

Examining the experience of the Aboriginal Justice Inquiry-Child Welfare
Initiative process:
A case study examining the clients' perspective

By

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Abstract

The purpose of this study has been to explore the experience of parents who were part of the Aboriginal Justice Inquiry–Child Welfare Initiative (AJI-CWI). This restructuring of the child welfare system in Manitoba was the first of its kind in Canada. To date, no research has been done which explores the clients’ experience of this restructuring. This research was done using an Indigenous perspective and a qualitative and quantitative methodology and case study. Three themes were identified and discussed: Love, Trust, and Trauma. The research findings suggest that the AJI-CWI was an important and necessary change to the child welfare system for Aboriginal people in Manitoba. However, systemic issues which have been in existence since before the restructuring occurred, continue to affect the way in which child welfare services are delivered. Recommendations for child welfare practitioners, future research, policy, and education are discussed.

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Dedication

This research is dedicated to the participants of this research who were kind enough and brave enough to share their stories. I must also dedicate this research to my family: my children who did their best to understand when I had to do “work”; and to my husband, parents, and the aunts and uncles who provided care to my children when I needed time to gather research data and to write.

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Prologue

Location in research can be described as the place in which the voice of the researcher emanates. In research that is about or by Aboriginal people, location is an essential part of the research process (Absolon & Willett, 2006) and this is where my research project begins.

I am a Treaty Indian woman from Peguis First Nation in Manitoba. My father is Cree and my mother is Ukrainian. I know that my grandmother went to residential school. She told me some of the stories of her experiences there. I believe that she has spared the details that she would not want her grandchildren to hear.

My grandmother left her home community of Peguis when she was very young and my father and subsequent generations have been raised in urban off-reserve communities. This has contributed to the loss of many of the traditional Aboriginal ways of life including spiritual ceremonies and language within my family.

I grew up knowing that I was part “Indian” and part Ukrainian. Being a lighter skinned person I do not believe that I experienced the racism that others in my family must have experienced and continue to experience. I was always proud of who I was, though I did not know the losses of cultural identity that my family had experienced. This was not known to me until I entered university and began to learn about the colonization of Aboriginal people in Canada.

In 1999, I graduated from University of Manitoba with a Bachelor of Social Work Degree. At this point I began working at an Aboriginal Child and Family Service Agency where I was able to surround myself by many kind people who valued and practiced traditions of the Aboriginal culture.

It has been through higher education and my work at an Aboriginal Child and Family Service Agency that I have been able to connect with traditional ways of life that I was never familiar with and did not even hear about as a child. In a sense, I have “grown up” within this agency and with people who have surrounded me with encouragement, support, and opportunity to discover who I am as an Aboriginal person.

I am reminded daily of the struggles that Aboriginal families face due to colonization and racism that is alive and well in today’s society. I am thankful to work at an organization that values and supports Aboriginal families. I do my best to remain positive as I work under government laws, policies, and standards that do not always support the best interests of Aboriginal families in Manitoba.

Chapter 1 - Introduction

This study looks at the experiences of birth parents that had children in care of a child and family services (CFS) agency during the Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI) restructuring in Manitoba. In particular, this study will explore the experience of Aboriginal¹ birth parents who had children in care first with Winnipeg Child and Family Services and who were later transferred to an Aboriginal child and family services agency in Manitoba, as determined by the Authority Determination Protocol (ADP)².

The restructuring of the child welfare system in Manitoba through the AJI-CWI was the first of its kind in Canada. To date, no effort to explore this restructuring from the clients' perspective has been undertaken. This restructuring has affected many different groups of people involved in the child welfare system such as birth parents, children in care, foster parents, families, and child welfare employees. The restructuring of the child welfare system in Manitoba has been controversial with Manitoba as the first province in Canada to implement such a large change to its child welfare system.

This research is exploratory and is an effort to explore the experiences of clients who were part of the AJI-CWI process. The government bodies involved in this process were the Assembly of Manitoba Chiefs (AMC), the Manitoba Metis Federation (MMF), Manitoba Keewatinook Ininew Okimowin (MKO), and the Manitoba Government:

¹ The *Canadian Constitution Act* defines Aboriginal people of Canada as including Indian, Inuit and Metis people (Canada, 1990). In this document you will also see the term Indigenous and Native being used interchangeably with the word Aboriginal throughout this document. This term also includes non-status Indians.

² The "Authority Determination Protocol" is the protocol used by child and family services agencies in Manitoba to determine the culturally appropriate authority and the authority of service for a person or family (Province of Manitoba, 2003).

together they made promises with respect to the outcomes of this change. The goal of this research has been to explore birth parents' actual experiences of the structural change that occurred.

The decision to choose this research topic came out of my experience as an Aboriginal social worker practicing within an Aboriginal child welfare organization. I believe that the AJI-CWI has potential to create significant change within child welfare in Manitoba. This change could benefit families and it is important to hear from those who are affected most by the child welfare system and the changes that occurred. Although it is recognized that there are many who are significantly affected by the child welfare system, including parents and children, this research has focused on the experience of birth parents. It is hoped that this research may inspire others to examine the experiences of those who are significantly affected by the child welfare system in Manitoba - it is hoped that their voices may influence the policies that are a part of the system and practices of those who are currently working in the field.

Research Overview

This research study has examined the experiences of Aboriginal birth parents who were involved in the child welfare system in Manitoba during the AJI-CWI. Specifically, this research examined the experiences that birth parents had with Winnipeg Child and Family Services and with their current Aboriginal child welfare agency. The AJI-CWI was a major initiative that was intended to improve the child welfare system in Manitoba, and was the first of its kind in Canada. As a practitioner in child welfare, I have always

wondered if our clients³, who are arguably those who have been most affected by the AJI-CWI, have noticed differences in the services they are receiving. This is the motivation behind this research as it is an important topic that has not been explored. Other child welfare systems may benefit from research that is completed on the AJI-CWI as they strive to better meet the needs of Aboriginal people and communities.

In order to explore the participants' experiences, questions were asked regarding the services they received at each agency: Winnipeg Child and Family Services and their current Aboriginal child welfare agency. Participants were queried if they felt their worker(s) were working *with* them to have their children returned to their care, if they had adequate visitation with their children, and if they believed the needs of their family were being met. Participants were also invited to talk about their experience of the AJI-CWI process itself and if/how that was communicated to them and what their understanding of it was. Additionally, participants were asked to discuss their expectations of the AJI-CWI and they were asked to describe what their actual experience was after their files were transferred to an Aboriginal child welfare agency.

Participants were recruited through poster advertisement that was approved through the Psychology/Sociology Research Ethics Board at the University of Manitoba. The posters were placed at local community resource centers within the City of Winnipeg. Data from six interviews was used to inform this research.

A case study method which included qualitative and quantitative research methods was used to complete this research. Primarily, qualitative research methods were

³ The clients of the child welfare system include parents and children, however, for the purposes of this research, adult birth parents were the population of focus.

used to collect most of the data and there was a small amount of quantitative data that was gathered to help provide a description of the participants. Interviews and a short questionnaire were completed with those who volunteered to participate in this research. In addition, many aspects of an Indigenous approach to research were incorporated as it was felt this would be a respectful way to complete research with an Aboriginal population. More detailed information on the research methods incorporated for this study is found in Chapter Three.

Background

The AJI-CWI was a major initiative undertaken to develop and oversee the restructuring of the child welfare system in Manitoba. Background information highlighting the lengthy and complex process of restructuring a large and complex child welfare system is provided here. Furthermore, having an understanding of this background information is integral to appreciating the rationale for undertaking this research study examining the effect of the AJI-CWI on birth parents.

An essential feature of the AJI-CWI was the expansion of the authority for Aboriginal child welfare agencies to include off-reserve clients as well as the establishment of a province-wide Metis Child and Family Services mandate (AJI-CWI, 2005, para. 1). This change was initiated in 1999 when the New Democratic Party (NDP) was elected as the Government of Manitoba and announced that an Aboriginal child welfare system, with a Metis and First Nation Authorities, would be developed (Pompana, 2008).

In November 1999 the Aboriginal Justice Implementation Commission (AJIC) was created. The AJIC reviewed the recommendations of the Aboriginal Justice Inquiry

and made suggestions to the Minister with respect to what should be prioritized. It was recommended that a plan be developed that would result in First Nations and Metis communities administering their own child welfare services throughout the Province of Manitoba (Pompana, 2008).

A Memorandum of Understanding (MOU)⁴ was signed between the Government of Manitoba and the Assembly of Manitoba Chiefs, who represented the Southern First Nations, on April 27, 2000 (Pompana, 2008). The Manitoba Metis Federation signed a Memorandum of Understanding on February 22, 2000, and a third Memorandum of Understanding was signed with Manitoba Keewatinook Ininew Okimowin on July 20, 2000. There were several committees that were established to carry out the work of the AJI-CWI. These were the Executive Committee, the Joint Management Committee, and the Implementation Committee. All of these committees had representation from each signatory, with the major representation being from Aboriginal parties. The Executive Committee was made up of political leaders representing the signatories of the Memorandum of Understanding. This Committee was responsible for final decisions in the AJI-CWI process. The Joint Management Committee reported to the Executive Committee and was responsible for overseeing the development of the plan and implementation. The Implementation Committee provided technical support to the Joint Management Committee (AJI-CWI, 2001).

⁴ The purpose of the Memorandum of Understanding was for the development of the framework for structuring the implementation process leading to separate and distinct child and family services for Aboriginal people in Manitoba. The MOU provided for the establishment of a joint management committee, the authorization to develop the implementation plan, and the financing of the joint management committee. This was the beginning of what was known as the Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI, 2001).

The purpose of the AJI-CWI was to restructure Manitoba's Child Welfare System with the focus on returning⁵ the right to develop and control the delivery of child and family services to Aboriginal and Metis peoples (AJI-CWI, 2001). This meant that all Aboriginal and Metis people living in Manitoba would have the choice to receive child welfare services from a "culturally appropriate" child welfare agency and authority.

The governments involved in this restructuring of the child welfare system in Manitoba had specific vision and mission statements that outlined their ultimate goals.

The vision was as follows:

A child and family service system that recognizes and supports the rights of children to develop within safe and healthy families and communities, and recognizes that Aboriginal and Metis peoples have unique authority, rights and responsibilities to honour and care for their children (AJI-CWI, 2001, p. 10).

Furthermore, the mission was as follows:

To have a jointly coordinated child and family services system that recognizes the distinct rights and authorities of Aboriginal and Metis peoples and the general population to control and deliver their own child and family services province-wide; that is community-based; and reflects and incorporates the cultures of Aboriginal, Metis and the general population respectively (AJI-CWI, 2001, p. 10).

The AJI-CWI (2001) had a five phase time line:

- Phase One was to be in effect from September 2000 to December 2000. The purpose of this phase was the creation of working groups to develop proposals and recommendations for a draft plan to implement the change to the child welfare system in Manitoba.
- Phase Two was to be in effect from January 2001 to July 2001. This phase saw the Implementation Committee prepare and consolidate a draft conceptual

⁵ The use of the word "return" is controversial because Aboriginal people have traditionally taken care of their children according to their own culture and traditions which are not be consistent with contemporary child welfare interventions (Blackstock, Brown, & Bennett, 2007).

plan based on the working groups' proposals as well as recommendations that would be submitted to the Executive Committee.

- Phase Three was scheduled to occur from August 2001 to December 2001. When the public feedback process was completed, the Detailed Implementation Plan (DIP) was developed, and transition to Phase 4 began. The DIP focused on five areas which included authority development, service transition, human resources, direct services, system governance, and supports.
- Phase Four was to run from January 2002 to March 2003 when the Detailed Implementation Plan was substantially implemented.
- Phase Five was known as the Stabilization Period, and was to run from April 2003 to October 2003.

In 2003, the Phase Three time line was extended to April 2003 and the Phase Four time line was set forward to run from February 2003 to March 2004. The Winnipeg area was the final area in the province to experience this structural change through the transfer of cases to the Aboriginal agencies in May 2005 (Pompana, 2008).

The Child and Family Services Authorities Act was proclaimed on November 24, 2003. This Act allowed for the creation of the four Child and Family Services Authorities: the First Nations of Northern Manitoba Child and Family Services Authority, the First Nations of Southern Manitoba Child and Family Services Authority⁶, the Metis Child and Family Services Authority, and the General Child and Family Services Authority (Government of Manitoba, 2010). The creation of this legislation meant that children and families in Manitoba could have the choice to receive culturally appropriate child welfare services. The Authorities which are culturally appropriate to Aboriginal people in Manitoba are the Metis Child and Family Services Authority, the First Nations of Northern Manitoba Child and Family Services Authority, and the First Nations of

⁶ The First Nations of Southern Manitoba Child and Family Services Authority is also known as the Southern First Nations Network of Care.

Southern Manitoba Child and Family Services Authority. The General Authority provides child welfare services to individuals in Manitoba who do not identify culturally with any of the Aboriginal Authorities or to those who may choose that Authority when an Authority Determination Protocol is completed. As the General Authority does not provide culturally appropriate services for Aboriginal people, it will not be discussed in detail.

The Southern First Nations Child and Family Services Authority (2009-2010) currently oversees the following Aboriginal agencies in Manitoba:

West Region Child and Family Services (WRCFS),
Sagkeeng Child and Family Services,
Sandy Bay Child and Family Services,
Animikii Ozoson Child and Family Services,
Dakota Ojibway Child and Family Services,
Child and Family All Nations Coordinated Response Network,
Peguis Child and Family Services,
Anishinaabe Child and Family Services,
Intertribal Child and Family Services, and
Southeast Child and Family Services.

Vision and mission statements, which support the goals of the governments who initiated this restructuring of the child welfare system in Manitoba, have been identified by the Southern First Nations Child and Family Services Authority. The mission statement reads as follows:

In partnership with its CFS agencies, Southern First Nations Network of Care makes a difference in the quality of life of all children by ensuring their protection through the provision of safe homes with responsible caregivers, promoting the wellness of families and strengthening of First Nations peoples and communities⁷.

⁷ The mission statement for the Southern First Nations Child and Family Services Authority was retrieved from their website: <http://www.southernauthority.org/mission.php>

The vision statement reads as follows:

Southern First Nations Network of Care will be so successful in its mission that all children, families, and communities will be healthy, strong, empowered, and enjoy an enhanced quality of life. Services and resources will align with community needs; and activities will be more focused on prevention than crisis management. It will serve as a model of successful self-governance that will inspire similar levels of professionalism, compassion and effectiveness among all CFS agencies⁸.

According to the 2005-06 Annual Report of the Southern First Nations Child and Family Services Authority, over 900 children were transferred to the Southern First Nations Child and Family Services Authority CFS agencies from the non-Aboriginal child welfare agencies in Manitoba as part of the AJI-CWI process. The last geographical area to transfer cases was Winnipeg in the spring of 2005. By the end of March 2006, there were 2,956 children in the care of Southern First Nation CFS agencies (Southern First Nations Network of Care, 2005-06) (These numbers represent child in care statistics only and do not include the number of family service files that were transferred to the CFS agencies under the Southern First Nations Child and Family Services Authority).

Between March 31, 2006 and March 31, 2009, the numbers of children in the care of agencies under the Southern First Nations Child and Family Services Authority increased dramatically. During this period, there was an increase of 1,238 children in the care of Aboriginal CFS agencies under this Authority. More specifically, as of March 31, 2007, there were 3,263 children in care; by March 31, 2008, there were 3,577 children in care; and by March 31, 2009, there were 4,194 children in care of Aboriginal CFS

⁸ The vision statement for the Southern First Nations Child and Family Services Authority was retrieved from their website: <http://www.southernauthority.org/mission.php>

agencies under the Southern First Nations Child and Family Services Authority (Southern First Nations Network of Care, 2008-09). It is also noted that the Southern First Nations Child and Family Services Authority Annual Report for 2009-10 recorded 4,186 children in care as of March 31, 2010.

The First Nations of Northern Manitoba Child and Family Services Authority (2007-2008⁹) oversees seven child and family services agencies. These seven agencies provide service to 26 First Nations communities in surrounding areas. The agencies are the:

Awasis Agency of Northern Manitoba,
Island Lake First Nations Family Services,
Cree Nation Child and Family Caring Agency,
Kinosao Sipi Minisowin Agency,
Nisichawayasihk Cree Nation FCWC, and
Opaskwayak Cree Nation Child and Family Services.

Cross Lake received its mandate in October 2011 (Personal communication, Kathy Jones, June 18, 2012). This authority has also developed vision and mission statements to guide their services.

The vision statement of the First Nations of Northern Manitoba Child and Family Services Authority (2008-2009) is as follows:

A child and family service system that recognizes and supports the rights of children to develop within safe and healthy families and communities, and recognizes that First Nations and Metis peoples have unique authority, rights and responsibilities to honour and care for their children (p. 10).

The mission statement of the First Nations of Northern Manitoba Child and Family Services Authority (2008-2009) is as follows:

⁹ The Annual General Report, 2007-2008 for the First Nations of Northern Manitoba Child and Family Services Authority was the most recent annual report that was available to this researcher.

To have a jointly coordinated child and family services system that recognizes the distinct rights and authorities of First Nations and Metis peoples and the general population to control and deliver their own child and family services province-wide; that is community-based; and reflects and incorporates the culture of First Nations, Metis and the general population respectively (p. 10).

The First Nations of Northern Manitoba Child and Family Services Authority (2007-2008) has also seen an increase in the number of children in care of the agencies it oversees. In the years 2005-2006, there were 1,607 children in care; in 2006-2007, there were 1,786 children in care; in 2007-2008 there were 1,950 children in care; and the last year for which these statistics were available, 2008-2009, there were 2,079 children in care under this authority. This is an increase of 472 children in care over a period of approximately four years.

According to the most recent and available annual report for the Metis Child and Family Services Authority (2010-2011), this Authority oversees one agency: Metis Child, Family and Community Services. The vision statement of the Metis Authority is as follows:

Building healthy and vibrant Metis and Inuit communities through love, respect, honour, strength, culture and heritage with guidance from our Elders and families (p. 5).

The mission statement of the Metis Authority is as follows:

The Metis Child and Family Services Authority is committed, accountable and responsible for the Child and Family Services system to the Metis and Inuit people of Manitoba. The Metis Authority contributes to a strong and healthy Metis Nation and Inuit Homeland through the strength of Elders, family, children, culture, values and heritage (p. 5).

In 2008, the Metis Authority had 663 children in care (Metis Child and Family Services Authority, 2008). According to the Metis Child, Family and Community

Services Annual Report for 2010-2011, there were 908 children in care at the end of that fiscal year. This is an increase of 245 children in care over a three year period.

Overall, the goal of the AJI-CWI was to improve child welfare services for Aboriginal and Metis families residing in Manitoba. Specifically, the goal of the AJI-CWI was to provide Aboriginal and Metis people the right to administer their own child welfare services according to their own cultural beliefs and from a community-based perspective. Unfortunately, the statistics show that since the transfers were completed in 2005, Aboriginal children have been brought into the care of Aboriginal CFS agencies under the Southern First Nations, Northern First Nations and Metis Authorities at alarming rates. The reasons behind this are unknown and require further exploration. While the goal of this research is not to find a solution to the high numbers of Aboriginal children in care, factors which may influence this trend are explored and presented throughout this research.

Objective and Rationale

My interest in this research topic is not without personal bias. As an Aboriginal person practicing social work in an Aboriginal child and family services agency, I do not believe that bringing children into care is an answer to the problems that Aboriginal families face today. There are numerous factors, many of which are examined as part of this research, that need to be considered in examining the high numbers of Aboriginal children who have come into care. These factors may include but are not limited to the following: legislation that does not reflect the culture of Aboriginal families, high caseloads for staff at CFS agencies, lack of trained and qualified staff, lack of resources, and inappropriate funding formulas (Blackstock, Brown, & Bennett, 2007; Blackstock &

Trocme, 2005; Dill, 2007; Kreitzer & Lafrance, 2010; Schibler & Newton, 2006; Stradiotto, 2009). It may also be that Aboriginal families are more trusting of Aboriginal CFS agencies and are more likely to make problems within their families known to CFS agencies and seek out help.

This research study explored the experience of Aboriginal parents who previously received child welfare services at Winnipeg CFS and were transferred to an Aboriginal child welfare agency as part of the AJI-CWI process. The goal of this research has been to speak to the significance of the AJI-CWI for Aboriginal parents who are or who were a part of the child welfare system in Manitoba during the AJI-CWI transition process.

As a long-term employee at West Region Child and Family Services prior to the AJI-CWI process and after, I feel that it is a common belief and practice in the child welfare community that Aboriginal agencies in Manitoba generally work from a perspective or philosophy that tries to keep families together and keep children connected to their family and communities whenever possible. For example, at the Aboriginal agency where I am employed, children in care are generally not placed for adoption unless it is to an extended family member or another community member significant to that family. As well, in my experience, opportunities for the personal healing of clients through the use of traditional Aboriginal teachings and practices may be offered to clients.

Prior to the AJI-CWI process, I was a CFS worker who did work with Aboriginal parents who were involved in the child welfare system. These parents' files were transferred to an Aboriginal agency from a non-Aboriginal agency. Those parents with whom I worked generally expressed relief, as they felt that they would have a greater

chance of being reunited with their children. Therefore, in preparing for this research, it seemed likely that many clients who experienced the AJI-CWI process may have had similar feelings at the time their files were transferred from non-Aboriginal agencies to an Aboriginal child and family services agency. As a long-term employee in an Aboriginal child welfare agency, I also know that it is not always possible to reunite children with their families and/or to keep the children connected to their communities even though an Aboriginal child welfare agency is involved.

At the time of transfers, I remember feeling overwhelmed and worried about what would happen when the agency received these transfers. At the time, there was concern about acquiring increased caseloads without adequate resources being in place to support these caseloads. For example, there was anxiety about the lack of licensed foster homes to meet the needs of children who may need to come into care or who were already in care but who might require alternative placements. There was also unease about the lack of resources to support families in their own homes.

My feelings of trepidation were so strong that I actually applied for and accepted a different position where I was no longer a CFS worker working directly with families. In my new position within that agency, I heard from foster parents who were frustrated with services that they had received and I witnessed staff burnout and high turnover. Many foster parents were upset that workers did not return their phone calls and did not address concerns they had about the children in their care - concerns with respect to how the children were functioning within the foster home, within the school, and physically and emotionally wellbeing. These issues would have affected the clients who were

involved with the agency, and, as a practitioner in child welfare at the time of the AJI-CWI process, I am aware that this was not the only agency experiencing these issues.

The child welfare system has been described by many as an agent of colonization (Blackstock, Brown & Bennett, 2007; McKenzie & Hudson, 1985). Colonization has had a significant effect on the ability of Aboriginal families to live according to their traditional values and customs - values which have enabled them to raise children in healthy and appropriate environments. The child welfare system and other colonial policies imposed on Aboriginal people by provincial and federal governments have affected Aboriginal families significantly and the impact continues to the present day (Gough, Trocme, Brown, Knoke, & Blackstock, 2005).

This research topic has implications for social work practice and policy, specifically in the area of child welfare. Research in this area can provide valuable information to child welfare policy makers and practitioners not only in Manitoba, but in other provinces and countries. In addition, this research can be informative to policy makers in other areas of social services where Aboriginal people comprise a large portion of the client-base. I recognize and appreciate the vast amount of work that has gone into this major structural change and this research identifies areas that require improvement as well as policies and practice that have benefitted Aboriginal families from an Aboriginal client's perspective.

Summary

The AJI-CWI has been an effort to restructure the child welfare system in Manitoba so that Aboriginal people regain the right to control and develop child welfare services in Manitoba. This would allow for all Aboriginal people in Manitoba to have the

choice to receive culturally appropriate child welfare services. The undertaking of this research has been inspired by my personal experience as an Aboriginal child welfare practitioner in an Aboriginal child welfare agency at the time of the restructuring in Manitoba. At that time, I had concerns about lack of resources available and the high caseloads that, combined, could interfere in the delivery of child welfare services. Since that time I have been interested in exploring the experiences of those birth parents that actually experienced the structural change.

Chapter Two contains the literature review which examines several different topics that are relevant to this research. Colonization, the Aboriginal Worldview, the history of child welfare in Manitoba, trauma, best practices in child welfare, outcomes for children in care, and reasons families become involved in the child welfare system in Manitoba are all discussed in the following chapter.

Chapter 2 - Literature Review

This literature review will provide an overview of the key areas that are significant to this research. These topics are complex in their relation to each other and their impact and/or significance to Aboriginal people and the child welfare system in Manitoba today. The topics to be reviewed in this chapter are as follows:

- the Aboriginal Worldview;
- the colonization of Aboriginal people in Canada, including discussion on the residential school system and child welfare system;
- the history of the child welfare system in Manitoba;
- trauma;
- outcomes for children involved in the child welfare system;
- reasons for contact with the child welfare system; and
- best practices in child welfare.

Aboriginal Worldview

There are always different ways of interpreting the world. The way that one person or group of people interprets the world is known as a “worldview”. Little Bear (2000) describes the Aboriginal worldview as one coming from a culture that has a philosophy that is holistic and cyclical. This is in contrast to a Eurocentric worldview which views things as linear, singular and static. Furthermore, Little Bear argues that this clash of worldviews is at the heart of the problems that many Aboriginal people face today.

Culture is comprised of society’s philosophy about the nature of reality, the values that flow from this reality and social customs that come from these values (Little Bear, 2000). Aboriginal values come from their holistic and cyclic views of the world. Some values that are related to this are strength, sharing, honesty and kindness.

Understanding the values of Aboriginal people helps one to understand the customs and traditions that were traditionally a part of everyday life.

It is easy to use the words “holistic” and “cyclical” to describe the Aboriginal worldview. However, these two words do not give substantive meaning and understanding to the values, customs, ceremonies, and societal norms that exist in Aboriginal communities – the values that help people to live healthy lifestyles today and prior to European contact. These things cannot be learned or understood from just reading about them. Nevertheless, an effort will be made here to describe some key concepts that are behind the motivation for Aboriginal controlled child welfare. Little Bear (2000) argues that there is enough similarity among the Aboriginal people of North America to apply many concepts generally. However, there may be individual differences between and among Aboriginal communities and people.

Baskin (2006) also describes elements of Aboriginal world views. She states that Aboriginal world views are “inclusive of spirit, blood memory, respect, interconnectedness, storytelling, feelings, experiences and guidance” (para. 6). Furthermore, she speaks of the importance of interconnectedness: how the physical, psychological, emotional, and spiritual aspects of a person are connected and that we are all connected to and responsible for one another (Baskin, 2006).

The Medicine Wheel is an ancient symbol used to help people understand things they may not be able to see physically. The Medicine Wheel can be viewed as a way of life and its symbol, meanings, and teachings can be used for personal guidance. It is important to note that there are many interpretations of the Medicine Wheel by different nations of Aboriginal people (Hart, 2006). The key concepts that will be discussed here

are: Wholeness, Balance, Growth, Relationships, Harmony, Healing and Mino-pimatisiwin.

The value of Wholeness comes from Aboriginal philosophy. For example, this value is behind the belief of the importance of the larger group or extended family in comparison to the immediate biological family (Little Bear, 2000). Wholeness is a term used to describe the four key aspects of individuals: the emotional, physical, mental and spiritual. In relation to this, Balance refers to each of the key aspects of the whole, where each one requires significant attention so that one aspect is not focused upon to the detriment of others (Hart, 2006).

In turn, Growth describes the lifelong process that leads people to their true Selves, where the body, mind, heart, and spirit are developed in a harmonious manner. The concept of Relationships refers to the idea that to achieve balance one must constantly foster the relationships between entities outside, as well as, within oneself. Harmony refers to one finding a good fit between the components of life through collaboration, sharing, cooperation and respect. Growth is fostered by the harmonizing process. Healing is a journey that is practiced on a daily basis to restore a person to wholeness, balance and connectedness. Finally, Mino-pimatisiwin, refers to the good life, where individuals take responsibility for their own actions that lead to growth and healing (Hart, 2006).

A significant difference between a Eurocentric and Aboriginal worldview is the belief in the connection between the physical and the spiritual. Spirituality plays a key role in ceremonies, in addition to, a strong focus on personal healing that begins with self (Longclaws, 1994).

It is recognized that healing and empowerment for Aboriginal people requires cultural reconstruction; meaning that the values and traditions of Aboriginal culture can be reinforced and Aboriginal people can turn to their own culture as strength in developing their identity, family and communities (McKenzie & Morrissette, 2003). It is clear from the literature provided by the governments involved in the AJI-CWI that this has been recognized and supported as the basis for the AJI-CWI process.

Traditional Aboriginal ways of healing have been hidden, eroded, and changed through European contact and colonization. Prior to European contact, Aboriginal people had their own values and beliefs which guided people throughout their lives. Aboriginal traditions have taught Aboriginal people how to maintain balanced lives so they may survive (Connors, 1993). Their beliefs influenced their ways of knowing and systems for societal issues such as caring for children and youth. Each Aboriginal community had responses to deal with children who were receiving inadequate care (Blackstock, 2008).

According to Nabigon and Mawhiney (1986), North American Aboriginal teachings assume that all humans can exist in balance with themselves. When someone acts dysfunctional, they are out of balance and are experiencing spiritual disconnection. Furthermore, there is evidence that resiliency among Aboriginal people is supported by the use of traditional healing practices (McKenzie & Morrissette, 2003).

Colonization

Colonization occurs when one group of people with greater power exploit another group with lesser power. According to Frideres (1993), this exploitation is motivated by racism. Racism has accompanied the colonization of Aboriginal people in Canada (LaRocque, 1994). According to Bourassa, McKay-McNabb and Hampton (2004),

“colonial discourse has historically represented non-white populations as racially inferior. These assumptions have been used to justify social treatment of these populations that fosters inequality and social exclusion in all areas...” (p. 24).

In Canada, the government has throughout the years, developed programs and policies designed to force Aboriginal people to surrender their traditional way of life. Examples include the residential school system and the child welfare system (Blackstock, Brown, & Bennett, 2007). These two systems have caused significant trauma to Aboriginal children and families and have served to oppress and marginalize Aboriginal people in Canada (Thibodeau, 2007). Ordolis (2007) states that “the effects of the residential school system and assimilationist child welfare policies have led to profound social grief, trauma and dislocation” (p. 30).

Because of this, Aboriginal people face the worst social conditions and remain the poorest group of people in the nation (Hart, 2006). When comparing Aboriginal people to the national average, some of the problems that Aboriginal people face are lower life expectancy rates, a higher likelihood of living in poverty, and higher rates of illnesses, higher infant mortality rates, higher rates of suicide and self-inflicted injuries, higher rates of violent deaths, and higher rates of child welfare involvement (Frideres, 1993).

Additionally, Bombay, Matheson, and Anisman (2009) reported that Aboriginal people are more likely to experience chronic physical health problems including diabetes, high blood pressure, heart disease, and arthritis/rheumatism in addition to disproportionately high levels of mental health problems which include post-traumatic stress disorder (PTSD), substance abuse, and depression. With respect to Aboriginal children, the Canadian Council of Child and Youth Advocates (2011) reported that

substandard housing, poverty, and low educational attainment has influenced poor health outcomes for Aboriginal children. Aboriginal children experience higher rates of out-of-home placement due to abuse and neglect, higher rates of sudden infant death syndrome (SIDS), Fetal Alcohol Spectrum Disorder (FASD), higher rates of mortality, suicide ideation, and substance abuse.

In the year 2000, Aboriginal children made up 80% of children in care in Manitoba (Gough, P. et al., 2005). Despite Canada being ranked as one of the best places to live by the United Nations, Aboriginal people on reserve are ranked as 63rd on a human development index (Hudson & McKenzie, 2003). For Aboriginal people, higher rates of involvement in the child welfare system including out-of-home placement, and higher rates of suicide, depression and substance abuse have also been reported by the Canadian Council of Child and Youth Advocates (2011).

Residential Schools

Weaver (1999) indicates that it is the process of colonization and the ongoing attempts to assimilate Aboriginal people into mainstream society that has resulted in altered states of Aboriginal identity or sense of self. Education, imposed through the residential school system, was an essential part of the colonial process imposed by the Canadian government. It was used to keep children separate from their families (Kellough, 1980). McKenzie and Morrissette (2003) state that denying Aboriginal people knowledge of their history, through the use of residential schools, reinforced concepts of cultural inferiority, stripped Aboriginal people of their identity, and led to self-abusive behaviours.

The residential school system was developed to assimilate Aboriginal children and has been described as one of the most devastating governmental policies that have affected Aboriginal people. The residential school system further exacerbated social, economic, and related problems such as the care and protection of Aboriginal children (Blackstock, Brown & Bennett, 2007).

Aboriginal children who attended residential schools rarely had opportunity to see and experience normal family life - they lived in substandard conditions, and endured physical, emotional, and sexual abuse (CBC News, 2008). Green (2000) also discusses how residential schools prevented Aboriginal people from acquiring parenting skills. The experience of physical, sexual, and emotional abuse while in the care of residential schools created a negative effect on the whole family. There were no opportunities for nurturing or bonding and many children did not have the supports to deal with the abuse they experienced at the schools. Ordolis (2007) indicates that the effects of the residential school system have been inter-generational for some with a lack of parenting ability being passed down through generations.

The Child Welfare System

Similarly, the child welfare system has had a negative effect on Aboriginal people and can be considered an agent of colonization (McKenzie & Hudson, 1985). These researchers state:

...placement practices and the related actions of the child welfare system have reduced the opportunities for cultural reinforcement of the native child's identity and have, therefore, directly contributed to the negative outcomes which are too often associated with native children who graduate from the child welfare system (p. 127).

McKenzie (1997) also discusses over-representation of Aboriginal children in the child welfare system, the assimilative nature of the child welfare system, and how it has been characterized as an extension of the residential school system and a part of the colonization process. The child welfare system has played a major role in the removal of children from their families, communities and culture of origin.

The child welfare system can be compared to the residential school system where Aboriginal children were removed from their families and communities and placed into non-Aboriginal adoptive or foster placements. Here too, many children experienced physical, emotional, and sexual abuse. The negative legacies of the residential school system and the mainstream child welfare system continue to affect Aboriginal families today, and these effects will continue for generations until traditional values and practices are revived and retained (Green, 2000). Further to this, Kreitzer and Lafrance (2010) state that, “Aboriginal communities that are grounded in their culture and traditions can provide a community environment that is far more conducive to child, youth and family wellness” (p. 35).

The physical, sexual, mental, cultural, and spiritual abuses that were experienced by Aboriginal children who attended residential schools have left unresolved trauma and created an intergenerational cycle of abuse which has affected the functioning of Aboriginal families today (Aboriginal Healing Foundation, 2012). As stated earlier, these types of abuses were also experienced by those who have been part of the child welfare system (Green, 2000). The abuse that has been experienced over generations by Aboriginal families has created unresolved trauma for many and the issue of trauma and how that has affected Aboriginal people is further explored in the section below.

Trauma

Trauma is defined as occurring when one experiences, witnesses, or is confronted with events that involve a threat of serious injury, death, or a threat to the physical integrity of oneself or others. The condition of an emotional response of fear, horror, or helplessness must also be experienced as part of the experience of the event (McHugo, Caspi, Kamnierer, Mazelis, Jackson, Russell et al., 2005).

Trauma can occur at an individual or personal level (e.g. death of a loved one) or a collective level (e.g. cultural genocide). There is evidence that the effects of trauma are experienced across generations potentially affecting children and grandchildren (Bombay, Matheson & Anisman, 2009). Trauma can affect people in the following way:

Traumatic events exact an enormous psychological and physical toll on survivors, and often have ramifications that must be endured for decades. This includes emotional scars, and in many cases standards of living are diminished, often never recovering to levels that existed prior to the trauma (Bombay et al., 2009, p. 6).

The traumas experienced by Aboriginal people as a result of colonization have been documented in the literature (Blackstock, 2008, 2009; Green, 2000; Kimmelman, 1985; Menzies, 2009). For many, this trauma included a loss of cultural identity, and experiences of sexual, physical, and emotional abuse, and neglect. These traumas have been experienced by many Aboriginal children through colonization which included the residential and child welfare systems and trauma continues to affect Aboriginal people today. According to Menzies (2009):

...former residential school students and child welfare system survivors have demonstrated symptoms of anxiety disorders, alcohol and substance abuse, depression, suicide and low self-esteem that are significantly higher than those of the general population (p. 4).

Additionally, Menzies (2009) points out that the trauma of separation from family and community for Aboriginal people, as a result of the residential school and child welfare systems, has affected the abilities of individuals to achieve balance in their emotional, physical, mental, and spiritual well-being. When this is experienced by more than one generation of a family and when multiple families have been affected, communities are left without resources to adequately address the consequences.

According to Bombay et al. (2009), people who experience traumatic events have an increased vulnerability to psychological and physiological pathology. Experiences of stress and trauma may precipitate mental health disorders such as depression or Post Traumatic Stress Disorder (PTSD) and substance abuse.

Nishith, Mechanic, and Resick (2000) report that there is a link between a history of traumatic events and the triggering or maintenance of psychological disorders which may interfere in functioning and interpersonal problems. For example, Swogger, Conner, Walsh, and Maisto (2011) reported that for both males and females, trauma from childhood abuse is associated with negative outcomes for those who have experienced this.

In addition to mental health disorders such as depression and anxiety, childhood abuse is also associated with substance abuse disorders:

Childhood abuse is also associated with harmful substance abuse, which may exacerbate other emotional, behavioral, and interpersonal problems. Indeed, a substantial literature has identified links between childhood physical and sexual abuse and later substance abuse problems (Swogger et al., 2011, p. 1205).

Research has shown that there is a strong link between mental health and substance abuse issues and a history of trauma (Brady, Back & Coffey, 2004; Zlotnick, Shea, Recupero, Bidadi, Pearlstein & Brown, 1997). For example, it has been reported that a risk factor for women having substance abuse disorders is a history of trauma. When completing treatment for substance abuse it is known that if trauma is not dealt with by women who are in treatment, there is a greater risk for relapse. It is believed that the mechanism through which substance abuse manifests itself, is the emotional pain of the trauma which leads to self-medication through the abuse of substances (Carlson, 2006).

The effects of trauma on individuals are a significant part of the reasons that families come to the attention of child welfare services. In fact, many of the women who participated in research on Aboriginal mothers' experience with the child welfare system in Manitoba by Bennett (2008) indicated that they had a history of abuse or some form of trauma as children and were involved with child welfare due to substance abuse issues on their own part or by their partner. Substance abuse disorders interfere in parenting ability and may result in child welfare involvement because it interferes with judgment and ability to provide appropriate care and supervision of children (Carlson, 2006).

Westad and McConnell (2010) have indicated that mental health disorders, which can result from trauma, increase the likelihood of parents becoming involved with the child welfare system. Specifically with respect to mothers in Canada, one study found that there is a significant association between mothers with mental health issues and child maltreatment investigation outcomes. In addition, concerns that bring these families to the attention of child welfare services include child neglect, emotional abuse of children, and exposing children to domestic violence (Westad & McConnell, 2010).

Trauma may also result from an individual's involvement with the child welfare system itself. Harris (2011) speaks about trauma that is experienced when children are removed from the care of their mothers:

Mothers and their children are adversely affected when these out-of-home placements occur. The separation, trauma, guilt, sense of loss, devaluation of self, and identity conflicts experienced by children and their biological families are real, as are the emotional bonds and attachments between them (p. 44).

If mothers have not resolved the trauma or loss they have experienced, this will affect their ability to parent their children in the future (Harris, 2011).

The removal of children from Aboriginal parents through the child welfare system has been described by Mandell, Clouston, Carlson, Fine, and Blackstock (2003) as devastating. Further to this, in a study on mother's involved in the child welfare system in British Columbia, MacDonald (2002) indicated that the manner in which some of the Aboriginal mothers' child(ren) were apprehended was traumatic for them. For example, one mother described a situation she considered traumatic due to the use of police who reportedly "ripped" her children out of their beds. Another mother considered her experience to be harrowing because she was questioned by child welfare officials while she was in labour and her infant was removed from her care within an hour after the birth.

In addition, a significant concern raised by mothers who participated in the study by MacDonald (2002) was their feelings of pain, loss, and guilt as a result of the removal of their children. Many Aboriginal women from Manitoba who participated in a study by Bennett (2008), indicated that they were afraid to become involved in the child welfare system and some indicated that they had received emotional scars from their involvement in the child welfare system as adults.

Trauma also plays a role in the high rates of suicide among Aboriginal people in Canada. Gosek (2002) states that trauma, grief from multiple losses, and child abuse/neglect are, among others, compounding issues related to suicide among Aboriginal people. She also noted several historical events, such as colonization, the residential school system, the child welfare system, and a subsequent loss of cultural identity, in addition to many others, as contributing factors to suicide among Aboriginal people.

Bombay et al. (2009) use the term *historical trauma* to describe the harrowing events that have happened to Aboriginal people through colonization, including the imposition of the residential school and child welfare systems. That trauma continues to affect Aboriginal people today at individual, family and community levels. Bombay et al. (2009) state that research studies have shown:

...the effects of trauma can be transmitted from parents to their offspring, just as there is intergenerational transmission of knowledge and culture. These have included vulnerability to PTSD, general psychological distress, difficulties in coping with stressful experiences and poor attachment styles (p. 7).

Colonization of Aboriginal people in Canada, through the residential school and child welfare systems, has impacted Aboriginal people individually and collectively by causing trauma and poor outcomes for Aboriginal families and communities. According to Sinclair (2004), “almost every contemporary social pathology or health issue in Aboriginal communities can be attributed directly to the fallout of colonialism” (p. 50).

History of Child Welfare in Manitoba

Beginning in 1887, Manitoba has had various laws in place to deal with child welfare issues. In 1898, the Children’s Aid Society was formally established and in 1922

the first Child Welfare Act was introduced. Despite this, prior to the 1950s, the child welfare system in Manitoba had a limited effect on Aboriginal people. This changed after Aboriginal people began migrating in larger numbers to southern and urban areas of Manitoba. In addition, the remoteness of the northern Aboriginal communities was lessened through industrial development, transportation, and improved communication. This resulted in less separation of Aboriginal people from the mainstream population (Aboriginal Justice Implementation Commission, 2001).

In 1951, the Federal Government amended the Indian Act to allow provincial child and family service legislation to apply to reserve communities. At the same time, however, no new funding was available for this service and the effect was limited with some provinces providing services only in “life or death” situations and some provinces provided no services at all (Timpson, 1995). In 1966, the provincial and federal governments of Canada signed an agreement to cost share the extension of social services to reserve communities. This was done without the consultation of Aboriginal community members and there were no provisions to preserve Aboriginal culture or provide for Aboriginal control over child welfare services (Aboriginal Justice Implementation Commission, 2001).

Since the 1960s, Aboriginal children have been overrepresented within the child welfare system. This began in the mid-1960s with what is known as the “sixties’ scoop” when thousands of Aboriginal children were removed from their families and communities and adopted into non-Aboriginal or mainstream families. This practice continued into the 1980s. Between 1971 and 1981, more than 3,400 Aboriginal children

were removed from their families and adopted into non-Aboriginal communities in Canada and internationally (Aboriginal Justice Implementation Commission, 2001).

It did not take long for people to recognize the damage that was being done to Aboriginal children and families because of the policies and practices of the child welfare system. As a result beginning in the late 1970s, mandated Aboriginal child welfare agencies began to develop on reserve communities. In 1977, a tripartite working committee was established with the provincial and federal governments in response to the problems of delivering child welfare services to Aboriginal people. This committee completed its work in 1980 and made recommendations to reform the child welfare system so that Aboriginal people could be served better. It included the recommendation that Aboriginal child welfare services be provided to Aboriginal people by Aboriginal people in a manner that respects their cultural and linguistic heritage. The findings of the tripartite working committee led to the signing of several tripartite agreements between the provincial and federal governments and Aboriginal groups and several mandated Aboriginal child welfare agencies were created (Aboriginal Justice Implementation Commission, 2001).

Several reports, including the Kimmelman Report (Kimmelman, 1985), reinforced the notion that Aboriginal children were being stripped of their cultural identity and that a complete overhaul of the child welfare system in Manitoba was necessary (McKenzie & Hudson, 1985). The Kimmelman Report also featured many recommendations, including that Aboriginal communities be supported to provide child welfare services off-reserve.

Finally in 1999, the Aboriginal Justice Implementation Commission was implemented and a final report on the recommendations of the Aboriginal Justice Inquiry¹⁰ was released in 2001. It concluded that the child welfare system was an agent of colonization similar to the residential school system, removing Aboriginal children from their families, cultures, and communities, and placing them into mainstream culture. It recognized that the expansion of Aboriginal child welfare agencies off reserve had the possibility to provide more culturally sensitive and appropriate services to Aboriginal children and families.

The process for the restructuring of the child welfare system in Manitoba began in 1999 and has been described in Chapter One. After the restructuring process was complete in 2006, the discovery of the death of five year old Phoenix Sinclair, a child involved with the child welfare system in Manitoba, resulted in external reviews of the child welfare system in Manitoba. The reviews were a response to the public outcry for more scrutiny on the child welfare system following the restructuring (Bourassa, 2010). These external reviews resulted in three key trends being identified (Standing Committee, 2010, p. 5):

- Factors such as poverty, poor housing, addictions and the lack of effective responses to these factors by other systems are root causes of family breakdowns and the growing demands on the CFS system;
- The restructuring of the CFS system through the AJI-CWI was a major step forward and provides both the foundation and momentum on which to make other important improvements; and

¹⁰ The Aboriginal Justice Inquiry was a public inquiry created by the Manitoba Government which examined the administration of justice and Aboriginal people. Its results included recommendations for child welfare in Manitoba (Aboriginal Justice Implementation Commission, 2001).

- The challenges identified in service delivery predate the restructuring, and the restructuring provides a unique opportunity to address these challenges.

One external review completed by Schibler and Newton (2006) reported that high caseloads and increased responsibilities had interfered with the ability of workers to perform to the best of their abilities. It was noted that the consequences of practicing child welfare under these stressful conditions could interfere with the protection of children. Additionally, Dill (2007) noted that it is difficult for many child welfare agencies to recruit and retain qualified social workers. As a result, many agencies face a shortage of staff resources.

In response to the external reviews, the department of Manitoba Family Services and Housing¹¹ announced the Changes for Children Initiative would launch a series of initiatives to improve the child welfare system in Manitoba. Additional funding was allocated to begin addressing the more than two hundred recommendations of the reports. As well, funding was allocated to specifically strengthen the foster care system. To oversee the implementation and coordination of the Changes for Children Initiative, a team consisting of the chief executive officers (CEO) of the four child welfare authorities and two representatives from the department of Manitoba Family Services and Housing was established (Standing Committee, 2010).

The vision of the Changes for Children Initiative was to have a planning process respecting the AJI-CWI partnership and embracing principles of inclusiveness, transparency, and best practices, resulting in meaningful and sustainable changes for children, families, and communities. This was to be done with an integrated and

¹¹ The department of Family Services and Housing is now known as the department of Family Services and Labour.

responsive service delivery system, with a stable and supportive workforce, and with a governance system recognizing the distinct rights of Aboriginal people and the general population to control and manage their own child welfare systems throughout the province. The outcome would be a CFS system that supports the rights of children to develop in healthy families and safe environments, with recognition that Aboriginal people have unique authority and rights to honour and care for their children (Standing Committee, 2010).

Outcomes for Aboriginal Children in Care

Despite the changes to the child welfare system over the last several decades, Aboriginal children continue to be overrepresented within this system. Within Manitoba, there were 9,466 children in care as of March 31, 2011. Of that total, 7,700 children were in care with Aboriginal child welfare agencies (Southern First Nations Network of Care, 2010-11).

According to Blackstock, Brown, and Bennett (2007), there are no specific studies that report outcomes for Aboriginal children and youth in care. It is reported in the media and by the youth and children themselves that children and youth in care continue to experience poor outcomes. Specifically, Aboriginal children and youth in care experience high rates of suicide, involvement with the law, homelessness, substance misuse, incarceration, low educational attainment, and continued involvement with child welfare into adulthood. Additionally, youth in care report that they continue to be excluded from planning for their future, experience multiple placements, and receive a lack of support while in care and after they exit from care (p. 63). Furthermore, Blackstock, Brown, and Bennett (2007) state:

...it is a mistake to believe that removing Aboriginal children from their homes and placing them in care always amounts to placing the child in a risk-free environment. In many cases, it is simply replacing one set of risk factors with another that may or may not be more severe than what the young person was experiencing at home (p. 63).

A May 2008 article in The Globe and Mail reported that outcomes were poor for Aboriginal children involved in the child welfare system. It was stated that these children are ending up in poorly tracked foster care that appear to be failing them and that there is a need for all involved in the child welfare system to find improved ways to meet these children's needs (The Canadian Press, May 6, 2008).

According to Stradiotto (2009), Aboriginal children continue to be assimilated within foster care systems in Canada. Funding formulas do not allow for preventative measures to be taken to help or keep children at home instead of placing them into culturally inappropriate homes. The Canadian Press (2012) reported in that the Canadian foster care system is in crisis - the lack of suitable and trained foster parents fail to meet the complex needs of children in care. It also reported that children who have been in foster care are overrepresented in the criminal justice system and are less like to graduate from high school.

Reasons for Contact with the Child Welfare System

It is also important to have a discussion about the reasons why Aboriginal families are involved in the child welfare systems in Canada and why Aboriginal children are coming into the care of those agencies. This is a significant topic that also influences the recommendations that have come out of this research. Blackstock and Trocme (2005) refer to the structural risk factors that have caused Aboriginal children to come into care

of child welfare agencies and provide a discussion and analysis of the 2003 *Canadian Incidence Study on Reported Child Abuse and Neglect*. When Aboriginal children first began being removed from their families and communities during the 60's scoop, child welfare authorities did not consider factors such as poverty, trauma, unemployment, or poor housing conditions which directly contributed to the disproportionate rates of child abuse and neglect. This has continued to the present day where child welfare authorities focus on the individual children and families instead of addressing larger causal systemic issues (Blackstock & Trocme, 2005).

As was cited in Blackstock and Trocme (2005), the 2003 Canadian Incidence Study on Reported Child Abuse and Neglect, outlined factors which influence Aboriginal families' involvement with child welfare authorities. Neglect was concluded as a significant reason that brought Aboriginal families to the attention of child welfare authorities. In addition, it was stated that the data suggests that resource development addressing the underpinnings of neglect; such as poverty, inadequate housing, and substance misuse, may help to decrease the numbers of children who come into care of the child welfare system in Canada (Blackstock & Trocme, 2005). Furthermore, Sinha, Trocme, Fallon, Maclaurin, Fast, Prokop, et al. (2011) reported on the 2008 First Nations component of the Canadian Incidence Study on Reported Child Abuse and Neglect. This report identified poverty and number of children in the household as factors influencing rates of child welfare investigations involving First Nations children.

Additionally, MacDonald (2002) stated that colonization, poverty, and substance abuse played a significant role in the removal of Aboriginal children from their parents. Neglect due to substance abuse was a significant reason that Aboriginal mothers lost their

children to the child welfare system. Bennett (2008) also identified many systemic issues such as poverty and racism which plays a role in the reasons Aboriginal families become involved with the child welfare system. These systemic issues influence the high rates of substance abuse and neglect, underlying the reasons why Aboriginal children are removed from their families.

Despite awareness of the reasons that children come into care are from systemic issues, funding to address these issues is not readily available to Aboriginal families. Blackstock and Trocme (2005) state that Aboriginal child welfare agencies receive less funding than provincial agencies. Additionally, it was noted that in Manitoba, data from 2003 indicated that Aboriginal families only benefitted from 30% of the child welfare support budget even though Aboriginal children composed at least 70% of the children in care at that time.

Best Practice in Social Work

In the context of child welfare, best practice refers to child welfare agencies that achieve excellence in service planning, delivery, and evaluation. As a result of these achievements, clients experience better outcomes. The use of standards, service quality measures, evidence-based (EB), and outcome-based (OB) practice serves as methods to achieve best practice in child welfare. Best practice applies to all levels of child welfare organizations including policies and procedures which affect clients directly and indirectly (Wright, 2006). For the purposes of this research, the focus in this literature review will be on best practices in relation to Aboriginal people and direct/front-line service providers in child welfare.

With respect to Aboriginal people and communities, best practices are reflected in culturally appropriate services where traditional Aboriginal practices are incorporated into practice. In relation to this, it is important to note that culturally appropriate services cannot be considered uniform for all Aboriginal people and communities. Service providers must assess the needs of each individual and community and apply services which are considered culturally appropriate to them (Wright, 2006). Drawing on work by McKenzie and Morrissette (2003), information and recommendations for best practice with Aboriginal people will be presented here and is consistent with a review completed by Wright (2006) who examined best practice in the context of child welfare in Manitoba.

When considering best practice, it is important to recognize that there is diversity among Aboriginal people. There are five factors to consider when working with Aboriginal people. These have been provided as parts of a framework by McKenzie and Morrissette (2003):

1. An understanding of the world view of Aboriginal people and how this differs from the dominant Euro-Canadian world view,
2. Recognition of the effects of the colonization process,
3. Recognition of the importance of Aboriginal identity or consciousness,
4. Appreciation for the value of cultural knowledge and tradition in promoting healing and empowerment, and
5. An understanding of the diversity of Aboriginal cultural expression (p. 258).

Additionally, McKenzie and Morrissette (2003) describe three categories of cultural expression for Aboriginal people which reflect differences among Aboriginal people:

1. The Traditional: where there is general rejection of mainstream ways of life in favor of Aboriginal values.
2. The Aboriginal/Mainstream: where there are differing levels of Aboriginal and Euro-Canadian world views that are integrated.
3. The Non-Traditional: where there is a general rejection of Aboriginal world view/values in favor of a mainstream lifestyle.

As well, it is important that intervention with Aboriginal people is empowering and focuses on the interpersonal, intrapersonal and community levels (McKenzie & Morrissette, 2003). Wright (2006) states that an understanding of the worldview of Aboriginal people is important to integrate when providing service to Aboriginal people.

Best practice in child welfare may also focus on the relationship between the direct service provider and the client (Wright, 2006). The relationship between service provider and client is at the heart of change for any intervention(s) (Graybeal, 2007). Graybeal also states that social work practitioners, who have the capacity to listen, understand, and work with clients, should focus on client strengths both in order to enhance the relationship building process as well as ensure effective practice. Similarly, Dawson and Berry (2002) refer to studies which indicate that service providers are viewed most helpful by clients when they were supportive and nonpunitive, listened and encouraged clients, and provided concrete services (p. 298).

Additionally, Wright (2006) refers to best practice as, “a process in which a genuine relationship exists between services users and social workers in which both share their efforts to make real change” (p. 23). Wright refers to six elements of best practice:

1. setting the tone: respect, strengths and honesty;
2. remaining curious and deepening knowledge;
3. navigating through fear;
4. attachments with a purpose;

5. understanding the limits of control; and
6. building resources with clients and community (p. 23).

Furthermore, Wright also describes best practice as including respect for cultural diversity and engaging with communities and families using a strengths perspective.

In addition to this, impediments to best practice were identified (Wright, 2006).

These included:

- case load sizes that prevent relationship-based work with clients,
- practice decisions based on fiscal economizing,
- resource limitation in service delivery,
- lack of recognition and support by employers for good practice,
- inadequate training,
- failure to implement recommendations from reports and projects intended to support the agency,
- limited ability to increase pay/status and remain a front-line service provider,
- poor supervision due to lack of supervisor expertise,
- lack of relationship-based work and continuity of service due to workload,
- vacancies,
- staff turnover, and
- limited ability to do evidence-based social work practice (p. 25).

Overall, when considering best practice in the context of child welfare, it is paramount for practitioners to consider both their relationship with their clients as well as larger systemic and agency issues (Wright, 2006). It is important to consider culture in the context of developing relationships with clients and to have respect and the ability to engage with and assess the needs of clients. The ability to offer ongoing support and access to appropriate resources for clients is critical and it is acknowledged that there may be systemic issues that interfere with a practitioner's ability to provide appropriate services.

Summary

Prior to colonization Aboriginal people had strong cultures which varied but shared a similar world view. This included a value system which placed importance on families and communities taking care of children. This has been eroded through the trauma that has been inflicted on Aboriginal people through the imposition of colonial practices such as the residential school and child welfare systems. As such, the child welfare system continues to be criticized today with respect to the high numbers of Aboriginal children who continue to be placed in care of child welfare agencies and the poor outcomes these children experience. It appears this is despite AJI-CWI initiatives to initiate changes in the system. In relation to this, information on the systemic reasons for why families come to the attention of child welfare authorities, as well as best practices in child welfare have also been presented in this literature review. With a focus on information that is relevant to the provision of ongoing services that are appropriate for Aboriginal people, I have emphasized those best practices as they relate directly to front-line service provision in child welfare. The next chapter describes in detail the research methods that were incorporated throughout this research project.

Chapter Three - Research Design

This chapter describes the research methods, data collection, ethical issues, and data analysis that were part of this research process. The purpose of this research has been to explore the experiences of birth parents who were part of the AJI-CWI process; that is, the experience of those who were clients of Winnipeg CFS and were transferred to an Aboriginal CFS agency in Manitoba as part of that process. This has been done with qualitative and quantitative research methods. In addition, an Indigenous approach to the research was used.

Qualitative research examines the meanings that people give to their experience and how they interpret reality (Merriam & Associates, 2002). Holliday (2002) describes qualitative research as studies that “are open-ended and set up research opportunities designed to lead the researcher into unforeseen areas of discovery within the lives of the people she is investigating” (p. 5). Qualitative research methods enable researchers to provide a ‘deeper’ understanding of social phenomena than would be obtained from quantitative data. It allows for an understanding of social reality that statistics cannot reveal and does not conceal basic social processes (Silverman, 2004).

Quantitative researchers record observations about human behavior as a reflection of numbers with an emphasis on precise measurement (Jackson, 1995). Silverman (2004) provides examples of methods that may be used in quantitative research including: observation, textual analysis (e.g. counting categories), and survey research (Jackson, 1995). Additionally, quantitative research methods are seen as objective and generalizable (Lund, 2012).

Research that uses both qualitative and quantitative approaches is commonly termed a “mixed-methods” approach. According to Silverman (2004) qualitative and quantitative research can be combined, where appropriate, to offer a means to collect survey data ordinarily lost in intensive qualitative research.

As an Aboriginal researcher completing research within an Aboriginal community it would be neglectful to not approach this research with an Indigenous perspective. That is not to say that this research did not contain any western scientific methods; and it is not to say that this research contained every element of Indigenous research that have been documented in the literature (Absolon & Willet, 2006; Foley, 2003; Hart, 2007, 2012; Stewart, 2009). As an Aboriginal person conducting research with Aboriginal people, it was impossible for this research to not affect me personally, and I believe it is important to begin this chapter by highlighting the aspects of Indigenous research methods that were salient to me as I conducted and completed this research.

Indigenous Research

As an Aboriginal woman who has experienced colonization and having been exposed professionally to various aspects of the child welfare system for more than ten years, this research is immensely personal. Those are the reasons that this research subject has been chosen and most definitely has influenced my understanding and interpretation of the data that was gathered from the research participants.

According to Cochran, Marshall, Garcia-Downing, Kendall, Cook, McCubbain, et al. (2008), “questions about appropriate research methods and Indigenous communities go beyond the ‘quantitative versus qualitative’ debate and focus on the root issue of how we go about knowing” (p. 24). Kanua (2000) suggests that Aboriginal researchers work

from an influential standpoint with a perspective that is subjective and informed. Projects may be chosen because a researcher is interested in certain factors. Furthermore, Loppie (2007) states that learning and using Indigenous knowledge should come from a deeply personal place where the researcher “knows” the participants reality. In relation to this, Absolon and Willett (2006) argue that researchers who study any question, in which they have no stake, do not care what the answer to the question is and can only guess at what the stories may mean to those who have told them.

Hart (2010) has identified eleven values of Indigenous research which were incorporated throughout the research process. These are as follows:

1. Indigenous control over research, which can be demonstrated by having Indigenous people developing, approving, and implementing the research;
2. A respect for individuals and community, which can be demonstrated by a researcher seeking and holding knowledge and being considerate of community and diversity and unique nature that each individual brings to community;
3. Reciprocity and responsibility, which can be demonstrated in ways a researcher would relate and act within a community, such as a researcher sharing and presenting ideas with the intent of supporting a community;
4. Respect and safety, which can be evident when the research participants feel safe and are safe. This includes addressing confidentiality in a manner desired by the research participants;
5. Non-intrusive observation, where one, such as a researcher, would be quietly aware and watching without interfering with the individual and community processes;
6. Deep listening and hearing with more than the ears, where one would carefully listen and pay attention to how his/her heart and sense of being is emotionally and spiritually moved;
7. Reflective non-judgment, where one would consider what is being seen and heard without immediately placing a sense of right and wrong on what is shared and where one would consider what is said within the context presented by the speaker;

8. To honor what is shared, which can be translated to fulfilling the responsibility to act with fidelity to the relationship between the participants and the researcher and to what has been heard, observed and learned;
9. An awareness and connection between the logic of the mind and the feelings of the heart, where both the emotional and cognitive experiences are incorporated into all actions;
10. Self-awareness, where one would listen and observe oneself, particularly in relation to others during the research process; and
11. Subjectivity, where the researcher acknowledges that she or he brings her or his subjective self to the research process and openly and honestly discusses this subjectivity (p. 10).

Similarly, Stewart (2009) identifies aspects that are important for Indigenous research. These include research that will be of benefit to the participants and community, a notion where subjectivity or bias is acknowledged as part of research, and research that is designed through the direct input of Aboriginal people. She goes further to discuss how bias can be important to the research in that it provides a valuable insight into the context of the research. Additionally, an important assumption of Indigenous research is that the participants are willing to engage in honest and meaningful conversation about their experiences. This allows for generalizability of the research within the community in which they were gathered. The goal is not for generalizability to a broader population due to the community and cultural differences between the larger Aboriginal populations (Stewart, 2009).

In addition, with respect to Indigenous research, responsibility and respect for the participant and community are discussed in detail by Sinclair (2003) as important elements. Similar to Hart (2010), respect for the relationship between the researcher and

participant is seen as important and, in relation to this, researchers must reflect what has been learned from participants in a meaningful and accurate way.

To begin, this research was designed by an Aboriginal person and guided by an advisor who is also of Aboriginal descent. This has allowed for Indigenous control over the research as outlined by Hart (2010), Stewart (2009), and Foley (2003). Each of the values listed above have played an important role in the completion of this research and more information on the research design and how these values were incorporated in this research is provided throughout this chapter. Furthermore, Foley (2003) indicates that research from an Indigenous perspective is research that gives a “voice” to Indigenous people. In relation to this, one of the main goals of this research has been to give a voice to the Aboriginal parents who were part of the AJI-CWI.

Finally, those who write about research from an Indigenous perspective (Absolon & Willet, 2006; Foley, 2003; Hart, 2010; Stewart, 2009; Wilson, 2008) speak about research which may go beyond what is seen and heard in the physical world and may include spirituality, dreams, and the sacred. Unfortunately, traditional Aboriginal cultural ceremonies were not incorporated into this research due to my limited knowledge and comfort with those practices as a result of colonization. Despite this, it is important to note that this can be an important part of Indigenous research. I can say that throughout my life, dreams have been important to me and throughout the process of this research, I did have many dreams which guided me through the data analysis stage and I am grateful for that experience. Knowledge, according to an Aboriginal world view, can be based on experience from reflective journeys through dreams, visions, prayer, and ceremonies (Baskin, 2006; Wilson, 2008). These are some examples of how meanings and

opportunities for learning and teaching are part of an Aboriginal world view or Indigenous perspective.

Research Method

Case study is the research method that was chosen for this study. According to Lee, Mishna and Brennenstuhl (2009), a case study can be described as “an evidence-based, empirical approach that focuses on an intense investigation of a single system or a phenomenon in its real-life context” (p. 682). The purpose of the case study is to provide an in-depth exploration of a particular system using qualitative or quantitative methods. Case studies may be clarified as either quantitative or qualitative for the purpose of research and can be explorative (Lee, et al., 2009).

The case study approach allows for intensive investigation of a single system or phenomenon. A phenomenon or system may be investigated using multiple subjects. Furthermore, the number of variables explored is not limited as is in experimental studies. The case study approach allows for in-depth gathering of information (Lee, et al., 2009). This fits well with this research which can be considered “exploratory”.

Lee et al. (2009) also use the terms “contextual inclusiveness” and “the proximity to reality” (p. 683) to describe a characteristic of the case study which make it unique from other research methods. This means that the case study provides in-depth understanding of multiple variables within its own context. It is embedded in real-life context. Yin (1992) also describes the case study as a method of empirical inquiry that investigates a phenomenon within its real-life context; it is a research method that uses multiple sources of evidence and has the distinctive characteristic of multiple variables to be analyzed. Furthermore, Yin (1992) states that a well-known use of the case study

method is to conduct an exploratory inquiry. This also fits well with an Indigenous approach to research; Hart (2007) states that, “Indigenous knowledge relies upon subjective interpretations and experiences” (p. 84).

The case study for this research used a mixed-method empirical approach and examined multiple clients of Aboriginal child and family services agencies in Manitoba who experienced the AJI-CWI process. In other words, this research explored the experience of Aboriginal clients who were involved in the child welfare system at the time of the AJI-CWI.

Data Collection

The case study method can include numerous data collection methods including the use of interviews (Yin, 1992). Data for this study was collected through interviews with multiple clients and through the completion of a questionnaire at the interview. See Appendix A for the interview guide that was used in this research.

Jackson (2005) uses the term “in-depth interview” to describe interviews that identify areas to be covered but which do not use standardized questions. Researchers can use a set of questions to provide a guide to the interview and then may be able to probe into unexpected topics that seem to warrant additional attention throughout the interview process. The use of the interview method of data collection allowed for in-depth data to be collected from multiple subjects and the data collected from the questionnaire provided supplementary information to the interview data and helped with triangulation (Yin, 1992). See Appendix B for the questionnaire that was administered to the research participants.

According to Sandelowski (2000) quantitative data that is descriptive may use a pre-structured means to obtain data on pre-selected variables and descriptive statistics to summarize them (p. 336). Rubin and Babbie (1997) state that descriptive statistics provide summaries about a sample and information may be presented in table format.

The quantitative data for this research was gathered using a questionnaire. Please see Appendix B for questionnaire. Participants were asked for their basic demographic information including; gender, age, and community affiliation. This was intended to supplement the interview data and assist in providing a description of those who chose to participate in this research. This data was summarized in table format for easy reference. Additionally, a description of the overall experience of the sample, based on one of the themes identified, was provided in table format.

Questionnaires can be used to interview subjects and can help to assess the effectiveness of different types of programs. Open-ended questions can be used for qualitative research and presence-absence questions can be used to help respondents to fully consider each question. In addition, questionnaires can be read to subjects in person, over the phone, or they can fill them out themselves (Jackson, 1995). The questionnaire also included questions which were open-ended and were read to the participants at the end of the interview. However, the majority of the data was collected through the use of semi-structured interviews with open-ended questions which were audio-recorded and later transcribed.

Phenomenology is an approach to research, where participants' experience and context are crucial to building knowledge. It studies lived experiences through description, reflection, and direct awareness of a phenomenon. Open-ended research

questions can collect data to help illuminate the world of those participating in the research (Struthers & Peden-McAlpine, 2005). Phenomenology goes beyond the surface of expressed behavior and discovers the meaning of experience (Osborne, 1994, p. 172).

A phenomenological approach to research was incorporated with the data collection methods for this research, which included open-ended interviews and questionnaires. This also fits well with an Indigenous approach to research as Hart (2007) notes that Indigenous knowledge is dependent on people's experience and is localized and based on individual experiences. This is also consistent with value number five described by Hart (2010) where the researcher uses non-intrusive observation and the researcher is quietly aware and watching but without interfering with the individual. Furthermore, phenomenology is consistent with the holistic worldview of Indigenous people as the process is circular and portrays a holistic picture of human experience (Struthers & Peden-McAlpine, 2005). Phenomenology and its relation to the Indigenous perspective incorporated in this research is further discussed in the data analysis section of this chapter.

Throughout the interview process I was self-aware in that I would listen and observe myself in relation to others throughout the interviews. After each interview, I listened to the interviews again in order to make sure that I had fully immersed myself into that interview and gained a deeper understanding of that participant's experience. This can be viewed as consistent with numbers two, six and seven of the values described by Hart (2010) which are described as respect for individuals and community, deep listening, and reflective non-judgment. Later on, the interviews were transcribed. For time saving purposes, several were transcribed by a third party who signed an Oath of

Confidentiality and I was able to transcribe several of the interviews as well. The Oath of Confidentiality is Appendix F in this document.

Additionally, value number nine from Hart (2010) states that “an awareness and connection between the logic of the mind and the feelings of the heart, where both the emotional and cognitive experiences are incorporated into all actions” (p. 10) is an important value when completing research with Indigenous people. I found this to be especially true as I listened to and transcribed the interviews. This portion of the research was emotionally charged as I “re-lived” the telling of the important and valuable stories of the participants and began to think about how I would begin to incorporate them in a meaningful way in this research.

Once the interviews were transcribed I attempted to contact each participant to review the transcripts to ensure that I was interpreting and sharing their experiences in a way that they felt supported. This is consistent with number three of Hart’s (2010) values of reciprocity and responsibility with the intent of supporting a community.

Unfortunately, although I did attempt to contact all of the participants, most did not indicate a desire to follow through in reviewing the documents and for many, the contact information that was provided to me at the interviews was no longer valid. However, I have strived to deliver messages with the intent of supporting the participants and I believe that I have achieved that in this research.

Reliability and Validity

With respect to Indigenous research, valid research depends upon the context of social interactions. Inquiry into research is value-bound with the purpose being to understand and describe the research topic (Hart, 2007). This research can be considered

to be valid as it has incorporated many values that are seen as integral to an Indigenous approach to research which were outlined earlier in this chapter. Wilson (2008) also speaks about Indigenous research being valid because it is not objective; whereby it relies upon motives and emotions of those who are involved in the research.

Additionally, the use of the questionnaire increased the internal validity of the research (Lee, et al., 2009) and the interviews of multiple subjects helped to guard against researcher bias (Lee, et al., 2009) and ensure accuracy of information. The term used is triangulation, where the different methods to collect data and multiple subjects has resulted in similar data (Silverman, 2004). This effort to ensure validity is consistent with value number eight described by Hart (2010) which is to honor what is shared by acting with fidelity to the researcher's relationship with participants and to what has been heard, observed, and learned. It is also consistent with value number eleven described by Hart (2010) where the researcher is open about the subjectivity or bias that he/she may bring to research.

The degree to which a research study can be generalized is referred to as external validity. Transferability is a model for generalizability, where the work for transferability or generalization of the research is done by the consumers of the research. This is done when the researcher provides detailed descriptions of the phenomenon under study that allow for readers to make generalizations to other settings (Polit & Beck, 2010).

“Thick description” is a term used to describe the details that are required in a research study that support transferability. Sufficiently detailed demographic and contextual information is a strategy that can be used to enhance generalizability (Polit & Beck, 2010). This research has included demographic and contextual information on the

participants to the extent possible so as to not breach their confidentiality or their wishes for information they wanted to share. This information is outlined in Chapter Four. Tables are also included to help provide readers with a thorough description of the participants.

Providing a quality “thick description” can be enhanced when researchers immerse themselves in their data and gain a thorough understanding of their data (Polit & Beck, 2010). In order to achieve this, a phenomenological approach was incorporated when completing the data analysis for this research. This approach is also consistent with an Indigenous approach to research and is discussed in more detail in the data analysis section of this chapter.

Furthermore, Indigenous knowledge which has been collected through the use of an interview and questionnaire, for the purposes of this research, relies upon subjective interpretations and experiences of individuals (Hart, 2007). Therefore, the knowledge and experience that the research participants have shared with me can be considered to be reliable information which has helped me to understand a larger phenomenon. Additionally, as was stated earlier, one important assumption of Indigenous research is that participants will be honest about their experiences which will result in the output of meaningful information (Stewart, 2009) which can be considered reliable. Furthermore, Foley (2003) points out that the participants of the research are the owners of their knowledge and Indigenous voices should be privileged, in that, Indigenous research should focus on the lived, historical experiences, ideas, traditions, dreams and interests of Indigenous people.

Participant Selection

Single or multiple units can be used to examine a single system or phenomenon. Information-oriented sampling or purposeful sampling is used to gather in-depth rich information. It maximizes the use of information from small samples by choosing cases that are likely to fill theoretical categories (Lee, et al., 2009).

Participants were selected based on them meeting specific criteria. The criteria included: that each participant must have been a client of Winnipeg CFS for at least one year and had one or more children in care and who were transferred to an Aboriginal child and family services agency as part of the AJI-CWI. This allowed for the participant to have had opportunity to experience the service model delivered by Winnipeg CFS and be able to compare it to the services received by an Aboriginal child and family services agency at the time of the transfer and to present day. It will also have allowed them to experience the AJI-CWI process. Through the data collection methods, I was able to explore what meaning the AJI-CWI had for the participants - if they could provide a description of their experience, their expectations, if the services were perceived as better or worse, and if their expectations were met. I continued to interview participants who contacted me about this research until new information stopped coming out in the interviews. This is referred to as saturation where data is collected until no new information continues to arise from the interviews (Boeije, 2010).

Initially, I had collaborated with one specific Aboriginal Child and Family Services Agency to conduct this research. That agency mailed an information letter¹² (see Appendix C) and the letter of informed consent (See Appendix D) to their identified clients who met the research criteria. Unfortunately, this did not result in enough participants coming forward and the research was expanded to include those who were involved with any Aboriginal Child and Family Service Agency in Manitoba. Posters to recruit participants were placed at various community centres such as the Aboriginal Centre, Mount Carmel Clinic, The North End Women's Resource Centre and Urban Circle Training Centre. This resulted in many more participants coming forward. See Appendix E for a copy of the poster.

Participants who were interested had the option of contacting me by telephone or by email. However, all of the participants chose to contact me by telephone. When they called, I asked them general questions to find out if they met the research criteria. Once that was established and they indicated an interest in participating in the research, a date for an interview was scheduled. Interviews were held in locations which were private, comfortable, and convenient for the participant. Privacy was important as it assisted with the ability to maintain confidentiality.

Ethical Issues

When completing this research, it was very important to consider possible strain that may be placed on the subjects. Researchers are obligated to inform participants of the risk of stress and are responsible for responding to intended and unintended side effects

¹² To help maintain confidentiality of the participants, the information letter has been removed from the agency's letterhead and the agency's name has been removed from the body of the letter.

(Homan, 1991). It is important to note that this particular research topic deals with a population that can be considered very vulnerable. Involvement with the child welfare system in general is not thought of in a positive light and many clients who receive services have experienced significant trauma in their lifetimes and may be mistrustful of CFS agencies or other persons they may perceive as “professional”.

Additionally, Aboriginal people throughout Canada and the world share a history of “being researched”. This research has not been to benefit them but only to benefit those who were doing the research. As such, the voices of Aboriginal people have not been heard (Wilson, 2008). In fact, Sinclair (2003) states that historically, Aboriginal people have viewed Western researchers as intruders and predators; where Aboriginal people did not benefit from research that was done and Aboriginal peoples’ ways of life have been pathologized. This knowledge may cause some research participants stress as they participate in research.

As a result, it was important that I was aware and sensitive to the emotions and mental state of the participants throughout the data collection process. Therefore, at the interviews, I planned to respond to participants had they appeared to experience emotional stress throughout the interview. This included reviewing the letter of informed consent and discussing the options of stopping the interview at any time if they felt they could not continue. In addition, they were provided with appropriate resource information to take with them should they require support in the future. There was also opportunity for debriefing at the end of the interviews. In addition, this research was approved by the Psychology/Sociology Ethics Review Board at the University of Manitoba. As stated earlier, the original plan for recruitment of participants did not result in enough interested

participants and so the recruitment process was revised and approved by the same Ethics Review Board at the University of Manitoba.

Throughout the completion of the interviews, there were participants who experienced emotional distress as this topic was a very sensitive one for many. When it appeared to me that a participant was having a difficult time proceeding with the interview, I offered to stop the recording and give them a short break. Whenever this happened, participants chose to continue the interview, taking only a short time to have some water or dry their eyes and then continued speaking about their experiences. As was stated earlier, debriefing was offered at the conclusion of the interview and all were provided with relevant phone numbers for crisis support, should the need arise. All participants readily accepted this information.

Research involving First Nations People of Canada

Guidelines regarding research that affects First Nations, Inuit, and Metis people in Canada have been established by the Canadian Institute of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (December, 2010). Its purpose is to ensure that research involving Aboriginal people is based on respectful and trusting relationships.

Article 9.4 from the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (December 2010) applies to this research project. This section states that community engagement for the purpose of research is required, and Aboriginal organizations and representative bodies shall be recognized as communities. The application of this refers to Aboriginal people who live outside of First Nations

communities in urban communities. Organizations such as Aboriginal Child and Family Services Agencies have been created to enhance the welfare of its members. These organizations are to be recognized as communities for the purposes of community engagement (Tri-Council, December 2010). The original recruitment strategy of this research involved an ongoing relationship with members of a specific Aboriginal Child and Family Services Agency and approval and support were received to conduct this research.

In addition, Article 9.4 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (December 2010) states that participants in research may not recognize this organizational community as representing their interests. Therefore, prospective participants must be informed about the collaboration between the organization and the researcher and shall be part of the consent process. This information was included in the letter of informed consent for those participants who were part of the initial recruitment strategy.

Privacy and Confidentiality

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (December 2010) refers to every individual's right to be free from interference by others. Specifically, individuals have rights to privacy about their thoughts and opinions, their bodies, personal communications, and spaces that they occupy. Further to this, researchers are expected to keep information collected from research subjects confidential, secure, and anonymous.

All information received from participants in this proposed research was kept secure in a locked filing cabinet; identifying information was only known by the

researcher for contact purposes and was not recorded in any documentation required for the final research project. For example, interviews were labeled as interview “A”, “B”, or “C” and the written findings did not use the real names of participants. In addition, throughout the interviews, I did not state names and if participants stated a name during the interview, the name was not transcribed from the interview. All audio material was destroyed at the completion of the research.

The principal of informed consent allows subjects to agree or refuse to participate in research when they are given comprehensive information concerning the nature and purpose of the research (Homan, 1991). Participants were made aware of what would occur throughout the interview so that they could make an informed consent regarding issues such as privacy and confidentiality, and risks and benefits they may encounter throughout their participation in the research. This is also consistent with the values of respect and safety as outlined by Hart (2007). Please see Appendix D for the letter of informed consent.

Data Analysis

This research project used the qualitative and quantitative methods of an interview and questionnaire both of which required their data to be analyzed. The analysis of qualitative data involves researchers attempting to gain a deeper understanding of what they are studying. It is a process that continues as the research is conducted and is not a separate phase to the research (Basit, 2003).

A phenomenological approach to data analysis contributes to a deeper understanding of the lived experiences of research participants. That is, reality is understood and meaning is found through close examination of the experiences of

individuals (Starks & Trinidad, 2007; Thomas, 2006). This approach fits well with the objective of this research study which explored the experiences of birth parents who were part of the Aboriginal Justice Inquiry – Child Welfare Initiative using an Indigenous approach to research. According to Struthers and Peden-McAlpine (2005), “phenomenology is useful in capturing the essence of people’s experience and, from a research perspective, is a method amenable and acceptable to indigenous individuals and communities” (p. 1272).

A phenomenological approach to data analysis has an underlying philosophy that there is a perceived reality with common features that exists about the phenomenon that is under study and has a goal to describe that lived experience; in this case it is the AJI-CWI. Sampling for data collection includes identifying and recruiting those who have experienced the phenomenon of interest (the AJI-CWI). Furthermore, a common data collection method is interviews, which has occurred for this research project; whereby participants describe their experience with the interviewer probing for detail (Starks & Trinidad, 2007).

The coding of the data was completed using the phenomenological approach outlined by Starks and Trinidad (2007) whereby “...specific statements are analyzed and categorized into clusters of meaning that represent the phenomenon of interest. Taken-for-granted assumptions are explored, and special attention is given to descriptions of what was experienced as well as how it was experienced” (p. 1375). This resulted in a thematic description of lived experiences. I continued coding until a point of “saturation” had been reached and where no new codes were emerging from the data (Boeije, 2010).

According to Struthers and Peden-McAlpine (2005):

The phenomenological method is able to capture the lived experience and illuminate the words of indigenous people themselves and, thus, is able to represent, through written accounts, the lifeworld of indigenous peoples. Phenomenology is able to portray a holistic picture of human experiences rather than the fragmented account given by quantitative data. The research process of phenomenology is circular, moving back and forth between the part and the whole during thematic analysis. Thematic analysis of the whole produces findings that offer an in-depth understanding of the whole of a phenomenon. Phenomenology, thus, is looked on as a harmonious, amenable, and acceptable research method to use in societies, such as those of indigenous peoples, that possess a holistic worldview (p. 1267).

Trustworthiness

Qualitative analysis is subjective as the researcher makes judgments about coding, categorizing, and contextualizing data. Researchers must be honest and vigilant about their own perspectives, beliefs and developing hypotheses (Starks & Trinidad, 2007).

Hermeneutic phenomenology says that humans cannot take themselves out of contexts that give meaning to lived experiences. This is known as *Dasein*, where, the human way of being in the world forms a basis for understanding lived experience. Researchers must reflect on their subjective experiences and preconceptions as they influence understanding and interpretation of data (Wojnar & Swanson, 2007, p. 174). This is similar to an Indigenous approach which describes the importance of remaining aware of and acknowledging researcher subjectivity as data is analyzed (Hart, 2007).

Hermeneutic Phenomenology and Indigenous research place value on the subjectivity and bias of the researcher which may influence research findings (Absolon, 2006; Hart, 2007; & Stewart, 2009). With respect to this research, my subjectivity and bias influenced my desire and motivation to complete this research and provided me with insight into the issues faced by Aboriginal people and the child welfare system in

Manitoba. I attempted to remain aware of and set aside some of my preconceptions that come out of my own experience in child welfare that I felt would not be supportive to the participants. As I conducted the data analysis, I felt it was important that I refrained from comparing my specific experiences with clients to the experiences that were shared with me by the participants. I have also placed value on other personal experiences in relation to my experiences in the child welfare system and as an Aboriginal person, these have definitely influenced the interpretation of the data that came out of this research.

Thomas (2006) speaks about stakeholder checks to help ensure the credibility of findings. This is where participants may be given the opportunity to review interviews, interpretations, and conclusions. All participants were given the opportunity to review the interview transcripts and review a copy of the preliminary findings. As stated earlier, those participants who I could get a hold of post interview declined to review their transcripts. However, I was able to speak to two participants about questions I had regarding their interview for clarification on information that was provided; which is also a method to help ensure credibility.

Summary

The purpose of this research has been to explore the experience of birth parents that experienced the Aboriginal Justice Inquiry – Child Welfare Initiative. This was done using an Indigenous approach to research which included data collection methods of a semi-structured interview, a questionnaire, and used a phenomenological approach to the data analysis. Eleven values of an Indigenous approach to research, as described by Hart (2007), were viewed as important aspects to the research as the research was carried out and were incorporated throughout.

The themes that came out of the research were *love*, meaning the love that all participants had for their children (subthemes were the *participants' desire to parent*, the *support of their children*, and *family contact*); *trust* meaning the trust that participants had for their child and family services worker or agency (sub-themes were *communication* and *support* from or with the child and family services worker or agency they were involved with); and *trauma* meaning the trauma that participants experienced due to their involvement with child and family services (sub-themes were *suicide ideation/attempt* and *feelings of hopelessness*). The themes are described in detail in the following chapter.

Chapter 4 – Research Findings

This chapter contains demographic and contextual information on the participants who came forward to participate in this research. It also identifies and describes major themes and sub-themes that were identified using the data analysis methods. These themes are *love*, *trust* and *trauma*. The theme of *love* included sub-themes of *participants' desire to parent*, *support of their children*, and *family contact*. The theme of *trust* included sub-themes of *communication* and *support* from or with the child and family services worker or agency they were involved with and the theme of *trauma* included sub-themes of *suicide ideation/attempt* and *feelings of hopelessness*.

Participants

More than 12 participants came forward to participate in this research. Saturation was achieved by the sixth interview and so the interviews were discontinued after the sixth participant. The majority of the participants who participated in this research expressed a strong desire to participate in this research. Additionally, many who contacted me after the data collection was completed were disappointed that they missed the opportunity to participate. The participants and those who missed the opportunity to participate expressed a sense of urgency to have their voices heard regarding this research topic. In fact, one individual who contacted me after the data was collected insisted that I keep her contact information in case I became aware of other research opportunities on the topic of child and family services so that she could be provided the opportunity to participate in that type of research in the future.

All of the participants¹³ were Aboriginal people who were involved with Winnipeg Child and Family Services prior to the AJI-CWI and were transferred to various Aboriginal child and family services agencies in Manitoba. At the time of the data collection, all of the participants were residing within the City of Winnipeg. Five of the participants were women and one was a man. Two of the participants had at least one of their children in their custody while four of the participants did not have any children in their home as their children were in the care of an Aboriginal child and family services agency. Additionally, although it was not initially included as a topic for this research study, it is noteworthy to mention that five out of six participants indicated that they were involved with child and family services as children. Originally, community affiliation of participants was gathered, however, it was later omitted in order to maintain confidentiality. Additionally, specific age of participants was changed to an age range to also help maintain confidentiality. Please see Table 4.0 which provides a summary of the demographic information. All names have been changed to maintain confidentiality.

Table 4.0 - Demographic Information

Participant	Age Range	Gender	Child(ren) at home?	Child(ren) in care?	Involved with CFS as child?
Ally	30 to 35	Female	No	Yes	Yes
Bill	40 to 45	Male	Yes	Yes	Not stated
Carmen	Not Stated	Female	No	Yes	Yes
Dina	30 to 35	Female	No	Yes	Yes
Eva	40 to 45	Female	No	Yes	Yes
Fran	30 to 35	Female	Yes	Yes	Yes

¹³ All participants' names have been changed to maintain confidentiality.

Major Themes

In analyzing the data that was collected from the six participants, there were three common and significant themes that emerged. The identification of these themes stemmed from my desire to remain consistent with an Indigenous approach to the research. Hart (2007) spoke about “Deep listening and hearing with more than the ears, where one would carefully listen and pay attention to how his/her heart and sense of being is emotionally and spiritually moved” (p.10). Additionally, Hart (2007) spoke about the sharing and presenting of ideas with the intent of supporting a community. It is with these two values in mind that the major themes and sub-themes were identified and are presented here.

The first theme that should be mentioned is *love*: that being the love that all of the parents who participated in the research study have for their children. It did not matter if those parents were able to care for their children or if there were any challenges in the relationships with their children; all of them spoke of how much they loved each of their children. The theme of *love* was made up of sub-themes of *desire to parent*, *support for their children*, and *desire for contact*. The second theme was *trust*; that being the trust that a participant had in the social worker or agency that he or she was involved with. The sub-themes for the category of *trust* are the participants’ perceptions of *communication* and *support* they received or receive from their child and family services worker or agency. The third theme is *trauma*: that being the trauma that participants experienced as part of their involvement with the child welfare system. The sub-themes of *trauma* are *feelings of hopelessness* and *suicide ideation/attempt*.

Love

It is important to recognize the love that all of the parents who participated in this research had for their children. Although each of these participants had at least one of their children in care of a child and family services agency, they all demonstrated their love for their children by expressing a desire to parent their children, and/or supporting them in their current placements and wanting regular contact with their children.

Desire to parent. As noted in Table 4.0, all of the participants had at least one child in the care of a child and family services agency at the time their data was collected. Additionally, for those who were currently parenting one or more of their children, they had previous experience of their children being in the care of an agency and had those children returned to their care. All of the parents who participated in this study indicated a desire to parent their children. Bill spoke about his desire to parent his children prior to their return from Winnipeg Child and Family Services:

...it was like I was driven and like you know, I could have took off to Vancouver and said you know, "I'm gone" and say "good-bye", I'm not going to look back, you know I could have done that, but more or less knowing the fact that I really cared for these kids was driving me to get 'em back....

Carmen spoke about how upset she was when her children were removed from her care by Winnipeg Child and Family Services. Her emotional distress indicates how she did not want her children to be removed from her care. She stated, "... I did say, "why are you taking my kids?" and I was crying...". She also spoke about her feelings of anger over the removal of her children, stating she was "angry at them for doing that to me ... I was so lost and hurt and I didn't know how to feel like, oh that was horrible".

Fran spoke about her desire to receive help so that her daughter could remain in her care and she could continue to parent her:

I really need some help and it's been going on for a whole year me saying I need help, I need help, I need help and nobody came to the service to say okay okay we're going to help you with this and that. I went out of my way and seeked [sic] help from Ma Mawi and asked them to help. I explained my situation and they helped me with a woman to meet with my daughter once a week to provide mentorship.

Eva specifically stated her desire to parent her sons again. She stated, "I've been here in Winnipeg and we've been trying our best getting our sons; me and my son's dad. We've been trying our best ... doing everything we could do to get them". She also spoke about doing what she believed would help to get her children back: "I thought going to work would help my case of getting my kids back. They said it would help and I did work for the first three years of being here and that wasn't good enough".

Dina also spoke about her awareness of what she needed to do to get her children returned to her care and the fact that she wanted her children to be free from the child welfare system:

...now that we're clean and sober things are good ... they want us to do treatment, do parenting, domestic violence, anger management and stuff like that and get a place and stay clean and sober for a bit. And I'm ready now, you know, I'm getting too old for this stuff and I think I'm ready now to parent and I don't want my kids growing up in care anymore.

Although some of the participants may not have specifically stated their desire to parent their children, it became very clear as I reviewed the transcribed interviews, that this was the goal of all of these parents at some point during their involvement with child and family services. There were also parents in situations who realized they could not

parent one or more of their children at the time of the interviews and indicated their support to meet the needs of their children in their current placements.

Support for the children. All of the parents who participated in this study had at some point indicated how they have supported their children who were not in their care. Despite the desire to parent them, the parents were able to put their own needs aside and do their best to support their children in their out-of-home placements; either in the child and family services system or through a private arrangement at one time or another so that their children's needs could be met. Dina spoke about her oldest two children in their current foster home placements and how she would understand that it may be difficult for them to want to return to her care. She stated:

... like I told the people you know, they've been in this foster home, they're doing good. They have stuff, you know, they're in a good home. If they want to stay there, I'll let them stay there, if they want to come home, they can come home, you know. It will hurt, though, but I'll respect what they want.

Bill identified that he was able to meet the needs of his children by leaving his daughter in a foster home placement because she was doing well there and she remained in that placement at the time of the data collection. He was able to focus on reunification with his sons:

... we were going to take my daughter back first but it was, I think my boys needed me more than her. So I went and got a place, my own place suitable for them to come back home.

Carmen indicated that even though her oldest son remained in care, and this was a frustration for her, she continued to try to have a positive relationship with the foster

parents, for the sake of her son. She stated, “I’m always nice and I try to be patient and tolerant”.

A story was shared by Eva who had to stay in a hotel near her son’s new foster placement to help him adjust to his new placement through frequent contact with him. She stated, “I was put into a hotel room by child and family services for two days to make sure he felt safe and comfortable there”.

In relation to this theme where parents supported their children who they could not parent, all participants spoke about the importance of contact with their children through family visits.

Contact. Dina spoke about her desire for increased visits with her children. She shared her disappointment with the anticipated disruption in visits with her three year old son who was going on a two month extended vacation with his foster parents:

We were asking for more visits and you know, trying to have overnights with them. My son’s going to Florida for December/January. But I’ll miss him, that’s my son, you know, I’m going to lose out on those visits.

Ally expressed her frustration with her current child and family services agency not providing increased family visits, although she wanted and expected this once her file was transferred to that agency. With respect to her expectations and desire for family visits, she expected that she would, “... get more visits a week or once a week and get home visits and to get my kids back. And apparently, I’m not getting that”.

Carmen indicated her desire to see her children by stating, “I would have preferred at least maybe three [visits] a week....”. She also indicated happiness when the

lengths of her visits were increased and she expressed the difficulties she experienced when problems arose with the arrangements of visits:

... when they make a visit, they shouldn't be cancelling visits because, as for me, my experience, I used to feel hopeless and [wonder] what I did wrong; why is this happening? Why do they make a visit and the next thing I know the visit is cancelled, and that's no good.

Eva, who is working to have her children returned to her care, expressed frustration over a lack of contact with one of her sons. She stated, "I see him every three months, right now they're making me struggle for three months to see my youngest". Bill also indicated needing support for family visits to happen. He stated, "... if there needed to be a visit, to be done and you know, help out in that kind of sense, be more supportive in that way".

Despite the differing family circumstances of each of the participants, I believe that each of them clearly expressed the love they have for their children. This was done through their discussions of their desire and determination to parent their respective children, how they support their children who are not in their care, and their desire for regular contact with their children who are in care.

Trust

All of the participants spoke about their lack of trust for the child welfare system in general and their lack of trust for the care that their children received while they were or are in care. Eva specifically stated, "I have a hard time trusting". She also voiced a lack of trust specifically regarding the care that her children received in foster care: "I'm kinda scared for both my sons in care. Just being in care they might be hurt". Carmen shared, "I have a hard time trusting the system. Cause of what I went through with them

before”. She also expressed that she and many people in her community have concerns about kids who are in care. She stated, “...look at what’s been happening with these kids that are in care, dying, suicides and getting molested and raped....”. Fran also indicated her concern about her daughter’s previous experience in care: “my daughter was abused while in care with the agency.” She went on to tell her daughter’s story of abuse that was experienced while she was in a foster home.

The theme of *trust* was made up of sub-themes of *communication* and *support*. It appeared to me that participants who felt that they had good communication and felt they received adequate support from their child and family services worker, were able to indicate that they trusted that worker or agency and/or felt good about their relationship with child and family services, even if their children were in care. There are numerous examples to the sub-themes of *communication* and *support* which will be explored below.

Understanding of case plans, the legal system and the AJI-CWI are discussed under the sub-theme of *communication*. Cultural identity and personal support are issues that are discussed under the sub-theme of *support*. Participants discussed personal experiences related to these themes consistently throughout the interviews and questionnaire.

Communication. Participants gave numerous examples of communication throughout this research process. Specifically, they were asked to discuss communication issues with Winnipeg Child and Family Services: how communication affected their family’s child welfare involvement with that agency and how the AJI-CWI was communicated to them. They were also asked to discuss communication issues with their current Aboriginal child and family services agency.

Two out of six participants indicated that they had positive communication with their workers at Winnipeg Child and Family Services and two out of six participants shared they had positive communication with their current Aboriginal child and family services agency. Subsequently, four out of six participants spoke about lack of communication with their workers at Winnipeg Child and Family Services and four out of six participants described a lack of communication with their current Aboriginal child and family services agency. Participants complained about a lack of contact with their workers either through home visits or telephone. For example, Ally complained that her current Aboriginal child and family services agency would not return her phone calls, despite leaving voicemails for her worker and the supervisor. Bill indicated that he had made a request to take his daughter to a special event during a visit, however, he did not hear back from the worker until it was too late, resulting in Bill and his daughter having to miss the event.

This lack of communication affected the understanding participants had for the family court system as well as of their case plans. Furthermore, all six participants were unable to speak in-depth about their understanding of the AJI-CWI or the details of how that process and the reason behind it was communicated to them. The following paragraphs provide examples of participants' experiences with their current Aboriginal child and family services agency and Winnipeg Child and Family Services.

Case plans and legal system. Carmen stated that she had good communication with her child and family services worker at her current Aboriginal child and family services agency. She had a clear understanding of the programming she needed to take to get her children returned to her care. In addition, she was able to speak with this same

child and family services worker on a weekly basis. When she was asked what the current case plan was she was able to clearly and without hesitation state, “Oh, I’m to complete this program¹⁴, complete my aftercare and continue my visits”.

Dina also indicated she had good communication with her most recent worker at her current Aboriginal child and family services agency and was starting off with good communication with a newly assigned worker. She articulated a clear understanding of her case plan which was to complete treatment for substance abuse and domestic violence. She said she was looking forward to meeting the new worker who was recently assigned her file to review the case plan goals: “we asked the new worker what do you expect us to do? We told him what we had been doing and he’s going to meet with us on Wednesday to talk”. Additionally, she appeared to have a clear understanding of the legal status of her youngest son who was in care under a voluntary placement agreement (VPA). She stated, “he’s a VPA and you know, he’s still in care but I still have the rights”.

Fran, in contrast, identified a lack of understanding of the legal system. With respect to the apprehension of her daughter by Winnipeg Child and Family Services, the family court system was not explained to her. Referring to her subsequent signing of a voluntary placement agreement, she stated, “it was very confusing cause I, I did not know anything ... it was just made up for me and I didn’t understand why they apprehended my daughter ...”. She went on to state that the reason she signed a voluntary placement agreement with Winnipeg Child and Family Services was because, “there was no other

¹⁴ At the time of the interviews, Carmen was residing in a residential treatment program and that is the program she is referring to when stating she needs to complete “this” program.

way because they apprehended my daughter and I didn't know that I could have fought for her back".

Carmen also indicated that the legal process was not explained to her by Winnipeg Child and Family Services after her children were apprehended. She stated:

When I went for my second meeting with CFS I didn't have a lawyer and I didn't know what to do or what to expect at the time. And they made me sign these papers so they put my kids in, what do you call that, permanent care.

Fran felt very strongly that her current Aboriginal child and family services agency was not communicating well with her. She indicated a lack of understanding of the legal situation pertaining to her daughter who is currently in care. She did not seem to understand that she retained her parental rights even though her child was in care under voluntary placement agreement status with an Aboriginal child and family services agency. For example, when her daughter refused to reside in her assigned placement and was actively trying to live with Fran again, Fran was hesitant to allow this to happen: "I'm getting worried because I don't want to get myself in trouble because she's in care".

Eva, as well, expressed frustration with a lack of communication from her current Aboriginal child and family services agency over the plan for one of her sons in care. "I've been waiting and waiting to hear from CFS about my other son. There's times my worker doesn't even phone me for almost a month to let me know what's going to happen".

Understanding the AJI-CWI. As was outlined in Chapter One, the purpose of the AJI-CWI was to restructure the child welfare system in Manitoba so that all people receiving services from a child welfare agency in Manitoba could receive services from a

culturally appropriate Authority. The end result was that the right to develop and deliver child and family services was returned back to Aboriginal and Metis people in Manitoba (AJI-CWI, August 2001). Aboriginal parents receiving services from child welfare agencies in Manitoba were some of the many individuals who were affected by this structural change.

When asked about understanding the actual process of the AJI-CWI, Ally felt that she did understand the reason for the AJI-CWI, however, she was not able to explain this in detail: “they just told me that they’re changing and going with regional CFSs”. She did indicate that she remembered completing the Authority Determination Protocol with a worker from Winnipeg Child and Family services.

Carmen was also unable to give details on how the AJI-CWI was explained to her. She was, however, able to speak about what she heard in the community about the AJI-CWI:

People were saying that it’s going to change. They’re not going to keep these kids any longer because look at what’s been happening with these kids that are in care: dying, suicides and getting molested and raped. That’s when I thought I had to get my kids out of that agency.

Bill believed that the transfer of his file, to his current Aboriginal child and family services agency as part of the AJI-CWI, was mandatory. He stated, “It was a mandatory thing, like there was no way that I could have said, okay I want to stay with Winnipeg. No, I was told your files are being transferred because of this and that, you’re Aboriginal”.

Dina indicated she heard about the AJI-CWI through a community member. She had requested that her children’s files be transferred to an Aboriginal child and family

services agency: “I think I requested cause somebody was telling me about her kids being able to get transferred to a Native agency. When I heard that I asked for that. I did not hear about it from an agency”.

Support. The participants of this research study spoke about support they received from Winnipeg Child and Family Services, their current Aboriginal child and family services agency and what they expected to receive as support from their Aboriginal child and family services agency when the AJI-CWI process happened.

All of the participants in this research spoke about needing support with identifying as Aboriginal people as well as meeting their individual needs throughout their involvement with the child welfare system. All of the participants indicated that they believed, when the AJI-CWI process occurred, that they would receive support with respect to their cultural identities as Aboriginal people. Regardless of what agency they were involved with, all participants spoke about needing individual or personal support with case planning and completing what they needed to do to get their children back. Additionally, all of the participants stated that they did not receive opportunities from their Aboriginal child and family services agency to participate in cultural events or ceremonies.

Two out of six participants indicated that they felt supported during their involvement with Winnipeg Child and Family Services. The remaining four participants did not feel supported. Three out of six participants stated they felt supported at their current Aboriginal child and family services agency while the remaining three participants indicated they did not.

Cultural identity. Fran stated she believed she would be supported after the AJI-CWI. Throughout her interview, it was very clear that in order to feel supported she believed that opportunities for cultural teachings and ceremonies were very important: “I thought it was going to be culturally-based”. She spoke about her disappointment with her current Aboriginal child and family services agency and the lack of availability of cultural activities:

I’ve asked them for help to find information for me and my family to go on a retreat. A retreat meaning as in going somewhere in the woods, somewhere where it’s nice and quiet and cultural based with the family like a healing lodge. I’d ask them to look into that for me and I never got nothing, nothing back.

At the time of the AJI-CWI transfers, Bill stated he believed that an Aboriginal child and family services agency would be “more supportive because of our culture”. He went on to state that he felt Winnipeg Child and Family Services “looked at you like an object and if you had had a couple of drinks, they looked at you like you’ve been doing it forever”. Furthermore regarding his current Aboriginal child and family services agency, Bill stated: “I felt more comfortable and it seemed like I wasn’t afraid to ask them for help.”

Eva explained the difference between her expectations of an Aboriginal child and family services agency and her actual experience:

I was expecting them to have more understanding to talk to me. To say hey ya we know what you’ve been through, you know. We’re Native so we understand. I thought that was the background I was expecting. It was a shock and a half to find that they were not the kind of people I thought.

Dina indicated that she felt more comfortable with an Aboriginal child and family services agency. She believed “they would help me out more and be more

understanding.” Ally also spoke about the support that she wanted and hoped for after the AJI-CWI occurred:

I expected that the worker would actually be helping me to get my kids back. I thought there would be more contact with the worker. I was expecting that they’d actually get someone to help you like get into, to participate in traditional ceremonies.

Personal support. Carmen identified that she did not feel supported to get her children back after the initial apprehension of her children by Winnipeg Child and Family Services. She shared that she felt disrespected:

I didn’t basically like the way they were treating me when I went for my first meeting. They said, “Oh, you’re nothing but a drunk”. They were labelling me and saying I would never make it as a mother and I started getting mad at them because of the way they were talking to me.

Through her questionnaire, Ally expressed that she had had positive communication, which felt supportive, with her Winnipeg Child and Family Services worker . She shared that she saw her worker weekly and was encouraged to visit her worker at the office. Ally said that she understood what she needed to do to have her child returned to her care. In general, with respect to communication she stated that Winnipeg Child and Family Services “actually got back to you when they said they were going to get back to you. And they answered their calls”.

In contrast, once Carmen’s file was transferred to an Aboriginal child and family services agency, Carmen shared that she felt more supported: “They’re more understanding and the visits are longer. I just started seeing my kids again and I’m comfortable. With this agency, I feel like they’re being patient, they’re not rushing me to do ten, twenty things at once”.

Fran also spoke about her lack of support from Winnipeg Child and Family Services and what she did do so that she felt supported:

I felt victimized because of the apprehension. At the time, I didn't have support from them. It was just like they wanted to have her sweep [sic] into the system. I felt intimidated by the way they talked to me and the way they looked at me and how they said this had to be this way and I didn't even have to go to court. What I did is I went to Villa Rose because my friend had stayed there and she introduced me to a really nice worker. So I called her and we discussed what I was going through and she just kind of helped me with the referrals. I also connected with a teacher from Marymount School that I used to go to. She was my moral support person who would help with rides and places I needed to go at the time.

Ally spoke about her frustration, with her current Aboriginal child and family services agency, with not feeling supported to get her children back. She stated, "Well, I don't really bother with them. I just phone them when I want a visit. They are not understanding and it's harder to get a hold of them than it was with Winnipeg Child and Family Services". She believed she was more supported when she was involved with Winnipeg Child and Family Services:

It's just that the workers at Winnipeg were more cooperative, I guess. They were more understanding and they tried to do their best to get my kids to come to visit on a regular basis. And the worker I had with Winnipeg, she was more willing and she would come to see *me*.

Fran also spoke about her frustration in trying to receive support from the Aboriginal child and family services agency she is involved with. She stated, "My file was open but nobody came to see how I was doing or even to see what was going on even though I was telling them and the school and the police".

Trauma

All five women, who participated in this study, spoke about how traumatic their experience was when their children were removed by child and family services. The one man who participated did not experience the apprehension of his children as they were not in his care when they were apprehended and so he could not talk about that issue. Three of the women had their children removed by Winnipeg Child and Family Services and two of the women experienced removal of their children by Winnipeg Child and Family Services and an Aboriginal child and family services agency pre and post AJI-CWI. Two sub-themes emerged when participants spoke about the trauma they experienced over the removal of their children: feelings of hopelessness and suicide ideation/attempt.

Feelings of hopelessness. Like other participants in this study, Carmen indicated that she felt “hopeless” after her children were apprehended from her. She stated she was “angry at them for doing that to me ... I was so lost and hurt and I didn’t know how to feel like, oh that was horrible”.

Ally also spoke about how difficult it was following the apprehension of her children. She commented on the support that was offered to her and how she felt after the apprehension by Winnipeg Child and Family Services workers:

Well, they gave me resources to go to, like to go to programs, different kinds of programs in the city. But I just didn’t really go. I was so stressed out, I guess, that I didn’t wanna do nothing because they took my kids.

Eva discussed how difficult it was for herself and her children’s father to cope with the apprehension of the children. She stated:

My son’s dad had a nervous breakdown due to it. So he ended up in the Health Sciences there for about close to five months after the kids were taken because he couldn’t cope with the kids not being there no more. So he just had a crisis. He had a nervous breakdown. I almost did. But what I did is found somebody to talk to right away. I needed somebody right away. I even phoned stabilization units and places like that for people to come in and talk to me where I wouldn’t feel so isolated.

Suicide ideation/attempt. Two of the participants stated they experienced suicide ideation or an attempt after the apprehension of their children. In addition, Carmen stated that she was aware of a few people who had committed suicide because of “CFS issues”. With respect to herself after the apprehension of her children she stated:

I started drinking heavy and I used to tell people that if something happens tonight, can you at least tell my kids that I love them? I used to be suicidal, especially when my kids went into care.

Dina also indicated her difficulty in dealing with the apprehension of her children. She stated, “After I lost them, I tried overdosing.”

Table 4.1 OVERALL EXPERIENCES BASED ON TRUST

Participant	Satisfied with child welfare services pre AJI-CWI?	Satisfied with child welfare services post AJI-CWI?
Ally	Yes	No
Bill	Yes	Yes
Carmen	No	Yes
Dina	No	Yes
Eva	No	No
Fran	No	No

Although the theme of *trauma* was separate from the theme of *trust*, I believe that there are relationships between these two themes. Specifically, I see a relationship between the sub-theme of *personal support* and *trauma*. It seems reasonable to conclude that those participants who did not feel supported after the apprehension of their children may experience increased trauma or stress in relation to the loss of their children. Carmen indicated how she was told she was “nothing but a drunk” after the apprehension of her children and Fran shared that she felt “intimidated” by how she was treated after her child was taken from her. This would not be helpful to anyone who is trying to cope with the loss of their children.

Summary

Three themes were identified by the participants in this research study: *love*, *trust* and *trauma*. Each of these themes included sub-themes which have been outlined in detail within this chapter. Additionally, each participant in this research study has had a unique experience that appears to be related to the personal service they received or receive from their child and family services workers pre and post AJI-CWI. More specifically, it appears to be related to their ability to have trust for their worker and/or agency as opposed to the ability to participate in cultural events or ceremonies. Please see Table 4.1 for an overview of participants’ trust with the child welfare system pre and post AJI-CWI. Furthermore, the data indicates that each of these six Aboriginal participants felt that there was and is a need to have a child welfare system that is culturally appropriate for Aboriginal people. Chapter Five will include discussion and conclusions regarding the data that has emerged.

Chapter 5 - Data Analysis

The purpose of the AJI-CWI was to restructure the child welfare system in Manitoba so that all people receiving services from a child welfare agency in Manitoba could receive services from a culturally appropriate Authority. An essential feature of the AJI-CWI was that it returned the right to develop and deliver child and family services back to Aboriginal and Metis people in Manitoba (AJI-CWI, 2001).

This restructuring of the child welfare system in Manitoba was the first of its kind in Canada. It has affected many people involved in the child welfare system including: parents, children in care, foster parents, families, and child welfare employees. To date, there has been no research done which explores this restructuring from the perspective of the birth parents that were affected by it.

This research has explored the actual experiences of birth parents who were part of the AJI-CWI in Manitoba. Participants in this research provided information on their experience of the process of the AJI-CWI: how it was communicated to them, their expectations of the AJI-CWI, and their actual experience of this process. Participants spoke about their experience with Winnipeg Child and Family Services and about their experience with Aboriginal child welfare agencies in Manitoba. As a result, issues that were of significance to them through their experience of the AJI-CWI have been identified.

The data which emerged from this research suggests that there continues to be a need for Aboriginal people to develop and deliver their own child welfare services in a culturally appropriate manner. Furthermore, three major themes and sub-themes were

identified which depicted the significant experiences of those who participated in this research. The themes are:

- **love:** desire to parent, support for their children, and family contact;
- **trauma:** suicide ideation, and feelings of hopelessness; and
- **trust:** communication and support.

This chapter will discuss these themes as they relate to the AJI-CWI and current practice issues within Aboriginal child and family services, and how they relate to the colonization of Aboriginal people in Canada.

Discussion of Themes

Love

Traditionally, Aboriginal families and communities took care of their own children. They had values and systems in place to deal with families and children who were not being taken care of properly (Blackstock, 2008). These traditional values did not include the removal of children from their communities and culture, unlike what happened with the imposition of the residential school system and mainstream child welfare system on Aboriginal people in Canada. The participants in this research each held a strong desire to care for their children which is described under the theme entitled Love.

The theme of *love* was consistent with all who participated in this research. All of the participants showed their love for their children through the support they each gave their children. Even if their children were not living at home, participants demonstrated their love through their desire for regular contact with their children who were in care, and through their desire to parent their children who lived with them at home. As a

practitioner in child welfare and as a parent, I believe that no parent wants their child(ren) to be in care and I believe that this research has reflected that.

Despite the desire of parents to care for their children, there continues to be high numbers of Aboriginal children in care in Manitoba. Within Manitoba, there were 9,466 children in care as of March 31, 2011. Of that total, 7,700 children were in care with Aboriginal child welfare agencies (Southern First Nations Network of Care, 2010-11). Given this information, it may be argued that current practices within child welfare are not succeeding in keeping Aboriginal families together as much as they should be, not because the parents do not desire for this to happen, but for other reason(s).

Trauma

Although the participants did not speak about historical trauma of Aboriginal people in Canada and how that related to them individually, it may be concluded that the involvement of the child welfare system in the lives of each of these participants stems from the historical trauma inflicted upon Aboriginal people through colonial policies and practices such as the residential school and child welfare systems. This is reflected in the high numbers of Aboriginal people who are involved in the child welfare system in Manitoba (Bennett, 2008; Blackstock & Trocme, 2005; Welch, 2011). Additionally, it is important to acknowledge that five out of six participants in this research indicated they had involvement with the child welfare system as children which may have impacted their lives significantly, although they did not describe that in detail.

As was discussed in the literature review, this trauma has affected Aboriginal peoples' ability to cope with stressful situations and has contributed to psychological distress (Bombey, et al., 2009; Castellano, Archibald & DeGagne, 2008) affecting their

involvement in the child welfare system today. Additionally in 2008, a study on the experiences of Aboriginal mothers involved with child welfare and legal systems in Manitoba highlighted how a mother's involvement in the residential school and child welfare systems affected their ability to parent in a healthy manner (Bennett, 2008).

On an individual level, participants in this research described the trauma that they experienced due to their involvement with child and family services. Specifically, they discussed the apprehension of their children and lack of personal support from the agency they were involved with. This was reflected in the theme entitled *trauma* which included sub-themes of *feelings of hopelessness* and *suicide ideation/attempt*. All five of the women who participated in this study indicated they felt they had a traumatic experience as a result of the apprehension of their children. Two of the women specifically stated they experienced suicide ideation and at least one indicated she attempted suicide by overdosing. Mothers who took part in the study completed by Bennett (2008) and MacDonald (2002) also described feelings of depression, powerlessness, and difficulties in coping with the loss of their children to the child welfare system.

The issue of trauma experienced by parents as a result of their involvement in the child welfare system is a critical one that cannot be ignored. Clearly, research in this area (Bennett, 2008; Harris, 2011; MacDonald, 2002) has shown that mothers require support after their children come into care. Participants in the research by Bennett and MacDonald indicated they needed support from their child and family services worker. They identified that they needed regular contact, they needed their worker to have an understanding of and respect for their individual situations, and they needed counseling, referrals and case plans that reflected their specific needs.

In the study by Bennett (2008), Aboriginal mothers and grandmothers indicated they had a lack of communication with their child and family services worker. In addition, they reported having to “jump through hoops” with respect to the programming they were expected to complete to get their children returned. The research completed by MacDonald (2002) also indicated that Aboriginal mothers experienced disrespect from their child welfare workers - they were told there was no hope to get their children returned, and they were not able to provide input into their case plan which should have led to the return of their children. It should be considered a problem when only one individual does not feel supported by their child welfare agency and this is something that child welfare agencies need to pay attention to as they complete their duties on an ongoing basis.

This is not to say that child welfare workers who apprehend children choose to ignore the needs of the parents and intentionally provide inadequate support to those parents. While it is noted that there may be cases where parents involved in the child welfare system have experienced child welfare workers who have intentionally caused emotional harm (Bennett, 2008; MacDonald, 2002), there are systemic issues, which were discussed in the literature review, that interfere in a worker’s ability to meet the needs of these parents and these issues need to be considered. Turnover in child welfare is high and high caseloads interfere with social workers’ ability to provide adequate support to their clients (Dill, 2007; Kreitzer & Lafrance, 2010; Schibler & Newton, 2006).

Many Aboriginal parents, who are involved in the child welfare system, experience trauma on two different levels. The first level is the historical trauma that has

affected Aboriginal peoples' ability to care for their children; the second being the trauma that is experienced directly by parents when their children are apprehended. Supporting parents to deal with this trauma should be a prioritized objective for child welfare practitioners. However, given the demanding nature of the child welfare work with issues of high turnover and high caseloads, the ability for workers to support parents in this way is not that easy or simple. Instead, all the focus ends up being on the children who have been brought into care. Obviously, the children are first priority and efforts are made to support those children post-apprehension. However, this results in little time and resources left to focus on the parents' needs.

Trust

Participants in this research discussed their mistrust for the child welfare system in general and their lack of trust with respect to the care their children were receiving while in foster care. Participants spoke about their concerns they had over their children being abused and also about their concern for possible suicide and death of their children while in care. A recent study, although not specific to Aboriginal children, does not indicate that being in care increases a youth's risk of suicide (Katz, Au, Singal, Brownell, Roos, Martens, et al., 2011); however, poor outcomes for children in care are noteworthy (Blackstock, Brown, & Bennett, 2007; Stradiatto, 2009) and mirror the concerns that some participants in this research study had for their children who were in care. Furthermore, Gallagher, Smith, Wosu, Stewart, Hunter, Cree, et al. (2011) note that the child welfare system is adversarial in nature, which can lead to widespread fear and suspicion by clients of that system.

Wilson (2008) uses the term “relationality”, meaning the relationships between people, the land, the spiritual connection to the land, and more, to describe the heart of what it means to be an Indigenous person. With respect to relationships with people he states, “while most people will recognize the importance of families, all forms of interpersonal relationships take on a special significance within Indigenous communities” (p. 84). According to Thibodeau (2007), however, Aboriginal people have less capacity to trust due to their experience of oppression and traumatising which has resulted in psycho-social issues which further limit their ability to trust and form positive relationships.

In addition, Kreitzer and LaFrance (2010) state that relationships are key to social work practice. However, Aboriginal peoples’ well documented oppression and subsequent experiences of trauma through government imposed policies, such as the residential school and mainstream child welfare systems (Bombay, et al., 2009; Castellano, et al., 2008), interfere with the ability of Aboriginal people to trust and form relationships, including relationships with professionals. Thibodeau (2007) states that, “these traumatic experiences have had profoundly negative effects on the psycho-social well-being of entire generations of First Nations people, and have interfered with their ability to establish trusting relationships” (p. 51).

The inability to trust and to form positive relationships can have a significant impact on family functioning and a communities’ ability to fully engage in community-based initiatives (Thibodeau, 2007). As was identified in Chapter Four, it appeared that participants who felt they had good communication and support from their child and family services worker or agency were able to trust the agency and worker they were

involved with and were able to have a positive working relationship. This was true regardless of whether or not that participant had a child(ren) in care. This was also true even when the participants were not provided opportunities to participate in traditional cultural activities or ceremonies by their Aboriginal child and family services agency.

Kreitzer and Lafrance (2010) have identified communication as a key factor in building trusting relationships. In relation to this, participants who indicated they trusted their worker indicated they had positive communication and support from that worker. As a result, these participants could clearly articulate their case plan and were confident in their understanding of the legal situation with respect to their children. Furthermore, participants described a desire for regular in-person and telephone contact with their workers, a need for respect despite the difficulties they are experiencing, and a need for their needs to be understood. This was consistent with research findings by Thibodeau (2007) on the issue of trust or lack of trust in Aboriginal communities.

Four levels of lack of trust were identified by Thibodeau (2007) with respect to Aboriginal peoples. These were: self, family, community, and governments and outsiders. Additionally five recommendations for practitioners to help build trusting relationships were made which reflect the sub-themes of communication and support that were described in Chapter Four. These recommendations by Thibodeau (2007) are as follows:

1. Know the community – this means going to homes, listening to the peoples' stories so that the experience of the people can be appreciated and incorporated into treatment initiatives.
2. Be known in the community – Aboriginal people like social workers to come with an attitude that is respectful and knowledgeable of the history.

Additionally, participating in community traditions shows respect for families and communities.

3. Be there during ups and downs – social workers must be prepared to offer a range of services that is above and beyond what is offered by mainstream services during times of crisis.
4. Make a long-term commitment to the initiative – in some Aboriginal communities there is significant turnover which results in difficulties in establishing trusting relationships with social workers.
5. Maintain confidentiality – people in Aboriginal communities are concerned their information will become known to others in the community resulting in shame. This is especially true if the social worker is from their community (Thibodeau, 2007).

However, as was noted in the literature review and earlier in this chapter, there are systemic issues that interfere with child welfare workers' abilities to take the time to develop trusting relationships with their clients. In addition to Schibler and Newton (2006), who identified concerns with high case loads and increases in the demands of child welfare worker's jobs, Kreitzer and Lafrance (2010) state that workers are required to spend more time on paperwork than on building relationships with clients.

Furthermore, Gallagher et al. (2011) state:

The child protection system across the English-speaking world has been subject to damning critique in recent years. Political and managerial responses to child protection failures have been to institute performance management systems, forcing social workers to spend increasing amounts of time on administrative tasks at the expense of time spent in direct contact with families (p. 118).

The issue of trust or lack of trust and how that has influenced Aboriginal peoples' ability to work collaboratively with child welfare practitioners and vice versa, may be one factor that is influencing the high numbers of Aboriginal children who are in care. It is the colonization of Aboriginal people through the use of the residential school and child welfare systems that continues to affect the ability of Aboriginal people to trust

government systems and work collaboratively within those systems. Recommendations for child welfare practitioners to build trusting relationships with their clients have been presented here, however, it will be challenging for practitioners to follow through with these recommendations given the systemic issues that they are faced with on a daily basis.

There are many systemic issues that affect the delivery of child welfare services in Manitoba. As was discussed in the literature review, Aboriginal people face a higher likelihood of living in poverty, higher rates of mental health problems, higher rates of poor housing and health problems, suicide ideation, substance abuse, and Fetal Alcohol Spectrum Disorder, among others (Bombay, et. al, 2009; Canadian Council of Child and Youth Advocates, 2011; Frideres, 1993). These issues are complex in their relationship to each other and are as a result of colonization.

Additionally, there are systemic issues that affect the delivery of child welfare services on a daily basis. These include high rates of worker turnover and caseloads that are too large for individual workers to manage (Dill, 2007; Schibler & Newton, 2006). The combination of all these issues makes it challenging for practitioners to meet the needs of their clients. As a result, addressing these systemic issues by governments and educators plays a significant role in the recommendations that have come out of this research. Governments have the ability to address issues such as poverty and housing through programs and policies in other areas that are not related to child welfare while educators can help to prepare social workers for the realities that they will encounter in the field. Recommendations are discussed later on in this chapter.

Communication of the AJI-CWI

Discussion on the communication of the AJI-CWI to clients of the child welfare system in Manitoba was also included in the data described in Chapter Four. Specifically, this was discussed under the theme of *trust* as it was related to the sub-theme of *communication*. All of the participants in this research were unable to describe any significant efforts that were made to inform them of the purpose and related issues regarding the AJI-CWI at the time that it occurred. Given that this research study took place six years after the participants had their files transferred to an Aboriginal child and family services agency, this may have influenced their ability to remember how that process was communicated. Nonetheless, it is noted that all of the participants could not recall significant efforts made by any government or child welfare practitioner to inform them of this important structural change. This is consistent with a report by Bourassa (2010) which examined the process of the AJI-CWI. Phase three of the AJI-CWI included public consultation which unfortunately, did not turn out desired results. It occurred during a short time span: from August 9, 2001 to September 30, 2001 in twelve town hall meetings that were not well attended and had minimal publicity. Information was also posted on the internet, but feedback was minimal (Bourassa, 2010). It appears that aside from the public feedback process that was part of the implementation plan, there was not a concerted effort to inform and/or discuss this initiative with the parents who were part of this system. A process to inform birth families would have shown respect to them and may have helped to improve their understanding of their involvement in a complex system undergoing significant change.

In spite of this, all of the participants acknowledged and recognized a need for Aboriginal people, as it relates to child welfare issues, to have control over their own families and communities. Participants stated their need for culturally appropriate services and support to be provided to them. This included services from social workers who understood the history of Aboriginal people and the need to incorporate traditional ceremonies or activities into child welfare practice. Participants indicated a desire to be reunified with their children and/or to have increased visitation. They believed this would happen when their files were transferred to an Aboriginal child and family services agency. This was consistent with my thoughts, as I started this research, on what many parents may believe would happen as a result of the AJI-CWI. Unfortunately, not all of the participants in this research study were able to state that the AJI-CWI met their needs or expectations of culturally appropriate services or increased contact with their children or possibly, reunification.

Summary

The communication of the need for and process of the AJI-CWI by the Government of Manitoba may not have been as successful as it could have been. There was a lack of knowledge by the participants in this study on the reasons behind the AJI-CWI and, it appears, a lack of communication at the time the restructuring took place. Despite this, the participants in this research study still recognized a need for this structural change to occur and the need for culturally appropriate services. This is consistent with the literature that speaks to a need for Aboriginal people to have control over their own child welfare systems (AJIC, 2001; Kimmelman, 1985; McKenzie & Hudson, 1985).

This chapter discussed the themes that were presented as part of the data analysis in Chapter Four: Love, Trauma, and Trust, and the communication of the AJI-CWI. Trauma resulting from colonization and the child welfare system has affected Aboriginal people who are involved in the child welfare system and has impacted their ability to form positive working relationships with practitioners in that system. Unfortunately, there are systemic issues that impede the ability of child welfare workers to meet the needs of their clients and form positive working relationships with them. With respect to the process of the AJI-CWI, this chapter has discussed how there was a lack of communication to clients. None the less, all participants in this research felt a need for the AJI-CWI to occur. The next chapter discusses limitations of this research, makes concluding statements regarding this research, and provides recommendations for future research, practice, policy, and education.

Chapter 6 – Conclusion and Recommendations

This final chapter of this research makes concluding statements about the data that has been presented, discusses research limitations, and provides recommendations for future research, practice, policy, and education.

Research Limitations

This research was an exploratory study in the field of Indigenous child welfare. As such, this research has only explored the experience of a small sample of clients who were part of the AJI-CWI in Manitoba. It is important to note that each child welfare agency in Manitoba is different and may have experienced and planned for the AJI-CWI in different ways. For example, even though none of these participants indicated they were offered opportunities to participate in cultural ceremonies or activities by their Aboriginal child welfare agency, I am aware that there are agencies that do provide this opportunity and the fact that none of these participants experienced that, speaks to the small sample size.

Additionally, participants were not screened for other factors which may have influenced their experience. For example, five out of six participants were involved with child and family services themselves when they were children and it is unknown how that experience may have affected them. It is also important to note that all participants were voluntary and self-referred. Furthermore, the experiences of the participants could not be corroborated by others involved such as the social workers or the participants' children. Therefore, this research cannot be generalized to all clients or agencies involved in the AJI-CWI.

Pulling it all together

The participants in this research study and others (Aboriginal Justice Implementation Commission, 2001; Kimmelman, 1985) identified a need for culturally appropriate, Aboriginal controlled child welfare services to be delivered to Aboriginal children and families. This is consistent with the mission of the AJI-CWI which was as follows:

to have a jointly coordinated child and family services system that recognizes the distinct rights and authorities of Aboriginal and Metis peoples and the general population to control and deliver their own child and family services province-wide; that is community-based; and reflects and incorporates the cultures of Aboriginal, Metis and the general population respectively (AJI-CWI, 2001, p.10).

The themes of *Love*, *Trauma* and *Trust* emerged as a result of this research study and may be related to the disappointment that some participants indicated they had in the AJI-CWI. Participants identified these themes in relation to their child welfare experience pre and post AJI-CWI. All of these participants identified a strong love for their children and desire to parent. Additionally, *Trauma* was identified as interfering with Aboriginal peoples' ability to parent their children and *Trust* was identified as possibly having impacted the ability for some to engage in working relationships with child welfare practitioners. These issues continue today and child welfare workers need to be cognizant of these issues. Thibodeau (2007) has made several recommendations for social work practitioners to help alleviate these issues which were outlined in the previous chapter.

Unfortunately, these recommendations are difficult to follow through with because of the complex issues that have been associated with the child welfare system and the AJI-CWI. In Manitoba, Aboriginal child welfare agencies continue to experience

a high rate of staff turnover and high caseloads. Furthermore, political and media scrutiny also contribute to a stressful working environment for social workers. First Nations political leaders have criticized the AJI-CWI, indicating that progress has been slow and have compared the current child welfare system with the residential school system. All this is compounded with a very difficult job that really is to battle the effects of colonization and continued funding inequities by government (Bourassa, 2010). These concerns are consistent with the concerns that were identified in Chapter One regarding my personal thoughts as a practitioner in Aboriginal child welfare, on the challenges of lack of resources, staff burnout, and high turnover that may impact services provided by Aboriginal child welfare agencies.

Despite these challenges, positive outcomes have been noted to come out of the AJI-CWI. Bourassa (2010) reported that Aboriginal agencies are more able to incorporate culturally appropriate services into their practice. Additionally, with community control over child welfare services, Aboriginal agencies are able to provide better services to their clients. It is also noted that services are beginning to stabilize which benefits Aboriginal families. For example, it is noteworthy that the numbers of children in care under the Southern First Nations Network of Care have been stable over the past three years and there has been a decrease in the numbers of children in care on reserves (Welch, 2011). This may be a sign of improvement. Additionally, there were several participants in this research study who identified they were satisfied with the services provided by their Aboriginal child welfare agency.

To summarize, the issues that Aboriginal people face today are enormous and complex. These issues stem from colonization and it is hard to know where to begin and

where to end when it comes to addressing these issues. Aboriginal families are battling complex issues which include loss of parenting skills due to trauma from colonization. This has resulted in an increase of social and health issues for Aboriginal people including, mental health issues, substance abuse issues, and poverty, to name a few. Even with perfect funding models, these issues could not reasonably be expected to go away within the first decade of a structural change such as this. Helgason (2009) stated:

The challenge of this structural change cannot be understated. Not only must these new Aboriginal authorities deal with the impact of the “wrongs” of the past, but must build upon their dream of the children’s wellbeing from within a generally struggling economic context. There is no shortage of scepticism from mainstream elements – particularly the media and critics, whose short-term memory and preference for sensation provide only a partial picture. There is, however, no more noble purpose that exists to motivate us for unity and shared vision but our children – and there is no other choice but success (p. 53).

Furthermore, although the issues of high stress, high caseloads, and complex needs of clients’ affect services delivered to Aboriginal child welfare clients, it is clear that child welfare systems are not the only respondents to the effects of colonization and cannot “undo” all that has been done without the help of other government systems including Aboriginal governments. For example, as was stated above, systemic issues such as poverty play a huge role in the problems that Aboriginal people face and directly impact child welfare involvement. Issues of poverty which underlie issues of low educational attainment, poor housing options, low income, and higher crime rates (Brown & Fraehlich, 2011) can also be addressed through other government programs such as Employment and Income Assistance, Housing Authorities and the Justice system, to name a few.

Recommendations

There are several recommendations that will be presented here as a result of this research. The recommendations apply to future research, policy, practice, and education and are discussed under those headings.

Future Research

There has been limited research done examining the effect of the AJI-CWI directly on clients of the child welfare system. As was discussed throughout Chapter 3 – Research Design, Aboriginal people should have opportunity to have their voices heard especially since they are affected so significantly by the child welfare system across Canada. This should be done in a way that is culturally appropriate and serves to assist and support the Aboriginal community. This research has shown that there are Aboriginal people who want their voices heard in relation to the child welfare issues that they experience.

Given that this restructuring of the child welfare system in Manitoba is relatively recent, it would be beneficial to explore further, the challenges and opportunities for change as seen by the client with respect to the AJI-CWI. This may be of benefit to other jurisdictions who are considering similar restructuring of their child welfare systems.

As was discussed in the research limitations, this research has only used a very small sample. Further research should be funded so that a larger sample can be used. This will help to increase the generalizability of the findings.

Policy

Generally speaking, mainstream and Aboriginal governments need to work together to develop a viable plan that will assist and support Aboriginal people in a culturally appropriate manner to address the numerous issues stemming from colonization. Programs and services need to be developed that can more readily meet the complex needs of Aboriginal families and communities that result from systemic issues. In relation to this, individual differences in issues that each Aboriginal community faces needs to be considered when developing plans.

Funding for child welfare agencies needs to be allocated so that prevention services for families can be implemented as opposed to reactionary measures of apprehension only after the problem has been left unaddressed. Additionally, funding formulas for child and family services agencies need to reflect the needs of the community they serve and be adequate enough so that social workers are able to have manageable caseloads with access to appropriate resources for families. This is a huge factor that affects social worker's abilities to commit long-term to a difficult job. This long term commitment is needed so that positive working relationships with clients can be formed.

Practice

Information on best practice in social work has been provided in the literature review. In addition, relationship building and trust issues have been discussed throughout this research. Relationship building is instrumental to good social work practice and is needed to effect change in individuals. Child welfare practitioners need to focus on

developing trusting relationships with their clients and the communities in which they work.

It is difficult to make this recommendation knowing and having experienced the challenges that child welfare practitioners are faced with on a daily basis. That being said, I will make a recommendation, and, although it may sound simplistic to some, I hope it will be of some value to most - child welfare practitioners need to support each other on a daily basis. This mutual support is vital as workers strive to reach their common goals of helping children and families. They also need to use their supervisors as a form of support on a regular basis and supervisors need to focus on supporting their staff by scheduling regular case reviews, regular debriefing, and being available as needed. I have often told those, who I have worked with, that “you can only do what you can do” and good team work plays an important role. Social work in the field of child welfare is a difficult but rewarding job that may often have to be taken “one day at a time”. Please remember that it is easy when you are experiencing job related stress to forget why you became a social worker in the first place. Take the time to remember and take care of yourself.

Education and Training

It is important for supervisors and senior management in child welfare to be educated in supervisory and management skills which serve to motivate and support their staff. Supervisors need to be able to help their staff to buy into the mission and goals of the respective agencies in which they work and support their staff to work towards those goals in a meaningful way.

Additionally, front-line service providers need to continue to be educated on the population that they serve. Those who work with Aboriginal clients need to have knowledge and understanding of the reasons that Aboriginal people are overrepresented in the child welfare system. Ongoing training is also necessary for front-line workers on the daily issues that their clients struggle with. This will help them to effectively deal with the challenges that they are presented with. For example, staff may require training on drug abuse, gang awareness, etc. Front-line service providers must be given these opportunities as part of their job, even if it means they will be away from their regular role for that period of time that the training is offered.

I have been fortunate throughout the completion of my Master's degree to have had the opportunity for courses and content to be delivered from an Indigenous perspective. This has helped me to gain insight into myself as an Aboriginal person and I have learned a lot about an Indigenous approach to social work. This is very valuable especially when being given the opportunity to apply that knowledge to practice. With respect to formal education of social workers, it would be beneficial to include more course content that focuses on Indigenous issues. This course content on Indigenous issues should be contributed by Indigenous people i.e. Indigenous people should provide the education on Indigenous issues. In relation to this, although individual instructors may not always be Indigenous, the content that is taught should be provided from an Indigenous perspective.

Summary

The purpose of the AJI-CWI was to return the right to deliver and control child welfare services to Aboriginal people in Manitoba. This would allow for the opportunity

for child welfare services to be delivered to Aboriginal people that are culturally and community-based. The problems that existed in the child welfare system in Manitoba prior to the AJI-CWI, and the fact that many of those problems still exist, combined with systemic issues related to colonization, has made this a very challenging task. It is hoped that this research and resulting recommendations are helpful to those who have read them.

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Appendix A

Interview Guide

Domain –Winnipeg CFS Experience

Please tell me about your family and provide a brief history of your involvement with CFS.

What is your understanding of the reason your family was involved with Winnipeg CFS and the reason(s) your child(ren) were in care with Winnipeg CFS?

What did you like about the services you received at Winnipeg CFS?

What didn't you like about the services you received at Winnipeg CFS?

How could Winnipeg CFS have done their job better?

Domain – Understanding of the AJI-CWI

Do you know what the AJI-CWI is and what was its purpose?

Were you aware of the AJI-CWI while your file was open with Winnipeg CFS?

Explain AJI-CWI if required to subject, if necessary.

What did you expect would happen once your file was transferred to an Aboriginal child welfare agency?

Where did you expect to see improvements when your file was transferred to an Aboriginal child welfare agency?

Domain – Aboriginal child welfare agency Experience

What was your actual experience once your file was transferred to an Aboriginal child welfare agency?

What is your understanding of the reason your family is involved with your current CFS agency and the reason(s) your child(ren) were/are in care with your current CFS Agency?

What do you like about the services provided by your current CFS agency?

What don't you like about services provided by your current CFS agency?

How could your current CFS agency do their job better?

Appendix B

Questionnaire

PART I

Please answer the following questions:

Age: _____ Gender: _____

First Nation Affiliation: _____

Please think about your experience at Winnipeg CFS when answering the following questions:

Did you feel the worker was working with you to return your child(ren) to your care? YES or NO (please circle)

Please explain:

Did you have enough contact with your CFS Worker? YES or NO (please circle)

Please explain:

Did you have adequate visitation with your child(ren)? YES or NO (please circle)

Please explain:

Did you understand what you needed to do to get your child(ren) returned to your care? YES or NO (please circle).

Did you believe that you had any input into deciding what you needed to do to have your child(ren) returned to your care? YES or NO (please circle).

What was the legal status of your child(ren) while they were in care with Winnipeg CFS? VPA, temporary ward, permanent ward, apprehension or unknown? _____

Did you feel that the CFS worker understood the needs of your family? YES or NO (please circle).

What did you feel the needs of your family were?

What did the CFS worker feel the needs of your family were?

PART II

Please think about your experience at your current CFS agency when answering the following questions (some may not apply depending on your family situation):

Do you feel the worker is working with you to return your child(ren) to your care? YES or NO (please circle) Why or Why not?

Do you have enough contact with your CFS Worker? YES or NO (please circle)
Please explain:

Do you have adequate visitation with your child(ren)? YES or NO (please circle)

Please explain:

Do you understand what you need to do to get your child(ren) returned to your care? YES or NO (please circle).

Do you believe that you have any input into deciding what you need to do to have your child(ren) returned to your care? YES or NO (please circle).

What is the legal status of your child(ren)? VPA, temporary ward, permanent ward, apprehension or unknown? _____

Do you feel that the CFS worker understands the needs of your family? YES or NO (please circle).

What did you feel the needs of your family are?

What do you believe the CFS worker feels the needs of your family are?

Appendix C
Information Letter

Research Title:

**Examining the experience of the Aboriginal Justice Inquiry – Child Welfare Initiative
process: A case study examining clients’ perspectives**

****PARTICIPANTS NEEDED****

General Information:

An [name of agency] has identified you as a possible participant in the above titled research study that is being conducted by a graduate student at the University of Manitoba. This research study will examine the experience of birth parents that had their case transferred from Winnipeg Child and Family Services to [name of agency] as part of the Aboriginal Justice Inquiry – Child Welfare Initiative. Birth parents that experienced this major change within the child welfare system in Manitoba will be able to provide valuable information on the benefits and challenges of this structural change by participating in this research.

Criteria:

Birth parents that had a child in care with Winnipeg Child and Family Services for at least one year and whose cases were transferred to [name of agency] as part of the Aboriginal Justice Inquiry – Child Welfare Initiative in 2005, are eligible to participate in this research study.

Participating in this research will require a time commitment of approximately 2 hours at two separate meetings. You will be asked to discuss your experience of the Aboriginal Justice Inquiry – Child Welfare Initiative in a confidential interview and you will be asked to complete a questionnaire. If you choose to participate you will receive a small gift with a maximum value of \$30.00. **This participation is voluntary and you may decline to participate at any time with no negative consequences to you or anyone else receiving services from [name of agency].**

If you are interested in participating or would like more information about this research study please review the attached letter of informed consent and contact the researcher, Jolene Cameron directly:

Jolene Cameron, BSW

MSW Candidate

Faculty of Social Work/Graduate Studies

University of Manitoba

Phone: (204) XXX-XXXX

XXXX@XXXX.com

**This study is being completed
under the supervision of:**

Gwen Gosek, Instructor II

University of Manitoba

Phone: (204) XXX-XXXX

XXXXX@XXXXX.ca

**The researcher has collaborated with [agency name] Child and Family Services and received permission to seek research participants from its client-base. The researcher is currently an employee of West Region Child and Family Services and if you or a member of your family is affiliated with that agency then you will not be eligible to participate in the research study due to a possible perceived conflict of interest.

Appendix D – Letter of Informed Consent



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Research Project Title:

Examining the experience of the Aboriginal Justice Inquiry-Child Welfare Initiative process: A case study examining clients' perspectives

Researcher: Jolene Cameron, BSW
MSW Candidate, Faculty of Social Work/Graduate Studies
University of Manitoba
Phone: (204) XXX-XXXX
XXXXXXXX@XXX.com

Student Advisor: Gwen Gosek, Instructor II
Faculty of Social Work
University of Manitoba
Phone: (204) XXX-XXXX
XXXXXXXX@XXXX.com

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the 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.

Research Summary

This qualitative research study will examine the experience of birth parents that experienced a transfer of their case from Winnipeg Child and Family Services to an Aboriginal Child and Family Services Agency as part of the Aboriginal Justice Inquiry - Child Welfare Initiative.

The Aboriginal Justice Inquiry – Child Welfare Initiative was an initiative that resulted in the restructuring of the child welfare system in Manitoba. The purpose of the Aboriginal Justice Inquiry – Child Welfare Initiative was to improve Manitoba's child welfare

system by returning the right to develop and control the delivery of child and family services to Aboriginal and Metis people. As a result, the authority for Aboriginal child welfare agencies was expanded to include off-reserve areas. This meant that all Aboriginal and Metis people living in Manitoba would be eligible to receive child welfare services from a “culturally appropriate” child welfare agency and authority regardless of where they reside in Manitoba. To date, no effort to evaluate this restructuring from the clients’ perspective has been undertaken.

Purpose of Research

This research is being completed as part of the requirement of a Masters of Social Work Degree at the University of Manitoba.

Participation

Your participation in this research is voluntary. You may decline to participate with no negative consequences to you or anyone else receiving services from a Child and Family Services agency.

Participating in this research will require a time commitment of approximately 2 hours total at two different meetings. You will be asked to discuss your experience of the Aboriginal Justice Inquiry – Child Welfare Initiative in an in-depth interview which will be recorded with a hand-held audio recording device and you will be asked to complete a questionnaire. This means that the interviewer will ask you several questions regarding your experience and you will be asked to share your personal experiences of the child welfare services that you experienced from Winnipeg Child and Family Services in comparison to your current Child and Family Services Agency. You will also be asked to complete a brief questionnaire related to your experience of the Aboriginal Justice Inquiry – Child Welfare Initiative. The researcher will read the questions to you and record your answers by writing them on the questionnaire. The topics that will be covered throughout the interview and in the questionnaire include the following:

- information on your history with child and family services
- your understanding of why your family was/is involved with child and family services
- your understanding of the Aboriginal Justice Inquiry – Child Welfare Initiative
- your expectations once your file was transferred
- your opinions on the services provided by your past and present child and family services worker and/or agency
- your understanding of the legal status of your child(ren), if any, and what you may need to do to have your child(ren) returned to your care, if that applies to you.

You will be given the opportunity to review the questionnaire with your answers and you will be given the opportunity to review a transcript of the interview to ensure accuracy. At the completion of the first meeting, a second meeting will be scheduled to review the transcript of your interview and the questionnaire with your answers recorded on it.

You may withdraw any or all of your information from the research at any time by simply informing the researcher verbally or by email that you no longer wish to participate or by identifying what specific information you wish to withdraw. Choosing to withdraw from the research totally or choosing to withdraw some information will result in that information being destroyed.

Anonymity and Confidentiality

Your identity and identifying information will be kept in confidence. Your decision to participate will not be disclosed to any Child and Family Services Agency or any other person. In addition, your name or any data which identifies you will not be reported to anyone and it will not appear in the final report. Your basic identifying information of age, gender and community affiliation will be used to provide an overview of the small sample that agrees to participate in this research. There will be a minimum of six participants in this research. If you are uncomfortable with this, or feel it may identify you, you may decline to provide this information or any other information at any time.

With your permission, your interview will be audiotaped and available only to the researcher and possibly the student advisor. All audiotapes and written material will be kept in a locked filing cabinet at the researcher's home. Any information which identifies you will not be shared with anyone and will not be published in the final report. All audiotapes will be deleted after the interviews have been transcribed. The transcribed interviews will not contain your name. The research findings will be available to the public as it will be published in a thesis. In addition, research findings may be shared in future presentations or articles, however, the identity of the participants will not be provided at any time.

It is possible that a third party will transcribe your interview. This person will be asked to sign an oath of confidentiality prior to transcribing your interview and will not be provided with your identifying information.

Any other information which contains personal information such as your contact information that was provided to start the research process will be destroyed upon completion of the research which is estimated to be by October 2012 at the latest.

Legal Obligation

The researcher is obligated to report incidents of child abuse that may be disclosed during the course of the interview. If any abuse to an individual who is currently a child is disclosed, it will be reported to the All Nations Coordinated Response Agency which is the designated intake agency for child welfare matters in the City of Winnipeg. In addition any threats to harm yourself or others will be reported to the Winnipeg Police Service. This applies even if you decide to withdraw your consent to participate.

Benefits and risks

This study will not benefit you personally and poses minimal risk to you personally. If you are not comfortable with any questions in the interview or the questionnaire you may refuse to answer any question, stop the interview or have all of your information removed from the study.

It is recognized that the topic of this interview may bring up emotional reactions due to the sensitive nature of this research. As such, if you are having difficulty completing the interview, you may ask to take a break, skip a question or resume the interview at a later time. At the conclusion of the first and second meetings, the researcher will provide opportunity for debriefing. The researcher will ask you how you are feeling at the completion of the interview and if there is anything that you want to talk about. In addition, the researcher will provide contact information for emergency counselling services at each meeting that may be used if you feel a need for ongoing emotional support.

The information gathered may contribute to future child welfare policy or procedures. The final report will be available to you upon completion by October 2012.

You will be provided with a small gift with a maximum value of \$30 if you agree to participate in this research. This will be provided once the letter of informed consent is signed.

Your signature on this form indicates that you have understood 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 questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management/ Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the University of Manitoba Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's signature

Date

Researcher's signature

Date

If you would like a copy of the preliminary findings in advance of the completed report, please provide the address that the report can be mailed or emailed to:

It is estimated that the preliminary findings will be available by March 31, 2012.

Appendix E – Recruitment Poster



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social_work@umanitoba.ca

Research Study on the Aboriginal Justice Inquiry-Child Welfare Initiative

****PARTICIPANTS NEEDED****

Research Title:

Examining the experience of the Aboriginal Justice Inquiry-Child Welfare Initiative process: A case study examining clients' perspectives

The researcher is looking for participants who had a child(ren) in care with Winnipeg Child and Family Services and were then transferred to an Aboriginal Child and Family Services Agency as part of the Aboriginal Justice Inquiry – Child Welfare Initiative in 2005.

To date, no effort to evaluate this restructuring from the clients' perspective has been undertaken. It is anticipated that the research will inform future policy and procedures with respect to best practice in child welfare.

This participation is voluntary and the identity of all participants will remain anonymous. If you choose to participate in this research you will receive a small gift with a maximum value of \$30.00.

If you are interested in participating or would like more information about this research study please contact the researcher, Jolene Cameron directly by December 9, 2011 :

Jolene Cameron, BSW, MSW Candidate

Faculty of Social Work/Graduate Studies

University of Manitoba

Phone: (204) XXX-XXXX

XXXXXX@XXXX.com

Appendix F

Oath of Confidentiality

I _____ agree to use all information that is provided to me for transcription purposes only and none of this information will be revealed to any other person other than the researcher, Jolene Cameron. All information provided to me will be returned to Jolene Cameron. I will not keep any copies of any information that is provided to me and I will not keep copies of the transcribed documents. I also agree to keep the transcription materials in a confidential and secure environment at all times while they are in my possession.

Signed this _____ day of _____ in the year _____.

Signature

Witness