.

As they elaborated the nature of child welfare problems, some of the workers offered further systemic analyses, including the difficulties faced by Aboriginal people as they are forced to interact with current non-Aboriginal systems. Although there may be comfort readily available within the Aboriginal community (even within the urban context), the workers indicated that non-Aboriginal systems create a sense of alienation. One interviewee likened the general experience of Aboriginal people to refugee status.

III-4. Even though we're from this country we almost are like refugees in this country 'cause we're always in cultural shock yet we're in our country. You know we come to Winnipeg or any large center, we always have cultural shock, yet it's your own country. . . . but it's always back to living with that cultural shock. It's just a different lifestyle. . . .It's really hard to explain. It's a different lifestyle within the Native community here in Winnipeg too, where you feel safe and secure, you know, with your own people, but yet you have to live within the city.

These discussions provide insight into the social contexts of Aboriginal people, a dimension cited by Morrissette et al (1993) as essential to the development of a model for Aboriginal social work practice. Aboriginal workers who share these same social contexts can bring their own awareness and understanding of the struggle to face systemic racism. Their experiences inform their child welfare practice and enable them to be particularly sensitive to the struggles that their clients face.

I-8. You're really second half--class--citizen, oh you don't belong somewhere, right? And, so you have a lot of low self-image. A lot of the families we work with--for them kinds of things. And also because--you don't really fit in. You know, even if you try to assimilate. And then uh the image of being Native, you know, it's been very negative. So, now when you're working with families you know [italics added] that image. You know [italics added] where they're coming because you walked it, right?

The interviewees described how these negative attitudes play out in the court room and how cultural differences make for misinterpretation and misunderstandings.

I-8. Yeah, adversarial court system. Well that's just to me is--that's how it is. But it really ruins the Native family to go, it would ruin me. Every little stride positive I've made would not be recognized. Instead, they just dwell on the negatives, you know. Really try to prove that I'm an unfit mother. That's my children I'm trying to get back. All the negatives, it would just--to me--would reinforce, just regress right back. So that's why in this agency, I don't believe in taking families to court.

III-4. Like even in the court system, um, we're taught to be quiet a lot of times, you know. And, uh, uh, a lot of a lot of communities are taught not to show their emotions in public, you know. Or they sit often with their head down because it's not appropriate to look, to have eye to eye contact. And, uh, when they're in court and say they're supposed to be remorseful according to the way they expect them to be remorseful, they are remorseful but not the way the judge wants them to be and often they're given longer sentences.

Despite the difficulties they identified, interviewees acknowledged the current need for a formal child welfare system that incorporates some of the structure of the provincial system.

II-7. When we start looking at our own child welfare system, there are things with the present Child Welfare Act that has to be there you know because until such time we ever recoup what was in place, there is that need for child protection.

Given that Aboriginal agencies must work with provincial mandates, the workers described the process of learning to work within the bureaucratic structure. They described some of the current problems they face under the existing mandates and some of the challenges they face within the communities. Among these challenges is the need for workers to define their roles and to explain their mandates to community members. This supports the findings of the present study with respect to the relevance of the specific social work practice principle, "defining the agency's services and the worker's role." Specifically, Aboriginal workers rated this principle among the most frequently relevant to their child welfare practice. For these developing agencies and the communities they serve, defining worker and agency roles are essential at this time.

I-4. When you first work in child welfare, okay you learn about your mandate and that, but as well you have to then, knowing that, and trying to work within those parameters, you start working with families. First of all, what you're going to find is . . . in the Native community from where, especially the families that you're going to work with, are not going to be uh . . . there's all kinds of barriers. Like English. They gotta have their language. Second, they're going to . . . they've been isolated if it's an isolated community. So they don't have . . . uh . . . they're learning new concepts, all the time. So, you gotta watch your terminology. Uh, they're not going to uh they have an idea, right, like from the television and that, but it's sort of . . . trying to put it into . . . like if they lived it would be different. There's difference with isolated communities and urban communities.

Sinclair et al. (1991) have described how Aboriginal agencies can only enforce provincial laws, yet there is some latitude for interpreting provincial laws and incorporating

Aboriginal values, beliefs, and traditions. According to the interviewees, the special needs of Aboriginal families require relevant responses emerging from within the Aboriginal community and culture.

III-28. That was the point of having our own agency. To do it our way (chuckle). Not somebody else's way all the time. . . . Because, uh it didn't, it obviously didn't work the other way, 'cause more and more of our children go into care every year, every month, you know? Something's really wrong with that system. You know, and uh, and then not only that, they're staying in care longer. You know, and they shouldn't be, they shouldn't be staying in care that long unless there's a really good reason for it. You know, like uh sexual abuse or whatever.

II-8. We have to have that control with our children, so then we can facilitate their development and their identify is critical. They need to grow up feeling OK with who they are, so we are hoping, uh, with how we do things, that we will work toward breaking the cycle.

With respect to working within the current system, workers cited various frustrations that they experience in their dealings with non-Aboriginal agencies. Generally, they feel that their agencies and themselves as workers are not taken seriously. They feel that they must prove themselves.

III-28. No matter where you hear it, you hear, "oh, this is what happened because this agency doesn't have qualified workers and they're not properly trained." Well, they're properly trained for this agency, but they may not be properly trained for other agencies.

I-16. And that's the same thing we always say here. We have to prove ourselves that uh we we're young as a First Nation taking care over our own programs in child welfare. So we gotta prove ourselves all the time.

III-31. The way we do things are questioned because we're not doing it the way the Winnipeg Child and Family would do it. Like we even have one worker in here who's really trained by Winnipeg Child and Family and she's having a hard time to adjust here. . . . They (i.e., WCF) uh treated us like a lower class agency sort of, you know, and uh we really have, uh, a really hard time

working with them, yet they're supposed to be working with us closely 'cause they're the ones who apprehend. We can't. We can't here in the city. We do in the Reserves, eh. So, um, I was hoping that by, you know, in, was within that agency hopefully I can, we can, find a way to work together, you, that uh, there wouldn't be any problems, so that we could do everything to help these children. Never mind worrying about, uh, minor things like, you know, "Well, you're that agency or you're this agency."

Another frustration workers identified is their belief that they are not always notified by non-Aboriginal agencies when Aboriginal children come into care. Interviewees communicated a sense of helplessness.

III-9. But I think that, uh, they should report to us every time, no matter how they come into care, you know, or, or if uh a family needs help. If it's one of our communities, they should let us know. How're we going to help them if we don't know? And we see we have no mandate to go apprehending children in Winnipeg, in Winnipeg anyway. You know, they have to apprehend them, so.

II-3. With the Child Welfare Act, um, we have to follow some of these guidelines, but some of the stuff in the Child Welfare Act, or how the non-native agencies practice it, is extremely different from ours. The non-native agencies at this time, their policy at this time that they are exercising is that when they take children into care, uh, they don't, if the child is from--, because our people are transient, I'll use that as an example, they're in the city for a period of time and get into trouble and it's usually drinking. The children go into care because we don't have jurisdiction with a non-native agency. They don't offer visits, they don't pay for visits so if that child goes into care with a non-native agency and until we get that child under our agency there's no visits with them, so they're totally cut. They do notify us, they need to notify us, but there is nothing we can do until we get the child transferred over to our agency.

One interviewee volunteered her specific concerns for Metis children. She shares the belief stated by Monture (1989) that "Metis, urban, and disenfranchised people" (p. 16) are not benefiting from the current services offered to

status Indian children, as described by the worker above. Further, she spoke of the underrepresentation of Aboriginal children in care in the federal statistics due to the legal definition (i.e., Indian Act) as the criterion for identification.

III-8. The ones that are left out is the Metis, eh. There, uh, there's no agency and uh, there's um maybe child and family support program, you know, about two years ago or three years ago, but, uh, those ones are also assisted. Even though the law says that, uh, they do report all Aboriginal children to the appropriate agencies. The Winnipeg Child and Family does not follow that law . . . with Metis. They don't even always follow that law with the First Nations. But more so with the Metis. . . . Five years ago they didn't have a Metis child and family support program. They couldn't even begin it because they couldn't, they wouldn't show who the Metis children are. You know, they have a form that you fill out but, um, your name and your address, your parents, where you were born, what church you go to or, you know, if you want to fill that out, and what cultural group you belong to. You know, this is back at intake. They would never push it for Metis, see, they, for the longest time until they were ordered to. More so that they did with the First Nations people, but they still don't today. Very seldom do they ever, unless it's the Aboriginal worker within Winnipeg Child and Family.

One of the interviewees stressed her efforts to transfer as many Aboriginal children as possible from non-Aboriginal agencies to the care of her agency, as well as the impact this has had on her caseload and those of her co-workers.

II-8. And my caseload is high because I believe in the philosophy of the community, based on what we have experienced. If it's our children, we need control of our children, so therefore we have them, we have them transferred. But we don't have the manpower, the non-native agencies are getting the manpower. So, but I'm probably of the units, the one that does a lot of, you know, I take them, have them transferred and we have to look (at) getting another worker.

The desire to have children transferred to the care of the Aboriginal agencies is fueled in part by the belief that

non-Aboriginal agency workers begin permanency planning six months from the time that children have come into care.

II-4a. The latest that they are doing is when they apprehend the child it used to be you had two years to work with the family before you planned permanency, permanent ward. They now move into it after six months of the child being in care and I questioned it at a meeting I was at with uh, uh one of the Winnipeg agencies, we were there to advocate for our child and got the child over to us and he said the reason why they do that is because of the court systems being so backlogged. So if they apply at six months for a permanent order, chances are it'll be heard within that two years, the two years. So that's how they are dealing with it. It's not fair. It is not fair for for uh the families.

Some of the interviewees suggested that this tendency toward establishing permanent plans quickly may be due to the enormous caseloads of the workers in non-Aboriginal agencies.

IV-3. I guess what I used to think about Winnipeg Child and Family, I don't really blame them because they have uh maybe uh double the caseload that we have, not counting all the Reserves that we cover.

Workers also suggested that the emphasis on permanency planning represents an attitude about saving children as opposed to strengthening and supporting families. Hamilton and Sinclair (1991) have stated their view that Aboriginal child welfare workers "treat the whole family, rather than intercede only when presented with a troubled or neglected child" (p. 529). They point to a difference in value systems. Interviewees cited further evidence to support their belief that they prefer to work toward strengthening families. At times, they specifically target the mother and her needs.

III-32. We're all still CFS. You know, we've got to work together and help these children . . . That's the point we're here. . . Not only the children though. My father always said that. He thought, "Don't they call it 'Child

and Family'? Why are they only helping the child?" You know? I said, "Well, they been doing that for years." In this agency they want to help the family, child and family, you know. First you place a child in a safe environment first and then try to work with that whole family. You know. Hopefully put them back together if possible. If not possible, then. You know, but you do everything possible first. And see that's something that they uh Winnipeg Child and Family--they don't understand. "Just put the child in a safe place," and "They don't deserve those children and they shouldn't have them back and we're going to take them to court." And you know?

I-14. And so you have to work with families, work with the mother. And so I'm saying here to them, Child Protection, "No, I don't want to apprehend this baby. I want this baby to go back." So they're thinking, "What is she doing?" Already they're thinking I'm incompetent anyway. You know, so I tell them why, because the mother's good, she needs some resources, she needs some help, we have to work with the family to get the husband to take some responsibility or some responsibility for his kids. He could take some of those older kids with him when he wanders around, you know. The ones, the other ones go to school. Give mother some time with the baby and that. So I tell them that. And they don't understand what I'm talking about. Different value system, right. And they don't have an idea of what I'm talking about. How did this baby get into this condition?

They offered examples of children being removed from their homes because the mother is overwhelmed and unable to meet the needs of her children. These are situations in which the interviewees believe that the mother is often assessed as neglectful by non-Aboriginal workers. Writers in the field (Carasco, 1986; Fischler, 1985; Gordon, 1985; Hull, 1982; Ishisaka, 1978; Metcalf, 1979) also argue that culturally biased assumptions can lead to findings of neglect.

I-12. So those are some things--I guess as a front-line worker what I really found very difficult is working from two very different value systems. Yeah. Uh, here they'll be telling me, "Apprehend that child, failure to thrive." You know, this child has been neglected. There's bones .. So when I go back and do my assessment,

I know why that child is neglected, not intentional. It's because there's lots of other children. They're still washing clothes. They have large families. Six or eight, some of them. The husband has a rule, he's the male so he doesn't help at home. He goes and hang around at the band office. You know, while the mother is doing all the work. There's all the kids, so naturally this baby, and she has them every year. The baby's in a swing. You know, so props the bottle. Baby doesn't cry very much, so everything's okay 'til she takes the baby in for--they deteriorate fast too, babies--for the monthly check-up. And the nurses says, "This baby is not gaining that much. Doesn't seem--everything else seems to be fine. Not gaining that much." Well, sends the baby and the mother doesn't bring the baby again for quite some time. By that time, the baby doesn't have no life, doesn't cry or anything. Mother's thinking the baby's very good. Good baby, you know. But it's because the baby needs stimulation. So, a year, the baby gets sent here--Child Protection--neglect--extreme neglect, and this and that. Meanwhile, they're telling me, yeah, this and that. So I go and do the home, you know, and see the mother. It's not that, it's because of all this other work and stuff like that. So I say if we could put supports in there . . . So I say if I can find someone to do laundry for you so you can spend some more time with your baby and with your younger children, because the other ones are going to school.

III-2. They, um, I think it's a lot of times just culturally, cultural misunderstanding you know sometimes and then those children are brought into care without, uh, investigation sometimes.

III-32. Everyone makes mistakes. And, uh, and sometimes they made a mistake and sometimes those are not mistakes. Like I said, sleeping with them. There's nothing wrong with sleeping with them in our community. But it is a great big deal. "They sleep with those children." They, you know, uh, if you don't have big fancy bedroom suites and stuff like that, that those children are being neglected.

In addition to cultural misunderstandings, one worker stated her belief that Aboriginal workers choose to intervene earlier to help families in need.

III-2. Uh, they just, they will not listen to the parents sometimes or try put some of those supports in. They will wait 'til it falls apart and then, you know, then they'll uh, then they'll try to put those supports in after a long process of upheaval. (Chuckle.) And here

we like to try to help them right from the beginning soon's we know we, they have like a priority list and we feel that we've got, you know, a hundred and one things to do every day but that's priority, that goes first and that's what we work on for that day. Those others are important, but it's not like, um, emergency type thing and uh we try to deal with those right away so it's not like, you know, gotten out of hand.

Along with early interventions, interviewees explained that they are prepared to implement long-term interventions. To support such interventions, interviewees explained how Aboriginal workers can make creative use of the system.

I-2. Well, as you start working with the family, you are going to find out alcohol is just the surface. You know this could be a generational thing. It could be it goes way back . . . Could even have . . . with Native people it goes right back to colonization, you know. So you're not going to be able to work and return the child within the time frame that's allowed to sign a VPA, two years? Because once you start working with a family it's going to . . . it's going to be more than two years. So, as a worker, you're going to have to find a way of saying that this family's going to need a lot of work, you know. Um, within two years it's not going away. So you're signing a VPA for two years. But then you have to find out . . . You know the family's not going to . . . but there's some protection there, there's some change. So because of that, they're trying. So, you have to be inventive and say, no, we're going, again, we'll return the children for four days, or whatever, we're not going to court, and then we apprehend them for another two years, okay. So that's going to--so, you're still in the time frame--you returned them but then you uh, you reapprehend them.

IV-5a. Um, up to two years--and when we sign them . . . we have up to two years--and then you have to make some kind of permanent plan for a child--we're trying--we're signing VSG. Usually there's two years and the children are returned except when the parents continue to drink--who are not trying to help themselves. So, but they're usually cooperative once you explain that uh what a VSG is so, you know--another alternative is court. If you go to court you get a permanent order. Once they--I guess court is scary for them. . . . They don't want to go to court or anything. (Laughs.)

With respect to placement, workers had very strong feelings about placing children with extended family members.

IV-1. The first thing that comes to mind is uh when we meet with the local child care committees and they say, "Well maybe you should bring this child into care." And the first thing that comes to my mind is "Okay who are the extended family here?" And that's the main thing. We try and keep these children in the home with aunts and uncles. That's why I like working in this agency as opposed to--well, I've never worked with a non-Native agency.

III-3. And then that's our first option is relatives. We look for someone that's in a stable life and everything, and someone that would keep them and whatever. If that's not appropriate then we put them within the Aboriginal community you know and, uh, if that doesn't happen then sometimes there's, we have we have both Aboriginal and non-Aboriginal foster parents, you now, here in Winnipeg, we have both. Mostly, Aboriginal, but there's others too.

Workers are also sensitive to the fact that the families are likely to be under financial strain due to unemployment or to the cost of living in remote areas.

I-9. Because you're looking at the socioeconomics from where these families are extended family. A lot of them are on Social Assistance or if they're working as uh in the band office. When I looked at their wages and it's 20 thousand and it's in a remote. You know, they can't afford it. Um, so we say, and I'm not going to lose that home cause it's gonna be for the best interests of the child, and rather we not adopt the child and provide Social Assistance, uh, not Social Assistance, but pay foster rates.

Some of the workers expressed strong criticisms of a recent child welfare policy that mandated that relatives could not be remunerated at the same rate for providing foster care. In contrast to this new policy, Goodluck (1980) argues for "foster care payments to relatives, culturally relevant foster care standards, and [that] state regulations need to be rewritten to reflect social reality, cultural

diversity, and common sense" (p. 521). Johnston (1983) identifies a great need for Aboriginal foster homes in Canada and argues that "we must ensure that warm, loving parents are not prevented from fostering because they are poor" (p. 99).

III-3. Winnipeg Child and Family and the government, has decided to pay the relatives less. . . . And that's ridiculous, that's one of our main goals, and it's almost like they're trying to put a stop to us keeping our own children, you know. And, uh, and that is going to put a stop to some relatives because, that is supposed to cover expenses. . . . It's almost like they're trying to find a way for us to fail, not having our own agencies and looking after our own children.

With respect to long-term planning, workers stressed their preference for establishing long-term foster placements, as opposed to facilitating adoptions.

I-9. Uh we really get a lot--we put long-term fostering because the child's gonna remain there. The child--you see, when we were already doing the VSG, in that planning--we were already looking for an adoptive home. You would if you were working in a non-Native agency. But us we don't have adoption, there's very few. So what's you're looking for is planning for the child where it's--it's like an adopted home except that they get paid.

With respect to adoption, one interviewee explained that workers are uncomfortable with the concept because it implies ownership of children. Further, an interviewee stated the belief, also articulated by Cross (1986), that children are gifts from the Creator.

I-10. The way I think is adoption is a new concept for the Native. We don't own our children. It's quite a different point of view. Elders talking about that and we don't own our children, they're just loaned to us. So adoption, they say, that's ownership, you know.

II-12. So he talked to me about my responsibilities as mother and children are given to us, they are gifts of God, and we are given the responsibility to raise them,

and a phrase I guess he used to a point we almost self-sacrifice for that duty.

The practices associated with adoptions in the past have had such negative impact on individuals and communities that there is little trust even among workers. One interviewee wonders why the practice is implemented at all, given that adults who were adopted as children inevitably return to find their families.

I-10. If we, I guess what they experience this is where when children were adopted to the States and stuff like this. A child went and you never heard from the child. Never knew, couldn't get a hold of that child. That's, you have to change that way of thinking again. So adoption, once they adopt, then we don't have no contact with that child. Even if they say, "Oh yeah." The adoptive parent will say, "Oh they'll come. I'll bring them." But once they do, they won't do it. Can't argue with that, that's what they're saying. And who am I to say I'm gonna guarantee it. I can't. I might not be here, right. I told the others that. But uh so it's uh a concept that's--they don't trust yet. They're starting to.

IV-6. We get calls just about weekly. Uh that they want to come home, they want to find their parents, you know. Sometimes it doesn't make sense to adopt them out only to have them come back, in a few years, you know. . . . And we have many of that kind. They might as well know, and continue to know who their parents are, you know. They're gonna come back anyway. They're gonna find out they're adopted and they come back. So they look at uh--well most of them that I've uh seen they look as if those years, those last four or five years as lost years with family, you know. They say, "I could never replace what I've lost. I didn't see my siblings growing up with me." It's that sometimes. "And now my parents are old." Or some say, "My dad died a couple of years ago and I didn't see him." They want to blame somebody for that. . . . And that's why I guess I feel this way too. Because of all those calls and all those people that are searching for their families. That's how I feel about permanency planning, you know. Why adopt them? They're gonna come back here, you know. They're gonna come back and blame you.

Interviewees echoed the voices in the literature with respect to the impact of adoption on Aboriginal children, families, and communities (Blanchard & Barsh, 1980; Kimmelman, 1985; Metcalf, 1979). Specific concerns were raised about the impact of the development of one's identity as a result of having been removed from one's family and community. Interviewees commented on their experience with individuals who hunger for a sense of their Aboriginal identity.

III-28. You're taking them to Charleswood to the fanciest house there. They're still gonna need it. It will always be something in there that they're going to hunger for, you know. Very few that will not hunger for something like that to be part of their community, they want to be a part of a community, you know?

III-28. He was taken when he was four years old from his parents, he said, due to a misunderstanding because there was a cultural misunderstanding. Uh, he didn't go into length. And he was taken and he grew up in Indianapolis, um down in the States--he's got a southern accent--and he was there for 18 years, I think, or 19, 19 years. And uh, so he's 23 now. And, you know, and taking him and not even putting him in an Aboriginal home or nothing and he's trying desperately to find himself. Well that surely was an injustice. And our children, our children are trying to find their way home. . . . This was in 1970. I mean, we're not talking 1950's here, we're talking 1970. That's not that long ago.

II-4b. When they go back, as children will always go back to where they originate from, that is to prevent, what that does is prevent the crisis or the trauma that children have experienced it when they have been adopted out and they come back looking for their identity and there has been a lot of that with our Aboriginal children with the old CAS system, they were adopted out. The live in, they live within a certain environment, certain lifestyle, they come back looking for their identity and it's further traumatic because it's not what they expected. As children will always imagine the best anyway, fantasize and the expectations and it's a let down. When that happens at 18 or 19, you know just moving into their young adulthood, uh it's critical and

if there's is no work done, chances are a lot of them will be permanent damaged. Of those who are able to get help, it will take time, and a lot of time.

Interviewees mentioned that, although some individuals had negative feelings, others who were adopted felt less negative and more curious about their experiences. Some even felt lucky for having been connected with two families.

IV-8. Well sometimes, I'm not saying that all of them come back with some disappointments with adoptive parents, you know. Some of them just want to see--you know--where they were born and where their family are living now and some of them say, "I'm so lucky," you know. "I've got two sets of parents now," you know. And then they go back to to uh adoptive parents, you know. Some of them are rather disappointed. When they visit, you know, they say to us workers, "How did you let this happen?" you know. "Why couldn't I have been adopted here in Winnipeg?--or on another Reserve?" You know, stuff like that. "Then I wouldn't have had far to go or far to search" you know.

Interviewees stressed that, regardless of the presence of provincial mandates, communities must approve adoptions of their children.

IV-3. Yeah, we do take our time--chief and council--take our time, don't rush, uh we need to make sure this is the right home for this child, you know. We get some homes that uh that uh--we decide not to adopt or not to foster in this home--I guess this is why why that would be a difference, you know. (Laughs.)

I-11. But even in adoption if it's a family it has to be approved by the community the child's from. And if they don't agree, they can't go for adoption.

One interviewee explained that responsibility for Aboriginal children rests traditionally with the community, as opposed to nuclear families.

II-2. Uh, it is, it is traditional that other members in the community take responsibility if they saw something happening to another child or something the child is doing something that's not right. That was practiced

when we were growing up. That is gotten lost somewhere with a lot of the communities.

II-7. Uh, the whole community took responsibility at one time for children. You know, if you were in someone else's yard, it became their responsibility, and they exercised it, and you would never dream of going home and saying, "so and so said this to me," because then the questions would be, "why did she have to say that to you?" So you get a double, and that was well exercised.

The importance of the connection to community and family was highlighted with respect to placement. Specifically, workers talked about the emphasis among Aboriginal workers to maintain ongoing contact between children who are in care and their parents, families, and communities.

II-4a. Um, uh if there is no one to adopt in the Aboriginal community we keep them on long-term care foster care because then what we are able to do is provide those children to remain to be linked to their community and the policy we have is they go into the community and visit their biological parents once a year, so there's still that contact and the goal, the intent there is identity's critical and in spite of problems that we have we work on keeping those children connected with their families regardless of the situation, and at the same time protection is in place.

II-4b. So the way we operate within the child welfare system regardless of the situation that we maintain that contact with the children, so the children know their parents. The children know their extended family.

They volunteered a number of creative solutions to the problem of maintaining contact. Some solutions involve the use of voluntary placement arrangements (VPA) and voluntary surrender agreements (VSG) to maintain family involvement.

II-4a. We go with VPA's, we go with uh the VSG's, and uh, we also keep the children in contact with their families. Uh, when we get through the permanent orders we are not quick to adopt them out. However, we will go with adoption if it's in another community, and the other community has to (pause). There's a lot of preparatory work that takes place between two communities if there is going to be an adoption.

I-8. So we do VSG's. And we got a lot of flack from lawyers and that. So I had to go out and educate the lawyers and say, "Look, VSG, give them that. You know, we're already oppressed. We believe we're no good. And we're just going to reinforce that to the families. And once they regress, it's gonna be wo--(interrupted word)--because they've been working this way, they haven't really reached here. It's taken them so long and if I go to court, they'll go all the way back. It's a lot harder to come back up." That's how I explained it. So they said they're, they're uh. I got into some conflict even with our house lawyer. But I really believe that. And it was my job to convince them. And so, uh, they said, "Well, if you have a VSG,"--that's a voluntary surrender--"it can be terminated to the agency. . . It's not strong enough, not binding enough." You know, it's not like a court order. In a court order, even a permanent order, is uh, it can be reversed. And that means a family can--But, the difference is that the family would have to prove to the court that they've changed. And that they been living a stable life for the last two or three years, in a relationship, it's good. You know, they have a child, maybe three, and they've been really stable. They can challenge a court order, but they have to go through court. But because the way the court system works, it's terrifying for the Natives, right? And then they don't have the money to get the type of lawyers that they would need. They get someone that they don't choose, someone that's assigned. So, what are their chances? You know, I believe that parents should have that chance. At that level, they don't.

So then what we do is VSG's. Voluntary surrender agreements. So, (you) really have to negotiate for that with the lawyers. And they said, "Look how--what if they terminate?" So I said, "We'll put a case plan in there, you know, with the VSG. In a case plan we'll say that they'll be staying with extended family, and this and that. They'll be under (Aboriginal agency). We'll agree, as a Native agency, we believe that the children should continue with parental visits. Not maybe on the VSG once a year, but if the parents are not there, then for the child to go home to the community. To know that's where he's from, where she's from. Meet some extended family. To keep that connection, because I believe it's really important for children. So, that there.

Then the third thing is if the parent should--don't let me go off . . . but that's how I do it--should turn the VSG down and the agency feels that the children are still in need of protection, then we apprehend them. Then we would go for a court order. Or there's pressure to go. It's there. So the court accepts it. It reads all

that when I sign the VSG. And my families get legal counsel and an interpreter, not from the agency. So that way, they know all that. So I present that. So they started one lawyer for (non-Aboriginal agency). He says, "Gimme that VSG. I never seen one like it before." Ya know, but I got, I got that, you know. So I started getting (interruption). So we started . . . so there's that difference again, you know. Those are noticeable.

Another solution is to create networks involving biological and foster parents. Interviewees offered examples that illustrate the Aboriginal child welfare practice that Metcalf (1979) described as the forming of an "interlocking network" (p. 186).

II-4a. So they get those kinds of visits and it's 3 days the children go into the community. We monitor daily. The worker will go daily to see how they are doing. The foster home they're in we'll supply with groceries, or we help some, and in that situation what we find, it's like, those particular group of siblings in observing the last two years with their visits, they are very content, they have two sets of parents, they have their biological parents and they have the parents that are the nurturing parents because the legal end of it is with our agency, you know, so there is kind of a triangle, with two sets of parents and us, but it's nice to see that, and the reality is that they will probably not return to their biological parents.

One worker gave a more personal account of the network that she and one of her co-workers have created. Using their own family network as a context, they are providing a network of connections for an extended family of children whom they foster.

II-2. Um, we practice that within our own extended family uh with fostering. Uh, (worker) recruited a number of family members 'bout two years ago fostered for (Aboriginal agency) and what she also did is prioritized the children, so there is a group of us that foster, that is with, that's extended family and take children from (community). What that does, it keeps that group of children of together, and and that's traditional.

Beyond the differences with respect to adoption and long-term placement, the interviewees described various interventions that they believe to be unique to the practices of Aboriginal child welfare agencies. The use of grandparents is one example.

V-9. In using the grandparents on the Reserve as the children, say like my children were having problems. Like I'm the grandparent, okay, I would work with the child welfare agency and my child in coping with these problems. And if I made myself available to the things that they need, like we'd all work together 'cause they're using a lot of grandparents you know in child-rearing and that's positive. You know and if a parent is having problems with their kids then the grandparents are called on.

Workers talked about the role that grandmothers in particular have in raising children traditionally within the Aboriginal community.

III-19. But my mother is constantly on us still, even though we're all grown up--she's still always trying to teach us or talk to us or correct us or whatever. Give us advice in some way if she thinks we're doing something wrong with our children, you know, "you've handled that all wrong." . . . You know, and, uh, even my grandmother, you know, like, our grandmothers were very, very important people in our family and that's how my children are with their own grandmother they have. And, uh, they were off, over often. They would come over and they wouldn't just visit, they would clean up, and cook for us, great big meals and bake and everything. They would just kind of come take over the house and, it was, it was just something acceptable.

Some talked about the practice of the first grandchild living with the grandparents.

V-9. And then the um first grandchild usually goes to live with the grandparents. And you know I thought about that too because my grandmother, her first grandson went to live with her. And um . . . my sister she was the one, it was her son and he stayed with my parents until my grandfather died and I mean his grandfather, my father, and then he stayed with my mom only a short time after that and but went on his own. And um it's happened

like that still on the reserve and they say that it's the custom that the first grandchild would go and live with the grandparents.

One interviewee indicated that her eldest grandchild lives with her.

V-9. You know I have friends too like that live around there and they too their children went to live with their parents. So it's been happening all along but we really didn't think of it as being culture, culture you know. But you know as you think about it, hey, you know this is the practice before and they continue to do that. Like my grandson here, he's my first grandson and he's with me and he's not with his mother. His mother is married and has a boy and is expecting another one anytime now. But he knows that's his mother, you know, so anyway I guess I'm doing it culturally myself and not realizing it.

One of the workers reported that she lived with her grandparents as a child because she was the first born.

II-1. If we look at tradition, if we look at tradition, children, extended family was critical, also traditionally, uh grandchildren, let's say myself as an example, I was the oldest grandchild, and so my grandparents, I was raised by the grandparents and the intent around that was so that there'd be somebody there for the grandparents as they get older and uh, and, need help.

Interviewees offered descriptions of other traditional Aboriginal parenting practices and lifestyles. To begin, they indicated that Aboriginal child-rearing patterns do not imply a lack of structure. Children are provided with logic, consequences, and parameters within which to explore.

I-30. Not just leave them, let them do as they like and say that's Native parenting. You know, and everybody'll say, "I'll do it this way--that's Native parenting." They're not, it's not like that. There's still parameters and stuff like that. So that's why when we work with kids and they don't understand why they're not happy. So we work with the parents. Kids need some controls. They need to know that's a form of showing your love. You teach them. Do you want them to suffer throughout their life because nobody would like them.

They get to school and they learn to touch everything when they weren't taught any boundaries. Nobody's going to like them, you know. So we take the responsibility to teach them. It was the Elders that taught us a lot.

II-5. So teaching them that the emotions that they feel is healthy. Teaching them that they need to uh self-express. That's all cultural. Uh, traditionally, there was the style of teaching one can reflect back, the word we did not know, but it was through logic and consequences. The other is we were given the opportunity to explore and it's kind of like within perimeters.

According to the interviewees, loss of privileges, use of humor, and the absence of physical discipline also characterize traditional Aboriginal parenting practices.

V-2. Taking my own up-bringing, I was really never physically disciplined. I know my mother, if we needed to be corrected she spoke to us and um there were things that we lost, like privileges that we lost, if we you know didn't go according to what she wanted and we all had you know to do certain things like there was a schedule for us, we had to follow and we knew it that schedule and if we didn't do it there was really no physical force and you know I try to do that with my own children and raising them and I don't think I, to my knowledge, ever got a spanking from my parents and you learned just to listen.

Within traditional Aboriginal communities, roles and structures were understood by all members.

II-10. So when you think back, you know, literally the animal and the Aboriginal people literally lived in harmony with Mother Earth. Everything, everything surrounded in working together, living together. You know, there wasn't that, there was the belief that they were, that everyone has a purpose and so they knew they were there to provide food, to provide clothing--the leather, the skins from the animals were used. When I think back, it was, it was a healthy lifestyle, a healthy system. It was very strict, the traditional societies were very strict. Everything was very structured. Uh, you did things a certain way and you were taught at an early age and you developed into that role that you're to carry and there was no questions asked. You didn't challenge, you were given a reason or explanation but, you just somehow knew you didn't question it, you didn't challenge it? That's just the way it was. That's lost now.

The interviewees talked about the concept of time and how it was afforded less importance within a traditional context.

III-8. Like that's how I grew up, is, you know, we never worried about the time. As long as we got it done throughout the day or whatever we had to do, we knew what we had to do during that day, our parents always told us, you know, my mother was like the manager. "This is your job, that's your job, that's your job, you know, and you do it today, and make sure it's done." There's consequences, you know? (Chuckles.) And uh, but, uh, and then they, they just left it to us after, you know.

On the Reserves, communities continue to run casually with respect to time. Within an urban context, some Aboriginal children have difficulty within the school system because they can be late.

I-28. So today is today, you know. Tomorrow's another day, you know. Don't worry about tomorrow. And that's why I think--that's what I mean traditional, sometimes I go over there. "No, it's closed. Twelve o'clock." You know, "Come back." I have a hard time accepting that when I'm in the community. "Four-thirty, we're closed, it's finished. Tomorrow's another day." You know, it's easy come. I always say easy come, but relaxed. But you slow down when you get over there. Slow paced. It feels kinda nice.

III-3. Um, the other thing is a time thing, like, you know, I don't know how this came about but, uh, time was never an important thing to us. (Chuckles.) Like to be somewhere at 9 o'clock on the dot all the time, I think a lot of our children, our Aboriginal children here, when they have to go to school at 9 o'clock every morning, that's a big thing because I don't know what where it's instilled in us somewhere because it's always been that way. . . . If, if they regularly go to late to school then school reports, you know? All the time they report that "this kid is late," "this kid is late." I know we have to start things on time and everything, but; and I and I think they struggle with that constantly, to be on time. Oh, excuse me, and they find at meetings even, you know, you go up, you know, to any of these places, meeting's supposed to start at 9 and may start at 10 or 11. (Chuckles.) When they get there--that's when it starts. And sometimes it'll be at 9. It's when they get there and they feel comfortable dealing

with this, that's when they do it. And, it's never made to be a big deal, you know. Nobody misunderstands it and, you know but, uh, I know that affects our children in school or anything that has to be on time.

Hospitality extends traditionally throughout Aboriginal communities and among family members. Interviewees explained how this form of social interaction can be mistaken for a child welfare issue.

III-2. There's 12 members in my family counting me. Twelve, my mother had 12 children and, uh, now with their spouses (laughing), you know and my parents and the grandchildren and all the great-grandchildren, uh, you know? They come over regularly for coffee. It's just, and I go over to their house and, you know, we go to each other's house and, uh. See now, if that happens and and say Winnipeg Child and Family is called in by a neighbor who doesn't understand that, they'll think they're having a party, you know, or they think they have all those people living there and they don't--they're just visiting--coming and going.

Cooperation and reciprocity are important traditional values that some interviewees believe must be restored.

V-6. And he shared quite a bit how he grew up and it was quite interesting you know the way they went out and fished and they all worked together, helping one another. If somebody was in need they helped that family or you know they always worked together to help one another. And um you know, that's something that I feel is lacking in our own communities, like you know you do for yourself, look after yourself you know and forget about the next person. There's not enough I feel community working together as a community.

I-4. They've already assimilated to a certain extent. It's what you make now. You got to have this and that, you know. A car. Ownership. And then there's not that helping anymore, at one time it was, you know. If you had cows and you were getting cream you could, somebody could exchange. They don't have that concept anymore. It's everybody for themselves. It's what you work for, that's what you have. So you don't have that community, so they're kinda lost now too. Especially the young people. Because they had it, but now they don't and so it's a new type of style again. So they learned a different style. So . . . and so in that case, then the young parents that are, that had parents who maybe went

to residential school never learned to parent their children. They're the ones now that are parents, you know, and if they didn't have community-based before, they don't have it now. They don't have the support system.

Some of the workers stated their beliefs that the route to healing is through the healing of communities. They value regaining and reclaiming traditional spiritual practices.

V-8. And there are other, where the whole community comes together, you know and they share you know and they have special speakers to come out and talk about traditional, you know how it was when um, well before it was taken away from us you know. And I really feel when the community comes together like that there's going to be a healing and that's where it starts.

II-9. There's communities that are now looking back, I'm sure you are aware with re-visiting uh our traditional, historical ways and I know the community I work for, that will start in the fall, and it's the first time because the conventional religions were in there for so long and it'll be the first time that they start looking at their historical, uh spirituality and in that community, in spite of the problems there is a lot of history.

Finally, interviewees addressed the role of women in the healing process. One interviewee described the function of women's sharing circles. She talked about her own involvement as a participant and facilitator. This illustrated the issue raised by Metcalf (1979), that there is a lack of hierarchy among workers and community members within Aboriginal communities.

V-8. Well, um, we have a gathering when the women come together and share in a circle. Uh, I feel more sharing than themselves. You know the problems that they are facing at home uh can draw on the strengths from the next person because you know they all live in the same community, they are all faced with the same kind of problems and uh in that circle I believe there is strength that comes from that.

Within a political context, one of the interviewees outlined the importance and the role for women in developing the Aboriginal child welfare system. Her own sentiments echoed those of Monture (1989), stated earlier.

I-20. We're a voice to make change. We're a voice for our children. Now, they're starting to speak up. We really had a hard--the Metis women, no problem. The status women, you know, like they have a hard time because their husbands say, "We'll let you go this time unless you try to take over our role." In general. So these women didn't come. And the men wouldn't accept us as women because we're radicals. We said, "We're not radicals." We say, "You've got your job. We're just there to support you, but we worry about our kids and that's our role. So, you've got so many other things to worry about. We've got a lot of other things. Land claims, and that. Why don't you leave us the community, the family type of things that we can speak on." So, anyway, uh, *them women* [italics added], now, are changing things.

DISCUSSION

Synthesis of the Findings

Aboriginal and non-Aboriginal child welfare workers differ with respect to their ratings of the relevance of mainstream social work practice principles and to their intentions concerning child welfare interventions in cases involving Aboriginal children and families.

Regarding mainstream social work practice principles, Nelson et al. (1985) theorized that a specific subset of four of 10 principles were relevant to "Indian helping" (p. 243). Based on their views, the researcher predicted that Aboriginal workers would rate the set of principles as less frequently relevant to their child welfare practice than would non-Aboriginal workers. As predicted, Aboriginal workers rated the principles as less frequently relevant overall to their practice. Further, three of the four highest rated principles matched the subset specified by Nelson et al. (1985).

One of the four principles that Nelson et al. (1985) believe to represent an "Indian helping" principle was at the bottom of the Aboriginal workers' list, or least relevant. This was Principle 7, "eliciting differential reactions of all members of families and groups." This is not surprising given the discussions with the interviewees and the trends that emerged in the open-ended, written responses. In particular, Aboriginal child welfare workers indicated that

they focus their interventions primarily on the mother or the primary caregiver.

Aboriginal workers rated Principle 3, "defining the agency's services and the worker's role," among the four principles most relevant to their work. Nelson et al. (1985) suggest that such activities are inconsistent with the integrative and holistic approach of indigenous helpers who are members of the same community as their clients. However, this formulation does not adequately reflect the fact that Aboriginal child welfare workers, under bilateral and tripartite agreements, must shape their practice to reflect the systems and mandates under which they currently work.

Aboriginal child welfare workers are establishing their practices in some areas that have not been served before. They are working with community members who would have traditionally or previously relied on informal helping networks. Consequently, these workers often have to explain the particular form of help that they can and, sometimes, must offer in their role as child welfare workers. In their interviews, Aboriginal workers stated that they must educate both the workers whom they supervise in their agencies and the families with whom they work about their roles as child welfare workers. Similarly, some of the workers also talked about educating lawyers, non-Aboriginal workers, and band and council members about their roles.

Overall, the observations made by Nelson et al. (1985) in describing "Indian helping" practices have been largely

supported by the present study. However, eight of the 10 practice principles were more frequently relevant to child welfare workers across the entire sample who had completed higher levels of education. Further, Aboriginal and non-Aboriginal workers differed with respect to the average level of education completed. Of the non-Aboriginal workers, 72% had completed B.S.W. programs, as opposed to 19% of the Aboriginal workers. Given the high correlation between relevance ratings and education as well as the higher levels of education reported by the non-Aboriginal workers, the differences between the relevance ratings of Aboriginal and non-Aboriginal child welfare workers no longer exist when education is removed as a contributing factor. In other words, differences in education largely account for the differences between the relevance ratings of Aboriginal and non-Aboriginal workers.

Yet, the results from the four Aboriginal child welfare vignettes indicate that Aboriginal and non-Aboriginal child welfare workers still differ overall regarding their intended interventions when the contribution of education is removed. In other words, ethnicity, as well as education, accounts for these differences. This finding suggests that education plays a different role with principles than with practice. Child welfare workers may be taught, through their social work curriculum, to regard certain practice principles as relevant in theory. However, the application of these principles to the practice of child welfare is a much more complex process.

Factors such as the ethnicity of the worker and possibly, the culture of the agency appear to make significant contributions to the implementation of child welfare interventions.

While the results of the Aboriginal child welfare vignettes indicate that Aboriginal and non-Aboriginal child welfare workers would likely intervene differently, these differences have proved to be difficult to characterize with the instrument employed here. The prediction that Aboriginal child welfare workers would favor more minimal, less intrusive, interventions was partially supported. Overall, Aboriginal workers were more likely than non-Aboriginal workers to engage in the more minimal interventions. This preference was evident specifically at the most minimal level of interventions.

For example, regarding the first vignette, the teacher's concern is that the child did not sleep at his parent's home the previous night. Aboriginal workers were more likely than non-Aboriginal workers to plan no intervention. This finding is in keeping with cultural norms. Staying outside of the parents' home is not necessarily cause for concern. The child may be choosing to visit and stay with relatives or other community members. Also, the parents may be choosing to rely on the substitute care of family members.

The overall differences concerning level of intrusiveness remained when the contribution of education was removed from the analyses. In other words, ethnicity

contributed significantly to these differences in the behavioral intentions of Aboriginal and non-Aboriginal workers. However, the specific preference on the part of Aboriginal, as opposed to non-Aboriginal, workers to engage in the least intrusive interventions was no longer evident.

The results were contradictory concerning the prediction that Aboriginal workers would favor long-term, supportive interventions. Aboriginal workers indicated that they would be more likely than non-Aboriginal workers to respond with both long- and short-term interventions. Specifically, Aboriginal workers indicated that they would be more likely to plan long-term child welfare involvement for the complex case depicted in the fourth vignette. However, they also indicated preferences to resolve the cases depicted in the second and third vignette through an intake or investigation and to respond to the third vignette with an immediate or crisis intervention.

The response options relating to short- versus long-term interventions appear to be multidimensional, as opposed to unidimensional. Specifically, level of intrusiveness and short- versus long-term interventions appear to be confounded. For example, the response, "resolve through intake/investigation," was intended to represent a short-term intervention. Yet, it can also be perceived as a more minimal, as opposed to a more intrusive, intervention. Moreover, choosing to resolve through intake and a permanent order both represent short-term involvement but with a

distinctly different valence. Resolving through intake is a short-term intervention that has little impact on the family. A permanent order is a short-term solution with respect to child welfare involvement with the family; however, the consequences for the child and family are profound. Unfortunately, this methodological problem makes interpretation of the present results difficult. Nonetheless, these differences between Aboriginal and non-Aboriginal workers were no longer evident when the contribution of education was removed from the analyses.

Finally, there was no support for the prediction that Aboriginal workers would be more likely to plan to implement within-home or within-family interventions. When given the option to place supports in the home or to place Aboriginal children with relatives, non-Aboriginal workers reported that they were as likely as Aboriginal workers to employ these interventions. However, these options are often unavailable to them, according to their informal feedback throughout this investigation.

Non-Aboriginal child welfare colleagues and survey participants have communicated to the researcher that they would like to place supports in the home, but do not have access to these resources within their agencies. They referred specifically to homemaking services. Further, they have indicated that they would place children with their families if they knew of relatives who were interested in providing temporary care. This might account for the similar

responses by both Aboriginal and non-Aboriginal workers to the intervention options presented here.

In responding to one of the questions within the Provincial child welfare vignette, more non-Aboriginal workers than Aboriginal workers indicated their intention to place the children with extended family. However, in the context of the specific question, it is also possible that fewer Aboriginal workers believed that placement was required. Nevertheless, non-Aboriginal workers have indicated that they value placements within the family.

Aboriginal child welfare workers who were interviewed believe that they place a higher value than non-Aboriginal workers on interventions within the home or family. They indicated that they would persist to a greater extent in pursuing these options. As community members, some Aboriginal child welfare workers may be more familiar with the extended family networks. Also, Aboriginal workers may be more proactive in seeking family members who would be willing to help care for their young relatives. As some interviewees have also suggested, it may be a matter of expedience, high caseload, or desire to follow the mandates and policies of their agencies that contribute to placement of children outside of their family systems by non-Aboriginal workers.

The latter sentiment supports the notion that the culture of the agency (i.e., policies and practices) may play a role in determining a worker's child welfare interventions. In other words, differences in the responses of Aboriginal

and non-Aboriginal workers may be due, in part, to the structure of the systems in which they work. For example, the highly creative strategies employed by some Aboriginal interviewees to circumvent the time constraints of the current mandates would likely not be supported by the administration in non-Aboriginal agencies. Therefore, non-Aboriginal workers may be more likely to practice child welfare as they are mandated and supervised to do. This makes a strong case for the need to develop culturally relevant policy based on the input of Aboriginal workers in order to facilitate the development of relevant policy and practice for both the provincial and Aboriginal child welfare systems.

Methodological Issues

Response Biases

With respect to the four child welfare vignettes, the significant differences between the two groups' responses were always in the direction of the Aboriginal group indicating greater likelihood that they would engage in the particular interventions. Initially, this suggested that a response bias may have been operating. It was suspected that Aboriginal workers may always endorse the more positive end of the continuum. At the oral presentation of the proposed research, a committee member, a First Nations woman, predicted that this tendency might manifest itself in the responses of Aboriginal workers. Further, Nelson et al. (1985) also describe a tendency on the part of Aboriginal

workers to focus on the positive aspects of the situations that confront them in their work.

To test this expected tendency to respond in a positive direction, the responses to the practice principles were inspected. However, the significant differences were always in the opposite direction. In other words, Aboriginal workers endorsed responses toward the more negative (less relevant) end of the rating scale. Therefore, the expected response bias was not apparent.

To explore further for response biases, the researcher chose to follow up on the work of Lewis and Gingerich (1980). In their study, these researchers found a tendency among Aboriginal, as opposed to non-Aboriginal, respondents to endorse responses closer to the end points of the rating scales. To explore this possibility in the present data, frequency tables were created for each variable to test for significant differences in the distribution of responses in the "1" and "7" categories. In other words, the distributions of the frequency of extreme responses in each group were compared. No significant differences in the tendency to make use of these categories were evident. Therefore, extreme responding and positive versus negative responding do not account for the significant differences in the responses of Aboriginal and non-Aboriginal workers found in this survey.

Finally, the researcher based her findings on the assumption that the continua that she created represented increasing levels of the specific child welfare domains. As

discussed above, some difficulties arose with possible alternative interpretations of the interventions on the SUPPORT continuum. Responses that were designed to represent less supportive interventions could have been perceived as more minimal interventions. These two interpretations are contradictory with respect to the hypotheses. It is also likely that the interventions for INTRUSIVENESS and FAMILY were not perceived as representing unidimensional continua.

For future research employing questionnaires, it would be better to derive each continuum of responses empirically. In other words, a list of interventions following the specific questions should be presented to child welfare workers. For example, they could rate the level of intrusiveness of each intervention. After collecting sufficient ratings, the items for the questionnaire could be selected and arranged based on these ratings and rankings of level of intrusiveness. Then, the interventions would likely be more representative of the intended continua.

Worker Reactions to Questionnaire

The final question of the survey gave respondents the opportunity to comment on the questionnaire as a whole (see Appendix M). Respondents from Aboriginal agencies made fewer comments than respondents from non-Aboriginal workers. Generally, the comments from the Aboriginal agency workers were positive. One respondent described the questions as "good." Another described the "scenarios" as "very realistic." Two respondents indicated that they appreciated

that the questionnaire made them think about their work. Some of the Aboriginal workers expressed apologetic sentiments. They felt that they had to rush through the questionnaires because the hours allotted for the Friday afternoon data collection session were not sufficient (some of the workers wanted to leave early that afternoon). One worker told the researcher directly that, given the serious nature of the issues, he needed and wanted more time to consider his responses. This worker was permitted to mail his questionnaire to the researcher.

While there were also some positive comments from the non-Aboriginal respondents, the majority of their comments were critical. The respondents felt that the vignettes did not provide them with enough information on which to base their decisions. They also felt that the response options were "far too limited in terms of what we do in this work." One worker commented that it was unreasonable to expect child welfare workers to complete such a lengthy questionnaire given their workloads.

As previously stated, Bellack and Hersen (1984) believe that the face validity of a questionnaire affects the attitude of the respondent. The researcher did observe some of the non-Aboriginal workers to be irritated by the questionnaire. She suspects that these workers were less earnest in their responses. She believes that this attitude was most clearly manifested in the written responses. Some of

the Aboriginal and non-Aboriginal workers did not complete the Provincial vignette section, requiring written responses.

Some of the non-Aboriginal workers made many comments to the researcher when she was present to collect their data. These workers, who had much to say, were concerned that their intervention processes were not accurately reflected in the options provided. Rather than being annoyed, they were more concerned and committed to demonstrating an accurate picture of their child welfare practice to the researcher.

From the outset, the researcher was concerned that the questionnaire would be perceived to be biased in the direction of interventions likely to be employed by non-Aboriginal workers. She anticipated criticism for not incorporating enough culturally relevant response options. It was surprising to learn that non-Aboriginal, as opposed to Aboriginal, workers felt that the questionnaires were not representative of their child welfare practices.

These criticisms may explain an aspect of the findings pertaining to the ratings of interventions corresponding with the four child welfare vignettes. The non-Aboriginal workers indicated that they would be less likely than Aboriginal workers to engage in the specific interventions. If the non-Aboriginal workers judged these intervention options to be uncharacteristic of their practice, then their likelihood ratings would reflect these attitudes. In other words, they may have based their ratings on their judgments of the interventions as unfamiliar or inappropriate in the context

of their work, rather than on the relative intrusiveness or supportiveness of the interventions.

Unfortunately, it is difficult to determine how these negative reactions affected the data the workers provided. However, complaints such as these are common to questionnaire research targeting complex issues. Participants often report, when presented with closed-ended formats, that the response options do not allow them to express the more ambiguous aspects of their reactions to the survey items.

Inductive Versus Deductive Analysis

The written responses to the Provincial child welfare vignette posed the biggest quandary to the researcher. It proved difficult to find a meaningful way to capture the essence of differential responding on the part of Aboriginal and non-Aboriginal groups to the vignettes.

Dr. Hook read each respondent's series of answers and generated an impression of differences between the two groups in their descriptions of their intervention processes. He characterized the non-Aboriginal workers as describing approaches using basic social work practice principles. According to him, their responses were more theoretical and more distant. In other words, they described their intentions to employ specific child welfare practices (e.g., assess Mary's parenting skills) rather than their intentions to engage in behaviors specific to the case scenario (e.g., determine if there are agency supports that Mary might find helpful).

Many of the non-Aboriginal workers began their hypothetical interventions by approaching other professionals, such as teachers or doctors, within the system. This sometimes included supervisors but rarely co-workers. Also, they often began their interventions by contacting the referral source. Dr. Hook also felt that non-Aboriginal workers made more references to police involvement than did Aboriginal child welfare workers. In other words, non-Aboriginal workers sought out representatives of the systems in which the family was involved. Basically, the interventions involved interviewing others first, before approaching "Helen," the mother depicted in the vignette.

Dr. Hook viewed the Aboriginal child welfare workers' responses as more action-oriented than those of the non-Aboriginal workers. He believed that these workers saw themselves as the instrument of change and that they located their methods within the interpersonal relationship that they would develop with the mother. These observations create an impression of the model of Aboriginal workers as persons interacting with persons as opposed to systems.

Dr. Hook was unfamiliar with the literature in the area of Aboriginal child welfare practice. However, through inspection of the responses, he generated the above description of Aboriginal practice, which is consistent with the description of helping on the part of the "Indian indigenous worker" as outlined by Nelson et al. (1985). They state that "other resources would only be used by the Indian

indigenous worker to augment him or herself as the primary resource. To accomplish this, the Indian worker would pass the workload to others who then can use themselves as primary resource - the previously mentioned synergistic chain reaction" (p. 245).

From Dr. Hook's observation, Aboriginal workers view the relationship that they establish with their client as their primary intervention. As previously stated, Dr. Hook characterized this pattern as persons interacting with persons. Consistent with this view regarding persons interacting with persons, Nelson et al. (1985) made the following observations:

The nature of the relationship between Indian indigenous worker and client has the characteristics of a natural helping relationship, as the relationship is viewed as an end in itself. The helper is subjective, not objective. Interaction is natural, casual, and informal. It is focused on the person more than the problem.
(p. 239)

While Dr. Hook approached responses to the Provincial vignette in a more holistic manner, the researcher followed the reductionistic approach that she proposed initially. Specifically, the researcher chose to read all of the workers' responses to one question at a time, then derive categories, classify the responses and, finally, analyze for differences in category usage for each question. Ultimately, this process yielded findings that suggest that there are

very few significant differences between the groups in the way they described their hypothetical responses.

Non-Aboriginal workers provided longer, written answers to the questions. The categories created by the researcher likely captured more of their intended responses, as opposed to the responses of the Aboriginal workers. This impression was supported by the finding that non-Aboriginal workers cited many more actions corresponding to the categories than did the Aboriginal workers.

In retrospect, it can be argued that this procedure reduced the data to segments that lost their meaning when scrutinized out of the sequence or context of the individual worker's responses across the entire vignette. In other words, the meaningfulness of the responses may have been lost as they were translated from a qualitative to quantitative format. Yet, the researcher, who is straddling two paradigms, is hard pressed to argue strictly on the basis of a perception or impression of the data. For example, Dr. Hook noted a greater tendency on the part of Aboriginal workers to involve their co-workers. However, from a quantitative perspective, the researcher did not find significant differences between the Aboriginal and non-Aboriginal workers regarding categories depicting involvement with their co-workers. In other words, despite valuing an inductive process, the researcher feels unable to report a finding when there is no direct support based on deductive (or a mixed approach to the) analyses.

On the other hand, Dr. Hook, an anthropologist whose training is steeped in a qualitative tradition, was comfortable arriving at inductive conclusions about the nature of the differences between the two groups. Clearly, he was able to bring theoretical constructs (e.g., persons interacting with persons versus systems) to the analysis that represent the academic tradition and contextual variables of his own discipline (Sarason, 1981). Valuing this contribution, one can see the richness in collaborating in a multidisciplinary approach, in particular with cross-cultural research.

Field Notes

With respect to anthropological or ethnographic methodology, the researcher regrets that she did not take detailed field notes as she conducted her research. Observations throughout the process would have made a rich contribution to developing a contextual perspective for data analyses. The interactions with respect to the recruiting process for agency and worker participation in the study, agency choice of the in-service topic, participation by workers in the in-service training, observations of workers completing the surveys, and informal discussions with both non-Aboriginal and Aboriginal workers and administrators were noteworthy. All of these interactions have contributed to an internalized or latent context for the researcher. Having a detailed record would provide a more conscious and explicit

framework on which to rest the interpretation of the results of the study.

Strengths of the Present Study

Sherraden and Segal (1996) describe four themes that "emerge from the growing body of work on diversity that deserve the attention of child welfare researchers, policy-makers, and practitioners" (p. 498). The first theme is "the importance of understanding language, attitudes, values, and behaviors of diverse groups" (p. 498). They include an understanding of child rearing practices, definitions of child maltreatment, expectations that may place children at risk, and patterns of involvement of extended families. They believe that identification and understanding of these issues are a "critical first step toward culturally competent policies and services" (p. 498). In the present study, these issues were explored through the literature review and the interviews with Aboriginal child welfare workers.

Second, it is important to "assess the contexts in which these differences arise" (Sherraden and Segal, 1996, p. 499). They include an understanding of "the effects of poverty, gender bias, social isolation, and migration" (p. 499). They explain that these variables impact on "people's life chances" (p. 499). Again, the issues relating to Aboriginal child welfare were described in the present study in the context of First Nations' and Aboriginal communities' history and current circumstances. These issues were addressed through the literature review and interviews.

Third, Sherraden and Segal (1996) explain that it is important "to develop greater understanding of how people define their own experiences" (p. 500). They explain that definitions of ethnicity must represent the dynamic and complex nature of this construct. They cite observations that "groups constantly define and re-define their ethnic, racial and cultural identities" (p. 500). The work of Morrissette et al. (1993) cited earlier pays tribute to this evolving process of defining cultural identity. Specifically, they incorporate levels of acculturation in their descriptions of Aboriginal and First Nations identities and practice models. The present research attempted to incorporate a dynamic aspect of ethnic identity by establishing Aboriginal workers' philosophical orientation to their child welfare practice. Aboriginal workers were to indicate their orientations toward their practice on a continuum from traditional or mainstream. Analyses incorporating this variable were conducted.

Further, Sherraden and Segal (1996) state that "recognizing the strengths and integrity of the ethnic group itself puts practitioners in a better position to utilize the resources and strengths of groups in addressing child welfare concerns" (p. 500). As an example of such a strength, Sherraden and Segal cite their finding that Mexican grandmothers are a critical source of support to their daughters during pregnancy. This is similar to the finding from the interviews with Aboriginal child welfare workers that grandmothers have traditionally held important roles in

their families and communities. The goal of the interviews was to elicit descriptions of child welfare practices that descend from traditional practices and to learn more about the strengths of these traditions (Attneave, 1977).

Finally, Sherraden and Segal (1996) discuss the need "to approach child welfare research and practice with immigrant groups from an international perspective" (p. 501). From this perspective, they are advocating for an awareness of the ties that immigrant families maintain to their kin and their countries of origin. More broadly, they stress the need to consider "the implications of cultural differences and historical experiences on intra-familial relationships and social service utilizations" (p. 501). These issues were addressed in the present study both generally and specifically, in the context of the impact of residential schools on subsequent generations, Aboriginal parenting behaviors, and child welfare involvement.

Directions for Future Research

As discussed previously, it appears that level of education, as opposed to cultural factors, contributes most to the differences between Aboriginal and non-Aboriginal workers' ratings of the relevance of general social work practice principles to their child welfare practice. When level of education was removed as a contributing factor from the data regarding actions associated with the vignettes, the overall differences between Aboriginal and non-Aboriginal workers remained. This result is more consistent with

DuBray's (1985) findings that Aboriginal workers' values remained stable "even through six years of professional education" (p. 37).

Perhaps, students are taught to recognize the relevance of particular principles. However, theoretical principles are likely only one component of the matrix of influences on a worker's child welfare practice. Further, it appears that cultural factors are most relevant with respect to the application of principles. As DuBray has found, the values (i.e., an aspect of one's culture) of Aboriginal social workers are not necessarily affected by formal education. Further empirical work can be done to test these relationships between education, culture, practice principles, and child welfare interventions or behaviors. Specifically, future studies to pursue the affect of social work training on culturally relevant practice would make a meaningful contribution to this developing knowledge base.

Most of the data analyses were performed using the responses of the 58 workers who identified themselves as belonging to the same ethnic category as their agencies. There was a small group of respondents who identified themselves as belonging to the ethnic group that differed from their agencies. Unfortunately, there were too few respondents to comprise a group for purposes of analysis. These workers provide the opportunity to explore whether the culture of the agency (i.e., its practice principles and policies) or the ethnic identity of the worker is more

influential in determining the practices of the worker. Future research targeting workers that fit this criterion would likely provide answers to this important question.

The majority of Aboriginal workers surveyed here identified themselves as belonging to the Ojibway First Nation. The results of this study may generalize to other groups of Ojibway workers. However, caution must be exercised in generalizing these findings to the practices of all Aboriginal workers regardless of their affiliations with specific First Nations. Although there is some consensus with respect to the existence of core Aboriginal beliefs, there are also differences among the cultures of First Nations that would likely be reflected in culturally relevant child welfare practices.

The research presented here indicates that written child welfare vignettes with forced-choice options can be used meaningfully to explore the behavioral intentions of child welfare workers. Based on the findings and some of the constructions that have emerged through this research, further survey work using the vignette format should incorporate new response options to test for further differences between Aboriginal and non-Aboriginal workers. Some of the responses of the Aboriginal workers to the open-ended questions following the provincial child welfare vignette indicated possible intervention options to incorporate into future survey instruments. For example, additional response options could reflect interventions that

involve the development of interpersonal relationships with parents as a means of strengthening families and helping children.

Among the methodological difficulties identified with the present questionnaire were the multidimensional response options. These options were designed to reflect increasing levels along only one dimension or continuum of child welfare practice (i.e., intrusiveness, within family, and supportive interventions). Unfortunately, the pattern of the results suggested that workers did not perceive or rate the response options as if they represented incremental levels along the respective continua. Also, the options could be perceived as representing more than one of the specific dimensions.

As stated previously, in order to address these limitations, child welfare workers could be asked to rate a bank of response options representing each continuum. This would support the development of an empirically based scale or continuum with respect to each dimension. Using factor analysis, the underlying structure of the questionnaire could be explored. Then, response options with high factor loadings for only one of the specific dimensions would be included in an improved questionnaire with three factors.

The theory of reasoned action (Ajzen & Fishbein, 1980) predicts that characteristics of individuals, in this case ethnic identity, are related to their beliefs. Beliefs in turn give rise to attitudes, which influence behavioral intentions. Finally, behavioral intentions are meaningful

predictors of actual behaviors. The findings of this study indicate that there is a difference in the behavioral intentions of Aboriginal versus non-Aboriginal workers with respect to their child welfare interventions. Implicit in this finding is the notion that these two groups differ with respect to their beliefs and attitudes as well. Specific tests of these predicted relationships would enrich the understanding of the differences between Aboriginal and non-Aboriginal workers' orientation to child welfare issues. This would promote the development of both ideological and empirical bases on which to base child welfare policy.

Although the present study points to differences in behavioral intentions, much work remains to be done to articulate the precise nature of these differences. Ultimately, when more is known about the intended behavioral manifestations of culturally relevant child welfare practice, an investigation of the relationships among these variables, including actual behaviors, will be most informative.

To test for differences in actual behaviors that correspond to differences in behavioral intentions, retrospective and prospective case reviews could be undertaken. However, these research strategies can be extremely labor intensive and costly. The current research project indicates that cultural differences can be manifest through differential responding to questionnaires. Therefore, further exploration of behavioral intentions through the use of more sophisticated, empirically-derived, questionnaires

could refine the research questions to be explored ultimately through studies of actual behaviors.

Practical Implications of the Findings

On a general note, Thompson and Wilcox (1995) endorse the need for further research in the area of child welfare. They state that:

Remarkably, researchers have very little systematic information about how local child welfare authorities make judgments concerning the need for an immediate caseworker response, the seriousness of children's abuse, the need for a temporary placement at home or elsewhere, the treatment approaches enlisted to assist children and their families, the length of these services, and the subsequent monitoring of the child's progress. Researchers know little about how decisions concerning the family (e.g., civil or criminal legal action; intervention planning) are made and how outcomes are monitored. It seems likely that such decision making would vary by jurisdiction in relation to resource and funding availability, formal policies, and informal procedures, but at this time researchers have very little knowledge about these basic decision-making processes. Such knowledge could be invaluable not only for improving child protection procedures but also for identifying successful agency programs and policies to emulate elsewhere. (p. 792)

Following the logic of Thompson and Wilcox (1995), research in the area of culturally relevant Aboriginal child welfare can inform not only policy makers and workers within Aboriginal child welfare systems but may also help to improve the care of Aboriginal children when they are involved with non-Aboriginal agencies. As well, Aboriginal child welfare practices that enhance the adaptation of Aboriginal children who are involved with the child welfare system may also serve to enhance the adaptation of all children involved with child welfare systems. An example of such a practice is the development of supportive networks involving adoptive, foster, and biological parents as described by the interviewees and Metcalf (1979).

The goal of this study was to begin to develop empirical bases on which to create policy for the developing Aboriginal child welfare systems. The converging data from the literature, interviews, and the responses to the questionnaires suggest that Aboriginal child welfare workers prefer to support parents in need who, ultimately, will provide more for their children. If not a primary prevention focus, it can be argued that current Aboriginal approaches to child welfare approximate an intervention at a secondary prevention level.

According to Thyen, Thiessen, and Heinsohn-Krug (1995), "secondary prevention strategies are those that minimize the overall effects of child maltreatment by early identification of risk factors known to be associated with abuse or neglect,

or by intervening in very early stages of abuse and neglect" (p. 1337). In theory, the practice of removing abused and neglected children quickly from their homes can be viewed as a form of secondary prevention. However, a culturally relevant strategy would be to intervene early to strengthen families who have begun to show signs of distress while the children remain in the home. Further, Aboriginal workers believe that they aim not only to intervene on the part of children in need but to strengthen families and communities so that children grow up in healthy systems. Mannes (1993) has observed this trend toward family-preservation in the field of Indian child welfare in the United States.

According to the interviewees, the current provincial child welfare system functions at the tertiary level. Most interventions target children in need of protection or treatment. Thyen et al. (1995) define tertiary care as "treatment and rehabilitation once maltreatment has occurred - not surprisingly the predominant concept to deal with child abuse and neglect after 3 [sic] decades of intensive medicalization of a social problem" (p. 1338).

Some of the current provincial mandates and policies appear to constrain the work of Aboriginal child workers with respect to culturally relevant practices. From the interview data, the area that causes the most difficulty for Aboriginal workers is the imposing of time parameters on placement and permanency planning. Specifically, the two year VPA does not give the workers enough time to accomplish their goal of

strengthening families, while maintaining and supporting the relationship between parents and children.

Given the view that Aboriginal child welfare problems are the result of systemic pressures, two years is not enough time for individuals, families, workers, agencies, communities, or nations to respond to meet externally-imposed standards of care. McPhatter (1997) supports this view in her statement that:

short-term and intense interventions must be measured in the context of the oftentimes longstanding risk factors such as poverty and unemployment that clients have little control over and are not likely to resolve in an arbitrary time, despite their best efforts. (p. 271)

According to the Aboriginal interviewees, some of their energy is directed at creatively circumventing the placement policies or fighting the pressure from other agencies or the courts to hasten the process of placing children permanently outside of their homes or communities. The desire to sculpture the process of helping to address the families' needs, without time constraints, is consistent with the view that time has a different meaning within Aboriginal cultures. Therefore, culturally relevant Aboriginal child welfare policies and mandates could accommodate this differing perspective with respect to time by structuring more open-ended placement agreements. As one worker indicated, there is a job that needs to be done and the scheduling of the job

within a specific time frame can seem arbitrary or inconsistent with the work of strengthening families.

While a Western or mainstream view might argue for placing children in need of care early and quickly in homes that become permanent in order to foster bonding and identity development, the concept of identity development in a communal or tribal culture calls for a different placement model. Culturally relevant placements could be structured as more permeable arrangements in which children could move more easily between the homes of their foster and biological parents. This would support the maintenance of the relational systems that nurture the development of Aboriginal children's identity.

McPhatter (1977) states that "child welfare practitioners must value and build on the longstanding informal foster/adoption/kinship care practices that are characteristic in families of color" (p. 270). Traditionally, Aboriginal children in need were cared for by their relatives or members of their clans. With respect to placements, Aboriginal child welfare workers state their preference for placing children with family members. In the present study, non-Aboriginal child welfare workers have indicated that they value this practice as well. They were as likely as Aboriginal workers to endorse interventions that involved family placements. Rather than limiting use of family members as foster families through reduction of payments, the practice of placing children with family members should be

officially sanctioned as a culturally relevant practice within an Aboriginal child welfare policy.

Official Aboriginal child welfare policy statements can emphasize a holistic approach to the well-being of First Nations and their children. From this perspective, child welfare is not a distinct social problem, as it is conceptualized in a more traditional social work paradigm. As Red Horse (1980) stated, the rights of children are interwoven with rights to their "heritage, tribal custom, and extended family" (p. 490). Aboriginal child welfare issues are bound up in "the right of a people to maintain a culture that has provided them meaning in this world from the beginning of time" (Blanchard and Barsh, 1980, p. 354). Aboriginal child welfare policy can enshrine these rights.

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APPENDICES
Appendix A
Letter to the Directors

March 17, 1994

Bert Crocker,
Executive Director
Sagkeeng Child and Family Services
Box 700
Pine Falls, MB R0E 1M0

Dear Mr. Crocker:

I am writing to request your permission to include workers from Sagkeeng Child and Family Services as participants in a study I am conducting in partnership with the Indigenous Women's Collective of Manitoba. The goal of the research is to explore regional and cultural variations in child welfare practice in rural and remote areas of Manitoba. In particular, we would like to study the practices of workers from various areas and agencies who work with Aboriginal children.

I am a doctoral student in the Department of Psychology at the University of Manitoba. My research is being supervised by Dr. Don Fuchs, Dean of the Faculty of Social Work at the University of Manitoba. With your permission, I would like to seek the voluntary participation of child and family service workers from your agency. In exchange for the agency's support of this study, I would like to offer in-service training to your staff. Possible topics for presentations include stress in the workplace, the nature of play therapy, child behavioral management, cross-cultural clinical interventions, or other topics of special interest to your staff. The researcher will present the training session following the hour in which the workers complete the

questionnaires. The entire staff will be invited to attend the training sessions whether or not they have participated in the study.

Participants in the study will be asked to complete written questionnaires that will require less than one hour of their time. They will be presented with several tasks. For example, they will be asked to read case vignettes and to indicate their likely responses. Workers may choose to withdraw from the study at any time. Their responses will be confidential and anonymous. Because we are interested only in the responses of workers as a group, the responses of individuals will not be identified.

I will be calling you shortly to discuss the participation of child welfare workers from your agency. I will also provide you with any further information that you might require to facilitate your decision-making process.

Thank you for considering my request. I look forward to speaking with you soon.

Sincerely,

Deborah A. Gilman, M.A.
c/o 757 Centennial Street
Winnipeg, MB R3N 1R4

Appendix B

Summary for Directors

Culturally relevant child welfare practice: Lessons from Aboriginal child welfare workers

Statement of Purpose

- 1) to delineate a model of culturally relevant practice with the direct input of Aboriginal child welfare workers.
- 2) to generate a data base for child welfare program and policy development with First Nations in Manitoba.
- 3) to enhance the partnership between Aboriginal practitioners and researchers in extending theory for culturally relevant child welfare practice.

Procedure

The participants will be approximately 50 Aboriginal and 50 non-Aboriginal child welfare workers from agencies serving rural or remote Manitoba communities. Participation will be strictly voluntary. Workers may elect to withdraw from the study at any time. In exchange for the agency's support of this study, the researcher will provide in-service training to the staff. Possible topics for presentations include stress in the workplace, the nature of play therapy, child behavioral management, or other topics of special interest to the staff. The entire staff will be invited to attend the training sessions whether or not they have participated in the study.

Participants will be asked to respond to a written questionnaire with three major tasks. First, participants will be presented with a list of general social work practice principles and behaviors (Nelson, Kelley, & McPherson, 1985). They will have an opportunity to indicate the relevance of

each principle with respect to their own beliefs about child welfare practice. They will also be presented with written vignettes of hypothetical child welfare cases involving Aboriginal children. One vignette will be followed by open-ended questions. Four brief case vignettes will each be followed by lists of possible interventions for the participants to rate. They will be asked to indicate the models of intervention that they would likely employ.

Results

All responses will be kept confidential. Individual workers' responses will not be identified. Data will be analyzed for group trends. The responses of Aboriginal child welfare workers will be compared with those of non-Aboriginal workers from rural and remote areas of Manitoba. Such a comparison will potentially enable the researcher to distinguish empirically the practices, principles, values, and behaviors that are unique to the culturally sensitive approach of Aboriginal workers. It is hypothesized that Aboriginal child welfare workers will share a set of values and an intervention model that differs from those of non-Aboriginal workers.

A small group of Aboriginal workers in one of the Aboriginal agencies will also be interviewed. Their views on the practice of culturally relevant Aboriginal child welfare will serve to enrich and inform the interpretation of the findings from the survey. The agencies will receive written reports of the results and conclusions drawn from the research.

Relevant Issues

Nelson, Kelley, and McPherson (1985) believe that non-Aboriginal helping models focus on change through a problem-solving process. In contrast, they describe the Aboriginal model of "helping as support" (p. 231). They explain that there is "no 'solution' to a situation or problem, only an

appropriate response to the environment here and now" (p. 237). Hamilton and Sinclair (1991) highlight the differences between Aboriginal and non-Aboriginal child care agencies. Among these are a greater sensitivity to "Aboriginal culture and the needs of the families," an ability "to find solutions which those not familiar with the community might not even consider," and an adherence to the best interests of the child that translates into a view of "child and family situations and problems in a much more holistic fashion" leading them to "treat the whole family, rather than intercede only when presented with a troubled or neglected child" (p. 529).

In the Report of the Aboriginal Justice Inquiry of Manitoba, Hamilton and Sinclair (1991) recommend that "the federal and provincial governments provide resources to Aboriginal child and family service agencies for the purpose of developing policies, standards, protocols and procedures in various areas" (p. 538). Their report states that "in some areas, Aboriginal agencies have had to operate in a policy vacuum because the agencies have not had the time or the resources to develop policies" (p. 532). In order to develop such policies, there must be a clearly delineated model of culturally relevant practice on which these policies can be based.

Ryan (1980) advocates for the establishment of "a data base to provide directions for culturally relevant mental health program development" (p. 510) with American Indian and Alaska Native people. The proposed study is an attempt to generate a data base for child welfare program development with First Nations in Manitoba. The goal is to gather data to facilitate the development of child welfare policy by Aboriginal agencies based on the knowledge, practice, and values of their own workers. Such knowledge will enhance training in culturally relevant practice for both Aboriginal and non-Aboriginal child welfare workers.

Social work practitioners and writers recognize the limits of the capacity of non-Aboriginal human service providers to translate their practice into culturally sensitive models for work with Aboriginal children, families, and communities, especially in non-urban areas. Collier (1984) notes that it is much easier for a social worker to adapt a largely urban model of service delivery to rural communities of non-Aboriginal farmers than to extend their practices in appropriate fashion to isolated Aboriginal communities or reserves. "The difference between social workers among North American farmers and among native people is that in the former instance they are usually working with their own people" (Collier, 1984, p. 102).

According to Sinclair, Phillips, and Bala (1991), non-Aboriginal provincial child welfare workers "who are not informed of the Aboriginal communities' struggle for control of child welfare services, or of the cultural, social, legal and historical dynamics involved, will be unable to adequately meet the test of providing for the best interests of the child" (p. 172). They state that "research in the field is sparse, and there are relatively few resources to help child protection workers understand these complex issues" (p. 172).

With respect to teaching non-Aboriginal human service workers how to respond to Aboriginal children and families, Sinclair et al. (1991) believe that "as much as possible, the education should be provided by Aboriginal people to others" (p. 193). Therefore, the purpose of this study is to delineate a model of culturally relevant practice with the direct input of Aboriginal child welfare workers from mandated agencies serving children and families on reserves. Specifically, the plan is to ask Aboriginal child welfare workers to describe the ways they respond to the needs of Aboriginal children. Polansky states that "practice-relevant theory is best advanced by agency personnel, especially those engaged with clients" (p. 14). It is Polansky's goal "to

enhance the partnership between practitioners and researchers in extending theory for the field" (p. 15). It is a goal of the proposed study to enhance the partnership between Aboriginal practitioners and researchers in extending theory for culturally relevant child welfare practice.

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Appendix C
Letter of Confirmation

April 7, 1994
Dennis Schellenberg,
Executive Director
Child and Family Services of Central Manitoba
25 - 3rd Street SE
Portage la Prairie, MB R1N 1N1

Dear Mr. Schellenberg:

Thank you very much for your permission to include workers from Child and Family Services of Central Manitoba in my research project. I have enclosed a consent form that is required by the Human Ethical Review Committee, Department of Psychology, University of Manitoba.

I am very grateful for your time and effort in expediting my request. I look forward to meeting you and the staff of Child and Family Services of Central Manitoba in the near future.

Sincerely,

Deborah A. Gilman
c/o 757 Centennial Street
Winnipeg, MB R3N 1R4

Appendix D
Contract

I, _____, _____,
Name Title
 agree to permit Deborah Gilman of the Department of
 Psychology at the University of Manitoba to recruit
 participants for her research from among the workers at

Agency Name
 In exchange for permission to recruit, Ms. Gilman will
 provide our agency with an in-service training session on a
 topic that will be agreeable to Ms. Gilman and myself.
 Further, I understand that:

1. Ms. Gilman will introduce the research project to the staff and supervise the administration of the questionnaire.
2. Participation on the part of the workers will be voluntary. Workers may choose to withdraw from the study at any time.
3. Workers' responses will be confidential and anonymous. Participants will not provide their names as part of the study.
4. No person other than the researcher will have access to the data. Individual workers' responses will not be identified. Data will be analyzed for group trends only.
5. Participation in the study is not a condition for participation in the in-service training session. All staff are invited to attend.
6. When all of the data have been analyzed and the study is complete, Ms. Gilman will provide the agency with a written summary of the major findings. She will provide sufficient copies so that the document may be distributed to all of the agency's staff.

My signature indicates that I am in agreement with the conditions listed above.

 Date

 Signature

 Date

 Signature

Appendix E
Consent Form

I agree to participate in the research project being carried out by Deborah Gilman of the Department of Psychology at the University of Manitoba. In exchange for permission to recruit participants, Ms. Gilman will provide our agency with an in-service training session. Further, I understand that:

1. My participation is voluntary. If I choose to participate, I may also withdraw from the study at any time.
2. My responses will be confidential and anonymous. I will not be providing my name as part of the study. Signed consent forms will be treated as confidential documents. Only the researcher and I will have access to the form.
3. No person other than the researcher will have access to the data. Individual workers' responses will not be identified. Data will be analyzed for group trends only.
4. My participation in the study is not a condition for participation in the in-service training session. All staff are invited to attend.
5. When all of the data have been analyzed and the study is complete, Ms. Gilman will provide the agency with a written summary of the major findings. She will provide sufficient copies so that the document may be distributed to all of the agency's staff.

My signature indicates my consent to participate in the research project under the conditions listed above.

Date

Signature

Appendix F
Interview Consent Form

I agree to participate in the research project conducted by Deborah Gilman of the Department of Psychology at the University of Manitoba and sponsored by the Indigenous Women's Collective (IWC) of Manitoba, Inc. Further, I understand that:

1. My participation is voluntary. If I choose to participate, I may also withdraw from the study at any time.
2. I will be interviewed by Ms. Gilman on the topic of culturally relevant Aboriginal child welfare. The interview will be no longer than 90 minutes.
3. The interview will be tape-recorded and transcribed. Ms. Gilman will do the majority of the transcriptions herself. However, if others assist her with the transcriptions, they will not have access to the identity of the participants.
4. I have the right to review the transcript of my interview and to withhold any part of the interview data that I choose. Direct quotes or excerpts from interview transcripts will be included in discussions of the data.
5. The data from this research project will be presented in Ms. Gilman's doctoral dissertation, in a summary for the individuals and agencies that have participated in the study, and in a paper to be produced by IWC. The data may also be included in conference presentations or in academic publications.

My signature indicates my consent to participate in the research project under the conditions listed above.

Date

Signature

Deborah Gilman can be reached at 489-5621 to respond to any subsequent questions or concerns about the process or analysis of the interview.

Appendix G
Practice Principles

This is not a test. There are no right or wrong answers. The questions that follow represent an opportunity to offer your views about child welfare practice.

This questionnaire contains three sections. The first section asks for your opinion about a series of general child welfare practices. The second section describes a hypothetical child welfare case and asks several questions about how you might intervene. The third section provides you with a series of brief child welfare case vignettes and asks you to rate various intervention possibilities.

Your responses to all of the questions will be kept confidential and anonymous. The researcher is interested only in the responses of workers as a group. Therefore, the responses of individuals will not be identified.

Section I

By circling one number on the scale below each of the items, please indicate how frequently each of the following practices is relevant to your own child welfare work. The numbers represent a range of choices from always to never relevant. If you feel you don't know how to rate an item, you may wish to circle "DK."

1. Establishing an environment of support and acceptance for the client.

always

sometimes

never

1

2

3

4

5

6

7

DK

2. Inviting your clients to elaborate their concerns and needs.

always

sometimes

never

1 2 3 4 5 6 7 DK

3. Defining the agency's services and the worker's role.

always

sometimes

never

1 2 3 4 5 6 7 DK

4. Developing a mutual assessment of the problems-in-living and how they are manifested.

always

sometimes

never

1 2 3 4 5 6 7 DK

5. Engaging the client in task specification and priority setting.

always

sometimes

never

1 2 3 4 5 6 7 DK

6. Setting mutually acceptable conditions of work (e.g., client's expectations of worker and agency; agency and worker's expectations of client).

always

sometimes

never

1 2 3 4 5 6 7 DK

7. Eliciting differential perspectives from all members of families.

always

sometimes

never

1 2 3 4 5 6 7 DK

8. Intervening differentially according to age, sex, cultural norms, cognitive styles, and levels of social functioning.

always

sometimes

never

1 2 3 4 5 6 7 DK

9. Evaluating, re-evaluating, and renegotiating problem definition, tasks, roles, conditions, modalities, and temporal arrangements.

always

sometimes

never

1 2 3 4 5 6 7 DK

10. Creating hope.

always

sometimes

never

1 2 3 4 5 6 7 DK

Are there any practice principles that are particularly relevant to your work that you would like to add?

Appendix H
Provincial Child Welfare Vignette

Section II

The case description that follows describes an **Aboriginal** family. Please read this case description carefully and answer the questions that follow. Read only the information provided for each item when answering the questions.

1. You receive a call in your office from a local school teacher, expressing concern about a kindergarten student's home situation. Five year old John is said to be late for school every morning. When contacted by the school, John's mother, Helen, said she "can't cope" and requested help. She agreed to this referral.

Helen is believed to be on anti-depressants and/or tranquilizers. She said she was concerned about John and his two year old sister, Sally, but that she has a lot of personal problems. She has been separated from her husband for a couple of years, and while her mother lives nearby, they don't always get along.

She would like a social worker to visit, and she asks that the worker phone first to make sure she is at home.

You receive this referral this morning. What would you do?

a. Where would you begin?

b. What would you be looking for?

c. Who would you want to talk to? Why?

d. What areas would you explore?

2. Suppose that Helen tells you that she is alcoholic, and received treatment at Detox two months ago. You also learn from her that David, the father, had been physically abusive to her and both children.

How would you respond?

3. You receive a call from the Night Duty worker advising you that Helen phoned to say she was sick and could not look after the children. When you phone Helen, she sounds obviously drunk.

What do you do?

4. When you visit the following day, Helen is sober. She thanks you for your help when she was sick, but says that she is okay now and can care for her children without further assistance.

How would you respond?

5. Suppose instead that during the visit Helen expresses concern and asks for help with her drinking problem and care of the children.

How would you respond?

6. You are about to leave the office for a 1:00 p.m. appointment to visit a young, single Aboriginal mother at her home and you have also scheduled an interview at your office at 2:30 with a newly assigned Aboriginal family who have requested placement of their 14 year old son who has been refusing to listen to his step-dad.

You receive a call from Helen's neighbor who tells you that for the past couple of hours she has heard children's cries from the home, and that when she went to check, the door was locked and no one answered her knocking.

What would you do?

Appendix I
Aboriginal Child Welfare Vignettes

Section III

The following case vignettes involve **Aboriginal** children. Please read the initial case description carefully and answer the question that follows. Then proceed to the next question. Please read only the information provided for each item when answering the question.

Case #1

The Grade One teacher from the local elementary school called the intake worker in your agency to express her concerns about Billy. She noted Billy's increasingly poor hygiene, sleepiness, and apparent hunger. The teacher called today specifically to express her concern that Billy had not stayed at his parents' home last night.

1. With regard to the following interventions, how likely would you be to respond in each of these ways? Please circle one number on the scale below each possible intervention. If you feel you don't know how to rate an item, you may wish to circle "DK."

a. no response

extremely
likely

neither likely
nor unlikely

not at all
likely

1

2

3

4

5

6

7

DK

b. return the teacher's telephone call

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

c. visit the school to talk to teacher

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

d. interview the child

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

e. interview the family

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

2. Upon receiving further information, you learn that Billy's family is under a great deal of stress. How likely would you be to intervene in each of these ways?

e. long term child welfare involvement

extremely likely					neither likely nor unlikely						not at all likely
---------------------	--	--	--	--	--------------------------------	--	--	--	--	--	----------------------

	1	2	3	4	5	6	7				DK
--	---	---	---	---	---	---	---	--	--	--	----

Case #2

A community member reported that her son's friend, Steve, a 14 year old, has repeatedly appeared at her home with bad bruises on his face and arms. She decided to call your agency because she saw bruises again this week and Steve seemed more withdrawn than usual. She stated her belief that Steve's father hits him when he drinks and gets very angry. Based on this report, you interviewed Steve at school. Steve said very little. He implied that his bruises were the result of falling off a bike. When you expressed your concern about a history of bruises, he said nothing.

1. With regard to the following interventions, how likely would you be to respond in each of these ways? Please circle one number on the scale below each possible intervention. If you feel you don't know how to rate an item, you may wish to circle "DK."

a. no response

extremely likely					neither likely nor unlikely						not at all likely
---------------------	--	--	--	--	--------------------------------	--	--	--	--	--	----------------------

	1	2	3	4	5	6	7				DK
--	---	---	---	---	---	---	---	--	--	--	----

b. monitor the case

extremely likely			neither likely nor unlikely				not at all likely		
1	2	3	4	5	6	7			DK

c. interview Steve's teachers & the referral source

extremely likely			neither likely nor unlikely				not at all likely		
1	2	3	4	5	6	7			DK

d. interview Steve's siblings at school

extremely likely			neither likely nor unlikely				not at all likely		
1	2	3	4	5	6	7			DK

e. interview Steve's parents

extremely likely			neither likely nor unlikely				not at all likely		
1	2	3	4	5	6	7			DK

2. You receive further information that indicates that Steve's father has a history of alcohol abuse. Joe, Steve's father, acknowledged that he hit Steve when he lost his temper after Steve disobeyed him. How likely would you be to intervene in each of these ways?

a. monitor the situation

extremely likely					neither likely nor unlikely							not at all likely
---------------------	--	--	--	--	--------------------------------	--	--	--	--	--	--	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

b. place homemaking services in the home

extremely likely					neither likely nor unlikely							not at all likely
---------------------	--	--	--	--	--------------------------------	--	--	--	--	--	--	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

c. in-home parent support/aides

extremely likely					neither likely nor unlikely							not at all likely
---------------------	--	--	--	--	--------------------------------	--	--	--	--	--	--	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

d. arrange for Steve to stay with relatives

extremely likely					neither likely nor unlikely							not at all likely
---------------------	--	--	--	--	--------------------------------	--	--	--	--	--	--	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

e. apprehend & place Steve temporarily in a foster home

extremely likely					neither likely nor unlikely							not at all likely
---------------------	--	--	--	--	--------------------------------	--	--	--	--	--	--	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

e. long term child welfare involvement

extremely
likely

neither likely
nor unlikely

not at all
likely

1 2 3 4 5 6 7 DK

Case #3

Donna called the agency to report that her nine year old niece, Shelley, had disclosed sexual abuse to her. Apparently, Shelley told Donna that her father comes into her room at night and touches her private parts. Donna stated her belief that her sister, Shelley's mother, is unaware of the abuse.

1. With regard to the following interventions, how likely would you be to respond in each of these ways? Please circle one number on the scale below each possible intervention. If you feel you don't know how to rate an item, you may wish to circle "DK."

a. interview Donna

extremely
likely

neither likely
nor unlikely

not at all
likely

1 2 3 4 5 6 7 DK

b. interview Shelley's mother

extremely
likely

neither likely
nor unlikely

not at all
likely

1 2 3 4 5 6 7 DK

c. interview Shelley's father

extremely likely			neither likely nor unlikely					not at all likely	
	1	2	3	4	5	6	7		DK

d. interview Shelley

extremely likely			neither likely nor unlikely					not at all likely	
	1	2	3	4	5	6	7		DK

e. interview other extended family members

extremely likely			neither likely nor unlikely					not at all likely	
	1	2	3	4	5	6	7		DK

2. After a full investigation, you have reason to believe that Shelley was sexually abused by her father. Shelley's mother has indicated her desire to protect Shelley from further abuse. How likely would you be to intervene in each of these ways?

a. secure in-home parent support/aides

extremely likely			neither likely nor unlikely					not at all likely	
	1	2	3	4	5	6	7		DK

Case #4

Your agency has had a three year history of involvement with Mary and her family. She is a 23 year old single mother of four. She has a seven year old daughter, six year old son, four year old daughter, and a one year old son. Mary's extended family lives in a distant community. Due to her substance abuse problems, she was unable to provide for her children's needs. For approximately one year, the agency provided a family aide to support and promote her parenting skills. As her substance abuse problems persisted, the agency became concerned that the presence of the aide was not sufficient to insure the well-being of the children. Mary herself felt unable to parent her children at that time and entered into a six-month voluntary placement agreement (VPA) with your agency. She planned to devote her efforts to resolving her substance abuse difficulties. The children were placed together with a family in Mary's community. Following the six-month VPA, Mary showed no signs of recovery. The agency obtained a 12-month uncontested temporary order on all the children. The order will expire in two months. You become Mary's worker at this point.

1. With regard to the following interventions, how likely would you be to respond in each of these ways? Please circle one number on the scale below each possible intervention. If you feel you don't know how to rate an item, you may wish to circle "DK."

a. interview Mary and assess her substance abuse and her social and family network

extremely neither likely not at all
likely nor unlikely likely

1 2 3 4 5 6 7 DK

b. interview Mary's children

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

c. explore the possibility of another VPA

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

d. begin planning for an additional temporary order

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

e. begin planning for a permanent order application

extremely likely	neither likely nor unlikely	not at all likely
---------------------	--------------------------------	----------------------

1	2	3	4	5	6	7	DK
---	---	---	---	---	---	---	----

2. After further assessment, you determine that Mary's substance abuse problem persists. She does not feel able to care for the children on her own at this time. Mary informed you that there is a possibility of her older sister and her niece coming to live with her. Mary's children appear to have adjusted to their foster placement, although the three older children have told you that they miss their mother. How

likely would you be to formulate each of these plans for the family at this point?

a. return all children to Mary, with intense involvement on the part of the agency and her sister

extremely	neither likely						not at all	
likely	nor unlikely						likely	
1	2	3	4	5	6	7	DK	

b. a VPA with extended family placement

extremely	neither likely						not at all	
likely	nor unlikely						likely	
1	2	3	4	5	6	7	DK	

c. a VPA with non-familial placement

extremely	neither likely						not at all	
likely	nor unlikely						likely	
1	2	3	4	5	6	7	DK	

d. temporary order with extended family placement

extremely	neither likely						not at all	
likely	nor unlikely						likely	
1	2	3	4	5	6	7	DK	

d. temporary order with extended family placement, long term agency involvement

extremely likely			neither likely nor unlikely				not at all likely	
1	2	3	4	5	6	7		DK

e. children returned to Mary, with intense long term involvement on the part of the agency & extended family

extremely likely			neither likely nor unlikely				not at all likely	
1	2	3	4	5	6	7		DK

Appendix J
Face Sheet

In order to facilitate a description of the group of workers who responded to this questionnaire, please complete the following items. This information will not be used to identify your responses.

Age _____

Male _____

Female _____

1. What is the highest level of education that you completed?
Please choose only one category.

Less than Grade Eight	_____
High School or equivalent	_____
College (i.e., 2 yrs)	_____
University (i.e., BSW)	_____
Post-Graduate (i.e., MSW)	_____
Other (please explain)	_____

2. How many years of experience do you have as a child welfare worker?

(i.e., number of years) _____

3. With respect to your religion and/or spirituality, how would you describe yourself? Please feel free to indicate more than one category.

Traditional Aboriginal Spirituality	_____
Buddhist	_____
Christian	_____
Please specify denominational affiliation (e.g., Anglican, Catholic, United, etc.)	_____
Hindu	_____
Jewish	_____
Muslim	_____
Other	_____

4. Do you identify yourself as an Aboriginal person?

yes	_____
no	_____

If you identify yourself as an Aboriginal person, please complete the following five questions. If not, please proceed to question #9.

5. To which of the following group(s) do you belong?

Cree	_____
Dene	_____
Inuit	_____
Metis	_____
Mohawk	_____
Ojibway	_____
Sioux	_____
Other	_____

6. Are you able to speak the language of your ancestors?

yes	_____
no	_____

7. If you do speak the language of your ancestors, do you use your language in your work?

yes	_____
no	_____

8. With respect to your child welfare practice, do you view yourself as operating philosophically from a traditional Aboriginal or a mainstream perspective? Please indicate your perspective by circling one of the numbers on the scale below?

mainstream										traditional
	1	2	3	4	5	6	7			DK

9. Are there any comments that you might like to make about the questionnaire, your own responses, or the topic in general? Your input would be greatly appreciated.

Thank you for your time and effort in completing this questionnaire.

Appendix K

nature of Ab child welfare probs:

description & understanding:

need long time to heal
 problems are long-standing; 2 years not enough
 plight of Ab kids in care
 English as second language and isolation

interacting with foreign systems:

safety within the Ab community
 refugees in our own country
 negative self image of Ab people
 court is adversarial & exacerbates negative image
 respect demonstrated in unrecognizable way in court

residential schools:

cycle c.w. issues
 lost opportunity to learn parenting skills
 residential schools & the impact

frustrations with nonAb agencies:

not always notified by nonAb agencies that they have
 child in care
 non/Ab agency permanency planning starts after 6 mos
 nonAb don't support or facilitate parental visits
 do not take Ab workers and agencies seriously
 Ab workers properly trained for their own context

Ab agency practices:

long term placement as opposed to adoption:
 foster rates paid to help the (ext) family afford
 the care
 response to policy to stop payments to relatives
 foster parents paid to care; employees of agency

networks:

maintain links to the community
 maintain ongoing contact so children know their
 parents
 use of vpa & vsg to keep children in contact with
 families
 creating networks with biological & foster parents
 creative solution - foster relative within another
 network
 * keep the connection - from general C.W.

interventions:

use of grandparents in c.w.
 women's sharing circle
 healing communities through community events
 traditional skills taught in schools
 creative use of the system
 vsg with case plan

values:
 work with the mother, different value system
 different value systems
 child removed for neglect but Ab worker sees needs
 of the mother

adoption:
 attitudes:
 adoption = ownership; do not own children
 no trust for the concept due to past

impact:
 trauma of loss of contact through adoption
 episode about child adopted out, returns as adult
 hungering for identity
 importance of having children transferred -
 facilitate identity
 why adopt out if they come back
 loss due to adoption
 curiosity about biological parents
 some feel lucky
 why did you let it happen

working with mandates:
 status of current adoption to non/Ab homes & probs
 workers learning to arrange adoptions
 mandate, workers learning to supervise visits and
 adopt
 community must approve adoptions

Ab parenting:
 grandparents raising children:
 first grandchild lives with grandparents
 grandson lives with interviewee
 role of grandmother to parent

responsibility:
 community responsibility for child-rearing x 2
 children are gifts of God; responsibility

style:
 discussion about how lack of structure does not
 equate with Ab parenting
 logic & consequences; opportunity to explore within
 parameter
 traditional no physical discipline; loss of
 privileges
 use of humor

general description of Ab lifestyle:
 traditional lifestyle, roles, structure
 community:
 cooperation

* reciprocity among community - from general C.W.

Elders:
 caring for Elders; diff between Ab & n/Ab families
 personal story - caring for elderly parent

family gatherings:
 episodes related to c.w. - personal & case

spirituality & medicine:
 regret about not learning about grandmother's bag
 defn of cultural vs. spiritual
 community looking back toward spiritual history

traditional teaching:
 by doing
 by demonstrating - episode
 joking, teasing, demonstrating
 by example
 learning by observation
 learn by copying
 teaching =/ talking

time:
 less important; affects school age children
 traditionally never worried about time, just got
 work done
 reserves run casually with respect to time - x2

women's role:
 let men have land claims, women have child and
 family

Appendix L

Principles

- WR11 Time management.
- WR13 -be honest
-open
-receive feedback
- WR14 -trustworthy
-open minded
-be honest
-caring
- WR17 Treatment Provider
- WR19 gage [sic] amount of information delivered to suite comprehension ability.
- SE22 As a social worker, I will answer the questions from the community level, when I am doing intervention.
- CM26 -funding is always an issue
-available placements - f.p.
-family openness - family is entitled to least possible intrusion (respect for some sense of privacy)
- CM27 The ability to invite persons to take greater individual responsibility for actions and choices.
-Families have a right to minimal interference in family functioning.
- CM31 Evaluating developmental level of client & adjusting approach accordingly. One can not hope to work in complete (v) cooperation and mutual agreement with an infant.
-funding
-best interest of the child.
-cause the family the least inconvenience, unless the child is in danger.
-will pursuing charges of a one time incident cause more problems, rather than help.
- CM36 assessment of child safety
- CM37 searching for strengths in the family system
- IR39 -confidentiality. Very important & hopefully info is treated in a confidential manner most, if not all of the time.

-involving all of the "players" that need to be involved. (e.g.) teachers, police, support workers.

-you also have to be aware that some interventions are under mandated or involuntary conditions & some are voluntary.

- TR45 Aboriginal Healing
- TR47 Resistant clients don't always allow for mutually acceptable interaction. They rationalize their resistance as differing culture values.
- TR51 Explaining the non-negotiable.
- TR55 RESPECT/EMPOWER = HOPE
- TR56 Working with your client/family by empowering them provides your client with choices, a sense of ownership in promoting change.
- ER57 Client is shown physically and emotionally that worker not only cares but reaches out and provides psychic energy.
- ER61 -relating to the community-at-large as a client, with the goal of re-claiming its mandate for the well-being of its membership.
- NR65 Acceptance
- SE74 Setting goals and objectives with clients.

Appendix M

Feedback

- WR1 Working in a native community, and being trained by non-native. It give me to asses two points of views. I work to focus on one vision, that is to help, protect the children & their families. Everyone that believes this should than work together.
- WR7 Sorry it is Friday!!
- WR11 The question where good.
- WR13 not good timing Friday at 4:00 pm.
- WR14 My comments - I've no authority during V.P.A.'s apprehending. I'm a support worker
- WR17 I look forward to seeing the results of your study. Good luck in your work.
- WR20 -not Front Line Worker - my role in agency is Treatment Support Worker
-position lies in offering Treatment Support Services that are referred by CFS Worker versus dealing with referrals from mandated position
-we are part of the case plan that the CFS Worker develops for client
-however, #1 Priority always is checking on Referrals if child is safe prior to referring calls to local Worker/Supervisor
- SE21 I'm rushed & distracted. I hope I answered the questionnaire as I intended. There might me mistakes. Keep that in mind.
- CM26 My contact & work with Aboriginal people has been very limited.

- CM28 I found it hard to answer the questions with minimal facts/info. If your looking for an attitude in dealing with Aboriginal people I really don't think this is the route - too general!
- CM29 The case scenarios were too brief for the decisions required. Many of the interventions would depend on a detailed assessment - therefore, many of my answers were a "guess." This questionnaire seems set up to identify attitudinal bias & may be skewed because of the above - not enough information to make reasonable judgments. Requires us to make assumptions & great leaps in judgment.
- CM30 Vignettes had insufficient info. on which to base decisions.
- CM32 very hard to answer. Limited information. Feel the # system can be interpreted differently than my intentions. Facts missing to make appropriate assessment. See physical & sexual abuse more serious than child late for school.
- CM34 To little information to make decision on - especially around last vignette.
- CM36 The responses we could choose from was far to limited in terms of what we do in this work.
- CM38 Identifying the client as aboriginal was generally irrelevant in these examples. The impact of clients being aborig. on my involvement has more to do with me finding culturally relevant counselling resources rather than decisions around intervention.
- IR39 As in all c.w. cases there are no black/white responses or answers. We are highly dependent on a myriad of situational factors or influences so that it is often difficult to proceed in a planned, orderly fashion. People change - improve, regress & we have to be prepared to quickly change our plans to accommodate this.
- WR43 Time is too short - rushed.
- ER44 Many of our responses are due to availability of resources as opposed to the "best plan." One example is - intense home support vs temporary placements. Often home support would be preferable but is unavailable. Or often family placements are

preferable but the problems client is facing are same as problems extended family is facing.

- TR46 Questions to general to situations. Unable to answer question re: plcmt without knowing support/family network available to client. In every scenario all aspects are explored.
- TR47 These questions were much more than anticipated. There was not enough info to make concrete decisions. Answers will be only assumptions.
- TR48 New employee (6 months), foster care co-ordinator are considerations re: my responses.
- TR49 with the case loads social workers are carrying, did you expect section 2 to be completed by all or any -
- TR51 Very good, but very long
- TR53 Re: abuse intervention: section is difficult to answer as intervention options that are normally used aren't at the beginning of list of choices where they belong due to legal requirements, and they don't appear later either.
- TR55 The focus of questions is what the worker would plan for family and this makes it impossible to determine or consider family plans, cooperation, needs and participation in process.
- CM58 The way the questioned is put forward it sounds that workers will respond differently to "Native" people they should be treated equally as Human beings & that are native (Respect)
- ER59 Workers need more time, resources. Unable to handle caseload without after hrs work.
- ER61 the information provided in all of the case scenarios was much too brief for me to make sound decisions on course of action to follow; there are no quick, simple, easy answers to any of these cases in terms of direction. Each step of assessment and action is a major determinant in what follows. Without proper assessment (based on the required information) case outcome planning is blind. I was tempted to circle "DK" much more often than I did, but felt that that would not be helpful to your research. Thus, its important for you to know that in most places where I circled something other than "DK," it was because I made a

number of (valid/invalid) assumptions around information that was not available.

NR63 Well done.

SE66 would be interested in results. Scenarios very realistic. As newcomer to the field, raised a number of questions about permanency planning and availability of services in remote areas.

SE67 By going back to check my responses makes me look at the way I respond to things. This also gives me a chance to improve/explore and think about the way I do things.

SE74 The interpretation of the data should include person(s) who are knowledgeable of native practice. The differences in responses may reflect the different value systems of convention(al) versus traditional approaches. As a social worker for both a city agency & a native agency there are diverse solutions to how one approaches their work. The solutions are reflective of the belief system of that community. Each community has their own way of addressing social work practice. Aboriginal people are as diverse from one community to another as are the city agencies to a native agency.

WR43 "Describe in your view the practice of child welfare from a traditional Aboriginal perspective."

-e.g.: When a child's parents were unable to care for the child due to illness & poor health, the grandparents or extended family members agreed to raise this child.

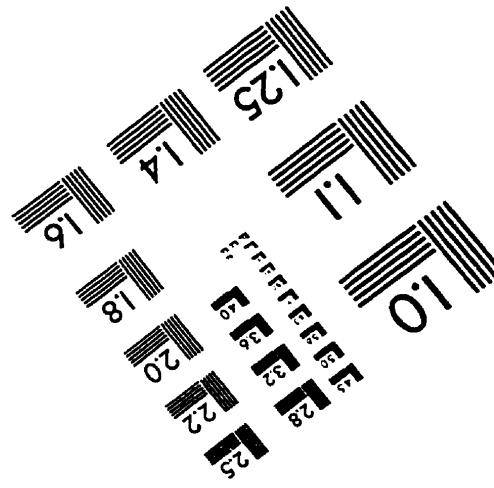
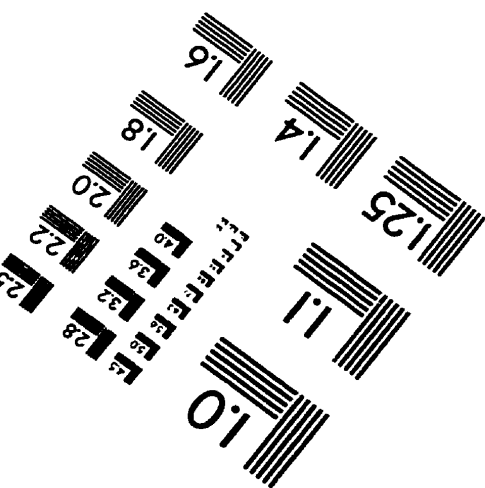
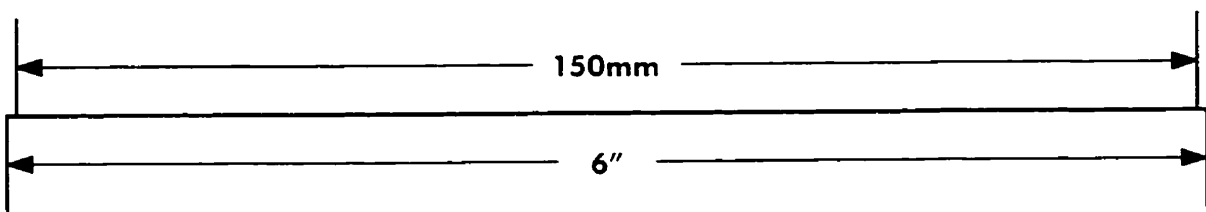
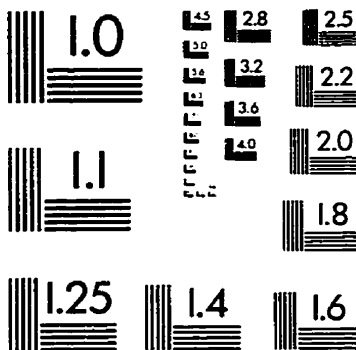
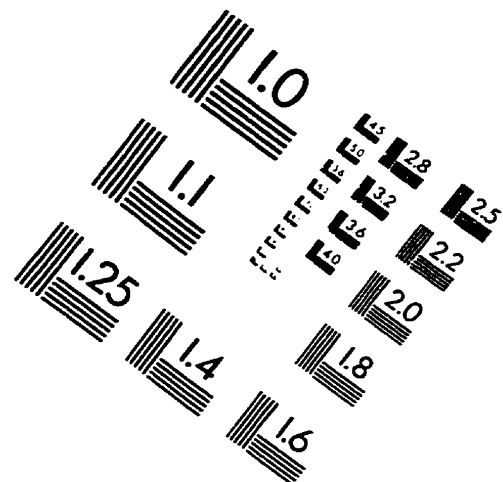
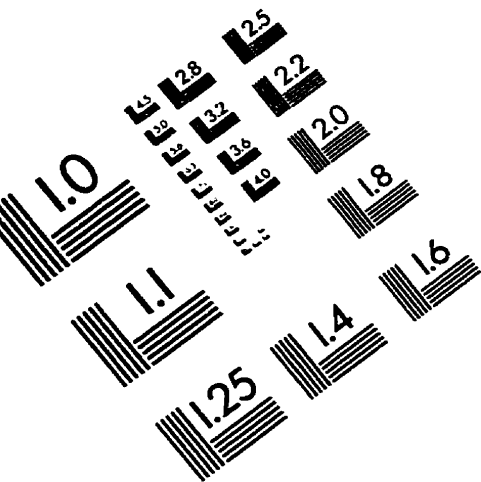
-Today if the child is in care he/she is placed with Licensed Extended family Foster Home

-If the child is placed in a non-Native home, Today all agency Foster Homes (Native and non-Native Homes) attend training sessions to meet native children's needs. e.g.. exposed to their history, family tree, language, ceremonies & Dances so as the child & family are aware of the way of living (Culture.) Today; Native people live in two worlds Native & gen. society. Native Parents are supported with services, parenting, treatment, etc. to help them get their children back & be responsible to raise their own children.

-Visits are arranged for children in care with the Foster Home & natural parents - to keep in contact & in touch because the children in care are going to return home anyway when they are 18 yrs. of age,

-We are strongly against adoptions.

IMAGE EVALUATION TEST TARGET (QA-3)



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