

**Exploring Aboriginal Child Welfare Practice in Remote Communities: A
Qualitative Study**

by

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Abstract

This research study considers the experiences of nine Aboriginal child welfare workers who worked in five remote First Nation communities. The purpose was to describe some of their child welfare practices. This qualitative research study included the oral tradition and storytelling techniques of the Indigenous paradigm. The study explored three general areas of interest: residency and employment in ones' community of origin, the availability of resources and supports for child welfare practice, and knowledge and application of traditional Aboriginal cultural methods. These areas were explored in work done within the children in care, child protection and family services programs in child welfare. All the workers used both conventional and non-conventional methods of child welfare practice in their respective communities. Child welfare is a difficult practice under any circumstance, and this study indicates that workers often tackle complex issues with very few resources or supports. Child placement is a growing concern and the lack of culturally appropriate services results in Aboriginal children experiencing a disconnection not only from their family, but also from the community and culture of their birth. Traditional Ojibway culture was known to many of the participants. Although there were exceptions, the application of cultural practices was most often limited to working with the extended family and private arrangement placements. This exploratory study raises some implications regarding the following: Child welfare may be responsible for the transmission of cultural knowledge to children in care. Should Aboriginal agencies provide tutorials on colonization as part of the intervention with families? These are issues that require further research.

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Chapter One

Overview of Study

In 1978, I, along with six other youth worked in a summer employment program at Hollow Water First Nation. As it turned out I was asked by the supervisor of our group to interview the elders in the community to garner a record of the stories and the history of Wanipigowsibi (Hollow Water).

What a great assignment I thought. However, my feelings of anticipation were soon replaced with rejection. I reviewed the task at hand and thought that I might begin the interviews with my own grandparents. Then I thought my Indian language is limited and Kookum (grandmother) does not speak English. Luckily grandfather speaks very good English I thought. When I approached my grandfather with my questionnaire; he gave a loud sigh and he responded "What's the good of it?"

You see, at the time my grandfather must have been in his early 70's and he had been a long serving political councilor in the community of Hollow Water under the Chief and Council regime; a delegated power through the Indian Act of Canada. My grandfather had been a survivor of the residential school system. Whatever demons he needed to suppress as a result of that experience he would do so through help from his constant companion alcohol. I can only guess at his experiences at residential school, as he did not talk about these. But he did consume alcohol to rekindle his spirit, to be joyful and to respond to things around him. Only a decade before my little questionnaire my grandfather had been the subject of an interview with a professor from the University of Manitoba, Margaret Stobie. What's the good of it he asked rhetorically; in hindsight I am certain he was tired and despondent at the struggle he gave for his people. (Stobie, n.d.)

This snapshot that was my grandfather's life has a purpose in the presentation of this proposal, because he like so many of his generation went to Residential School. To medicate whatever ills befell him from his experiences at residential school my grandfather consumed alcohol in large quantities. Nonetheless, he had an excellent command of the English language a benefit of the education he received for being an Indian. His English language skills afforded him the ability to run for council and to communicate in the language of business and commerce of the time. His portfolio was education; as a result he worked tirelessly to establish an Indian Affairs Day School on reserve – kindergarten through grades eight. It is believed that he established this school

so that the young children would not have to leave home too early. My grandfather also engaged in an ethnographical discourse related to his knowledge of the community of Hollow Water and the traditional economic practices of the Ojibwa people of the Eastern shores of Lake Winnipeg.

Ethnography is an anthropological technique that is helpful in garnering traditional ecological knowledge from respondents within a certain environment. Simpson (1999) used this technique as part of her dissertation for her Ph.D. in recording the stories of the elders through observation and visitation within their environment.

This qualitative research project included techniques related to ethnography and phenomenology. The interview and observation techniques associated with phenomenology and ethnography allowed me to record the experiences of Aboriginal child welfare workers that practice in remote communities. These child welfare workers provided services in five remote communities located in the Southeast Child and Family Services area. A total of nine individuals were interviewed.

Phenomenology and ethnographic methods in the tradition of the constructionist perspective was used in the data gathering process. These included a conversational method with a semi-structured interview approach (Kovach, 2010). The semi-structured interview approach will be tempered with the need to gather rich data. This interview format allowed people to elaborate on their experiences with some depth. These methods focused on selected experiences that define Aboriginal child welfare practice in remote communities. Due to the history of colonization in Canada, it was anticipated that the stories of colonization would emerge in the research findings at least to some extent. Many Aboriginal communities have been marked by the experience of colonization and

the remoteness factor of some Aboriginal communities studied here is a direct result of this. The Indian Act of Canada for example, delineates the meaning of Indian and administers the lands set aside for Indians. The Indian Act is legislation grounded in paternalism an aspect of colonization.

The experience of colonization is consumed with assimilationist intent. It was believed that the Indian would eventually leave the traditional cultural way of life behind and become absorbed into dominant society. By design of the government, the residential school system was a means to an end (McKenzie & Hudson 1985; McKenzie & Morrisette 1993; Sinclair 2004). When this attempt at assimilation failed the child welfare system was the next assault of assimilation. Mass adoption of Aboriginal children to non-Aboriginal people was also a means of assimilation. As reported by McKenzie and Hudson (1985) the adoption and placement of Aboriginal children with non-Aboriginal caregivers was a means to destroy traditional cultural ties to language, family and community.

Aboriginal child welfare is inextricably intertwined with the experience of colonization. This dubious relationship is the result of the history of colonialism in Canada and its effect on Aboriginal people. Colonization has had a tremendously devastating effect on the lives of Aboriginal people. These included historic effects of displacement to marginalization and the present day imposition of systemic and structural oppression.

Government sanctions against cultural practices such as the Sundance, Potlatch and similar ceremonies left a void in the lives of Aboriginal people (Hamilton & Sinclair, 1991). The forced removal of children from their families and communities through the

residential school system was exercised through government assimilationist policies. Residential schools and the criminalization of ceremonial practices were attempts to eradicate the 'Indian' in First Nations people (McKenzie & Morrissette 2003; Sinclair 2004).

Sinclair (2004) suggests neo-colonialism is the current approach of assimilation: whereby internalized conflict, systemic racism and discrimination replace the former attempts at assimilation. The child welfare system is another instrument of colonization and, as documented by Hamilton and Sinclair (1991), is a sad chapter in the lives of Aboriginal people.

The Child and Family Services Act of Manitoba (1985), is legislation that guides all child welfare practitioners regardless of where they practice in the province of Manitoba. One of the criticisms of this Act is the lack of Aboriginal involvement in its development. The legislation continues in its former genre whereby decision-making ability and authority over matters of the family remain with government departments and not within Aboriginal families (McKenzie & Morrissette, 2003). More recently, changes to the child welfare system in Manitoba suggest that Aboriginal families will receive services from a more representative system. There is optimism the system might be better equipped to work with Aboriginal families. The Aboriginal Justice Inquiry-Child Welfare Initiative (AJI/CWI) *Promise of Hope/Commitment to Change* is a publication describing the expected changes to the system. This devolution process is viewed as a beginning and a means to restore the responsibility of caring for children to Aboriginal families.

This research project explored selected characteristics associated with Aboriginal child welfare social work practice in remote communities. I attempted to explore selected

aspects of the ‘lived experiences’ of Aboriginal child welfare workers that practice in remote locations. There were three areas of interest that my research project explored to define what child welfare social work practice in a remote community entails. The first is related to child protective services and services to children in care and the impact of ones’ culture and whether this makes a difference in service delivery. The second is related to the ability of the child welfare worker to live and work in his or her community of origin. A big question here is how this circumstance affects his or her relationship with individuals in the community who are clients of the Child & Family Services agency and are also family members. The third is related to how child welfare workers experience their work when there are few resources available in a remote community. What might a child welfare worker do to alleviate the impact of poverty when there are no food banks in the community, for example? These were some of the areas I explored in this research project. I believe the experiences related to these three will demonstrate some unique aspects of child welfare practice in remote First Nations communities.

It is also important to hear the stories of child welfare social workers that are employed in remote communities. These stories may be examined for future training and educational purposes.

Several authors (Hart, 1996; Irvine, 2004; McKenzie & Morrissette, 2003; Sinclair, 2004; Weenie, 2000) suggest the solutions to the ills that befall Aboriginal families rest in the Aboriginal ways of knowing. These authors present means and tools that reflect a decolonization framework. This decolonization framework presents the truth about the history of Canada and its development. The apology for the Indian Residential School experience is one such mechanism. Granted the apology doesn’t address the pain

and it doesn't restore a healthy balanced psyche to the former students. But the apology for residential school affirms government responsibility for, and validates the atrocities experienced by former students. In this example the decolonizing factor is in the act of deconstructing history. This is accomplished by a history of Canada that is told from the Aboriginal point of view. A platform for this re-telling of history would be the residential school experience. In light of this assertion it is also important to document that not all Aboriginal people in Manitoba attended residential school. Yet there are similar dysfunctional characteristics among all Aboriginal people (author included) despite non-attendance at residential school. It is possible to decolonize the residential school experience for many Aboriginal people, but it requires one to explore and uncover the issues that face Aboriginal families today. It is also important to link the present with the past experience. Denial though, is thickly entrenched in individuals whose only means of survival is denial.

Another method for decolonization is the use of sharing circles with groups as opposed to di-ads. Sharing circles along with smudging ceremony is said to create a therapeutic environment conducive to in-depth sharing contributing to overall health of the speaker. These are only a couple of suggestions for decolonization and are viable options for decolonization to occur.

The six previously mentioned authors also suggest that this decolonization knowledge must somehow go beyond the classroom and actually enter the service delivery aspect of child welfare practice. This development must include a decolonization framework that would allow practitioners the opportunity to work with Aboriginal families in the field.

A goal of this research project was to provide information on a topic that has not been studied in any great detail. I remain cautiously optimistic that this research may be developed into a teaching tool for those who enter the child welfare profession and especially for those who might find themselves working in a remote Aboriginal community. The research was based on the experiences of Aboriginal child welfare workers that practice in small communities where remoteness was a factor. I was especially interested in this topic because I have spent the majority of my career working in agencies that serve remote and semi-remote communities. I have worked as a child welfare social worker in various capacities for the past 18 years. I am cognizant of the fact that my experiences though similar to others working in remote communities are also very different.

There are five chapters in this thesis. Chapter one is an introduction and overview of the research. Chapter two is a literature review. The third chapter presents the research methodology used in this study. The fourth chapter is a report on the research results. Finally chapter five is a discussion of findings. The chapter ends with some implications and some concluding comments.

Chapter Two

Literature Review

Over the last few decades, Aboriginal child welfare has been a topic of interest in the media, in classrooms and with Aboriginal family advocates. This is so much so that the literature now supports a specialization in this area. There has been a great deal of research on child welfare and Aboriginal people. More specifically, the experience of colonization and residential school are topics associated with Aboriginal child welfare. These experiences have resulted in social conditions that necessitate child welfare interventions with families. In the early 1980's indeed Aboriginal child welfare was a burgeoning entity due to the high numbers of Aboriginal children in agency care. Researchers and academics were forced to develop social work education that reflected the reality of a post-colonial identity of Aboriginal people and their circumstance.

Child Welfare and Colonization

The child welfare system in Manitoba has experienced a great deal of change since its first intervention with Aboriginal families. These early interventions through the residential school system were designed to extract the Indian state of being from the child. Hamilton and Sinclair (1991), *Report of the Aboriginal Justice Inquiry of Manitoba* (AJI) summarizes the testimony of hundreds of Aboriginal people, who described their painful experiences in residential schools. Aboriginal students were taught to devalue everything Aboriginal and value everything Euro-Canadian. As stated in these testimonies the residential school system taught self-hate (Hamilton & Sinclair, 1991). These stringent efforts to assimilate Aboriginal people failed to some extent. As a result other means were incorporated such as the large-scale adoption of Aboriginal children to

non-Aboriginal families. McKenzie and Hudson (1985) reported on the removal of one hundred and fifty Aboriginal children from a community of three hundred in British Columbia through the child welfare authorities of the time. The impact of such large-scale removal of children from a single community was reported as devastating for the future of that community.

This section focused on the history of colonization in Canada and the resultant effects on the lives of Aboriginal people. The history of colonization is explored to demonstrate the connection between child welfare and colonization paradigm. A brief discussion on the current changes in the child welfare system in Manitoba is also included. The paternalistic attitudes in early colonial times have contributed to the lack of control experienced by Aboriginal people over their lives and the lives of their children. McKenzie and Hudson (1985) described this in the Jamestown Massacre. In New England Aboriginals had killed non-Aboriginal people in retaliation for the removal of Aboriginal children to be "...Christianized in England" (p.133). The New England settlers saw the removal of Aboriginal children as necessary at the time as they viewed Aboriginal people as pagan and primitive in their child rearing practices. What resulted was a "...systematic policy of extermination directed against the offending band" (p.133). The other point expressed here is the fact that Aboriginal practices whether this includes child rearing or other cultural practices are scrutinized through the lens of the oppressor. Oppression is one of the experiences of colonization and is part of the colonization paradigm, as suggested by the research of (Sinclair 2004; Little Bear 2000; Absolon 1993).

A Eurocentric worldview values the ideas associated with colonialism and colonization. Little Bear (2000) states: “One of the problems with colonialism is that it tries to maintain a singular social order by means of force and law, suppressing the diversity of human worldviews” (p. 1). Little Bear implies that colonialism is restrictive and those with a Eurocentric worldview operate with an external means of social control as expected or ingrained in colonialism. This demonstrates one of the opposing aspects of a Western worldview to that of an Aboriginal worldview. In traditional Aboriginal society the locus of social control for an Aboriginal person came from within that person (Hamilton & Sinclair, 1991). It was believed an Aboriginal person would consider the consequence of their actions very carefully as this would impact the generations to come. Duran and Duran (1995) discuss these ideas and explain the binary opposites implicit in Western metaphysics as the base understanding of the Eurocentric worldview. Little Bear (2000) also suggests that the Eurocentric worldview is alive and thriving in the western world and is on a collision course with the Aboriginal worldview.

The colonization paradigm and child welfare is intrinsically bound especially for clients of Aboriginal background. The effect of colonization on the lives of Aboriginal people resulted in a mass destruction of the culture. The following authors described this existence as devoid of emotion (Absolon 1993; Hart 1996; Sinclair 2004). These authors promote an Aboriginal pedagogy that supports an Aboriginal worldview as its focus. They also suggest that the practitioner should not dismiss the impacts of colonization on the lives of families with whom they work. The authors provide good suggestions for a decolonization process.

Absolon (1993) for example, suggests use of the medicine wheel as a teaching tool to bring forth positive change in the lives of Aboriginal people. In Absolon's description of healing she associates the root word as wholeness or holiness. In the context of this definition Absolon reports: "The holiness of healing is manifested as a striving toward a wholeness of spirit and an attempt to incorporate this wholeness of spirit into ourselves, families, communities and environment" (1993, p. 4). She describes these relationships in concentric circles each with a spirit, inherent in the medicine wheel concept and within an Aboriginal worldview.

Initially the research was intended to bring attention to the historic issues that Aboriginal families have experienced. This is presuming that most Aboriginal families possess very little knowledge about their own history.

Child Welfare in Manitoba, Devolution and Decolonization

More recently the experience of colonization has been described from the point of view of the colonized. In her article *Aboriginal social work education in Canada: decolonizing pedagogy for the seventh generation*. Sinclair (2004) argues that education as it is reflected in the curricula of educational institutions fails to account for the historical realities rooted in the residential school system.

The educational agenda for Aboriginal people in Canada was also designed from within an assimilationist perspective and the goal of acculturating Aboriginal people to a western way of living and thinking forcing residential school (legislated in the 1920 amendment) education on Aboriginal people. Western theoretical hegemony manifests primarily in educational institutions. For Aboriginal children who are required to learn in mainstream institutions, western education has not mirrored the social, political, economic or worldview reality of their daily lives because Aboriginal history is generally absent in curricula. (p. 51)

Sinclair suggests that mainstream educational institutions and the curricula is not inclusive and does not adequately explore the history of Aboriginal people.

Similarly, Hart (1996) in an article on sharing circles described the yearning of First Nations people to be served in a manner that reflects Aboriginal techniques and viewpoints. Hart also suggested that social work and working with Aboriginal people must include an Aboriginal perspective. He reflected on the work of McKenzie, Morrisette and Morrisette (1993) where the concept of 'aboriginality' is explored and is experienced by Aboriginal people as transmissions of culture through the family. Hart suggested that one identifies with ones' culture based on the knowledge inherent within ones' family. It is also suggested that most Aboriginals view their culture through the lens of colonization and that there are varying degrees of traditional cultural knowledge among Aboriginal peoples. Morrisette is credited with developing a continuum of traditional cultural identity (1993). He identified three Aboriginal states of being as "Non-Traditional, Neo-Traditional, and Traditional" (McKenzie, Morrisette & Morrisette 1993, p. 97). At each stage there are different levels of awareness and empowerment. These authors also recommend that child welfare practitioners familiarize themselves with this continuum and consider client-centered interventions. Thus families and clients are empowered through interventions that reflect an Aboriginal perspective in the delivery of services. Indeed, inclusion of an Aboriginal perspective is supported by principles found in the Child and Family Services Act of Manitoba (1985). The eighth principle for example, states: "Families are entitled to services which respect their cultural and linguistic heritage," and the 11th principle states "Indian bands are entitled to the provision of child and family services in a manner which respects their unique status as Aboriginal peoples" (p. 1). However despite these efforts and positive statements about inclusivity child welfare continues to be a difficult practice. We do not often see

the positive aspects of an intervention. Instead the profession is often questioned for its intrusive methods and its focus on the protection of children at all costs. Aboriginal child and family service agencies are often compelled to keep children in agency-care with extended family or within the cultural group. It is believed that a child in care would be better served by the system if they remain in their particular cultural group. Yet there have been tragedies that have emerged in pursuing these policies that have led to criticism of the system. One need only look at the headlines of mainstream publications and the tragic story of Gage Guimond. Who had gone undetected in a dangerous situation until tragedy struck?

Shirley Caroline Guimond, 55 pleaded guilty Wednesday to assault causing bodily harm for her abuse of the boy and his then three-year-old sister. Court heard Guimond slapped and punched the children when she grew frustrated with their behavior during the month CFS had them in her care. (Giroday, 2009)

This is a sad example of one of the failures of the child welfare system and what remains troubling is the fact that the agency attempted to re-connect the children with their extended family. This research study does not to examine the decisions and services provided in this case. The research does not also compare the decisions surrounding child welfare practice in remote communities to that of practice in an urban community. Although it is plausible that study participants' may come from this frame of reference. Ultimately it is not the intent of this study to draw these comparisons.

The Child and Family Services Act of Manitoba (1985) CFSA is the legislation that all child and family services agencies must adhere to in the delivery of services to children and families in this province. Indeed, Section 17 of the Act is dedicated to protective services and makes up the bulk of the *CFSA*. The protective services as defined in the *CFSA*, states a child to be in need of protection where the life, health or emotional

wellbeing of the child is endangered by the act or omission of a person. (*CFSA*, 1985)

This Act is the guiding force for all service providers and all child welfare social workers are authorized to act in the best interest of children. All other adults in turn are expected to report abuse of children. A social worker in child welfare practice is expected to follow the *CFSA* in the delivery of services to children and families. This focus on child protection is limited however, and does not adequately address the impacts of colonization on the lives of Aboriginal people. The development of child welfare legislation was not an inclusive exercise. As noted by McKenzie and Morrissette (2003) historically decision-making and authority over matters concerning Aboriginal families and children remained with the dominant society and their authorities. The current legislation reflects this general approach.

In recent times, there has been an effort made toward an inclusive relationship in regards to child welfare in Manitoba. These include such initiatives as the Aboriginal Justice Inquiry-Child Welfare Initiative stemming from the recommendations in the Aboriginal Justice Inquiry (AJI) report of 1991. Aboriginal leaders were involved in the signing of memorandums of understanding regarding the implementation of the child welfare initiative in the Aboriginal Justice Inquiry of 1991 (AJI-CWI). The leaders of the following political organizations in Manitoba were signatories to the document – the Manitoba Keewatino Okimakanak (MKO), the Assembly of Manitoba Chiefs (AMC), the Manitoba Metis Federation (MMF) and representatives of the Government of Manitoba. These political organizations sanctioned the development of The Child and Family Services Authorities through the Authorities Act of 2003. This resulted in the establishment of the four CFS Authorities each with a chief executive officer at the helm.

These authority offices were established for the Northern and Southern First Nations, and the Metis Nation and the General population in Manitoba. These CFS Authorities oversee the functioning of the various agencies operating under each Authority office respectively. The Authority for the Southern First Nations Child and Family Services Agencies would function under the auspices of the Southern Authority Network of Care for example. In addition, the Authorities Act provided agencies and authority offices with the power to create child welfare policies and regulations that suit the needs of the various agencies and families for whom they provide child welfare services. Staffs of the Authorities and their respective agencies develop the child welfare policies and program services. However the overall framework for practice rests with the *CFSA*. Thus the current legislation has remained intact and continues to govern child welfare agencies and their workers. As a result child welfare workers rely on the *CFSA* to provide guidance in the provision of services but do little else to address any of the ills facing Aboriginal families. The precursor to this transition was of course the tripartite agreements designed to give delegated powers for Child Welfare Services on reserves. The Provincial Government Child Welfare Program, the Federal Government having fiduciary responsibility of Canada's status Indians, and the various leaders of the Indian Bands (First Nations) in Manitoba signed these agreements to support this transition. "The tripartite model adopted in Manitoba involves federal funding, provincial responsibility for standards in accordance with provincial legislation, and First Nations administration and delivery of services" (McKenzie, Seidl & Bone 1995, p. 54).

Aboriginal families in remote communities are faced with many obstacles that prevent a standard of living that others in Canada take for granted. Pot-table water for

example, is an issue in remote communities at any given time communities in northern Manitoba must adhere to boil water advisories or face the consequence of drinking contaminated water. As a result children are susceptible to diarrhea or develop skin rashes, impetigo or eczema. If these go untreated the children suffer infections or dehydration, factors that mobilize a CFS response. Another significant issue in communities is lack of housing that often leads to multi-family dwellings. There are not enough homes on reserve to allow young families an opportunity to reside on their own. The social issues that result because of overcrowding are the infectious diseases that occur including head lice and more recently bed bugs. The lack of privacy and the social issues related to this, a young girl with her first menses might feel some embarrassment if she shares a bedroom with others. Adults might bring alcohol fueled violence into the home thus children are pre-maturely exposed to family violence and alcoholism. Or children are targeted as easy prey for predatory behavior, to mention a few. The lack of recreation or leisure activities in the community might result in youth looking in the wrong direction for stimulus. This behavior becomes linked to high crime rates with very little obvious deterrence for recidivism to occur. Chances are when one is exposed to nothing but despair one easily loses hope for the future. This despair might turn into thoughts of suicide or completed suicide. These situations are the reality in some remote communities these are also reasons for CFS interventions.

Child Welfare Practice in Rural, Remote and Aboriginal Communities

Foraging societies in the pre-industrial era were thriving and most communities were content subsisting on the bounty of their fields. The people were content with small crops sufficient for their family needs. The collective good of the community was

important and necessary for survival. These characteristics and values were congruent with those of the Aboriginal people in pre-colonial Canada. Collier (2006) states “Every society started as a nomadic hunting and gathering society. This earliest stage represents a foraging economy in which all people were involved in some way in providing for their subsistence” (p. 8). This foraging society had very little need for social work intervention. Family and community networks were encouraged and expected. As a result reliance on the kinship system in these foraging societies was the norm. As time passed however, the economies of society demanded more and faster production of goods and services.

In his book *Social Work with Rural Peoples* (2006), Ken Collier explored this changing time that was the Industrial Revolution. Collier made reference to a form of displacement even for Europeans as a result of the industrial revolution. The improved and rapid means of production and consumption that came with the Industrial Revolution did not support the continuing existence of foraging societies. Agriculture and its developments forced a sedentary life style, where families farmed land and produced for mass consumption. Agricultural lifestyles demanded a leadership ability to ensure farm families produced and amassed capital. In turn this new way of income required a means of leadership. The patriarch of the family would often provide such leadership, and he held responsibility for the wellbeing of his family and his hired hands (Collier, 2006). This manner of leadership and profit gain negatively impacted on farm families. According to Collier social work intervention with farm families did not often occur, as the patriarch would not allow outside interference. The other related issue is the belief that social work intervention with farm families most often suggested that the farm was in jeopardy. Farm families did not welcome social work interventions as this affected family

pride and reliance on the individual during tough times. In some situations social work interventions on farm families resulted in young people leaving the farm and seeking employment in the urban area. There have been many young people who have left farming life because as in Aboriginal communities, the traditional economic way of life could no longer support the population (Schmidt, 2008). Also, social work intervention with farming families was difficult to assess as a trusting relationship was often lacking, another similarity shared with Aboriginal families.

In an unpublished article Spice (2004) discussed the impact of industrialization and its impact on the new world. Spices' article also explored the restructuring of European society as a result of industrialization. Spice (2004) stated: "Imperialism created and perpetuated a view of reality that divided the world into inferior and superior peoples. Eventually it became part of Western culture to take on the "mission" to modernize the world; to help other primitive peoples of the world to "progress" - by force if necessary" (p. 2). This modernization did not always result in positive outcomes for Aboriginal people. Spice goes on to suggest that when imperialism came to the Americas Aboriginal people resisted these efforts without much success, but they resisted nonetheless. These articles suggest the colonization experience for non-Aboriginal people was different from the experience of Aboriginal people. The changes associated with moving from a foraging society to an industrial society was a difficult transition but one that was accomplished over time quite successfully for most non-Aboriginals. There were mechanisms established in European countries during this transition period, and these mechanisms were transferred from one European country to the next. The following example demonstrates the transition from farming to industry assisted through a welfare

state. The Corn Laws of England for example, were enacted by the British Parliament to improve the sale of grain within its domestic markets.

The Corn Law of 1815 prevented the import of wheat unless the price of British Grain rose to £4 a quarter...the law also helped protect British farming from foreign competition and to stabilize prices. However the Corn Law pushed the price of bread too high causing distress to the poor. (Corn Laws, 2011, p.1)

The eventual repealing of the Law opened opportunities for greater exports and imports to and from Britain, resulting in a stronger economy and positive outcomes for the majority of British citizens.

The following example presents the pattern of capitalism established in European countries that was adopted for the economic functioning in the various colonies.

Capitalism was the basis of economy in the American colonies and capitalist ideals were followed:

Starting from shop owners, merchants and their legal experts (American colonists) would become statesmen and legislators and legislators-will be employed to reach a new form of government of a vast empire, which in their beliefs - beliefs which may very true - will be one of the largest and wonderful empire which had existed on this earth. (Capitalism, Past and Present, 2010, p.3)

Capitalist societies and the ideals of capitalism did not fit well within traditional Aboriginal society. Capitalism and the industrial age impacted on the symbiotic relationship that once existed between the Aboriginal and the settler nations. There was a shift in the balance of power and the reciprocal trade relationship came to an abrupt end. Settler traders and explorers no longer required the services of the Aboriginal person (Sinclair, 2004). It is suggested imperialism more than any other tool of colonization resulted in the marginalization of Aboriginal people as they were pushed to the periphery of society.

The link between this history and the current struggles by child welfare workers that practice in remote and rural communities is the result of changing times and realities. This has often resulted in depressed socio-economic conditions for farming communities not unlike the changes affecting traditional Aboriginal economies. In traditional Aboriginal times the forests, lakes and rivers provided adequately for Aboriginal families. However, the Indian Act and the legislated confinement of Aboriginal people onto tracts of land reserved for the Indians affected this way of life. Brown & Fraehlich (2011) support this description as indicated in the following example: “The First People’s use of land was fundamentally changed through forced imposition of a reserve system that confined people to parcels of land, making hunting and gathering of food difficult and resulted in starvation” (p.11).

This legislation significantly reduced their autonomy and created a dependency on the government among some Aboriginal people. The tracts of land issued to Aboriginal people were expected to yield very little and in fact added to the depressed socio-economic conditions on reserves. Canada’s colonial history and its effects on Aboriginal people are evident in the prevailing quality of life issues that Aboriginal people face today.

Rural and remote communities have similar issues in regards to practice and the availability of resources. Colin Turbett’s (2003) comparative study conducted in three rural communities explored the differences and the similarities in social work practice. Port Au Port, Western Newfoundland and Victoria County, Nova Scotia are two of the three remote communities, both are described as poverty-stricken and with low population density - “Economic problems and outward migration have resulted in an

aging population and an increase in poverty levels” (p. 584). Those characteristics are the underlying issues for the type of child welfare interventions necessary in these rural communities. These conditions that exist are not unlike the socio-economic conditions present in northern Manitoba. However the similarities end there, as non-Aboriginal people of this country did not experience Indian Residential School. The effects of poverty and the generational effects of residential school on Aboriginal families in Manitoba often resulted in child welfare interventions. As the following statement relates:

Of particular importance is the role of residential schools, and after 1960, the effects of intervention by the mainstream child welfare system. Residential schools were initially described in glowing terms. However this description masked a disastrous goal: institutional assimilation by stripping Aboriginal people of their language culture and connection with family. (McKenzie & Morrissette, 2003, p.15)

On the other hand, one should not presume that all Aboriginal people are former students of residential school. There are some Aboriginal communities in Manitoba whose membership did not attend residential schools at all. Yet these communities suffer from the same types of social problems, prevalent among communities whose members attended residential schools. I merely suggest the colonization experience including residential schools have contributed to identity issues, alcohol and drug dependency as experienced by some former students of residential school. Rand’s article supports this assumption as she gives an account of intergenerational trauma: “the belief that a family member who has experienced trauma can expose another member to residues of that trauma even though the exposed family member does not directly experience that trauma” (2011, p. 62). Based on this, one can expect that communities whose members did not attend residential school can still be affected by the experience even though they did not attend. This logic suggests that communities who do not have a history with

residential schools yet they have the prevailing social issues present in their communities have fallen prey to other dimensions of colonization. There is a small community within the agency catchment whose members did not attend residential school but their community is plagued with social issues to a great extent. With this in mind could one conclude that something far more sinister than residential school is the culprit here? McKenzie and Morrissette refer directly to residential school as a tool of colonialism. Indeed, another such tool is that of the child welfare system: “Like the residential school system, the child welfare system separated Aboriginal children from their families, communities and culture.” (McKenzie & Morrissette, 2003, p. 16)

Another factor in providing child welfare services is police racism. Irvine (2004) comments on the racism that Aboriginal people experience at the hands of police officers. Irvine referenced the case of Dudley George who was killed by police in the standoff at Ipperwash Provincial Park in 1996. Irvine reports the wrongful death civil suit against the Ontario Government and the Ontario Provincial Police by the George family resulted in “the release of a videotape containing racist comments made by police officers during the standoff” (p. 22). A similar example in Manitoba was the death of native politician John Joseph Harper who was killed by police in Winnipeg in 1988. His death and the death of Helen Betty Osborne resulted in the Aboriginal Justice Inquiry, which focused primarily on the administration of justice in Manitoba. The deaths of Harper, George and Osborne and the resulting inquiries demonstrated that racist attitudes among members of the police force contributed to the death or cover up of the death of these individuals. In the context of this racism it would be interesting to study how readily workers would summon the assistance of police in remote communities.

In the circumstance surrounding the death of Helen Betty Osborne, police officers and their scant investigation supported the accused to roam free for sixteen years before any justice was administered. Hamilton and Sinclair (1991) report the following:

[T]he November 1987 trial of two men for the 1971 murder of Helen Betty Osborne in The Pas Manitoba. While the trial established that four men were present when the young Aboriginal woman was killed, only one of them ultimately was convicted of any crime. Following the trial, allegations were made that the identity of the four individuals who had been present at the killing was known widely in the local community shortly after the murder. (p. 2)

The impact of racism among the police force may pose a risk, perceived or real for practitioners in the child welfare field. Other issues such as location, climate and geography may pose a factor as well. This research may assist in bringing attention to some policing issues in remote communities. This theme in particular might emerge through discussions about the lack of supports available in a remote community.

Including timely police assistance during a child apprehension for example.

As stated earlier, racism and racist actions against Aboriginal people prompted the Aboriginal Justice Inquiry in Manitoba. However, racism suggests a base condition of superiority or inferiority of humankind. The idea that these opposites (superiority and inferiority) exist at one end of the spectrum of each other is suggestive of the concept of the binary focus of western metaphysics or a western worldview. As Spice (2004), described the concepts of superiority and inferiority rooted in the ideals of imperialism as a binary function. It is therefore, suggested that racism is at the foundation of colonization. Indeed, Sinclair (2004) reports that neo-colonialism is the modern means of colonialism where Aboriginal people are subjected to subtle and covert means of racism, including social exclusion and marginalization. Sinclair suggests the objective of the Department of Indian Affairs continues to be assimilation strategies of the last century,

despite the failures associated with these attempts. Sinclair (2004) illustrates this historical foundation in the following description:

In 1920 Duncan Campbell Scott Superintendent of Indian Affairs speaking on enfranchisement stated: our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question and no Indian Department. This is the whole object of this bill. (p. 51)

Enfranchisement encouraged Indian men to dispose of their Indian Status and thus obtain Canadian citizenship. The tactile aspect of enfranchisement has gone into the pages of history, but Aboriginal people still contend with the residual effects of such legislated acts even now. As Spice (2004) suggests in his unpublished paper “Resistance to imperialism and modernity was seen as a sign of inferiority. Official assimilation practices were perceived to be attempts of benevolence to help the “savages” enter the modern world “for their own good” (p. 2).

Child welfare practice with Aboriginal people will be forever viewed through the lens of colonization and within the confines of racism. Both cultural groups have been affected by colonization in Canada. Aboriginal people who are familiar with the history of Canada understand that social and economic issues faced by Aboriginal people are rooted in the experience of colonization. Under educated Aboriginal people for example, may have feelings of distrust or resentment as a result of attending Indian residential school. There are adults in Aboriginal communities who do not see the value of education and do not send their children to school. There is no real encouragement or support for children to attend school and this may be due to parental apathy. In remote communities the lack of school attendance by children usually results in CFS intervention. Children are not often brought into agency care as a result of absenteeism, but chronic absenteeism is

definitely a cause for concern. On the other hand, settler nations who pride themselves on building Canada as a country do not often take the social conditions of Aboriginal people in remote communities as something that is rooted in Canada's history. Depressed socio-economic conditions experienced by Aboriginal people are often associated with a lack of initiative on the part of Aboriginal people. Aboriginal people are often accused of not wanting to improve their condition - that they lack ambition. Meanwhile children suffer in poverty, malnourished or become sickly which results in CFS interventions on the family. These aspects of Aboriginal child welfare are grounded in modernism and the idea that authorities other than Aboriginal people know best how to provide effective child welfare services to Aboriginal families.

Modernity in any community affects the type of child welfare work that occurs, and modernity certainly affects child welfare work in remote communities as well. In fact one might assume that child welfare workers are mired in confusion or incompetence. Yet nothing can be farther from the truth, and under certain circumstances an Aboriginal child welfare worker might be considered the "expert." Community sensitivities for example may sometime exist that only a child welfare worker in a remote community can understand or conceive of. The following is a description of the type of social work activity in remote communities.

Her role fits with the description in the literature of the rural social worker standing 'at the point where the vertical system meets the horizontal' she will often make an effective link between services from outside and the individual or group needing them, because of her local knowledge and networks as well as understanding of both vertical systems (both based outside the community) and horizontal systems (those informal as well as formal systems located in the community). (Turbett, 2006, p. 587)

This statement suggests that the social worker's intimate knowledge of the community in which she works is a valuable asset and is something that one acquires over time.

Practitioners of child welfare in remote communities are most often members of the community and are privy to intimate knowledge thereof. On the other hand, this intimate knowledge can also place the child welfare worker in a vulnerable position where dependency on the system becomes the norm for clients. Band (First Nations) funding is inadequate to provide helping services to community members and therefore turn to CFS (Blackstock 2009), (Wein, Blackstock, Loxley, & Trocmé 2007). Over time communities begin to believe the CFS agency must address any and all crisis in the community. Most often the CFS program is the only service available when a crisis hits a remote community. In her research of crisis response issues in First Nations child and family services, Irvine (2004) noted that the child welfare social worker and supervisor often work alone in these remote communities. At times are the only services available to respond to crisis.

Irvine's research also identified some of the reasons for such intense crisis in remote communities. She states:

While the widespread social and economic deprivations that threaten basic survival have become markers of acute crisis states in too many First Nations communities, the precipitating realities of pervasive family violence and epidemic rates of suicide among youth frequently exacerbate a chronically stressful community environment. (p. 22)

Irvine also suggested that the lack of relevant cultural programs and infrastructure to support services and programs adds to the level of constant stress prevalent in remote communities. She states: "child and family service agencies are often the only on-reserve organization capable of providing crisis response resources" (p. 23). Irvine's research

also reflects the direct results of the effects of residential school and neo-colonialism. These characteristics have contributed to the difficulties that families and child welfare workers are challenged with. On the other hand, a child welfare social worker is not likely concerned with the impacts of modernity and colonization on the lives of Aboriginal people. It is unfortunate that they are least likely concerned with this during their daily delivery of service, especially when confronted with extreme child protection concerns or issues. This research may provide food for thought for the development of child welfare workers' decolonization tool kit.

The Canadian Association of Social Workers (CASW) has conducted several research studies that indicate that a high turnover rate and job related stress is prevalent in the child welfare field. "...Weak leadership is strongly linked to feelings of isolation, frustration, stress and burnout at direct service and supervisory levels." (Anderson & Gobel, 2002, p. 6). Perhaps, a type of conflict exists between the *CFSA* and the beliefs and values of Aboriginal people. I suggest there ought to be more research done reflecting the plausibility of this conflict as an issue among Aboriginal people. Job related stress is often associated with the worker's inability to do the job efficiently or competently the worker is often faulted. Yet there is little exploration of the possibility that Aboriginal workers may have difficulty enforcing some of the rules and regulations related to the *CFSA* due to the generational effects of colonization on Aboriginal families.

The retention of social workers is an issue as confirmed in the research conducted by the CASW. Issues with worker retention also exist in remote communities and it is reported many child welfare workers try to leave the front lines as early as possible during their careers. (Schmidt, 2008)

Anderson and Gobiell (2002) reported the following issues faced by the child welfare profession including image, negative media reports, and a lack of interest in the work by young people. Anderson and Gobiell suggest this lack of interest may present future problems for replacement as aging social workers leave the work force. The authors begin their report with emphasis on these negatives.

It is important to state up front that, in today's markets, social work is suffering from a significant image problem, and child welfare has the worst image of all. There is little glory left in the profession, with workers often receiving negative publicity in the media and little recognition for an extremely complex job. As a direct result, child welfare work is not appealing to many younger workers, recruitment is difficult, and retention, specifically in protection work, is highly problematic. (2002, p. 3)

Indeed the negative reports in the media especially in the last five years would shake the foundations of even the most stoic child welfare worker. Dealing with such headlines as:

[It's] tough to dig the truth out of CFS bureaucracy and the report declaring lies damn lies and prevarications. That's what you can expect when you try to extract the facts of a troubling child welfare case from people sworn to protect children in care. (Reynolds, 2008)

Another headline, chastising Agencies for using hotel rooms as placement resources for children in agency care. "Despite ban, CFS still using hotels to house kids." (Giroday, 2008) The ban on the use of hotels for placement of children in care was the result of an astounding 166 youth placed in hotel rooms in 2007. The four Manitoba Child and Family Service Authorities prohibited CFS agencies from using hotels for placement. Yet use of hotel rooms as placement resources is nothing new to the system. It appears this practice only became an issue in 2005 when Aboriginal agencies were given jurisdiction in areas not limited to their reserve boundaries. In essence this was a practice inherited from the experts in the field at the time. Use of hotels for placement is not an

ideal situation but it addressed the need for emergency foster homes and suggested that the need for foster parents is at a critical stance. Situations that experienced social workers are faced with, such as finding good foster homes coupled with an array of special needs that children entering agency care present with, are challenging. Also time away from work due to illness prolonged or general absenteeism is a factor many Child and Family Services Agencies must contend with from time to time. This affects the overall quality of service that agencies provide.

The illness and stress experienced by social workers in the child welfare field is phenomenal as reported in Reid's (2004) research:

This current study addresses the issues that Gold's study did not by interviewing First Nations female child and family services social workers (FNFCFSSW) who not only experience patriarchy, but also experience colonialism and racism that is perpetuated through the current CFS laws, policies and practice" (p. 23).

Reid's article focuses on the experiences of First Nations child and family services social workers in the province of British Columbia. However, the characteristics of child welfare practice in British Columbia are present in Manitoba. Employment in the child welfare field does not yield career longevity, especially for those in the front lines. Reid (2004) supports this: "The women emphasized that the "strain" of their work can "make you sick", "suck the life right out of you" and "almost kill you" (p.30). Reid further suggested that Gold's (1998) study did not include the opinions of Aboriginal child welfare workers. Therefore her issue with Gold's study was that it did not include the opinions of First Nations female child welfare workers. In Reid's opinion this resulted in missing information regarding an entire demographic. However, Gold's study did point out the common themes affecting child welfare workers such as:

...Powerlessness, lack of control regarding central features of their jobs; caseload size, resources, interactions with the courts, personal/professional boundaries, role definitions, community perceptions of child welfare, physical danger, salary, sexism, and the enormous needs and pain of clients. (Gold, 1998, p. 19)

Reid points out that Gold's study did not reference First Nation female child welfare workers (Dr. Nora Gold interviewed non-Aboriginal female child welfare workers for her study) and Gold did not consider the unique circumstance that the experience of colonization brings to child welfare in Canada. However, in the opinion of this researcher Gold, based on her findings above, could easily have interviewed the nine participants in the current study. One can draw strong similarities in the findings between the two research studies.

Aboriginal child and family services frontline workers also have their own family history and issues to deal with as a result of the clash of cultures and lack of economic and social resources in their communities. The changes experienced by Aboriginal people as a result of colonization suggest that Aboriginal social workers themselves have not been unscathed by the experience of colonization. Williams' (2005) states:

It is important to recognize the specific needs of the Aboriginal service providers in Aboriginal child welfare. Many of the service providers have been touched by the same social problems evident in their clientele (p.111).

This statement also suggests that worker attrition may result from unresolved issues with family violence, and that some workers might be affected by vicarious traumatization.

Traditional Aboriginal Knowledge in Child Welfare Practice

A challenge of Aboriginal child welfare and the colonization paradigm is the ability of present day educational institutions to embrace a method of classroom instruction that will transcend into the field. A feature of this research project is the discussions on Aboriginal pedagogy and its value in service delivery.

Aboriginal people and their holistic approach to understanding the world around them is a common theme many researchers have explored through the Medicine Wheel concept (Absolon, 1993). There are possibilities within the medicine wheel to address some of life's problems. There are also many ways to interpret the Medicine Wheel. For example Lena Odjig White best describes an Aboriginal cultural method to promote wellness and healing by using the medicine wheel:

The Medicine Wheel is a symbol, which helps us see things holistically in all aspects of personal, program and community development. Its principles and teachings can be applied to many areas, such as language, culture, human services, counseling, administration, planning, policymaking, self-government and preventative care. The concept of the medicine wheel can be applied at any level of the social structure in the life of the community. The people make up the community, therefore the four aspects of every person's nature- the spiritual, emotional, physical and the mental – are developed through a learning process with harmony and balance, thus achieving wholeness (2006, p. 108).

The medicine wheel gives one a framework to understand an individual in a group setting a family setting, or in the community. The concept in this framework allows one to reach beyond these common boundaries and forces one to look at the global community. In this way the medicine wheel gives opportunity for introspection, and exploration of the interaction of things in this world. This cultural based approach for self-awareness is inclusive and can be a powerful tool for empowerment. This creates value for the traditional ecological knowledge of Aboriginal people and contributes to self-esteem and self-worth.

Aboriginal people have always defined family as that which includes the extended family, grandparents, uncles and aunts. The community in which one lives is included in the concept of family. The idea of sharing and caring for the wellbeing of all members of one's family is reflected in one's ability and desire to provide sustenance, and to

contribute to the wellbeing of the group. The following excerpt from Hart's *Sharing Circles* supports this idea. He described the importance of family structures and storytelling as part of the value and belief system of Aboriginal people including:

...The way family members relate to one another, to their community and their environment. For example, some individuals still practice, although they may not rely upon, hunting and gathering of foods and medicines, and share what they have gained with their family and community. (1996, p. 64)

The sharing of the wealth for the common good is featured here and is part of traditional Aboriginal culture that is represented by their sharing of bounty from a successful hunting and gathering event. It is believed that those who receive today may be the ones to give tomorrow. There is an implicit reciprocity present and in this way the needs of the family and community were met. Hart also suggested that there is flexibility in the way a traditional Aboriginal approach can be applied. For example, in the concept of sharing circles, healing and education is equated with empowerment and self-determination. In this manner sharing circles are viewed as holistic and are applicable to all situations to bring forth healing or learning. A type of fluidity exists in the concept of the sharing circle, and this fluidity is indicative of the characteristics of traditional Aboriginal cultural practices. These can be helpful in provision of services to families and children. Hart advocates, recognition of the attributes of the medicine wheel and obtaining an appreciation of traditional Aboriginal culture. This may be helpful when working with Aboriginal clients and may contribute to a mutually respectful working relationship. This characteristic was evident in the relationship between the frontline workers in one community in this study. This was particularly evident when the staff and community members were involved in the cultural camps and the resulting travel to the peoples' traditional territory.

Hart further states traditional Aboriginal cultural practices do not support a compartmentalization of items or thoughts that might be common among western thought processes.

Sharing circles thus reflect the basic philosophical worldview of traditional First Nations peoples regardless of whether they are seen from a healing perspective, a teaching perspective or a general point of view. This is in and of itself a significant point: First Nations people do not dissect their world into pieces for inspection, but recognize the world as a whole with all its connected components and offering to teach and heal. (1996, p. 70)

Another significant source representing traditional Aboriginal culture is *The Sacred Tree*. This booklet provides an understanding of the connectedness of nature and human kind, but more importantly this booklet illustrates the spirituality of Aboriginal people.

This [medicine wheel] is an ancient symbol used by almost all the Native people of North and South America. There are many different ways that this basic concept is expressed: the four grandfathers, the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four. (Bopp, Bopp, Brown, & Lane, 1984, p. 9)

The symbolism of the medicine wheel suggests that all aspects of the individual is considered and represented such as all aspects of nature and its existence is represented in the medicine wheel as well. For example, in *The Sacred Tree* an analogy is made between a mirror and the medicine wheel; the mirror is used as a tool to see and understand things that are not necessarily in front of ones' eye. This means of seeing things that are not necessarily before one, is also explored by Odjig (2006) and Hart (1996). These authors describe the medicine wheel as holistic and inclusive of all aspects of a human being. Through introspection the individual is seen as one with the family, the community and the nation; in this way the experience is intuitive; the experience is felt and not seen. Introspection and exploring historical issues are suggested methods to work with

Aboriginal people. A couple of workers in this study had followed a holistic approach in their work with parents and extended family. They preferred a medicine wheel model in assessing the needs of their clients.

Working with Aboriginal people requires more than attention paid to physical ailments. As Duran (2006) suggested when working with Aboriginal people one must be prepared to examine the spirit wound of Aboriginal people and assist in healing that spirit. Duran also suggested a need to address the extent of loss and grief among Aboriginal people as a result of soul wound associated with the historical effects of colonization. In a review of Duran's book *Healing the Soul Wound, Counseling with American Indians and other Native Peoples*. France and Rodriguez state: according to Duran "The colonization process affects people's souls at a deep level. However, his is rightly insistent that coming to grips with historical trauma is necessary for both the victim and the perpetrators" (2006, p. 2). This example further suggests that both the colonized and the colonizer feel the experience of colonization and implies this relationship must be explored for its experience. To ignore this would maintain an imbalance in life created by the colonial relationship between Aboriginal and non-Aboriginal people. In an argument for Aboriginal pedagogy, there must be a mechanism in place to allow child welfare workers to inform clients about the colonial relationship and the impact of this on their lives. Kreitzer and Lafrance have a compelling argument to pursue development of some kind of teaching tool to enlighten those who are not aware of colonization. They encourage any such education would need to include, the colonizer and the colonized and the child and the child welfare worker. The authors' suggest the following dialogue and action to –

...overcome obstacles that include communication about and explanatory discussions of oppression, colonialism, Euro-centrism, domination and exploitation. The loss of traditional ways of living through colonialism, modernization, and education and the impacts of systemic poverty are well known and require very little elaboration. Meanwhile Aboriginal communities continue to lose their most precious resource their children, to child welfare systems often destroying their affiliation with their people.” (2010, p.35)

Based on these comments there is value in having a decolonization process in the context of daily child welfare practice. This may include opportunities for further collaborations between Aboriginal people, scholars, and academics.

Social workers are often forced to look at families and individuals as separate components and not as a whole. They are also trained to look at the presenting problem and not necessarily the precipitating factors of the issue. Consider the research of Michael Hart who credits McKenzie, Morrissette and Morrissette (1996) for their contribution to an Aboriginal framework for social work practice. This framework incorporated an approach to social work that included “First Nations views and techniques” (1996, p. 71). McKenzie, Morrissette and Morrissette’s client-centered approach to child welfare practice allows the worker to explore ways to address issues with the client by the client. The empowerment stance of this approach is a significant feature of this helping model it can only be strengthened by expanding the knowledge base of the Aboriginal clients’ historical information and exploring the impact of these on his or her life.

On the other hand, Hart (1996) makes the statement that “Euro-Canadian trained service providers do not offer services that match the needs of the people being served as they are primarily versed in Euro-Canadian based service practices” (p. 71). This implies that services from a Euro-Canadian social worker serves Euro-Canadian people best, given that they have intimate knowledge of the lives and situations of other Euro-

Canadians. However, Euro-Canadians would benefit from learning to deliver child welfare services that focus on the dynamics related to the effects of colonization and a de-colonization process in the daily parameters of child welfare practice.

Summary

There is limited knowledge about the work of frontline workers in remote Aboriginal communities and how they cope with the demands of child welfare work. Particularly in cases where child welfare workers are residents of these communities and whether there are sufficient supports or resources available to assist them in their work.

There is a great deal of literature on the impact of colonization and the resulting impact on the work of child welfare workers. There are also many studies on rural child welfare practice and there are comparative studies from one region to the next in Canada and abroad. However, few include the work of Aboriginal child welfare workers in remote communities. In reviewing the literature on Aboriginal child welfare there is a great deal written on Aboriginal child welfare experiences, and indeed there is a specialization in this area, yet Aboriginal child welfare work in remote communities remains largely un-researched to some extent.

A common theme in Aboriginal child welfare is the impact of colonization on the lives of Aboriginal people. Another is the fact that Aboriginal communities continue to feel the effects of these despite the positive impacts of devolution, and an inclusivity of an Aboriginal point of view in the education of child welfare workers. Another common theme is the influx of Aboriginal and non-Aboriginal academics and researchers who champion the cause for a just approach to child welfare in the Aboriginal arena and in post-secondary classrooms.

While my literature review did not focus a great deal on rural child welfare, though this facet of child welfare certainly exists, it is important to note that rural practice and remote practice are also different from each other.

Chapter Three

Methodology

Aboriginal child welfare has garnered a great deal of attention in the past decade, perhaps largely due, to the devolution process known as the Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI). This process brought drastic changes to the child and family services system in Manitoba. The beginning of this devolution process occurred in 2000 with the signing of the memorandums of understanding to establish the mechanism for devolution to occur. The next step was the creation of the Child and Family Services Authorities Act in 2003 and finally in 2005 the coordinated response unit and eventual transfer of cases to the Aboriginal agencies in Winnipeg and other areas of Manitoba. Only since then has the general public been so frequently privy to the inner workings of Aboriginal child welfare in Manitoba. The various media outlets, including radio, newsprint, and television have criticized the services being offered, often reporting horrendous results from otherwise well intentioned practice decisions.

Aboriginal child welfare practice in remote communities on the other hand, can be considered a relatively silent partner in the services offered through agencies that provide services in both an urban and rural context. This research project was focused on child welfare practices in five remote communities in northern Manitoba. It examined how child welfare workers do their work in remote communities.

In reviewing the literature it appears the current focus of Aboriginal child welfare is primarily based on the urban experience. As earlier outlined, the basis of Aboriginal child welfare in Manitoba is founded on the concepts of the tripartite agreements established in the early 1980's. In addition, there are published materials that support the

existence of rural and First Nation based child welfare services. As reported in the study by McKenzie, Seidl and Bone (1995) interventions with children and families occurred in First Nations communities. Their study involved on-reserve families in the West Region CFS catchment area and the study focused on the significance and value of culture and cultural practices in the delivery of child welfare services to Aboriginal families.

Qualitative Research Methods

My research project has attempted to generate theoretical ideas about child welfare practice in remote communities. It gathered data based on interviews using ethnographic methods. These methods included data collection through discourse between the researcher and participants in the study.

Patton (2002) provides a description of qualitative research and a format for research and analysis. Qualitative research methods were the best choice and fit for my research project, because these methods allow for an in depth exploration of the subject matter. More specifically the research approach is based on ethnography using elements of both the constructionist and Indigenous perspectives. Both of these perspectives enable one to capture the lived experiences of participants involved in this study.

Simpson's (1999) use of ethnography (an anthropological technique) is similar to descriptive phenomenology. Ethnography explores and records the lived experiences of participants engaged in a research study. That is, it is the life story of the individual that is recorded and examined within the context of their culture and environment. In this case it was the lived experiences of frontline child welfare workers in remote communities that were my focus.

Kovach (2010) supports a conversational research technique that is similar to ethnography, where there is an emphasis on the story telling aspect of the experience. Kovach states that: “(t)he conversational method is a means of gathering knowledge found within Indigenous research. The conversation method is of significance to Indigenous methodologies because it is a method of gathering knowledge based on the oral story telling tradition congruent with an Indigenous paradigm” (p.40). Her research also raises questions about Indigenous paradigm and the way in which it is appreciated or dismissed in academia. Story telling may be viewed as anecdotal research in some academic forums, so information gathered through this method is sometimes frowned upon. However, storytelling is valued in the Indigenous paradigm, and this model of research exists hence Aboriginal knowledge based on storytelling and listening is used in this research. This conversational method was useful in my research with child welfare workers that practice in remote communities because it helped to engage prospective respondents more effectively. The participants in this study often answered the questions by telling a story, thereby providing a context for their response. In addition, the participants appeared to be at ease while telling the story of their interaction with their clients. In this manner the research participant provided rich data during their interview. Most traditional Aboriginal cultures were void of written words, but oratory and oral animation was a prized possession. Those who had the ability to speak did so with conviction and fervor. In traditional Aboriginal society observation, action and listening techniques were, and still are, essential to learning. These attributes were also techniques that captured the lived experiences of frontline child welfare workers as they relayed their story to me and as they went about their work. In this case the participants in this study

were adept at sharing stories about their personal history as this related to their cultural knowledge. In order to adequately capture these experiences I used an interview guide with semi-structured interview questions. Patton (1990) describes this semi-structured interview guide as a means through which information is obtained. The semi-structured interview allows the interviewer to guide the process on a particular subject, but allows the interviewee to share openly his or her experiences related to the topic. The interviews were tape recorded and then transcribed.

This research study is exploratory in nature and the findings formed the basis from which definitions and descriptions of how child welfare is practiced in the five remote communities. The topics studied were related to child protective services, children in care services (alternate care arrangements) and services to families who are at risk of intervention. There are three specific areas that I explored in this research study. One was whether or not frontline child welfare workers practiced traditional Aboriginal culture. I also wanted to know if this knowledge affected their child welfare practice decisions in any way. Child welfare workers that practice in remote communities can expect to have fewer resources available to them to do their work .A second topic I wanted to explore was the obstacle associated with lack of resources in a remote community. Thirdly, I also wanted to examine the impact of a frontline child welfare worker living in and working in his/her community of origin. I thought it would be interesting to explore how a frontline worker deals with the loss of anonymity or the issue of safety in the context of practicing in their community of origin. Patton's interview guide approach assisted me in gathering information on these particular ideas.

Theoretical Framework

My research project draws on an Indigenous paradigm and employs ethnographic research methods. The research project is loosely based on the conversational approach of the Indigenous paradigm with some focus on a constructivist perspective. This study exemplified the child welfare work of nine participants in five remote communities shared in their own words.

The data collected was audio taped and transcribed, but observation and note taking were used as well. In the conversational method of the Indigenous paradigm there is flexibility to review and analyze the data collected and to revisit the respondent with subsequent inquiries or to seek clarification on the subject matter. A follow up contact was done with one participant to clarify a response that appeared to have no apparent link to the conversation at hand. This situation was clarified with a telephone call to the participant. Further to the conversational method the interviews were conducted as informally as possible, but this informal atmosphere was somewhat difficult to achieve. An interview guide was utilized and this method did not necessarily produce a natural conversational dyad between the researcher and the participant.

Nonetheless, the semi-structured interview method gave structure and guidance to the interview session. These interview questions were open ended and a series of general and probing questions were used when these were required. This method allowed me to check with the participant for topic clarification or requests for further information. This process is known as member checking as described here: “where you go back to those researched at the completion of the study and ask them if you are accurate or need correction/elaboration on constructs, hypotheses, etc.” (Ratcliff, 1995, p. 1) The extent of

member checking technique was relegated to the requests for clarification both during and after the interview. The telephone call was completed several weeks after the actual interview, but the participant had excellent recall of the conversation.

Research Design and Sampling

Qualitative interviewing is the method of data collection used in this study. I was interested in hearing the narratives of Aboriginal child welfare workers and the perceptions of themselves as they conduct their work. The following discussion reflects the way in which I sampled the subjective experiences of child welfare workers that work in remote communities. Siemens (1999) states: “Qualitative inquiry looks at the subjective side of the research” (p. 44). In qualitative research, the respondent is selected purposely and not randomly, the inquiry is based only on a few subjects and is focused on their story. Random sampling is a feature of quantitative research and it seeks the opinion of a large sample in order to fairly represent the population. I used a purposeful sampling method in this study, as I was interested in knowing the experiences of selected child welfare workers in specific remote communities. Purposeful sampling as Patton (1990) suggests allows one to select “...Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research” (p. 169). My study did not include a large study sample it also did not include the other employees of the agency involved in this study. Only those nine child welfare workers that live and work in remote communities were included in this study. Six of the nine participants live and work in their respective community of origin. These six participants were raised in the community in which they currently provide child welfare services. There are two participants who have a familial connection to the community in which

they are currently employed. Only one participant did not have a connection to the community. This sampling was deliberate because of my interest in obtaining feedback from as many participants as possible who worked in their community of origin. These participants provided data rich information related to the research questions.

Qualitative research does not concern itself with numbers or scientific inquiry. It is not an exact science, but gleans a great deal of subject matter based on a style of interviews. Patton (1990), states qualitative research usually consists of in-depth interviews or participant-observer studies in which the researcher immerses him/her in the culture of the people he/she is studying.

Silverman (2001), states theoretical sampling allows a researcher to select subjects and topics based on their relevance to the study at hand; for example this research project studies the work of Aboriginal frontline workers practicing child welfare. Only the opinions and experiences of specific Aboriginal child welfare workers in the five remote communities involved in this study were being sought. Hence the relevance of theoretical sampling in this study was related to the unit of analysis and their experiences.

Patton (1990) suggests sample size is not a major concern, and theoretically one could obtain rich data from only one or two research subjects. The interview skills of the researcher come into question as well; the researcher must have the ability to gain insightful commentary from the participant. The researcher must also possess the ability to analyze the data accurately. The participants in this study are child welfare workers from the communities of Hollow Water, Little Black River, Pauingassi, Poplar River and Berens River First Nations. All are remote communities located in the Southeast region

of Manitoba and within the Southeast Child and Family Services area. I was able to secure nine volunteers for the study. The Southeast Child and Family Services agency employs approximately 16 individuals in the child and family services field in these communities. There are currently five supervisors and 11 direct service workers this does not include support or clerical staff. There is a program manager for the road access and fly in communities as well. There is also an alternative-care social worker for both road access and fly-in communities within the agency. There are statistics regarding the five communities researched in this study these are available in a table format in the next section. There were also two former employees that I interviewed for this research project. A request for volunteers was submitted to the communities involved in this study. I contacted the volunteers who responded to the poster by telephone. This telephone call served as an introduction to the research project. The call also provided an opportunity to discuss the purpose for the research and the interview process with the participant. During this telephone call I informed the participant about the informed consent and the procedures for identity protection and the interview guide. I also informed the participants of their right to refuse to participate in the study or withdraw from the process at any time. Thereafter, I arranged to interview each volunteer who agreed to participate. The consent and identity protection form was re-introduced at the beginning of the interview. The interviews consisted of questions related to child welfare social work practice in remote communities. There was one interview conducted with each participant, the interview was one to two hours in length. I requested permission to contact the participant for clarification or member checking as required after the interview. The participants agreed to this process. The interview with each participant

was about the ‘lived experiences’ of frontline child welfare workers. The semi-structured interview gave the participant the opportunity to express their opinions clearly. I attempted to capture my impressions of the participant, which included the inflections in the voice and hand gestures used to emphasize a point made during the interview. The participant’s recorded interview was transcribed soon after each interview session. Observation and note taking was a secondary technique used in this study. These techniques are part of the data gathering process of the conversational method.

All participants involved in this study were of Ojibwa descent. All but one at the time of this study was an experienced frontline child welfare worker. Exploration of this demographic did produce a unique feature among these workers. For example, some of these workers used methods in their practice based on their Ojibwa cultural ways or beliefs. Even the least experienced child welfare worker incorporated significant traditional cultural practices in her approach to child welfare delivery in her community. This was somewhat surprising, as I did not anticipate an inexperienced frontline worker to be so innovative in her delivery of direct service.

This was a small sample of experiences, and does not include the opinions of all social workers from the Southeast Child and Family Services agency. However, it is focused on the experiences of individuals who work or have worked in the child welfare field in a remote community. I wish to add to the information that currently exists on Aboriginal child welfare, with an emphasis on the experiences of child welfare workers in remote communities.

The Interview Guide

The interview guide included questions about the participants' background and whether or not he/she was raised in the community in which they work/worked. There were questions asked about the formal and informal educational background of the participants. The guide was designed to solicit information on the individual participants' view and understanding of themselves in their work as child welfare workers in their community and as those who provide statutory child welfare services. The questions focused on the following topics of interest:

- a) How did the worker view him/herself in the context of his/her culture as he or she conducted child welfare practice in child protective services, prevention, or child in care services and did cultural knowledge have a role in the delivery of services?
- b) How did residency and employment in the workers' community of origin influence child welfare practices?
- c) How does the worker conduct his/her job functions within the context of remoteness and the availability of resources in the community? (Appendix C Interview Guide)

The interview questions gathered information on the areas of child protective services children in care services and prevention measures all with a focus on the topics of interest in this research study. These provided insights on the actions, duties and service delivery provided by a child welfare worker in his/her community.

I obtained approval from the Southeast Child and Family Services Administrator to conduct my research at my work place (see Appendix A Letter to Agency). I included a consent form and permission to audiotape the interviews from the participants (Appendix B Consent Form). One participant did not agree to a taped interview, so I took detailed notes during the interview. All the recorded interviews were transcribed, and all interview notes and related materials were secured in a locked file cabinet. The participants were not identified in the research process in any way, and a code was used so that only the researcher could identify the corresponding comments with the speaker.

Reliability and Validity Issues

This research project explored the lived experiences of Aboriginal child welfare workers as they conducted statutory child welfare services within their community of origin. As in most qualitative studies, one must guard against certain threats to validity and reliability. Validity speaks to the truth-value of the topic being studied and reliability refers to the consistency in the findings of the study. Guba (1981), states that the issue of validity can be assessed in qualitative inquiry by testing the “truth value” of the researchers findings. Guba’s (1981) methods also state: “to improve the probability that the data of an inquiry would have high truth value and how to test the truth values of whatever data did emerge...” (p. 325). It is suggested the researcher take careful note of the participant’s reactions to the interview questions, and to spend enough time with each participant to offset any outsider issues that may arise. I am an employee of the agency involved in this study and I am also the researcher, as a result outsider issues did not exist in the research relationship. But this characteristic did pose other issues in the process. For example, some participants may have withheld information that they felt would

reflect negatively on them. But there is no way the study could prove or disprove this. However, the informed consent takes into consideration perceived imbalances in power relationships that exist between the researcher and research participant. At the same time it was also recommended that the researcher maintain some distance from the participants. These steps and watching for bias reporting from either the researcher or the participant assisted in testing validity or the truth-value in the research. Techniques such as reflexivity and member checking were built into the study. Member checking was relegated to checking with the interviewee during the interview process. A follow up phone call was also done. The participants answered the interview questions without hesitation and with sincerity. I believe their answers were genuine but there is no way to confirm these answers. I did not use a method of triangulation in the research design.

I transcribed the interview word for word as soon as possible following the interview and I attempted to revisit the participant to secure the method known as member checking. As Guba (1981) and Ratcliff (1995) suggest, using a “member checking” or feedback is a technique for validating responses. Feedback from participants is a way of ensuring the accuracy of what the participant has said and whether the transcript captures their intent. I relied significantly on the transcribed interviews, and was able to contact one of the participants to review the content of the interview.

Reflexivity is the ability of the researcher to continuously monitor his/her bias in the reporting. As stated in the introduction of this proposal my grandfather’s comments made a significant impression upon me one that has not escaped me since that day. It was later in my life that I discovered my grandfather’s interviews with the university professor and this interview caught my interest. Today there is a great deal of research

into the lives of Aboriginal people and despite the dismal findings in some of the research there is value in reporting this. We may not see the benefit before us immediately, but this type of qualitative research is necessary for the generations of Aboriginal child welfare workers to come. Such emotional attachment to the subject by this researcher did set the stage for bias. It was important for me, being so connected to an issue under study, to be aware of reflexivity. I made an effort to review my thoughts and feelings throughout the various interviews with the participants in this study. I also took extra steps to ensure the participant understood the interview questions. I would ask for clarification on the meaning from the participant. This was done to account for my reflexivity in preparation for conducting analysis of the data in absence of the participant. As Gilgun (2010) states:

We can account for our own reflexivity in several ways and at different points in the research process: before and during the design processes; during the implementation process; while conducting the analysis; during the writing; in the course of dissemination; and while applying findings to practice, teaching, and other research projects. (p. 3)

Essentially, one can engage in reflexivity at any time during the research process, and this step helped in reducing the chance of bias to occur. I asked questions related to a topic to which I am much attached, and at times during this study I detached myself as a social worker and concentrated on my role as a researcher instead. Reflexivity explores the gut reaction or reflex action from the researcher related to the subject and the subject matter. Reflexivity is an important feature of research that a researcher may not be aware of at the onset of a research study. It would be prudent as Gilgun (2010) suggests that researchers take the time to examine in detail some of the parameters of the study regarding reflexivity. Gilgun (2010) states:

Researchers would do well to consider becoming reflexive in three general areas: the topics they wish to investigate. This means they account for personal and

professional meanings their topics have for them. The perspective and the experiences of the persons with whom they wish to do the research; this includes both informants/participants/subjects as well research partners who have a stake in the research, such as funders/agencies/settings in which the research takes place, and the audiences to whom the research findings will be directed. This means that researchers write to specific audiences, presenting ideas and evidence for the ideas in language that audiences can understand. Furthermore, many audiences want to learn researchers' thoughts on the meanings of informants' experiences and actions that may be taken in order to respond to informants. (p. 1)

In terms of reflexivity the researcher must be aware of his/her opinion related to the subject matter and must allow the participants to express their opinions freely. The researcher must also consider the perceived imbalance of power between the researcher and the participant. The researcher must account for this imbalance and create an atmosphere conducive to collecting authentic information from study participants. In qualitative research the researcher is the instrument; thus it is necessary for the researcher to be aware of his or her power and influence in this interviewer/interviewee relationship. It was important in this study to record the experiences of Aboriginal child welfare workers to help us understand these experiences and what they might mean for future practice. These studies may also assist in developing policies with some relevance and purpose to the community they serve.

As the researcher, and one who has been employed in remote communities, I am aware that there is a unique facet of experience among frontline child welfare workers in remote communities. This research explored the challenges and opportunities that child welfare workers in remote communities face on a daily basis. I think it is important, for those who follow in this profession, to bring attention to these community-based experiences. I too have practiced in remote communities and I believe my background and experience has enhanced my role as the researcher in this study. As Patton (1990)

and Guba (1981) relate the researcher in qualitative research is the instrument, and must be adept at interviewing and analyzing data. Whereas, in quantitative research Patton (1990) states, the research instrument is usually a tactile measuring instrument that can be tested for validity and reliability. Alternatively, in qualitative research there is no such measuring instrument and one is expected to obtain descriptive information based on behaviors, thoughts, and feelings.

Guba (1981) describes reliability as the consistency of research, ensuring that your findings are consistent throughout your study. Siemens (1999) states one method of checking for consistency is to describe the exact procedures that the researcher used in data gathering, analysis and interpretation. Patton (1990) suggests a similar procedure to establish credibility and in doing so one must consider the following “What techniques and methods were used to ensure the integrity, validity and accuracy of the findings? What does the researcher bring to the study in terms of qualifications, experience and perspective? What paradigm orientation and assumptions undergird the study (p. 461)?”

This research was conducted through the Indigenous paradigm and I engaged a conversational approach in collecting the data. The interviews were semi-formal as I used an interview guide. The research was exploratory in nature and can be considered a basis from which development of further studies on child welfare work in remote communities can occur. In addition, I believed the history of Aboriginal people and the impact of colonization on those families who require child welfare intervention would develop throughout this study. However, the participants in this study were not so interested in discussing the impacts of colonization with their clients. Participants in this study would rather deal with the immediate issues rather than dwell on the past. However, an

inference can be made in the research that the discussions on the impacts of colonization on the lives of Aboriginal people may occur after the crisis recedes. Only then are parents willing to explore the issues that called for the intervention in the first place. This research also discovered that there are unique needs of both the service provider and service recipient in child welfare practice in remote communities.

Data Analysis

Siemens (1999) states the main focus in data analysis is the organizing of information that is gathered in the data collection process of any research study. This research project was focused on the lived experiences of frontline child welfare workers. The frontline workers practice statutory child welfare services such as child protection, children in care services, and services to families in remote communities. The study merged a conversational research method used in ethnography and the Indigenous paradigm. I gathered the information based on stories that were guided by the general questions in the interview guide. Each participant interview was tape-recorded and these semi-structured interviews were transcribed; this was the first step in the data analysis process. I reviewed the data for categories and themes. Themes were identified based on the frequency of similar responses. I focused on the raw data and included several direct quotes in my findings chapter.

“Coding is the process of combing the data for themes, ideas and categories and then marking similar passages of text with a code label so that they can easily be retrieved at a later stage for further comparison and to identify any patterns that require further investigation” (Gibbs & Taylor, 2005, p. 1). I followed this process by examining the themes in the research and I recorded the information based on the frequency of the

ideas or explanations provided by the participants. I then took common or repeated responses and further categorized these. I examined those ideas or responses that were different from the more common responses. It was important to capture these different responses in the research as well.

How Aboriginal child welfare workers do their work in remote communities was the main research question and the focus of this study. Interview questions were developed based on the following general research questions:

1. Does residency and employment in one's community of origin affect Aboriginal child welfare workers as they practice child protective services or in providing services to children in care?

2. Do Aboriginal child welfare workers have the necessary resources or supports to do their work in a remote community?

3. How does one's traditional cultural belief impact service delivery and of so how?

These general questions were explored through the lived experiences of the Aboriginal child welfare workers from the five communities involved in this study.

The data was analyzed manually. The code and recode method employed by Guba (1981) involves an external coding person. This procedure allows a researcher to code a first set of meanings and themes in the data. Thereafter, the researcher would review the same set of transcripts and compare this with the first transcript and develop further categories. These are then sent to the external coding person for his/her input on the comparison this is also known as an audit strategy. This research study used an audit

strategy, but this did not produce a high inter-rater reliability. In order to compensate for this low inter-rater reliability I used several direct quotes from the participants.

Siemens (1999) suggests beginning the coding process by identifying meaning units. These meaning units are described segments of information that form a classification scheme. A meaning unit can be a single word, or a complete or partial sentence. It is the researcher's responsibility to ensure that meaning units are identified appropriately in the study. I focused on meaning units that related to the general questions guiding my research. As stated earlier the audit strategy for coding the data was not considered a viable method. As a result I was instructed to review the raw data for general themes and then I categorized the themes based on the interview guide. This was a labor-intensive task but it was necessary due to the missing links in the data analysis process. It is evident in the results chapter that content analysis was restricted to tracking recurring themes and formulating the data based on these. According to Siemens (1999) reviewing all the transcripts in the study and retrieving all of the meaning units that fit within the same category is the process of second stage coding. This allows the separation of the meaning units in the established categories to be examined away from any association with the individual who made the original comment. These steps in my analysis were attempted but I found this cumbersome even though some relationships did emerge in the categories that were established. Instead, I used the interview guide as a way of redefining themes and organized the information based on the recurring themes identified through the responses of Aboriginal child welfare workers to these questions.

Limitations

This study does not include verification through supportive documents, nor am I going to review agency files to compare the research findings with agency records. This method of validating the research data is known as triangulation. All information for this study will come from the volunteer Aboriginal child welfare workers only. As a result there is a possibility for bias to exist in the data collected. For example a respondent may report using cultural practices but I was not able to verify this to ensure the accuracy of the assertions. There is also the possibility that participants may not share fully for fear of being viewed in the negative.

This study is based on a small sample of nine volunteers, and it is not a representative sample. The small sample size does not allow generalization of the findings across the Aboriginal child welfare worker population who are employed in remote communities. Nevertheless, the in depth nature of the information collected from this exploratory study may lead to important questions or hypotheses to guide further research on this topic.

Summary

This chapter has provided information on the methodology that was used in this research project. There is a great deal of literature that currently exists on Aboriginal child welfare and much of it is based on interventions with Aboriginal families in urban areas. While it is true child welfare work in remote communities has been explored and studied, this study examines an under-researched topic - the self-identified experiences of Aboriginal workers in remote communities. The study is exploratory in nature and it is hoped that information from this type of study will promote further studies in other

remote communities and generate findings relevant to future child welfare workers who currently, or will practice in remote communities in the future.

Chapter Four

Research Findings

This chapter presents the findings obtained from the nine interviews conducted with frontline workers from five communities involved in this study. The headings used in this chapter's sections follow the general format of the interview guide. However the sequence in which the data is presented was changed somewhat to allow the flow of information. Direct quotations are used in order to provide explicit evidence for my data analysis. The data collection process begins with the personal background of participants, their education and prior work experience. Their personal motivation for employment in the child welfare field was also discussed. The participants also shared their positive and challenging experiences as frontline workers. There were also explicit questions about their experiences related to working in their community of origin. The questions pertained to a wide range of scenarios that exist in remote communities. Some of these included questions about the advantages and disadvantages of working in a small community. Whether or not they felt supports and resources in the community were adequately supportive to families was also examined. The idea of working with extended family as clients in the child welfare system was also explored. How did this characteristic get addressed given that most families in small communities are interconnected? There was a considerable amount of information collected on child welfare practice in small communities. There are a few things that are prominent in this section such as participants reported their disdain for child apprehensions. On the other hand, participants also reported the response from extended family to care for their own was profound. There were also discussions about past and present efforts toward community

development in two communities involved in this study. The participants were also asked about their knowledge of traditional cultural methods and whether or not they used such knowledge in their practice as frontline workers within their community. The participants had a strong understanding and consideration for an Aboriginal worldview. In some instances the participants preferred a cultural method in the delivery of services with their clients. For example, at least six participants in this study reported daily prayer and ceremonial smudging as a cultural method used in their practice.

Sample

Nine Aboriginal Child and Family Services workers were interviewed for this study, seven women and two men. All had similar backgrounds with a few having very specific experience as counselors that assisted them as social workers in their role as frontline child and family services workers. Six participants fit the criteria related to community of origin. Two other participants had varying degrees of connection to the community in which they worked. Both these participants reported working in their mothers' community of origin hence their familial connection to the community. Both have relatives who currently reside in the community. Only one of the interviewees had no connection to the community, this individual was not from the community and had no family connection in the community. However, this participant had drawn on her experiences of living in a remote community as a child and as an adult to aid her skills as a frontline worker. She also worked in her home community as a counselor and manager in health and human services and thus was able to answer the questions related to life in a remote community. This circumstance resulted in similar situations as those experienced by workers who worked in their community of origin.

Two of the six participants mentioned earlier, are also former community based child welfare workers in their community of origin. These individuals continue to work for the agency; one is a Supervisor of another unit separate from the community unit and the other participant is a Program Manager. This research circumstance gave the study an interesting snap shot into the past and present operations of the agency involved in this study.

Table 1: Background of Nine Frontline Child Welfare Workers involved in the Study

Gender				
Female 7			Male 2	
Community Affiliations				
Raised in Community 6		Family Connected 2		No Family 1
Position in Agency				
Frontline CFS Worker 5		Supervisor 2		Program Manager 2
Educational Background				
BSW 6		BSW in progress 1	Relevant Certificate 1	(BSW/MSW 1/9)
Child Welfare Experience in Years				
25 years' experience 2	20 years' experience 2	10 years' experience 1	5 years' experience 3	2 years' experience 1
Prior Work Experience				
Counseling 5		Trades/Laborer 1	Law Enforcement 1	High School Graduate 2

Education

Seven participants had completed a Bachelor of Social Work Degree within the last decade. One was currently enrolled in the Bachelor of Social Work program on a part time basis. The remaining child welfare worker had obtained both a managerial and a worker's certificate in Health and Human Services at the college level. One participant had completed a graduate degree.

Informal Education Experiences

The participants spoke of several informal education experiences that were significant in the participant's role as a child welfare worker in the community. A few of the participants referred to their counseling role as part of their informal education experiences. Two participants also reported that they made a connection with people through their experiences in substitute teaching in their past. These two participants stated they enjoyed working with youth and employment in the Child and Family Services further established this relationship.

Another described having developed a strong sense of empathy from his childhood experiences. He appreciated those who came to his aid and those who assisted him during hard times. "I've developed a strong empathy...so all the life experience and trauma I've endured through time, I've been using."

This participant had been bullied as a youth and he negotiated quitting school with his parents as a result. "My parents said if you quit school you've got to go to work. I was 15 years old. I picked up a hard hat, a chain saw, an axe and that was the beginning of my own life."

One participant who worked in local law enforcement had a similar experience with empathy and understanding. He was involved in some of the cases in the restorative justice model. This participant noted the following:

I learned a lot of things there [restorative justice case]. I didn't know all the dynamics around addictions and sexual abuse. I used to wonder well how come people do this, can't they just stop and then you learn all these things about why people can't just stop.

Two participants shared that their personal life experience had provided them with insight into the lives of the people with whom they work. One participant commented on the state of gender relationships stating - "Living in the community and seeing the inequality women and children face and my own life experience..." The other stated:

Growing up the way that I did, with extended family, my mom was a single parent. I had to take care of myself a lot of the time. I know the hardships the children in this community go through, I can relate to the women when they talk about their lives as children and young women in this community.

Both comments reflect the extent of child neglect witnessed by these workers. Both also appreciated, and were able to relate to the difficulties children and women encounter in remote communities.

One participant made reference to caring for other people's children just as others had cared her for within her extended family: "Our kids were always bringing home other kids because they didn't have a place to go."

Another talked about the struggle of starting off anew: "it was really hard when I first started because there was really nothing in place, no files or [anything]. I created everything from scratch." This participant is a former community based frontline worker, and she had the difficult task of developing a fledgling office in her community. In the early 1980's community based child welfare offices really tended to their own in

isolation. One might say extreme conditions forced quick studies and forced independence for many new workers in the more remote areas of the Agency.

Personal Motivation for Work in Child Welfare

Six of the nine participants indicated a factor in the decision to work in child welfare was the idea of empowerment. They wanted to work with people to assist in elevating their life standards. Several people expressed that they wanted to help people in the community. Two participants specifically indicated they made social work their career choice. One said it was because of a strong desire to be in service to the people: "...this was my destination this was the route I was going. This was my career choice this is where I was supposed to be..." The other decided to pursue employment with the agency because - "[I] always wanted to be a social worker, [that is] why I went to work for child and family services I could work full time and go to school at the same time". This individual acknowledged the agency for supporting a personal educational endeavor.

Others reported having a desire to protect children in the community. A couple of the participants felt that something needed to be done, having gained this knowledge first hand: "As a child and a young teenager I recognized a need...that children weren't protected and the workers that came in to the community were [non-Aboriginal] and not from the community." This participant was compelled to protect children and did so with both the knowledge of her community and the child welfare issues that existed in her community.

Another indicated that the catalyst for her choice to work to protect children was due to a family member being abused as a child - "My [relative] was raised in a home where she was abused, and listening to her stories was difficult. From there, I had it in my

mind to be the one to protect children from my community”. In this case the worker made a personal and conscious decision to protect children because she felt her relative did not have support during her time of need.

Still another reported the come and go child welfare practice of the past was not helpful, referring to the early years of the agency when regional workers were assigned to communities. These regional workers attended to child welfare matters in the community at least once a week. Often this type of case management did not have a positive impact on families. Remote communities did not always have a community-based worker, which resulted in cases going unaddressed. A preferred practice, as stated by this participant was to employ a community based child welfare worker: “We need somebody right in our community who knows all the families, gets to know the issues. That’s when I decided I’d like to try this out.” According to these participants getting to know the community and understanding the child welfare issues in the community results in better practice. Two participants indicated that they had been interested in “finding something else.” Both had been employed at least five years in their previous positions and decided to look for other employment. Still another made a choice based on curiosity, “I just thought I’d check it out, child welfare was something I never wanted to do.” Not having the aspiration to work in child welfare, this participant indicated that a vacancy in the community unit prompted her application and she was the successful candidate. Some of the participants decided to work in child welfare because an opportunity presented itself. At least five participants stated that a position became vacant in the unit. An application was submitted and each was a successful candidate in their respective community.

The agency involved in this study had evolved over the years, as did the employment opportunities within the agency. Some participants in this study made lateral moves in their careers whereas others became supervisor or other occupations in upper management within the agency. The next section reviews the upward growth of the agency and among child welfare workers.

Current Positions in the Agency

Three participants were frontline child welfare workers in remote communities. All nine, were frontline child welfare workers at some point in their careers. Four participants were also supervisors at one time in their careers, of whom three had been promoted as a supervisor of the unit in their respective community. Two of the four had moved on to other positions within the agency, that is they became a supervisor separate from the community unit. Two supervisors were eventually promoted to Program Managers and have maintained these positions in the agency.

Three participants had five years of experience in child welfare. There is one participant with two years' experience in child welfare that also has previous experience as a counselor in the addictions field. Two participants had over 25 years' experience in child welfare, another two have up to 20 years' experience in child welfare. One participant had 10 years of experience working in child welfare.

Prior to working in child welfare the majority of the participants had worked in the helping profession. Five participants had worked as counselors previous to their roles in child welfare. These occupations included counseling services in the addictions field as a Native Alcohol and Drug Program (NADAP) worker. The Native Alcohol and Drug Addictions Program is counseling and referral service on reserve funded through Health

Canada and the Aboriginal Northern Affairs departments. Some participants also provided counseling services from a restorative justice approach. Dealing with family violence and addressing the issue of sexual abuse in a northern community. One had worked in law enforcement and another participant had meandered through various trades and occupations before settling into what is described as his “calling.” This participant advised that his resume of professions had prepared him in a practical sense for work in remote communities. Two participants had very little or no work experience at the time of their introduction to the child welfare field. In fact their introduction to the work force was through child welfare. All of the participants informed me that they had not intentionally set out to work in child welfare but the opportunity for full time employment in the community was an incentive. Indeed, one other respondent stated: “When you grow up in a small community it just so happens that a job comes up and it’s the only [job], so you apply. You don’t have much of a choice if you want to live in the North.” One participant indicated that she had an extensive career in child welfare and that she had worked her way up from a support worker position to supervisor in her community.

All but two participants reported that they had worked no less than three years in their previous positions prior to applying for the child welfare positions in their respective community. It is interesting to note that all but one participant entered the Bachelor of Social Work Degree program as an adult learner.

All nine participants had persevered in their role as a frontline child and family services worker in the past, five continue their work on the frontline and four others work in service to their communities as supervisors or program managers. All have maintained

a commitment to education and obtaining the training they need to uphold best practice in child welfare for the communities in which they work.

Family Services and Children in Care

The agency involved in the study is a large agency that covers a vast area in the southeast region of the province of Manitoba. The combined population of cases in the children-in-care and family services categories for the five communities involved in this study is reported in (Table 2). In brief the children-in-care services consist of child protective services, initial investigation, court proceedings, referrals, face-to-face reporting, and child placement. Ongoing monitoring of the child's wellbeing is also a responsibility of the assigned worker in this category. The services to families consist of home visits, cautionary warnings prior to child apprehensions, referrals to services and programs to assist in addressing the parental issues that place children at risk.

Table 2: Agency Statistics
March 31, 2012 Community Based Teams Only

Community	CIC: Combined Federal & Provincial	FS: Combined Federal & Provincial	Current Staff (S & FL)
ABR	51	27	5
BHW	69	37	4
CPNG	20	61	2
DPR	21	8	3
ELBR	17	37	3
Total	178	170	17

KEY

CIC = Children in Care	FS = Family Services	S = Supervisor	FL= Front Line
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Impact of Working in Community of Origin

The majority of participants felt strongly that their residency and their knowledge of the community and its people had assisted them immensely in their role as child welfare workers in their community. All but one felt this was a positive attribute; on the other hand the one individual who was not an original community member stated that she preferred that her personal history remain unknown to the families and community members with whom she worked. This individual did not have ties to the community in which she worked. This circumstance was described as positive; this participant indicated she did not have any issues with families knowing her past and her own parenting mishaps as a young mom. Clients might question for example, if ones' child had once been in the care of an agency. This participant felt her background was unknown to the community members and she enjoyed a bit of anonymity as a result. This participant also revealed her difficulties based on previous employment in her own community. She indicated: "People remember you as a youth and the things you did in the community, they also remember you as a young parent in the community and the things that you did...it's hard to work in the community you grew up in." This participant acknowledged the difficulties with one's reputation prior to employment in the child welfare field. It is the sort of thing that community members may challenge a worker with.

Positive Experiences

Some participants had difficulty identifying positive experiences. However they eventually came round to describing small gestures of significance. Other participants reported profoundly positive experiences. At least one could not identify a positive experience as a child welfare worker.

Some of the positive experiences identified by participants were the developmental growth experiences that they had observed in the children and families they worked with - “seeing the growth...in some of the children I worked with and in the families.”

Another stated: “seeing the changes in some of the families that I work with, changes for the better.”

Another identified pride in the accomplishments of the children with whom she worked:

I got to see the children who [were] placed in foster homes, I got to see them flourish, and be in the system positively, they got the care they needed and the support they needed to go on in life and they were ambitious.

This participant attributed the success of the children to their positive outcome in agency care. Bringing realization to families that they can make positive changes in their own lives was reported as rewarding for another participant. “Helping them see that they could have a better life if they change their lifestyle.”

The idea of being welcome in the homes of clients was also viewed as positive as this participant’s statement suggests:

After you work with people for a while, I think the most rewarding experience would be; you get to that point where they realize the way they lived before wasn’t right and then [he or she] thank you for taking the time to try and show them. And people easily welcome me into their home again.

Community based child welfare workers take for granted knowledge of their community, and in this study this knowledge of community was well regarded by participants. This is illustrated by the following comment. “I guess because I was from the community I knew the families, like their weaknesses, their strengths in working with the community. I liked working with my own people.”

Another participant shares a similar message: “Working with families on a common goal. I really enjoy working in the community, I know the community - I know what to do – and I know how far to go with clients.”

Another participant welcomed the chance to speak Ojibway every day, and it appeared he thoroughly enjoyed this opportunity. He stated: “This is the first [time] that I have ever used my Ojibway language to the fullest.”

Another reported having experienced a type of spiritual awakening in the community:

I thought I was going in to change them and help them. But they actually changed me, they live not for tomorrow, they don't dwell on the past. They live for today, the here and now. They have in so many ways maintained the culture they all speak the language. When we go out camping the people mesh with nature in such a natural way. The way they cut up meat – working as one, the women's needs are looked after it [is] like going back in time. They don't show emotion, but out there in the camps, they talk to the 4 and 5 year olds, they explain everything to them about how to live in the bush. They don't need the material things like everything we think is a need. Their homes have the bare necessities they don't have much yet they have everything.

The idea of working and never giving up and pursuing the goal of relationship with families was viewed as a positive experience as one participant stated: “I kept going back even when the people would get mad at me I kept going back.”

Another participant talked about completing a case plan with a family that ended with the children-in-care returning home. This was the most gratifying and positive event in this participant's work thus far. The participant stated, “[The] positive experiences I think for me, is the reunification of families so far.”

The participants in this study held their personal knowledge of the community in which they were employed in high esteem. Background knowledge of the families requiring intervention assisted with case planning for example, knowing family members

who could help out with placement of children. There was also the ability to brainstorm with families to identify family members who might serve as supports during a crisis. Seeing the growth in the children, youth and families as they disengaged with child and family services were described as positive experiences.

Challenging Experiences

Each participant illustrated the various types of factors that they have encountered in their respective community such as growth in the agency. Working with difficult people, difficulties with policies that did not fit remoteness and the lack of agency support are other factors workers face as they provide services in the community. The organizational growth of the agency and the evolutionary change in management structure is a result of the sweeping changes to the child welfare system in Manitoba. These changes were sometimes difficult to adjust to, as illustrated by the following comment:

The growth of the agency, it's gotten bigger and so much people I don't know so much paper work that needs to [get] done. [The] different departments in the agency, so paper work gets lost too.

Another participant reported the change in the management structure within the agency and its effect on her casework. As the following statement suggests, "...we worked with all the changing Agency Directors from 2003 to [present]." In this particular example the worker and supervisor had attempted to reunite a family which was a very involved process requiring a great deal of time and energy. The participant reported feeling unsupported by the agency in her decision to return children to their home community:

There were two children in care - out of province; the mother asked for help to get her children back here. I asked the agency for help with that; a social worker

at the agency said we would never get those kids back. I held my tongue a lot of the time.

Another issue is working with difficult clients. This can be challenging, as one participant stated-

[One issue was] dealing with difficult clients. I am glad that I was able...I had that skill of handling conflict that I was able to handle people that are angry so I know how to deal with that, but it is a challenge at times.

Another difficulty reported was working with child welfare policies and regulations that do not fit remote communities - "Some of the challenges...that are out there in the mainstream, like I know that we have policies to follow but some of those policies don't really fit in our community".

Another situation common in the northern community is the isolation factor especially for child welfare workers. One participant complained about - "...not having resources - such as emergency homes [and] support staff that I can count on. I'm working alone up here". Similarly, another participant reported the community dynamics regarding concerns about reluctance on the caregivers' part to care for a particular family's kin:

There is a lack of resources for our higher needs children. The other thing too, the negative impact, because the people knew one another [in the community] ...so if it were a certain family they [potential caregivers] would be afraid to take a child from that family.

Both participants advised of their concern with not having ready access to the RCMP if they needed such support.

One participant talked about the challenge of working in your own community, as you will likely work with extended family or those you grew up with:

Working in your own community if you have a lot of relatives and a lot of people that your close to, sometimes you have to, you're forced to deal with them if I

have to deal with family members I try deal with them as professionally as I can. You know it's challenging to deal with family sometimes.

Another stated being in the community you know the families on a personal level: “when I go home I think of them [parents] especially on the weekend because I know they like to drink, and they drive with their child in the car.” This participant noted reports like these are usually made after the fact, but she still worries about them even after hours. Another issue with knowing the situations in the community and perhaps one of the most difficult is, seeing your own nieces or nephews enter agency care because of neglect or an apprehension. As the following illustrates - “It’s awful to see your own nieces and nephews go through an intervention...” Community based child welfare workers witness much of the ugliness of child neglect and abuse. When there is a personal connection made with the families and children in the community child welfare work can be taxing to ones’ mental and emotional wellbeing as suggested here - “When you see your own family putting their children at risk and the children are neglected it’s so difficult to handle.” This was a repeated theme in that another participant identified the challenges of working in her community in the past and apprehending her extended family members. This worker acknowledged that the effect of an apprehension on family members was just as difficult back then as it is in the present.

Another participant talked about the prominence of alcohol abuse that plague many of the families involved in child welfare. As illustrated in the following: “The repetitive stuff, always having to tell the people about the drinking and safety of children and CFS involvement, this is done over and over to [make] them understand the drinking [is the issue].”

One participant stated that she was not an original member of the community. However as stated previous, this participant had acknowledged the difficulties of working in her own community at one time. People in her community had a tendency to look at her past. “When you try and work in your home community it is very hard, people remember you as a youth and the things you did...but here in [this community] I don’t have any relatives here, no family.”

It is challenging to work in a small community where everybody is known to each other in some capacity. Participants in this study acknowledged that the interactions with community members in small communities are awkward following an intervention. These are community people that workers usually encounter when they are at the local convenience store or post office. This is one of the issues with visibility in a small community that Schmidt discussed in his 2008 report. There is also the difficulty of public encounters with disgruntled parents, which happen more frequently in small communities than in larger towns and cities where this is less likely to occur.

The Advantages and Disadvantages of Working in Ones’ Community

Six participants are original community members, two had first generation maternal relatives in the community and one had no familial connection to the community at all. All the participants said that knowing the people in their community was the biggest advantage that they have. Knowledge of the people and their life history is possibly the best information a child welfare worker might have. This is especially helpful in case planning as noted in the following comment: “...people that you’ve known all your life and certain families that you can sometimes ask to help, we do know

all the people, and we know what we're going into when we go to a home it's not [a] strange place like in Winnipeg or wherever”.

Another noted an advantage in “knowing the people in my community, knowing how they were because I lived right in it [community] and I guess basically living in a small community you know what goes on and you hear about some of the things. Family members would share concerns with you”.

Some participants described an advantage as having the insight, and being able to identify the changes required in the community to support change in the individual and in families.

Still another individual said –

I live in this community and I see the changes, and I see the things that need to be improved in individuals and also in the community. I could be one of the people that bring out change in our community or bring out the issues in our community.

Others placed value on the recognition that community members have given them: “They knew my own family background so that kind of helped, I guess trying to be honest with them too, being straight forward with them.”

Another participant with familial connections to the community advised that he has gained a carpe diem attitude from working in the community. As suggested by the following: “I believe...[the community] has taught me...don't look at what happened yesterday...don't look at what tomorrow brings...look at today as if it's the last day.”

Another participant advised her recognition was due to her family name - “I'm just getting to know my mother's side of the family; the people here in this community, so I'm getting to know the people that my mother knew, I guess that's kind of good”.

Still another discussed her long absence from the community and how this had no bearing on her knowledge of the families there: “I knew all my relations, all my relatives when I did return to live here. I eventually got to know all the people who are now residents here. I know all the people here I know where they are at in their lives. I know how they live. I know their needs too.”

One participant advised her long-term employment in the community was an advantage -

Having been here for seven years I know which families will be out drinking on child tax day or welfare day. I know which children to check on. [I know too] to let families know in advance I may need their help. You have a network of people you [can turn to] and [they know] who is related to who. And who [has the ability] to take care of a child.

Many of the participants reported that social boundaries in the community are lacking or they do not exist. Somehow work enters their home life through the telephone or the fact that community members would attend to their homes.

A few of the participants had similar responses:

Your time at home - (work) doesn't end at 4:30. Because they know you, who you work for, where you live and they know your phone number. They'll come to your house if they can't reach you over the phone - the clock doesn't stop at 4:30.

Another stated:

Everybody knows your home phone number, everybody knows where you live so a lot of times you get calls in the evening, or you get people coming over to your house.

Another advised of the attacks on her family due to misdirected anger as described in these comments:

When difficult clients get angry they will attack my family. My son was physically attacked [and] my oldest daughter was attacked. Someone (made) reports to the clinic over here. Everything was checked out and what was reported did not

happen. So when I'm working with a difficult family I go and warn my children; let them know I'm working on this case if anyone comes to confront you refer them back to me.

This participant also stated that because of this situation her children did not appreciate her work place: “I had problems with my children where they don't like my position.”

As illustrated below one participant shared that the court process was a challenge early in her career. However, preparation and keeping documentation handy helped to alleviate this, as noted in the following comment:

The court process is also a challenge, advocating for families is difficult and this is something I learned as I went along, but things got easier in court too. If you are prepared for court you learn to keep important documents at hand, because even lawyers forget notes sometimes.

One participant indicated that a disadvantage of working in a northern community was the condescending attitude of those in the south:

We had difficulty, call it communication - between the North and the South within our own agency. The south believed they were more superior, they believed they had more education, more experience, and all that stuff. It was more superiority with the south – we have the education, that kind of attitude. You're living up North, what would you know?

The same participant went on to describe other disadvantages in the community, as follows:

The other part is lack of resources. When you talk to workers (in the) south, they go to referral, right away - it's an apprehension. They go ABC (and) that's it. We might go to A; go to B, go to C and go back to A again. Or [we may] go back to the middle. We go back and forth because we don't have the resources in the community. We don't have a Stabilization Unit like they have in Winnipeg.

This participant further suggested the work in the south is not as involved as it is in the North. This is noted in the following - “So if they have a crisis in a foster home they put the child in Crisis Stabilization Unit – out of sight – out of mind.” This participant further suggested Southern based child welfare agencies rely on service organizations to resolve

short-term crisis immediately but not long-term issues. In northern communities workers rely on their own resourcefulness to assist families who require services and these are usually grass roots services like the 1 2 3 4 steps of prevention in one community. These steps are done in holistic fashion instead of the usual linear manner in order to keep at risk children in their community of origin.

Another issue raised by participants was the expectation to perform well with very few resources in the north - "...we have nothing, there is more liability, there's more expectation for us in the community." This participant also reported there are very few possibilities for time-off coverage in the north. There are difficulties finding short-term replacements when a worker takes time off. This situation usually results in two disadvantages, the work piles up or another worker from the unit must carry an extra-large caseload for a brief period. This scenario is possible only if there are two CFS workers employed in the community. In either scenario worker burnout is a fact.

Another stated being overwhelmed with the amount of child welfare work that she has done, in addition to performing the duties of absentee community social programs in the community: "The programs are dysfunctional, NADAP, Social Services (Federal income assistance program) the staff there are not effective." In this community individuals who are not necessarily qualified for the job fill positions. As a result ability falls short of expectation. This leaves those in child welfare to pick up the idle response to requests for service in remote communities.

One participant's disadvantage was isolation: "...they saw me as a CFS worker and not as a community member or as a friend. So that kind of left me isolated that's how I felt. I felt like I was living in a fish bowl."

Another issue with conducting child welfare work in a remote community is the very high probability your clientele will include friends and family members. CFS workers do not often develop friendships within the community, and the few they do have are usually from the work place.

Working with Family Members

All the participants advised that they did not work with immediate family members in their role as a child welfare worker. However, all but one advised she has worked with extended family members.

Some participants advised of previous employment situations where they were allowed to work with family members. At least two indicated that previous employers who did not restrict such activity.

Another participant stated - "In the past I could work with my family because I wasn't bound to the Child Welfare legislation or regulations. Now being back in my community working in child welfare it is kind of a conflict for me [to work with family.]".

Another advised of working as a professional with extended family and the expectation to treat families equally:

I haven't worked directly with my own family members. I've worked with relatives but not my sisters or brothers. I've worked with extended family and they think you should treat them or give them preferential treatment. But you have to treat them the same as you treat everybody else.

Another participant described the same concept of fair treatment despite being a family member - "Working with family in child welfare you have to treat them as anyone else, [and] work with them in the same way".

One other participant recalled how she addressed a family violence issue with her immediate family members. She had received a call to assist her sister-in-law who was the victim of domestic violence from her husband, the worker's brother. The worker reported the violence because the wife would not. As a result the RCMP charged the worker's brother that resulted in his incarceration. Another advised of a situation in her role as a former community based worker. The worker had the guidance of the local childcare committee in her community. This committee included her close family members this situation was difficult for her. She found herself in a conflict between her parents and a sibling whose children she apprehended. The following comment illustrates this participants' struggle: "I had both my parents on the committee, if I had to apprehend my nieces and nephews; I was caught in between my parents and my brother." This scenario occurred at least three times during her five-year career as a frontline worker.

The mandate of child welfare as we know; is about the protection of children. In small communities one is obligated to provide services whether they are provided to extended family members or not. In small communities where everybody is interconnected working with relatives cannot be helped. The best practice in this context is not to work with immediate family members. Supervisors must be cognizant of familial relationships in the community so that a worker does not have nieces, nephews or workers' siblings assigned to their caseload. Nonetheless, the CFSA expects that child protection is the only focus of child welfare as one participant explained: "If it's family, regardless if it's a friend...your [first] obligation is to that child."

Child welfare practice in small communities often means working with extended family and possibly with friends. It is the responsibility of the worker to use

professionalism in the provision of services despite the relationship that was established prior to any child welfare intervention. As stated earlier it is also a responsibility of the unit supervisor to ensure that workers do not carry immediate family members (siblings and their children) on their caseload.

The Nature of Child Welfare Practice in Small First Nations Communities

This section of the chapter covers a huge area of the research, the results are paraphrased here as an introduction with explanations and references to follow. First of all, a strong clear message is instilled in all child welfare workers that protection of children is first priority. Child protection services in remote First Nation communities are performed as they would in other geographic areas. In remote communities however, the child welfare worker is able to find extended family for placement of children most often.

At the same time child welfare workers in small communities, it appears, must contend with intended or unintended breaches in confidentiality. These breaches are difficult to source because it is believed breaches are the result of on lookers and members of the family involved in the intervention. Personal safety is an issue as well, as workers are often left to deal with conflicts related to child apprehensions. Dubious situations exist when parents or family members are under the influence of substance during an intervention. Child welfare workers though, have developed a buddy system to ensure their own safety when out in the community. The double worker rule, when attending to a call is also established to procure a witness if the need for such ever presents itself. The lack of boundaries in small communities and loss of anonymity for workers in the community results in limited socializing therein. As a result, personal leisure activities are also conducted in other locations by choice of most workers. In some

situations the community is so isolated there are very limited opportunities for recreation so frontline child welfare workers create these opportunities for themselves and for community members. These issues are discussed in detail in the following pages.

Child Protection and Interventions

All participants who were interviewed had been involved in child protection work in their respective community. Some focused a great deal on child protection and others have made prevention the emphasis of their child welfare intervention. One participant described the intervention process as follows:

We get a referral from somebody or a report stating that children are being placed in danger because of certain things. We talk to the parents and [inform] them why we are there. If its alcohol related we tell them that they need to get some help. [I let the family know] we will be supervising the home and making sure that they don't carry on with [the] behavior that places their child in danger.

Another participant stated, “When I got a call, I pretty much had to go to the home to see what was going on...”

Most participants stated that consulting with the unit supervisor was necessary before any response to an intake is considered. This included explaining to parents’ involved the reason for the worker’s visit to the home. As noted here: “I don’t go and apprehend a child because I want to, I consult with the supervisor and [my supervisor] gives me the direction to apprehend.”

As this participant’s comments illustrates a great deal of time is placed on discussing the issues with the parents involved in the intervention:

We find placement with extended family if not we find another placement in the community. I did a lot of educating for example; proper discipline and [informing families] you can't leave children in care of a known offender. We would let the family know if you don't want us involved with your family, then take care of your situation. Make them (families) aware of why CFS became involved. When we did

have to apprehend we made the family understand why the child is in agency care. We [also] explained the steps [required] to recover care of their child.

All participants advised of making an assessment on the family and the child's situation but they also focused on the placement of a child and monitoring the child's progress and safety. "I ensure that this is a place of safety or this is a foster home that I am placing a child in and I ensure their safety and monitor the placement."

Another participant made a similar statement:

Assessing was one of the things we had to do when removing children from the home. And once we did that we had to ensure that they were in a safe home, and even after that, continuing to see how they were progressing. I guess, always trying to put the child first.

Although assessment is an important feature of child welfare it is occasionally conducted haphazardly especially in the case of an apprehension. As one participant stated -

You would have to do your assessment first on the family and figure out what needs to be done; you need to do that in your head a lot of times and a lot of times you don't have the time to write things down.

One participant reported she was concerned with the effect of apprehensions on children. This worker tried to minimize the trauma that children experience by placing the child in a familiar setting. She explained - "If apprehension needs to happen, then I will do it in a very gentle way, where it doesn't traumatize the children, and [I] place the child with extended family."

Another stated -

If children need a placement we will take them for the night or place them with family overnight and return children the next day as long as there are no protection concerns. If parents are drinking the children's needs are taken care of, if the children are hungry they are fed.

This participant advised of the need to follow child protection rules and making the best of your circumstance. Due to the realities in northern communities and the lack

of specialized resources the policies are not always followed according to Southern established guidelines. At times frontline workers in remote communities make on the spot decisions that workers in the south may not ever have to make, like apprehending a child without police protection. Or a worker may have to care for a child under apprehension in the workers' home as illustrated in the following statement:

Keeping children safe in the community, doing what you can [to accomplish] this. You know you have to be resourceful if you are going to apprehend a child and you need the RCMP. They are not always available so you apprehend without RCMP help. There are no planes that fly late Friday night or Saturday, the child is [going] to have to stay with you at your house. You don't have a choice. I had to take care of 3 or 4 children at once all weekend – you don't have extra resources.

As stated here workers often make the best of adverse situations in these remote communities like the lack of police intervention if this is required. And if there are no emergency placement resources in the community workers have no alternative but to provide shelter in their own homes. Northern communities often have limited resources when it comes to placement. As a result children sometimes remain in their parental home. Under these circumstances a worker's assessment of the level of safety in the home is imperative and the next section of this chapter explains the deliberations made regarding this decision.

Keeping Children at Home

The majority of participants stated that their decision to leave a child at home was based on the age of the child and the circumstances under which the intervention occurred.

One participant said - "...if they can keep themselves safe you can leave them in the home. Depending to on the age of the kids if they are older you can leave them at

home”. Another participant commented on the age factor by noting that “an older child, if there is no sexual abuse or violence then we would consider leaving a child in the home”.

Another factor involved in the decision to leave a child at home was whether or not a safety plan was made with the child. A couple of the participants stated - “If they’re not in extreme danger, if you could safety plan with kids and make sure that they know who to call if they are in danger.” Another stated - “We left the children in care of the mother and we made sure that the father, the perpetrator was removed...”

Another participant shared her plan to leave children in the parental home and all the preparations regarding her decision - “Yes we made sure safety [was] in place. I did a risk assessment, a case plan and a safety plan. The children didn’t have to move out”.

Another worker described a case plan made with the parents, where the worker would remove a child when the parents were under the influence of alcohol and place the child with extended family:

I meet with the extended family and tell them what’s happening in the home. The awareness is there so the child is placed with [extended] family the child is not being traumatized. I consult the family who are drinking this way at least they are aware the child is safe with extended family. The next day comes I talk about the issue with them.

Another participant discussed the importance of defining child protection. The same participant made reference to the haphazard use of the terms child protection, referral and apprehension:

The Act doesn’t really specifically state what protection is. It all comes as protection when you make a referral. So it depends on how you [define] it, how your mind is when you make that referral. If the parents are drinking well the child is in need of protection. But I can remove that child from the situation and look for extended family [rather than apprehend the children immediately].

A worker advised of an approach to protection work that includes steps that are holistic rather than linear. The participant suggested that the worker is the driver when considering what steps should be taken to keep the parents and the community responsible for the care and safety of children in their community. This community-oriented approach to child protection is focused on the immediate safety of the child. But making child welfare practice fit the needs of the community at face value; appears to be enabling parents and fostering co-dependence on the child welfare system. Even so, in this community it is not considered a negative but a necessity as evidenced by the following:

If the child's safety is at risk we will take the child to the CFS office or to extended family members. If the parents are drinking the children are returned only after the parents are sober and [they] are able to care for their children. The casework that is done here is not the regular run of the mill – we have to make it fit the community. Who do we serve if it's not the children [of this community?]

Still other participants stated that a child could remain at home - “if there is a stable person in the home like a grandparent or other family member”. Another participant advised if this is a first time intervention and depending on the safety factor, children could remain at home - “If the parents are getting a first time visit from a worker I would leave a child in the home provided that they are safe, that there are no protection issues”.

In prior years the agency workers had an option to use homemaker services as part of the intervention on families, and in this way children could stay at home. As one former community based worker informed: “homemakers and the money came from the Feds to do that, to put someone in the home as opposed to apprehending kids. We weren't able to do that anymore so it made it difficult to leave kids in the home as opposed to

bringing kids into care.” In the past, families on reserve could access homemaker services in order to keep the family intact eventually such supportive dollars were removed from the agency’s federal budget.

The type of prevention work going on in one community involved in this study is an intense community development approach organized by the CFS unit staff and the parents are encouraged to take part. This approach included planned recreational events that gave adults something to do instead of consuming alcohol. There were cultural camps held that rekindled an appreciation of Ojibway culture. Proponents of this approach reported both types of efforts gave community people a better outlook on life. The parents became responsive to the needs of their children in a healthy manner. The unit staff in the community established a specialized placement resource that allowed interaction between children and their parents. This kind of prevention work in the community prompted the following comment from a senior worker: “It’s a whole different style of social work.”

Workers in other communities involved in this study were very focused on the rules and regulations around child welfare practice. Referrals for service or interventions were received; this resulted in random visits to the home by a worker. Children received services by way of apprehensions. Home visits were established and these types of visits were not uncommon especially where an open file existed on a family. The next section of this chapter discussed the issues with confidentiality in small or remote communities.

Confidentiality

All the participants advised confidentiality is difficult to uphold in a small community. As suggested by the following comment: “I was always aware that being an issue in a

small community and living in a small community it's not easy to keep things confidential. Everybody knows what goes on – everybody. Say for example, if they saw somebody come to CFS they knew who came to CFS.”

Another participant agreed issues with confidentiality are common in small communities - “...there [are] always confidentiality issues, you know it's kind of difficult in a small community.”

Another two participants stated - “This is a small community and the people know when things happen in the community and people will often know who is involved.” Still

another participant agreed - “in a small community other people overhear and it goes like wild fire rumors and it's all over the community.”

Unlike urban areas where the curiosity of onlookers does not jeopardize the confidentiality of the family involved in an apprehension, those in small northern communities have such concerns to contend with. The fact of driving down the main road in the community and then having the worker's vehicle parked in the driveway of a particular home can get people talking. As stated in this example - “Yah, there was always that [concern with] confidentiality. Because people would see you out, they would see my vehicle [parked] there and they would know something happened.”

Two participants shared their stories of family members themselves breaching confidentiality on their own case - “Say you placed a child [with] that person. It's not necessarily you sharing the information it's others who saw you apprehend the children from that party. Well whoever was in there goes back and tells their...family and it goes from there”.

One participant advised that collaterals inadvertently break confidentiality and it was up to the worker to address this. As the following example notes: “some of the support workers kind of talk a little too much, but I’ve had to address confidentiality regarding some of our wards.”

The same participant added that such breaches in confidentiality, creates very little confidence in the child welfare process among our clients: “...it’s happened to a few people. Where they’ve gone to a worker [collateral service they] disclosed something and it went around... there’s a break of confidentiality from others and trust”.

Even so one participant stated - “That blame I guess is placed on the workers when confidentiality is leaked. Or people hear their story out there but it’s mostly with them...something happens to them that involves Child and Family [and] it’s the family that starts talking”.

Confidentiality rules must be upheld regardless if the location is in a remote community or in a rural or urban setting. However, confidentiality is a little more difficult to uphold when families share details of their case with one another. This circumstance is not so much an issue in urban areas because of the population, but it becomes an issue in small northern communities where familiarity among community members is present.

Another participant suggested that people are just interested in other people’s business as illustrated in the following quote:

There was a real confidentiality issue there [location], because people were coming and going, and we tried to talk to clients there, and people would try to listen, or you would try to talk as low as possible so that people don’t hear, but still people hear even when you are on the phone.

Another participant advised that confidentiality agreements are available for clients if they want to involve others in their case. “If the client [is willing] to sign a

confidentiality agreement to include their support team in a meeting, then all members are expected to sign the confidentiality agreement.”

Still another participant shared about her experience with miscommunication with collateral [services] she stated - “I had asked a foster parent a question. It had gotten back to the individual I was questioning about and a few weeks later the individual came to my office and she was angry.”

Angry outbursts from parents and other at risk families are not uncommon. What is more common among workers is their level of vulnerability to attacks in remote communities. Workers operate all hours of the day practically and often without police protection or accompaniment into situations. In addition, few people in child welfare probably expect the necessity to operate an outboard motor or have to manage rapids in transit. But in some northern communities this is necessary and may or may not result in physical harm to the worker. This next section describes the issues around personal safety in the role of a child welfare worker.

Personal Safety

All the participants reported entering threatening situations as frontline workers in the community. Several participants reported being threatened or physically attacked.

Unfortunately this was a common experience for those involved in this study. One participant stated - “I nearly got stabbed I got a report a 15 year old was attempting to hang herself...I went in the home. I didn’t know she had a knife. She would have stabbed me in the chest.” At the same time the participant advised, “I nearly got shot I had to restrain her so when I did that her cousin; I didn’t realize he was going to attack me from

behind. I grabbed him and threw him outside. I was watching this guy he went into the house and loaded up his shotgun...”

The same participant placed very high expectations on himself under these unusual circumstances - “I am a social worker I should have the skills to diffuse any situation.”

Similarly, another participant was threatened with a firearm and required assistance to diffuse the situation, she stated:

I have felt unsafe, in my role as a worker in this community. Once I had to enter a home where a man had locked himself and his young son. I went to the home with a local Child Care committee member, and we talked to the dad, but he threatened to shoot me if I didn't leave his property.

Another participant, early in her career had a similar experience - “I recall a couple of instances where our lives were threatened. We asked a Band Council member to come and assist us, we were apprehending children and there was a gun involved. He [council member] went in and spoke to the male and then he removed the gun.”

Another participant stated - “I've had a knife pulled on me; someone tried to break into the house....”

All participants advised that they have always informed co-workers of their whereabouts as a safety measure prior to their appointments. Another safety measure is to ensure another worker accompanies the other on home visits or when they conduct an apprehension. One participant stated - “If I know there is a person there that's violent I will take a [co-worker], another person with me.” Another individual described a similar pattern:

I let somebody know where I am going, especially on a home visit or in a volatile situation some workers will double up. Or you know somebody is very angry, because we live in the community, we know how that person is going to react.

Another worker advised to have another party with you to serve as a witness should this become necessary in the future. As noted in the following comment:

Also when you go and check, maybe if you get a complaint that there is a party or something and there are kids there, [It's] good to take somebody with you so you at least have a witness.

A few participants stated they take their safety on the job seriously - "I try to practice safety for myself all the time. I will never go confront anyone who's drinking, [or anyone who] comes here yelling, angry; I will tell them come back once you're calm. Don't escalate their anger."

Another stated, "I try to avoid seeing any of my clients when it's my own time. Like, I stay away I guess, most of the time I stay at home and not be out in the community."

A participant also reported being physically attacked but was not seriously hurt in the process:

...she would have got me in the back of the head with a frying pan, a cast iron frying pan, so I turned full (motions) and she hit my arm. I mean I probably would have been dead or in a coma somewhere. So we're always putting ourselves at risk. Not like Winnipeg, ANCR gets a call they can get the police to attend to it. We don't have that [luxury] that resource.

Another safety factor in a remote community is the use of a motorboat as a main source of transportation. As one participant stated:

Another thing is we have a boat and I shoot the rapids with that 18 - foot Lund boat. [Regardless] if it's blowing out if I have to take a child or family out of the community then I have to do that. The first thing I had to do when I got here was to get to know the lake. When you talk about child welfare and our safety we're always putting our safety at risk. I operate the boat I'm on the lake. I'm always putting my safety at risk not just referral going into the home, but getting on the boat is putting my life at risk.

Another participant made a similar comment of her early years in the community: "The first five years were really difficult because we didn't have roads in the community

and we didn't have a vehicle in the community and the only way to get around was by boat.”

One participant advised of an attack on a covering worker in the community - “The covering worker was called to a home, she went alone because the constable was [intoxicated], she went to the home and the parents went after her with a piece of 2x4 lumber.” Workers are left with their own devices at times in northern communities a local community constable is not always available to help with apprehensions as described here.

Another participant talked about her fear: “I had to go to a home looking for a CIC [child-in-care]. I went into the home not realizing that there were about 15 people in there having a party. I was scared but you can't let them know but I was scared. I stood my ground too.” Workers in remote northern communities are usually left to deal with situations that can escalate and workers grow adept at measuring danger, especially when in the company of individuals under the influence of substance. As frontline workers, you think, just go there and get the kid it's a whole different situation when you actually arrive and you have to think on your feet. You can't call for police or crisis response. Workers in northern communities operate alone and in precarious situations - they have to think of their personal safety and the child's safety at the same time.

Personal Leisure and Recreation

Many of those interviewed stated that it is difficult for a worker to engage in leisure and recreation in the community. Community members tend to approach and discuss child welfare issues at random with the worker. One respondent advised - “Well mostly at social gatherings in the community that's where I would see people, my clients that I

work with during the day, sometimes they'll approach me and tell me this or ask me this.”

One participant said that his recreation and leisure activities were not affected by his employment as a child welfare worker in the community. “I still do whatever I want to do. I like to [snow-mobile], I like ice fishing and fishing during the summer. I love fishing and canoeing or sometimes I just stay at home.” This individual also advised that he was not the type to attend big gatherings in the community, and in this way he shielded himself somewhat from work intrusions on his own time.

On the other hand, two other individuals found it necessary to get away from the community in order to relax or to enjoy some ‘alone’ time: “When I can in the evenings anyway, I try and find my own time. [Or I] go out of the community and do things that I need to do for myself.” Another worker advised - “If I try to relax at home in the community it always happens...if I’m on annual leave or on another leave, people still come over.” Luckily, for this worker her choice for recreation does take her out of the community: “Well I like to gamble, and this is something I do to relax.”

Another advised she will leave the community in order to socialize:

I don't do anything here, because all my activities are done out there... going out for dinner, or meeting friends, and you know just going out together. [My employment here] hasn't affected my [leisure or recreation].

A couple of the respondents stated that their recreation activities involved the community members and being visible in the community during this time was not an issue:

When we do recreation we get involved, in order for me to connect, I have to be part of the [activity]. If there is a baseball [game] I play, if there is floor hockey [happening] I play. I have to be there, I have to be a part of it because [it's a part] of our program.

The other participant acknowledged her employment in the community includes recreation programming so she takes part - "...the social work we do includes the community in our recreation and leisure activities. We have nowhere else to go so we don't have a choice about that too."

One participant described the community expectation on the social behaviors of a worker as unrealistic:

It's like we cannot have a social life beyond a family feast or community feast. When I was unemployed I used to mingle with family and friends at the bars, but now as a child welfare worker [I am never] expected to be seen in those kinds of settings. It's those kinds of things that I don't agree with but it's just what's out there.

Similarly, another respondent who is also a former community based worker shared that her recreation activities in the community were scrutinized. Volunteering for a social and being accused of promoting alcohol for example. As noted in the following comment:

I would volunteer at socials but it started being negative. Because there was alcohol [at the event] and they would say well you're promoting alcohol. [Eventually] my recreation was staying in renting movies and just staying in. It got to be that bad I guess. I was young there was no social life. I couldn't have a social life because all the eyes were on me.

Another participant advised - "My friends were my co-workers, because you couldn't really have outside friendships." Another former community based worker stated, "I didn't have time for activities. [There] were not a whole lot of activities to get involved in....all I did was work. [Doing] paper work in the evenings it was the only way I could keep up." It appears workers continue to live under this scrutiny now as they did back in mid the 1980's to the early 1990's, as it was around this time the former community based workers functioned in their community. Even now community members continue to scrutinize frontline child welfare workers and an unspoken

expectation exists that frontline CFS workers must be above reproach even in their private lives.

Child Apprehension, Prevention and Community Development

The communities in this study are remote northern communities with few resources at hand to help with child welfare matters. Northern communities often rely on the abilities and skills of the frontline worker and the unit supervisor. It is imperative that these staffs have knowledge of generalist practice to assist in the daily delivery of child welfare services (Schmidt, 2008). This generalist approach to child welfare is necessary in northern communities because our professional survival depends on it. There are really no specialty services in remote communities except for those that individual workers bring to the table. This generalist approach is discussed in this chapter, as this relates to child protection, services to families and children in care. In the past a generalist approach was less defined in First Nations communities. The agency involved in this study was once very community oriented. This community approach included a committee of respected members from the community. The committee was tasked with guiding a fledgling child welfare agency and its' workers in the delivery of services. In 1985 the local childcare [child welfare] committee allowed for community input and involvement in child welfare matters. This was especially helpful in circumstances where (an outside) worker did not have the family background necessary for a relevant synopsis of the case. A few respondents in this study referenced the local child-care committee (LCCC) in nostalgia. Some participants remembered the positive aspects of this approach. One respondent felt that the committee approach to child welfare had seen its day, and would rather not repeat this approach again.

Another issue discussed in this section is child apprehensions. This aspect of child welfare is also one of the most disliked among child welfare workers. Yet there is also exceptional preventative work being done in this area in some communities involved in this study.

Most often apprehensions occur when children require protective services. The workers interviewed in this study conducted apprehensions with cautious hesitancy as part of their practice. Part of this hesitancy is due to a strong belief that children should be raised with family and in their community. Indeed, workers in this study acknowledged prevention before apprehensions as a preferred model of practice. One community in this study is especially strong in creating alternatives to apprehensions through a type of a community development approach. This approach is quite different from the early years' approach of the local child-care committee as described in the following section.

Child Welfare Committees

A few participants reported the type of child welfare duties one was assigned in the developing stages of the agency. These workers conducted child abuse investigations, foster home assessments and home studies in their communities. These are duties now assigned as a specialty within the agency. Nonetheless, in the early years of the agency workers were expected to fulfill all aspects of child welfare, including prevention of child apprehensions using the homemakers program. The homemakers program was funded in the early 1980's to 1995 by the federal government and it was designed for on-reserve support and caring of children in their parental home.

Some of the participants referenced the child welfare committees of the 1980's, and the agency at the time had endorsed this type of community approach; most communities had a functioning committee. (2007, p. 50 AGM) The local child-care committee (LCCC) was established to help with informed decision-making by the supervisor and regional workers in the early years of the agency. A couple of the participants recalled the advantage of such a committee. The committee included other community social service providers and it was valuable to share information with collaterals as they provided service often to the same clients as illustrated in the following:

Back then we had a child care committee, members included the school, [staff from the] nursing station, collaterals from the community, like the NADAP worker, and a community member. We [shared] information and made decisions about the families we worked with.

Another participant expressed the value of having such a committee in place: “what really helped me a lot was having the local child care committee in place because that way the community was involved. Clients respected the elders that sat on the committee, the majority of them were elders.”

Although one participant described working with a committee was helpful, at the end of the day the responsibility for child welfare was with the assigned caseworker. If anything went awry with the case the responsibility was with the worker and not the local child-care committee member:

The child-care committee members that I had to work under, they would give me instruction and direction on which families to go see. It wasn't easy because I felt alone I was the only worker.

Another participant had a similar account regarding the former local child-care committee “I guess that helped because we had eyes all over the community that they [families]

weren't aware of. The down [fall] there was, it was always us (CFS) who did the leg work.”

Another participant made reference to the confidentiality issues in regards to the committee:

Before confidentiality came through Southern Authority, they used to have local child-care committees and local child-care committee basically shared all the information that was discussed [they told the whole community].

Most participants agreed confidentiality in a small community is difficult to uphold, but confidentiality in child welfare is understood by all to be very important and an integral part of child and family services. In the past the local child welfare committee in the community was expected to maintain confidentiality to the same degree that was expected from child welfare workers. However, as represented above some committee members did not always adhere to the confidentiality rules. Perhaps families or parents felt that LCCC would not uphold confidentiality and this might prevent parents from asking for help when it was required. Perhaps a frequent breach in confidentiality was the reason why the committee fell into disuse.

Frontline Child and Family Services Work

The majority of participants reported doing frontline work that included working with families and dealing with family dysfunctions and parental deficits. All participants reported using conventional child welfare methods such as file recordings, opening and closing files (children in care, minor parent, and family service) and perhaps documentation related to child and family assessments. Other child welfare responsibilities included intake services and child protection investigations. Some respondents reported interviewing children in abusive situations prior to an actual

investigation. Some workers advocated for quality of life issues for children and families in their community like housing, employment and shortage of food. All participants described working with families using both conventional and non-conventional child welfare interventions. Conventional child welfare interventions often included child apprehensions as a result of parental abuse of drugs or alcohol, and removing children from unsafe situations.

The participants advised that they would rather work with families than apprehend children. The majority of respondents reported apprehending children as a difficult but necessary task. As one participant described “dealing with families and children, working with families, apprehension is one of the things anyway, that I don’t like doing.” Similarly, another participant described the psychological impressions of his role as a child welfare worker. “My first apprehension I felt sick removing these children. I felt bad I didn’t feel right as a person. I hated it.” This apprehension had such an impact on this worker that he made a decision early in his career to work with families rather than simply apprehend children. “From then on that was my thing, even though I removed children from the home through apprehension but I worked with the families to reunite their children.” Working with families rather than simply apprehending children from their parents was a recurring theme from participants interviewed in this study. One must wonder if this is the case though, then why are so many children in care?

Unconventional Approach to Child Protection

A couple of the participants advised that casework or child welfare work in a remote community must be adapted to the reality of the community. The difficult balancing act between responding to the needs of children and families while maintaining

the rules and regulations of the Child and Family Services Act (CFSA) is evidenced in the following description:

I have taken baby steps with the people, like doing prevention through observation; it's not regular casework. I believe many are affected with alcohol, and because they are so close in relations- there is a marked lack of understanding [among the people]. I'm always repeating the reasons and explaining the same thing over and over. [For example] a call one night – late, a family member is concerned about the safety of a baby, a drinking party is happening. I spoke with the parents I said I was taking the baby overnight and putting baby in a safe place. The parents were all right with the plan. The next day the parents arrived at the CFS office, I talked about safety for their baby and drinking in the home. The parents said that they had a drink yesterday and they stopped today, and they couldn't understand why CFS came to their home...

The worker's definition of baby steps includes the often-repetitive work related to alcohol use by parents and resulting safety factors for children in the home. Child welfare work requires this type of consultation with families. CFS Workers must inform families of the reasons for the intervention.

Preferred Model of Practice

The majority of those interviewed had a strong preference for working with the parents and extended family to prevent children from entering agency care. All agreed, that child apprehensions should be used as a last resort - "I don't agree with apprehending children; I would rather work with the family". Another participant expressed a similar idea "I would like more children to stay with the family with all the supports that are available to them." Another stated: "A good way to practice is to work with families and to try to educate people, to try and work with people instead of taking their kids right away."

Another important issue raised in the research was that of prevention and the work required to support prevention focused child welfare interventions in communities. One participant advised that she would prefer child welfare to be community driven. She

noted: “I would use a community approach to dealing with families; where we use our own teachings, our own values and beliefs of raising children and how families should be dealt with...”

Others recommended that prevention should be the focus of child welfare work: “I would like to practice prevention... more prevention work instead of... versus child apprehensions. I think we need to work with families before they can’t manage their children [and lives].”

One participant was so dismayed with the early approach of child welfare in her community she decided she wanted to do things differently:

When I first started with child welfare I didn’t like the way they did child welfare. Nobody was really working with the families it was like the Children’s Aid Society. I wanted it to be different-preventing kids from coming into care.

The resounding message from workers involved in this study is child welfare must change. Child welfare work is adversarial in its approach with families and parents; often times the worker is viewed as being the problem and overshadows the issues of child neglect and abuse. The issue with the current approach is its focus on child protection. All the workers agreed child welfare ought to focus its energies on working with families at first contact. The issue with Child and Family Services is its focus on child protection. Before a child is removed from parental care a worker should intervene on a family well in advance of the critical time.

Intense Community Development

A few participants agreed that a community-based approach to child welfare is necessary in remote communities and that prevention must become the objective of child welfare interventions. However, participants advised that they are faced with some really difficult

situations in remote communities. One example is the incongruence of theory and practice in child welfare. At the best of times child welfare theory and practice don't mix well. In this study for example, a participant pondered the seriousness of his employment in a remote community. This participant considered the fact that services were limited yet a desperate situation of child neglect existed in his community. Many of the children and adults in the community abused solvents that contributed to the overall neglect of the children. He attempted to use theory and practice to address the issue of solvent abuse in his community but he discovered that he could not. Here is his explanation:

Child welfare did not explain how I'm going to address this, the only thing child welfare does explain is that if the parents aren't able to provide [for] and protect their children because they are solvent abusing; [the] Child Welfare [Act] is basically telling me to apprehend these children - 63% of the community. The Act is telling me to apprehend, we're talking about 63% of the population of the children in the community. So I said I'm not prepared to remove all the children because of what the mandate is saying here.

The concept of theory and practice is difficult to grasp for many child welfare workers. The ecological theory would suggest the environment is contributing to the mass solvent abuse in the community. A couple of the participants considered this question and came up with solutions that served their community. In one situation the participant relied on the principles of community development to address a serious issue in the community. In this example the worker had been involved in addressing the solvent abuse for over two and half years. This worker was well aware of the need to involve the community on this issue - "how am I going to get the community to unify in dealing with this issue." This participant knew he needed the support of his community. It was also evident to this participant that the Child and Family Services Act was remiss in dealing with many community issues. This participant realized that he had to make big changes in the

community to address the issue from a practical sense. The participant pondered his dilemma:

I had to change...do a different way of child welfare. How am I going to change the social work part of it? The theory part of this is not going to work, so how am I going to change that to a more practical way.

All participants in this study were aware that the focus of the Child and Family Services Act is child protection. However, when faced with disturbingly high numbers of children requiring apprehension one must evaluate the situation. As this participant suggested:

There were many things that we had to do different, so one of our objectives is we didn't want any more of our children moving out of the community. So when we started working with the families [parents] we asked what are you prepared to do.

The question what are you prepared to do placed the onus of responsibility on parents to provide care to their children in risky situations.

Another participant acknowledged prevention as a cornerstone for the type of work that was needed in the community. Essentially parents are given opportunities to address their deficits or behaviors that put their children at risk, before their children enter agency care. If an intervention occurs on a family the worker will meet with the family to address the issues. These meetings will occur at least three times before children are apprehended, hence the Steps 1, 2 and 3. On the surface this appears to be a conventional child welfare intervention; on the other hand probably very few child welfare workers have been called upon to provide child-care services while parents socialize in the community. If the parents are socializing and their behavior places their children at risk a family member will come forward and will provide child-care overnight. If a family member is not available then the children are cared for by the child welfare worker. This

sort of service is built into the Steps 1, 2, and 3 Prevention Program. Furthermore, the trusting relationship established between this worker and the community member is not common to say the least:

Our work in the community is based on prevention, for example, a mother who asked that I come get her kids because she has been drinking, and she can't look after them. I will take the baby overnight, the next day the parents are sober. I explain to [the] parents that having a drink every now and then is not bad, but you must have a baby sitter. This took a few years for the parents to understand I then give them the 1, 2, 3, step talk. [The children are under apprehension for 3 months after steps 1, 2, 3 are taken if the parents don't address their issues.]

The same participant also provided the following statement about the impact of alcohol abuse in the community:

We do everything to keep families busy. That's the mistake people make, they try to do normal social work with the people and in the community, like those who try to do urban based social work in the community – it just doesn't mesh. When the people from the south come in they put up these messages I am the social worker, I am the authority and that doesn't work here. You need to be able to relate to people as people, you can't talk down to people you have to be at an equal level with them.

The message appears to be to develop and use prevention based programming. Focus less on apprehensions and beware of transplanting urban-based social work practice in a remote community. But is this simply worker driven prevention with families or can this approach work in another community. Or do we continue with a conventional approach to child welfare practice in remote communities?

Resources or Supports in Remote Communities

This section reports on the obstacles associated with working in small First Nations communities, such as lack of housing and maintenance. All participants made reference to lack of housing, and the resulting over-crowding in some homes.

Community members are reported to have a lack of trust in the resource people in their

respective community. There are trust issues with service providers that exist among families, and issues like very few supports available to keep children at home are explored in this section of the chapter.

Child welfare workers expressed their concerns about the lack of supports in the community to perform their basic responsibilities to children and families. One of the issues identified by participants in this study is referral to a parenting course; many reported being at a loss in regards to parenting courses. Very few opportunities for parenting courses occur at the community level. As one participant advised - “You’d tell them to take parenting skills but there was nothing really offered within the community.”

Housing Issues

The lack of appropriate housing in communities was noted and one participant talked about an overall housing crisis in her community. Another talked about the issues with overcrowding in homes. Both participants agreed more housing was needed to support growth and development of a healthy family life style.

The following statement made by the participant who informed of the overcrowding in homes and the potential child welfare issues that may arise stated - “I guess placing kids in, or placing too many kids in one home, overcrowding the home [can become an issue].”

Trust issues and Referral Services

Another problem is with referrals to outside resources, participants in the study acknowledged the efforts made by parents who entered treatment programs to address their addictions issues. Yet they return to the community only to be faced with the same issues and situations that lead to their substance abuse in the first place: “The [parents]

take good programs in the city or wherever they go, but a lot of time, it's just back to the same thing, back to the same people that are using and they fall back into that trap.”

The after care programs following treatment are often dependent on the client's ability to trust in-community resources. This ability to trust community-based programs is lacking at times as in the following example - “There's that trust that they [clients] don't have. [They] prefer to go to the neighboring community instead of being here and utilizing the resources here.”

After care programs or services in the community are only useful when parents have a desire to use them. It is possible that new clients to the CFS system in the community are apprehensive when it comes to using services in the community. It is unclear why this is the case but one of the reasons may be clients might have experienced a breach in confidence and would prefer not to use the services in the community.

Community Issues

Another issue is the high cost of living in the north; if you're not prepared for life in the north this can cause hardship on a family. There is also the unfortunate condition of having a reputation that the community is unsafe. One participant stated some essential service providers refuse to go to the community. The worker explained the Doctor had heard the negative media reports associated with the community and refused to travel there. The worker stated: “Even the Eye Doctor didn't want to come here.”

Some participants suggested political interference during an election year and the lack of will by leadership to address social issues in the community places children at risk. This is illustrated by the following observation: “Chief and council interference can be [difficult] they try to use CFS to their advantage especially during election time”.

Another concern is government-sponsored programs, like NADAP. Although available at the community, NADAP is described as ineffective to address the substance abuse issues faced by some members of the community. Participants who are also former community based workers discussed the attempts made to address social issues in the community from the grass roots level. However, committee members were also stretched thin as these members held full time jobs in addition to committee responsibilities: “Well there was also a resource group that we had, we used that and with their help we brought in presenters and workshops in the community. But even that approach fizzled [as the members had their own] commitments.” Perhaps it was stress and burnout that caused the fizzle out affect described here as working in the child welfare field can cause a great deal of stress. When service providers attempt to address the needs of their community they are operating from an altruistic stance. However, burnout happens even if you are altruistic. The following participant advised of the fear of burnout and the need to address personal wellbeing and the needs of his family. To compensate for the lack of resources in the community this individual had engaged resources and supports through other service providers from outside of the community:

[We utilize the Association of Manitoba Mennonites. (AMM)] I'm working on it right now. Through their help I'm developing a community caring model. A.M.M collaterals [are brought in]; they are younger and more vibrant. So that alleviates some time for me. I'm free to work on something else and I'm getting tired.

Helping Families at Risk

This section examines the efforts by the workers to address the needs of children and families in the community: they reported doing a great deal with very little available to them. Some participants in this study reported the need for comprehensive services to address parental shortcomings. Other responses amounted to doing more than the regular

child welfare duties because of need. For example, establishing a Baby Sitting Club so that single mothers can go out for an evening - "I think parents with a lot of kids get really stressed out when they try to look after their children. As a single parent those [types] of families [would benefit from] services of family enhancement workers." There is a movement toward family enhancement as the cost of providing child welfare services in remote communities increases. One participant's reflection on her former duties as a child welfare worker in her community is telling: "Well like I said the only ones I had were the nurses they were the only ones that were available. We really didn't have anything else there were no therapists. I was by myself and I was just a kid when I started." This worker recalled that her only collateral support in the community was the public health and practical nurses that attended to the community on a weekly basis. These nurses were employees of Medical Services what is now the First Nations Inuit Health Branch (FNIHB) of Health Canada.

A few of the participants discussed the ways in which they have tried to address a need in the community. One participant stated - "What's most needed is personal support; when crisis happens someone needs to be there for [the family or the person] when the crisis hits."

Another recalled a community response to crisis in the restorative justice model where community resource people were assigned to family members who were affected by a crisis, usually the sexual abuse of a child. This participant recalled the willingness of others to help out during such a crisis: "people were able to help at any time when they are called upon to come or when they hear something is happening to help...even to support someone through a hard time." This model accounted for the wellbeing of

children and adults in a holistic manner following a crisis in the community. The approach restored the balance between familial relationships through intensive individual or group counseling. The approach was deemed successful in addressing the immediate psychosocial needs of a victim of crime and the offending party.

Another talked about the collaboration with community resources other than CFS and this collaboration resulted in a workshop on youth suicide. If there is a need in the community most often it is child and family services that will address the need with a very basic and common sense approach. This participant described her early years as a service provider in her community in the following way:

[When] we would do our visits we would walk for a [great] distance. There were times when the Regional Worker, Supervisor, and I would have to walk just on paths in the woods, to get to [a particular] house. We'd have to walk through muddy creeks there [were] just logs to walk on, that was our way to get our work done! I remember there was this family who lived way at the far end of the reserve they [isolated] themselves from the rest of the community.

In this particular community home visits were conducted by foot regardless of distance from the office to the home and regardless of the conditions in weather. This speaks to the kind of dedication to the job some frontline workers in communities possess. In more recent times ownership of a vehicle and a valid driver's license is a pre-requisite of the job related qualifications of a child welfare worker in any community.

In addition, this former community based worker suggested the idea that not much has changed in regards to the reasons for a child and family service intervention on a family. Alcohol use and abuse still accounts for many of the calls to intervene on a family even today as it did back in the 80's. The following quote supports this worker's assessment:

There was constant drinking there and the family neglecting their children. They'd be drinking there, but this was their normal way of life. The kids became like them [parents] this was life. They [children] weren't going to school and stuff so this family was our [typical] clientele that we had to attend to on a regular basis. When the Regional worker and Supervisor would come to the community, either one of them would come with me, if not, I would go by myself to see where they [the family] were at, I would have to go see how they were doing, the majority of the time they would be [intoxicated].

This indicates that frontline workers in remote areas often have more to deal with than the cause for an intervention. There are other considerations like the time of day, or whether there is transportation available to do the home visits or not. Most often workers have to contend with parents under the influence of alcohol or other substances. But few workers have to walk on paths to attend to family needs as this former community based worker once had. In recent times infrastructure and economic progress in this particular community has improved the living conditions in the community. However, child welfare issues continue to persist.

Distance from Conveniences Impacting on Practice

The issue associated with distance from convenience varies with geography, climate and provincial infrastructure. The answers from participants were varied however the common theme for those from road access communities was related to travel and time. Workers were always looking for ways to transport children and families to their various appointments. Most often appointments or family visits occurred in Winnipeg and this, although necessary, is time consuming. As the distance to an urban center decreased there was less concern with time spent away from the office. For those from the fly-in areas, the focus was more on the hardships associated with distance to an urban center. One participant advised of developing community based supports to make up for the lack of variety in remote community life.

Participants who were involved in community based child welfare in the past also noted the time and preparation required to provide services to children and families, such as escorting minors on flights to Winnipeg and arranging for travel within the city: “We have to get our kids to hospital, dental, medical appointments and recreation we don’t have, or not enough.” Flight time in transit can be anywhere from one to two hours in one direction for the fly-in communities involved in this study. Alternatively, these hours in flight could be used productively, for example, in face-to-face contact with children in care. The flight time instead is idle time, unless one is travelling with an older child and the worker can establish some relationship with the child.

On the other hand, two participants from the road access communities agreed proximity to services was convenient for their work with families and children in the community. As this is less of an issue in road access communities and if a child in transit is older then the worker may have an opportunity to converse with the child and establish a relationship that way. This point is noted in the following:

We can find a readily available resource depending on the needs of the child we can usually find someone to be able to take a child outside of the community if there is need, the city and towns are nearby.

Another worker stated a similar advantage but in reverse where a resource can come to the road access community fairly quickly in times of crisis:

People can get to the city or the nearby town at a time of need quite quickly by car or ambulance or whatever...if there is a crisis and you need somebody, a resource person could drive here quickly, with a suicide situation, [for example], somebody has committed suicide [in the community] we can get a team here pretty quick to help the community with that...

A couple of the participants also mentioned the idea that remote communities have fewer concerns with gang activity and drugs. But both participants agreed to the

reality that drugs such as marijuana and abuse of prescription drugs exist even in the more remote communities involved in this study. The following comment illustrates that gang activity and drug abuse is not just an urban issue:

I like to think that we are far away from the gangs and drugs in the city, but in reality it is here too, the gang activity that goes on in Winnipeg. I know that the parents that live in Winnipeg [who are originally from here] would like to send their kids back to the reserve.

Another participant cautioned - “We think that weed is the only other drug in the community but hard drugs are in the nearby community and eventually those kinds of drugs will get here too so nobody is really safe from those.”

Some of the very basic things such as infrastructure in the Province also affect the delivery of services in child welfare in First Nations communities. For example one participant said that - “The present road conditions [infra-structure] is very good, [compared to] the way they used to be.” This participant associated the better road conditions to a quicker response from police services when assistance is required as in violent situations: “Another thing there has been a lot of domestic violence in the community, and when the police (RCMP) are called they respond pretty quickly.”

One participant acknowledged the distance and the costs associated with travel to the south have given them incentive to create their own programming in the community.

As noted in the following example:

We started a cooking group here, [promoting] healthy eating. What’s social work about that, well the [community members are] getting together, talking and having each other as support. Men too are starting to get together...

Another thing that is convenient in a remote community is the response time from extended family that would like to care for their kin. As a former community based child welfare worker indicated: “The extended family would intervene and let’s say a

grandmother would take her grandchildren or a sister would take a niece or a nephew.” The remoteness of communities puts pressure on the extended family to care for their family members rather than rely on various institutions or send their children out of the community.

Another interesting finding identified in this study is the collaborative efforts made by some community resources. Regardless of the fact that their mandate and mission is different from child welfare one participant stated collaboration between CFS and Education in the community helped to address the poor quality of education on-reserve. This community addressed the issue by putting supports in place:

Education [is of a low standard] for example, [in this community ninth] graders cannot read, the students from this community are having a tough time in high school because they can't read. [CFS] hired two students, one first year University student, and a grade 12 graduate. They have [developed] reading programs within the school.

This intervention has been helpful in keeping the youth in school in this community. The youth then go on to complete high school in off reserve locations. The youth return to the community with reading and writing ability that they did not have in the past. This community has developed other community based education programs in effort to address future employment considerations in child welfare services.

Another area through which community members will support each other is resource sharing. As one participant stated -

We have a working relationship with health here and it [is reciprocal] or a visa versa type of thing. [For example] when a child-in-care attempted suicide, we had an emergency place to protect this child, and if this child was [deemed a high risk and likely] to follow through, the nurses actually rotated shifts [and observed the child]. [In turn] if they need a medevac we will do it for them...

Another means of helping despite the absence of a food bank for example is advocacy with the First Nation administration. This participant's response denotes the fact that things haven't changed much in regards to food shortages among families - "Well if a family runs out of food and this still goes on nothing has really improved since, all I could do is advocate for them. I would write a letter to the band for food." This participant advised she recommended a food voucher instead of cash, suggesting some families might abuse the cash system and purchase contraband instead of food.

Hindrance in Providing Services

All of the participants had a great deal to say about the hindrance in services to families and children in remote First Nations communities. Helping families to transition out of the community is an issue because of a lack of knowledge of the services available to new comers to urban areas. If a mother and her children leave a community because of domestic violence for example - "the difficulty is finding a person to help when a family is transitioning to the outside". Community based workers are not always aware of the supportive services in urban areas.

There is also the high cost of living in the north and the lacks in recreation and health promoting social activities in the community. As the following example suggests: "We have far to travel to get any programming, there is no recreation for our kids here." Lack of recreation in the community can lead to youth vandalism or nuisance issues. It is important to provide children with appropriate activities and distance from recreational outlets can be costly and time consuming.

Another respondent described the difficulty of a meager existence on social assistance for individuals or a family. The families in the community feel the cost of

carting food to the north; for example currently a jug of milk in the south would cost approximately \$5.00 but in the northern community - “A jug of milk can cost up to \$14.00 - \$18.00...” The high cost of living in the north has always been an issue as advised by a former community based worker - “...the high cost of living and the price of food that was an issue. There was also a lack of transportation because at that time I don’t even know if we had a winter road”. Implying here that the cost of food is also absorbed into the cost of freight and carting the food to remote locations.

There is also the issue with clients who avoid CFS workers. They are parents who are described as those who run from the community when they are called upon to discuss their child welfare matter. As noted in the following: “When you want to work with a family they run away or they drive away, in our community that could be a hindrance.”

Technological issues and the need to follow policies are situations that do hinder services as suggested by this workers’ comments - “Internet services are not reliable, [yet] a lot of times, that’s where we get our information from and ideas to refer families to programs that will fit for them.”

Another explained following the rules does result in hindrance to services. As the following comments reveal:

Well you know this is a small community, it’s where you need to get all those checks done before you can provide a service, [like] the child abuse registry [and] the criminal name check. We all know each other in the community and we know pretty much all the people. I think it should be enough that a social worker [can vouch] - this is a good person. She is generally not an offender of any kind. I wish that would be enough but no, we have to go through all the channels before we can use a resource or a support worker.

The majority of the participants reported the proximity no services is not an issue when they are dealing with issues that can be solved quickly. But not so when there is a

long-term crisis, such as no medical services for children born with fetal alcohol spectrum disorder (FASD). “The community is not equipped to deal with long-term crisis, and access to services in the north is not easy.” Another former community based child welfare worker agreed “...it is only child and family [services] that would have to respond especially if there were children involved if they were in crisis, then it was always us [CFS staff to respond].” These participants also had concerns that police services and mental health services were not readily available. As illustrated in the next example: “Service providers from Health Canada, they would come in once a month and would only see one or two people.” The worker pointed out this piecemeal effort is not often enough to address the varied social issues that affect a community. More is required to keep the momentum of a good therapy session going.

All participants agreed that Child and Family Services is only one service in the community. But there are other services available through Aboriginal and Northern Affairs Canada in the community. The researcher questions why the social programs do not adequately address the social issues in First Nations communities. In one community involved in this study the CFS worker is carrying on the duties of various social services programs including her own statutory child welfare services.

Alternative or Preventative Measures and the Child and Family Services Act

Prevention and community interventions with families at risk can be helpful. Of special importance in this study, are the attempts made by workers to work with families before an apprehension occurs. The focus of this section is apprehensions and prevention of apprehensions. As participants in this study began to disclose their answers it appeared that polar opposites exist depending on the community in which one resides.

Most participants in this study felt a strong push from agency leadership to maintain the status quo. Some participants believe the agency does not support creative interventions when it comes to children at risk. At least a few participants have found ways to incorporate workable alternative measures while providing child welfare services that adhere to the Child and Family Services Act (CFSA).

Some participants in this study, when questioned about use of alternative or preventative measures in child welfare did not have positive remarks in that regard:

...No we always have to go by the Act, [CFSA] we have managers in the agency that ensure we follow the act and we cannot deviate from the Act. We're told we have been employed in the agency long enough to know that we cannot deviate from the Act and I am very reluctant to try something new or different.

The same participant advised, management above the agency level also restricts use of alternative measures, and promotes strict adherence to the (CFSA):

Changing the way we do things is difficult, especially with the Southern Authority in place; that is another department that doesn't allow us to deviate from the current Child Welfare [Act] and let us do something that customarily we could have done had we been following kinship models or community models.

Another participant reported feeling conflicted about the Act and a desire to work with families and still protect children:

At the back of your mind when you're trying to use alternative measures, [you think] how can I work with this situation without breaking the rules. A lot of the time you think is this going to contravene the Child and Family Services...the Act; you try not to go outside of those boundaries. Sometimes though, that is the only way to get things to work, you kind of bend the rules without breaking them.

A participant described her success with using an alternative to child apprehension, as she developed a response geared toward children and parents maintaining their connection to each other. She managed to have the offender move out of the home instead of the child this contributed to family unity. In the least, a child can

remain in the care of one non-offending parent. There are many benefits from this arrangement, however if such an arrangement cannot be secured then the old methods are resorted to as stated here - "In order to maintain family unity we would do some safety planning and remove the offender [instead of the child]. If this doesn't happen then we move the children and place with extended family." In one community, the worker and unit supervisor have developed a creative manner in which to address the child protection concern while maintaining parental responsibility for the care of the children. The worker included prevention steps 1- 4 in the case plan. If steps 1 through 3 were concluded and the parent did not address the child protection concerns then the child is apprehended. At step 4 the child becomes the focus of the case plan, even after the child becomes a child in care there is an opportunity for parents to correct their behavior that places their child at risk. The following example describes the method:

Prevention steps 1, 2, 3, and 4: a child at risk is placed with a family member temporarily. We are all over the course when we use this method. Sometimes we're doing ABC and D and back to C...it depends on the case and the situation. We find that we can almost always return the child after the second or third day, but the family also knows that we go through the steps and after step 4 their child [enters agency] care.

However the intervention process does not stop when the child enters agency care. The child is placed in a specialized placement (not in a foster home) where the parents are encouraged to attend to the placement on a regular basis. The parent is allowed access; but not only to visit the child to provide actual daily care to the child. The house resident oversees the care of the household, but it's the parent who continues with the nurturing care of the child. This process is described in the following:

The children are placed in the home with a house parent but the bio-parent is allowed to enter the home and stay with their kids. The parents prepare meals, clean the home, do their children's laundry, and bathe children before bedtime.

The parents also prepare their lunch for school the next day. The parent then goes home for the night and he or she returns the next day to help prepare breakfast. The children remain in care and the parents stay connected to their children until the apprehension period is completed...

According to the proponents of this approach they have managed to keep many of the community children in familiar surroundings and environments instead of sending them out of their community of origin. This specialized placement resource was developed for children-in-care so that biological parents can continue to care for their children.

Eventually, children are returned to their parental home after the parents have successfully completed a parental re-integration plan. The parents prove their ability to care for their children during the three-month apprehension period as evidenced by their willingness to attend to the specialized placement resource and take an active role in the daily care of their children.

A former community based child welfare worker reported there was nothing much that could be done with children in need of protection except remove children from the situation. The best alternative to placement in a stranger's home was placement with extended family. As suggested here, "When you got a call to remove children, rather than putting them under apprehension, you'd ask family and if no family came forward then you would put them in care. It all depended too, on the situation and if we had previous involvement but I would prefer to work with the family..."

Another former community based worker advised, "When I was doing this kind of work in my community, I didn't always believe in bringing kids into care. I always tried to find ways to prevent kids from coming in to care." As stated previously this worker too would attempt to find placement with extended family instead of apprehending the child.

Success with Alternative or Preventative Measures

Polar opposites seem to exist among the five communities involved in this study. Some participants have not attempted to use alternative or preventative measures in their dealings with families at risk. The first mode of operation for those participants is usually child apprehension and the usual child welfare services that accompany that. An investigation is done to determine risk or fault. This might include a parental capacity assessment and the parents are brought to court to have their child or children become wards of the state. This usually doesn't occur in such rapid sequence but eventually children are placed under permanent ward status. Under these circumstances it is difficult to gauge success in working with families if there is not an alternative to apprehension identified or that has been tried. Yet it appears through these findings at least two communities have achieved some success in their ability to create and act through alternative measures in their approach to child welfare in their communities. In the two communities children do not always enter agency care and become wards of the state. The children may enter care for a short period of time while the system attempted to work with the parent/s. In the following pages of this thesis the success of alternate measures to apprehension is discussed.

One participant stated that in order to support parents to maintain care of their children, she will - "...often use other resources in the community, like when I know a family is starting to fall back and start to drink, I will step in there and I will direct the family to that service like NADAP or counseling". This worker advised it is important to keep abreast of the family; or that parent while they have care and control of their children. This approach is what this worker described as her preventative measure instead

of letting things build up she will approach the parent before there is a need for re-apprehension of children to occur.

Another worker stated that the simple approach of keeping children in their familiar environment when an apprehension does occur is success in itself. As noted in the following example: “it is successful when a child is placed with extended family and can remain in the community.”

One community has taken this approach a step further by establishing a placement resource where the parents take an active role in caring for their children. This is illustrated in the following:

The children are placed in the home with a house parent but the bio-parent is allowed to enter the home and stay with their kids. The parents prepare meals, clean the home, do their children's laundry, and bathe children before bedtime. The parents also prepare their lunch for school the next day. The parent then goes home for the night and he or she returns the next day to help prepare breakfast. The children remain in care and the parents stay connected to their children until the apprehension period is completed...

One former community based worker advised her interventions with families in her community were only somewhat successful because some of the extended family members also had a history of child neglect or abuse. These families could not be relied upon to offer assistance to their extended family.

A former community based child welfare worker relied on the child welfare committee to address the issues with the parents. Her use of the committee members and other family members assisted her in addressing the parents. This worker found this approach helpful and successful. The worker believed that the families might see the errors in their parenting if they heard this from someone other than herself. This is illustrated in the following description:

I would ask our local child care committee to meet with the clients as well, so [it's] not just me. The client was asked to attend the local childcare committee meeting and they [the members] would talk to them [parents] as well. The other thing I did too was I brought the families together. I would call in brothers and sisters because they would be aware of needs and [on going issues] of their family members. They would have concerns to share with their sibling [the subject of the intervention]. Before I would bring kids into care, I would have a family meeting and have the client there as well. The [extended] family would talk to their sibling ...instead of me doing it. There was that support there and only after this meeting, and only if the family continued drinking would I bring the kids into care. In this way the parents were warned and they would see that we tried different things to prevent child apprehensions from happening...

One participant indicated that it was very difficult to deviate from the norm when it comes to services to families or protective services to children. Even when the worker has an alternative to apprehension for example, she is reluctant to use anything that is not already established by the agency as an acceptable approach. The worker stated –

I've been reluctant to use an alternative measure. You know why we can't use alternative measures because of funding. It's always about funding; there is no funding to do things differently. [So you do have alternative measures but you cannot use these?] Yes I do, but I can't use these anyway.

Funding issues within Child and Family Services is not new; workers in the north have helped many families and individuals with very little in the past. In one community involved in this study a restorative justice approach gained some success and recognition for the grass roots approach in addressing familial sexual abuse.

Success is sometimes slow to materialize in child welfare interventions, but to the participants in this study finding placements for children within their extended family or within their community is considered a big success. Addressing a gap in service is also a success like establishing community based specialized placements resources in a remote community. This is especially successful when that specialized resource will allow the biological parents full and active access in the daily care of their children while they are

in agency care. Not many placement resources in the system will allow this but there are a few out there. Another is using the community resources to their fullest potential in order to assist parents to maintain care, custody and control of their children. In one instance the worker had encouraged the parent to obtain addictions counseling before the issue with substance was beyond the persons' control. This step was taken to curb re-apprehension of the children. These are extra services that a worker might use to support parental responsibility and care of children at risk of apprehension instead of going to the apprehension first - ask questions later approach.

Preventative Interventions with Families at Risk

Although there is a great deal of reluctance on the part of workers to use alternative measures in child welfare frontline workers in these communities continue to use grandparents as a good alternative to biological parents. This is usually for the placement of children in care. Other means include favorable attitudes and perceptions on using community resources to address social issues with families. This is especially helpful when social programs in the community are functional. Maintaining community responsibility for the safety of children is necessary. The findings suggest workers recognize that CFS alone cannot protect a community's children - the community must step up. One community's response to a shortage of placement resources included the development of their own community-based resource. Plus there is a strong desire and will to work within the remote community and address the issues that force child welfare interventions on families. These ideas are further discussed in the following paragraphs.

One participant was a strong proponent of a restorative justice approach compared to using a mainstream approach to child welfare. As the following quote illustrates:

In child welfare it's a different ballgame you can't deviate from the mandate. [Even though] we have developed our own [approach] in the past, dealing with abuse and with offenders [it doesn't make a difference]. [I find it's] just not allowed in this system, they already have their rules that we need to follow. I've seen [alternative measures] in the past though working in restorative justice. That's why I know alternatives have worked in the past.

One participant explained the importance of placement of children with their grandparents; this encouraged connection to their family and community. This custom was considered necessary and important to follow. As stated here - "I think because the kids were so unstable living at home with their parents...that child needed extra closeness [nurturing] to feel secure. Even before the children came into care, the grandmother shared...when her grandchildren visited her, she would allow [them] to sleep [on her bed] with her."

Another participant stated her close supervision of families once the children were returned to the parents, assisted in preventing any cause for re-apprehension. Supporting the idea that prevention can be successful if there is consistency in place:

Some of the families [are] too afraid to reach out but the minute [a worker] steps in and kind of directs them or takes them by the hand. I find that they will jump on board and they will go [to programs]. Some families I've done some preventative work with...after a while they no longer need any assistance.

Another successful intervention is the specialized placement resource. Here parents are encouraged to partake in the daily care of their child. The following examples also illustrates the trusting relationship between parents and the CFS program -

In the [specialized placement] program the children remain in their community. The parents have begun to trust us [the CFS program] they are working with us. The parents [remain] involved in the lives of their children. There is no disconnection in the parenting the children are still cared for by their parents. They see each other daily this way of doing child welfare is successful.

In remote communities the case plan is tempered with the reality of the situation at hand. Where would a worker find placement for example, when the community is strapped for resources? In one situation the community developed their own resource based on practicality. In another situation the old custom of placing children with grandparents is a viable option especially where the grandparents are younger and energetic. Parents too, have been ascribed with initiative to address their issues with some direction from the frontline worker. These parents tended to have very good outcomes without further need for intervention from child and family services.

Community Involved Services and Child Welfare Interventions

The majority of child welfare interventions in remote communities involve at least two collateral services in the community. Referrals to drug and alcohol treatment for parents usually involved the Native Alcohol and Drug Addictions Program (NADAP). NADAP is also responsible for addictions counseling in most First Nation communities. In addition, the local school system and staff have assisted in keeping children safe in the community. In most communities involved in this study the local school staff made appropriate referrals to the child and family services system. It was recognized that child and family services is the only mandated protective service in the community. The participants in one community acknowledged the necessity in remote communities has resulted in some very unique and innovative ideas to address social issues there.

A few participants advised the local school was an important factor in service delivery in the community. The school staff provided referrals to the worker for outside resources, or school staffs were supportive to CFS staff in the community. As the following statement illustrates:

Well I know we work [well] with the school...the resource person will help at times with children that have special needs. She will put a plan in place for the child at school. Right now [for example] I'm dealing with this one family, a young boy has a lot of physical disabilities and he is mentally challenged. The mom has two children who are mentally challenged so we're helping her and her boys. [One] boy...is going to be 16 and we're getting him assessed and hopefully he'll go into a program where he'll learn to cope with his condition. He is too strong for her now she can't handle him physically. He is being paneled for placement in supported living. He will be going into [that] program.

Another stated - "The restorative justice program, health staff, and the school system have helped me in my work [with children and families.] Another thing that I used recently, and is different for me is an abuse shelter. I used one [in late Fall of this year] and it was good for the family."

At least two participants described using the referral services through NADAP. Being able to access services for families through the NADAP program was significant. "I have used the Treatment Centre for Addictions for some parents and we have used the outreach services in the nearby community for parenting and anger management..." the other participant stated - "I have used NADAP, and we made referrals to Mental Health through the nursing station".

One community has addressed the lack of services in the community by developing services and programming to address a gap in service. The following statement suggests an innovative if not common sense approach to child welfare intervention. As in the following description:

We have [developed] the summer program - weekend and day camp. Another program is the Mothers Giving Back – which is sewing, cooking and crafting classes. This time is also [for mothers/women] to get together and talk about things happening at home and in the community. The women also then get to take their products home and use them at home. They also make take out plates of food for their children.

Community Involvement in Preventative Child Welfare Interventions

A few participants in this study advised of community based initiatives that focused on child protection, safety and health. Some participants discussed their own efforts and that of child and family services in the community. Other participants advised of a collaborative approach with other social services from within their community. Over all, most participants felt that community involvement in child welfare initiatives is not a priority as it once was. Some participants had fond memories of the collaborative efforts of all social services in the community when the restorative justice approach was at its peak. Others remembered the child welfare committees of the past and the welcomed guidance and information those of the committee provided.

A couple of participants advised of their hope that child welfare might someday incorporate a restorative justice stance in its dealing with families and children. As this example suggests:

When I first started out in the restorative justice program we did a presentation in the school system about the different forms of abuse. We [didn't realize it at the time but] we were giving our children permission to speak out against child abuse and family violence. We [started having sharing circles with families. Getting the message out [that] families didn't need to live with secrets of abuse. We were teaching our children about this and those types of awareness efforts were preventative [in nature].

This participant also regrets the diminished stature of prevention work in child welfare since the Aboriginal Justice/Child Welfare Initiative (AJI/CWI). The focus of child welfare according to this participant is paper work as stated here:

[It appeared] after AJI/CWI somehow there was a shift [in priorities] that we [could not] do so much of the preventative measures. We don't have the time. I have to say that there is three times the paper work...since I worked in child welfare in 2000. Ten years later there is ten times the paper work. We don't have the time that we used to [for] prevention [work] ...community development has suffered since...

Another participant acknowledged the restorative justice model and advised this model was helpful in addressing the complexities of familial sexual abuse. As presented in the following example:

Well what we used quite a bit is the [restorative justice] Model. A family in the community was charged with sexually abusing their children. Instead of those people going to prison for those offences they were sentenced through court and granted probation. The parents were given a community sentence for 5 years. The family did [a great deal] of work with the restorative justice model.

The same participant suggested the restorative justice model could be a good model to use for dealing with child welfare issues. As the following description illustrates:

I think - with that same model in mind if we were able to get [a family intervention team] together. [Before we] apprehend children doing an intervention with a family that way. [If you need to] apprehend children...you [have] to make sure that [children] are safe first. Then do [a team] intervention and maybe people will be more open to working with the agency. Like, I think we've taken steps backwards in the last few years. We made a lot of progress before in dealing with families and doing things our way. The whole community dealt with the issue instead of just us as workers.

The participants in this study acknowledged the importance of community initiatives and the support to families that community initiatives create. One participant described -

...Co-facilitating different types of workshops like anger management and domestic violence. [In partnership] with the community programs, we brought other workshops [and] presenters into the community together.

Another worker acknowledged the efforts made in her community in regards to networking to improve services to families. As stated in this example:

The community provides the supports that families need such as counseling and referrals to treatment. We will sit and meet with program heads to help us come [up with ideas] to address families' issues that put their children at risk.

Another worker shared how important community gatherings contributed to keeping children safe. Even attending this yearly celebration was a common goal that created a sense of unity among adults and children in the community. As illustrated by the worker's observations:

The community gathering that takes place at the island [is] a celebration that is [also] a form of prevention. The community [members] gets together and helps make this event continue year after year. All our kids look forward to [the celebration] going there and just having fun not worrying about drinking or doing drugs.

Another participant acknowledged that women have the ability to create positive change in their community. The follow example takes note of this important resource that all communities have -

... I [have] always believed [throughout] my years in child welfare women make the difference. Women will make the changes in the world. They're going to make the change [happen] in the community. The women we've worked with for a number of years in the community are making a lot of changes. They are speaking out at band meetings whereas before they were sitting back. They didn't say a word they are speaking out now. They are questioning [leaders] in the community why is this happening...why aren't you doing...

Another way the community was involved in child welfare work was the committee approach. Workers who had positive experiences working under this model revere the child welfare committees of the past. A former community based worker stated the committee approach had some very good merit, "I guess having that committee too helped because...we would bring in families and then the committee would talk to them, about the expectations and reasons why the children were apprehended." Similarly, another former community based worker appreciated the consistency in services her committee provided especially when there was a meeting with parents. As the following statement demonstrates:

LCCC really made a big difference because they were a different group of people who would over hear the cases. [The committee members] knew what was going on with the families and there was a lot of consistency there in terms of being aware of what the issues were and what was already done [with the family]. Again bringing in the client to meet with the committee and the committee would talk to them not just me as the worker. There is a lot of respect from the elders as well and is beneficial for the clients to hear.

In the past the community was very involved with child welfare matters. The concept behind the local child welfare committee was to assist the workers who were foreign to the social mores and norms in the community. The committee was also helpful with providing the background information on families who were subjects of a CFS intervention. Currently, workers in communities deal with child welfare matters by consulting with the supervisor or program manager. In all matters related to child welfare the CFSA is followed to the letter. Community involvement is usually relegated to the unit team and often these are individuals who have a vested interest in the community they serve. Frontline workers are members of the community in which they work. They walk some fine lines because at the end of the day they go to the same community store or gas station as their clients. Their children and grandchildren often attend the same school as the children in care.

Child Welfare Practice and Traditional Aboriginal Cultural Knowledge

The participants in this study indicated that they have relied on a select few to assist them in times of trouble or when faced with a dilemma. All participants informed when they are faced with a professional dilemma the worker relied on the supervisor or the program manager to assist with the dilemma. In some situations the worker consulted with the agency Executive Director. In regards to personal issues or dilemmas most participants identified at least one person in which they will confide. Each of the

participants advised that they experienced some form of traditional Aboriginal cultural knowledge or event as children. The participants also stated they had used their cultural knowledge and practices in the delivery of services to families and children. The traditional practices and beliefs among some of the participants are minimal. Each still recognized the root of the practice of traditional cultural knowledge as intact and useful in the delivery of services. All participants have tried to incorporate a cultural approach to placement for children in care.

Six of the nine participants acknowledged ceremonial smudging as an important feature in their daily lives. They all felt that daily-invocations were a great source of comfort as well. One participant found solace in respecting nature and accepting the idea that the natural world can survive without human kind but not in reverse - "Earth can survive without humans but humans can't survive without the earth."

All the participants in this study were very clear on the fact that any professional dilemmas or difficulties were first discussed with their supervisor or their program manager. The participants identified friends, family members, elders or counselors as support persons and confidants when they experienced difficult times. The following statement sums up the majority participant responses: "For professional advice, I go to my supervisor if she is not available then I go to the program manager. For my personal life I go to an elder if I need to talk about my problems or the difficulties that I am having."

Another participant talked about a team approach in finding solutions to dilemmas they may face in the community. Small teams like those involved in this study relied on each other to come up with solutions. As evidenced in this example:

...Professional dilemmas in our community [are] discussed within our small team. To get new...other ideas on how to deal with certain things we would call on our Program Manager. That is how to deal with those professional dilemmas especially regarding child welfare issues. We can't just go into the community to talk to anybody about that. We have to talk to those who have [the] background. I talk with my wife [about personal situations] most of the time...a lot of times we just talk and air our frustrations.

Another participant relied on her faith and a support system - "I pray, but I also have a support person that I usually talk to. I also have different professionals within the agency that I call on to assist with work issues."

The former community based workers identified family members or the child welfare committee members as their source of support during difficult times in their work. The following quote exemplifies this relationship between the worker and the committee members:

My biggest support was the committee because they would give me direction [and] guidance on a case. So when I was going to see families they would know that I was getting direction from the committee. [And] not just me, eventually these people knew committee was involved in decisions regarding their children. I would keep going back to the [families] even though they would shut the door on my face.

This participant also acknowledged the purging process and the importance of letting go of the heaviness of child welfare work. The following example demonstrates this action - "...venting to the committee. The committee needed to hear all the work I was doing anyway, so in a way it was venting. [I was] letting go of everything that I was carrying".

Another former community based worker acknowledged her supervisor for providing guidance but it was her family who provided her with good mental health - "Well we did have a supervisor for professional advice. I confided in my older sister [for my personal wellbeing]."

The participants in this study acknowledged the importance of self-care and in this realization they made efforts to protect themselves from the harsh reality of working in child protection.

A Traditional Cultural Perspective

An Aboriginal cultural worldview is sometimes illusive and until you start to share what you know about your own culture. One does not always know what they know! The participants in this study were asked about knowledge of their culture and whether or not they have incorporated practice decisions based on their cultural beliefs or customs.

One participant captured the essence of a worldview concept by acknowledging the elder Black Elk. Black Elk's description of a worldview is eloquent. The participant paraphrased Black Elk in the following example:

I think Black Elk spoke it best. In his dream he went to the top of the mountain and he saw that everything is connected. Everything has a purpose in life the moon, the stars, the trees. And the two people he saw holding hands represented life and everyone has a responsibility [here.] Any small part that any person plays in life is significant to the circle of life. ...I [believe] that every person, every child that I work with regardless of what part they might play [affects a person] so I'll try and work with them...

The same participant carried this concept of helping others a step further. He suggested that my presence in his community was not by accident. He believed that this was an opportunity to advocate for alternative child welfare practices - "Like you being here. This was not an accident you have a part to play in this...I've always said that I need to tell - child welfare [practices] need to change. And that this thing [approach] what we're doing [in the community] works." This idea that there is a purpose for things that happen in ones' life for a reason is a philosophy among some Aboriginal people.

Another participant advised that his understanding of a cultural worldview developed as a result of a social work course and a presentation from a guest speaker. The participant made the connection between himself as an Aboriginal person and the world around him. Once he obtained this type of understanding this participant felt there is value in knowing this about one self. As indicated in this example - “An instructor had given us [students] a list - money was at the top of the list for those in mainstream society and self was at the bottom of the list. Whereas the Aboriginal way of thinking is, money should be way at the bottom and you as a person should be at the top of the list. Your spirituality I suppose is what he was talking about”.

The participant also advised once he understood this concept of respect and being respectful this made a lasting impression on him. With some regret, this participant also recognized that ones’ ignorance of culture and cultural values can be harmful. As illustrated in this example:

I think people should start respecting themselves and (mother) nature around them. A lot of times when we deal with child welfare...that is one of the [issues] people don't respect themselves or anybody. [This is likely] why they run into problems. I think with traditional ways those could be taught to people. 'Cause a lot of times you see, even adults do [not] respect (mother) nature. You'd think that person is old enough they should know better...and I know this because I was that way too one time, I didn't know any better.

It appears eight of the nine participants have a good understanding of a cultural worldview. It also appears as though these participants are comfortable with accessing services for children and families using their own worldview and cultural methods when they chose to.

On the other hand there are a couple of participants in this study who stated they do not practice traditional ways. Or if they do practice traditional ways they do so in the

privacy of their own home and only with their children and not with children in care. One participant's comments demonstrate this idea: "I'm not really into it [traditional ways] but I try to keep an open mind with that. No judgments for example, [there are] good people [who] follow that way. We use an elder who helps us with counseling, and she follows that way of life." The other participant stated - "We are not allowed to practice, well I shouldn't say we're not allowed. [Traditional ways] are available but who has the time. I practice at home [with my] children...but not with children in care".

Another believed her community's cultural ways were alive and thriving and that the community members did not have to bring special attention to their efforts as maybe those in urban centers have to -

I see culture in action in this community. The culture is alive here it's real it's not a gimmick people are not in full regalia and not dancing around the drum every day. But every day the people use their language. They live in and with nature. Being part of nature [this] is their culture. One morning I saw this young boy walking to the dock and again in the evening. Every day I noticed that he walked by so I asked him...why you do that. He replied I go to the dock to catch a fish and my mom cooks it for my breakfast, and again at supper. I do this every day because I like to eat fish [and] my mom said she will cook it for me.

This participant was struck with this youth's simple act of living in the moment.

Still one former community based child welfare worker indicated that the most important thing that she practiced was her stance against children leaving their community of origin. The focus for this worker was maintaining connections to the child's family and Aboriginal community. This worker understood the importance of language and the family and the community as illustrated by her comments: "Not bringing children into care, keeping them at home and not taking them out of their home community. I tried my best to keep them [children] together and with the family." This

worker also believed that children learn their birth language and this is nurtured in their family and community of origin. The language keeps children connected to their culture.

A Glimpse at a Cultural Worldview in Child Welfare Practice

The participants in this study have a common worldview. The difference is in the way they practice child welfare within the parameters of this worldview. Some of the participants have a very clear expectation of themselves in their practice and they try to use features of the culture in their helping approach with families and children. Other participants in this study were not so focused on worldview in their practice.

One former community based child welfare worker, used her language skills to communicate with the parents and she emphasized the importance of the family unit had engaged the family in the decision making process for those involved in the intervention. This worker also made placement with extended family and within the community a priority. As she explained:

To me it was using my language to involve the family to address the issues. Not just the Child Welfare Act standards per se [or] really doing by the book. It was more about knowing the family. Seeing what the family was like and knowing their backgrounds and [knowing] the kind of supports that they had. Knowing their extended family made a big difference [I knew] who to go to for support...

One participant stated she delivered a culturally appropriate service through the medicine wheel model. This worker had made an effort to address the needs of the individual and the family using a holistic approach. This idea is illustrated in the following comments:

I would work with a person from a traditional cultural point of view using the medicine wheel. By looking at all parts of the person you know the four aspects...the physical, mental, emotional, and spiritual. It helps me to make sure that I am recommending programs that are [going] to address the four parts of a person. [When]I'm helping a family that [is] struggling with alcohol and [having difficulties] parenting their children I would recommend that they go into a

treatment program together. [That way] the whole family would get counseling. Not just one family member is affected by [alcoholism] ... I find sending them to a treatment center that also practices traditional ways is [beneficial].

Another participant advised she is aware of the importance of spirituality in working with families and parents, but she is not confident in relaying this message to her clients. The following comment illustrates her reluctance to use this knowledge:

There is one simple message I wish I could tell parents. It is [a belief] that this child is not yours to have. This child is [on loan from the creator] to you, to look after [for now.] Eventually [the child] will be taken back (away). Even in that sense there is ceremony around that. Maybe if we practiced from a spiritual sense, maybe agencies wouldn't have to take the responsibility of looking after children [in our society.]

One participant felt a strong connection to fate and being in the place he is meant to be. He also advocated caring for the wellbeing of people - "When you talk about child welfare prevention and intervention it will work as long as you have love in it. When [you] look at events that happen in the world...things happen for a reason. As we are going along I am also evaluating. How does this affect me, what am I supposed to learn from this?"

All participants in this study have a way of looking at the world. They also had an understanding of the way society functions. One has a strong belief in fate and being at the right place at the right time. This is his way of applying meaning to his life as it is today. It just happened that he applied for a job that required a complete transplanting from one reality to another (from an urban to a remote community). Two participants made a reference to spirituality in child welfare practice and providing services to families through the medicine wheel approach. One worker viewed the intervention from a holistic perspective in keeping with holistic healing. The other worker also looked at addressing deficits in the family using the medicine wheel model.

Traditional Cultural Beliefs and Practices Learned in Childhood

The participants in this study experienced cultural beliefs and practices in their childhood, this included those who were raised in Christian homes or those with a religious background. However, not all participants were exposed to traditional ceremonial practices. Yet each was exposed to the values of caring and sharing and the importance of family this came across strongly in the study.

Story telling is an important feature of traditional Aboriginal life, and one participant provided this description: “The women in the community provided a lot of social events; story telling [and] eating together. A lot of the time the men were gone trapping or hunting. The [women] all got together in the evening and they told stories... those were good gatherings...”

Another described the shared responsibility of caring for children and its impact on extended family responsibilities. Regrettably, this participant also noted the loss in extended family caring for children. She noted this characteristic of family life is not readily available in these modern times. As stated here:

I had two sets of grandparents that helped raise me. I don't think my mom and dad could do it alone. There were eight of us. [So] I think it was through my [grandparents] help. They didn't take us away from our parents but they let us go and visit every summer. We would go home when school started in the fall. So there was that shared responsibility of raising a child. That whole notion is not readily available for all children any more. So I think back in those times it was still present that value was still there. Children belonged to all...not just the parents. That care taking was the responsibility of the whole family unit.

One participant recalled the people gathering for a shake tent ceremony. He was not allowed to engage in the ceremony because he was a child:

I remember when I was very young my dad went to some ceremony they were having in the community. Usually kids weren't taken but my dad went up there and he was still holding my hand. I think it was a shaking tent ceremony. I didn't

see the rest of it but I think that's what it was. So that was my experience that I could still remember to this day.

The same participant had fond memories of visiting his grandfather, and he acknowledged his grandfather for sharing many things with him during his childhood.

The researcher adds this can also be viewed as a traditional means of transmitting knowledge from one generation to the next. As stated in the following:

I used to visit with my grandpa quite a bit and he remembered a lot of ceremonies they had [here] when they were kids. The one he told me about - they had a ceremony over by the lake [on the west side of the community]. They had this ceremony where they ate a dog. The dog was raised just for that [purpose.] The dog was never allowed to go anywhere. It just stayed around the camp [and] they fed it good food. They said that dog was eaten at a certain time of the year, in the Spring I think. The people had this ceremony every year. They would also have a powwow they would dance and sing. So those are some of things that I remember and he [grandfather] talked about. He also told me people...medicine people I guess you call them. There were only certain people who had that power or were given that power. My grandfather also told me that he didn't think in [the] present day...that anybody is like that. He said they were pretty powerful medicine men back then. When I asked him why he thought this he said all those people who had those powers before, the church did not baptize those people. They were just ordinary people without religion.

One participant revealed a cathartic experience as she was raised in a strict household. The rules were such that children were seen and not heard. The participant stated - "I experienced this as a child but today it's different. I think because of never being heard. I feel it's important that all children have a voice because of my own experience." In traditional Ojibway culture as in other cultures, children are very important and ought to be treated with respect. This includes allowing them a voice in matters that concern their wellbeing and safety. In this example the participant made a point to let children have a voice in her personal and professional life as a frontline child welfare worker.

Another participant acknowledged the value of sharing. The following comment illustrates this: “One thing my father always told me if you have one loaf of bread share what you have. As long you have a roof over your head you’re not poor. I tell the people the same thing. So it’s the belief and value system that I grew up with.”

The same participant also expressed a ‘can do’ attitude that he attributes to his success: “The word can’t is not in my vocabulary and that’s the thing with child welfare they have can’t in their vocabulary.”

One participant described culture as learning how to work and contributing to the household. As demonstrated in the following comment:

How they treat their children I was raised the same way. If you are old enough - probably at 12 years of age I was working as a cook. Like the children here there are expectations of you to learn. The other thing is you don’t turn anybody away you help each other...which is probably why I always looked after other people’s children. Not in foster care, but just to open your home to children in need.

Another participant stated - “...respect, caring and sharing. Helping one another I guess just having that kind of family when I was growing up...” To this participant acting on these values was the important lesson instilled in her through her family’s actions.

One participant acknowledged being raised in -

...A religious home...basically that was my life style. I grew up in a very stable home. My parents were non-drinkers my dad was a hard worker; he was a fisherman and a trapper. He would be gone for months at a time. I’m the third youngest in the family and my older siblings [were moved out] married, or gone to high school. I was seen as the oldest in the home. That left me with my two younger sisters and my two nieces my mom and dad raised. When my dad was on the trap line I was it, in terms of helping out my mom. That was why I quit school when I was young. Mom needed my help so I quit school at 14 to work.

This participant also acknowledged the rift between her father and grandfather because of her father’s chosen faith. The participant stated:

At the same time my grandfather on my dad’s side was more into traditional culture. A lot of people respected him in the community because he would make

medicine and people would go to him. One thing I know about my grandfather...he wanted my dad to carry on his beliefs...to pass it on to him. So when my dad became a Christian my grandfather kind of turned against my dad. [My grandfather] wanted him [dad] to follow in his footsteps. I guess because dad couldn't do what [grandfather] wanted him to do. My grandfather wanted my brother to take on that role and responsibility. But my brother wasn't responsible enough. Again nobody [in my family] was able to carry...on those teachings.

This and the previous statements illustrate that vast amounts of cultural knowledge once existed in remote communities. Because of a paradigm shift in belief systems many Aboriginal people are strangers to their own birth rite. The concept of family is a very important concept in post-colonial times. But family in post-colonial times is far more important. In the present time there appears to be a struggle for Aboriginal families to maintain care and control of their children. A population of children in any community is necessary to fulfill the plan for the next generation. That is why the community based workers encouraged placement of children in their community of origin. The ceremonial life that once existed in these communities illustrates how the passing of knowledge from one generation to the next was desirable. Even in those situations when young children were not welcome to the ceremony per se. But the idea that a special place was set aside so that children could play and visit while the ceremony is going on is significant. The role of grandparents taking the time to teach the young in their family is also significant. This illustrates the passing of knowledge from one generation to the next. It is significant that the Child and Family Services system now acts as the entity that carries the best interest of children. In the past the best interest of children was the responsibility of the whole community. It is also significant that children are given some responsibility for their own wellbeing. As it was in the past, it is not farfetched to expect that children contribute to the household and to the community. It is

known to traditional Ojibway people that children bring laughter and a sense of wonder to life. However with the action taken by the state in the last two hundred years, this realization has somehow been over shadowed by the presence of the child and family services system. Child and Family Services in every community had taken over a great deal of the role and responsibility of absentee parents. Albeit in this day and age it is costly to care for children without state intervention. But as society relies more on the state to provide care to children. We can only hope the basic needs of First Nations children are being met and that they can also survive broken families and disconnection from their community and their nation. In the meantime, safety remains the specific focus of child welfare interventions. Perhaps in the future, agencies will look at bringing culture back to the children in care who have been transplanted into a foreign culture due to their life circumstance.

However, all is not lost and in the next section of this thesis the participants in this study demonstrate acceptance of their traditional values and beliefs. The participants also discussed the ways in which these traditions and values have helped them and others in the delivery of child welfare services.

Cultural Beliefs, Values and Practices Learned in Adulthood

The participants in this study were asked about their knowledge and experience with cultural beliefs and practices. Several participants in the study advised they had learned about traditional cultural practices as adults. These participants sought information on cultural healing methods in order to help others and in the process they each helped themselves too. This concept is discussed in the following example:

I learned most of my teachings as an adult. I learned, who my clan [is] and what that represents. [I learned about my] role in the world [my] role as a woman and

[what it means]. [I learned about] our traditional names how you're given your name right before you came into this world. Like your traditional name not the English name. I do not want to go into any detail but I [have heard] teachings along the way. [Teachings] that make you understand [the] kind of life you've been living up to [that point]. If you know, you can understand [the changes and the messages] and you continue creating it in the future. But if you don't understand it and you are in the midst of living, eating, breathing...sleeping or whatever. You aren't even aware of it [of] course you are not going to be successful or be the person you are meant to be.

It appears to the researcher this participant experienced the traditional life stages and was able to recognize these. She was able to move on to the next stages of life.

Other cultural knowledge participants obtained when they became adults was the importance of respect and respecting all of creation. Another was using oral tradition to explain life's complexities in their work with others. One participant emphasized the healing features of traditional cultural methods. This participant felt strongly that all benefit from healing whether one is a victim or an offender. As evidenced by the following comment: "I believe in healing I believe all people can heal. No matter [whom] it is...perpetrator or offender. I feel that they too need healing. So for me, when I look at culture I think of holistic right away."

Oral tradition is an important teaching tool and this participant advised of the technique used with people in his community - "What I've done is use stories, I am a storyteller. I have written many stories and I adapt them to social settings. I never try and influence my own beliefs on anybody. [So] if they do have a question I'll tell a story." In the traditional way one will never give a straight answer but rather a story is told in order to answer a question. In this way elders would give advice on matters and force the person seeking answers to think for him or herself.

One participant was curious about the sweat lodge so she took part and found the experience of sweat lodge ceremony pleasant. She stated - “I was invited to attend a sweat I was curious so I went to check it out...I find it quite interesting.”

Current Use of Cultural Knowledge and Practice

Most of the participants in this study had used some form of cultural knowledge or practice in their daily work or in their personal life. However there is at least one participant who acknowledged personally not practicing the traditional ways of her ancestors. Another participant advised that imposition of belief systems on others is not good practice and we are to respect other’s choices in their belief preference.

The following example illustrates the importance of knowing yourself and what your limitations are in using a cultural approach with clients:

One thing I try and practice I never recommend something that has not worked for me. I will only recommend something that has worked for me. I [also] make good and sure that I’m practicing what I’m going to recommend. But I won’t force it upon them [clients]. I will make suggestions and let them decide. So by them deciding it’s empowering them and not empowering me. I also go to elders when I have a problem. When I need to make decisions I’ll go talk to elders presenting [them with] tobacco or [to] get counseling from them at times. Working in this field and working with families it gets quite stressful and difficult. So I definitely need that [support].

This participant recognized the benefit of self-care and allowing the people to make decision regarding what cultural intervention might work for them. Knowing who you are is important especially knowing who you are in the cultural definition. The following suggests Aboriginal women, men and children may benefit from acquiring knowledge on their traditional gender roles. As suggested by this participant who described her personal experiment.

I tested it I knew [my role] as a young woman. What I am responsible for and what is expected of me. Then I tried taking a different route and doing the

*opposite. Taking a negative route and it didn't work. I just lost sense of all those teachings...lost sense of whom I [am.] It doesn't work. I got off it and realized holy s**t it can really turn bad if I let it.*

Child Welfare Decisions from a Traditional Cultural Perspective

The participants advised they have made practice decisions from their own perspective. Sometimes this perspective was not intended as a cultural intervention but rather from a common sense approach. Or the opposite results when a participant attempted to use a cultural intervention and it turned out as common sense.

The following statement describes a common sense approach - "When I place a child with a family. I ask myself will I place my own child with that family and if [my answer] is no then I won't place. If it is yes then I will place a child".

This participant will first approach the grandparent for assistance with a family as this is viewed as a culturally appropriate response. Caring for the grandchildren is also a common practice among Aboriginal families as it is in other cultures. The following example illustrates: "Knowing that grandparents are the backbone of the family and that they will do anything to provide for their grandchildren [including] physically, emotionally and spiritually."

Similarly, another participant advised of private arrangements, made between family members to avoid child and family services intervention. The participant explains use of - "...private arrangements – families caring for their relatives because they want to support their family this is culture in action". This prevents children from entering agency care as long as extended family members can meet the child's needs.

Another participant advised of using the non-interference cultural approach with families and limited self-disclosure. The following example illustrates this:

I will [put] out some stuff [ideas] for an intervention. If there is a women's circle happening in the community or in the neighboring community, I will ask them if they are interested in something like that. Or [I will ask if] going to NADAP to attend an alcohol program [is what they want]. Or if there is a therapist in the community or other counselors I will recommend this because I have been to counselors. I know it works. So it's like giving them options and letting them chose. And that's how I work with them...

Child welfare practice decisions are sometimes made from a cultural point of view but most often such decisions are made from common sense. Nonetheless, such decisions are tendered with the rules and regulations of the CFSA in mind.

Cultural Methods and Interventions in Daily Child Welfare Practice

A majority of the participants pray on a daily basis to assist them in the decision-making process regarding children in care. The following examples illustrate the seriousness of decisions made by these frontline workers: "I just pray that I am of sound mind and can make the best decisions for a child. [Also] to be patient because, I can be very intolerant of people. I work on this all the time."

Similarly, another stated: "Prayer - a lot of times I ask Creator to help me do the right thing for children and their families."

Still another agreed: "I think what helps me is on my way coming here I pray...it helps me ground myself, and then at the end of the day again when I'm leaving here I do the same thing it helps me [to] ground myself again."

Other participants stated very concrete methods that assisted them in their work with children and families - "When I talked to families I didn't talk down to them...I talked respectfully to them and asked for their input too." Another method was private arrangements as stated here: "...Private arrangements for children [and] meeting with families to make these arrangements. Including the social assistance program and

working with extended family so that they can take care of their relatives. Keeping the children in the community - it helps to know the community and those who can provide for children.”

A participant made the point that sending children from their home community is sometimes necessary. However, this is not the final action that a worker can make for that child. This is illustrated in this comment: “If I have to send a child south to Winnipeg, I work really hard to try and get that child back into the community.”

Another acknowledged her language skills and maintaining that connection to her community - “Well speaking my language was one thing, showing respect to the people.”

Another participant stated her long-term work with the agency has given her a chance to see the past with the present. The worker recognized the acceptance of cultural interventions and beliefs becoming more acceptable in the agency. As illustrated here: “Eventually as it became more acceptable in the agency we started smudging and having sharing circles just to release some of whatever was bothering us and that’s how we started off...”

There is a concern about the future generations of children in these communities and this appears to be the motivating factor for frontline workers who participated in this study. They make an effort to keep children connected to their community. They recognized this connection is the only means to keep children connected to their culture. Yet at least one worker is reluctant to use a traditional cultural perspective in her practice but she will practice a traditional way of life with her own children. Another way these participants attempted to keep culture strong in their work was by following good principles, like respectful interactions with families and encouraging children to

communicate in their first language. These have been a source of strength for some workers in these remote communities.

A Culturally Based Approach to Placement

All participants acknowledged the importance of children in care being placed with extended family or within the community. This is illustrated in the following example:

A culturally appropriate placement I would try to...If a child [is from] a family who practice a traditional life style...I would try to place them in a similar type of home. You have to place the child in a home where the family is practicing smudging ceremony and prayers and sweat lodge. I think it would be appropriate to place them in a home where that would be facilitated.

Some participants felt strongly that placement of children should be with Aboriginal families only. Others reported placement should include consideration for other Aboriginal communities if no suitable placement is found in the home community.

The following comments support this:

Culturally based [placement] would always be family first. The [second choice] is with extended family even other community members. Or place the child in another appropriate First Nations community. I also look at [whether or not] this child's placement is short term or long term. If this is a long-term placement then that is where I opted for a community setting. [Also if we are unable to place a child within the [immediate] family then we would look at the extended family. Then we [would] consider placement within the community [and] an outside resource [would be] the last choice.

The other issue arising from culturally appropriate foster placements is the idea that workers are in control of placement and that they can chose another placement than the one offered. As expressed in the following:

I asked the foster mom what nationality her family is. She said they were Filipino. I said I'm sorry but I am not placing these children in your home. I informed her that I asked [specifically] for an Aboriginal family. She said she was fine with that. So I told [Placement Resource] to look again. If I wasn't going to be able to put [the boys] with an Aboriginal family on that day, I was going to wait.

Child placement is a very important issue in child welfare as shared by the participants in this study - “Culturally, I would rather have a child be placed with relatives. But if that’s not possible then with people who look like them, you know like other Aboriginal people.”

Another participant agreed - “Cultural importance is to be able to place children in the community with family, grandparents, aunts or uncles.”

For another participant culturally appropriate takes on a different traditional appearance as described below:

Culturally appropriate looks like this; as long as the caregivers are practicing going to school and there is safety for the children. For me, it doesn’t matter about race that is not an issue, as long as they are in Canada. When I think of culturally appropriate I think of them (children) having their needs met. [And] the people that are going to look after them [that they] are respectful and have integrity.

Another participant advocated for specialized placements in First Nations communities. This participant advocated developing placement resources instead of sending children out of the community due to a lack of housing or placement resources - “[Remote communities] could benefit from a specialized placement for families within the community. I use this [program name] so that we can work with the parents and the children”. This participant also recognized how loyal children remain to parents regardless of the issues they may have. As noted in the following: “No matter what your parents do a child still loves his/her parents. You’re still going to love them no matter what.”

Furthermore this worker acknowledged the importance of a good relationship between the biological parents, the CFS worker and the foster parent. This participant speaks to

the harsh reality that foster parents and biological parents are sometimes at odds with each other. As evidenced in the following description:

Foster parents have a part in this too they need to be open to programs like [specialized] Homes. So that parents can see their children in a healthy setting. [It is here parents] learn to respond to their children's needs. Foster parents can't replace the parents. Too many times I've seen foster parents disregard the parents, and sometimes disregard the children when they turn of age. The children try to maintain contact but foster parents do not have time for them anymore...they are not getting paid anymore.

Former community based child welfare workers have made family first decisions just as current child welfare workers do; when considering placement for children. As illustrated here:

I've always checked with family first - if anyone [within] the family was available to take [care of] their nieces and nephews or grandchildren. I tried to keep [the children] in the community as opposed to sending them out to another community if it wasn't necessary...especially not in the city. By keeping them (children) in the community they were able to speak their language and to maintain their connection to the community and [to] their family.

The researcher's comment: maybe maintaining a connection to a child's family of origin, and having an appreciation for the community's culture is the best that workers can hope for at this time.

Other comments

The participants were asked to include comments on other areas related to their work experiences in remote communities that were not part of this study. Only a few participants provided further information. Of significance is the effect of living in a remote community. The participants advised of responding to needs of the community that required an immediate response. One participant in particular advised - "I carry this invisible shelf with me. [From there] I can develop a program or write reports. I can do

many things and anyone that comes up north they have to have the talent, for working up here.”

Another stated, that her community has taught her not to be so concerned with insignificance. She stated: “I have learned to just go with the flow.” This participant also shared a significant thought:

There are no people from this fly-in community who chose to live in Winnipeg. People from this fly-in-community live in the South because they were taken there by CFS or they went to complete high school. But the children they always come back this is where they want to live.

Another participant remembered the efforts made on behalf of children in remote communities and she made a comparison with the current situation: “I was getting the direction from the elders in the community it really made a difference. Not having that committee any more kind of took away that community involvement. Now the community people see staff as just people working by the book. There is no community involvement. No community support basically you’re told what to do...”

This participant was also concerned with the effect of placement on children in the current child welfare system. As illustrated by the following comments:

Some kids are brought into Winnipeg and placed in non-Aboriginal homes. More so now...children are losing their language and their connection to the community. Instead of placing [children] in other communities, they’re placed in [Winnipeg] and this is why we have so many children now in care. And the more we place children in the city; the more they become exploited - sexually exploited. Or we lose them to the streets; suicide, gangs, drugs, - alcohol. [Placement of children in care] requires more consideration for family [and] their home community.

The participant made a good point as most children when they reach age of majority search for their own family - “The sad part is when the children turn 18 they return to their communities. But they are seen as outsiders because they don’t have that

connection...they can't relate [and] they don't have the language. Child welfare is pretty much just doing damage to these children. That's why I used to try and keep kids out of care and in the community."

A comparison was made between pre and post AJI/CWI. At one time an Aboriginal Agency had the power to decide on another agencies decision regarding permanent ward status. If the child who was up for permanent ward status also had membership with a First Nations community the agency could accept a transfer. As illustrated here: "Winnipeg Child and Family Services (WCFS) used to make our children permanent wards shortly after entering agency care. (WCFS) had to notify our agency before they [made] our kids permanent ward [status]. I accepted transfers and I would have the children move to the community. All the transfers I accepted I never left the kids in the foster homes in Winnipeg. I always sent them to the community."

Another issue with post AJI/CWI child welfare decisions that this participant did not agree with was the idea that foster children had to remain in non-Aboriginal foster homes. The extended family of children in care who had a desire to care for their relatives in their own community were not considered for placement. As illustrated in this example:

After AJI...when family requested that the children be returned to the community, agency workers did not support the [request of the] family. [Instead] the agency worker supported the foster parents who were non-Aboriginal. The worker only considered how long the children were in the [foster] home. [Extended] family members were not considered for placement back...in 2005. [What the worker] should have also looked at was the future for those kids. Who is going to be there for them in their future?

Children who reach age of majority and who are raised in communities other than their own have a natural curiosity to find both their parents and community of origin.

Two participants in this study related this basic fact. One participant acknowledged the displacement among the children who grow up in the child welfare system. Still another reported that members from her community do not often leave by choice. Instead they are taken away or move out because of necessity. It is important to surmise that home is home and children as well as adults have a kinship to the environment that is home. Urban centers usually have the resources for placement and treatment it is clear, this is often the reason why children are moved from their home community. Frontline workers are tasked with addressing the immediate needs of the child and to consider the future needs of that child as well. As a result there is a delicate balancing act that frontline workers follow when they intervene on a child or a child's family. Workers act as judge and jury for the wellbeing of children now and in the future. Some frontline workers in this study have expressed the opinion that AJI/CWI has stifled creativity in the delivery of child welfare services in Aboriginal communities. Agencies have been somewhat suppressed by the rules under AJI/CWI. As previously described workers could not easily change the placement of children from urban to community as they once did. Moreover, there were fewer opportunities for families to reclaim their children unless a system of appeals was established. Whereas in the past a worker could move children from one foster home to another usually from the urban area to a First Nations community. This often occurred when suitable or extended family placement for the child became available. This was not readily accessed or available for that matter, after AJI/CWI. This is one of the faults of the process that many frontline workers did not appreciate about AJI/CWI as evidenced by the comments made in this section of the study.

Chapter Five

Discussion of Findings, Implications and Conclusion

The purpose of this research study was to gain further understanding of the child welfare practices of frontline workers who practice in remote Aboriginal communities. This was an exploratory research study that attempted to answer questions related to the experiences of frontline workers in remote communities. Three general questions guided this small sample qualitative study. The first question was concerned with employment in ones' community of origin and affected of their work. The availability of resources and supports for child welfare practice in remote communities was explored in the second question. The third question pertained to the worker's knowledge and application of traditional Aboriginal cultural methods in their work with children and families. This section of the thesis discusses the findings that were obtained through the study and how they apply to the three areas mentioned. This chapter also includes implications from the major findings of the study.

The information yielded from this study is about and from a specific segment of frontline child welfare workers. It is based on the information shared by those participants who practice child welfare in remote First Nations communities. The study did not include any opinions of frontline child welfare workers that practice in mainstream society. This sample is not representative of the worker population in the agency involved in the study. The sample was limited to those Aboriginal child welfare workers whose employment is in a remote community within the agency catchment area, and other child welfare workers within the agency were not included. My original plan was to interview volunteers from two fly-in communities and two road access

communities. I was successful in interviewing workers from one fly-in community, and two road-access communities. In addition, I was able to recruit and interview two employees in the agency who are former community based child welfare workers. They worked in two fly-in communities within the catchment area of the agency earlier in their respective careers. All communities involved in this study are located in the northeastern area of Manitoba. As in most First Nations communities the social issues that exist in the community affect the lives of the people. Alcohol abuse, family violence, very little economic opportunities and housing shortages exist in the five communities involved. When I drafted the proposal for this research study I felt confident that the effects of colonization would be a huge topic among Aboriginal child welfare workers. My assumption in that regard is due to the history of this nation and the all-encompassing effects of colonization on First Nations people. Surprisingly this was not the case. Instead the workers were somewhat accepting of the situation. Rather than dwell on the past they appeared resolved to work with the situation at hand. Still some participants acknowledged the effects of colonization on the lives of the people with whom they worked. However, the majority simply focused on the issues affecting children and their safety. Perhaps this is not surprising as child protection and safety is the primary focus of their work. Still some participants took a stance of returning to ones' roots to address the issues that many families in remote communities face.

The nine participants are not a representative sample of the agency involved in this study. Many of the employees in the agency are not of Aboriginal descent and the majority of their work is done in an urban environment. A sample of those individuals was not interviewed for this study. Instead my study focused on First Nations staff

working in remote communities and findings apply only to this group of staff.

Participants I interviewed were forthcoming with information and were very candid with their answers. As a result they provided rich insights into community based child welfare practice where remoteness is a factor. These data gathered will be useful for future planning as the agency prepares for a family enhancement approach to child welfare.

Question One: Community of Origin Issues

Challenges and Opportunities

There is a style of child welfare practice among the workers in remote communities. Child welfare workers regardless of geographical locations conduct their practice with reference to the Child and Family Services Act (CFSA). There is a strong commitment to providing services to children and families that support their identity as Aboriginal children and maintain connections to their community. There is evidence of huge challenges a child welfare worker that is employed in their community encounters as they provide child welfare services.

As noted earlier, six of the nine participants lived and worked in their community of origin. Two other participants had a family connection to the community in which they work. One participant did not have a family connection to the community other than being employed there. This individual had previous experience working in her community of origin and she worked in a remote community. The workers relationship to the community was specifically explored in this study. Most participants agreed that a family connection in the community impacted their child welfare work in both positive and negative ways. Thus, community membership and employment as a child welfare worker was a bit of a double-edged sword. At the same time there were also opportunities

that this circumstance presents. The worker knew who extended family were and could then call upon these persons when an intervention occurred. Likewise families in the community knew telephone numbers and the workers' residence.

Child Welfare Interventions

One difficulty with child welfare interventions in a small community is that many child welfare workers must intervene with extended family. Workers most often have a relationship of some sort with the parents of the children who are subjects of an intervention. They often know the clients on a personal basis in a small community this cannot be avoided. This is an issue with which most frontline workers in larger communities are not concerned. In smaller remote communities however this situation is the reality. As reported by Schmidt: "Information that enters into the agency or organization system is information that pertains to people who are not just clients. They are people who may be neighbors, friends, or associates in various other roles" (2008, p.12). In remote communities workers are privy to information that one may not necessarily hear or know about in urban communities. In small communities rumors about the Saturday night shenanigans of families are reported to the CFS office for example. Unless a child protection issue is present workers do not or cannot often act on such information.

On the other hand, a child protection concern is the major cause for calls to the agency or the unit office. Calls to the unit office are prompted by child abuse or neglectful situations involving children. On most occasions the calls are from family or other concerned members in the community. Concerned family will often report directly to the office, preferring to speak in person with a worker or the unit supervisor. The

participants in this study reported that they responded to calls for service at any time of the day. It doesn't matter to community members that it is Friday after 4:30 pm. If they want to speak to a worker regarding a child protection issue they will call or approach child welfare workers in the community. One participant described this situation as being on call 24 hours a day every day. This is similar to rural practice in other jurisdictions. This level of accessibility can be problematic in a small community as Schmidt relates, "The fact that people know of your personal residence leads to a sense of always being 'on call' as leaving the place of work does not mean leaving work" (2008, p. 8). Workers must often hone their assessment skills regarding true calls for service. They must also determine safety and risk before they go out on a call as failing to do so can result in injury to themselves or to children. Violence is always a concern when apprehensions occur and one participant explained that workers enter volatile situations in pairs.

Confidentiality in Small Communities

The complexities with confidentiality in remote communities are peculiar. In some instances family members breach confidentiality on their own case. The members report directly to other family members the details of their case. There are several reasons for this occurrence. One is the community is so small everybody is aware of the situations that call frontline workers to a home. Another is on-lookers are sometimes responsible for reporting the CFS involvement with families in the community. Rumors spread in a small community and families hear this or that and conclude that a worker is responsible. Another, is collateral supports inadvertently breach confidentiality when they discuss a case in public. Workers reported adherence to confidentiality rules in accordance with the CFSA and that they maintained confidentiality in their work with families and children.

All participants understood the confidentiality of service is an expectation of both the Agency and the Child and Family Services Authority that oversees the agency. Yet breaches in confidentiality persist. There are situations where breaches may be legitimate. For example, one might be when an individual can pose a risk to children in a community and it is the responsibility of the adults to ensure their safety. How issues of confidentiality are handled in these circumstances is an on-going dilemma for workers. Another dilemma for workers is the rules around sexual abuse investigations where non-disclosure of information related to the investigation is necessary. Confidentiality in remote communities is a complex issue and workers must examine each to address breaches to ensure their practice meets expected standards and remains in the best interests of all concerned.

Social Life in Remote Communities

Child welfare workers involved in recreation and leisure activities in their communities reported having to respond to questions or inquiries related to work. Some workers reported receiving calls at home from community members while on vacation. As a result some workers made a conscious decision to vacation away from home. Others reported wistfully how relaxing it might be to just forget for a moment, the issues with children or families in the community. Most often families and children receiving services from the unit office are involved in the same events in the community. The personal lives of participants are scrutinized in small communities. A few participants took exception to “living in a fish bowl.” A social life in remote communities most often involves those to whom one provides services. It appears working in ones’ community of origin results in two things. When a worker goes out into the community he/she is

bombarded with questions or information about your work. There is no separation between your social life and your work life. The other option is to stay at home and what results is isolation from the rest of the community. However, this is not a true option because as workers we often counsel families against isolation. Despite this general dilemma, it is important to note that a few participants did not have an issue with participating in leisure activities in the communities. In fact at least one community in the study designed their prevention programs around recreation activities in the community that supported the parents' abstinence from substance abuse. The expectation that CFS staff would participate in the activities was imbedded in the preventive programs operating in one community. In the fly-in communities this is likely a good way to gauge the activities of families in the community. A worker may question the absence of a particular parent at an event, and then follow up with the parent thereafter. In this way the worker may discover helpful information about other factors a parent may encounter. In the road access communities just being able to drive away from the community can add a sense of escape.

Imbalance of Power Relationships

One issue that did not receive a great deal of attention among the participants is the fact that child welfare workers have an awesome amount of authority. The lack of attention on this topic is likely due to the fact that the interview guide did not include specific questions about this issue. Regardless, I anticipated some discussion on this topic as a challenging experience of child welfare workers. Unlike law enforcement personnel child welfare workers can conduct their investigations of reported child abuse without a warrant. A child welfare worker can enter a dwelling on a mere report that a child is in

need of protection. They can walk into a home and insist on seeing the children in the household. They can conduct a full investigation of the dwelling in their role as a child protection worker. One can see that an abuse of power in this regard can easily occur. This issue was not raised in the discussions with child welfare workers involved in this study. However, it might also mean that workers in the community are more willing to work with parents as opposed to taking an adversarial stance. Workers have to live in the same community so they may engage more diplomacy while maintaining their responsibility to children and their safety in remote communities. Residing in the community is not an issue for workers in a larger community for example. Because of the authority vested in workers due to the law parents may feel intimidated by workers.

Travel to Remote Communities

Child welfare workers in remote communities also face unique situations and challenges such as being able to operate machines other than a motor vehicle or a personal computer. In the fly-in communities for example one would travel by seasonal vehicle - boat or skidoo. Under this circumstance workers are expected to operate and even maintain these modes of transportation. Some participants reported putting their personal safety on the line in navigating rough waters in a boat. Another reported walking for long distances to perform her duties as a CFS worker in her community. Child welfare practice in remote communities is difficult enough with the amount of work to do but these extra requirements add additional aspects to the job.

Most workers reported having placed themselves in potentially dangerous situations at least some of the time as they conducted their work in First Nations communities. All participants recounted the danger of entering homes when the parents

are under the influence of substances and violence erupts. When children are at risk frontline child welfare workers are called to diffuse highly charged situations. They are asked to perform extra duties at times to ensure children's needs are being met.

A recurring issue in the study was the growth of the agency as a result of the changes to the Child and Family Services system in Manitoba. One of the issues was the distance between the community based programs and the urban program. This type of issue is highlighted in Schmidt's report: "...remote communities don't have a full range of services that people in urban centers take for granted. Access to health or access to a range of retail goods requires the community residents to travel to a larger center where goods and services are available. This idea of being removed may also vary with the season and weather conditions" (Schmidt, 2008, p. 4). This was a common theme among workers in these remote communities. Many feared children entering agency care would have to move out of the community to access services. Family visits also occurred off reserve and the workers would travel by air or by car to facilitate these. Either mode of transportation requires a great deal of time before a worker arrived at the final destination. Both fly-in and road access communities had to contend with weather conditions during work related travel. Travel is inevitable when one works and lives in a community different from the urban community, and these conditions can affect the time it takes to get work done.

Stress and Burnout

A study on stress and burnout indicated that service providers in the social services are likely to burn out as a result of stress, and what can be more stressful than the occurrence of violence in ones' work place. The Brown and Fraehlich (2011) article on stress and burnout indicates that - "most relevant work has been done by researchers in Canada and especially Aboriginal practitioners who have direct experience working in their communities" (p.12). The article further suggests those with direct experience are affected both personally and professionally as a result of critical incidents in the community.

Information technology in most organizations is helpful, in these remote communities telecommunication services is lacking. Internet access in particular was an issue in some communities and not so much in others. This too caused undue stress. Another stressful event that those in the north have no control over is the staff turnover at the regional level. The identity of new personnel and their role in the agency is not always made known at the community level. This issue affects the financial case decisions made by frontline workers at the community level. Another seemingly innocent disruption is lost paper work. Community based workers are often called to resubmit information (paper work) that seems to get lost in transit. The issue that results is that families are waiting for service or answers and these are not forthcoming in a timely manner. Lost paper work seems to be a repetitive issue that doesn't seem to improve with the passage of time.

Question Two: Resources and Supports in Remote Communities

Absent Supportive Services

Many employees of child welfare are aware that crisis situations occur beyond nine to five and most situations often occurred during the weekend. Child welfare in Aboriginal communities is open for business seven days a week and twenty-four hours a day. Workers are visible in small communities and when crises occur they are the first responders. Worker visibility in small communities accounts for some of the stress that they encounter on the job. Child welfare workers in these communities are always in demand even in case where child protection is not the primary concern. They are also more likely to help; you can't just step away from the crisis when it happens. In the mainstream community official first responders and ambulatory services are usually first on the scene. In this situation child welfare workers are secondary service providers and are usually called upon after the incident, especially where children are involved.

Insufficient Financial Resources

Apprehension of children is necessary but most workers opted instead to work with families to address the issues that placed their children at risk. Some participants stated that their attempts at preventive services were stifled by the agency's inability to fund preventive programs in the community. Historically the federal funding formula affecting on reserve child populations did not support community wellness initiatives. Under this arrangement services for children were not available unless they were in agency care (Wien et al., 2007). More recently the funding formula for on-reserve child populations has improved somewhat. However, critics of the change report the services for children are triggered after they enter agency care and not before. The continued lack

of adequate funding for on-reserve preventive programming is a problem with the new funding formula as well. There is not enough funding to implement prevention strategies that would support children remaining at home. Still a few workers expressed some hope that they might be able to exercise preventive measures with families through the long anticipated Family Enhancement Program. At least one community had begun preparations for the Family Enhancement Program. This community was engaged in a comprehensive community development strategy that included a community based training for on-reserve support workers. These support worker/students are being trained now for the Family Enhancement positions in the agency. Despite limited agency funding in one community, it has managed to create a prevention program that assisted parents in reintegrating their parental responsibility to their children who entered agency care after a brief time.

Child Apprehensions

All participants in the study reported child apprehensions are a necessary task in their work. However, given an alternative the child welfare workers in this study would prefer to do other things than remove children from their parents. The reality is there is no easy way. When placement is required the best that one can do is to minimize the trauma a child might experience during an apprehension. Reliance on the child's extended family has been a great support in the delivery of services, and some participants noted that parents involved in an apprehension were easier to work with when they knew their children were being placed with extended family. Many participants opted for working with families before an apprehension takes place. However, workers recognized the difficulty of doing this without adequate agency funding to support parental care of at

risk children. For example, some single mothers with multiple children may need a break from time to time. Often they are not in a position to pay for a babysitter especially in remote communities. A single mom who can afford to hire a sitter to go out on the town is usually employed, or is dipping into the household budget. The latter decision often results in neglecting to purchase essentials for the children. Eventually, after several incidents of this nature it becomes a child welfare matter. It is an unfortunate circumstance in child welfare that agencies are permitted to cover costs to maintain a child in care through foster placements or costly residential care but have very restricted funds for supporting children in their own home. The participants were very much aware that funding for children in care is based on placement in agency care and not when they are in custodial care of the parents. This situation has not changed much since the 1980's. A former community based worker informed me federal dollars were once available for children at risk to remain at home through the Homemakers Program. Under current circumstances agency funded preventive programs continue to be limited. One worker's frustration was most evident as she suggested preventive measures are outdone by the agency's focus on child apprehensions. This is also due to a funding model based on services for children after they enter agency care. However workers frustrations are evident as in the following: "we can't use preventive or alternative measures because of funding; [it's] always about funding. There is no funding to do things differently. The government won't allow this or fund this. It's difficult; even our agency finance [department] will say we can't fund this or you can't do this." This is the result of chronic inadequate funding for on-reserve statutory child welfare services. A present case before the Canadian Human Rights Commission champions this cause. In this case filed by the

First Nations Child and Family Caring Society and the Assembly of First Nations; Blackstock (2009) argues that First Nations children on reserve get less funding for statutory child welfare services than other children in Canada. It is no surprise then that there are more First Nations children in child welfare care now than in any other time in Canada's history. Why do First Nations have to engage the Canadian Government in a human rights law suit in order to provide services to children on reserve? Yet the fiduciary responsibility for First Nations children on reserve rests with the federal government.

One of the interesting findings from this study was that one community was developing preventative measures in the community, and this was much less apparent in other communities. These preventative programs prevent children from entering agency care in this community and assist in maintaining family units. Another community seemed to struggle with using prevention measures and appeared to follow only the conventional child welfare practices related to the Child and Family Services Act (CFSA). The peculiarity is that both communities fall under the jurisdiction of one agency. This study did not examine the reasons for these differences in any depth so it is unclear why one community was able to do this in the face of generally inadequate agency funding for prevention programs.

Within the last ten years the child and family services system in Manitoba has experienced many changes. These changes have affected child welfare practices in both large and small ways. One change is the sheer volume of paper work involved in all aspects of child welfare practice. This was a common concern among the participants in this study. Many of the participants talked about not having the time to see clients or

families because of the need to have forms, note taking and referral packages completed. A participant made a comment that paperwork in child welfare has significantly increased between the years 2000 and 2012. It seems this emphasis on paper work is an expectation on workers now as it was in the mid 1980's. This participant reported spending a great deal of her own time doing child welfare related paper work in the evenings and on weekends.

Lack of Police Protection

Employment in child welfare is difficult simply by its nature. CFS workers have made individual concessions for themselves as they do their work in these communities. But the safety of children and the child's wellbeing was always at the forefront. Workers put their physical safety at risk when they enter unsafe situations sometimes without RCMP protection in order to take a child to safety. Workers disregard their safety because RCMP services are not readily available to enforce laws or personal safety. Absence of an official police force in remote communities is an additional danger that workers face. In some communities local constables are not available and nor are they reliable. Policing in the North is a regional issue that requires strategic planning among service providers other than the Child and Family Services. Still workers in the remote communities have developed ways to compensate for this lack in police services and a double worker rule is applied in these situations.

Community Engagement, Old and New Methods

Some community workers in the study considered the child welfare approach of AJI/CWI as a step backward. A few workers reported that pre-AJI/CWI community-based work gave responsibility for the care of children to the community. Participants in

the community reported this observation where a restorative justice approach was once used with families whose children entered agency care. Another felt communities were somewhat displaced as a result of the changes to the system that AJI/CWI brought about. A former community based worker referenced the local childcare committees that once guided the process for child welfare interventions in the communities. These committees no longer functioned to their full capacity with the changes to the CFS system. Child welfare agencies and the Authority office through the CFSA dictate the standards and regulations. As a result the confidentiality rules in child welfare casework must be upheld. This emphasis on confidentiality does not support a group approach to intervention as it was done in the past.

Family Group Conferencing

Family Group Conferencing (FGC) is similar to the approach used in one community as identified in the research. A restorative justice model and the former Local Child Welfare Committees was an approach used with families in the past and these were similar in process as the FGC. The similarity is in the way that immediate and extended family is involved in the decision making process regarding a child welfare intervention. The basic concepts are the same in each of the three approaches; FGC is developed from – “the decision-making practices of the Maori people... Firstly, as many people as possible affected by the issue are gathered together as problem solvers, with everyone present having equal rights to participation. Secondly, as much time as is necessary is taken to examine and talk through the issues, seeking to understand what has happened and its impact rather than to ascribe blame. And thirdly, there is a search for consensus,

recognizing that consensus is fundamental to collective ownership and responsibility” (Doolan, 2004, p. 4).

The former community based workers spoke highly of the local childcare committee (LCCC) as the entity in the community responsible for community involvement in child welfare matters. In one community in particular the worker would involve the committee members to address the parents and their role in regaining care and custody of their children. Similarly, the Restorative Justice Approach in another community engaged families with resource team members to address child sexual abuse matters in the community. Community members affected by the abuse were called to gather to discuss the issue and to ensure safety of the child victim and the remaining children in the community as a whole. These are concepts evident in the Family Group Conferencing approach to child welfare.

One disadvantage in the fly-in communities, as noted earlier, is the distance to the urban areas where services are established but are costly to access. In the road-access communities there is relatively quick accessibility but services for children are just as costly. However, both instances once a referral is sent out there are long waiting lists to contend with. A particular fly-in community responded to the high cost of accessing services in the south and the concern with resources refusing to come to the north to deal with solvent abuse. The issue was addressed through a caring and returning to nature approach. Services and resources in remote communities are often lacking and it is a welcome surprise to discover some First Nations communities have taken the initiative to develop community focused solutions on their own. Family group conferencing and a

committee approach for early interventions in child welfare matters are further discussed in the next section of this thesis.

Question Three: Traditional Cultural Knowledge

A Cultural Approach

Participant knowledge of traditional Aboriginal cultural beliefs and practices was a focus in this study. The main concern or question was related to the extent of cultural knowledge among frontline workers and whether or not this knowledge was considered or utilized in the workers' daily work situations. The participants were asked if they availed themselves of the services of elders. They were also asked if they had obtained knowledge of their culture during childhood or adulthood. The latter issue was of interest in examining if the worker had established a worldview based on his or her childhood knowledge or whether this had emerged in adulthood. It was assumed that workers with knowledge of traditional culture were more apt to use a cultural method in their practice.

Most of the participants in this study were able to access or act on daily meditations and invocations. Most participants were also able to use ceremonial smudging. Not all participants reported attending their traditional territories to reap the benefits of nature's healing ways. All participants expressed a strong faith in a higher power but not all participants were necessarily followers in the cultural traditions of their ancestors. A few expressed a strong belief in Christianity as the form of faith in which they grew up. Others demonstrated a very good knowledge base of traditional cultural practices. Some workers in this study felt that prayer brought about some reprieve and one learned to leave work issues at work and home issues at home through her use of daily prayer.

An objective of this study was to ascertain the use of a traditional cultural approach in the workers' practice. The study was not intended to measure the degree of success workers achieved when they used a traditional cultural method. It is important to note that evidence from the community-based children in care statistics (Table 2 p.67 line 3) suggests that a more traditional cultural and community approach to child welfare practice has been useful in keeping their child in care numbers in one community low. It is of interest to note that family service cases are relatively high, and this implies that work with families is being done which could be related to the more cultural approach used in the community. There may be other factors to consider but child welfare practice in this community seems to be subject to the worker's strong belief that no other community children will leave this particular community through the CFS avenue.

A few participants had vague recollections of being at a ceremony in their childhood. A participant recalled being present at a ceremony conducted on behalf of the community people. He was a child at the time and he observed the ceremony from afar and this experience made such an impression on him.

Other participants had positive experiences of traditional cultural practices as adults. Aboriginal traditional culture is defined in this study as one that is cognizant of the child as a central figure in the family, the community and the nation. Indeed, the act of caring for the children and the family being responsible for this is a central premise of First Nations cultural. The belief that all persons in a community are responsible for the wellbeing of others is cultural. There is a difference between the act of living in the ones' culture and the expression of faith in that culture. For example, the ceremonies involved in ones' culture are part of this culture but are not of singular importance to that culture.

What is equally important is taking the lessons taught through the ceremony and applying this to ones' life. There is evidence in both the work and philosophy of the child welfare workers that they have lived a cultural life without necessarily experiencing the ceremonies that are part of Ojibway culture. Child placement was an area in the research that brought about a great deal of information and insights regarding the question of culture and whether this was a consideration in the placement decision. When the workers considered placement for a child the first choice for placement was with extended family. The second choice was placement within the community. The last resort was placement outside of the community and away from the child's family. This serious deliberation about placement of a child can be considered an act based on culture. Many of the participants understood the importance of belonging and its impact on identity. Identity and language is the glue that keeps children connected to their culture. This idea is explored further in the next section.

Transmission of Traditional Knowledge

The participants had very good recollections of traditional Ojibway culture. These included the importance of family, and the example of their parents working together to provide for them. One of the most important was being able to speak Ojibway freely and fluently in their parental home. In many cultures there is a strong appreciation for family and the concept of family. The extended family in particular seems to be of utmost importance to the participants involved in this study. Quality time spent with grandparents was a recurring theme among some of the participants. In fact a few participants explored the passage of knowledge from one generation to the next with their

grandparents. It is noted here that this passage of knowledge was done without much fanfare other than a young child visiting with his/her grandparents.

The majority of participants acknowledged their introduction of traditional cultural ways and beliefs during their adulthood. Rightfully, adults more than children can choose for themselves what it is they want to learn in most situations. It is also during adulthood that individuals may be guided by fate or faith. For example, one participant explained her petulance and the expectations around her gender role had compelled her to live contrary to the advice given to her by an elder. This participant quickly realized that her will to live as she chose might cause some unnecessary hardship for herself and her family. She had explained that fate prompted her to make changes in her lifestyle.

Participants in this study acknowledged the importance of family to children in care. The workers made every effort to facilitate placement within the family. Only after this would placement be considered with non-family members and before they were placed outside of their community of origin. Almost all participants in this study were adamant that children whenever possible should be with their family. Most often the participants felt that working with the family to maintain care and custody of their children was the result of a strong belief in family unity. The traditional values and belief systems of honesty, respect and the care of children being a community responsibility was evident in the participants' responses. The idea of a collective responsibility for one another was also present. These beliefs had an impact on the participant's decision making in regards to child welfare. Even frontline workers who did not outwardly practice a traditional way of life still had a strong affinity to family unity and following a family first concept for placement of children.

I am in awe of these workers because they have demonstrated the idea that living ones' culture is more than attending ceremonies. Ceremonial life is very important to the culture of a people. However, what is more important is taking the lessons of ceremony and putting this into practice in ones' life. CFS workers in my sample seemed to have made some very important practice decisions based on their culture. They may not have attended many traditional ceremonies in their lives. But they have acted on behalf of children and families in a culturally appropriate manner by keeping the children in the company of family and in some cases in the community of their birth. In these communities children are also given the opportunity to experience life and learning in their first language. Many of the workers expressed their concern that our language is important and the children should be given opportunities to learn their language. I am not an expert on languages but I know that the Ojibway language is a verb based language. When children use the Ojibway language they learn first how to act. Or better yet they learn how to do. There is an emphasis on action in the Ojibway language, whereas the English language is a subject based language and children learn about the-who and the-what first.

Southeast Child and Family Services Agency, and indeed all First Nation agencies have been around for at least 20 years. The focus of these agencies has always been to care for the needs of the children in their respective community. The focus of child welfare practice for Southeast Child and Family Services has always been in keeping with culturally appropriate placement for children and working toward family unity. The next section discusses the efforts made toward culturally based child placement.

Culturally Based Child Placement

It appears the culture and background of the child who required placement was considered in the type of resource being sought for the child. The other variable being explored here was whether or not the participant had a good understanding of a cultural approach to placement. All participants in the study understood the importance of placing children in care with culturally relevant caregivers. However, there is a general lack of Aboriginal foster homes in all communities including mainstream communities. This research demonstrates that there is a will and a desire among frontline workers to place children with other Aboriginal families. Sadly, there are plenty of occasions when this cannot be facilitated. This occurs especially in circumstance where a child's extended family does not come forward or does not work out. The issue that exists is the lack of culturally appropriate placement resources for Aboriginal children and youth. One participant was adamant that a child in care who was being considered for off-reserve placement should only be placed with an Aboriginal family. If this could not be facilitated the worker was determined to keep the child in the care of his extended family until a suitable placement was found. In this case the child in question was a toddler and the worker did not want the child to grow up in a non-Aboriginal foster home. The worker felt the child would be in agency care for the long term. In this case the worker's patience was rewarded; the child was moved to a vacant foster home and did not have to leave his community of origin. This action might suggest that workers sometimes accept any placement indiscriminately. This is likely an issue with caseload size and not a conscious effort on the worker's part to move children out of the Aboriginal community.

Another participant did not have a preference for Aboriginal family only; instead this worker focused on the child's safety in the home and the nurturing ability of the foster parent. This particular worker was not concerned that the child may grow up in a different culture than his own. Cultural background of the foster family was not a concern in this case and it was believed that the child who required placement would eventually learn his or her culture in other ways. Furthermore, the worker felt the caregiver or the worker could facilitate cultural teaching. Indeed, there are differences in preference for the type of placement for children-in care. If we continue to place Aboriginal children within non-Aboriginal placements (as we are forced to do) then collectively we must develop a strategy to bring a child's culture to her. We must develop meaningful ways to accomplish this and it might take the form of 'ladies cultural' as opposed to 'ladies bountiful' philosophy of service. The concept of ladies bountiful is British, where charitable women would go about visiting the poor and these ladies bountiful provided food. Perhaps ladies cultural in the Aboriginal sense can visit the foster homes of Aboriginal children, and provide cultural based nourishment.

The importance of the placement of children with family or in their community of origin came across strongly in the research. Eight of the nine participants expressed this preference. Another thing that came across is the idea that cultural knowledge and family background is transmitted to children from the elders or adults in their family and extended family. It is the family of the child in care who will know their history and their story. The oral tradition in Aboriginal society is significant but more importantly the community's children are of utmost importance. This idea is explained in the following: "In traditional Aboriginal societies, the survival of the community depended on their oral

tradition and the ability of children to successfully transition into the next generation of custodians of that oral tradition” (Rand, 2011, p. 59). The message here, Aboriginal communities need Aboriginal children to grow up to be strong and healthy Aboriginal adults. In turn the children then take the responsibility of carrying on the culture into the future. It is a responsibility of the adults to give the children the tools to accomplish this action. Strong links to ones’ traditional cultural practices, beliefs and knowledge were evident in three communities involved here. In fact, in one community the physical culture is thriving.

It was also important to know whether or not the worker acquired this knowledge from childhood or adulthood. This characteristic was important to determine the extent of traditional cultural knowledge on which the worker relied when making decisions about a child or a family. There were three participants who, in childhood had learned about the importance of grandparents to the family. Two workers of the three had made practice decisions based on their belief that grandparents play an important role in the lives of their grandchildren. The other participant learned early in life the importance of taking care of her family. As a teenager this participant made an adult decision to assist in the care of her younger siblings and extended family members. She also had a strong belief in supporting her mother to her best ability while her father was away earning a living. These examples illustrate those CFS workers made decisions about the care of children from their own experiences as youth in their community. This also demonstrates the workers connection and compassion for their young clients.

The Welfare of Children is a Community Responsibility

One of the issues with child welfare interventions is the disconnection that results when children are removed from their parental home and home community. A few of the interview questions focused on what the participant considered as they contemplated placement for a child in agency care. All participants stated a child's placement was very important and that extended family was considered the first choice. However, in situations where family was unable to provide kinship care the child's community of origin was also considered. One participant reported that dysfunctional behaviors among extended family members sometimes prevented kinship placements. Other factors such as a child's expected duration in agency care were considered as well. In this case, placement in another Aboriginal community was a viable option. Barring this option placement with a non-relative Aboriginal family would be acceptable. Some study participants stated the importance of language and maintaining this ability was also important to a child's identity. Also, knowledge of the child in care's home community and reconnecting her roots to the community was considered a responsibility of the child welfare worker. It was very important to most of the workers interviewed that children have connections to their community and extended family.

The importance of maintaining connections to the child's community was a recurring message in this study. It was also important to know if the community was involved in child welfare interventions in any manner. The prevention practices of child welfare workers were also explored and whether or not these were effective in preventing abuse or children from entering agency care. As noted earlier the prevention practices of one community worked with at risk families and engaged them in maintaining a healthy

lifestyle. The community members here were encouraged to take an active role in their own healing.

The former community based workers had some fond recollections of the local child welfare committees. Three workers felt confident that the committee approach gave guidance to workers in the communities. The local child welfare committee was also reported as a way in which to obtain community involvement in child welfare matters. It appears to the researcher that the Family Group Conferencing approach can merge with a community intervention approach to child welfare. It seems possible to shift the focus of interventions from singular immediate family only approach to a more plural community approach. This would require some shifting around the confidentiality rules and FGC in child welfare matters may have established this mechanism. This would also require a shift in mind-set in order to make this plausible or a reality in our current child welfare system. There is evidence that suggests early interventions with families can produce very good outcomes as suggested in the following community approach.

One community involved in this study engaged in an intensive community development approach. There was a huge concern with solvent abuse in the community, where a child as young as four years of age was using solvents. Once the solvent abuse issue was addressed the unit staff shifted its efforts toward a method of community engagement. The members in this community took responsibility for the dysfunctional ways in which they lived. This approach in its very basic form gives the responsibility of self-care back to the community. There was a reintegration of the community values and beliefs entrenched in the community's nation and culture was featured in this approach. Some proponents for Indigenous focused interventions by Indigenous organizations for

Indigenous people suggest this is the approach to use. Kreitzer and Lafrance (2010) explored this idea and they suggest that Indigenous organizations ought to use their own Indigenous methods to redress dysfunctional behaviors among Indigenous people. They suggest that failing to do so can only result in poor outcomes. The authors' state: "If Indigenous human service organizations only seek to maintain the status quo and work from a mainstream perspective, there is the potential to do harm to the Indigenous population they serve. Too often however, organizations, while they are Indigenous run and focused on serving the Indigenous population, operate from a Western set of values and ways of organizing, giving into dominant norms and values" (p. 36).

Returning to Ones' Roots

One fly-in community was very focused on a cultural approach to services. Some services were basic but thought provoking, such as bringing families to their traditional territory to work with the land in the ways their ancestors had. In addition to the cultural component, the team established sports and recreation activities in the community to support abstinences from substance abuse. To address the uncleanliness in the community the CFS office established community clean-up efforts with monetary incentives. Today the community is neat and garbage strewn about is not so much an issue any longer. The mental and physical health of community members was included in the strategy, whereby a Healthy Cooking group lead by community women was established. This group of women would share their concerns and the issues in the community. Over time the women questioned the leadership within the community. As time went on and the unit office continued with the various community events, a relationship of trust began to be established. The unit office also established camps available to families during the day

and for weeks at a time. These camps brought the community folks back to nature and back to their roots. As one staff member observed: “the camps were great, the families worked together hunting and cleaning meat and fish. They meshed with nature so well it is their culture they live it every day.” This approach was intense and required a great deal of planning and coordination in the beginning. At the present time the CFS staff is preparing a strategy to hand off the responsibility of these camps and recreation programs to the leaders in the community. Also the unit staff members are engaging outside resources to assist with other projects in the community. The education of several community teens and adults is being done in preparation for the disengagement of CFS staff from these projects.

The community CFS staff dealt with child welfare matters as outlined in the program standards and regulations. The difference in this approach was the use of the natural environment to bring about health and wellness among the people. This is a non-conventional approach to child welfare practice, as few workers would likely recognize the healing benefits of being in ones’ traditional territory. Also community cleanup projects most likely do not fall within the definition of social work and definitely not child welfare practice. However, one must view this approach in light of the community context. At one time there was particular emphasis placed on child apprehensions in this community and this aspect of child welfare intervention on families was epic. Today child apprehensions in this community are intended to last only until the issue of intoxication is addressed and when no other child protection concerns are present. If an intervention occurs or a referral is made to the unit office, staff members are very careful not to automatically resort to apprehension. The children are removed immediately if a

protection concern exists. However, the children are not apprehended; instead the worker will look for family members to assist with childcare for a brief time. In this situation when the parents obtain sobriety only then are children returned. If recidivism regarding alcohol use among parents becomes an issue then children entered agency care through an apprehension. As mentioned in the findings this community used a prevention strategy that included four steps before apprehension. In this process the parents are given an opportunity to address the presenting issue and provided there are no other protection concerns the children are returned to the care of the parents. If recidivism occurs the children are apprehended and usually the children are placed in a specialized placement resource for a period of three months. The placement is not a usual foster home setting. It is instead designed with biological parents in mind; the house parent and biological parent work together to care for the children. The parents are allowed to visit and provide daily care to their children cooking, cleaning, laundering the clothing and making lunches for the children. In the evening the parents are expected to return to the home to assist with supper preparations and bed-time rituals, such as bathing, brushing teeth, and pajama ready, they can read a story or tuck their children into bed. The next day the same routine occurs; parents' return to prepare breakfast and get their children ready for school. The child's time in-care does not disrupt attachment and parental responsibilities; instead the parent is still involved in the daily activities of their child. This approach allows the worker to measure readiness of parents to resume the responsibility of caring for their children. The child in either case reaps the benefit of having two maybe three caregivers at once. This whole notion is not readily accessible in conventional child welfare practice.

Implications

The frontline child welfare workers in remote communities face some unique challenges. These child welfare workers sometimes work in isolation and in backcountry areas where resources are limited. Extended family is often willing to offer a helping hand and this is helpful. The participants expressed a strong commitment to keeping children in the care of their extended family whenever this was possible. The concept of family and community among the participants was consistent. All the participants felt that the responsibility of caring for children ought to be with the community. Indeed one community involved in this study had taken steps as frontline workers to facilitate a sense of belonging for the children in their community. This belonging was intended to create strong connections to the family, the community and to the cultural traditions of the community. These cultural traditions may not be the full- fledged ceremonial traditions of the nation. But they are the more common traditions like invocations, smudging and ensuring that the basic needs of the children are being met. The importance of facilitating a more community caring approach based on cultural knowledge and traditions is highlighted in the examples below.

In two communities child welfare practice included camping trips to the traditional territories of the community people. As a result children in care were given an opportunity to gain knowledge and history of their family first hand. When children are in agency care it is really the responsibility of the agency to provide these opportunities for children to learn about their cultural background. As long as agencies assume responsibility for the care of children in our society it will be their duty to provide opportunities for children to learn about their identity as Ojibway children. In this

community these excursions to the traditional territory takes into account this responsibility. In addition, parents of the children involved in these camps are given an opportunity to rebuild the broken relationship with their child as well. More prevention - based interventions with families such as these must be developed at the management level to assist frontline workers to address reasons for family interventions. This type of intervention must occur at the frontend of services.

In another community a yearly celebration has occurred for the last 30 years. Indeed, the migrations of people from the community to this island are homage to the ancestors who once travelled there too. In the past the people travelled to the island for hunting, root gathering and especially berry picking expeditions. The people back then relied on the land to provide their sustenance. In more modern times the gathering at that island is symbolic of this and participation of families from this community is encouraged year after year. Children in care and their caregivers (in some cases the biological parents) are supported and provided with opportunities to attend this gathering. This weeklong camp is intended to be a drug and alcohol free family event. The honor system is in function in regards to this 'prohibition' because leadership or community constables do not have the authority to search suspects for contraband. I am fairly certain there are people who disregard this rule. How is this connected to the child welfare practice in remote communities? The unit office in the community is usually in charge of events for children along with the other First Nations staff. During this event networking of resources just seems to materialize and the work gets done effortlessly. Every summer the children in the community look forward to this event, and the child and family services staff assisted in getting the many children and families to attend this event.

The participants in this study did not condone an adversarial role in their dealings with families even when child apprehensions occurred. Child welfare workers in remote communities are members of the community. When an intervention occurs it is best to minimize the damages. This includes the residual effect of the apprehension on the children and on the worker. Unit staff might meet to debrief with the worker immediately following the incident. There may be extra precautions that a worker might have to take to address harassment or intimidation in the community. A non-adversarial stance taken by a worker in a remote community might go a long way toward their professional survival in the community. It is probably the visibility factor in the remote community that impacts the worker's practice in the community, in addition to the compassion they feel for both the child and the family involved.

Family Enhancement is a program developed to curb the high number of children who enter agency care. These services are intended to take away the adversarial role of the agency during child welfare interventions. The better working relationship among those involved in the family enhancement approach may well lead to better outcomes for children and families; and removing the adversarial role of frontline workers through the efforts of Family Enhancement Services would be a welcome approach for many frontline workers. The potential of a family enhancement approach is referred to by the General Child and Family Services Authority in one of its reports: "Manitoba's child welfare system called for new investments to strengthen the capacity to deliver early intervention services for at risk families." In the same report there was a call for all Manitoba agencies to "adopt a differential response model" (2012, p. 1). Another report on Family Enhancement from the provincial government of New Brunswick states:

“Family Enhancement Services are intended to engage the family, to enhance family functioning, to maintain the child’s security or development, and to support the family when a plan for the care of the child is developed and implemented” (2007, p. 1).

Travel from these remote communities for goods and services are taxing on the workers. Travel from one road access community for example, can take three hours one way or a total of six hour, not to mention the time involved in the casework. There is travel budgets assigned to these community workers but travel is costly too. For example, ice-freeze up and break up can impact the cost associated with travel to and from the fly-in communities (a five minute helicopter ride can cost hundreds of dollars). Climate and the ability for ice to form during the winter months can affect the cost of travel. The unavailability of community food staples and gasoline for that matter in a fly-in community can be disastrous. If there is no winter road available the price of everything skyrockets in a remote community, as merchants in the North try to improve their bottom line. A gasoline shortage in the north can also mean difficulties for families and CFS workers alike. One worker had informed me he had purchased one gallon of gasoline and rabbit wire for a father who wanted to feed his children. In this case the father could fill his snow machine with gasoline then go out and set snares for rabbits. In the south we may enjoy a balmy winter in the heart of January and it’s a cause for celebration. For those who rely on an ice road it’s a very different story.

Child welfare workers are actively involved in finding placements for children within the community. There is a strong value of not wanting to send children out of their home community when the community can meet the needs of the child. More needs to be done to support CFS workers to maintain the placement of children in their community of

origin. Extended family placements within a kinship care model might help to alleviate excess out of community placements. A kinship care approach would require some modifications to the current Alternate-Care regulations that exist. This may also require a feasibility study of some type due to the cost of living in the north. Kinship care models will definitely fail if the agency does not provide some form of monetary compensation when families take in their kin. Policy makers within Aboriginal agencies ought to develop policies to encourage community placement first, especially for those children who enter agency care at their home community.

Band constables in remote communities are as important in child protection as the workers who request their assistance. Band constables must be available to do their work when anybody in the community calls for service. To say that First Nations policing in the community is stagnant is unfair. But some workers in these communities work alone most of the time. In some situations the constable adds to the problem. At least two workers reported that the constable was under the influence of alcohol and when needed could not assist with a call for service. The absence of a police force in remote communities can be detrimental coupled with the unpredictable behaviors of intoxicated parents or other by-standers during an apprehension.

This study was able to obtain useful information on the participant's experiences as child welfare workers in their community of origin. Perhaps the agency should develop a way that frontline workers can leave their community for a few days a month and work from an alternate location and still provide services to the community. This arrangement may require shift work or a covering worker at the unit office.

I thought frontline workers in remote communities would be faced with challenges resulting from the effects of colonization. Indeed, there is evidence to suggest that challenges exist as a result of the history of colonization. The challenges related to the socio-economic conditions that exist in these communities. In addition, I thought that frontline workers would attempt to educate families on this sad history of Aboriginal people in Canada. However, this was not the case. This might be due to time constraints, as the volume of paper work involved to maintain services to children and families engaged in state care is huge. The fact that child welfare work is usually crisis oriented may play a role as well.

I believe this research can be used to produce information on the ways social work education can be further developed to address the effects of colonization. Social work education currently includes the history and some aspects of the effects of colonization. The colonial relationship is explored through various courses as well. However, more must be done to transfer the classroom knowledge into the field when child welfare social workers begin to practice. Aboriginal focused programs and statutory child welfare services might serve families better if delivery of services included some information on colonization.

There was an issue with community social programs. In at least two communities workers were dismayed with the apparent ineffectiveness of the personnel employed in the social programs. Workers in the two communities were at loss when community members would request help programs other than child welfare. In one community the CFS worker was bombarded with requests for assistance to fill out applications for special needs, employment insurance and old age security. The other participant felt that

her requests for services on behalf of her clients were not fulfilled because of the assigned personnel did not have the ability to fill out the application.

On the other hand some services in the community were very effective and beneficial to the CFS workers. For example, networking in some communities involved in this study was reported to be quite effective. Other communities engaged in very little networking among their social programs. The fragmented networking was an issue despite the fact that all social programs in the communities had the same clientele. Networking can be improved in a few of the communities involved in this study. Another thing that became apparent is the conflict between the need for confidentiality in child welfare matters and the desire among program managers or directors to share information in planning for the same clientele. It might be plausible for Agency management to develop policies or standards for confidentiality that supports meaningful networking at the community level.

Returning to one's roots to address family issues, child neglect or abuse seems to be a step in the right direction. In one community at least frontline workers have engaged the community in a development strategy that includes a cultural approach for healing the whole community. Although, this approach is unconventional the approach seems to be working and child welfare interventions are streamlined to let families know that CFS is there to make a positive difference for families in the community. In addition, this community has developed a prevention program that addresses the immediate safety of children without damaging the parental responsibility in the process. Children are placed in agency care with some expectations. The placement resource is a specialized resource that allows biological parents to interact with their children on a daily basis. In this

manner parents maintain their parenting responsibilities to their children. First Nations agencies might do justice to children and families by adopting this approach to child welfare interventions at least in First Nations communities. This relationship between caregiver, worker and biological parent might be helpful in reuniting children in care with their parents faster than they currently do. One limitation of this study is that the costs associated with operating child welfare interventions in such a manner have not been explored, and future research might explore the cost effectiveness of operating from a relationship-based approach as reported in this community. However, it is clear that costs associated with more conventional child protection responses will continue to grow at the expense of the future wellbeing of First Nations children. Children in particular, who lose their language skills, also lose connection to their community. This brings to mind a story from our elders, who tell us when we lose our traditional language skills we also lose our connection to the culture.

The First Nations agency must explore community involved intervention models on at risk families to alleviate some of the alienation workers experience in their work as evidenced here. The majority of the participants expressed their frustrations with being on the job 24 hours a day and practically 365 days of the year. Frontline workers in remote communities have a unique situation where they are often the only service a community turns to when bad things happen to children in the community. Professional and personal boundaries do not exist in remote communities. CFS workers are scrutinized for their actions or inactions. They have very few friendships outside their inner circle. Only another frontline worker could understand the level of stress or concern that they often work under. They avoid community events because they are often questioned regarding

child welfare matters at the convenience store or at their children's sporting events. The workers' participation and availability is expected even after hours and on weekends. The personal conduct of frontline workers is scrutinized for any untoward actions or attitudes and that they must live their lives above reproach.

Conclusion

Child welfare decisions in remote communities are made from a practical sense. There is a general lack of supports and resources in remote communities and decisions regarding practice are usually a result of common sense. In order to address the varied issues in the community, workers and agency management have developed services and programs to meet the needs of the community's children and families. My grandfather's interview with the University professor back in the early 1970's influenced the methodology used in this research. I engaged the Indigenous paradigm using a story telling technique in this study. I had an interest in knowing the traditional cultural methods used by CFS workers in remote communities. I was also curious about employment in one's community of origin and the impact of this on the individual. My other interest was whether or not there were sufficient resources or programs in First Nations communities to assist CFS workers in their work with children and families.

The supports and resources in remote communities are those that workers along with agency management have developed from the traditional practices of the Ojibway Nation. CFS workers in these communities operate from a child-focused approach, and this too can be attributed to the beliefs and values of the Ojibway Nation.

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Appendix A

Mr. Corbin Shangreaux
Administrator
Southeast Child and Family Services Agency
360 Broadway Avenue
Winnipeg, Manitoba

Project: Exploring Aboriginal Child Welfare Practice in Remote Communities
Re: Interviews

Dear Mr. Shangreaux,

With reference to our telephone conversation in July 2010, we discussed my research project and agreement to involve four communities in the Southeast CFS area. I am sending this letter to obtain a formal response to my request.

I have created this research project to fulfill the final requirements of my Master of Social Work degree. The purpose of this study is to explore the way in which child welfare workers in remote communities conduct practice, given some of the challenges that remoteness presents. I would prefer to interview those workers within the agency who have experience working in remote communities. I have an express interest in two-road access and two fly-in communities within the Southeast Child and Family Services area, the staff of Little Black River, Hollow Water, Little Grand Rapids and Pauingassi CFS Units.

There are three areas of interest that my research project will cover, these are: the impact of residency and employment in the same community, the lack of resources in remote communities that hinder or prevent child welfare services, and the impact of one's cultural beliefs on practice, these will be explored specifically related to child protective services and children in care services. However, my research project will not be limited to these areas necessarily to allow each of the child welfare workers opportunity to share their experiences freely.

In this study, the participant will be asked to partake in one interview, two hours in length. The participant will be asked to share his/her experiences in providing child welfare services in their respective community. Each participant will be asked to describe his/her education, work and life experiences as well. The interviews will be audio taped and transcribed and conducted individually. I will be taking notes during the interview but names of participants will not be used on any of my notes. The participant's name will never be used in any public document.

All documents, tapes and transcripts will be kept confidential. The results from this study will be reported in a research thesis and an oral report during my thesis defense.

Sincerely,

Madelain Hardisty Neveau B.A., B.S.W (MSW Candidate)

Appendix B

Consent Form for Child and Family Services Staff

Research Project Title: Exploring Aboriginal Child Welfare Practice in Remote Communities

Researcher: Madelain Hardisty Neveau MSW candidate

This consent form, a copy of which will be left with you for your records and reference, is only a part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

1. This study, which is being conducted with one Aboriginal child and family services agency involves one 2 - hour interview, with child welfare workers in four remote communities to find out what services or approaches constitute child welfare practice in remote communities. We are particularly interested in your experiences to help understand the benefits and barriers of community based work in child welfare, particularly in cases where the worker is working in their community of origin. I understand the research project I am involved in is to collect information about my experience working in Child Welfare in a remote community.
2. An individual interview will be conducted with you. There are questions about how you provide services to children and families receiving services from your respective unit office of the agency. There are some particular areas of interest being explored in this project. However, your interview and responses will not be limited to these particular topics.
3. With your permission a tape recorder will be used to record the interview. If this is not acceptable I will take detailed notes of your comments.
4. Your name will be known, only to me the principal researcher - I will transcribe your interviews. Codes will be substituted for names right at the transcription stage. Your name will not be recorded on the written transcript of this interview and you will not be identified in any way in analyzing the information. Information in the written report will summarize the experiences of all participants in a general way, and any information that might identify individuals will be excluded or an alias will be incorporated. The tape and identifying information will be stored in a locked cabinet at the SECFS unit office in Hollow Water and will be destroyed at the end of the project in October of 2012.
5. You may want to receive a summary of the results of the research and, if so this will be noted at the end of this form.

Your signature on this form indicates that you have an understanding to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers'

sponsors or involved institutions from their legal and professional responsibilities. 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 contact, so you should feel free to ask for clarification or new information throughout your participation. If you have any questions you may contact either of the following:

Dr. Brad McKenzie at the Faculty of Social Work at the University of Manitoba (204) 474-8767. Thesis Advisor

Madelain Hardisty-Neveau Researcher (204) 363-7366.

Ethics Approval has been granted by the Psychology/Sociology Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project please contact the Human Ethics Coordinator at (204) 474-7122, or by email Margaret bowman@umanitoba.ca.

A copy of this consent form has been given to you to keep for your records and reference.

Participant signature

Date

Researcher signature

Date

Would you like to receive a summary of the results of this research?

Yes _____

No _____

If 'yes' how would you like to receive this.

Mail Address _____

Email Address _____

Appendix C

Interview Guide

Title of Study: **Exploring Aboriginal Child Welfare Practice in Remote Communities**

Researcher: Madelain Hardisty Neveau B.A., B.S.W

This consent form, a copy will be given to you for your records and reference, is only a part of the process of informed consent. The consent form should give you a good representation of the research project and purpose, and describes your involvement in the research process. Again the purpose of this research study is to capture your experiences as a child welfare worker in a remote community.

I will be using a qualitative approach to the research, and will use interviewing as a method of collecting information from you. The interview sessions will be tape-recorded and I will organize the information gathered. These sessions will be confidential and your identity will be kept confidential as well. All recorded and written information will be stored in a locked filing cabinet. Only the researcher and the research advisor will review the recorded information. Steps will be taken to protect the identity of the respondent throughout and at the completion of the study. You are eligible to stop the research process at any time during the study.

Part 1: Personal Background

1. A). What is (or was) your position in the agency?
B). Is this your home community, is this where you obtained your experience as a child welfare worker, if so when did this occur?
C). Describe to me the type of work you did prior to working in the field of child welfare.
2. A). Describe to me your years of service as a child welfare worker.
B). Have you obtained a Bachelor of Social Work Degree?
C). If so when?
3. What made you decide to work in the child welfare field?
(Probing question: Explain to me please your experiences that lead you into child welfare work in this community).

Part 2: The experiences of a child welfare worker that resides and works in his or her community of origin.

1. Please tell me about your experiences as a social worker working in this community? What were some of your positive experiences and your challenging experiences? (Please provide some specific examples of these experiences).

2. Doing child welfare in the community you grew up in can have advantages, such as recognition and support, please describe to me some of these advantages that you have experienced?
3. There are some disadvantages as well, such as extra demands and expectations. What are some of the disadvantages of working in your community that you have experienced?
4. A). Protection is an important part of the current Child & Family Services Act. Please describe the steps that you would take to protect a child?
B). Are there any situations where you might elect to leave a child at home?
5. A). Given the size of the community please describe to me an instance where confidentiality was an issue in your work?
B). Describe to me a situation where you had to work with your own family members, how did you accomplish this?
6. Describe to me the informal education experiences that assist/ed you in your role as a Child-welfare worker?
7. What steps have you taken to ensure your safety or wellbeing while you practiced child welfare in this community?
8. Please share with me some of your leisure and recreation activities. How has being a Child-welfare worker in your community of origin affected these activities?

Part 3: The obstacles associated with a lack of resources or supports in a remote community.

1. Please describe to me a negative impact of your work in this community.
A). For example do you feel that there is adequate supply of services in the community to support families in crisis?
B). If yes what are they?
C). If no what is needed most to help families in crisis?
2. Reserves or First Nation communities are generally, but not always far away from modern conveniences. Has this circumstance been helpful or a hindrance in the work that you do with families and children in this community? (A). What has been helpful? B). What has been a hindrance?)
3. All child welfare social workers are expected to perform their duties based on the Child & Family Services Act, what have you done with your practice that gives it your personal touch? Have you experienced success with what you have done, if so how has this been successful?

4. In your work with children and families in this community have you used any other community social services, if so what are they?

Part 4: Traditional Aboriginal cultural knowledge and impact on child welfare practice.

1. When you are/were faced with a difficult decision or choice where do/did you look for guidance or assistance whether professional or personal.
2. Describe in your own words an indigenous worldview (probing question: is there a way of viewing the world from an Aboriginal perspective if so describe what this might look like.)
3. Describe to me please what you affirm to be your worldview?
4. Describe to me the cultural beliefs and practices that you experienced when you were a child. A). Are there any cultural beliefs or practices that you have learned as an adult, how have you incorporated these into your life today?
5. In your work with children and families in this community have you made case decisions based on your cultural knowledge, if so please describe these to me?
6. Please describe to me some of the cultural methods you have incorporated into your daily social work practice? (Prompting or probing questions: What have you used or done that is borrowed from your culture, did you find success with this method if so describe this method and describe the level of success you achieved.)