

Families Being Heard:
Indigenous mothers' experiences with the child welfare system in Manitoba.

by
Suzanne C. Robertson

A Thesis submitted to the Faculty of Grad Studies of
The University of Manitoba
In partial fulfillment of the requirements of the degree of

MASTER OF SCIENCE

Department of Family Social Sciences
University of Manitoba
Winnipeg

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Abstract

There is an overrepresentation of Indigenous children and families receiving services in the Manitoba Child and Family services sector in Manitoba at this time. There are upwards of 11,000 children in the care of the system and the children by a large majority are Indigenous children. There have been many factors that have been identified as leading contributors to this current representation, including colonization, the 60's scoop and the residential school system. Each of these historical tragedies has contributed to the ongoing social impacts to Indigenous families, children, and communities, which have in turn, become some of the social indicators and predictors of children's consequential involvement with the child welfare system. These indicators and predictors are, but not limited to: cycles of abuse, poverty, addiction, systemic involvement (child welfare and judicial) and mental health instability. In 2003, the process of 'Devolution' ensued based on the Aboriginal Justice Inquiry child welfare initiative and was an attempt to address the number of persons involved in the child and family services sector who were of Indigenous ancestry and who were accessing and receiving services. This qualitative research involved listening to the stories and experiences of 12 mothers of varying ages and socio-economic status, all of whom self-identified as Indigenous women. Each mother shared her experiences of involvement within the Manitoba child and family services sector. From the shared experiences came needed areas for change, such as supports provided to families as well as worker relationships with families. Additionally, suggestions for more efficient and family centered service provision were offered.

Keywords: Manitoba Child and Family Services, Indigenous mothers, change, support, workers

Chapter 1: Introduction

1.1 Historical Context

For centuries governments in Canada, provincially and federally, have inserted themselves into the family unit of Indigenous people in Canada. As a result, there has been a great disruption to the family structure, roles, and attachment, which ultimately this has resulted in an overrepresentation of Indigenous families and children in the child and family services system. According to the child and family service statistics in Manitoba in 2012/2013, 64.5% of families receiving services were Indigenous families and 86.9% of the children in care of the state and under guardianship of child and family services were Indigenous children (Milne, Kozlowski, & Sinha, 2014, p.3). This is not a phenomenon that has gone unnoticed, however, and there have been attempts made to address the numbers of Canadian Indigenous families and children within the system, including a proposal for a major restructuring of the service delivery model of the Manitoba child welfare system in 1999 (Helgason, 2009, p.52).

The destruction of Indigenous families began with colonization. As the British and French colonized Indigenous lands and culture, the forced breakdown of the family unit began. As it is now well documented, Indigenous persons in Canada were forced to surrender their language, culture, social roles, land, and identity through the process of colonization and assimilation. With the attempted abolition of culture, language, families and tradition, came the introduction of disease, weapons, alcohol and violence. Indigenous persons were treated lesser than those colonizers who invaded and the developing Canadian governmental system and made them feel devalued not just as humans but also their culture, communities, and a ways of living.

The creation of the Indian Residential School system—a systemic form of educating Indigenous children via the State and Church—was explained in 1883 as follows by the Public Works Minister of Canada, Hector Langevin: “In order to educate the children properly we must separate them from their families. Some people may say that this is hard but if we want to civilize them we must do that” (Truth and Reconciliation Commission of Canada, 2012, p. 1). The children and families that are referenced in this quote are Canadian Indigenous families. The Truth and Reconciliation Commission of Canada created a document that highlights and explains the impact that this school system had on Indigenous families, which are still felt today within persons, families, and communities. The Truth and Reconciliation Commission of Canada (2012) quotes the Indian Residential School system as having:

Disrupted families and communities. They prevented elders from teaching children long-valued cultural and spiritual traditions and practices. They helped kill languages. These were not the side-effects of a well-intentioned system: the purpose of the residential school system was to separate children from influences of their parents and their community, so as to destroy their culture. The impact was devastating (p. 1).

Similarly, the Aboriginal Justice Inquiry final report identifies the Indian Residential School system as having grave effects on Indigenous persons, families and communities by saying:

The loss of successive generations of children to residential schools, the destruction of Aboriginal economic bases, the decimation of their populations through diseases and the increasing dependence on government welfare have led to social chaos. This manifests itself in Aboriginal communities through staggering poverty rates, high unemployment rates, high suicide rates, lower education levels, high rates of alcoholism and high rates of crime. In individuals, the legacy of the residential schools has been lowered self-esteem,

confusion of self-identity and cultural identity, and a distrust of, and antagonism toward, authority (Aboriginal Justice Inquiry Final Report, 1991, Chapter 14.)

Arguably part of the ongoing continuation of the colonization process in Canada that occurred within Indigenous communities is what is referred to as the “60’s scoop” (Helgason, 2009). Indigenous families in Canada were disrupted once again by governing agencies through the removal of Indigenous children from their natural biological and community-based families. Children were removed by government agencies and placed with non-Indigenous families all over Canada, the United States and the world:

The child welfare system was doing essentially the same thing with Aboriginal children that the residential schools had done. It removed Aboriginal children from their families, communities and cultures, and placed them in mainstream society. Child welfare workers removed Aboriginal children from their families and communities because they felt the best homes for the children were not Aboriginal homes. The ideal home would instil the values and lifestyles with which the child welfare workers themselves were familiar: white, middle-class homes in white, middle-class neighbourhoods. Aboriginal communities and Aboriginal parents and families were deemed to be “unfit.” As a result, between 1971 and 1981 alone, over 3,400 Aboriginal children were shipped away to adoptive parents in other societies, and sometimes in other countries” (Aboriginal Justice Inquiry Final Report, 1991, Chapter 14.)

This was done in an attempt to abolish Indigenous persons, families, culture and parenting practices. Children were placed with families in which their native tongue was not spoken, their family roles were not respected and their cultural traditions and spirituality were not honoured, or upheld. For decades to come, children grew to become adults with no known identity of self,

culture or family lineage (Truth and Reconciliation Commission of Canada, 2012; Aboriginal Justice Inquiry, 2001)

1.2 ‘Devolution’ of Child Welfare System

This research is situated within the aforementioned systemic colonization in Canada, while simultaneously exploring the effects of the current model of the Manitoba child and family services system. In 1988, the Aboriginal Justice Inquiry completed in Manitoba was undertaken to interrogate the relationships between Indigenous persons and the Justice department. From the inquiry came recommendations in 1991 for a Child Welfare Initiative (AJI-CWI) with a proposed change of the model and service delivery of child and family services. Of particular interest for this research, the primary recommendation from the Aboriginal Justice Inquiry regarding child welfare is that “The Government of Manitoba seeks to enter into agreement with the Assembly of Manitoba Chiefs and the Manitoba Métis Federation to develop a plan that would result in Indigenous and Métis communities developing and delivering Aboriginal child welfare services” (2001, p.1)

The current child and family services system is the result of a restructuring process, which is commonly referred to as the ‘Devolution’. The restructuring was completed in order to achieve two major goals. The first was the decentralization of power and control of the service delivery of child welfare from one centralized governing body to four distinct Authorities (The Northern, Southern, Metis and General Authority). Each of these Authorities are “empowered by the Child and Family Services Authorities Act to mandate agencies to exercise the powers and duties of the Child and Family Services Act” (Milne et al., 2014, p. 1). It is the Authorities that are responsible for “oversee(ing) services, dispersing funds and ensuring culturally appropriate services are delivered to their respective agencies” (Milne et al., 2014, p. 1). This lends

perspective to the second goal of the restructuring which was to provide culturally relevant and inclusive services to Indigenous families.

The relevance of the culturally specific amendments to service delivery are important due to the aforementioned impacts that colonial governing bodies inflicted onto the Indigenous way of life and Indigenous families. According to Blackstock & Trocme (2005), it is a component that requires strong, focussed attention in an attempt to rectify its destruction. The cultural impacts on Indigenous families have transformed the way familial structures and their respective roles are enacted within the family unit. In earlier years, for example, it is noted that, “children learned through story-telling, through example, and by participation in rituals, festivals and individual coming of age ceremonies.....this teaching method was strong enough to assure the survival of identity, history, traditions and beliefs” (Truth and Reconciliation Commission of Canada, 2012, p. 8). It is the restoration of this crucial aspect of cultural continuity that is important in order to begin to mend the traumas and damages done throughout Canadian history to Indigenous families and children.

1.3 Current Model of Service Provision in Manitoba

The current model of service provision of child and family services in Manitoba operates under four authorities: Northern, Southern, General and Métis. Each of these authorities has several sub-service delivery agencies totalling 23 different agencies, 17 of which are Indigenous child and family services agencies. There are several appointed intake agencies one of which is the Designated Intake Agency for the city of Winnipeg. This agency ‘All Nations Coordinated Response’ currently operates under the Southern Authority (Milne et al., 2014, p. 2-3). The intake agencies are the entry point into service provision for families and encompass intake

assessments as well as emergency and crisis response for all the other authorities during non “operational times”.

Once families have completed the intake assessment phase, which includes the Structured Decision Making (SDM) tools (strengths and needs assessments, probability of future harm risk assessments), the files are then determined to be closed or forwarded on for additional services. The determination is made based on the assessment tool’s outcomes and once decided that there will be a continuation of services, the family is able to complete an Authority Determination Process (ADP) with their assigned worker to determine which of the four aforementioned authorities they would like to receive services from. This decision is based on a family’s cultural and geographical location. However, families can choose to receive services from another authority outside of their cultural and geographical location. Once an authority has been determined, then agency selection will be determined by the authority. Typically, this is based on family of origin geographical location but is in place so as to ensure that families are receiving services that “reflect their values, beliefs, customs and ethnic, spiritual, linguistic, familial and cultural factors” (Milne et al., 2014, p. 2). It is important to note that this determination process is unique to Manitoba (Varley, 2016, p.72)

All child welfare authorities and respective agencies in Manitoba operate in accordance with the Manitoba *Child and Family Services Act* and the *Authorities Act*. Once the authority is chosen the service plan is then determined, mostly by the ongoing worker, and in conjunction with the family, what the service plan will include. At times the service plan includes, but is not limited to: domestic violence counselling, drug detox and treatment programming, and parenting programs. Critics of the current model, argue that despite the revisions, the model continues to operate as a colonial unit and uphold colonial values and conduct through service provision for

families. Despite the changes in the appointed First Nations agencies and authorities, the *Child and Family Services Act* and the front-line work being conducted by the agencies, remains largely colonial with continued disruption of Indigenous families resulting in separation of children from their parents, in language loss, role and identification loss and tradition and culture loss. Although the service delivery “look” may have changed, the laws and mandates governing the front lines service essentially remains the same and is at controlled by the Provincial government (off reserve jurisdictions) and of Federal government (on reserve) governments in other jurisdictions (Aboriginal Justice Inquiry, 1991).

1.4 Research Questions

The purpose of this research project is to explore the ‘devolution’ process as operating today through the stories and experiences of Indigenous Mothers who are accessing and receiving services provided through the Manitoba child and family services sector. The research-based knowledge that has been generated about the service delivery model post ‘Devolution’ is void of research centered on the voices of Indigenous women. The research that has been made completed to date regarding child and family services in Manitoba has not been exclusively related to Indigenous women’s experiences, and has been primarily focused on those women who have been victimized through intimate partner violence (Nixon, Radtke, & Tutty, 2013, p.173). As such, women’s stories and voices are what will become central here as well as exploring the structure of the service delivery model. The research questions that frame this project include:

1. What are the experiences of women and mothers involved with Manitoba child and family services?
2. Do women feel as though their needs, their children’s needs, and their family’s needs are being met through the child and family services sector in Manitoba?

3. Do women feel empowered when accessing services through the child welfare system?

Chapter 2: Theoretical Framework

2.1 Reflections on Reflexivity

In embarking on this journey to answer these research questions, I questioned what my role is, how can I support this issue, how can I help to make things better in a system that I see that is at times unjust and unfair and broken on so many levels? I wondered how I would be able to share and learn from women's stories as they have experienced this system and be able to share that without assuming a colonial Western researcher role. How could I share these lived experiences and hopefully raise awareness of the detriment of the system without exploiting the women who have entrusted their stories with me?

Currently I am employed in the child and family services system. I am an intake worker and have been doing the job for 5 years. In my brief time in the position, I have noticed several areas of concern regarding "the system" or rather the laws, which drive the system, whether it be within the Child and Family Services Act or the Authorities Act. Both Acts dictate good intentions for families inclusive of acting in the best interest of the child, however I have noticed

that in practise this is not always in alignment. Several times I have witnessed that child and family services has become problematic for families rather than supportive, inclusive or fostering healthy growth and relationships among families, caregivers and children. It is from this standpoint that I became interested in learning the perspectives of women regarding this system. If this is what I notice as a worker, how is this service being perceived by the people who access them? And, are the areas of concern that I have the same as those listed by mothers receiving service?

In meeting with several persons to share my ideas for a research project, I spoke to an Indigenous woman who sits on a board for a child and family services agency in Manitoba and is also an educator in the community. She told me that as a non-Indigenous woman, I am an ally. I am a woman who sees wrong and is aware that change needs to occur. She went on to say that in the position that I hold, I am able to create a platform from which the voices of Indigenous women could be heard. This voice, has continually been silenced, marginalized and essentially absent from the very same policies and systems that they are involved in and overrepresented in accessing. And with this in mind, I began to understand what my role in this project could be. I was to listen, at times share, but mostly to learn and engage in the stories the women tell as their truths and experience within this system. The goal of this research is to provide a venue for these voices to be heard but also to develop knowledge on what it means to be an Indigenous ally in such contexts.

This role of ally is intriguing to me. It is a role that I have so many questions about and that I am eager to understand and develop further. From where I stand now, it is my opinion that one who remains silent through the course of injustice is a person who creates and accepts space for injustice to occur. It is from this point that I eagerly embark on the journey to support

Indigenous women who are part of a system that has directly impacted their families and communities unjustly for many decades.

2.2 An Indigenous Research Lens

Due to the nature of the research questions and the women whose voices I wanted to learn from, this research was situated within, and conducted through an Indigenous research methodology lens, while simultaneously being combined with a view of postcolonial feminism and Foucault's concepts of power and control. From within an Indigenous research methodology framework, the goal was to generate knowledge from the stories and truths of Indigenous women involved with the child and family services system in Manitoba (Kovach, 2009, p.39).

As previously stated, Indigenous families and children currently make up the majority of the families being serviced by the Manitoba child protection system, these have been families, children and voices that have been historically silenced. In an article by Varley (2016) outlining her Grandmother's experience with the child welfare system, she indicates that truth telling and sharing of one's story is a form of reconciliation and healing. She indicates that the effects of trauma are multilayered and multigenerational and that families live for years with the effects of the system's disruption of "Indigenous communities, families and children" (Varley, 2016, p. 71). She goes on to explain that sharing of stories is a way for people to heal and strengthen relationships. This study will provide a platform from which women's voices can be heard in an attempt to support, as an ally, the broader goals of reconciliation and healing.

As is congruent with Indigenous research methodology, it is imperative that the researcher situates self within the project, from beginning of proposal through data collection and analysis (Kovach, 2009, p.109).

The self-declaration and revealing of identity is a practice of trust building and truth sharing, which is a fundamental value in many Indigenous cultures. The role of the ‘researcher’ extends much further than the constraints of data collection and within the Indigenous Research Methodology paradigm, it actually extends to a relationship status (Wilson, 2001, p.177).

A relationship between researcher and participants as well as researcher and story and knowledge collected. Self-declaration of my roles and those associated responsibilities are relevant in the journey of this project (Kovach, 2009, p.109).

I struggled at first; to be honest, I struggled throughout as I read and re-read the literature for this project. I struggled with the idea of “Is it alright for me to be doing Indigenous research methodology?” As a non-Indigenous woman, I explored the ways in which I could incorporate some of the central components of an Indigenous research methodology ontology into a qualitative research project. Indigenous research methodology scholar Shawn Wilson would say, and so many others have agreed that: “Indigenous peoples need to do Indigenous Research” (Wilson, 2001, p. 179, Steinhauer, 2002, p. 73). The question is that as a white woman, am I essentially doing what every Western researcher has done before me to gain knowledge from the ‘participant’ rather than share, grow, and build relationships?

As a researcher and a student, I participated in many research methodology classes. I sat in Bio-statistics and Research Methods courses and listened intently as they presented methodologies strongly rooted in Western schools of thought, learning and knowing. And they did not fit for me. They did not fit with my project as it grew in my mind and they definitely did not fit for me personally as a woman and now as a mother. Shortly after I pursued a qualitative research stream and learned of focus groups and semi-structured interviews. Although the fit was

a little bit more suitable, it still was not snug; it was a little loose for my liking. It did not sit completely well for me and the work I wanted to do. It was not until I was in my final year of course work that I enrolled in an Indigenous research methodologies class and began to learn of the different ways of learning. I began to understand some of the different ways that people and cultures accumulated their knowledge. I related with discussion of relationships, relational understanding of beings with other persons, objects, land, spirit, and words (Wilson, 2001, p.176). Sharing ideas and knowledge and spirituality, this all felt so much more natural and provided peace in ways that the other classes did not for me. I started to see that research could be a safe, shared and a critically reflexive space where people learned about knowledge as they had come to understand it and that they were open to sharing this knowledge with others in a non-judgmental, non-colonial, non-oppressive manner. It was in this class that I also learned that I could become an ally. I learned that as a non-Indigenous woman, I could still respect Indigenous ways of knowing and research methods, and that this started with learning and respecting the practices and traditions that were inherent within the Indigenous culture. It was a freeing experience and it solidified for me that this was a framework and worldview from which I wanted my learning journey to begin for this research project.

In her research as a non-Native scholar in a Western academic setting, Molly Blythe (2008) refers to citations of academics stating that the unsaid word of non-Native persons on Indigenous people's issues is a further perpetuation of ignorance and continued acceptance of cycles of racism, poverty, violence and destructive forces. To me this clearly illustrates the role of an ally, which is to recognize, acknowledge and align with those persons who are aware of injustice and strive to rectify the continued destruction of its forces. Weber-Pillwax (1999) also acknowledges and suggests that non-Indigenous researchers working within an Indigenous

research framework “would help to eliminate the arrogance and irresponsibility which characterizes the manner and/or methods of many non-Indigenous researchers working in Indigenous communities” (p. 37).

Throughout the course of the study, three critical components of Indigenous methodologies: Respect, Reciprocity and Relationality (Weber-Pillwax, personal communication in Steinhauer, 2002, p.73) were forefront and were of utmost importance. Kovach (2009) highlights in her interview with Kathy Abosolon, “her research practise within an Indigenous ethical framework that was respectful of relationship, purpose, sacred knowledge, and giving back” (p. 154). The respect for stories, women, space and experiences was a priority for me as a researcher at all times. Relationality occurred on many levels throughout this research process. Relationships were built between researcher and Knowledge Keeper, Carey Sinclair, that extended far beyond the scope of the project. The relationship flourished and grew to envelop several aspects of each other’s lives and strengthened over the course of the project journey. As well, a relationship between the mothers who spoke and the researcher and Knowledge Keeper developed. As Wilson (2001) commented, the relationship becomes rooted in what grows as a person tells their story and another hears it. Thus, a space was created for a trusting and open communication bond to grow that allowed for vulnerabilities, hope, and strength to all be exposed.

2.3 The Role and Perspective of Women

Why Women? Why Mothers? The obvious and practical response to this question would be due to the fact that most files are opened to child and family services under the mother’s name, unless the perpetrator of an abuse allegation is a male and provided that the father is not the sole caregiver for the children. Other than those two parameters, the files are typically

opened to women. As women are the primary holders of the case reference title, it is imperative that their voices and experiences are heard (Hughes, Chau, & Vokri, 2016, p. 345). As the persons primarily interacting with the system and the workers who uphold the system, it is crucial to hear from them what works and what does not within this service delivery model. As mentioned, the research-based knowledge that has been generated about the service delivery model post 'Devolution' is void of research solely based on the voices of Indigenous women. The research that has been made available regarding child welfare in Manitoba, has not been exclusively related to Indigenous women's experiences, and has been primarily focused on those women who have been victimized through intimate partner violence (Nixon, Radtke, & Tutty, 2013, p.173).

Nixon et. al. (2013, p.179-184) studying multi-racial women involved in the child and family services system in relation to intimate partner violence, indicated that women expressed feelings of loss of identity, mother rights and grief and loss over having their children removed from their care. The authors outlined the traumatization of women in relation to their children and involvement with the child welfare system and proposed consideration of this with regards to policy and practice in child welfare. The authors proposed positive, empowering interactions and strategies with women and their families rather than the current practices that are punitive and traumatizing as a way to decrease these negative experiences with women working with the system.

This writing of this research paper was filtered with a sensitivity of a postcolonial feminism lens. By this, I refer to the sensitivity, respect, and understanding that this type of feminism incorporates intersectionality in oppression. An intersectional feminist would assert that women are subjected to oppression based on interlocking forms of social oppression.

Weldon (2019) notes that “Gender cannot be separated from class, race, and other dimensions of power” (p.128). In order to explore the dynamics of power imbalance for women, these other components of layered identity and oppression must be accounted for as well. She goes on to highlight that “power in modern society...flows through us by virtue of our social identity and institutional position” (Weldon, 2019, p. 131). The particular categorical forms of oppression relevant for this project are sex/gender, identity and race. It has been outlined already why it is important to acknowledge the experience of women in this particular topic, however it is equally important to hear, share, and try to empathize and understand the experiences and stories of Indigenous women within the child and family services system. Adapting a postcolonial feminist lens on the topic investigated in this research will attempt to illuminate how this particular group of women experience a “double colonization,” firstly as a colonized subject and secondly as simply being a woman of a patriarchal society (Mishra, 2013, p. 132).

2.4 Foucault’s Theoretical Perspective on Power and Control

Child and family services in Manitoba are utilized as a systemic form of control over the people who are receiving services. Furthermore, as the majority of the people receiving services in this sector are Indigenous, it could be stated that the child welfare system is a systemic form of control over Indigenous persons in Manitoba. Power and control are inevitably structured as one group asserting dominance over another, thus rendering one group in a subservient position.

Foucault relates “Penal institutions to strategies of control and classification giving prominence to the structures of power and knowledge” (Garland, 1986, p. 849). Used in his literary work, are the analogies of the judicial system, particularly prisons. Foucault lends empathy and understanding that this theory can be applied to other social structures which he deems subsequently as models of power and control. Foucault describes power to include, “the

various forms of dominance and subordination that operate whenever and where ever social relations exist” (Garland, 1986, p. 852). Foucault’s work focuses on the analysis of power through the structural relationship, institutions, and strategies or tactics more so than on the individuals and people they involve (Dore, 2010; Foucault, 1982; 2008).

Although the bridge between Indigenous scholars and a French philosopher’s theory of power and control is indeed wide and vast, they are both relevant and highly applicable to this particular research. It has already been shown through the literature reviewed for this project that Manitoba has exhibited systemic control over Indigenous persons and families. This was proven through discussions of colonization and the Indian Residential School systems. Many have argued that the current child and family service model was also a continued systemic tool for oppression of Indigenous people, families and children (Bennett, Spillett, & Dunn, 2012; Bennett & Blackstock, 2002; Blackstock, & Trocme, 2005; Hughes, Chau, & Vokri, 2016; Nixon, Radtke, & Tutty, 2013). The women in this research also reflect these sentiments stating, “because residential schools is where it started, the CFS system felt like residential schools and the CFS system broke us. You put two and two together, residential schools and CFS work together like that.” Foucault makes an analogy in society that identifies a “carceral continuum” in which he explains by suggesting that all social institutions are inextricably related to one another, but that they also contain similarities between societies (Garland, 1986. P. 864). In other words, this continuum serves “to identify deviance, anomalies, and departures from the relative norm” (Garland, 1986, p. 864). These insights are reflected in the women’s experiences depicted in this research and will be highlighted throughout the results section in Chapter four.

Foucault asserts that the justice system functions in order to deter people from committing a crime or a deviance in the first place, rather than to rectify the deviant or criminal.

Arguably, this can be said of the child welfare system as well and indeed, as I highlight throughout, the women's experiences give testimony to this assertion. Child and family services is a system in which families can be punished for their behaviours or deviance from the norm by having their children removed from their homes and their care. This argument will be expanded upon in further discussion in the section of chapter four entitled, 'The Needs of Women and Children are not Met'. Foucault speaks on punishment as a "political tactic" and that power is not only obtained but rather situated in the field of power relations (Garland, 1986, p. 851). In accordance with Foucault's theoretical perspective, prison, or what could also be translated here as the child welfare system, were set up to enhance control over and maximize regulatory power (Garland, 1986, p. 873).

Foucault asserts that the ultimate form in which institutions can obtain total and ultimate control over the individual is by seizing the human body. Arguably, this could also be applied by the control obtained when a child's physical body is seized from their biological family unit through the process of apprehension and placement in foster care. The removal of children and dismemberment of the physical unit of the family further enables a space for control. Foucault argues "that systems of production, of domination and of socialization fundamentally depend on successful subjugation of bodies" and that "more specifically, they require that bodies be mastered and subjected to training so as to render them docile, obedient, and useful to a greater or lesser degree" (Garland, 1986, p. 852). Symbolically, when children are apprehended from their families, mothers are rendered at the control of the agency and expected to complete the necessary "task list" or case plan in order to have their children placed back in their homes (Nixon, Radtke, & Tutty, 2013). The case plans and decision for reunification are in total control and decision-making power of the agency and child welfare worker.

Foucault speaks of knowledge as a tool for control stating that “knowledge was an absolute privilege of the prosecution” (Garland, 1986 p. 853) as the prisoner or criminal was unaware of the information or process until the ruling had been determined.

Foucault also illustrates that disobedience is the central problem for any method of control (Dore, 2010; Foucault, 1982; 2008) and he remarks on normalizing deviance. He further explains that the intent of systemic forms of control is to set a standard by which persons are expected to perform and that any deviation from these standards is as such deviance and disobedience. It is his reflections that illustrate that the standards for “normalcy” are in fact set by the structures and institutions themselves and that larger society eventually “falls in line” adopting and normalising the practise (Dore, 2010). These are themes that were not only present throughout the colonization of Indigenous people of Canada and through the Indian Residential School system, but as I will demonstrate, continue to inform and penetrate the current model of the child and family services system in Manitoba. This understanding and necessity to align everyone with the “normal” and colonial standard of living is very much the structured format of child and family services. Further explained, the child welfare system functions similarly by setting standards, which are inherently colonial and from a Western cultural perspective, for parenting and safety in which families are expected to operate. Any deviation from these standards result in systemic involvement and an imposition of the system into the family unit. An extreme imposition could result in a possible disruption of the family structure through separation of children and parents. Further to this, Foucault explains that individuals grow to accept and become accustomed to being under the watch and “the procedure of observation and examination, and measurement that allow knowledge to develop are at the same time exercising power and control over the individuals within their gaze” (Garland, 1986, p. 859). It could be

said that the ongoing monitoring of the family by the child welfare system is a constant supervision under the gaze and is another way in which child and family services is able to further exert power and control over families. Adherence to the gaze of becomes the authority manifesting itself into persons of society monitoring their own behaviours and each other, thus what Foucault has cited as Panopticon. Society members are rendered accountable to each other for monitoring their behaviours of normalcy. Finally, it is Foucault's perspective that when individuals are aware that they are being watched then they become easier to control and exercise power over as they are rendered "docile" and more "useful".

Chapter 3: Methods

3.1 The Role of the Knowledge Keeper

The decision to work alongside an Knowledge Keeper for this project was intentional and of utmost importance to maintain the integrity of a community-based and participant centered project with roots in an Indigenous research framework. I was connected with community Knowledge Keeper, Carey Sinclair, through a mutual colleague and immediately the fit felt right for both of us. A natural relationship between Carey and myself flourished. She brought a calming, spiritual presence to the work, and created a space for experiences and the mothers who shared them to flow comfortably and naturally. Carey's role in the process will be touched on continuously through this written document, however, it is important to note that she was a key factor in allowing a "safe space" for the analytical word of academia to meet the raw world of community experience. Her involvement brought a realistic, community centered perspective and ensured that the principle values of respect, reciprocity, relationality were upheld throughout the project journey. For her participation, Carey was provided an honorarium. As well, between herself and I, tobacco was passed and accepted when she agreed to support the project.

As per the suggestion of Carey; we began the project with Indigenous Ceremony to begin in a good way. Carey advised that in order to have a deeper-rooted spiritual purpose and guidance for the project, it would be a good idea to have an elder facilitate a naming ceremony. Elder Sheldon Cote facilitated the naming ceremony and the project was given the spirit name of '*Families being heard*'. It could not have been a better fit. It was concise, appropriate and encapsulate everything that was the intent and goal of this project. Sheldon suggested that the completed written collection of experiences return to ceremony in order to receive blessing from the spirit word. This request will be honoured.

3.2 Recruitment of Women

The distribution for the recruitment of women for this project occurred largely in electronic poster format (see poster in Appendix 1). A poster for recruitment was shared with the Knowledge Keeper Carey Sinclair for the project. From there, Carey posted the poster on her Facebook page and immediately it was viewed, liked and reposted to many other pages; both community and personal. One of the community pages that the project poster was shared on was a support group page for people involved in child and family services in Manitoba. Interest by prospective participants was instant as they began to reach out asking for further information. They were informed via text message and or by email, depending on their preference, what the project entailed. In this message was information about my intentions with the project, my role as a student, and when and where interviews could be scheduled. Times and dates that best suited the mother's schedule were arranged. From an initial posting on Facebook on Carey's page, the project had five prospective participants show interest.

Carey also took the poster and distributed it within the community programs that she works with. Many of the women in the program also expressed interest and four additional women reached out to inquire about participating. The poster was shared with KLINIC and another community group that worked with survivors of the sex trade. Both community groups were sent the email and immediately a group leader connected with me to inquire further about the project. She informed me that likely many of her participants would be interested in sharing their experiences with me and that she would bring it forward in the next group meeting. From that connection came four more participants. Women reached out to me quickly and with great interest in sharing their stories. In addition, when they contacted me to arrange times, they informed of family members or friends who may also be interested. They were encouraged to

pass along the information to these family members or in some cases, when the person was with them at the time of the phone call, a meeting date and time was also scheduled with them.

Quickly the group of women grew to twelve. It was apparent that women were willing and excited to share their story. If time had permitted and the scope of the project been larger than a Masters study, there could have been numerous interviews as per the continued expressed interest. It appears that if the poster had been continuously shared on social media platforms, the project would only have gained additional momentum and grown in size and numbers of participants.

3.3 Participants

Inclusion criteria for the project included women who self-identified as Indigenous mothers. All except one of the participants self-identified as an Indigenous woman who has children and child welfare involvement. The one participant who identified as a Caucasian mother stated that she is “Aboriginal by association.” She defined this by saying that she lives her life according to Indigenous teachings, ceremony, and alongside Indigenous persons. Her story was still included in the results of this project as her experiences with the system were relevant and important to share.

The age range of the participants was wide and varied. They were as young as early 20’s through to their late 50’s. Some of the participants identified that they were mothers as well as grandmothers and were now in a different role of care provision for children. All of the participants shared that they were involved with the child and family services system in Manitoba. Some informed us that their involvement was historical and some disclosed that it is current. Many shared that the relationship of involvement with the child and family services system was ongoing throughout the years and some expressed that it was intermittent off and on

again. Many of the mothers expressed that they have had their children apprehended from their care. Some had been returned to their care and their family of origin while others remained in the foster care system under the guardianship of the ministry of child and family services. Some of the participants touched on their family of origin and the involvement that they had with the system in this capacity. They indicated that their mothers had received services and that in some case they themselves had been children in care within the foster system. Of the women who shared that their family of origin had been involved with the system, many informed that the cycle had continued with their own children and that they were involved with child and family services as parents. Some of the women expressed that they had been receiving services as parents that were subsequently closed once their children became adults and that their files had now been reopened as they were the listed care providers for their grandchildren. The file of course was opened in a different capacity and the women explained that they had been listed as places of safety for their grandchildren as their biological children (parents of the grandchildren) were deemed unfit to parent by child and family services. Two of the women that participated in the project identified themselves as foster parents. They indicated that they ventured into foster care work as they had volunteered to help a family care for their children at a time that the children were at risk of being apprehended and placed with strangers. One woman indicated that it was due to this experience that she decided that she would like to help other children and applied for licensing to become a registered foster provider for Indigenous children in the child welfare system.

The women were not asked to divulge their economic status or income support status, however based on the data revealed from the interviews, it would appear that most participants came from lower economic status. This will be touched on more in the results section of the

report however, it was noted that many of the participants shared the struggles that they had financially concurrently with their involvement with the child welfare system. Many women shared that they were simultaneously receiving services from Manitoba housing, and the employment income assistance system of the Manitoba government, as well as their services received from child and family services.

As previously mentioned, all except one mother identified as being Indigenous. Some women commented on the communities that their family of origin came from, some did not. Traditional Indigenous cultural practise was not touched on by the researcher, however some of the participants expressed that they regularly partake in ceremony. Some of the women did not comment on culture at all. Many of the mothers mentioned the importance of cultural preservation for their children through the child and family services system and the varying forms that were mentioned will be touched on in subsequent chapters of the data analysis section.

3.4 Interview Process

To start the interview all women completed a consent form (see Appendix 2 for more details). The primary form of data collection consisted of semi-structured interviews with Indigenous women who are currently involved with the Manitoba child and family services system (see Appendix 3 with detailed interview questions). The interviews were to be conducted individually with a mother, Carey and myself. Each woman received a \$40.00 stipend for her time given to the interview. Time slots of two hours were allotted for each individual interview, and they were to be held at the community space that Carey works. The program office was in the North Side of the city and many responses from participants indicated that they were familiar with the location and lived close by. As well, one participant stated that since she had previously

attended a community program at this arranged location, she would feel more comfortable and safe sharing her story in a space that was familiar to her.

The space was set with three chairs in a circle format and a table in the middle. The interviews were held in the evening times between 4-8pm when the office space was empty. Although they were offered bus tokens both to and from the interview none of the participants requested to have some. A few of the women were provided rides home after their interview was completed.

All of the interviews occurred in the arranged meeting space except for one. One mother expressed that she is not comfortable attending to the north side of the city and requested that Carey and myself meet with her in her home. As well, three of the mothers brought their children with them to the interviews and they played alongside while the interview was being conducted.

The space that was used to conduct the interviews was warm, comforting and welcoming. It always had the faint smell of sage in the background. The room that we sat in with participants was small and cozy, yet bright and welcoming. For every interview, there was a small snack provided on the table in front of participants. Underneath the table was a bright green rug that brought a symbolic connection to the earth as participants and myself were invited to remove shoes and enjoy the feel of the rug on our feet. The room walls were decorated with various Indigenous art pieces, books and beadwork.

The location was a secured door facility in which participants were asked to ring a doorbell in order to gain access. At the time of the interviews there were no other people present in the building. Once inside, I welcomed each participant into the space, introduced myself and Carey. As mentioned in the recruitment section, some of the participants knew Carey and they were happy to see a familiar face. Pleasantries and often embraces were exchanged and a brief

“catch up” was had. Participants were invited to take a seat in the circle and encouraged to help themselves to snacks.

At this point in the interview, participants were informed of my reason for expressed interest in this subject area and were told of the projected plans for the project. Also, I informed them that in addition to being a Masters student, I was also a practicing worker for child and family services. Although they were not told which agency I work for, they were informed that none of what they shared within the space of the project interview would be shared with any other child and family services worker and that their involvement with the study would not impact their involvement with the system. Participants were given the opportunity at this point to remove themselves from the project should they not feel comfortable with my position as a child welfare worker. Every single participant chose to continue to be involved despite my disclosure.

The women were verbally relayed the content of the project ethics agreement. They were informed of their rights as a participant, encouraged to ask questions and asked to sign the consent form if they felt comfortable and agreed to participate. Each participant signed the consent agreement without any hesitation.

As well, this was the point in the interview process that either myself or Carey informed that participants that the project was taken to ceremony and that it was given a spirit name of “families being heard”. Most of the women were excited to hear that the project was grounded in spirituality and that seemed to ease any speculation of intentions of the researcher. Some mothers were indifferent to this component of the project and were just excited to be sharing their perspective and experience.

Upon completion of the ethics protocol, each woman was offered the chance to Smudge with Carey. The cleansing of the room and of the energy of the women and interviewers with a

smoking sage was a process that seemed to be the first step in creating a space that brought both participant, interviewer and the project all together. The sense of a shared ceremony appeared to be a step in which any fears, anxieties or sense of vulnerability were soothed. The body language of mothers, the rate at which they began to express themselves a bit more openly, and the eagerness and bountifulness of their shared stories was notable. Some women declined the opportunity to smudge and stated that they had done so prior to arrival or that they do not partake in this type of ceremony. All of the preferences of the women were honored with this matter.

All of the mothers were informed that they would be audio recorded and referred to on tape as a participant number. All women agreed with being audio recorded. Furthermore, all were agreeable to being referred to as a participant number and some indicated on their ethics forms that they would like to use their names or pseudonyms in the written documentation. Out of respect for the history of Indigenous people in Canada, I made a conscious decision, in consultation with Carey to not use appointed numbers in the final display of data. As all of the women indicated differently on how they wished their story to be shared, it was determined that allowing all story excerpts to be presented in the research project as anonymous and unidentifiable would continue to protect the anonymity of the participants on such a sensitive subject matter. All aspects of this research were approved through the University of Manitoba Bannatyne Research Ethics Board (HS21660 – H2018:120) (see Appendix 4 for details).

The interviews were open, without structure and left up to the women to guide the experience. There were two questions that were asked of all the mothers by the researcher: “Can you please share your experience with child and family services in Manitoba?” and “What do you suggest has to change within the current model of service delivery in child and family services in Manitoba?” The first question was asked immediately at the beginning of every

interview and the second question was asked as a wrap up concluding question at the end of the shared story. Other questions were asked of the women; however, they were clarification questions in order to better understand a particular topic, process or incident that she had mentioned in their story.

The mothers were genuinely interested in sharing their experiences and stories. They expressed that it is finally time that someone hears the perspective of women, since no one has previously asked them to share. Some women stated that they have never opened up and spoken of their own experiences and that they were glad to be a part of something that includes women's voices on the subject matter. Women were encouraged to share whatever they deemed to be relevant components of their experience and involvement within the child welfare system in Manitoba.

Throughout the interview process, Carey's role was fluid. There were times that she sat actively participating in the interview circle asking clarifying questions of the participant. There were times that she was seated in the background, beading or working on hand crafts, and other times that she actively stopped the interview process to address the energy of the participant and offered suggestions and tools to ease any discomfort. One participant in particular appeared to be visibly shaken, disturbed and anxious about her story as she shared. She was noted to be fidgeting and squirming in her seat and her words were somewhat rushed and thoughts disorganized. Carey stopped the interview and addressed it. She indicated that it appears that the trauma associated with the participant's involvement with child welfare is still very present and current for her and asked whether she could offer an Eagle wing in order to assist in grounding her energy. The participant was welcoming and Carey passed along the wing for her to hold. Immediately there was a noted change in the energy of the participant. She stroked the feathers

of the wings throughout the interview and was able to address her trauma and experience of involvement in a grounded, more calm manner. She frequently thanked Carey for providing her with this tool and stated how shocked she was that something so simple could help so much.

This particular mother was not the only one who displayed trauma, sadness, and anger with regards to their experience of child welfare involvement. Many women cried, swore, or expressed their disappointment in the system. Many women shared that despite their involvement being historical and not current, the residual feelings that they have inside their bodies live on and affect them often. Some women shared that they have not addressed the trauma sustained from this system and that they have suppressed it and that the sharing of their story has given them an opportunity to get it outside of themselves. When the women expressed their feelings, tears and anger, it was welcomed and supported. The interview process was not stopped. The raw, real emotion of the participants is a clear indicator of the impact that this system has on women and families. Interviewers took the cue from the participants, if they requested a pause in the tape in order to collect themselves, then it was done. If they wished to go on and not address that they had become emotional while speaking, it was honoured. The shared stories were at the control of each participant.

At the end of every interview the mothers were informed that once an initial review of data and analysis had occurred, the researcher and Knowledge Keeper would invite everyone back to meet as a group to discuss some of the data themes. The goal of this component of the project was to verify with the women that the themes which had emerged were in fact what was intended when sharing stories and to offer an opportunity to add any additional topics or themes that participants may feel are important and should be included. The second goal of the group debrief session was to explore suggestions and options for knowledge translation. Although

Carey had shared with the researcher that she had visions of what could be done with the project, it would not be explored further until the group came together as a whole. This group's debrief session was to be casual, be held in the same place as the interviews and be a time for sharing, eating and getting to know the other mothers involved in the study. The anticipation was that women would begin to see that they shared a common experience. As well it is the intention of this research project that the knowledge that has been generated from the sharing of experiences is owned by the participants. As is congruent with Indigenous research methodology, it is strongly supported that the stories belong to the women who shared them and that it is their decision collectively as to what is to be done with the information.

The date, time and location for the group debrief was arranged by the researcher and Knowledge Keeper. Each participant was contacted via their original form of communication for participation. Many responded confirming attendance and some informed that they would not be able to make it. It was decided that the group would meet regardless and that a follow-up could occur individually should other time frames work better for some. A follow-up reminder email and text message were sent to participants regarding the meeting, yet on the day of the meeting, no one showed. At this time, it was decided by both researcher and Knowledge Keeper that another occasion could be set after the project writing was complete to explore with the participants what could be done for knowledge translation.

3.5 Data Analysis

The goal of this research project was to do "good research". Meaning, research that was inclusive, conscious and void of any intentional power imbalances between researcher and participants. Furthermore, the objective was to provide a platform in which the lived stories of the women could be shared with minimal Western research influence and colonial study models.

According to Kovach (2009), “Story, then, is a means to give voice to the marginalized and assists in creating outcomes from research that are in line with the needs of the community” (p.100). As such, the analysis was completed by the researcher with utmost respect of the Indigenous research methodologies framework. The data analysis was completed in accordance with the respect for story as knowledge as Kovach explains that it is important to allow “the stories (to) stand, with the researcher reflecting upon the stories. Working with the story as a means of making meaning requires that the research be presented in contextualized form” (Kovach, 2009, p. 131). Kovach (2009) proposes thematic coding as a means to do so.

Throughout the interview process, Carey and I had regular debrief session after every interview completed. We discussed some of the emerging themes that women were speaking on and began preliminary comparisons on what emerged that was similar and what, if anything was different. As well, during this process, I kept detailed notes on thoughts and themes as they emerged and reviewed the initial emerging themes once the transcribed recording of the interviews became available.

Many of the themes emerged easily as the women who were interviewed used similar language. Words like ‘Support’ and ‘Workers’ were present in all interviews. The themes emerged in accordance with major topics that all of the women wanted to discuss.

Recorded copies of the interviews were sent to a third party to be transcribed. The returned transcriptions were reviewed several times and eventually several overarching themes emerged from the data. Direct quotations from the women were used to divide the interviews in accordance with the major themes and eventually into sub-categorical themes. Initially, five major topic headings emerged however it became apparent that many of these were fluid and crossed over, easily categorized into existing themes. Eventually the analysis rendered two large

theme topics with several subcategories' subject matters and one major theme for proposed changes to the service delivery of child and family services. The identity of the women remained anonymous throughout the transcription process and the presentation of direct quotes from the mothers remained anonymous in the written document.

Chapter 4: Results

The results of the study were categorized into two major thematic topics: 1) The needs of the women and families are not met; and 2) Strained relationships with child welfare workers. Furthermore, each of those themes were subdivided into relevant topics in relation to the particular topics that the mothers felt were relevant. Table One below details the major themes and their subdivided thematic categories.

Table One: Major Themes and Subheadings

The Needs of Women and Families are Not Met	Preventing Family Disruption
	Case Plans and Intervention Support
	Lack of Help Offered Post Re-Unification
	Minimal Preparation and Guidance Offered to Youth
	Aging Out of Care
Strained Relationships with Child Welfare Workers.	Receiving Help That Was Requested
	Tactics of Intimidation
	Experiencing Judgment and Being Labelled
	Lacking Adequate Knowledge and Communication
	“They Change A lot”
	Double Standards
	Experiencing Hopelessness and Helplessness

4.1 The Needs of Women and Families Are Not Met

I didn't feel like a mom. ...like now you guys (CFS) are starting to tell me about alternatives of how to be a mom, how to work with me after I've been broken and terrorized and just not - like - I don't know, I feel like my kids were stolen from me.

All of the interviews shared a commonality in which “support” was identified as a crucial component for families. For the most part, support stood to represent ‘help’ in a variety of forms. Typically, however, all of the women interviewed spoke of the lack of help that they felt they received during their time of involvement with child and family services. Support and help were defined differently by all of the mothers. A few that were touched on included physical support with such things as respite and housing assistance, as well as help securing personal supports such as therapy and treatment programs. Some more basic supports were also mentioned like assistance in securing local resources for their families and guidance in the right direction for programming. Regardless of the definition that was used, all participants stated that they did not feel that they received adequate support from their child and family service agency or worker.

Foucault described the “standards of deviance” to be a term in which the governing body and holder of power creates a standardized social context in which the level of society's deviance is measured in accordance with (Dore, 2010; Foucault, 1982; 2008; Garland, 1986). Any deviation from this set standard renders one a deviant of the norm and thus in a position of subordination. The child welfare system has its own set of safety and parenting standards which have been set and of which mothers and families are held against in measurement of adherence to the standards of acceptability. Any deviation from this standard is deemed to be a family in need of child and family service intervention and possible removal of children from their biological environment. Similarly, with incarceration and the penitentiary system, deviance is punitive and those who stray are punished and rendered subordinate and powerless (Dore, 2010). Creating a standard that is difficult to attain, and then denying those persons help to be able to reach or achieve the standard is inherently a tactic to ensure total control and power over the subservient group. The mothers who were interviewed in this study identified several times in

which they reached out for help and support from their worker and agency in order to have the assistance that they felt that they required to reach the standards. They identified that if they had been provided with the help when they requested it, then they could have been empowered to be strong, self-sufficient women and mothers who were able to keep their families together. Instead, they felt as though they were denied, ignored and left alone to acquire the help they needed outside of the child welfare system such as treatment, counselling or advocacy.

Many of the mothers stated that they felt as though they were ‘set up to fail’ as mothers and families and that this is the reason that their requests for help were not answered. ‘Set up to fail’ is comparative to Foucault’s discussion of the normalcy of deviance (Dore, 2010). All of the women detailed instances in which they felt that they had requested help from their workers and that they were not adequately provided what they felt that they or their family needed at that time. The women mentioned that the way that the current system operates ensures that they fail as parents and mothers and thus have continued involvement in the child welfare system.

The mothers that were interviewed for this project expressed various time frames in which they had requested help and support from their workers. They discussed requesting help as prevention, in which they tried to secure support for themselves, as a means to keep their family together. They also discussed the request for supports and help when they were completely immersed in the child welfare system and had their children removed from their care, and required assistance in order to ensure the quick return of their children to their biological homes. Furthermore, the mothers commented on the help and support that they required at the times in which their children were returned in order to ensure continued safety and success of the family unit post-reunification. Many times it was clearly remarked that if women had received the support they had reached out for, then they would not have been involved with systemic services

in child welfare for the extended periods of time that they endured. One mother articulated, “I think there has to be a lot more supports in place, so it doesn't get to that point.” The point that she was speaking of, was apprehension and removal of children from their biological environments. All of the women shared that it is their opinion that if the help and support were readily available, and accessible for families in the first place, that families becoming separated and broken would not occur to the same extent. It appears that the child welfare workers working on behalf of the system is aware that there needs to be supports in place for families to succeed as some of the women spoke of being promised assistance in their family home, that was later removed or not implemented in the first place. As one woman spoke of her experience,

But I was assured by them that they were going to help me and they didn't. They said, “Oh no, we're going to make sure that you have someone coming living with you at least twice a week and help you look after your kids.” They never even followed through with that.

Ultimately, because of this lack of support and help, women felt alone, isolated, and left on their own to secure the necessary requirements needed to have their families reunified. Feelings of isolation and abandonment in times of need resulted for these mothers in feelings of hopelessness and helplessness, which, in-turn, results in further disempowerment and further control and power of the dominant group over the subservient. Leaving the mothers who seek supports and services to feel this way ensures a subordinate and docile group of persons that are easy to control. This alludes to the fact that despite the ‘Devolution’ the colonial power imbalance remains and the system is ultimately unchanged.

4.1.1 Preventing family disruption. Most women identified that many families require supports in the form of mentorship, including instruction on how to be healthy families and parents. It is the understanding that with this education, that families can be a strong unit, together,

and with minimal involvement with the child and family services system. Several of the mothers repeatedly stated that they had reached out for help from workers, including requests for assistance with parenting skills development, resources and help for mothers such as community groups and programming, addictions treatment options, and in-home respite. One mother stated that her requests fell on silent ears until direct intervention from the agency was required,

I asked them for help before my kids were apprehended with my other child. And, they didn't have off-reserve funding to help support families or, children off-reserve. And, I didn't want to go to Winnipeg Child and Family. I wanted to stay in my community. So, I approached them and, they couldn't help me. It's like, I asked them a few times to help me with my kids and, they didn't help me. And, then, until they just took the kids away, the little ones.

Another mother echoed this sentiment,

It was really frustrating because I was asking for resources and then all of a sudden, we had a tragedy where my mother passed away. I still had the three kids and I was taking care of them and going back and forth to the hospital. I was asking them for more respite for me because I was so exhausted.

Another mother similarly stated that she had several children in which she received direct intervention from the agency and that it was not until she had her third child that agency intervention resulted in supports instead of apprehension of the child:

It was my third kid where they actually said, well, you know, you're going to keep spitting out babies, maybe we should show this woman how to be a parent or show her what CFS is about and how to get her to keep her kid.

4.1.2 Case plans and intervention support. All of the women spoke on the fact that they were assigned a “case plan”. As per the description according to the women, these case plans are a plan that the agency and worker have determined for the family. It includes, goals and steps that families must comply with in order to have their children back in their care, or terminate their involvement with the agency. This description of case plans is an example of the agency standards of “normalcy” that Foucault speaks of when he described the standards that those persons in control set in order to have a measurement or reference point or normalcy for the rest of society. Those women who were non-compliant with the case plans and guidelines outlined by their workers and agencies—of which they did not have input—were “punished.” Similar to persons imprisoned for deviance of societal standards in Foucault’s work, women and families were punished through separation from their children and continued supervision from child welfare agencies.

Women described case plans to include domestic violence counselling, parenting classes, substance use treatment programs, and various other components of systemic involvement, such as housing and school registration. In accordance with the information presented by the women, the mothers must agree with and comply with all outlined goals in the case plans and then they are re-evaluated to see whether or not further programming is necessary to deem them as suitable to safely parent their children. Related to the lack of supports mentioned previously, women often felt that they were not supported or helped through the completion of such tasks presented in the case plans. One woman commented that, “the way that they do it is they don’t support people, they want you to do the work to see if you can figure out all the things on your own.” It was in her opinion that this way of working with families was inefficient and created a space for families and parents to fail. Another mother echoed this sentiment stating, “I had no help from CFS

whatsoever on anything. I did it all. You know, as far as resources, as far as everything for my children. Even fighting in court, you know, it was just myself.” The mothers felt as though they were left to their own device, alone to have to complete the tasks outlined by the child welfare worker.

The requirements listed on many of the case plans were difficult and required an abundance of emotional support, but also physical or material supports in the form of rides and appointment scheduling. One woman referred to her case plan requirement treatment program as “a two-year fucking sentence (treatment center) on me like that and it was just like what the fuck. I was just like oh my God, I didn’t even last like three fucking months.” She outright compared her child welfare case plan to a sentence similar to the systems of control and power involved in imprisonment. She went on to explain that, “it gets really frustrating, because they want you to do all this stuff, but they don’t want to help you or even point you in the right direction and where do you go or what to do, so it gets pretty overwhelming and difficult for parents.” Other women similarly described feelings of defeat and frustration that ultimately resulted in their non-compliance with case plans and thus not adhering to agency requirements for reunification with children. The standards of normalcy set by the child welfare system were felt as unattainable and difficult to adhere to when left on their own.

Of particular concern for one mother was the lack of support that was offered to her at a particularly difficult time in her life at which a direct service intervention by child and family services had occurred. She shared her experience as a young mother who was still a child herself and the apprehension of her baby at the time of birth. “I had no support and yet they’re supposed to support you. So, they’re supposed to support you when you’re a teenager with a lot of trauma as well, right.” The concern and disgust that she shared was in relation to the minimal or non-existent

support that was presented to her at the time the infant was removed from her hours after she had given birth. For this particular mother, the support she needed was described to be personal and to have a person present to walk her through the trauma of having a child removed. She spoke further on cultural support that she needed and stated that she wanted to smudge and to go to ceremony in order to be able to process what had occurred to her after the birth of her child. Furthermore, she remarked that the workers were not empathic with her situation and were cold and disconnected from her experience and that she felt alone and left on her own to seek comfort and care. She indicated that her support came from staff members of the treatment center that she lived in rather than the family services worker who had made her case plan and ultimately placed her child under apprehension. She shared,

After an apprehension there's no support in the hospital. You give birth and then they take your baby and you have to walk out. The social worker in the hospital can be like, "Hey, I got some resources, call Klinik" blah-blah-blah, I don't want to hear that. I need to get to ceremony, I need to get somewhere – I need to go to a sweat, I need to be with an elder, there was none. I walked out of there totally in shock. I looked like a ghost, especially being a teenager, that was traumatizing for me like to give birth at 15 and not have no support, and then give birth at 16–17 actually and have no support, I got pregnant at 16. And then to give birth at 19, have no support, and then 22. I had no support, I had nothing, the staff at that treatment centre, not the CFS, they were supportive.

Women also spoke frequently about needing the help and support from workers after interventions such as removal of their children have occurred. Even when their children are not in their care, women expressed the need to have help, support, and guidance from workers in order to relay what the necessary steps were in order to reunify their family. As one mother mentioned,

“But parents that have their kids in care, like, they need support, like, even when they’re in their programs.” Women shared stories of difficult times in their lives when they were lost or struggling with cycles of addiction or violence and that the help from an agency to help find the resources that they needed to get healthy would have helped to stabilize them in order to parent their own children and in turn support their own family. Again, the help they should have received from their agency would have been beneficial in allowing mothers to successfully parent their children without any further intervention from the child welfare system. The mothers were not provided the help, however, and their children continued to be removed from their care. Women repeatedly commented that even after the removal of their children, they were expected to complete programming in order to have the children returned to them. And again they were not offered help or support to access the programs or to complete them. One mother spoke of her process,

I wasn’t supported at all, I had to do everything on my own. I had to make it to NA meetings, I had to – I had to sign up for rehab, I had to find the shortest waiting list, I had to sign myself up for detox, I had to sign myself up for the methadone program, I didn’t have anybody to take me to appointments, I had to make it all there on my own.

Several of the women commented that they required the support during these times as they did not know what help was available to them and did not know how to access the resources. Many women viewed it to be the work of the family social worker to assist parents in locating, attending and completing the programs and tasks assigned to the case plan. Another mother commented on her experiences,

But they want you to find all your resources, do all that kind of stuff and they’re not willing to help you say okay well let’s sit down and look through these resources and like if you’re homeless they don’t sit down and say okay well let me help you try to get a place or you

know let me help you along. You have to do it all yourself. And you know like they won't even point you in the right direction where to go and some people don't know. Some people get their kids taken away, fucking are homeless and they're just like stuck, they've never had to deal with going to resource centres and knowing all these other places.

4.1.3 Lack of help offered post-reunification. Some of the mothers spoke to the idea that once they had their children back in their care and reached out to workers for support, that their requests were not respected. It was clear that once the children had been returned to live with their biological families that there were adjustment periods and even ongoing trauma and symptoms associated with past traumas that prevailed for the children. Mothers touched on this stating that they asked for resource connection or therapy as a method of addressing the damage that had been caused on their children by the system. It was mostly their experiences that they did not receive the help that they requested for children but rather, were left to their own devices to secure the support for themselves. One of the mothers shared her experience by stating,

It was very traumatic for my son. And when I went to ask them for some counselling, you know, just some resources, nothing. It was because I pushed it. I pushed for those supports for my son, those resources, everything you know. So, I had had to go out myself and ask for, you know, like counselling for my son. It was really difficult because he was just really traumatized.

Another mother who cares for her grandchildren stated that she has asked repeatedly for in home supports in order to address the behaviours expressed by her grandchildren as a result of the trauma. She mentioned that as her requests continue to be ignored, and that despite having an active file with child and family services, she has been left on her own to secure courses,

counselling and respite services in order to support both herself and the children while they reside with her. She stated,

I'm still going to whatever courses, classes, evening classes. I'm constantly upgrading. I find things online. I go to free seminars. I try to learn more ways to help me learn how to handle or not really deal but help them through their emotional outbursts and stuff. But I'm doing all that on my own. I took myself to grieving counselling through a women's centre on my own. I needed that for myself. I felt I needed that for myself for my mental well-being. I'm trying to ask her (the worker) for more support because the boys are getting older and I'm calling her, "Okay, I'm having issues. This is what we're having issues with." She doesn't get back to me. She avoids me at all costs. "The well-being of the kids is our focus and it should be yours too and it's not. You're hard to get a hold of." She doesn't do her paperwork. It's always late. I'm constantly emailing her and saying, "Okay well the kids need things for the class because they're both in special classes. They need to have a meeting with you and me to be at those meetings. I'm doing this on my own.

Despite the reunification, women expressed continued feelings of abandonment by workers and being left on their own to attempt to succeed as a parent according to child and family service standards. The women expressed repeated feelings of hopelessness and being disempowered and feeling that they were set up to fail. A tactic, one could argue that is used by the child welfare system to ensure power over and dominance over the population accessing services. Control over the population ensures adherence to the standards of normalcy set forth by the child and family services system. It ensures that parents adhere to safety and parenting practices outlined by the Child and Family Services Act and those policies and procedures outlined by the various agencies. The standards are the same for all families involved in the system. However, the tools for

measurement or identified risk factors for unsafe parenting are set at a disadvantage for Indigenous families. Risk is determined based on various factors that, for Indigenous families, are the direct outcome of the trauma endured by years of historical atrocities committed unto Indigenous families, communities and people. Furthermore, being at this disadvantage, and requiring additional support to achieve and meet the standards of safe parenting, is reported by the women in this study to not be readily and sufficiently available.

4.1.4 Minimal preparation and guidance for youth aging out of care. Some of the mothers identified that when they were children, they too were in the care of child and family services. Some of them commented that they had been apprehended from their family of origin and that they spent the majority of their childhood living in foster care, and group care away from their siblings and parents. Of these women, some expressed the lack of support and help that is made available to youth in care who turn 18 and are ready to “age out” and reintegrate into society independently as adults. In Manitoba, youth are deemed in need of protection until they turn 18 or longer if their worker and agency has continued them on an extension of care. Some participants commented on the lack of support that this particular group of young adults receive after spending their childhood in the care of child and family services. It was a shared opinion that the support that the young mothers received was insufficient in preparing them for a successful adult life. Many mothers expressed that this was due to a combination of factors which were identified as trauma from child welfare involvement, lack of support from workers and the system, and overall instability within the system which transferred to instability in the youth themselves. As one mother stated,

If they were helping these kids, then why are most of them homeless today, these kids that come out of care? They don't have no life skills. They don't have the education because,

they're shifted around back and forth, moving from home to home. So, they don't have a proper education because, you know, they're unstable.

Another of the women commented that her nephew was an 18-year-old child in care who “was homeless, he was still in care and I was just like okay well why are you fucking homeless then if you are still in care.” Despite his developmental stated age of 18, this youth appeared to be on an extension of care and according to this mother, was not provided with the basic life necessities such as shelter, that he rightfully should be afforded as a ward of the state. In Manitoba, an extension of care is defined in accordance with the child and family services act to include:

Termination of Guardianship-50(20) The director, or an agency with the written approval of the director, may continue to provide care and maintenance for. Former permanent ward for the purpose of assisting the ward to complete the transition to independence, but not beyond the date when the former permanent ward attains the age of 21 years (Child and family services act, 1985, Section IV Children in Care).

One of the women referred to her “aging out” process and remarked that “When I was in the Manitoba Youth Centre, I was six months pregnant and they didn’t give me anything for aging out.” Another mother commented that when she was a youth in care “I aged out of care. On my 18th birthday the CFS workers dropped me off at a homeless shelter and said goodbye. I didn’t know what was happening, I don’t know nothing. They gave me \$40 and said, “See you later”. She went on to speak on her vulnerabilities as an ill prepared youth and shared that “when they dropped me off at the shelter I got groomed and I got put into exploitation immediately. That’s why I wasn’t able to be stable, because of what happened and I blame them fully. They didn’t tell me the risks, what could happen, or what to look out for, they just said goodbye and then – nothing.”

In accordance with the policy outlined in the standards of the child and family services act, 1.1.8 Agreements with Young Adults (Extensions of Care) cites that the financial cost covered under this agreement pertain to housing, household items, food, transportation, medical costs, ongoing therapies and additional care items that were outlined specific to the needs of the individual youth in his/her case plan (www.gov.mb.ca). These policy standards would indicate that there are no reasons that youth should be left on their own to manage these responsibilities or to be without homes for that matter, once transitioned out of the foster care or group care system. One mother expressed her frustration and confusion with the system by stating, “well where did all that money go? How come I never had anything to show for it when I turned 18?” I had nothing. I didn’t have my own bed. I didn’t even have money for my own apartment. I had nothing.” Another mother expressed that she was offered no additional supports once she turned 18. She shared that she had endured extensive trauma while growing up in the child welfare system and that her worker’s involvement did not extend beyond “every so often she would just quickly meet with me and that’s it. They never really offered me any like supports or anything like that or like even counselling for the abuse that I went through. Like you’re just ignored.”

Abandoning a vulnerable population such as youth or young mothers who have lived through the child welfare system which has been shown to be riddled with abuse, trauma, addiction, and exploitation creates a population of adults who are attempting to navigate the outcomes of the aforementioned afflictions. With a population of adults who then become parents themselves, the cycle of systemic involvement with child welfare not surprisingly continues. One could easily argue that the aging out youth who do not receive the help and supports necessary to become successful adults are essentially groomed to be docile, subservient adults of the child welfare system—a contemporary extension of earlier strategies of the colonial system.

4.1.5 Receiving the help that was requested. Some women mentioned that there were times in their spectrum of agency involvement where they did in fact feel supported by workers. The support was described as clear communication about expectations and direction. Women expressed that they felt supported and empowered to act in the best interest of their children in these instances. One woman described a respectful interaction with her worker when she spoke of the expectations that were placed on her as a parent. She indicated that “the first time where someone sat down with me and told me what treatment was and what a case plan was. I felt supported.” When the mothers were made aware of the clear expectations that the agency had for them as parents, and the information was relayed in a respectful non-authoritative manner, it appeared that the women felt supported and empowered to act in accordance with the expectations. Women felt as though they were aligned with their workers and that both parties wanted the same outcome for themselves and the families. Women described times in which their workers spoke with them openly about their case plans, communicated frequently about the well-being of the children, and were accessible for help and support whenever the mothers reached out. This type of relationship and communication allowed women to feel included in the process, empowered to be a part of the decision-making process, and aware of the pertinent information to their files as they were provided sufficient knowledge and communication. One mother spoke on giving thanks to her worker and attributed her life changes to having her child removed from her care and the support she received from her worker as a strength and tool to assist with the change:

My social worker didn't get supportive until I thanked her for taking my son away and it was like she, I don't know, like I'm thankful CFS took him away because I was able to get my life together, I'm still in contact with her, she was a big support in my life.

4.2 Strained Relationships with Child Welfare Workers

Under the current delivery model of family services, typically a family or case reference is assigned to a worker, and in some instances, when the children are under government guardianship orders, they will have their own assigned worker. Because workers and mothers work so closely together within this system, it is to be expected that the theme of worker relations was central during the interviews with the women. Unfortunately, the majority of the experiences shared by the mothers regarding their relationships with workers were negative and involved unequal power relationships and dynamics. One woman expressed her frustration with her worker by stating,

Anger, broken, no voice, having to be silent, no emotion, breaking our families apart, not only hurting the mom and the father, but hurting the child. Not being supportive, tearing down our families.

And as another similarly stated,

We need people, we need social workers in the home and we need social workers that aren't exhausted, social workers that aren't overwhelmed and social workers that aren't addicts themselves, social workers that have dealt with their trauma because we all come from trauma.

Many women shared that there grew a significant power imbalance in relationships with their workers and that often they felt as though workers would use the power over clients and families as a tool to control them and exhibit power over time. One mother articulated this feeling by stating,

Some of these ones in the higher positions where they have ... they use that power against you. You know. It's like they let you know that I can tell you if you're going to keep your

kids, or I'm the one who's going to make the decision of what's going to happen with these kids. All I have to do is find something wrong. Like you say something wrong to somebody out there and CFS are taking your kids.

4.2.1 Tactics of Intimidation. All of the women spoke of relationships with their assigned workers that were saturated with and characterized by fear and intimidation. The women often referenced a system in which, according to them, was fear-based and viewed the workers of this system as providing a service from a fear-based foundation. As one mother detailed, “it’s (the system) most definitely fear based.” While another stated blatantly, “I was afraid of child and family.” Many of the women shared that despite their own fear of the system, they were aware that this was a similar consensus of the community itself. One mother went on to describe the sentiment present in the community upon the arrival of a child and family service presence:

We'd be sitting outside having coffee with our neighbours and, you see a car pull up with white people and, they're like, uh-oh, it's Children's Aid, CFS. Like, they're scared right away. It's scary for some Aboriginal families. Most families. That's the way it's always been. Like, even with me, when I ended up in Children's Aid, my aunt took me. So, my aunt raised me off and on. I was back and forth with my mom to my aunt. But, even with my mom growing up in residential school, from four years old, till she was 16, you know, she put that fear in me as well with Children's Aid. "You don't listen and I'm going to call Children's Aid and, they're going to come get you and, you're going to go to a Boarding home." People are afraid of CFS, you know.

Women repeatedly described fear-based relationships with workers centralized around power imbalances and feeling fearful of the repercussions that they faced from workers based on their actions. This established power imbalance perpetuates further sentiments of intimidation

and as many of the mothers commented, not only were they scared and fearful of the system in which they were involved, but it appears that they acted in accordance with the expectation of the system on them as mothers. To name a few, the expectations for safe parenting include sobriety, stability in housing and income, “safe” domestic relationships free from violence and stability in mental health. As a result of the fear and intimidation from workers, the mothers spoke of having to manipulate their own actions or behaviours to avoid any further systemic involvement with child and family services. Many of the women stated that they openly shared with their workers that they felt intimidated. One mother directly informed her social worker, “I started crying right away. And, like, I told her she intimidates me.” While another commented that “I was scared to call CFS, the worker, because, she had manipulated me, made me feel intimidated and I was scared to phone her.” Women spoke of being afraid as “I had a new worker because I remember being scared.”

To reinforce and maintain power imbalances, whether consciously or otherwise, the women identified several “tactics” through which workers used to keep the women fearful and intimidated. These ‘persuasion tactics’ were used as tools to control and ensure a continued power imbalance between mothers and the system. The power imbalance ultimately resulted in and were deployed in order to achieve compliance with the CFS agency and systemic requirements of behaviour such as compliance with case plans. One of the major persuasion tactics identified by the mothers was that they felt that their children were used as pawns to manipulate and threaten women into lifestyle changes such as sobriety and termination of “unhealthy” relationships or stability of mental health and resource connection; and to force women into treatment and programming. The threat of removal of their children and placement outside of the home was identified as being done or the threat of being done if women did not comply. Foucault’s

discussion on the physical body as a tactic to assume power over is relevant in this instance. Foucault highlights that one of the mechanisms in which to obtain ultimate power over an individual is to assume power of one body over another in a physical capacity (Dore, 2010, p. 741). In his referenced work of the prison system he refers to the physical lock up and control of prisoner's bodies by guards and the jail cells themselves. Within the child welfare system, the control is assumed by physical control over a woman's child by removal of their body from the biological home. The act of removal renders the mother subordinate and the system in control retaining the power, all of which Foucault remarks are tools and strategies to assume control over and power over individuals (Dore, 2010, p. 739).

At times, women expressed fear of communicating openly and honestly with their workers about their lifestyle. One mother referenced being afraid to tell her worker about a pregnancy for fear of the retaliation and possible removal of the child from her care. She referenced the worker possibly issuing a birth alert, which is a province wide hospital notification to child and family services if a mother with an alert has delivered her baby, and then ultimately child and family presence at the hospital or an apprehension of the newborn. She stated that she "was always scared to call them to let them know I found out that I'm pregnant." While another mother articulated her experience to include,

They scared me, they terrorized me, they manipulated me and they said straight up, we're not going to give you your kid back. We're going to go for a year (keeping her children in the care of child and family services). And then if you don't do anything and we don't see progress we will adopt your kid.

One of the mothers stated that she felt as though; "I've been walking on eggshells lately because of it because I'm scared to set her off. It's been hard because I'm scared. I don't know

how to approach her anymore.” One mother stated that the intimidation and fear caused her to run and avoid the worker thus avoiding the work she was required to complete such as treatment programs, parenting classes or anger management in order to access her own children. Women express this fear as workers ultimately have total control over the future of their family unit.

Workers control the decision-making power to decide whether families remain together, children are removed, or files are closed. They guise this decision-making power in the name of “safety.” This could directly be compared to Foucault’s exploration of the Panopticon. Foucault exerts that under the watchful eye of the authoritative figure, those in subordinate positions, regardless of the system in which they are a part of, will act in accordance of the expectations impressed upon them. They in-turn will as the mothers insinuated, “walk on egg shells” to avoid being labelled as further deviants of the system. Foucault explains that eventually under the assumed gaze of the “guard” those in a subordinate position will eventually regulate themselves despite directives from those in power (Dore, 2010, p.743). This is exactly what has happened as typically the child welfare system works on referrals that are made by others regarding observed unsafe behaviours within families. Not only are women fearful and “walking on eggshells” as per the repercussions of direct service providers but they are conscious of the gaze of those persons in their communities who are also holding their behaviours accountable to the standards set by the Child and Family Services Act. Standards that include safety in parenting related to and not exclusively to sobriety, mental health, and domestic violence. Under the current child and family services act, anyone is able to make a referral when they believe a child to need protection. And, those who are in professional positions are obligated under the act to do so. The child and family services act in Manitoba states:

18(1) Subject to subsection 1(1) where a person has information that leads to the person reasonably to believe that a child is or might be in need of protection as provided in section 17, the person shall forthwith report the information to an agency or to a parent or guardian of the child (The Child and Family Services Act, 1985, Section III Child Protection).

Communities members who are making referrals on each other to the child and family services system are essentially governing each other's behaviours in accordance with expected social norms of safety of children. When one believes that a 'neighbour' is out of line in accordance with the standards, they are directly reporting to the governing body responsible for ensuring compliance. Not only has this system created a space for society to hold each other accountable for power imbalance and colonial laws to be upheld, but it has created room for broken communities. It has enabled the disruption of communities in which there is fear and distrust among its members. The fear and distrust not only become a direct impact of the child and family services system but also of the people that one previously considered a peer.

The relationship between worker and client and the tactics employed are intended to regulate the "deviance" from safe parenting which is similar to the penal system, which is designed to regulate the deviance from social behaviour and deter criminal activity. Unfortunately, what has occurred is what women described as being secretive, avoidant, and in some cases, compliant against their will. Some of the mothers commented on being made to feel as though they were forced into situations in which they did not have a choice but rather were intimidated into compliance with case plans with the agency. One of the mothers spoke of her experience with this via a contract or case plan that she believed she was forced into signing as per the ultimatum that was presented to her:

And now I have a contract I have to sign. I don't like it because in the first paragraph they threaten me. If I don't sign the contract or if I don't follow the contract, they take the kids.

They threatened me and said, "Well if you don't get it done, we have to put her in CFS care and you can adopt her that way."

All women shared the same feeling that this one mother concluded, "if CFS wouldn't be manipulative and scary and whatever, maybe I wouldn't have run all the time and let them go permanent order with my kids." This statement implies that if the worker had been kind, empathic, understanding, and cooperative with mothers, then the likelihood and success rate to become healthy strong families would be higher. One mother described her experience with this feeling to be "all that time when I was with them, feeling intimidated and scared and with the social worker threatening me, I just felt like I couldn't really say anything or do anything."

Many of the mothers expressed that workers blatantly exhibited behaviours which displayed their utter control over the situations in which families were currently in. One woman shared that all of the appointments, visitations and paperwork was to be completed when it suited the worker rather than in the best interest of the family or the children involved. She stated that often the worker would cancel meetings or appointments for families or children if it did not meet her availability despite asking the parent to set things up in the first place. Mothers expressed that these tactics of intimidation were an assertion from workers to remind them who was in charge in the relationship dynamic. She articulated,

So that's when all of that started because she was pulling how she's in charge, she's the guardian of the kids and all this. And then we had meetings with the schools and she cancelled them because she had to be there and it was her day off the day that we had the

meeting and I already took that day off. She said, “Well I’m not going. I have to be there. You cancel the meeting. Make it for when I can make it.

All of the women who were interviewed spoke of the development of mistrust that grew from these intimidation tactics. They expressed a lack of trust for workers, agencies, and child and family services in general. One of the mothers stated directly, “I don’t trust Child and Family.” This lack of trust creates barriers to service provided and services received. A relationship, that by nature, should be cooperative and supportive and that lacks trust is a relationship that will not flourish and grow. Participants characterized the relationship between mothers and workers to be riddled with lies and as one participant stated, “false hope”. They described lies being told to children, mothers, and to families about things such as visits, reunification, progress made, and case planning. Indeed, one of the mothers stated that she became aware that the worker was speaking lies to her children about her. As she outlined,

She’d (worker) tell my kids that I didn’t come to the visits because, I was drinking and, I was with my ex-husband at the time. It just kind of made me look like, I, you know, didn’t give a shit. Sometimes I’d go to the meetings, I mean, on scheduled visits and, nobody was there. And, my kids, the same thing. Going different days and, I wasn’t there.

One of the mothers shared that when she confronted her workers, the response was “Oh we lied to you.” Just straight out, “I lied to you. We’re not giving him back to you. You’re never getting him back.”

4.2.2. Experiencing judgment and being labelled. All of the mothers expressed feelings of judgment that developed from their interactions with workers in the child welfare system. Women often mentioned that they felt judged on their ability to parent, their lifestyle choices or their history of personal traumas. They expressed that the judgment felt like criticism by workers.

This is easy to understand as the nature of the work that child and family service workers do is to examine closely the parenting and lifestyles of mothers in order to complete safety assessment for the children. In a sense, it could be construed as the assessment of health and safety of a family is a judgement passed by workers. From the mothers' views, however, they felt attacked, put down, and minimized as parents. As one mother explained, "It almost kind of felt like, she had something personal against me." She went on to say that "I felt I was being attacked in my own home by these workers. Because they came in like hawks. And right away I got defensive." The relationships between the mothers and their workers were described as oppositional and not reciprocal. One of the women also shared that she felt from the start of the relationship that her worker "wanted to go hard core right in there and take my kid right from birth." The women commented on these relationship dynamics to indicate that workers neglected to take the time to get to know them and their families and children and to decipher the needs and goals of the family. Rather, the judgmental oppositional dynamics precipitated the nature of the relationship which resulted in workers acting according to what they felt was the best interest of the family. Unfortunately, most times this was the opposite of what the mother's felt their needs were and as such rendered them powerlessness in their own family unit.

Many of the mothers who shared their experiences with child and family services identified feelings of shame and guilt that were the product of their fearful and intimidating relationships with workers. They commented that they were made to feel like "bad parents" if they had a slip up or made an error in judgment of actions. One of the mothers who shared her story identified that she felt scared of the worker as she could not relate to her. She identified addiction and the shame that she felt associated with her disease as a reason for same. She stated so,

implying that the stigma associated with the addiction created a space for judgment from the worker on her lifestyle: “It was addiction and not being able to relate to workers and being afraid.”

The women also expressed that they felt that ‘deficits’ in their lives were used against them to classify them as “unfit” parents. They touched on areas such as mental health, substance use, and judicial court involvement as areas that workers would identify as reasons to prevent the children from returning to their biological parent’s homes. Workers identification of these areas of concern could similarly be compared to the deviance of the offender that Foucault speaks of in his works on punishment. Identifying the deviance from “normality” allows a space for persons to be categorized and justly overpowered by those who do align with the social construct of normality, and in this case a normality of motherhood defined by the CFS system. One woman shared that she was identified as abnormal by her worker based on her mental health instability. As she shared, “my social worker used it against me saying I was unstable and that I needed to get my mental health in check and that normal people don’t act like that, that normal people don’t behave like that.” Similarly, another mother spoke about her struggle with addictions being used against her as a deviance from social norm and that she was subsequently defined as instable. “She does drugs, she does this, she doesn't have this, she's not stable. Like, all the bashing, but they never said, we tried to work with her or – (offer me) what I needed.” Many of the mothers mentioned that they felt as though they had been given labels by their workers or agencies. One of the mothers stated that “they labelled me as a fuckin’ gang member, a prostitute.” And went on to say “so you know what I fuckin’ lived up to what they want to fuckin’ put on me, you know? I don’t give a shit. I mean I give a shit.”

Another mother spoke about carrying her label with her not only through the child and family services system, but that it trailed her wherever she went and with whichever system she

became involved with. She spoke of experiences with medical and judicial system and that her involvement with child and family services was often mentioned in those capacities as well. She shared, “this is how I’d already been labelled throughout this whole system already that I was an awful mother because of my involvement with CFS. Yet my children were put in my protective custody.” As a result of her labels she stated that she “felt I had no power. Like, I felt that it was, it was awful. Like, I got sick and I went to the hospital and they asked me if I was a drinker or an addict and tell me about my involvement with CFS.” As a result, one woman commented that she was “walking on eggshells, because they come and put us in jail.” She was reflecting on the way she was expected to behave in front of workers who were aware that she had outstanding warrants and court ordered conditions in which they were supposed to comply with. Foucault would argue that this label or identity “categorizes the individual” (Foucault, 1982, p.781), further making the individual a subject to power over by the authority. He explains that “There are two meanings of the word “subject”: subject to someone else by control and dependence; and tied to his own identity by a conscious or self-knowledge. Both meanings suggest a form of power which subjugates and makes subject to” (Foucault, 1982, p. 781).

4.2.3 Lacking adequate knowledge & communication. Most of the women who were interviewed cited a lack of communication as one of their biggest issues with the current service delivery model. They repeatedly reported that they were not provided with sufficient information, communication, or even knowledge about their own children and families. Foucault asserts that the withholding of information and knowledge is another form of control or ‘persuasion tactic’ (Dore, 2010). It is a way in which those with the authority and control continue to hold the power by not allowing those controlled subjects privy to the information. It is a similar tool used by the child and family services system to retain control over families.

This type of control tactic of withholding information from mothers renders them lesser than and ultimately sustaining the relationship and power imbalance between workers and mothers. One mother articulated this feeling by saying, “I always saw CFS as like – as very scary people. They had me as a number, I was a number to them so that didn’t make me feel really good and I couldn’t talk to the workers about how this really hurt me.” This cold, distant service delivery that was experienced by the mothers was bluntly described as a “business-like” relationship rather than a supportive social service: “They (CFS) don’t want anything to do with me, because it’s money, my children are money.” Mothers spoke of workers who indicated that they were too busy to respond to the needs of families. They described situations in which they would wait months to hear back from workers when they had questions about their children, visitation or reunification. Some of the women indicated that they had calls that went unanswered: “The social worker is very hard to get a hold of.” Another mother shared, “The director wouldn’t call me back. Nobody would call me back.” And another, “I don’t get phone calls returned. I mean, this one time, I don’t even know why the kids were taken away from me.” And, as a result, they were left wondering, guessing and unaware of the status of their own children and families.

Women felt uninformed about their own files, cases, and families. One of the mothers commented that she “was not really given guidance or told me what was happening or what was going on—not really explaining anything or not really telling me anything at all actually.” She went on to say that workers should be more accountable, responsible, and open in their communication with families and with mothers and that they should especially be more “honest with their apprehensions.” All of the women shared the same feeling: “They [workers] have to have more communication.” Women shared experiences in which they waited months and that

they are “still waiting for a case plan. I never made no connection honestly, two months, and, my daughter knows more of what's going on than I do.” Without the access to information and knowledge about their own families and children, women were not empowered through the child welfare system to make their own informed decisions for their families. Thus, they are often left dependant on workers and the agency in which they are “supported” to make decisions for them.

4.2.4 “They change a lot.” Many participants spoke of the frustration that they held due to the continuous change in workers on their case file. It is beyond the scope of this project to explore the reason for the high turnover of workers. But, for the mothers, it was a source of confusion and frustration. Women spoke of incidences when a new worker would be unavailable and unsupportive as she did not know the family or the needs of its members. This sentiment speaks again to the lack of knowledge, communication, and the continuation of power imbalances between mothers and the system. Women spoke of being unsure of who they were expected to go to and speak about their children and or the progress of their own case plan. Women were left unsure of whom they were to speak to about the well-being of their children while in care and who they were supposed to speak with if they wanted to visit with their babies. It is unclear for women and families which worker is to play which role and function for their family, and which worker they are to approach for support, direction or guidance. Many of the women shared their frustration regarding the constant changing of their workers. Unfortunately, for the mothers and their children, a changing worker often resulted in delayed visitation or further delaying of reunification. One mother mentioned, “the interaction that I have had with my social workers and stuff, like they change a lot. It's constantly like I try to get in contact with my kids' worker and they're like ‘well they don't really have a worker right now, we're changing whatever’.” As a result, women are wondering about how their children are doing or when they

will see them again. One mother spoke on how many times her worker had changed since her involvement.

They kept changing all of the time. So, there was never really a certain worker that I can actually call and keep relying on, you know that it would be the same social worker? So, I must've had at least five, maybe even more social workers. In my teens I know that I must've changed a worker probably twice a year, possibly three times.

Many of the participants indicated that as the worker continued to change on their case file and for their children, they became less and less aware of who they were to connect with in order to request support and assistance. Many stated that they were not formally informed of who they could go to for help and which worker would be responsible to complete which task for their family or children. One woman articulated;

At first it was kind of like I didn't know who to go to for what or which worker did, what their role was. So, for each child there was one worker and then I had two support workers, so it was really confusing. So that's one of the issues I had was more of a communication ... we would ask for help and the worker was like, 'Well I don't know what to help you with because I'm still reading your file to catch up to where we are.'"

This lack of knowledge and awareness left women feeling confused, defeated and helpless yet again.

4.2.5 Double standards. An area of concern that was touched on by a few of the participants was the lack of professionalism by workers and "double standards". Some of the women relayed stories in which they met their workers in the community in a compromising situation and that their assigned worker would be acting in what women felt was a misrepresentation or incongruency of the expectation that they laid for mothers. For example,

women spoke of times they had seen their workers in the community extremely intoxicated, using illicit substances, or had known them from purchases of street drugs from parents' life in gangs and street life. One of the mothers shared that "the supervisor who I was partying with and, doing coke (Cocaine), but I didn't know that she was the supervisor of my organization, our CFS organization." The mothers felt that it was an extreme double standard for workers to be judging them and their ability to parent when they were exhibiting the same types of behaviours. Many questioned "why is it alright for workers to do it but if I do the same, my children are removed?" Another mother shared that one of her experiences included "the social workers that had shown up at my house I had sold crack to one of them." And another went on to say that "One night I even ran into my social worker and I found out later on that she was out partying with my little sister." It was a shared sentiment among most of the women that the social workers who are responsible to carry the file for the family should be acting as a role model and behaving in accordance with the same expectations that they have for mothers and families.

Women also spoke of the fact that they have been direct and commented on the behaviour or attitude that they received from the worker or foster parent: "I'm not going to lie, I think I've had to call them on their professionalism like 60 times." They have expressed their distaste for the exhibited behaviour or treatment that they have received from workers and demanded that they be treated different. They commented that when they adhered to what their worker asked of them, then they received a kinder, more cooperative treatment when working together. Contrary to this however, many of the mothers shared that when they addressed the treatment that they felt they were receiving, that some workers became spiteful and made the involvement with agencies a bit more difficult for families. One mother shared,

I called her on it and after I started calling her on her actions that's when the problems started because the next day, I had ANCR at my house, my daughter had ANCR at her house and my son's girlfriend had ANCR at their house the very; next day. I was like, "How is that a coincidence? You're making this personal."

To clarify, ANCR or All Nations Coordinated Response is the emergency afterhours response unit that attend to family's homes sometimes unannounced. In this instance, this particular mother felt as though her worker was upset with her for voicing her opinion of workers behaviours and as a result sent out an afterhours team to interfere with the family. This 'power-over' imbalance is again perpetuated by these behaviours as it illustrates that compliance and not challenging the authoritative direction would ensure a smoother and easier relationship and interaction between mothers and workers.

Another woman shared that it was her opinion that if you were assertive with workers then they were inclined to help you less when it was requested. She remarked "I find that if they don't like you or if you razzle them up a bit or you show them that you know the system or that you have smarts there, they will - they won't help you." One of the mothers commented that at one time her worker was so awful in her treatment of mothers and families that she was eventually fired from her position. Women classified some of the behaviours that they experienced to be disrespectful to include being spoken down to, or yelled at or accused of becoming escalated when they were upset with workers. One woman stated that while she was trying to set up a visit with her children her worker "barked something at me and I could tell she already was trying to like be defensive right away." The woman went on to say that this was the treatment she received for asking for "some updated pictures of my kids and see how they're doing."

4.2.6 Experiencing hopelessness and helplessness. The cumulation of fear, intimidation, powerlessness and mistrust creates space for feelings hopelessness and helplessness. Some mothers spoke about a sense of defeat that was so strong that they gave up trying to fight for their children, families and their rights as it appeared to be a losing battle. One mother shared that “they always scared me and intimidated me and I never wanted to go to court and fight for my kids. And, once I went to fight into custody they intimidated me.” Another woman shared that she felt as though she was of no value or self-worth. She commented that “I never felt valued. I never felt like a parent. I never felt like I had rights. I just gave up.”

The nature of the work that social workers do with families, mothers and children, is sensitive. It is work that is intrusive and appears to breed resentment and hopelessness among families and mothers. Many women commented that they feel that in the case management that workers perform “the workers are not culturally sensitive and were very cold and insensitive.” And, “It seems like - a lot of the men social workers don't get it.” As a result, families felt that workers were doing work that was disconnected from them and their families and that they were not invested in the best interest of the family or the children, but more so in the best interest of the agency that they work for. Rather, the women spoke of feeling defeated and that they were silenced and disempowered. Many women offered a solution to processing this dynamic was to remain strong, show no weakness to workers and do not allow them to see your emotions. One woman shared advice to other mothers, “if you're having a hard time, have a smudge but don't cry in front of these workers because they say you're weak, you cry after when you get home. That's what I do a lot, go to my room, close the door and cry.” It was a general sentiment that if workers were privy to the emotional side that women experienced in relation to their children, that workers would use this against them to exhibit further power and control. One woman

shared that she struggled with anger and emotional outbursts in relation to her frustration with the system and with her children. She went on to say that she had to be extremely cautious of this type of behaviour as her worker would quickly use it against her in order to prevent further visitation and access to the children and possibly have her breached on her conditions of probation. She commented that “When I get upset and, raise my voice, I’d be slammed with anger management (further programming) that I’d have to take. (Parents are) not allowed to get mad. You have to be humble.”

Every woman interviewed expressed that the removal of a child from her care was one of the lowest and most difficult times in their lives and that as a result, it was a time when addictions, unhealthy relationship patterns or self-destructive cycles became the worst. Arguably, comparable to the sentiments of inmates described in Foucault’s frameworks of power (Dore, 2010), women felt defeated, disempowered, and ultimately rendered in a continued role of subservience to the dominating group or system. Women described their disempowerment to result in hopelessness and helplessness, lead to extreme substance use that would last days or weeks at a time, mental health instability that at times led to suicidal ideation, and some women expressed that they reunited with abusive partners or ended up back in prison or on the streets working or living again. One of the mothers described her feelings as, “walking out of there (CFS offices) angry, crying and I was going to go drinking, drug and never come back. I was not going to look back.” Mutually the group of women who were interviewed identified an overall feeling that if they did not have their children in their care, then there was nothing to live for, nothing to hope for, and nothing to motivate them to get healthy. Another mother spoke of her children being apprehended. She stated that the feelings that arise, “makes you so mad where you just want to drink and do drugs and fuck up.” Similarly, another stated that she, “started drinking every day and selling

drugs and used drugs every day for like six months.” Another mother attributed her substance use directly to the apprehension of her children when she commented, “when they took my kids I couldn’t stay sober because it hurt.” Painful experiences resulted in similar coping strategies of substance use for most of the mothers who shared their stories. As another mother stated,

when you are a mother and you get your child or your children taken away, like my first thing was okay well [I’m just going to go party, I’m just going to forget about it], because it builds up on the guilt and the shame, like because my mom did it to me, now I’m doing it to my kids.

Many of the mothers spoke of incidences of relapse and spiral into addiction after their children were removed from their care. One mother commented,

I did drink for three months after my kids were taken away. There was nothing else to do. I didn’t care. I was lonesome and, you know, I figured, well, I might as well go drink and, get drunk. I even started doing coke.

Another commented “I started smoking crack and started doing everything again because that lady, she just didn’t have no hope for me to bring my kid home. I ended up relapsing because, like, I was so in denial.” She indicated that this was her method of coping with the loss of her family. In extreme cases, it was shared that the feeling of loss and helplessness became so much to bare that one mother shared her sister’s experience,

My sister died because she had no hope in getting her kids or seeing them again.” (Death by suicide) A lot of our moms are killing themselves because they can’t bear the pain, it hurts. They’re taking our kids and they’re not understanding that they’re also taking a life, because you’ll hear from other moms that’s why they breathe, that’s why they live, their children, but when their children get swiped away then you have no purpose, that’s what you feel.

These testimonies and experiences are all the direct result of not being able to attain the level of standards or normalcy that the child welfare system has implemented on mothers and families. These are standards that women admit that they may have been able to achieve if the governing body who created the standards had lent a hand in supporting women to attain the level of expected “normalcy”. Women remarked that they failed in achieving the standards.

Some of the women commented that the removal of their children stood as a wakeup call and that they eventually got the strength together to get ‘clean’ and sober and to attempt to reconstruct their home lives so that they could have their children returned to them. Through these actions the women were stating that they were compliant with the standards of which the child welfare system had implemented on them in order to be reunified with their children. They had complied with what the system had defined as the “correct” model of familial and parental functioning. Of the 12 women interviewed, two of the women expressed that this was their experience. Most of the women indicated that they made attempts, and sometimes failed, entered into familiar patterns and coping cycles and eventually lost their children to the system in a permanent nature. One mother commented that although “when he (her son) called his foster mom, (mom) I died inside.” She acknowledged that the place that he was staying was healthier and safer for him and that she decided to leave him there to live for good.

Chapter 5: Suggestions for Changes to Service Provision

“The second time around more communication, more understanding and empathy and things like that were a better fit.”

Based on the experiences shared by all of the women, it was only natural that they had rich insightful suggestions for change to the current child welfare system in Manitoba. Child and family services in Manitoba has historically and continues to have a tremendous impact on Indigenous families (Bennett & Blackstock, 2002). The stories shared by the mothers in this project demonstrate this. Each woman spoke of the incredible impacts and trauma that this system has had on their lives whether it be to themselves, their families, their children or their communities. They spoke of impacts so great that they led to deeper battles with addiction, mental health concerns, attachment disorders, identity confusion and loss. Women spoke on trauma that years, and decades later, is still felt strongly among themselves and within their relationships with their children. One mother articulated that, “it’s traumatic to the mother and especially the child and the child will never get over that.” Most of the women spoke of broken relationships and familial ties that were the direct result of involvement with the child welfare system. They indicated that once the work with the agency and system is completed, there is additional work required in mending the family relationships. One of the mothers shared that,

You know, when your kids are taken away from you it's, you lose so much and, not just with the relationship, but, like, I don't even know much about my son. There's a lot of forgiving that needs to take place right now with my son and I.

One mother mentioned that the relationship between herself and her child was so disrupted, that she has not had any contact with the child since she was taken from her care. She recalls, “visiting my daughter up to nine months and I've never met her ever since. They (CFS) really brutally messed me up. When I talk about my baby - because I don't know them. I've never even met them.” This irreparable damage within the family unit disrupts attachment, disrupts a sense of self and identity, and perpetuates continued cycles of violence, addiction, mental illness and systemic involvement. All of these as listed above are the symptomatic outcomes that Indigenous people in Canada have lived with after the historical atrocities such as Colonization, the Indian Residential School system, and the 60's Scoop (Bennett & Blackstock, 2002; The Truth and Reconciliation Commission of Canada, 2012).

None of the mothers who were interviewed indicated that the child welfare system needed to be eradicated. In fact, most women informed that there was a need for the help and support that could be offered by the agencies and offered their insights into the ways in which the service delivery could be done differently in order to ensure that women and families felt empowered to stay together and work on becoming a healthy unit. The suggestions and feedback were primarily addressed at a collaborative approach with the child welfare system rather than an authoritarian, controlling sector in which one unit, child and family services, assume the power and control over the other. They listed several practical, realistic methods and practices that would blur the power imbalance lines and create a more trusting, less fear-based practise in which mothers felt that they received the help that they required to be successful as a family unit. This, in turn, could create space for a child welfare sector in which their mothers are empowered to act in the best interest of their own families with the help and support of the system.

5.1 Prevention as Family Preservation

The most prevalent concept that was discussed as suggestions for change among all participants was the idea that prevention will result in family preservation. As one of the mothers outlined, “put in programs before it happens, before they get out of control, I think would be really beneficial to families than just apprehending them after the fact”. And as another suggested, “do it in the home, early prevention. Rather than taking the kid way, moving them out of their community, their home, they lose their culture, their identity, you know”. All of the women interviewed stated in some capacity that support as a means of prevention is a necessary factor that would enable families to remain together and become a more successful unit. Families who are shown how to parent and cope, as well as provided access to resources, while receiving the help they need when requested were believed by all participants to be more likely to become successful healthy families that remained together.

As was mentioned in the chapter regarding the needs of women and families not being met, many women involved with the child and family services system struggle with addictions and substance use, as well as domestic violence situations and require supportive services in order to break cycles of violence or to access treatment. The general consensus was that despite there being services available to women via child and family services, their request for assistance was not heard until after crisis occurred within their homes. Many women spoke of reaching out for support and help, in addition to assistance for themselves and their families, and having their calls go unheard or ignored. As a direct result of their own experiences in the system and their expressed frustration of not receiving help when requesting it, all of the women shared that the increased support from the child welfare system needs to be present as a part of the case plan for families. In their opinion, what would inherently allow women to feel more in control and

empowered in the decision-making process for their families would be to receive the supports and help that they have requested from their workers in order to attain the standards of which they are expected to achieve. Furthermore, a service delivery model that is built on open, honest, and direct communication which includes the involvement and inclusion of the biological parents and their perspectives on what the standards or case plan should be, is the key to a successful child welfare sector. The mothers informed us that should this be done in a preventative matter, then the likelihood of families being separated and traumatized should reduce and simultaneously the success of healthy families should increase.

5.2 Educating Parents

Many women spoke of the intergenerational trauma from the system and that due to continued cycles of child welfare involvement, Indigenous parents have no support to learn how to become good parents. In order to prevent Indigenous families from becoming entrenched in the child welfare system, participants expressed the urgency and need for in-home supports or role models, to teach and model for parents what healthy parenting and healthy families can look like. For each woman, their ideas of what should be communicated varied. Some suggested an urgency to, “teach the kids and then...teach the parents”. Others commented that learning healthy communication, “to talk to your children properly, not yell at them and call them names” was essential for healthy relationships. Some went as far as to suggest that there could be a, “parenting school and the teachers are teaching them (parents) how to talk positively to your children or just how to be good parents.” Although there are programs available like this in Winnipeg, it is important to note that space is limited and some families are simply not offered the resource or even made aware that the resource exists. Furthermore, one participant mentioned that although the need for parent education and skill development is crucial, it was important to consider the fact

that, “everybody parents different, right? There’re so many different ways to parent a child. ... Like counselling or even just some type of therapy or - but something consistent. Not always changing.” This mother expressed that consistency was key for parents to be able to learn, change and grow within their own family structure. Knowledge is an empowerment tool and providing families with the skill set and knowledge on how to manage their own family with minimal intervention from the child welfare system will allow the control and power of decision making to remain in the hands of the family instead of with the system.

Many of the women touched on education as a means to keep families together. It was a general understanding that if families were educated on how to be healthy then they should be able to keep their children in their home and in their care. Coupled with this was supporting the entire family. There was the implied understanding that educating parents empowers them to be actively involved in their own family decision making. As one mother explained,

A lot more support for the family as a whole rather than - you know, I mean there's individual supports but - you know. It's all together. You know I've become more involved even with my children's schooling, even understanding how all the systems work too.

Some participants also commented on the various roles and skills that a family support worker or respite worker could provide for family. As one mother expressed, “They used to have the workers come into the home and, just do respite or, just to be supportive to the single mothers or, nowadays, single fathers.” The mothers stated that in-home supports could teach skills such as “help them (parents) learn to budget their money, learn to like shop properly, learn to access the food bank.” The intention behind learning these skill sets was to encourage parents to develop a sense of self sufficiency, empowerment, and knowledge of various community resources that they could access in order to support their own family without the help of child welfare agencies.

Despite being involved with a system that often leaves women feeling disempowered, all of the women stressed the importance of being educated about and knowing their rights. One woman remarked,

Education of rights, legislation and laws was a strong suggestion. It was presented that even though the system may shame and create fear among families, a strong knowledge of the law will help to suppress the fear and to empower women to challenge the system.

It was a shared understanding among many of the women that once you become aware of your rights as a mother and as a family receiving services, then it was harder to disempower you.

Again, knowledge and awareness are seen here as being the tool of empowerment. If information is withheld from women and mothers about what their rights are surrounding the child welfare system, then they are disempowered to assert that their rights are being unmet and to hold workers accountable to ensure that they are adhering to the policy standards of the rights of the mothers.

This was explained that through more information the women felt that they could better challenge the demands that were placed on them by workers and agency, and were able to more often make changes for themselves and their children as a result.

5.3 Alternate Models of Intervention

The mothers recognized that there were times in which drastic interventions were required in order to ensure the continued safety of children within their family homes. They suggested a way in which the subjugation and total control of the system over the physical bodies of their children could be mitigated and redirected into a more holistic and inclusive form of service delivery. It was proposed that it was healthier, safer, and in the family's best interest to have the parents removed from the home until treatment could be completed and then re-integrating them back into the home environment. With a model like this, it was suggested that the children are

then able to remain in their natural, comfortable environment with minimal disruption and trauma. Suggesting that the long-term impact, trauma and disruption to the family unit may possibly be minimal as opposed to the alternate of removing the children and placing them in a strange unknown environment with strangers. It seemed to be a general consensus that in order for children to thrive and not be impacted too profoundly by the involvement of child and family services on their family unit, they should remain in the family home and not be placed outside. As one mother outlined,

Instead of like taking away children with drug and alcohol addictions, maybe like take the parent out of the home and put supports in the home to run the household because taking children away from everything that they've ever known does more damage to them than it ever will do any good, and I think an adult can handle that more than children can handle being apprehended and uprooted from everything they've ever known.

And as another similarly expressed, "Sometimes I don't even think that they should even - the kids should even leave their homes. Like it'd be ... having the respite workers come in the homes."

Many women expressed that the entire family unit needs to be supported and helped to strengthen and heal rather than removing individual parts of it. One of the mothers stated that a way to ensure that the entire family unit is supported is, "don't take the kids away from the parents, they take the whole family and do intensive therapy with them." Suggestions such as this are indicative of the fact that families do experience situations in which there are mishaps or errors in judgment or even relapses with addiction, but rather than disrupt the entire unit, the response in the interim should be child and family focussed. The suggestions of alternate caregivers in the family home displays this. It minimizes risk of family dissolution and minimizes risk of further trauma.

5.4 Strengthening the Foster Care System

Contrary to the aforementioned model, it was also acknowledged that some of the situations which occur in families are a result of intense trauma which requires lengthy intensive intervention and that the children should be removed from the home until the healing can be completed by the caregivers. Primarily, placement with family or community supports were offered, however, when resources are limited, the mothers suggested that should the foster system be required there should be amendments made to the care provision of the foster parents who are caring for the children. The primary concern for this suggestion was to ensure that the children are safe with foster providers and that they are trained and screened to the extent that ensures continued safety for the children. Furthermore, it was suggested that care providers when available should attempt to be Indigenous persons caring for Indigenous children and if not, that foster providers be trained and mandated to support the children culturally and spiritually who are in their homes.

In Manitoba, there are several different forms of resources where children can be placed as a temporary or even permanent living space alternate to their own biological home environment. Many of the women who participated in this project spoke specifically on the foster care system. Foster care could be best described as an alternate home run by a non-biological family who is accountable to a specific agency or authority under the Manitoba government family services sector, and is paid for their services and is responsible for being a caregiver to children who are under the direct care of child and family services (CFS). Foster placements are required to adhere to the legislation outlined by the family services sector of the Manitoba government and as per legislation, and are to be routinely monitored and reviewed to ensure continued adherence to standards and safety practices for the children residing in the homes. Many participants

commented on the atrocities that they have experienced first-hand within the foster care system, or that their children have endured while placed within the system. They spoke of abuse, whether it be physical, sexual, or emotional, and spoke of dysfunction and witnessing violence in the homes that had been deemed to be “safe” spaces to care for children. As one mother articulates,

In growing up my brother was put into care for a little while, so I just remember him going away for a while. When he was gone, he was sexually molested by one of the counsellors, so he went from a bad situation to a worse situation. Now he’s got trauma from that.

Similarly, another mother shared her experiences of growing up in the foster care system by stating,

My experience with the child welfare system when I was growing up was horrible, I encountered more trauma and abuse than I’ve ever dealt with in my life with them that guess I believe that from the trauma and the abuse that I dealt with made me – well helped turn me into the addict that I became as an adult. I just knew that from me growing up in care, and the trauma and abuse that I endured, that I never wanted my child to deal with that and that nobody could get him back but me and I’m the only one that can keep him 100% safe, so I needed to get my shit together and I needed to get it together real fast.

Since many of the children being removed from their families are placed in group care facilities and then into foster homes, a suggestion to address this concern of continued trauma impacts on children was to have “more thorough background checks for foster parents.” This idea was presented with the understanding that a more thorough review of the history of foster parents would indicate whether they were suitable and appropriate to provide safe care for children and not actually continue further cycles of abuse or neglect.

There was a general feeling among those women that shared their perspectives on fostering that foster parents receive less scrutiny by workers and more support than those who are the biological caregivers of the children. They too, were seen at times as performing a job and although their role was ‘caregiver’ they were not parenting but rather working the system as a form of employment. One of the mothers touched on this particular perspective when she stated,

Foster parents, they need to ... they need parenting skills as well. I mean they're the ones opening up their homes and yet it's money. It's all about the money. It's not about giving a child, you know, like love, you know, like support and just you know, like a home.

The general consensus from most participants was that they would rather children were not removed from their biological environments at all. However, it was proposed that the care system that is currently in place needs revisions in order to continue to provide safe, secure, and suitable care for children should they be required to live outside of their family of origin.

5.5 Cultural Safety in Care

Many women also spoke of cultural relevance of service provision. As has been the demonstrated experience of colonization (Truth and Reconciliation Commission of Canada, 2012, p.1.; Aboriginal Justice Inquiry, 2001, Chapter 14.), the stripping and removing of one’s cultural identity and practices is a tactic of control and domination. Therefore, in order to ensure healthy safe systemic practices that are free from power imbalances and oppression, it is pertinent that cultural sensitivity and safety be of utmost importance in caring for the children of Indigenous parents involved in the child welfare system. One mother shared her direct experience of living in the foster system. She spoke of being stripped of her cultural identity and all of the cultural components that she valued as an indigenous child being stripped from her and being forced to practise an alternate religion:

I was in a foster home and they cut my hair off, they shaved my head, they burned my medicine bag in the fire pit and they also took all the family photos I had and burned them too. They told me there was only one God, and that's the one right there, "If you don't believe in God you're going to hell".

The impacts of these types of situations are significant and unfortunately not unique to this one participant. Being stripped of one's cultural identity, meaning and relevance results in loss of self, loss of connection to community, and a loss of self-worth. Another mother articulates a similar experience,

I lost a lot of identity in the system (speaking of a conversation with her son). Oh, that's only for Indians. I'm not an Indian. Indians, they don't take care of their kids and, they're always drinking. And, he was seven years old. So, I was like, I told him, no, that's not what it's all about. I said, you know, mommy's... he called it Indian so I said, mommy's Indian too and, you're an Indian." He goes, "No. You're white and I'm white. And, the foster parent who was taking care of him, you know, she would tell him, "Like, don't tell anybody that you're Indian." Because, my son is fair skin and, his hair is like, kind of blondish.

One of the women spoke on the placement of children and stated quite simply, "if they're Indigenous, put them in a good Indigenous family home." Furthermore, she stated that if that is not an option then "there needs to be a cultural training or, you know, for non-Indigenous foster parents." The women spoke of cultural education and sensitivity for both youth as well as caregivers. Some of the mothers spoke of such a tremendous loss of identity that their children endured as wards of the state that they were not even aware that they were Indigenous persons. They spoke of times that their own children repeated racist stereotypes of their own people that

they believed to be true as per their own understanding and lack of exposure to healthy, cultural role models and activities.

One of the mothers explained, “Going to ceremonies, going to pow-wows. Are you showing them what they’re looking for?” These were the expectations that she had for the child welfare system and what they should be doing for youth in order to retain cultural identity. Furthermore, many mothers expressed that it was a joint effort, and that families and workers should be working in unison to ensure the preservation of the cultural identity of youth in care. She articulated her point by saying,

It shouldn’t be two against each other, it should be you guys aren’t friends (workers and parents) but you can be friendly to one another and teach each other that there’s respect and there should be honour, especially with the Aboriginal culture it’s very sacred and it’s very – you just keep – like for me I just keep in touch with my ancestors, my spirit I talk when I smudge to God. And, you know, with CFS workers they also do – when they place kids in placements, they don’t think about cultural appropriate homes, they’re placing children, Aboriginal children with Filipino families, East Indian families, Mennonite families.

According to the mothers who were interviewed as a part of this project, the current service delivery model for child and family services functions similarly to that of the Indian Residential School system. It is culturally unsafe and has total disregard for cultural practise, tradition and ceremony through its involvement with families.

5.6 Visitation with their Children

Legally under the Manitoba Child and Family Services Act, parents are entitled to have regular visitation and contact with their children. Initially after children are removed from their parents’ home the visits are supervised, which means visits are supervised by workers or case

aides of workers in the offices of the child welfare agency. Foucault (2008) speaks to this this method of control in his discussion of Panopticon and that persons under the gaze of an authority will act in accordance with the expectations set on them. Furthermore, he reflects that persons who are in this position and watched for adherence to standards are ultimately more docile and easily controlled. “The goal of the Panopticon is not merely to control the individual without the use of violence within the prison. It is also aimed at transforming him; because if the prisoner is not sure of being watched, then he will be his own guard” (Dore, 2010, p.743). While on visits with their children, women act in a manner that they felt was unnatural to them and in an unnatural setting. Several times they alluded to the idea of filtering their behaviours and actions for fear of being identified as having poor parenting skills. Essentially, without the direct instruction of the social worker from child and family services, they are governing their own behaviours.

Women did not identify that they wished for their visits to be outside of the gaze of the system rather they spoke on the conditions in which they were supposed to occur. As a punishment for deviance or poor parenting skills, they were made to have their visitation with their children supervised under the gaze of the child and family services system authorized person. They spoke to clinical settings of office spaces in which the toys were dirty and the equipment broken. They expressed disappointment in the resources that they were provided by the child welfare system and offered suggestions that this could be an area explored for change. One mother suggested the feeling that is generated by these types of spaces by stating,

How about even more better playrooms too, like I notice some CFS places they have like really ugly playrooms, like beaten up toys and broken toys and these kids are like, “What”, and I’m like you got to make do with it, it’s kind of sad.

The women expressed that the situations at which their visits are under watch by child and family services makes them angry, frustrated, and left feeling judged. They shared feelings of inadequacy and that they were required to act unnatural and to be conscious about how they interacted with their own children in front of workers.

5.7 Navigating Systems and Financial Support

The reality for many families involved in the child welfare system is that they are affiliated and often engaged within other public service systems as well. The mothers explained that due to their involvement in the child welfare system, they often experienced barriers to services or resources provided through these other social service programs. At times, this was problematic as the services provided by other agencies were a stipulation required by their child welfare agency for family reunification. Services such as welfare/employment income assistance, housing, or even child tax benefits were harder and more difficult to procure once children were no longer in the care of their biological mothers. Foucault explains that the attainment of power is fluid throughout systems. This means that regardless of the social system employed; whether it be the child welfare system, the judicial system or even the employment income, welfare and housing system, power imbalances and control are inextricably evident and attainable for those in control. As per this theory, one could conclude that the population that is disempowered through the child and family services system is also disempowered through the judicial system and welfare/employment income assistance system. Each of these systemic provisions of service had mandates in which most of them have stipulations for recipients based on their involvement with other services and systems (Dore, 2010). Indeed, the women expressed that it was difficult to get ahead and to gain any power over their own situations as they were unable to “catch a break” from any of the systems in which they were involved.

Primarily, the largest focus of struggle for women we interviewed was that of financial support and continued struggles with systemic barriers of poverty experienced. One woman explained, “welfare wouldn’t put them on my budget, unless they were home. And, CFS wouldn’t give them back to me, unless I had a place for them,” and that “It’s just that loop there, with trying to get them home with Employment Income Assistance.” Additionally, another mother stated this of her income: “I was cut off of assistance, like I went down from a two-person income to a one person.” She further explained that this was problematic in many ways and outlined that, “trying to make it to meetings every day was a struggle.” The meeting she is referring to consisted of treatment and counselling and meetings with workers as well as visitation with her children. Another mother shared a similar experience stating, “Being on assistance for a single – like a single family you only get I think \$170 a month. So sometimes I would have to walk like I think it was like five kilometres to my visits.” Most of the mothers who shared their story expressed the same types of experiences. Without having their children in their care, they received less financial support from the government and were left on their own to secure the funding required to meet the requirements of their case plan. One of the women explained, “I was used to getting I think it was like \$500 from assistance plus my child tax was \$500, and I went down to like less than \$200 and I couldn’t even feed myself most days because most days I had to use bus fare or I had to use money for a bus pass to get to and from my appointments.” One of the mothers also remarked, “Why can’t you (worker) help me get a bus pass and talk to my welfare worker? Why aren’t you guys doing the footwork that you want me to do, why don’t you help me get that support?” It was her opinion as well as most of the other mothers that there should be some accountability from the assigned social worker to assist with the financial requirements to attend to appointments and meetings specifically related to their case plan. And, as they were no longer able to receive the

same financial support that they once were when their children were in their care, it was a shared sentiment from the women that the child welfare system should absorb the costs that others were now unable to afford.

The women also spoke of the difficulty that they encountered in being able to secure employment in order to access more financial resources, as they were expected to attend meetings and treatment and visitation with their children all of which were scheduled daytime hours. These are clear examples of the continued systemic oppression and power over that is prevalent and perpetuated via the child welfare system. One mother shared her experience to be as follows,

It's difficult. Even like when you have visits with your kids, you are expected to have all this money to take your kids out or do whatever, like why can't there be money in the budget that go to foster kids like okay here's some money or gift certificates to take them out here ...

You know what I mean, like to go and have freaking fun with your kids, instead of sitting in a room just playing with busted up old ugly toys. It's really frustrating trying to support your children when you don't have the money to be able to do it. And you can't work because you're trying to get your kids back and you need to visit with them and you can't really have a job.

One woman spoke to her experience with the lack of financial support and suggested,

Other supports like maybe help out with food, that would be – or like not completely take away their whole budget if they're on assistance, and I think there needs to be like way more family-oriented rehabs, like having one in Manitoba or one in Winnipeg.

The removal of the financial support for mothers posed many problems as they were then not able to continue to reside in the houses that they had been allotted as per numbers of persons living in the residence was no longer the same. Furthermore, they were not financially supported the same,

and when expected to pay for items, such as food, or activities during their visits with their children, they were unable to afford them. Some of the stipulations placed on parents for case plans consist of stability of living which includes things such as housing and stable income. When housing and employment income assistance are removed from women, it results in less stability and a less likely chance that their children will be returned to them sooner. One mother shared her experience with these expectations by commenting,

Many women shared that they could not afford bus fare or taxis in order to attend visits and as a result of the financial expectations placed on them, they would miss visits and not be able to attend at the scheduled meeting time. Missing visits further creates problems for the women with both their children and the attachment, further weakening the trust connection between mother and child, as well as the relationship between the mothers and their workers. The mothers explained that the workers would often make assumptions that they did not want to have visitation with their children as they would not appear for the scheduled visit times and as a result, they would either take away any future scheduled visits.

5.8 More Financial Allocation for Families and Children

The consensus that the child welfare system is run like a money generating business was prevalent in many of the interviews. Most women shared the sentiment that the business should be run, “instead of CFS being all about money, it should be about reunifying families and doing whatever is possible to get those kids back and home with their parents instead of trying to keep them away from their parents.” The presenting idea appeared to be that if run differently then more focus would be on family preservation rather than income generated by the removal of children and disruption of the family unit.

Women also mentioned that the revenue that is generated within the child and family service sector through government funding for the families who are mandated for services is rarely shared with the families themselves. Some participants mentioned that the funding should be regenerated to support women and families involved with the system. One participant questioned the financial funding that is generated for a child that is in care stating, “my child tax goes back into the CFS system somehow and I'm just like well why, like why are these ... Like why are kids that are in care, why isn't that money put in a trust fund.” Similarly, her questions were echoed by another participant who added,

When you're a child in care, CFS gives you all this money, all this money to foster care to care for this child, so when they're returned back to the mother, why can't they get that fucking money for like six months, you know help them get set up and help them.

It was the understanding that should the children in care of the system be provided with the appropriate and suitable financial supports then they may be able to transition out of the child welfare system with success. There was a shared belief that the money that person should typically receive from the government in payment for children, for example child tax, should be saved for the child in care and then transferred to them upon discharge. Increased financial support would create a stable place from which the youth could begin to prosper to success in the community on their own. It was seen at the responsibility of the child welfare system to ensure that the youth are set for success. The expressed disconnect between systems was an apparent issue for the participants. Their suggestions alluded to the fact that there should be more unity between the identified systems of involvement with families, thus not creating next to impossible barriers to penetrate.

5.9 Workers Service Provision

Another area for change that was commented on by all of the participants was the service provision from workers. There appeared to be a general consensus that workers should be more empathic, approachable, and consistent throughout the length of involvement with the family. The mothers suggested that an empathic approach from workers would eliminate this sense of fear and intimidation that all of the women expressed having with their workers and agency. One mother stated,

When they feel that there's a need to get involved, the supports should be there right away with an empathetic approach, rather than, you know, parents being afraid of the system, you know, like, workers, right. Like, what I was saying, they see non-Indigenous people driving up in the neighbourhood, everyone's going inside and, locking their doors right away, you know.

Without this sense of fear and intimidation, it was implied that families will be more willing to engage in services and work collaboratively with agencies in order to receive healthy strong supports for their children. Furthermore, there would be an equalization between families and workers and less of a power imbalance. Women would feel empowered to make decisions for their families and to act in the best interest of their children and themselves. It was felt that women and workers should work collaboratively rather than workers telling women what to do. One mother shared her perspective on the unison between families and workers stating,

That's how your relationship should be with each other too though, I believe that you shouldn't be against one another. You know, if the mother says she's not able or she does have addiction problems, there should be some resources out there available, maybe ask her, "Can you go to detox and treatment, but in the meantime we're going to drug test

you”, what they do to me, “And alcohol test you”, and you have to comply otherwise if you don’t then you have to play it hard to, it has to – there has to be a stop line.

The role of a worker was described as being almost like a nemesis of the family, rather than someone who works alongside the family to support and guide when needed. Despite the uneasy feeling of being involved with workers in roles such as these, many participants stated that it should be same side, same team and that workers and families should be working together. What women described the ideal relationship to be consisted of mutual respect, understanding and being free from judgement. One of the mothers stated simply,

Support, the support, not enemies, not feeling like enemies and then what would you do if it was your child, like put your shoes – put your feet in that person’s shoes, try to find out what happened to that girl for this girl – excuse me – for this girl to turn into the result, the result of what she’s become. So instead of playing the blame game, try to have some – try to feel a little more.

The women spoke of a relationship that they hoped was open, and honest with healthy communication. An example of when honest communication was crucial was provided by one mother to be, “I think that they need to be honest with their apprehensions.” The same type of traits that workers expected from families are the same qualities that families expect from their workers. Women requested changes in service provision from workers that were more understanding of the needs of the family rather than the agenda of the agency. One of the participants addressed this by stating,

They have to have more communication. That’s one of the things. They say, “Oh yeah, we want to make sure that it’s your kids’ priority.” “Hello. How come I haven’t seen my kids on Christmas? I was a kid of CFS. I know what it’s like to sit in someone else’s home on

Christmas Day wishing that my parents were there and having to see other kids with their family. That's not thinking about my needs.

Another similarly responded suggesting that workers and the agency should be more accommodating to families and their schedules rather than the other way around. She remarked, "if you(mother) want to get a job and whatever, then you (workers) have to accommodate my work schedule with my visits."

An overall shared sentiment among the mothers interviewed was that workers in this type of system should be working from their hearts and recognizing that they are working with delicate, sensitive matters of the family unit. They expressed that the difference between workers who approached their families as it was their job and that they are in receipt of a paycheck were very different from those workers who approached the family with their hearts open and ears listening. One mother stated that there should be more workers who come from this perspective and shared,

We need more workers in our system to have a heart instead of doing it as a pay – as a job, like job pay and the workers, the ones that need to be removed are the ones that are kind of thinking they're above and don't even want to listen to what you say.

Another one of the major themes identified in the worker relations chapter of this project was the continual change in family workers and the high staff turnover within the CFS agencies. Families expressed that with the lack of consistency came lack of awareness of family needs by new workers, as well as gaps in service provisions for families. It was noted by one mother, "when there's a social worker for a child, keep that social worker. Don't keep changing them because every time they change a social worker, nothing gets done. They have to have that same social worker." Similarly, another mother commented that,

I know the family enhancement stuff is new, it's all new, but having a lot more support of working with the family, like one worker. Not like one worker for a parent and one worker for kids, or you know, if there's five kids in that family, each kid has a different worker, then they're not collaborating together, they're not working together. I mean just somebody that's going to know that - that's going to know that whole story.

Participants described incidences in which they were unsure of which worker they were supposed to go to for supports for themselves versus the supports for their children. Naturally, an area of suggested change was the consistency between workers, and that the family have one appointed worker with fewer turn overs in agency staffing. The hope with this change is that there will be room for increased knowledge and information sharing and transmission and that mothers will feel more aware and involved in the care and planning for their own families.

Every one of the participants spoke with pride, love, and genuine interest and investment in their families and their children. They indicated that despite all of their recommendations for service provision by the child welfare system to families, what needed to be done better was the supports that were offered to children. Where women and families are involved, children are involved. Despite the need for supportive services for mothers, all participants spoke of the crucial need for support to be offered for the children, their children who are involved with the same system. They spoke of the trauma that their children endured and commented that “there needs to be help for sexual abuse or trauma, there’s nothing like that and there should be something.” Some of the women commented and acknowledged that some of the trauma endured by their children were attributed to what they had witnessed in their own family of origin homes and that this trauma could be addressed with supports from the child welfare system as well. One of the mothers noted,

CFS should be helping with trauma for the kids because if they are coming from abusive homes and drug entrenched homes and violence and prostitution homes, you know, whatever is going on in the homes, I think the kids need like counselling properly.

Many of the women spoke of the attachment with their children being severed through the process of removal and apprehension from their natural family unit. They indicated that in their opinion, it was the responsibility of the child welfare system to repair the damage that they had caused by separating mother and child and “attachment therapy for the parents and the children” was an offered suggestion to address this issue. Many women commented that the damage at times felt irreparable and that there were no services offered to them or their children in order to address it. Thus, mothers were left to their own devices to navigate the relationship after the reunification process had occurred.

5.10 Services for Male Youth

Many of the participants offered suggestions for change with regards to those children who are in care of the child welfare system. Of particular importance to many women were male youth. There presented a genuine concern that this is a population that is lacking support, guidance and resources thus becoming an increasingly high-risk group of individuals. Women spoke to continued cycles of violence, trauma and systemic involvement both within the judicial system and the child welfare system should these gaping holes for resources not be addressed. Many provided insight and suggestions for programming stating:

We need to find stuff like, to accommodate young males, which I feel is very, very important to this day. Being in Child and Family or, not, young Aboriginal males need a lot of support and, things for them to do out there, rather than just hang around on the street, you know. Get them involved in the communities.

Several suggestions were offered in order to address the gaps in services including the idea that the government “should be extending care till at least 25.” Additionally, it was noted that young males “need more education, like, the kids, about the system effects, what it did to us.” And that positive role models, leadership skills and, positive ways would be ways to assist this particular population to succeed and strengthen.

Overall, the suggestions for change that were offered by the mothers were based on their own experiences of involvement within the child welfare system in Manitoba. It is in the opinion of the participants of this project that should the suggested changes be made, then the outcomes will inevitably be different for their families. It was believed by the participants that the aforementioned suggestions would be a better way for services to be provided and that in doing so there would be increased collaboration between workers, mothers, and families. The level of trust would increase, and the level of fear, intimidation, and resentment would decrease; and, ultimately, a decrease in power imbalance between the system and the persons receiving services. Changing service provision could result in healthier families, and families who feel more empowered to approach their child and family service providers should they require supports, resources, or help in their homes. It would mitigate the stigma associated with receiving services and the judgement felt by mothers when they were involved with an agency. Families would be able to have confidence in their agency or worker, and that their needs would be met.

Chapter 6: Discussion & Conclusions

6.1 Reflections on the CFS system

Historically the child welfare system has had tremendous impact on Indigenous people of Canada. There is documented historical proof that there is an overrepresentation of Indigenous children involved in the child welfare system and that this number has continued to rise over the years. Upwards of 85% of the children in care of child and family services in Manitoba is 85 percent. (Milne, Kozlowski, & Sinha, 2014).

According to the voices of the Indigenous women who shared their stories as a part of this study, the impact of involvement with child and family services for Indigenous families and children is similar to the experiences of colonization historically. The women who spoke discussed power imbalances between themselves and the child and family service system and indicated that this resulted in disempowerment of Indigenous communities, families, mothers and children (Dore, 2010). Furthermore, they revealed that this disempowerment continued to create feelings of hopelessness and helplessness, which perpetuate destructive coping cycles that often result in further and continued involvement with the child welfare system. Ultimately, the mothers in this research informed us that the current model of the child and family services in Manitoba continues to function as a colonial structure of oppression as it has historically, both structurally as well as in service delivery. Indeed, many of the women who shared their experiences outright compared the current model to that of the Indian Residential School system and the 60's Scoop stating that the current service model is a mere replication of the same tactics used historically to oppress Indigenous people in Manitoba and Canada. Thus, although the mandate for the child and family services system may appear helpful, and the intentions behind the 'Devolution' may be

presented as an attempt for change, the day-to-day tactics in which service delivery is impressed upon Indigenous families unfortunately remains similar to historical abuses of power and control.

The main objectives in 'Devolution' were identified as a remodel of the structure in which the child welfare system operates. Primary focus was on a division of power and control between several authorities rather than under one governing body. Furthermore, it was indicated that attention to culturally relevant and accessible services for Indigenous families was crucial. As per the experiences of the women who shared in this study, the restructuring of a service delivery model may have happened in policy or in principle, but in practise this system is still oppressive and riddled with oppressive power imbalances. The standards of safe parenting practise by which Indigenous families are measured against are inherently Eurocentric and safe parenting is interpreted in accordance with this standard. Traditional Indigenous family practices are not taken into consideration and thus not utilized as a tool for measurement. The Eurocentric policy and procedures of child and family services and the Child and Family Services Act create a foundation by which Indigenous family's level of safe parenting is measured against and as many of the women in the study report, are inherently set up for them to fail. Women and families are measured in accordance with standards and family practice that are foreign and unnatural to the traditional roles, structure and functioning of Indigenous families in Canada. In turn, this creates a stereotype by agencies, workers and society in general that Indigenous families are unable to parent their children safely and that they need child welfare intervention in order to do so. The numbers that have been cited regarding the involvement of Indigenous families within the child welfare system as well as the number of Indigenous children in the care of child and family services, are indicative to the general population that Indigenous families are unable to safely parent their children. What is not highlighted is the raw truth that the standards by which these

families are measured are colonial, dated, and ultimately racist. Empathy and consideration for the traumas that have been committed on Indigenous people and communities in Canada are not taken into consideration. Previously stated are the indicators of trauma and that these indicators are being utilized as measurements of safety for Indigenous families. They sensitivity for the traumatic atrocities and outcomes of trauma are not reflected in the child and family services act. Simply stating that through 'Devolution' the goal was to assert more culturally sensitive programming is not sufficient and the programming should lend hand to the outcomes and variables of trauma that are present in the current day lives of many Indigenous families and communities. Perhaps if child and family services incorporated a more Indigenous Worldview and was open to such concepts as relationality, reciprocity and cultural relevance for example, then the service provision for families would look a lot different. Safety is ultimately the goal for all parties involved however the route, procedures and policies in which we are able to keep children safe could look different if they came from a different perspective and Worldview of ways of knowing and doing.

The mothers repeatedly stated that they felt powerless and hopeless. It is possible that by providing service from an alternate Worldview, that Indigenous women and families could feel empowered through their involvement with the child welfare system. It is my opinion that the focus of decentralizing power that occurred through 'Devolution' should have occurred at a family and service provider level rather than at a structural level.

There were several suggestions offered by the mothers on ways to minimize the feelings of helplessness and hopelessness. They inferred that a collaborative relationship between workers and families was the only way in which the interest for both parties could be served. The mothers acknowledged the presence of unhealthy coping strategies and practices in many Indigenous

families as per historical contexts, and suggested that the role of the child and family services system should be to help families receive the supports, treatments, and programming that they need in order to prevent further cycles of destruction among Indigenous families and communities. Their proposed ways of doing so were primarily situated around prevention models: Education, role modelling, and assistance in developing healthy patterns were of utmost importance to the women interviewed. It was discussed that the role of the child welfare worker should be as a support alongside the family in order to assist in helping with the process. Furthermore, the preservation of the family was identified as crucially important. The mothers suggested that it is the breakdown of the family unit that has historically been destructive in Indigenous communities and acknowledged that this continues to be problematic today. They also suggested that workers should be less inclined to separate children from their biological environment, and should they do so, make more of an effort to preserve the relationships between the children and their parents, extended family, and community. It was also identified by the mothers interviewed that should workers and child welfare agencies be taking these first initial steps when providing services to families, then it is believed that there will be less disruption, diminished cycles of systemic involvement, and a lesser presence of harmful coping strategies among Indigenous families and communities. The research in this area also supports these assertions (Bennett, Spillett, & Dunn, 2012; Bennett & Blackstock, 2002; Blackstock & Trocme, 2005; Hughes, Chau, & Vokri, 2016; Nixon, Radtke, & Tutty, 2013).

The restructuring of the system intended to highlight the importance of culturally relevant services for Indigenous families. It is the voices of the mothers in this study that articulates the means by which the restructuring occurred is not in fact addressing the cultural needs of the families involved with the child and family services system. The women indicated that they were

disappointed by the unavailability of cultural supports, including ceremony, and traditions offered to them during hardships. They cited that as an agency, child and family services did not provide what they (the mothers) identified as needing during these times. Many of the women indicated that Indigenous children continue to be placed outside of their family of origin and culture of origin and offered suggestions in which the service provision could be more culturally inclusive and sensitive for children and families.

The primary suggestion for culturally relevant service was to place Indigenous children with Indigenous families should there be time in which they are required to be placed outside of their biological environment. Based on the testimony of the mothers, there was acknowledgement that the resources of Indigenous families willing and able to care for others peoples' children may not be a reality and further suggestions were made that the families in which they will be placed with receive intensive training on the Indigenous culture, community and family structure. Women expressed that they became aware that their children were attending religious ceremonies of the families that were caring for them which were based in a different faith than that practiced in the child's family of origin. They expressed great concern for a continued loss of culture and tradition within their families and communities as a result of their children not being offered teachings, ceremony or traditional practise exposure as they may have had in their own homes.

Some of the mothers suggested that in addition to cultural support and exposure for their children, some of the ways in which child and family services could preserve Indigenous culture, tradition and practices would be to have extended the offer to engage in traditional healing practices when the women were in need. One woman for example cited that she would have preferred to be offered the right to smudge with workers at times of meetings or discussions about her children and family. Another woman cited that when her child was removed, she did not need

the pamphlet of resources that was offered in the hospital, she needed to go to ceremony. She went on to say that ceremony and traditional healers and elder support was not offered to her by her agency despite her having made the conscious choice to work with an Indigenous child welfare agency when her file opened. The intention of cultural awareness was of importance in the restructuring of the 'Devolution' service delivery plan, however the gap between intention and practise is vast and should be explored further.

6.2 Comparable Programming

In reviewing the suggestions offered by the mothers interviewed as a part of this study, alternate models of service provision and programs across Canada were reviewed (Bennett, Spillett, & Dunn, 2012; Hughes, Chau, & Vokri, 2016; Nixon, Radtke, & Tutty, 2013). I researched programs both in Winnipeg as well as across Canada in order to determine if any of the suggestions brought forth in the study were already actively being utilized in programming. One of the programs that was found was the "Children's Cottages" program out of Calgary, Alberta. According to this non-mandated agency, their mission statement is "Preventing harm and neglect to all children and building strong families through the support services, respite programs and crisis nurseries" (Children's Cottage Society, "mission statement", 2016). Their programming is prevention based and aims to create safe strong foundations for families by offering non-judgmental programming for families in times of need and crisis. They work in collaboration with other community-based programs in an attempt to meet the needs identified by families in order to ensure minimal family disruption. Some of the services offered through this agency includes a crisis cottage where families can move to together in order to receive hands-on support, and guidance through troubling times. Furthermore, they also offer in home respite and nursery staff for parents of newborns and children under the age of 12. Their

prevention-based model has proven successful in minimizing family disruption and ultimately minimizing extensive involvement in the child and family services system.

Upon review of this program it was noted that many of the services that are offered were similar to the suggestions in which the mothers of this study offered as alternate methods of programming for families in Manitoba. Keeping families together in times of crisis, offering in home supports, role models and respite services and recognizing the needs of families as they present them themselves were all crucial components mentioned by the mothers as methods of keeping families together and healthy. Naturally, it leads to the question of whether there is a space for this type of programming in Manitoba within child and family services. The Calgary model is not a mandated government program as is child and family services in Manitoba, however there are many aspects that could be adopted by the system and implemented in order to assure the needs of families accessing services are met. It could then be suggested that an area for future research may be a review of how to adapt this similar programming into the Manitoba model and what aspects could be utilized and changed to meet the unique needs of families in Manitoba.

6.3 Reflections on the Research Process

The intended goal of this study was to do “good” research. That is, research that was not exploitative but rather research that created a safe space in which the experiences of Indigenous mothers could be heard. Based on the guidelines of Indigenous scholars such as Kovach (2009), and Wilson (2001), it was a conscious attempt by the researcher to adhere to the paradigm of Indigenous research methodology and share knowledge gained through the experiences and stories of those who were interviewed. All of the mothers relayed that they felt comfortable in sharing their story openly with both myself as researcher and the Knowledge Keeper.

The presence of a Knowledge Keeper was essential in creating a safe environment in which the intimate stories of family's experiences with child welfare could unfold. Carey was patient, warm, kind, approachable and gentle in her approach in supporting the women. The presence of a person who was there to support the women in a role that was free from expectations was key in creating trusting relationships in just a few short hours. Carey was a face that many women had already known from the community and appeared to be quickly at ease when walking into a room to speak. Relationships for many women had been developed previously and Carey showed the women that the researcher was a safe person with whom to share their story. As well, there were times in which Carey offered, and was asked, by the women to participate in ceremony. The subject matter of the study was highly emotional and triggering for many people and to have the availability of options to engage in immediate healing practices was essential to the facilitation of the project. Despite being offered community resources to connect with after the interview, the presence of someone who could initiate a smudge for example was pertinent for the continued emotional safety of the mothers. It created a space in which women were allowed to sit with their emotions, address them as they came up and to work through them with the presence of others for cultural and emotional support.

The presence of ceremony and spirituality allowed for this research to become a safe place for story and experience to be shared. Going forward, I would suggest that in facilitating research in Indigenous communities, with families or individuals, that there is an element of spirituality and respect that should be paid in order to adhere to the idea of doing good research. Ceremony created a space in which power imbalances could be dissipated and relationships could be grown. It allowed free choice for project participants to choose to engage or not however maintained a foundation that the project was rooted in spirituality.

6.4 Reflections on Being an Ally

There was no clear definition that developed from this project for me as a researcher. It was apparent that a way in which I could act in the role of an ally would be to listen, respect and learn from the stories that were shared with me and take forth the ideas that were offered as a means to change practise. Although I am aware that I cannot change the child and family services system as a whole, I can definitely alter my practise to include many of the suggestions for worker relations that the women interviewed have suggested. Furthermore, sharing the ideas and suggestions with colleagues is a way in which the impact of the child and family services system can become known. This for me is part of the ongoing work as an ally.

6.5 Study Limitations & Future Directions

This study was open to all Indigenous mothers who had systemic involvement with the child welfare system. Therefore, women receiving services from various authorities, agencies, rural and urban, all presented to share their experiences. Although there were many similarities, it was difficult to narrow in on what agencies were practicing tactics and service provision that the mothers felt were beneficial and which agencies needed re-evaluation of their programming. It is my opinion that further exploration of the experiences of women need to be completed in which there is an identification of which authority and agency the family is receiving services from and then an exploration of the service model of that individual agency. In other words, what might that agency be doing for families that is more beneficial than other agencies and is that model then replicable across agencies, authorities, and communities?

Furthermore, the stories relayed by the women were in response to the question, “what is your experience?” Since the topic is vast, grand, in developing further research that may emerge from this study, the focus of ongoing research could be narrowed. For example, it may be helpful

to specifically ask women to begin their story at the beginning of involvement and continue on through their journey of involvement in chronological order until their files were closed. If all women were to start at a similar point, then it may be easier to pinpoint what stages of involvement for families need to be further examined in terms of service provision. In other words, what tactics did agencies use at particular points that worked for families and what could have been done different in order to achieve a more positive outcome for mothers, children and families?

The voices of Indigenous women are important. These voices are too often silenced and are not present in the discussion of the child welfare system in Manitoba. Yet, it was the women of this study that also shared that the experiences of men are also important and that Indigenous men in Manitoba are a vulnerable population that lack resources, help, and guidance. In this particular study, there was no representation of Indigenous male voices and their experiences within the child welfare system. Future research could explore what their stories include and what their suggestions may be for areas in need of change. Sharing the experiences of Indigenous fathers could offer insight into what is lacking and what is present, for them to be healthy, successful strong fathers and families.

6.6 Knowledge Translation

It was the intention of this project to have women guide the knowledge translation aspects and to indicate what should be done with the data that had been collected. Unfortunately, at the time when this process was to occur there was a lack of availability by the mothers to partake in the process. Many of the women in this research spoke freely of the shame that they have felt as a result of receiving services; and the participation in a group component of the project would expose the vulnerabilities and feelings associated with the shame. As such, it is

likely and quite possible that the women were not responsive to a group meeting so as not to see and be seen by the other participants. It is the intention of the researcher and the Knowledge Keeper to propose another time slot in which the participants can come together on-one-on to share ideas or as a group if this seems appropriate. It will likely occur later on in the year once several times and dates have been explored to determine what works best for everyone.

As was stated earlier in the methods chapter, Carey has shared that she has many visions of what could be done with the stories and how they can be shared back into the community with others. Although she is unable to specify exactly what the visions have entailed, she expressed that it is coming to her and that the concept is taking shape in her mind and heart. Eventually, the hope is we will take the process back to ceremony which will determine the process and clarify the vision moving forward. It was explored by both myself and Carey that this is a subject area with tremendous potential and that in such a short time frame has sparked such high community interest, that it can only grow and flourish in size. It is our hope that the project can eventually continue and explore alternate avenues of support in order to perpetuate the momentum and strength of the project.

Between Carey and myself it was discussed that perhaps some of the suggestions identified by participants could be taken forward to community advocates. And, that they could be shared as suggestions for change and be presented to local politicians, community organizations, and advocacy groups. It is the belief that with additional community interest and experiences shared, that the quantity of suggestions for change would increase and strengthen, and that this in turn could be shared with others in an attempt to change the system. The intention is that through sharing the stories there has been a platform created to hear a voice that is often

silenced. This is a community of voices that has not been asked for their input on the systemic problems and suggestions for change.

As the area of worker relations was such a strong presence in all of the interviews, we also suggest that the information that was gathered regarding the qualities of the relationships between families and workers be shared with workers themselves. The idea that a training module could be developed and rolled out based on the feedback that has been provided by mothers would likely prove to be an interesting, useful, and valuable perspective for workers to have while providing services to families. It is with hope and anticipation that this information could shed light for workers on the perspective of families and generate increased empathy and ultimately strengthen the relationship between the two. In several of the Manitoba child and family service agencies, there are training modules for workers that include components of “cultural sensitivity” with particular respect to the ‘Seven Teachings’ as a foundation for service provision. Based on the feedback received from the mothers interviewed for this study, however, perhaps this is not sufficient. It would appear that interpersonal skills, sensitivity to family realities, and needs are necessary to further compliment to the cultural sensitivity training component. Further exploration of the specific training needs available and offered to workers in the child welfare system is a necessity.

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Appendix

Appendix 1: Recruitment Poster

***INDIGENOUS WOMEN/MOTHERS, YOUR VOICES ARE
IMPORTANT! COME AND BE HEARD, SHARE YOUR STORY!***



Google Images, Artist: JACKIE TRAVERSE

**As a participant in a Research Project for the
University of Manitoba, you are invited to come and
share your story and experiences of any involvement
with Child and Family Services in Manitoba.**

PARTICIPANTS WILL BE
COMPENSATED FOR THEIR TIME.
Childcare, bus tickets, food and
beverage available to participants
throughout the interview process.

For further information please call or
text Suzanne at _____
or email at _____

This study has been approved by the University of Manitoba Research Ethics
Board.

Thesis Advisor: Andrew Hatala

Research Study for Child Welfare
Umrobe43@myumanitoba.ca

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Umrobe43@myumanitoba.ca

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Umrobe43@myumanitoba.ca

Appendix 2: Informed Consent Form**RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM**
Individual interview

Title of Study: “A qualitative study of Indigenous women's experiences with the child welfare system in Manitoba”.

Principal Investigator: Suzanne Robertson, umrobe43@myumanitoba.ca , [REDACTED]

Co-Investigator: N/A

Sponsor: N/A

Funder: N/A

You are being asked to participate in a research study involving an individual interview. Please take your time to review this consent form and discuss any questions you may have with the study staff, your friends, family before you make your decision. This consent form may contain words that you do not understand. Please ask the study staff to explain any words or information that you do not clearly understand.

Purpose of this Study

The purpose of this study is to explore the experiences of Indigenous women regarding their involvement with the child welfare system in Manitoba. Currently there is an overrepresentation of Indigenous children and families involved in child and family services and an underrepresentation of Indigenous women's voices related to this. The study aims to provide a platform in which Indigenous women can share details about their experiences and create a space for this often silenced voice to be heard.

If you agree to be a part of the study, you are indicating that you are willing to share your experiences of involvement with child and family services in Manitoba. We are particularly interested in hearing your experiences both positive and negative and suggestions for an improvement on service provision.

Participants Selection

You are being asked to participate in this study because you have self-identified as an Indigenous women with involvement in the Manitoba child and family services sector.

A total of 10 participants will be asked to participate.

Study procedures

- The method of data collection for this study will be based on Individual interviews.
- Participation in the study will require a one-on-one interview approximately 45 minutes to 90 minutes in length and a follow-up debriefing group with all of the female participants as a whole. A community Knowledge Keeper is available at your request at any time to assist and support you at any time through presence or ceremony.

- Both the interviews and the group debrief will be held on Selkirk Avenue at a local non-profit community organization office space. All of the interviews will be recorded and transcribed and if you would like a copy of your interview please advise the researcher.
- The interview will be conducted by Suzanne Robertson, the primary investigator for the project.
- You will be asked questions related to your involvement and experience with the Manitoba child and family services sector. These questions are aimed to gain a better understanding on what positive supports as well as what necessary changes need to occur within the existing system.
- The sessions will be audio-taped and the audio-tapes will be transcribed by the principle researcher to ensure accurate reporting of the information that you provide.
- You will not be asked your name during the individual interviews. You may choose to use your own name, an alternate name or request to remain anonymous. The names will remain as you have chosen them throughout the transcription of the audio tapes.
- *The audio recordings will be stored on a password locked device with no one other than the principle investigator having access. Tapes will be destroyed within 6 months of completing the transcriptions and the transcriptions will be destroyed 1 year after the completion of this evaluation.*
- *This study will involve a follow-up debrief session that you are free to attend at your own choice. There will be no reprise for your study involvement should you chose not to participate in the debrief.*
- *Should you request it, findings of the study will be provided to you in paper copy summation form.*

Risks and Discomforts

It is acknowledged by the researcher that the topic of child and family services may prove to be difficult and at times challenging for participants. Should you request it, a community Knowledge Keeper can be present for your interview process either during or after. As well, the researcher commits to providing local resources and supports available to you for further debriefing. Below is a list of local agencies, crisis lines and counseling services available to you should you require further support related to the topic of discussion.

Crisis Response Center: 817 Bannatyne 204-940-1781

Klinik Crisis Line: 204-786-8686

AFM: 204-944-6200

Children's Advocate: 204-988-7440

North End Women's Center: 394 Selkirk 204-589-7347

West Central Women's Resource Center: 640 Ellice 204-774-8975

Indigenous Family Center: 470 Selkirk 204-586-8393

Manitoba Human Rights Commission: 700-175 Hargrave st 204-945-3007

The Knowledge Keeper has also agreed to facilitate ceremony as it pertains to the debriefing circle upon completion of the individual interviews.

Benefits

There may or may not be any direct benefits of your participation in this study. The hope is that with the information generated there may be a chance to influence change in practice within the child and family services in Manitoba.

Costs

There is no cost to you to attend the individual interviews.

Payment for participation

You will be provided a \$40 honorarium for participation in this project. You will still be given the honorarium should you feel it necessary to withdraw from the study. As well, childcare for the duration of the interview and group debrief will be provided on site should you require this support.

Confidentiality

We will do everything possible to keep your personal information confidential. Your name will not be used at all in the study records unless requested by you. A list of names and addresses of participants will be kept in a secure file so we can send you a summary of the results of the study. If the results of this study are presented in a meeting, or published, nobody will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

During the group debrief we ask that all participants respect and maintain the confidentiality of the discussion; however, it is not possible for the researchers to guarantee that everyone will do so.

Audiotapes of the group discussion will be typed and used to prepare a report. The audiotapes and typed notes will be kept for 12 months in a secure password locked device and locked file cabinet and office. Only the principle researcher will have access to them.

"Research records that contain your identity will be treated as confidential in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA)"

It is the legal obligation of the principle researcher to contact the necessary authorities should you reveal that you are at risk to yourself, someone else or the perceived risk of a child be identified throughout the interview process.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy. Both the University of Manitoba Health Research Ethics board, who are responsible for the protection of people in research and has reviewed this study for ethical acceptability, as well as the Student advisor to the principal researcher may be the only other person to access the research findings and information. All information viewed by either of these parties will be sent electronically via password locked email and computer systems.

All records will be kept in a locked secure area and only those persons identified will have access to these records. If any of your research records need to be copied to any of the above, your name and all identifying information will be removed. No information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

Permission to Quote:

Researchers may publish documents that contain quotations by me under the following conditions:

Researchers may publish documents that contain quotations by me under the following conditions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly (my name is used).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if my name is not published (I remain anonymous).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if a made-up name (pseudonym) is used.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Questions

If any questions come up during or after the study contact the principal investigator and the study staff: Suzanne Robertson at [REDACTED].

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389

Consent Signatures:

1. I have read all 6 pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study at any time and my data may be withdrawn prior to publication.
6. I understand I will be provided with a copy of the consent form for my records.

7. I agree to participate in the study.

Participant signature_____

Date _____
(day/month/year)

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ **Date** _____
(day/month/year)

Signature: _____

Role in the study: _____

Appendix 3: Interview questions

1. Can you please share what your story of involvement has been with Child and Family services?
2. What is the status of your file? (Protection file, voluntary services, Maltreatment, Alert, Investigation, Intake)
3. Do you have your children in your care?
 - a. If not, where do they reside?
 - b. Can you describe your role in deciding the placement of your children in that home?
 - c. Do you feel that your children's placement is culturally appropriate and aligned with your own immediate familial beliefs, traditions and customs? If yes, can you elaborate? If no, can you elaborate?
 - d. How often do you get to see your children?
 - i. Who decides when and where the visits occur?
 - e. Can you describe your role in the decision making process for your children's needs? (school, medical, familial relationships, well-being)
 - f. If your children reside with you, how much involvement does your CFS worker have in the decision making process for your family?
 - g. In what ways are traditional parenting and child rearing practices being honoured in the CFS system in Manitoba at this time?

- i. What are some of the practices that SHOULD be honoured in child rearing that are not being met?
4. Have your children ever been apprehended from your care and placed in alternate care environments?
 - a. To what extent do you feel this affects the relationship with your child? Your child and his/her family, siblings, community?
 - b. How is your attachment with your child after this occurs, whether or not reunification has occurred?
 - c. Are there any services provided by your CFS agency to nurture and support the mending of relationships after the physical separation of family members?
5. What are your cultural needs? And, are they being met by your CFS agency?
6. Are you familiar of any cultural practices, ceremony or traditional parenting programs offered by your CFS agency?
 - a. How did you become aware of them?
 - b. Do you access them?
 - c. Are your children accessing any cultural programming, practices or ceremony through CFS programming?
 - d. If so, how did they get involved with the programming?
 - e. Are services available to you in other languages should you request them?
7. To what extent did culture play in your relationship with your CFS agency?
8. Do you feel that the way services are delivered by the CFS system in Manitoba are culturally relevant and sensitive?

9. Are there any components of the current child welfare system that you feel need improvement? Change? Alteration?

Appendix 4: Ethics certificate



Research Ethics
and Compliance

Research Ethics - Bannatyne
P126-770 Bannatyne Avenue
Winnipeg, MB
Canada R3E 0W3
Phone +204-789-3255
Fax +204-789-3414

HEALTH RESEARCH ETHICS BOARD (HREB)
CERTIFICATE OF ANNUAL APPROVAL

PRINCIPAL INVESTIGATOR: Dr. Suzanne Robertson	INSTITUTION/DEPARTMENT: U of M/Medicine/Community Health Sciences	ETHICS #: HS21660 (H2018:120)
HREB MEETING DATE (if applicable):	APPROVAL DATE: March 18, 2019	EXPIRY DATE: March 26, 2020
STUDENT PRINCIPAL INVESTIGATOR SUPERVISOR (if applicable): Dr. Andrew Hatala		
PROTOCOL NUMBER: NA	PROJECT OR PROTOCOL TITLE: A Qualitative Study of Indigenous Women's Experiences in the Child Welfare System in Manitoba	
SPONSORING AGENCIES AND/OR COORDINATING GROUPS: NA		
Submission Date of Investigator Documents: February 22, 2019		HREB Receipt Date of Documents: February 22, 2019
REVIEW CATEGORY OF ANNUAL REVIEW: Full Board Review <input type="checkbox"/> Delegated Review <input checked="" type="checkbox"/>		
THE FOLLOWING AMENDMENT(S) and DOCUMENTS ARE APPROVED FOR USE:		
Document Name(if applicable)	Version(if applicable)	Date

Annual approval

Annual approval implies that the most recent **HREB approved** versions of the protocol, Investigator Brochures, advertisements, letters of initial contact or questionnaires, and recruitment methods, etc. are approved.

Consent and Assent Form(s):

Research Participant Information and Consent Form - Individual Interview

May 2018

CERTIFICATION

The University of Manitoba (UM) Health Research Board (HREB) has reviewed the annual study status report for the research study/project named on this **Certificate of Annual Approval** as per the category of review listed above and was found to be acceptable on ethical grounds for research involving human participants. Annual approval was granted by the Chair or Acting Chair, UM HREB, per the response to the conditions of approval outlined during the initial review (full board or delegated) of the annual study status report.

HREB ATTESTATION

The University of Manitoba (UM) Health Research Board (HREB) is organized and operates according to Health Canada/ICH Good Clinical Practices, Tri-Council Policy Statement 2, and the applicable laws and regulations of Manitoba. In respect to clinical trials, the HREB complies with the membership requirements for Research Ethics Boards defined in Division 5 of the Food and Drug Regulations of Canada and carries out its functions in a manner consistent with Good Clinical Practices.

Research Ethics and Compliance is a unit of the Office of the Vice-President (Research and International)

umanitoba.ca/research