WORKING WITH

FIRST NATIONS, INUIT

AND MÉTIS FAMILIES

WHO HAVE EXPERIENCED

FAMILY VIOLENCE

FOLLOW THE TEACHINGS

"According to tradition, children are gifts from the spirit world and have to be treated very gently lest they become disillusioned with this world and return to a more congenial place."

Royal Commission on Aboriginal Peoples (1996c)

SUPPORTING ABORIGINAL FAMILIES

Thank you for walking with First Nations, Inuit and Métis communities and families to protect children and strengthen families.

We came together to support the writing of this document, representing different Aboriginal communities and carrying a wealth of knowledge. We were asked to explain to child welfare professionals how we would like to work with child welfare when we are experiencing family violence.

In order to have that conversation, we had to first build a relationship with one another so that we could understand each other's thoughts and feedback. We are asking you to follow the same process — to challenge your worldview, to challenge yourselves to discontinue your same practices. Instead, we ask that you try new ways of relating and you acknowledge that there are new relationships that need to be built.

Aboriginal child welfare is undergoing radical changes. First Nations, Inuit and Métis communities continue to establish services, programs, approaches and institutions to ensure that each child is well supported and cared for in the circle of his/her family, extended family and community, and that family violence is dealt with in a way that respects culture.

We want you to come on this journey with us. We are asking you to:

> Improve your personal child welfare practice

> Engage with the Aboriginal community

> Support the handing over of responsibilities

> Support the Aboriginal organizations and communities assuming the responsibility

We want to thank the participants of the focus groups, the individuals interviewed and the Ontario Association of Children's Aid Societies (OACAS) for the patience and support they provided the Steering Committee in our task.

In the end, we want you to see the beauty, resilience and strength of Aboriginal culture and peoples and become partners in helping us as we rebuild our cultures and families.

Finally, our fear is that this Practice Guide will sit on a shelf and the words that we have struggled over will not be carried forward into the day-to-day work. That is the responsibility we are leaving with you.

With respect,

The Steering Committee

THE STEERING COMMITTEE

Native Child & Family Services	Charlene Avalos
Chiefs of Ontario	Lillian Baibomcowai-Dell
Ottawa Inuit Children Centre	Karen Baker Anderson
Native Women's Centre of Hamilton	Linda Ense
Métis Nation of Ontario	Shelley Gonneville
Ontario Native Women's Association (ONWA)	Betty Kennedy
Weechi-it-te-win Family Services	Leona McGinnis
Tikinagan Child & Family Services	Thelma Morris
Ontario Native Women's Association (ONWA)	Kathy Sky
Ontario Federation of Indian Friendship Centres (OFIFC)	Terry Swan

WRITER

Catalyst Research and Communications	Joan Riggs

TABLE OF CONTENTS

> **INTRODUCTION**

Child welfare professionals have a unique and privileged role in Ontario. Not only are workers mandated to investigate allegations of abuse and neglect, they also have the authority to apprehend children based on their assessment of the situation. This is a sobering responsibility and, in the case of Aboriginal families, the ability to see the full picture in order to make an effective assessment is essential.

This Practice Guide is intended to provide you with tools in working effectively with **First Nations**, **Inuit** and **Métis** families when assessing allegations of maltreatment in the context of **family violence**. We also hope that this Practice Guide will support your development as a worker, your growth in knowledge of **Aboriginal peoples** as the original peoples of Canada, and in your ability to be an advocate and support to Aboriginal communities who are seeking to reclaim their responsibilities for their children and families.

The Practice Guide is designed to support child welfare professionals to develop:

1. Personal knowledge and understanding of their own worldview and that of others,

2. Skills and abilities when working with Aboriginal families and communities,

3. Ability to be an advocate to support systemic change both in child welfare and more broadly in the province so that Aboriginal communities can assume full responsibility for the protection of their children.

A. WORLDVIEWS COMING TOGETHER

Cultural identity is based on specific ideas, values and behaviours that shape the way each person perceives the world and understands his/her place in the world. This 'personal model of reality' impacts on how an individual understands him/herself to be and how one works and relates with others.

Genetic tendencies, religion, culture, and geographic region, together with all the experiences people have both internally and in relationship to their environments, give rise to their worldview, or their general way of viewing themselves and the world around them (Miller, Schlitz & Vieten, 2010).

This Practice Guide is based on five working assumptions:

1. Child welfare professionals are engaged in their work using a specific worldview whether the worker is non-Aboriginal or a First Nations, Métis or Inuit person.

   No matter what our colour, religion, social status or racial origins may be, those of us who have grown up within a North American or European school system, playing with other children, watching television, reading newspapers and books, going to college and eventually entering the work force have learned to participate in a worldview that is common to the Western industrial nations (Peat, 2002).

2. The dominant Western worldview is not consistent with an Indigenous worldview. An Indigenous worldview is based on traditional culture and knowledge and ways of knowing.

   An Indigenous perspective is a spiritually based humanitarian and environmental perspective. Our worldview is full of teachings of responsibility, much deeper than any responsibility to self, but a responsibility to each other extending beyond, to all of life. The feeling is best portrayed as love (sic) and when it is taken away, a hole, a void in the chest is left (Shane Tabobondung, Chief of Wasauksing First Nation).

   The lens of CAS is very mainstream/Western model — this is why CAS does not 'see' our stories when we are telling them. Their worldview is completely different than our own as Aboriginal people (Focus group participant).

3. The Western worldview considers knowledge to be something that can be acquired and accumulated. Based on that belief, this Practice Guide was developed with the intent that it would be read by child welfare professionals and used for CAS training. Peat (2002), however, wrote that "within the Indigenous world the act of coming to know something involves a personal transformation." Using an Indigenous worldview, this Practice Guide cannot merely be read but must be accompanied with Indigenous based training.

There are approximately (sic) three times more Aboriginal children in care in Canada than at the height of the residential school system in the 1940s. While Aboriginal children represent only five percent of the children in Canada, they constitute about 40 percent of the children in care in this country. The incapacities created within First Nations, Inuit and Métis communities by the Indian Residential Schools policy, and other colonial practices, have led to the current reality. It is time that those of us in child welfare acknowledge the uncomfortable truth that, notwithstanding the existence of legislative prescriptions in Ontario since at least 1984, we have essentially continued to play the same role as did the residential schools; that is to remove First Nations, Inuit and Métis children from their families and communities. And in many cases, again notwithstanding those prescriptions to the contrary, we are still not giving them back. – Engelking, 2009

Special Note: The experience of Northern fly-in First Nation communities will not be fully represented in the Practice Guide. These unique communities are not easily supported by a southern-based collaborative service model because many of the services are not in northern communities. Northern communities have created innovative ways to respond to family violence that includes services and helpers in the community.

4. To successfully protect First Nations, Métis and Inuit children in Ontario, meaningful collaboration is needed between Western and Indigenous worldviews. To work effectively with Aboriginal families will require that you work from a level of consciousness that allows you to consider an Indigenous worldview and recognize different options to protect children.

5. Understanding that an Indigenous worldview is as equally legitimate as a Western approach is an important concept to comprehend. Through colonization, the Western approach has been embedded not only in individuals but also in social institutions like child welfare agencies and has been crystalized as superior to other methodologies of critical thinking. Attitudinal change is essential and requires courage.

This Practice Guide is committed to sharing ways of seeing and being that will support a new accountability and new ways of relating with Aboriginal peoples in Canada. In June 2008, Prime Minister Stephen Harper apologized to First Nations, Métis and Inuit people. In his apology he stated,

> *The government now recognizes that the consequences of the Indian residential schools policy was profoundly negative and that this policy has had a lasting and damaging impact on Aboriginal culture…. While some former students have spoken positively about their experiences at residential schools, these stories are far overshadowed by tragic accounts of the emotional, physical and sexual abuse and neglect of helpless children, and their separation from powerless families and communities* (Government of Canada, 2008).

B. HOW THE PRACTICE GUIDE CAME INTO EXISTENCE

The OACAS was funded by the Ontario Women's Directorate to develop a Practice Guide for all child welfare professionals working with Aboriginal families experiencing family violence. The intent of the Practice Guide is to support the child welfare professionals that work in child welfare agencies (including several Aboriginal specific agencies) across Ontario.

The Practice Guide responds to *Recommendation CW4: Aboriginal Families*, from the 2009 report from the Domestic Violence Advisory Council for the Minister Responsible for Women's Issues entitled, *Transforming our Communities.*

The process for developing this Practice Guide included:

a) Establishing a steering committee comprised of First Nations, Métis and Inuit organizational representatives. The First Nations representatives included both on and off-reserve, and status and non-status.

b) Hiring a writer who worked with the Steering Committee, conducted the focus groups, and prepared the Guide

c) Conducting 11 focus groups:

> > Took place in Fort Frances, Hamilton, Ottawa, Sudbury, Thunder Bay, Toronto
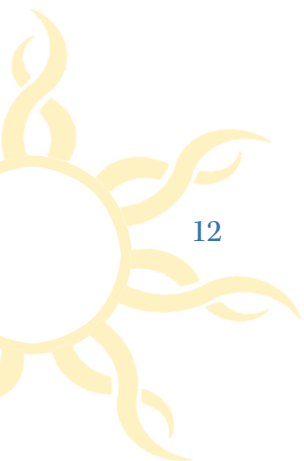
> Held five for service providers, including child welfare professionals

> Held five for family members who have been involved with CAS

> Held one session combining service providers and family members

d) Conducting a literature review that focused on four subject areas:

> Inuit, Métis and First Nations approaches to child welfare

> Inuit, Métis and First Nations approaches to woman abuse

> Mainstream responses to woman abuse

> Ontario child welfare approaches and practices

e) Conducting a feedback loop after the first draft of the Practice Guide

f) Conducting a focus group of users to validate the Guide

The Practice Guide is a stand-alone guide. Child welfare professionals are encouraged to take responsibility for their own learning and seek out more information about building relationships with Aboriginal women and families experiencing violence. The Practice Guide will be referenced through the OACAS Woman Abuse training curriculum. An OACAS provincial Aboriginal Advisory Committee has been developed to assess Aboriginal specific training needs for child welfare.

C. THE PRINCIPLES THAT SHAPED THIS PRACTICE GUIDE

The Steering Committee developed a set of principles to inform the writing of the work. The principles were intended to give a foundation to the Practice Guide and to provide you, the reader, with the perspective upon which this Practice Guide was developed.

There are 13 principles:

1. The terms "Aboriginal peoples" and "First Nations, Métis and Inuit" are used interchangeably, except when a specific people is identified. When the term "Aboriginal peoples" is used, it is intended to include all Indigenous peoples of Ontario, wherever they live in Ontario and whatever their status may be (see Appendix A: Glossary of Terms).

2. The term "family violence" is used instead of "woman abuse." "Family violence" recognizes that all forms of violence are not acceptable in Aboriginal families. The term also acknowledges that:

RECOMMENDATION CW 4
An Aboriginal stand-alone practice guide and accompanying training be developed for Child Welfare workers on a holistic approach to addressing domestic violence when children are involved. The training and guidelines be developed in conjunction with First Nations, Métis and Inuit organizations and incorporate First Nations, Métis and Inuit culture and practices appropriate to the region and family in protecting their children and supporting their families.
– Domestic Violence Advisory Council, 2009

> A range of violent behaviour can occur in Métis, First Nations and Inuit families, including woman abuse, elder abuse, children being abused and men experiencing violence

> Violence that is being directed toward Aboriginal women by either non-Aboriginal or Aboriginal men will have consequences for women's families

> Family violence exists in all communities and is not specific to Aboriginal peoples

3. The historical relationship between Aboriginal peoples and the child welfare system in Ontario has not always been positive. To transform that relationship, a conscious change in the working relationship between Aboriginal peoples and child welfare will need to occur.

4. All Aboriginal peoples, wherever they reside in Ontario, have a right to equitable access to and quality of services.

5. In the development of services for and with Aboriginal peoples, the jurisdictional context and authorities of Aboriginal peoples and service providers must be respected.

6. All child welfare work needs to be directed towards facilitating Aboriginal children remaining in their original family and in their community, while ensuring safety needs are met.

7. Aboriginal children come into care because of family violence. Protecting children is the first priority. The protection of the abused caregiver is critical to protecting the children.

8. Family violence from an Aboriginal perspective includes but is not limited to the power and control relationship between two people. Family violence is also a product of the historical trauma that Aboriginal peoples have experienced through colonization, residential schools and the large number of children put into foster homes in the 1960s, known as the "'60s scoop".

9. Addressing the overrepresentation of Aboriginal children in care and the experience of family violence in Aboriginal families requires a holistic, collaborative and healing approach.

10. A holistic approach supports the family and the individual family members to restore a balance in their individual and family life through healing approaches based on traditional cultural teachings and practices of First Nations, Métis and Inuit people. Culture is a tool and is never to be imposed on any family member.

11. Healing is an individual process that occurs in stages. Each person and family proceeds through the stages of healing at a different pace.

12. Overcoming violence is a community responsibility, and engaging the community is part of the solution in addressing violence in families. Involving the community in the protection of children and providing resources to do
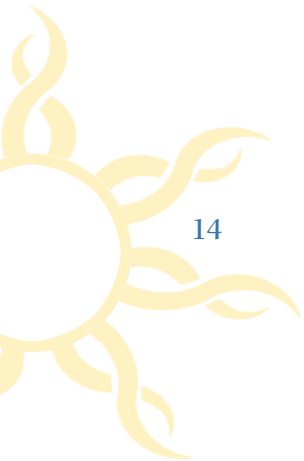
this work, will increase the likelihood that children will be protected.

13. A collaborative approach to addressing family violence engages different service providers and programs and works throughout the continuum of family violence; from prevention, to protection, to healing. When working with Aboriginal families it is expected that child welfare professionals will work with Aboriginal community services.

D. UNDERSTANDING THE USE AND IMPACT OF LANGUAGE

Language - the words we use and how we use them - reflects a specific worldview. The **Elders** say language is important to maintaining First Nations, Inuit and Métis culture because it passes on the specific knowledge and experiences of people.

Some words immediately created a challenge when writing the Practice Guide. The term used to describe First Nations, Métis and Inuit people in Canada is "Aboriginal." While the term "Aboriginal" ensures that all Indigenous peoples are reflected, regardless of location or status, it does not distinguish the unique cultures, languages and traditions of First Nations, Métis and Inuit people.

> *The term "Indigenous" is used internationally. The United Nations understand Indigenous to include: self-identification as Indigenous peoples at the individual level and acceptance by the community as a member; historical continuity with pre-colonial and/or pre-settler societies; a strong link to territories and surrounding natural resources; a distinct social, economic or political systems; distinct language, culture and beliefs; form non-dominant groups of society; and resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities. Indigenous peoples are the holders of unique languages, knowledge systems and beliefs and possess invaluable knowledge of practices for the sustainable management of natural resources. Their ancestral land has a fundamental importance for their collective physical and cultural survival as peoples* (United Nations, n.d.).

None of the words describing Indigenous peoples in Canada are the original words used to describe First Nations, Métis and Inuit people. For example, First Nations people are many peoples and Nations in Ontario. The terms used by First Nations people to describe themselves in Ontario include Anishinaabe and Haudenosaunee peoples ("People of the Longhouse"). These terms go beyond individual communities and geographic boundaries and are historically based on the land that they occupied. Based on the important connection to language, it is imperative that child welfare professionals use the preferred language in the community.

There is a positive and strong link between early childhood experiences and environments and the long-term health and well being of individuals. Quality Indigenous Early Childhood Development programs nurture the health of young children, support their early learning/education, promote their holistic development and provide children with opportunities to experience their distinct Indigenous cultures and languages in their diverse communities and Nations.
– BC Aboriginal Child Care Society, 2008

Our children, families, communities and Nations are strong, resilient and viable; however, they need support and resources to successfully address the many challenges that confront the healthy development of children.
– BC Aboriginal Child Care Society, 2008

Additionally, the terms used to describe violence against women in families, including domestic violence, woman abuse and wife assault have legitimate roots but they are not based on an Indigenous perspective. Violence found in Aboriginal communities did not start in the relationships within the family but has roots outside of the family: in colonization, in historical and current violence against Aboriginal peoples and in the social-economic status of many Aboriginal families. The term "family violence" better reflects the violence described in this Practice Guide.

Finally, the Practice Guide is respectful of the two-spirited community and was written not to be heterosexist. The term "**partner**" is used throughout the Practice Guide except when alternate terms are used in quotes, when referring to an individual of a specific gender, or when using statistics that are gender specific. The intent of the Practice Guide is to be respectful to the unique communities and aspire to bring a voice forward representing each community.

SOURCES

BC Aboriginal Child Care Society. (2008). Caring for our children (pp.2, 3) [PowerPoint presentation]. Paper presented at the Aboriginal Child Care Conference in February, 2008. Retrieved on April 27, 2011 from: http://www.acc-society.bc.ca/files_new/documents/BCACCS.UN_18-02-08Final.pdf
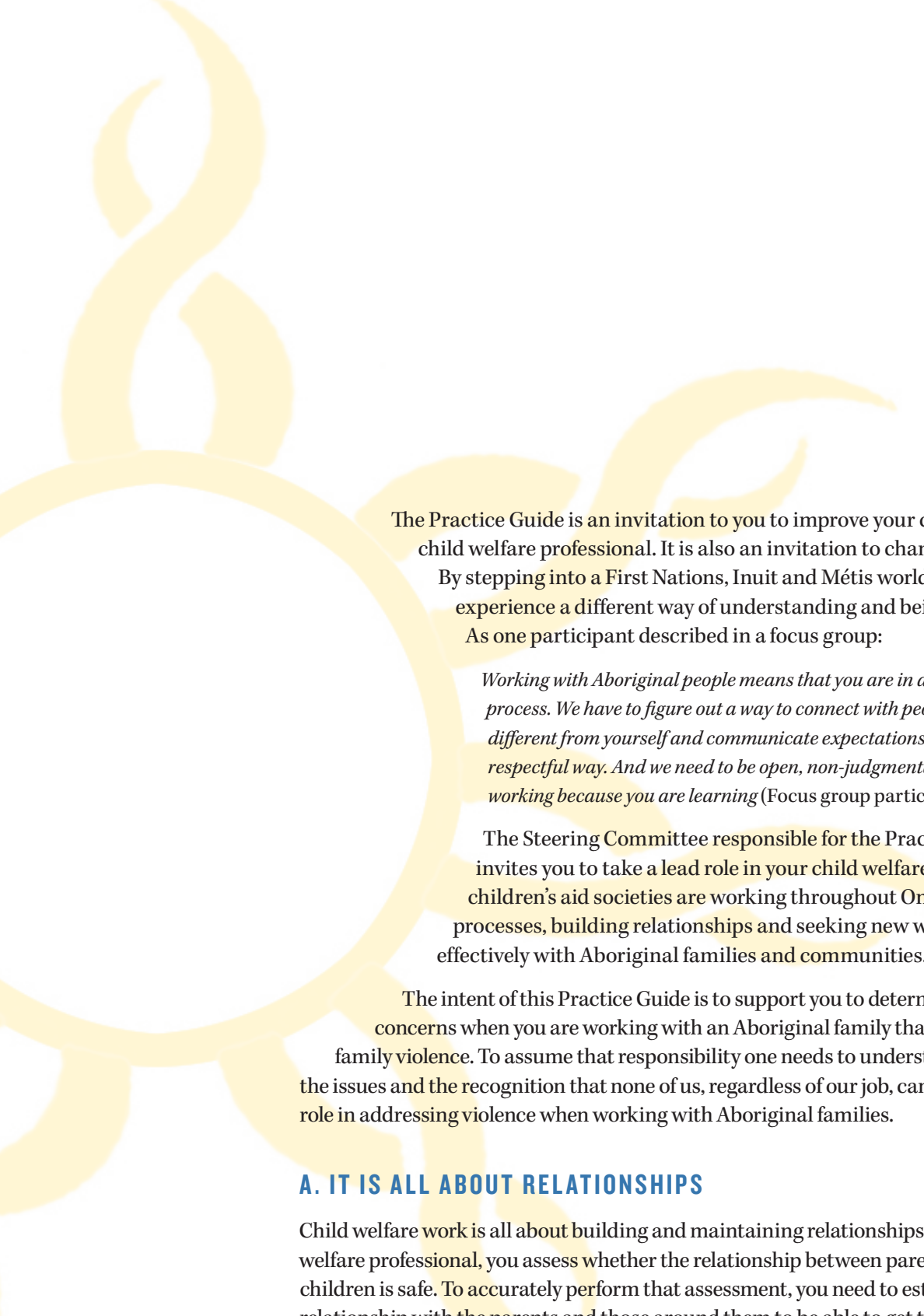
Domestic Violence Advisory Council (DVAC). (2009). Transforming our communities: Report from the Domestic Violence Advisory Council for the Minister Responsible for Women's Issues (p.63). Retrieved on April 27, 2011 from: http://www.citizenship.gov.on.ca/owd/english/resources/publications/dvac/dvac_report.pdf

Peat, D.F. (2002). *Blackfoot physics* (p.6). Boston, MA: Red Wheel/Weiser Books.

United Nations. (n.d.). Permanent forum on Indigenous issues: Indigenous peoples, Indigenous voices (p.1) [Fact sheet]. New York, NY: UNFII.

1 >   **KEY CONCEPTS THAT SHAPED THE PRACTICE GUIDE**

The Practice Guide is an invitation to you to improve your capacity as a child welfare professional. It is also an invitation to change your practice. By stepping into a First Nations, Inuit and Métis worldview, you will experience a different way of understanding and being in the world. As one participant described in a focus group:

> *Working with Aboriginal people means that you are in an ongoing learning process. We have to figure out a way to connect with people who are different from yourself and communicate expectations and roles in a respectful way. And we need to be open, non-judgmental and hard working because you are learning* (Focus group participant).

The Steering Committee responsible for the Practice Guide invites you to take a lead role in your child welfare agency. Some children's aid societies are working throughout Ontario using processes, building relationships and seeking new ways to work effectively with Aboriginal families and communities.

The intent of this Practice Guide is to support you to determine protection concerns when you are working with an Aboriginal family that is experiencing family violence. To assume that responsibility one needs to understand the scope of the issues and the recognition that none of us, regardless of our job, can avoid playing a role in addressing violence when working with Aboriginal families.

A. IT IS ALL ABOUT RELATIONSHIPS

Child welfare work is all about building and maintaining relationships. As a child welfare professional, you assess whether the relationship between parent(s) and children is safe. To accurately perform that assessment, you need to establish a credible relationship with the parents and those around them to be able to get to the truth.

Ending violence in any relationship requires respectful and engaged action. The complexity of family violence in First Nations, Métis and Inuit communities does not offer an easy solution or specific action. Violence has had a profound effect on all of the relationships in Aboriginal families. The violence is uniquely rooted in colonization and the actions of others destroying the core family and community relations that exist within and between Aboriginal families.

The presenting issues in Aboriginal families are rooted in the relationship each family has with the present as well as the past and the future. Child welfare professionals can support hope and resiliency in each family and the openness for change in family relationships with an understanding of what has impacted and continues to impact on relationships in First Nations, Métis and Inuit families.

The ability to assess how to protect the child while also supporting the family to address the violence requires knowledge and skills about how relationships are built, maintained and healed in the Aboriginal community.

> Family violence and child welfare is complex and goes beyond the relationship between the parents. It also includes intergenerational violence, threats to others that are not in our immediate family, children as witnesses of violence and children as victims of violence. "Hurt people, hurt people." - Focus group participant

B. THE HARMONY CIRCLES

In the Inuit understanding, the problems of an individual are the problems of the community as a whole (Pauktuutit Inuit Women's Association, 2005).

In all Indigenous cultures is a consistent recognition that we are interconnected and must rely and care for each other in order to survive and do well in life. This interconnectedness is sometimes referred to as the natural protective network principle.

Aboriginal families would like child welfare services to work with them, using this model, based on interconnections and reliance on one another. The Indigenous teaching of the Harmony Circles provides a visual image of how services for the family can be designed. The Harmony Circles concept describes how each circle strives to be in balance. If each circle is in balance then we have harmony between circles; if one circle is not in balance and is not caring for its basic needs, then it can negatively impact on the other circles. The circle nestled inside a circle shows how each part of community is connected from the individual to the largest socially organized structure.

In Aboriginal families, the child is in the middle of the circle. All the other circles around the child represent the relationships that the child can have and the people who can have a positive or negative influence on the child.

The first circle around the child is the family. An Indigenous worldview often does not distinguish the nuclear family unit from the extended family, so a dotted line is used to reflect the interconnection. According to Jourdain (2006), the Indigenous family includes many components:

> Nuclear family: Immediate family, mother, father and siblings

> Extended family: Aunties and uncles on the mother's and father's side, cousins, second cousins, maternal and paternal family lineage

> Community family: The membership of the First Nations community

> Nationhood family: These are all members of the Nation, regardless of jurisdiction, provincial territories or countries
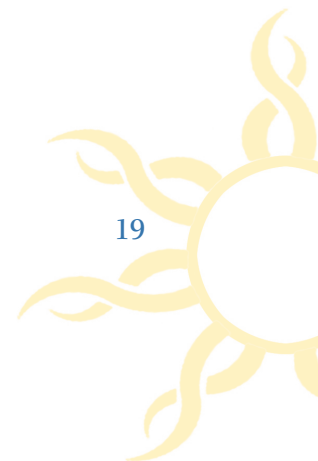
> Clan family: This structure is based on the teachings of the clan system and the relationship to the spirit world

> Cultural family: This is linked to the ceremonial aspects of the Nation
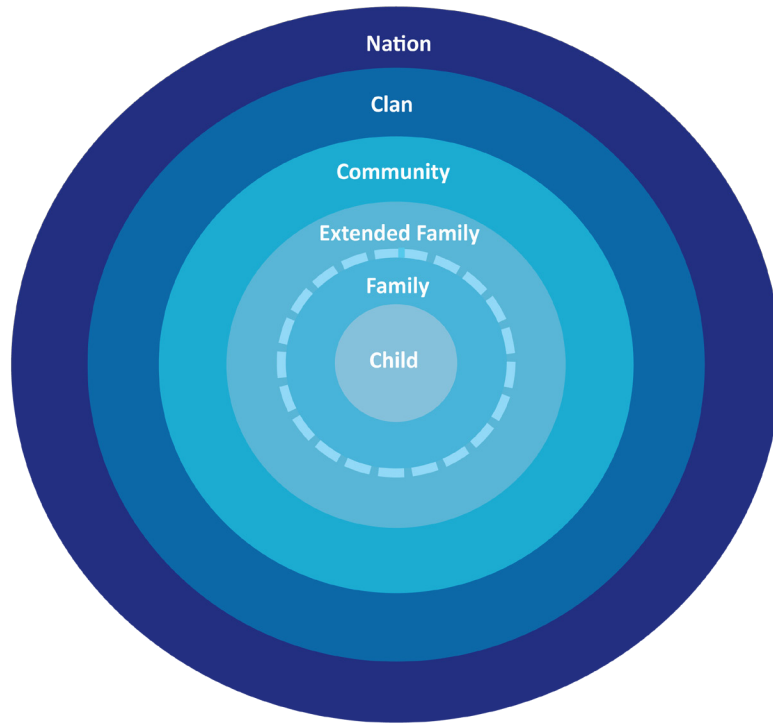
Based on the Indigenous teaching called the Harmony Circles.

The diagram above uses a dashed line to symbolize that an auntie or grandmother can have equal status with a mother or father in their nurturing role and responsibilities to that child in the family.

When a family is out of balance and in distress due to violence or issues of addiction or poverty, the ideal is not to remove the child from that situation but to re-establish the balance in the circle. When a family cannot protect their children at that time, the other circles outside of the immediate family can step in and assume responsibility for the children.

The next circle that the family and extended family can look to for support is the community. Each community then has a connection to their Nation and their territory. It is essential that Aboriginal children stay within these circles so that cultural identity is never compromised.

> *To Métis people, the words community and family are almost interchangeable. Métis people view not only their relations as family, but friends, neighbours and workmates can all be a part of what a Métis person considers part of the family* (Kainai Board of Education et al., 2005).
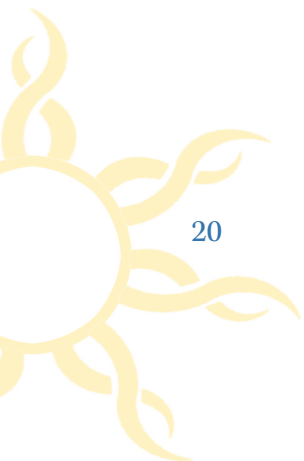
The circles can continue to expand outwards, and these outer circles can include non-Aboriginal service providers and foster homes that care for Aboriginal children. To ensure that cultural identity is affirmed and maintained, it is essential that the circles work in harmony.

C. EXPERIENCES OF ABORIGINAL FAMILIES AND CHILD WELFARE

The child welfare field is responsible for promoting the best interests, protection and well-being of children, and for supporting and strengthening families by offering key services to help in times of trouble.

The OACAS describes the role of children's aid societies "to protect children from harm." This mandate is distinct from the work done with service partners and the community "to prevent abuse and neglect, improve child safety, maintain children's health and wellness and support and strengthen families to better care for children."

The issue of child protection is complex and distinguishing between protection and prevention is one of the first challenges when reframing the discussion to incorporate both a Western and Indigenous worldview.

Aboriginal family members in focus groups were asked to describe how they wanted child welfare professionals to carry out their work. They described child welfare professionals who would:

1. Support families in their responsibility to care for and protect their children.

2. When they are not in a position to care for and protect their children, help families develop a plan that:

   > Ensures the least disruption to the family

   > Supports the family to re-establish their ability to maintain safety

   > Keeps the child in the circle of care that ensures his/her Aboriginal identity is recognized and respected

Establishing a care plan for children is when the complexity of child welfare is most reflected. Any decision made about the protection of children needs to reflect a balance between short-term protection and the long-term impact. When removed from their family, community and culture, Aboriginal children experience a loss of identity and displacement. In the long term, children, youth and adults who do not have a clear sense of identity face many challenges in life. The impact of identity loss through colonization has been well documented in the Royal Commission on Aboriginal Peoples and when we compare First Nations, Métis and Inuit people to other Canadians on a wide spectrum of social and health determinants, Aboriginal peoples consistently fare worse.

First Nations, Métis and Inuit people are not inherently less capable to live well or care for their children. Instead the historical legacy of residential schools, the "'60s scoop," the slaughter of dogsled teams and relocation for the Inuit, the lack of recognition for the Métis peoples' Indigenous status and other forms of colonization have all led to entire communities being in a perpetual state of loss.

Family violence (witnessing and being directly abused) impacts children. And so does separating children from their families. Particularly when we place children in environments that do not acknowledge or are disrespectful of culture. What are the consequences of separating young children from their mothers when they are in a time when they need to do attachment? How do we assess these situations to know what will be the least traumatic? (Focus group participant)

When deciding to remove a child from his/her parents, child welfare professionals are playing a part in a continuum of colonization. Child welfare professionals have the potential to diminish a child's sense of identity, to weaken the family's ability to become stronger. By removing a family member from the original home community, child welfare professionals can impact on the strength of that First Nations community as it loses another community member.

When I was in grade two I was placed in foster care by the Children's Aid Society along with my three sisters. I believe one of the reasons I was there was because of "alleged neglect", meaning that they said my mom couldn't take care of us. We were in foster care for two years and during this time we were placed in five different homes. I have vivid memories of sitting by the window in the foster homes just waiting for someone to come and pick us up to take us home. "Maybe this car will be the one to take us home." I would then cry myself to sleep. This thought repeated itself over the course of those two years.

When a child goes into care there is little to help them understand the reasons. They are left wondering what happened and at an emotional level the experience of being put into care can be traumatizing (Middleton-Moz, 1989). I think that when a child goes into care they have needs related to their cultural identity. When I was in foster care, all the homes that we were placed in were White homes and where there was alcohol abuse. In another home, there was sexual abuse. None of these homes provided us with positive cultural mirrors of who we were as Anishinaabe children. First Nations children ought to continue to know who they are while in care, especially children who experience long term foster care and Crown wardship or adoption (King, 2010).

The publication *Ontario's New Approach to Aboriginal Affairs* was issued in 2005 by the Ontario Native Affairs Secretariat (ONAS, now the Ministry of Aboriginal Affairs). It noted that Aboriginal children are over-represented in Ontario's child welfare system, and that Aboriginal children account for approximately 17 percent of the caseload but only three percent of children in the province.

The statistics are sobering:

Research has repeatedly demonstrated the over-representation of Aboriginal children in out-of-home care and in interactions with the child welfare system more generally. For example, the 2000-2002 provincial and territorial data suggest that 30% to 40% of children and youth placed in out-of-home care were Aboriginal despite the fact that less than 5% of children in Canada are Aboriginal (Farris-Manning & Zandstra, 2003, as cited in Gough, Trocmé, Brown, Knoke & Blackstock, 2005, p.1). Further, the number of First Nations children from reserves placed in out-of-home care increased by 71.5% between 1995 and 2001 (McKenzie, 2002).

An analysis of the 2008 *Canadian Incidence Study (CIS) of Reported Child Abuse and*

Neglect found that 22 percent of children under the age of 16 investigated by child welfare services in Canada because of suspected maltreatment were identified as Aboriginal. This rate is up from 16 percent in 1998, and is four times the rate for non-Aboriginal children, despite the fact that Aboriginal children under the age of 16 make up five percent of the general population (Public Health Agency of Canada, 2010).

A more detailed analysis on Aboriginal children was provided from the 2003 CIS. The report showed that, compared with non-Aboriginal children, Aboriginal children were:

> More likely to have allegations of maltreatment be substantiated (50 percent compared to 28 percent)

> Approximately twice as likely to be placed in out of home care (9.9 percent compared to 4.6 percent)

> More than three times more likely to have investigations result in informal placements (11.2 percent compared to 3.4 percent)

> Removed or being considered for removal in 25 percent of cases, as compared to 10.4 percent of non-Aboriginal children

Other stark statistics include:

> Between 1995 and 2001 there was a 71.5 percent increase in the number of on-reserve First Nations children in care.

> Between 1960 and 1990, 11,132 First Nations children were adopted; the numbers are believed to actually be higher. Seventy percent of apprehended Aboriginal children were put in non-Aboriginal homes. In the 1970s, one in three Aboriginal children were separated from their families and put in adoption or foster homes.

> In 2003, 22,500 First Nations children were in State care in Canada. By 2010 the numbers have increased to an alarming 27,500. First Nations children are six to eight times more likely to be in foster care than the non-Aboriginal population.

> About 60% of foster care placements are based on substantiated allegations of neglect: poverty, poor housing and caregiver substance misuse constitute neglect.

These statistics show that Canada continues to violate the United Nations Convention on the Rights of the Child 1989 (UN CRC). Specific to direction around the care of Indigenous children, the UN CRC says, "states should always ensure that the principle of the best interests of the child is the paramount consideration in any alternative care placement of Indigenous children." When placing Indigenous children the state must "pay due regard to the desirability of continuity in the child's upbringing and to the child's ethnic, cultural and linguistic background."

The problem of Aboriginal children in care and placed outside their communities and culture is not new. To Aboriginal families, these statistics simply reveal the continuation of a process of colonization. Individuals outside of the family and community decide on whether Aboriginal individuals are effective parents, just as they have decided on whether they are Indigenous, could vote, could own dog sleds,

could live on the land and in the community where they originally lived, or could access services that all other Canadians receive.

As a child welfare professional, no matter how skilled or well intentioned, you remain part of the colonization legacy of separating Aboriginal children from their families. This makes your work exceptionally challenging.

> *… the system itself is set up to discriminate against First Nations peoples and continues to implement an agenda of assimilation. The colonial game is still on, it's only the rules and players that change* (Shane Tabobondung, Chief of Wasauksing First Nation).

D. USING A SOCIAL-DETERMINANTS FRAMEWORK

> *The vast majority of children are taken into care because of 'neglect'. When one closely examines the definition of the term and its key drivers — poverty, inadequate housing and addiction — it is debatable whose 'neglect' that is: in the words of the National Children's Alliance, "It is important to note that two of the three factors are largely outside of parental control." The National Council of Welfare in 2008 … pointed out that the rates of physical, sexual and emotional abuse, as well as domestic violence, are no higher in Aboriginal homes than in non-native homes. In effect, Aboriginal children are being removed from their families and communities en [masse] because of the neglect of the government* (Stradiotto, 2009).

Working with First Nations, Métis and Inuit families requires a broad context to understand what is happening in these families. The research above shows that Aboriginal children are being taken into care often due to conditions of poverty. Neglect is the primary reason for out-of-home placements, in contrast to non-Aboriginal children for whom removal is due primarily to domestic violence and abuse. The Centre for Excellence for Child Welfare determined that over-representation is caused by a disproportionately high percentage of unsafe homes due to poor housing, parental substance misuse and poverty.

> *Social policies have historically had an impact on multiple generations of Aboriginal peoples. The severing of family and community ties has left a legacy of traumatized individuals. Left dependent on social institutions, many Aboriginal peoples are unable to address their individual needs because the ties to traditional healing circle of family, community and nation has been severed* (Menzies, 2007).

Aboriginal peoples are consistently over-represented among the disadvantaged in a wide range of social and economic measurements.

Raphael (2004) explains that "Social determinants of health are the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole … [They] determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment … Social determinants

of health are about the quantity and quality of a variety of resources that a society makes available to its members" (p.1).

A social determinants approach complements the Indigenous understanding of health and well-being. For Aboriginal peoples, addressing any issue means addressing the social determinants of health including: history, housing, environment, nutrition and food security, education, culture, languages, family and intergenerational violence, poverty, employment, racism and stereotypes. Aboriginal family lives are impacted by a number of these determinants that intersect and influence one another. Most importantly, history provides a vital context for understanding the poor health and social outcomes for many Aboriginal peoples.

> *Indigenous concepts of well-being extend beyond the absence of disease to an understanding of individuals living in harmony with others, their community, and the spirit worlds.*

> *Most Indigenous peoples cite colonization as the single greatest contributor to cultural, geographic, economic and political dispossession. While health professionals recognize the role of classic determinants such as income and housing on the health of populations in general, recent models identify Indigenous-specific determinants of health that reflect the complex legacies and 'lived realities' of the colonization experience* (Smylie, 2009).

Social Determinants of Health
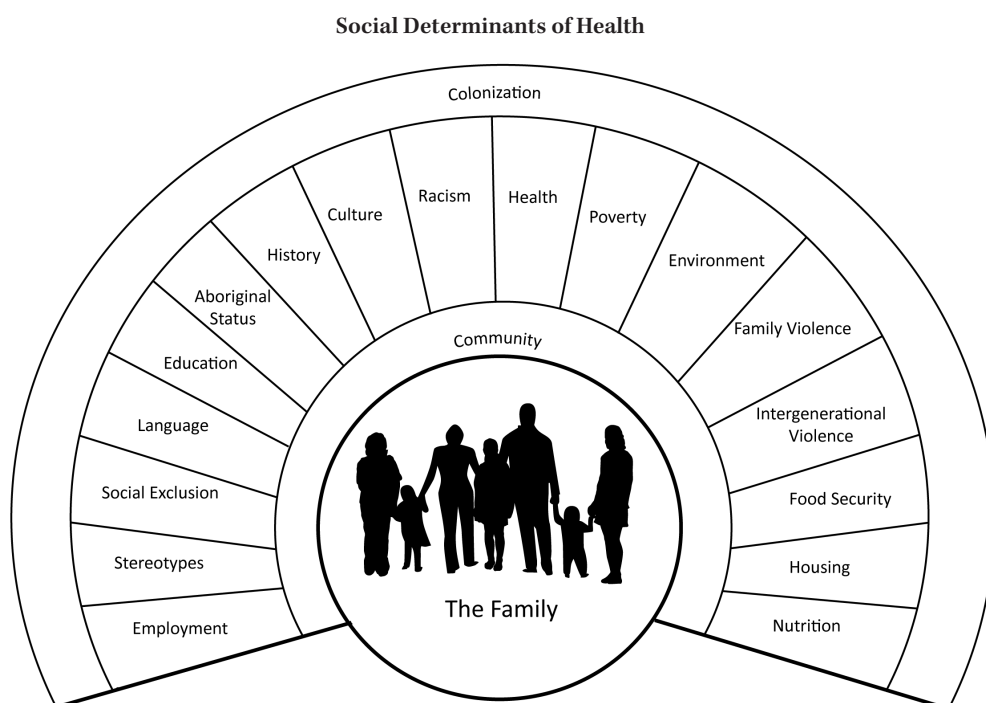
Adapted from: Dahlgren, G. & Whitehead, M. (1991). Policies and strategies to promote social equity in health. Stockholm: Institute for Future Studies.
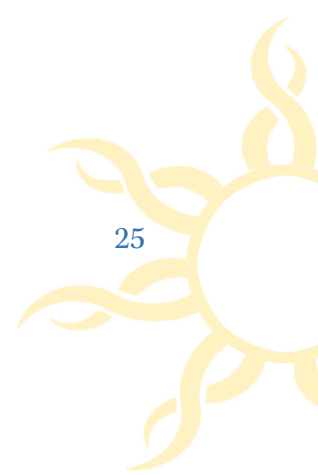
The historical trauma of Aboriginal peoples has resulted in a number of well-documented health and social consequences that directly impact on the well-being of the family.

According to a 2004 study published by Indian and Northern Affairs (INAC), Aboriginal peoples' living conditions or quality of life ranks 63rd, or amongst Third World conditions. The INAC study applied First Nations-specific statistics to the Human Development Index created by the United Nations.

HEALTH

Statistics Canada published *Aboriginal Statistics at a Glance* which provides data specific to First Nation, Inuit and Métis peoples in a number of key areas, including employment, family composition, housing conditions and health (2010).

> The prevalence of diabetes among Aboriginal peoples is at least three times the national average, with high rates across all age groups

> "Aboriginal peoples make up only 5% of the total population in Canada but represent 16% of new HIV infections"

> Tuberculosis is still evident in the First Nations and Inuit populations; it is six times higher and 17 times higher, respectively, than the rest of Canada

> Ischemic heart disease is the primary cause of death for First Nations people 45 years of age and older

> First Nations infant mortality rate is 1.5 times higher than the Canadian infant mortality rate groups

> A First Nations man will die 7.4 years earlier than a non-Aboriginal man. A First Nations woman will die 5.2 years earlier than her non-Aboriginal counterpart. These statistics are consistent with Inuit populations groups.

> Aboriginal communities may suffer the highest rates of FASD

> The Inuit suicide rate is more than 11 times higher than the overall Canadian rate

> Suicide rates among Aboriginal Canadians are five to six times higher than non-Aboriginal Canadians

> Aboriginal peoples have high rates of major depression (18%), problems with alcohol (27%), and experience of sexual abuse during childhood (34%)

> The infant mortality rate for Inuit communities has declined with time but is still about four times higher than that for Canada as a whole

> The tuberculosis rate for Inuit is almost 23 times higher than the rate for all Canadians

> Aboriginal children are more likely to suffer poor health than non-Aboriginal children, and this is likely to affect their development and quality of life. A research review by the Canadian Institute for Health Information found evidence of poorer health outcomes among young Aboriginal children compared to non-Aboriginal ones on almost every indicator.

> Food insecurity is a threat to Aboriginal households. In a 2002 study of a Cree community in Ontario, two thirds of families experienced lack of quantity and quality of food. In a 1997 study of two northern Ontario communities, 50% of each community's families reported not having enough to eat in the past 30 days.

HOUSING

> Aboriginal peoples are over-represented in the homeless population of every major city in Ontario where statistics are available

> At least 33 percent of First Nations and Inuit people (compared to 18 percent of non-Aboriginal people) live in inadequate, unsuitable or unaffordable housing

> Twenty-eight percent of on-reserve First Nations children live in overcrowded or substandard housing; 24 percent of off-reserve Aboriginal children live in substandard housing. Aboriginal homes are about four times more likely than Canadian homes overall to require major repairs[1], and mould contaminates almost half of First Nations homes.

> Seventy-eight percent of the Urban Aboriginal Task Force (UATF) community survey participants reported that their housing needs are not being met

> Aboriginal peoples are four times more likely to be living in crowded housing that non-Aboriginal Canadians

POVERTY

> One in four First Nations children live in poverty

> It is estimated that 44 percent of the Aboriginal population living off-reserve is living in poverty

> More than one quarter, or 29% of Aboriginal families are headed by single mothers

> Just over 13% of Aboriginal families are headed by parents under the age of 25

> The average income of Aboriginal men and women in 2001 was $21,958 and $16,529, respectively

> The median income of Aboriginal women in 2006 was just over $15,000

> About 21% of the working Aboriginal population in Ontario were low income earners in 2006, versus 12% of non-Aboriginal workers

> In 2001, the Aboriginal unemployment rate for Aboriginal Canadians was 14%, double the rate of non-Aboriginal households. For Aboriginal Canadians living on reserve the figure was 28%.

1   The census defines "major repairs as the repair of defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc." (Statistics Canada, 2008)

Research has also identified certain socio-demographic characteristics that are associated with higher rates of violence against women. Such characteristics cannot be considered causes of violence, but rather factors that help identify the context in which violence occurs. Factors consistently identified in the literature are:

> Age (rates of violence are highest among young women)

> Emotional and psychological abuse are one of the most important predictors of physical and sexual violence in spousal relationships

> Socio-economic factors (such as low income, being unemployed or having low educational attainment)

> Alcohol abuse

> Being a member of a lone parent family

> Living in crowded conditions

> Large family size

> High residential mobility (moving residences often)

> Experiences of sexual abuse

In nearly every social determinants category, Aboriginal peoples are significantly disadvantaged. As a child welfare professional, one cannot protect the child without considering the health and social consequences of the conditions that impact on the well-being of Aboriginal families.

E. THE SCOPE OF THE ISSUE OF FAMILY VIOLENCE FOR FIRST NATIONS, INUIT AND MÉTIS FAMILIES

Violence is a symptom of historical and current experiences of Aboriginal peoples. The statistics are sobering and speak to systemic issues.

> *It should first be understood that widespread abuse which involves physical violence, sexual abuse of women and children, addictions to alcohol and drugs, do not evolve quickly. We must recognize that these patterns of behavior are the result of several generations of inappropriate attitudes concerning the self and others. That these destructive actions are becoming normalized and severely detrimental to Inuit culture and well-being is evident in the despair of our young people marked by an increase in the school drop out rate, and tragically, in the number of teen suicides. Families are apparently overwhelmed by the magnitude of their problems and …. understanding… how many of the abusive attitudes and practices evolved through the generations from the traditional Inuit world to today, is essential to any effective healing process* (Pauktuutit Inuit Women's Association, 2005).

Aboriginal family violence is a result of multiple causal factors related to colonization and its legacy. Violence against Aboriginal women is linked to family

violence which is linked to the violence that is directed to Aboriginal peoples in individual and systemic ways.

VIOLENCE AGAINST ABORIGINAL WOMEN

> *Indigenous girls and young women comprise the most marginalized, exploited and frequently victimized population group in Canada. The roots of this tragedy are found in the ongoing effects of colonial oppression evidenced by myriad and extreme social and economic inequalities (NWAC, 2010; Ruttan et al, 2010; Amnesty International, 2009; Novac et al, 2002; RCAP, 1996; Status of Women Canada, 1993). Although it has long been recognized that Indigenous girls and women experience disproportionately higher and far more brutal forms of harassment, sexual exploitation, violence and murder there is still no coherent, integrated strategy to protect, support and strengthen them* (Chansonneuve, 2010).

Although Indigenous women represent three percent of the Canadian population, they are over-represented as victims of racialized, sexual violence. Fifty-four percent of Aboriginal women experience severe and potentially life threatening forms of violence. These conditions are unacceptable.

The Native Women's Association of Canada (NWAC) initiative entitled *Sisters in Spirit* brought to the world's attention that the level of violence against Aboriginal women was so extreme that it had resulted in 500 missing and murdered women. Upon completion of five years of research, the NWAC had a database of information about more than 630 missing and murdered Aboriginal women.

In 2008, the National Clearinghouse on Family Violence released the following statistics:

> 343 Aboriginal females out of every 1,000 are victims of violent crimes, compared to 96 out of every 1,000 non-Aboriginal women

> Aboriginal females are 3.5 times more at-risk to be a victim of a violent crime than non-Aboriginal women

> Aboriginal women are eight times more likely to suffer abuse than non-Aboriginal women; and of those women, 87 percent had been physically injured and 57 percent had been sexually abused

The Métis do not have gender specific statistics, yet the rates of violence reported indicate a prevalence of violence, sexual abuse and sexual assault. The few statistics available indicate that 39 percent of Métis experienced family violence, 23 percent experienced sexual abuse and 14.6 percent experienced rape.

FAMILY VIOLENCE

Family violence in Aboriginal families includes male violence against women, violence between intimate partners, between siblings, between parents and children, and between parents and Elders. Family violence includes violent behaviour that occurs between family members in the immediate and extended family.

First Nations and Inuit women in particular experience higher rates of family violence than non-Aboriginal women. A 2004 Statistics Canada study showed that Aboriginal women were three and a half times more likely to suffer some form of spousal violence than non-Aboriginal women.

Statistics Canada interpreted the findings of the 2004 *General Social Survey*, and discovered the following trends:

> 24% of Aboriginal women reported spousal violence in the preceding five years

> 7% non-Aboriginal women reported spousal violence in the preceding five years

> 43% of Aboriginal victims of spousal violence reported injuries

> 31% of non-Aboriginal victims of spousal violence reported injuries

The Ontario Native Women's Association (ONWA) and the Ontario Federation of Indian Friendship Centres (OFIFC) have studied family violence in Canada and in Ontario. The 1989 ONWA study entitled *Breaking Free* found that eight out of 10 Aboriginal women in Ontario had personally experienced family violence.

The statistics listed below provide additional information about family violence in Canada, and in Ontario:

> In some northern Aboriginal communities, it is believed that between 75 and 90 percent of Aboriginal women are battered

> Aboriginal women run eight times the risk of being killed by their spouse after a separation, compared to non-Aboriginal women

> Thirty-seven percent of Aboriginal women experienced emotional or financial abuse from a current spouse, in comparison to 18 percent of non-Aboriginal women

> Ninety percent of federally sentenced Aboriginal women have histories of physical and/or sexual abuse

Children witness more than half of the violence that occurs between the adults in the home and are also targets for abuse, especially sexual crimes, with up to three quarters of Aboriginal girls under the age of 18 having been sexually assaulted.

INTERGENERATIONAL VIOLENCE

As the Harmony Circles explain, the family and the community surrounds the individual. Researchers have learned that violent behaviour is learned, through the interaction with others and by observing violent behaviour. Social Learning Theory

has been used to explain the cycle of violence among families. Social Learning Theory is described as the observations of others; that we imitate behaviour that we observe. How the parents respond to conflict will help shape whether or not the child learns violent behaviour during the most critical developmental learning stages.

> *What we learn to see as "normal" when we are children, we pass on to our own children. Children who learn that … sexual abuse is "normal", and who have never dealt with the feelings that come from this, may inflict physical and sexual abuse on their own children. The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so. This is the legacy of physical and sexual abuse in residential schools* (Aboriginal Healing Foundation, 1999).

What happens when an entire generation of children has been exposed to violent behaviours through historical experiences? The action of protecting the child by removing the child from his/her home and community does not in fact protect him/her in the long term. Each child has a right to his/her cultural identity and that identity is rooted in his/her family and community. Child welfare professionals can be participants in supporting the healing process for the family and community.

> *In our view, the primary impact of family violence and abuse in Aboriginal communities is the metastasizing of violence into community life, and the gradual generation of a "culture of violence." The term "culture of violence" means that the lived patterns of human interactions, as well as the belief and values that support them, are infused with violence to such a degree that violence has become a distinguishing characteristic of community life…. Widespread family violence and abuse in Aboriginal communities has, since the days of residential school, passed through at least three and sometimes four generations in which chronic abuse and violence has been allowed to flourish and spread. This means that for multiple generations, children have been raised who were "incubated in terror" (Perry, 2001), or at least in persistent fear, unease and intermittent trauma…. The spread of lateral violence within communities is now becoming a serious concern of Aboriginal leaders (Federation Saskatchewan Indian Nations, 2001). The critical point is that one of the primary sources of this pattern, both in terms of its origins and its perpetuation, is the violence and abuse that occurs in Aboriginal families*
> (Bopp, Bopp & Lane, 2003).

LATERAL VIOLENCE

> *Lateral violence has impacted Indigenous peoples throughout the world to the point of where we harm each other in our communities and workplaces on a daily basis. That violence includes gossip, shaming of others, blaming, backstabbing, family feuds and attempts at socially isolating others. This form of violence occurs when out of anger and frustration, an oppressed group turns on itself and begins to violate each other* (Mohawk Rod Jeffries, 2009).

Lateral violence is described as organized, harmful behaviours that we do to each other collectively as part of an oppressed group; within our families, within our organizations, and within our communities. Lateral violence is also referred to as 'internalized colonialism'.

General characteristics of lateral violence are:

1. Repeating the original oppression by oppressing those around us,

2. Intensely focusing on the negative in another person or another group, or

3. Collective cooperation when a number of people work together negatively to attack and undermine another person or group.

Remembering the Harmony Circles, child welfare professionals' work needs to include supporting the circles around the family and children. Keeping the circles in balance requires child welfare professionals to create relationships with other service providers to help support the family.

> When service providers and the public see the statistics, there is often a knee-jerk reaction to move children away from their homes and their communities. There are often public proposals to have more children adopted to non-Aboriginal families because "the right to a loving, nurturing and permanent family should be deemed at least as important as cultural considerations" (Wattie, 2010).

There are two assumptions being made here that are problematic:

1. Most Aboriginal children are in families where they are loved; however, the skills required to nurture have been undermined because of many historical actions of colonization.

2. The long-term impact of Aboriginal children being raised in non-Aboriginal

families may be detrimental to many children, because one's sense of identity shapes and determines the quality of a person's life.

The historical experiences of Aboriginal peoples have resulted in violence, perpetrated both by individuals external and internal to the Aboriginal family. The issue of lateral violence has an impact on understanding the root of violence and also the ability of the community to protect children. Child welfare professionals need to find health in the individuals and communities to ensure children can be raised in their home communities.

F. THE IMPORTANCE OF IDENTITY

The formation of a person's identity is a complex process that leads to the establishment of a sense of self as an individual and in relation to others. A person's identity includes a sense of continuity (where I came from); a sense of uniqueness from others (what are my gifts?); and a sense of affiliation (who do I belong to?).

> *Identities do not exist before they are constructed… and are shaped in part by recognition, absence of recognition or misrecognition by others. Cultural identity has three elements: self-identification, community identification and external identification* (Simard, 2009).

Our identities are rooted in culture, they tell us who we are and give us guideposts about how to deal with life issues as they arise. Without identity, individuals are unable to formulate a balanced response to the situations that arise in life. They may react, mimic what they have seen in others or run from what they do not have the skill to deal with.

A profound disconnection from cultural identity and a sense of knowing to whom individual Aboriginal peoples belong has resulted from the historical legacy of breaking cultural continuity of Aboriginal peoples. Negative messages about being Aboriginal in Canada that stem from this history have a negative impact on one's positive identity formation.

Aboriginal families will appreciate a holistic case management approach; however, a child welfare professional may never fully understand the breadth and depth of any one family.

> *The survivors of the Indian residential school system, have, in many cases, continued to have their lives shaped by the experiences of those schools. Persons who attended those schools continue to struggle with their identity after years of being taught to hate themselves and their culture* (RCAP, 1996c).

Children are in danger of losing their own cultural identity. Some carry depression, anxiety and fear from their foster care experience, which has a great impact and effect throughout their lives even when it was reported as a positive outcome. They might be treated differently from others in the foster home, and might also be treated differently among their own siblings after returning back from foster care. They feel out of place, and not certain where to fit in within their immediate families and within their communities. A lot of Inuit parents have lost the intimate connection they once had with their children.

– Focus group participant

G. ATTACHMENT

By the age of nine, after being placed in over 28 different living situations, Richard Cardinal had given up his longing for love, for family, and for dignity. He ended his life, writing, "I just can't take it anymore" **(Obomsawin, 1986).**

Richard's death drew a great deal of attention to the over-representation of Aboriginal children in care, and raised questions as to why any child would be moved to so many homes in such a short time. It also raised the question about the impact on a child's ability to attach to a person if s/he is moved repeatedly.

In the last 20 years, research has emphasized the importance of attachment in the first years of life, and has particularly focused on the crucial importance of mother and child bonding. In some Aboriginal cultures it is deemed so important to ensure attachment that mothers carry their children for the first year of life. For the Inuit, the design of their coat, the Amauti, is intended to ensure that children stay physically close to the mother throughout the day.

By relying on a broader circle including extended family members to care for a child, the chance for attachment and connection increases. Fortunately, the practices of kinship care and Customary Care provide opportunities for healthy bonding to occur between children and their families.

Some Aboriginal scholars have suggested that "attachment theory is not particularly relevant in Indigenous cultures" and suggest that "a discussion on connectedness has stronger cultural meaning to Aboriginal peoples than the suggestion that children should attach to one or two principle figures in their lives"(Carrière 2007). This is consistent with the teachings embedded in the Harmony Circles.

A research project conducted by Weechi-it-te-win Family Services examined the ways in which children's cultural identity could be ensured by providing cultural attachment. Weechi-it-te-win built on the foundation of the traditional family structure and created a service placement model called "Cultural Placement." The model is based on the placement principle that is designed to ensure that a child is safe and mechanisms are in place for the family, extended family and community to collectively raise the child within the child's cultural context. Attachment is recognized as a need but more people are engaged to perform that responsibility to the individual child.

Culture has commonly been defined as the worldview, lifestyle, learned and shared beliefs and values, knowledge, symbols, and rules that guide behaviour and create shared meanings within a group of people. These cultural norms are passed down from generation to generation.

Early childhood is a critical time for positive identity formation. The opportunity to learn one's heritage language clearly contributes to healthy cultural identity formation.

Section Four of this Practice Guide articulates how child welfare professionals may strengthen their practice with Aboriginal families experiencing violence.

A REAL INDIAN

I never met a real Indian I've only seen them on T.V. or in a picture book. Real Indians I thought were the ones that stood straight and tall with arms folded and that oh too familiar, poker straight face staring straight ahead. The only real thing about these Indians were the way they looked, you know. I never seen them laugh at something silly or cry at the sad disheartening plight of others. I have never seen them kiss and hug, or run and play.

For a long time far too long. I wished I could meet a real Indian not to talk to just to stand mouth agape and stare at the unrealness of the creature.

Many people informed me that I was Indian and I would reply, yes I'm Indian but not a real Indian.

I travelled through life explaining, deciphering and denying Indianness often wondering why my skin colour had to be that one shade darker making life so difficult and complex.

Why is it everyone is so intrigued and mystified by a nation that staggers down the street and totters on the corner. What is it about these trinket trading savages that will not die and go away.

To what linguistic family do you belong too many inquisitive whites have asked me? You tell me and we'll both know I'd think ashamedly. White people knew way more about Indians than I did. Isn't it a crime what happened to the Beothuks? In my mind I'd search for the meaning of the word.

The strangest thing transpired while I was reading a book. I identified with a people that were so far removed from me and my reality. I was hooked. I searched through pages and picked up pieces. I found these pieces everywhere, alone I travelled, unsure of what the treasure was or how I'd know when I'd found it.

Time transpired, days, years, a lifetime unfolded, bits and pieces from everywhere retrieved. Cut and paste, put together working hard make it fit. Finally, not yet finished but enough pieces are in place. I pick it up to have a look at what I have in front of me.

I stand straight and tall my mouth agape, before me is a real Indian as real as real can be. I know she's real because there's no mistake that pieced together Indian is me.

– Decarlo, 1993

H. RESILIENCY

Resiliency is a concept that has strong resonance in Aboriginal communities. Despite the deliberate attempts to dismantle First Nations, Inuit and Métis culture, families and communities, Aboriginal peoples have demonstrated incredible resiliency. The concept of resiliency is throughout Indigenous cultures and means the ability to overcome deprivation and adverse conditions in life.

Resilient individuals have strengths, attitudes and skills that enable them to manage in their lives and cope with adversity. All societies generally agree on certain basic factors that are necessary for health and strength:

> Forming good relationships

> Not harming others or oneself

> Contributing in positive ways to family, work, community and friends

> Doing those things that enable mental and physical health for oneself and others

Resiliency is enhanced when key protective factors are in place. Protective factors which help a child or individual to overcome deprivation and deal with adverse life conditions include:

> Caring and supportive relationships

> Positive high expectations

> Opportunities for meaningful participation in the family and the community

> A strong sense of identity

> Healthy and supportive families and communities

> Strong coping skills

> Knowledge of culture language

> A positive view of the future

Aboriginal families are resilient. Despite consistent adversarial conditions, the Aboriginal population in Canada is a growing population that is reclaiming family and community structures and cultural and traditional ways of living.

Resiliency is a key tool child welfare professionals can use when supporting families to address the family violence in their lives.

I. BUILDING ON THE CURRENT CHILD WELFARE SYSTEM IN ONTARIO

As a child welfare professional, many tools currently exist that will support you as you transform the ways you do your work with First Nations, Inuit and Métis families. Some of those tools include:

ASSESSMENT AND CASE PLANNING

Eligibility Spectrum:	This tool is designed to assist child protection staff to make "consistent and accurate decisions about a child or family's eligibility for service at the time of referral" — the point at which the child welfare agency becomes involved with the family (Ontario Association of Children's Aid Societies, 2006).

Differential Response:	The method of service delivery for child protection workers in Ontario that provides clear standards and guidelines to determine the kind of support and service needed to keep children safe and families healthy in situations involving child maltreatment. The model assesses eligibility for service, safety and risk, while allowing for greater engagement with families. A revised set of child protection standards and established aids to decision-making give child protection workers clear guidelines to complete a thorough assessment of what each child and family requires.

> We cannot be surprised when hard times come to us. We have to know how to face problems and get through them. We can't lose our way when we have worries; we have to keep ourselves calm and steady. We can't let ourselves get scared or down. We need our energy to solve the problems, not to get too down about them.
>
> - Elder from Tuktoyaktuk, 2007

Using this model will lead to a more collaborative a holistic service approach that will strengthen families and keep children safe.

SERVICES
KINSHIP POLICY

Kinship Service (Out of Care) and Kinship Care (In care) have been formalized as two options when considering permanent or long-term homes for children and youth in need of protection. Ontario's child welfare agencies will be turning to extended family (kin) or members of the child's community to provide safe, nurturing, alternate living arrangements for children and young people at risk of neglect or abuse. This approach builds on existing family and community relationships and facilitates easier and more frequent contact with birth parents.

> Kinship, n.
> Kinship is "any living arrangement in which a relative or someone else who has an emotional bond to the child/youth takes primary responsibility to rear the child/youth."

Kinship Service:	This occurs when it has been determined that a child who is in need of protection will live with relatives or other kin. The CAS does not assume legal custody of or responsibility for the child, and the Kinship Service providers are not approved as foster parents; however, the Kinship Service provider must undergo a safety assessment. The child does not have "in care" status.
Kinship Care:	This occurs when the child is brought into care as the result of a Temporary Care Agreement (TCA) or determination by the court, and the child is placed with relatives or other kin. The kinship care providers are approved as though they were foster parents. The child has "in care" status.

Customary Care:	Customary Care recognizes the validity of individual cultural practices as a guide for dealing with a variety of problems that our First Nations children and families encounter. Any definition or implementation of Customary Care is within the sole discretion of each First Nations and, as such, each community. Currently Customary Care is recognized in very broad terms within Section 208, Part X of the *Child and Family Services Act* (CFSA) as "the care and supervision of an Indian or native child by a person who is not the child's parent, according to the custom of the child's **band** or native community."

Expanded Family-Based Permanency Planning in Ontario
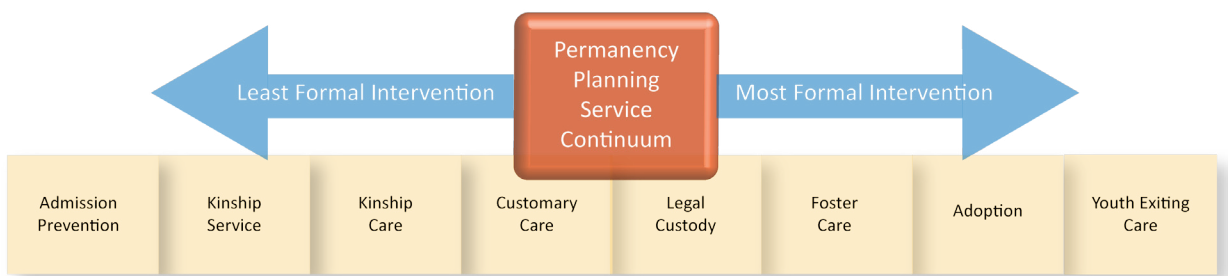
PROTOCOLS AND TRAINING
PROTOCOLS BETWEEN CAS AND ABORIGINAL ORGANIZATIONS

Different child welfare agencies and Aboriginal organizations and First Nations communities have developed protocols to support their ability to work together to address child welfare issues.

TRAINING ON WOMAN ABUSE (WHERE WOMAN ABUSE AND CHILD SAFETY INTERSECT: BEST PRACTICE INTERVENTIONS FOR KEEPING CHILDREN AND WOMEN SAFE)

The purpose of this two-day curriculum "is to evolve best practice interventions by child welfare professionals who become involved with families in which woman abuse is or may be occurring. Emphasis is placed on understanding the etiology and dynamics of woman abuse including the importance of gender-based analysis and power imbalance; the effects of partner abuse on women's parenting; differential assessment of the effects on children of exposure to woman abuse; lethality; safety planning for women and children; and, interagency collaboration in case planning and intervention. The critical importance of understanding and engaging men who abuse women in assessment and treatment and holding those who abuse women accountable for the impact of their abusive behaviour on women and children is also emphasized" (OACAS, 2010b).

PROTOCOLS ON WOMAN ABUSE BETWEEN INDIVIDUAL CAS AND COMMUNITY ORGANIZATIONS

In 2002, the Ontario government made an explicit commitment to link the child welfare and violence against women sectors, through the Collaboration Agreements

that were intended to support the sectors to collaborate to increase the safety and well-being of children by:

> Helping women to be safe

> Making the best use of the means available to hold the abusive man accountable for harming and being a risk to the women and their children

> Using the agreement as a template for collaboration with other sectors

The agreement identified six initial points where VAW and CAS intersect for the purpose of collaboration:

> The CAS has received a referral/report/information that a child may be in need of protection or when the child welfare professional suspects or learns that woman abuse may be/is occurring in the home

> The child welfare professional is assessing safety, and future risk to the child

> The child welfare professional is developing a Plan of Service for a family involving woman abuse

> The VAW worker is trying to determine whether a situation constitutes reasonable grounds to suspect that a child may be in need of protection

> A woman and a child are involved with both a VAW agency and a children's aid society

> The VAW or child welfare professional is assisting a woman who is trying to negotiate custody and access agreements in order to increase her safety and that of her children

SOURCES

Aboriginal Affairs Working Group. (2010). Framework for action in education, economic development and violence against Aboriginal women and girls (p.5). Report presented to Premiers on August 4, 2010 at the Meeting of the Premiers and National Aboriginal Organization Leaders, Winnipeg, Manitoba.

Ajunnginiq Centre, National Aboriginal Health Organization (NAHO). (2007). Resilience: Overcoming challenges and moving positively. Ottawa, ON: NAHO.

Assembly of First Nations (AFN). (2005). The reality for First Nations in Canada. *First Nations Health Bulletin*, Summer 2005, 2-3.

Ball, J. (2008). Promoting equity and dignity for Aboriginal children in Canada. *IRPP Choices*, (14)7, 9-10.

Brzozowski, J., Taylor-Butts, A., & Johnson, S. (2006). Victimization and offending among the Aboriginal population in Canada. *Juristat: Statistics Canada*, (26)3, 1-5.

Canada Mortgage and Housing Corporation (cmhc). (2004). Aboriginal housing background paper (Draft) (p.3). Retrieved on June 28, 2011 from: http://www.aboriginalroundtable.ca/sect/hsng/bckpr/inac_BgPaper_e.pdf

Canadian Association of Elizabeth Fry Societies. (1999). Alternatives to incarceration [Fact sheet]. Retrieved on May 10, 2010 from: http://www.elizabethfry.ca/facts1_e.htm

Canadian Institute for Health Information (cihi). (2004). Improving the health of Canadians (p.86). Ottawa, on: cihi.

Canadian Institutes of Health Research. (2005). Research Profile — Stopping a preventable disorder: Fetal alcohol spectrum disorder (fasd) (p.1). Retrieved on June 16, 2011 from: http://www.cihr-irsc.gc.ca/e/28889.html

Child and Family Services Act, R.S.O. 1990, c.11, s.208. (1990). Retrieved on May 11, 2011 from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

Derrick, J. (n.d.). Lateral violence. Retrieved on June 30, 2011 from:http://www.4windswellness.ca/lateral.html

Dahlgren, G. & Whitehead, M. (1991). Policies and strategies to promote social equity in health. Stockholm: Institute for Future Studies.

Dinsdale, P. (2010). National Association of Friendship Centres [Powerpoint presentation] (p.10). Presented at the Best Start Conference, March 2010, Toronto, on.

Elliott, D., & Mihalic, S.W. (1997). If violence is domestic, does it really count? *Journal of Family Violence*, 12(3), 293-311.

Family Service Toronto. (2010). Campaign 2000: 2010 report card on child and family poverty in Canada (p.6). Toronto, on: Family Service Toronto.

Gough, P., Trocmé, N., Brown, I., Knoke, D., & Blackstock, C. (2005). Pathways to the overrepresentation of Aboriginal children in care. cecw Information Sheet #23E (p.1). Toronto, on: University of Toronto, Faculty of Social Work.

Healing Journey, The. (n.d.). Understanding the roots of interpersonal violence. Retrieved on May 10, 2011 from: http://www.thehealingjourney.ca/inside.asp?129

Health Council of Canada. (2005). The health status of Canada's First Nations, Métis, and Inuit Peoples: A background paper to accompany 'Health care renewal in Canada: Accelerating change' (p.6). Toronto, on: Health Council of Canada.

Inuit Tapiriit Kanatami (itk). (2008). Inuit in Canada: A statistical profile (p.10). Ottawa, on: itk.

Jourdain, L. (2006). Anishinaabe history as related to child welfare. In E. Simard, Culturally restorative child welfare practice — A special emphasis on cultural attachment theory. *First Peoples Child and Family Review*, (4)2, 57.

'Kinship Care'. (n.d.). In *The Children's Aid Society of the County of Lanark and the Town of Smith Falls* website. Retrieved on July 19, 2011 from: http://www.lanarkcas.ca/content/moduleId/etjymxgB/pageId/6Njb1zp1.html

MacLaurin, B., Trocmé, N., Fallon, B., Blackstock, C., Pitman, L., & McCormack, M. (2006). Comparison of First Nations and non-Aboriginal children investigated for maltreatment in Canada in 2003. cecw Information Sheet #66E. Toronto, on: Factor-Inwentash Faculty of Social Work, University of Toronto.

Mann, M. (2005). Aboriginal women: An issues backgrounder (p.2). Ottawa, on: Status of Women of Canada.

McHardy, M. & O'Sullivan, E. (2004). First Nations community well-being in Canada: The community well-being index (cwb), 2001. Ottawa, on: inac.

McIvor, O. (2005). The contribution of Indigenous heritage language immersion programs to healthy early childhood development. *Research Connections Canada*, 12. Retrieved June 29, 2011from: http://www.accel-capea.ca/pdf/rc_eng12.pdf.

Menzies, P. (2007). Understanding Aboriginal intergeneration trauma from a social work perspective. *The Canadian Journal of Native Studies*, 27(2), 6.

Mikkonen, J. & Raphael, D. (2010*). Social determinants of health: The Canadian facts* (p.41-42). Toronto, ON: York University School of Health Policy and Management.

Morley, M. & Schwenger, S. (2009). Aboriginal health determinants and stroke/chronic disease [Powerpoint presentation] (p.57). Retrieved on June 13, 2011 from: http://www.healthnexus.ca/events/CTD/pdf/Aboriginal_Health_Determinants_PART2.pdf

National Collaborating Centre for Aboriginal Health (NCCAH). (2010a). Aboriginal health through a social determinants lens. *Ontario Health Promotion E-Bulletin*, No. 685 (p.2). Retrieved on May 5, 2011 from: http://www.ohpe.ca/node/11824

Native Women's Association of Canada (NWAC). (2010). What their stories tell us: Sisters in spirit — 2010 research findings. Ottawa, ON: NWAC.

Obomsawin, A (Producer & director). (1986). *Richard Cardinal: Cry from a diary of a Métis child* [Motion picture]. Ottawa, ON: National Film Board of Canada.

Ontario Federation of Indian Friendship Centres (OFIFC) & Ontario Native Women's Association (ONWA). (2007). A strategic framework to end violence against aboriginal women (p.3). Ontario: OFIFC & ONWA.

Ontario Federation of Indian Friendship Centres (OFIFC), Ontario Métis Aboriginal Association & Ontario Native Women's Association (ONWA). (2007). Urban Aboriginal task force: Final report (p.138). Toronto, ON: OFIFC.

Ontario Native Affairs Secretariat (ONAS). (2005). Ontario's new approach to Aboriginal affairs: Prosperous and healthy Aboriginal communities create a better future for Aboriginal children and youth (p.9). Toronto, ON: Queen's Printer for Ontario.

Sinclair, R. (2009). Identity or racism? Aboriginal transracial adoption. In R. Sinclair, M. Hart, & G. Bruyere (Eds.), *Wicihitowin: Aboriginal social work in Canada*. Winnipeg, MB: Fernwood Publishing.

Statistics Canada. (2004). The general social survey: An overview . Ottawa, ON: Minister of Industry.

Statistics Canada. (2007). Family violence in Canada, a statistical profile 2007 (p.18). Retrieved from Statistics Canada website: http://www.statcan.gc.ca/pub/85-224-x/85-224-x2007000-eng.pdf

Statistics Canada. (2008). Aboriginal peoples in Canada in 2006: Inuit, Métis and First Nations — 2006 Census: Highlights. Ottawa, ON: Statistics Canada.

Statistics Canada. (2010). Aboriginal statistics at a glance. Retrieved on May 5, 2012 from: http://www.statcan.gc.ca/pub/89-645-x/89-645-x2010001-eng.htm

Stradiotto N. (2009). Today's Canadian Aboriginal children: The origin of tomorrow's government apology. Journalists for Human Rights (jhr) Write the Wrong 2009 — Winning Submission (p.5). Toronto, ON: jhr.

Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2005). Canadian incidence study of reported child abuse and neglect – 2003: Major findings. Ottawa, ON: Minister of Public Works and Government Services Canada.
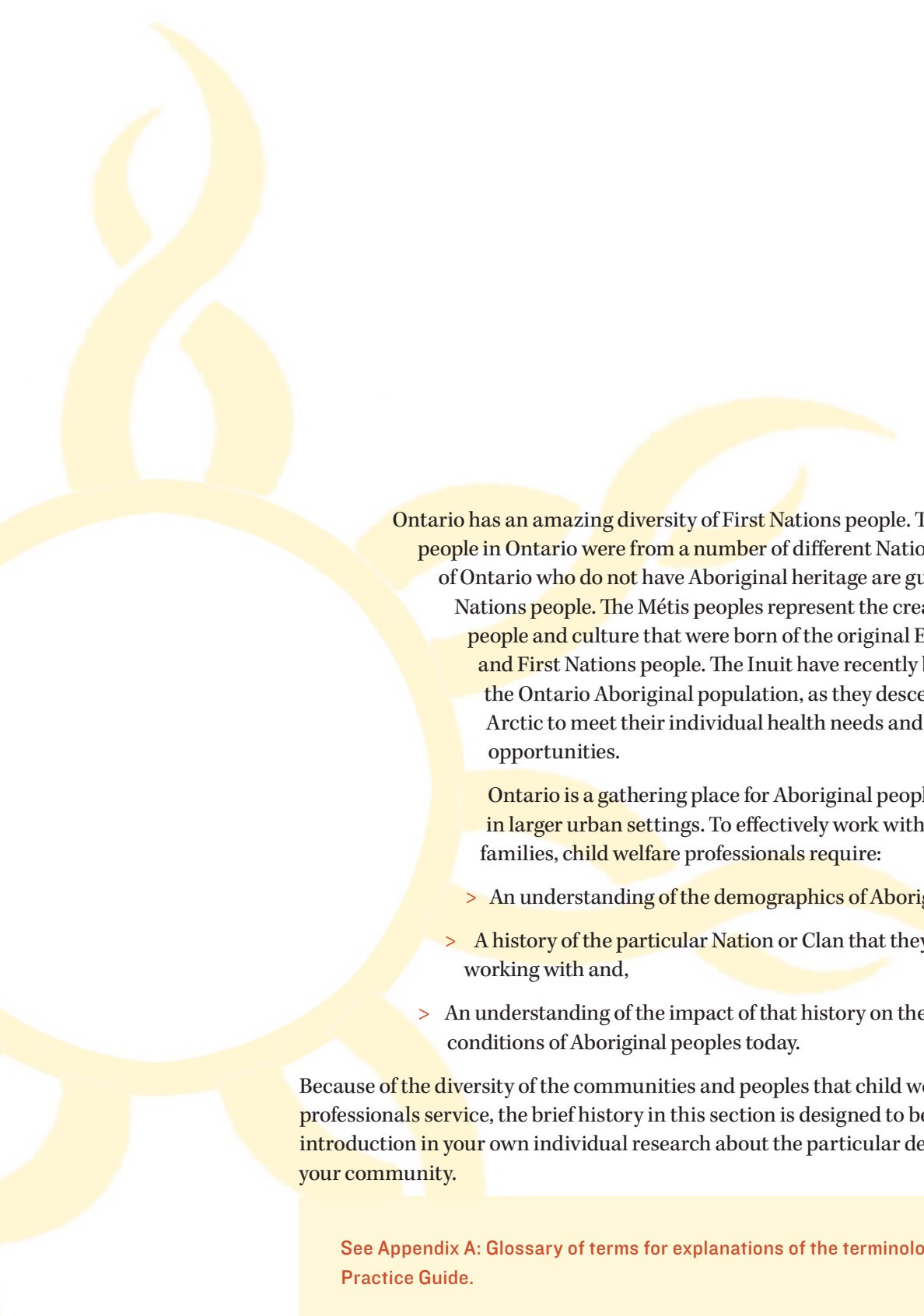
UN General Assembly. (1989). Convention on the Rights of the Child (Articles, 3, 20). New York, NY: United Nations, Treaty Series, vol. 1577.

Woman Abuse Working Group (WAWG). (n.d.). Violence against Aboriginal women fact sheet (p.1). Retrieved on June 29, 2011 from: http://www.wawg.ca/pages/violence-against-aboriginal-women

Women of the Métis Nation. (2007). Policy paper on violence against Métis women (p.6). Ottawa, ON: Métis Centre, National Aboriginal Health Organization (NAHO).

2 > **FIRST NATION,
INUIT AND MÉTIS
PEOPLE IN ONTARIO**

Ontario has an amazing diversity of First Nations people. The original people in Ontario were from a number of different Nations. Residents of Ontario who do not have Aboriginal heritage are guests of the First Nations people. The Métis peoples represent the creation of a new people and culture that were born of the original European visitors and First Nations people. The Inuit have recently become part of the Ontario Aboriginal population, as they descended from the Arctic to meet their individual health needs and seek educational opportunities.

Ontario is a gathering place for Aboriginal peoples, particularly in larger urban settings. To effectively work with Aboriginal families, child welfare professionals require:

> An understanding of the demographics of Aboriginal peoples,

> A history of the particular Nation or Clan that they are working with and,

> An understanding of the impact of that history on the socio-economic conditions of Aboriginal peoples today.

Because of the diversity of the communities and peoples that child welfare professionals service, the brief history in this section is designed to be a brief introduction in your own individual research about the particular demographics of your community.

See Appendix A: Glossary of terms for explanations of the terminology in the Practice Guide.

This section is intended to help child welfare professionals navigate the different peoples that make up the term "Aboriginal peoples" and the services and resources to which each group has access. As a child welfare professional, you may work with individuals who identify as:

> Aboriginal

> First Nations people ("Indians" as defined in the Indian Act) who live in their community (on reserve) and have a legal status defined by the federal government

> First Nations people living outside of their community who have status defined by the federal government

> First Nations people living outside of their community and do not have status

> Métis who are registered as Métis

> Métis who are not registered as Métis

> Inuit who are temporary residents in your service area, permanently live in one of the Arctic communities and who have rights under one of the four signed Land Claim Arrangements

> Inuit who are permanent residents in your service area and who have rights under one of the four signed Land Claim Arrangements

You may also work with some individuals who choose not to identify as an Aboriginal person.

Each person in the family may:

> Live a traditional lifestyle, or assimilated lifestyle, or a bi-cultural lifestyle that includes both traditional and Western practices

> Have an urban, rural, reserve or settlement background

> Speak an Aboriginal language at home, or may hear and understand an Aboriginal language but not speak it

Most Canadians do not learn much about First Nations, Métis and Inuit people in school or in the media. Often the stories told are about the results of post-colonization (e.g. media stories about residential schools, violence, gangs, impoverished communities and homes). Rarely do stories illustrate the rich and diverse nature of Aboriginal peoples in Ontario prior to colonization and the actions taken by successive governments which have led to specific behaviours in Aboriginal communities today. Aboriginal families who do not strongly identify with their Aboriginal ancestry may still have been affected by the historical experiences of Aboriginal peoples, or may face racism and discrimination. In some cases, Aboriginal family members have been taught to be ashamed of their Aboriginal ancestry and may deny their identity at times.

Understanding the history and cultures of Aboriginal peoples in the local community and in Ontario will provide child welfare professionals with a better understanding of a family. Becoming familiar with an Aboriginal worldview helps each child welfare professional establish a relationship with families. Becoming aware of cultural beliefs and practices will provide child welfare professionals with a greater set of tools to work effectively and respectfully with a First Nations, Inuit or Métis family. This Practice Guide is designed to be a start to each child welfare professional's individual learning journey.
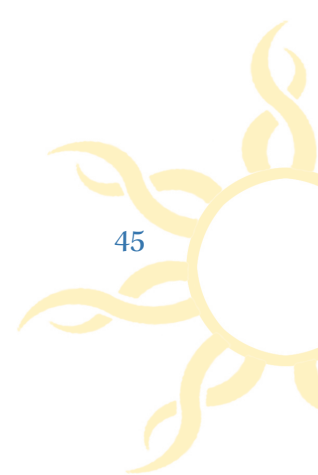
A. ABORIGINAL PEOPLES IN ONTARIO

In Ontario, the Aboriginal population is about two percent of the entire Ontario population; the Ontario Aboriginal population, however, represents 23 percent of all Aboriginal peoples in Canada. Three distinct peoples constitute "Aboriginal peoples" in Canada: First Nations, Métis and Inuit. Although the term *First Nations* is widely used, no legal definition of it exists. It refers to Aboriginal peoples in Canada who are neither Inuit nor Métis and have their origins in the original Indigenous peoples found in Canada south of the 60th latitudinal line. There are currently 630 recognized First Nations governments or bands spread across Canada, with 127 being in Ontario.

First Nations people were originally known by the name "*Indian,*" which is a term used by the federal government, and which is used in the *Indian Act* and means "a person who pursuant to this Act is registered as an Indian or is entitled to be registered as an Indian." A number of terms include the word "Indian," such as "Status Indian," "Non-status Indian," and "Treaty Indian." Status Indians are those who are registered as Indians under the *Indian Act*; although this term would also include those who, although not registered, are entitled to be registered. Non-status Indians are those who lost their status or whose ancestors were never registered or lost their status under former or current provisions of the *Indian Act*. Treaty Indians are those members of a community whose ancestors signed a treaty with the Crown and as a result are entitled to treaty benefits. The term "Indian" was first used by Christopher Columbus in 1492, believing he had reached India.

The Métis peoples are of mixed First Nations and European ancestry. The Métis history and culture draws on diverse ancestral origins, such as Scottish, Irish, French, Ojibway, and Cree. The term *Métis* refers to a person of mixed heritage. It first came into use in the 16th century, when the French began to visit North America regularly. Métis became a name used to describe the heritage of children born of French and Scottish fur traders and Algonquin, Ojibway and Cree women. In what was then called *New France*, both the Church and the Crown encouraged the bolstering of the French-Aboriginal population to strengthen French claims to the land.

The Inuit are the original residents of the Arctic and live north of the 60th latitudinal line. Currently the Inuit live in the Arctic within four Land Claim Settlements and three Territories. Inuit means "the people" in Inuktitut, an Inuit language. Inuit people also have diverse cultural traits that vary across the huge Arctic region.

In 2006, First Nations, Métis and Inuit people of Aboriginal ancestry in Canada surpassed the 1,000,000 mark, reaching 1,172,790. In the past decade, the Aboriginal population grew by 45 percent, nearly six times faster than the eight percent increase of the non-Aboriginal population.

First Nations, Métis and Inuit people of Aboriginal ancestry in Canada

Aboriginal Identity	2006 population in Canada	% Increase from 1996 to 2006	2006 population in Ontario	% of Total Ontario Aboriginal Population
Aboriginal Identity	1,172,790	9%	242,495	100%
First Nations	698,025	45%	158,400	65%
Métis	389,785	91%	73,605	30%
Inuit	50,485	26%	2,035	1%
Multiple and other responses (1)	34,500	34%	8,455	4%

Statistics Canada. (2008). Aboriginal peoples in Canada in 2006: Inuit, Métis and First Nations - 2006 Census: Highlights. Ottawa, ON: Statistics Canada.

(1) Includes respondents who reported more than one Aboriginal identity group, (North American Indian, Métis or Inuit) and those who reported being a Registered Indian and or Band member without reporting an Aboriginal identity.

AN INCREASINGLY URBAN POPULATION

Aboriginal peoples are increasingly becoming an urban population group, representing a consistent pattern. Sixty-five percent of Aboriginal peoples lived in urban areas (including large cities and smaller urban centres) in 2006, up slightly from 63 percent in 1996. The five cities in Ontario that had the largest urban Aboriginal population were: Thunder Bay, Sudbury, Sault Ste. Marie, Ottawa and Toronto. Additionally, the 2006 Census indicated that 80.4 percent of Aboriginal peoples in Ontario are living off-reserve.

A YOUNG POPULATION

One thing is assured: As a child welfare professional, you may work with Aboriginal children. Today, Aboriginal children are the fastest growing segment of the national population, representing 5.6 percent of all children in Canada.

Aboriginal communities are regaining their strength and hope, and much of the effort is focused on the well-being of their children. Your engagement can support this effort.

The Aboriginal population in Ontario is much younger than the non-Aboriginal population. The median age of the Aboriginal population in Ontario was 29.7 years in 2006, compared with 38.9 years for non-Aboriginal peoples in the province.

B. FIRST NATIONS PEOPLE
FIRST NATIONS COMMUNITIES IN ONTARIO

Historically, there were three First Nations cultural groups living in Ontario:

> Anishnawbe (Ojibway, Pottawani, Chippewas, Odawa, Algonquin, Mississauga)

> Cree

> Haudenosaunee (Iroquois, Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, Seneca)

These three cultural groups have been sub-divided in many ways based on federal legislation and under First Nations governance:

> 127 bands are recognized under the *Indian Act*

> 133 communities are represented by the Chiefs of Ontario

> First Nations communities in Ontario fall under specific Treaties or agreements with the federal government including: Union of Ontario Indians, Grand Council Treaty #3, Nishnawbe Aski Nation (James Bay Treaty #9), Association of Iroquois and Allied Indians and the Independent First Nations

In addition, First Nations are organized under a clan system. All communities have both overlapping and distinct cultural characteristics.

PRACTICE TIP — DATA IMBALANCE
Data has been collected in Ontario about First Nations people since Confederation (1867). The information on Métis peoples and the Inuit have only now begun to be collected in Ontario. At times, there will be more information available for First Nations people but it is important not to extrapolate and assume it relates to all other Aboriginal groups.

According to Aboriginal Affairs and Northern Development Canada:

> Of the recognized Status Indians as described by the federal government, almost half live on 206 **reserves** or settlements belonging to Ontario's 127 First Nations. These communities are located across the province, from near Windsor in the south to the shores of Hudson Bay in the north.

> One in four Ontario First Nations is a small, remote community, accessible only by air year round, or by ice road in the winter

> There are another 91,478 Status Indians living off-reserve

THE CLAN SYSTEMS
HAUDENOSAUNEE CLAN SYSTEM

The Iroquois Confederacy is composed of six nations. Each nation has clans. A person's clan is the same as their mother's clan. The members of each clan are all related to each other through their mothers. This is called a matrilineal system. Each clan is represented by a different animal. Traditionally a person would not marry someone within the same clan.

There are presently nine clans — divided into animals from three earth elements: Land, Air and Water. The water creatures are the turtle, beaver, and the eel. The land creatures are the deer, wolf, and bear. The creatures of the sky are the hawk, heron, and snipe. The natural world is symbolized by these beings. Prior to the Peacemaker, there were numerous other clans such as sweet potato, rock, and ball. After the formation of the Iroquois Confederacy, the number of clans wars reduced to the nine represented above.

All of the Six Nations have members from the Bear, Wolf, and Turtle clan while some nations also have members from some or all of the remaining six clans. Clans are headed by clan mothers. Their duties include choosing the chiefs, reminding the chiefs of their duties, giving clan names to children, distributing the goods of those who have died,

and meeting obligations to medicine societies. They can remove a chief from office when necessary. The clan system flourishes today among those who follow the traditional system, but most Iroquois of all faiths identify themselves as members of a particular clan. In the traditional government, chiefs are responsible to help those in their clans. The clan mothers appoint the chiefs and evaluate their dedication to those who are yet to come, up to the seventh generation. As a mark of their identity today many Iroquois wear, display in their homes, or use as part of their signature, their clan animal symbol (Wabano Parenting Society, 2011).

THE OJIBWAY CLAN SYSTEM

People of all nations in the world essentially have the same basic needs: food, protection, education, medicine and leadership. Traditionally, the Ojibway Clan System was created to provide leadership and to care for these needs. There were seven original clans and each clan was known by its animal emblem, or totem. The animal totem symbolized the strength and duties of the clan. The seven original clans were given a function to serve for their people.

The Crane and the Loon Clans were given the power of Chieftainship. By working together, these two clans gave the people a balanced government with each serving as a check on the other.

Between the two Chief Clans was the Fish Clan. The people of the Fish Clan were the teachers and scholars. They helped children develop skills and healthy spirits. They also drew on their knowledge to solve disputes between the leaders of the Crane and Loon Clans.

The Bear Clan members were the strong and steady police and legal guardians. Bear Clan members spent a lot of time patrolling the land surrounding the village, and in so doing, they learned which roots, bark, and plants could be used for medicines to treat the ailments of their people.

The people of the Hoof Clan were gentle, like the deer and moose or caribou for whom the clan is named. They cared for others by making sure the community had proper housing and recreation. The Hoof Clan people were the poets and pacifists avoiding all harsh words.

The people of the Martin Clan were hunters, food gathers and warriors of the Ojibway. Long ago, warriors fought to defend their village or hunting territory. They became known as master strategists in planning the defense of their people.

The Bird Clan represented the spiritual leaders of the people and gave the nation its vision of well-being and its highest development of the spirit. The people of the Bird Clan were said to possess the characteristics of the eagle, the head of their clan, in that they pursued the highest elevations of the mind just as the eagle pursues the highest elevations of the sky (Wabano Parenting Society, 2011).

LANGUAGE GROUP NAMES AND NATIONS IN ONTARIO

The Ontario government describes the First Nations people in Ontario based on their original language:

> Algonquian-speaking Cree, Oji-Cree, Algonquin, Ojibway, Odawa, Potawatomi, and Delaware, plus the Iroquoian-speaking Six Nations (Mohawk, Oneida, Onondaga, Cayuga, Seneca and Tuscarora).

In 2006, 12,255 First Nations people spoke Ojibway, 6,235 spoke Oji-Cree, and 3,495 spoke Cree.

LIVING ARRANGEMENTS FOR FIRST NATIONS CHILDREN DIFFER FROM NON-ABORIGINAL POPULATION

"Compared with the non-Aboriginal population, First Nations children (14 years of age and under) were more likely to live with a lone parent, grandparent or other relatives" (Gionet, 2009).

First Nations Children Living Arrangements in 2006

Aboriginal Identity	% of First Nation Children living on reserve	% of First Nation Children living off reserve	% of non-Aboriginal children
Live with a lone parent	37%	41%	17%
Grandparent or other relative	8%	10%	1%

Statistics Canada. (2008). Aboriginal peoples in Canada in 2006: Inuit, Métis and First Nations - 2006 Census: Highlights. Ottawa, ON: Statistics Canada.

PRACTICE REFLECTION

When you are assessing a child's living situation, the Western viewpoint of an "average" living arrangement based on non-Aboriginal families (primarily two-parent households) will not necessarily be accurate. In some cases, overcrowding or living in a substandard housing is a condition of living on reserves (home communities). At times, the only way to ensure that Aboriginal families have sound housing would be for them to move out of their community. As a child welfare professional, you need to challenge your assumptions about family living dynamics.

FIRST NATIONS HOUSING IS LIKELY TO BE CROWDED AND IN NEED OF REPAIR

In 2006, First Nations people were five times more likely than non-Aboriginal people to live in crowded homes — 15% versus 3%. While this was an improvement from the 1996 census (a decrease in crowding of 5 percentage points since 1996), it continues to be in sharp contrast to non-Aboriginal people. The highest rate of crowding was reported among First Nations people living on reserve (26%). Overall, this was nearly four times higher than the rate of crowding for First Nations people living off reserve (7%).

The quality of one's living conditions is also reflected by the state of repair of one's home. In 2006, 28 percent of First Nations people lived in homes that needed major repairs versus seven percent of the non-Aboriginal population. Of First Nations people living on reserve, 44 percent reported having a dwelling in need of major repairs in 2006, up from 36 percent in 1996.

C. THE INUIT

In 2006, there were 2,035 Inuit living in Ontario and outside of their land claim settlement region. According to Statistics Canada, Ottawa-Gatineau has the highest Inuit population outside of Inuit Nunaat (the Inuit homeland), with about 725 Inuit. There are many reasons behind the growth of the Inuit community in Ottawa. As the nation's capital, it is a popular city because of the employment opportunities available with the numerous Inuit organizations based in the area and to a lesser degree, employment opportunities within government.

Inuit also come to Ottawa to gain access to services unavailable in their home community. Since October 1997, patients from the Baffin region of Nunavut have traveled to Ottawa for major surgery and specialist services not available in the north (such as paediatrics, orthopedics and cardiology). The need to travel for medical reasons has led to an increase in the number of Inuit patients (and family members) who stay in Ottawa for extended periods of time. Also, some Inuit caught in family violence situations move south in search of the necessary support services they require or because it is not safe for them to continue to live in their home community. The network of family relations means that a greater number of Inuit in Arctic communities have relatives to visit in Ottawa. In some cases, individuals move south to be closer to relatives who have already settled here.

THE HISTORY OF THE INUIT

Contact between Europeans and the Inuit started in the 1570s and became frequent in the 1850s, as dozens of expeditions to the Arctic set sail, usually from England. The European explorers often met Inuit people and the resulting trade meant the Europeans began to appreciate the commercial value of the Arctic's animal resources. The North Atlantic commercial whaling industry, operating out of Britain and New England, began large-scale operations in what are now Canadian waters and hired hundreds of Inuit to work on their ships as hunters and seamstresses.

In addition to manufactured goods, the whalers brought infectious diseases. The Inuit had no natural immunities to these diseases and hundreds, even thousands, died. The population of the Western Canadian Arctic Inuit (called Inuvialuit) fell from an estimated 2,000 - 2,500 people in 1850, to 150 people in 1910. In the east, the effects of disease were more sporadic.

RESETTLEMENT AND RELOCATION

At the end of the Second World War (1939-1945), the Canadian government began to take an active interest in Inuit communities. "In the 1950s, 19 Inukjuak (Quebec) Inuit families were relocated by the federal government to Resolute Bay and Grise Fiord in the High Arctic due to deteriorating traditional harvesting, health, and social conditions in Inukjuak (Aboriginal Affairs and Northern Development Canada, 2010)." Resettlement had a number of objectives:

> Missionary posts were created to convert Inuit to Christianity

> Military posts were created in the high Arctic and Inuit communities were relocated for sovereignty purposes

> The federal government began to actively encourage people to give up their nomadic way of life. They encouraged permanent settlements because it seemed to be the easiest and least expensive way of administering social welfare.

Government services and facilities were greatly expanded within these new settlements. Cheap housing was made available, and schools, medical facilities, airports, and modern stores were built. New "micro-urban" communities sprang into being. A population once spread thinly across an immense landscape was now concentrated in a small number of communities. By the mid-1960s, nearly all Inuit in Canada lived in these new settlements.

No longer living on the land, the Inuit became increasingly dependent on social assistance. Job opportunities were very limited. The Inuit became almost entirely dependent on the larger outside society.

In the 1950s, children were taken to residential schools and dog sled teams were slaughtered in an attempt to keep Inuit in their new "communities" and not rely on their previous hunting lifestyle.

FOUR LAND CLAIM AGREEMENTS

The battle for Inuit self-government dates to at least the 1960s, when "Eskimo Co-ops" were established in most Arctic settlements. The Co-ops helped the Inuit keep control of their art sales. They also provided competition to the Hudson's Bay Company, and thus helped keep fur prices up and the cost of merchandise down.

An important step toward self-government was taken in 1971, with the founding of the Inuit Brotherhood, now called Inuit Tapirisat Kanatami. In 1976, the Inuit proposed the creation of a new territory to be called Nunavut ("our land"). In 1993, the largest land claims settlement was signed between the Inuit and the Canadian government and in 1999, the new Canadian territory of Nunavut was born.

Southern Canadians know about Nunavut because it is a territorial government. There are three other land claim agreements, however, that have been settled and provide Inuit with specific rights:

> Inuvialuit encompasses much of the Western Arctic

> Nunatsivuit encompasses land in Labrador

> Nunavik encompasses James Bay and Northern Quebec, establishing Inuit land ownership and other rights in Arctic Quebec

D. MÉTIS PEOPLES

Ontario is home to the country's second largest Métis population. The 2006 census identified 73,605 Métis peoples in Ontario, accounting for 19% of all Métis in Canada. Métis peoples living in Ontario increased by 242% from 1996 - 2006, with most of the Métis population (72%) living in an urban setting. This rapid increase in the Métis
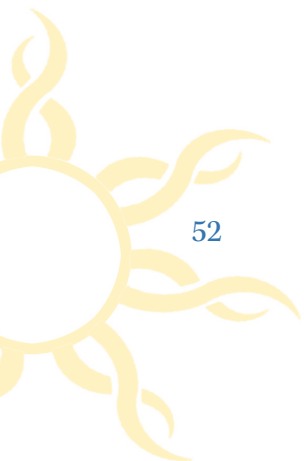
population relates primarily to the legal recognition in 1992 by unanimous resolution of the House of Commons and Senate and the definition of Métis in the Powley case of 2003.

From the very beginning of European contact in North America, Métis peoples have existed. The joining of European, primarily French settlers, and Native cultures created a distinct and unique culture separate from both parent cultures.

While the *Constitution Act* in 1982 recognized the Métis as Aboriginal peoples, the legal definition was not clear until the Powley court case in 2003. The case involved a claim by two members of the Sault Ste. Marie Métis community, Stephen Powley and his son Rodney, who were asserting their Métis hunting rights. The Supreme Court of Canada outlined three broad factors to identify Métis right-holders:

> self-identification as a Métis individual

> ancestral connection to an historic Métis community

> acceptance by a Métis community

All three factors must be present for an individual to qualify under the legal definition of Métis, but there is still a great deal of ambiguity. There continues to be challenges to the Métis falling under the "Aboriginal" definition with the government denying access to services and programs.

HISTORY OF MÉTIS

> *Apihtaw'kosisan means a sort of half-son. This was translated into English as Halfbreed. To the Ojibway, we are mixed-blood. They say wisahkotewinowak which translates to mean where the fire has gone through and burnt everything, and new shoots come up from the ground. That's where the Métis come from; they were the new Nation, the new shoots that come up from the ground from Mother Earth (McCallum as cited in NAHO, 2008).*

"Distinct Métis settlements emerged as an outgrowth of the fur trade, along freighting waterways and watersheds in the Prairie provinces. In Ontario, these settlements were part of larger regional communities, interconnected by the highly mobile lifestyle of the Métis, the fur trade network, seasonal rounds, extensive kinship connections and a shared collective history and identity."

A distinct mixed-blood population began to emerge, who were neither European nor Indigenous. Intermarriage among other mixed-blood people began to produce a separate linguistic and cultural community by the early 1800s. Because of the active involvement of this new, distinct mixed-blood population in the fur trade, their population grew and their culture strengthened over time.

The Métis flag bears the infinity symbol which represents the coming together of two distinct and vibrant cultures, those of European and indigenous North America, to produce a distinctly new culture, the Métis. The flag symbolizes the creation of a new society with roots in both Aboriginal and European cultures and traditions.

The language of Métis peoples, Michif, is described as a unique language composed of Aboriginal language verbs and French nouns. As in other Aboriginal languages, there is considerable regional diversity and dialectical variation within Michif. For example, in some areas, Cree is foundational to Michif while in other areas, there is more emphasis on the French language. Indigenous knowledge, principles and laws of governance, kinship and genealogy, and teachings about our relationship to the environment are all found within the Michif language (Edge & McCallum, 2006).

Metis flag

Whether or not Métis peoples have **Treaty Rights** is an ongoing issue in the Canadian Aboriginal community. Some say that only First Nations could legitimately sign treaties. An agreement reached on October 3, 1873, by the Ojibway Nation and the Crown, Treaty 3, provided rights for the Métis and other Ojibway. Treaty 3 covers a large part of what is now northwestern Ontario and a small part of eastern Manitoba.

The Elders spoke of the many losses experienced by Métis people over the past few hundred years. Common experiences included: colonization; loss of Aboriginal identity; loss of Aboriginal languages; death of family members from infectious diseases; loss of access to land and resources; loss of access to hunting, fishing and trapping; loss of traditional teachings; experiences with violence and abuse; loss of parenting skills; influences of religion and/or churches; experiences of attending Residential School; or of relocation or displacement from ancestral lands. These historical factors mediate through each other and are believed to have an impact on Métis identity and health today (National Aboriginal Health Organization, 2008).

E. A HISTORICAL CONTEXT FOR ABORIGINAL PEOPLES IN ONTARIO

Entire communities are experiencing social and economic conditions that are below all socio-determinant standards. It is important for child welfare professionals to have an understanding of what First Nations, Inuit and Métis families are likely to have faced. In this section, some experiences that an Aboriginal family will have likely experienced in the last two generations will be discussed:

> A woman may have married a non-Aboriginal man, and, as part of the *Indian Act*, has lost her status as an "Indian" and been required to leave her community

> Following the introduction of Bill C-31, a woman may have applied to regain her status, and returned to a community that was not ready or willing to accept her

> A parent or grandparent went to an Indian residential school

> A woman in the family may have been subjected to government sterilization practices, without her consent

> A parent or grandparent was raised in a community where children disappeared and were taken by CAS in the "'60s scoop"

> Individuals or their children were taken in the Millennium Scoop

> They have been impacted by colonization through European contact resulting in lower health conditions. The family may have struggled with alcoholism, addictions and/or mental health issues as a result.

Despite these experiences, Aboriginal peoples have survived, have grown in number and have developed resilience. The cultural basis of life provides Aboriginal peoples with the resources to face the many adversities with which they have been confronted.

In 2008, Prime Minister Stephen Harper apologized to the Aboriginal peoples of Canada. The apology was directly related to the residential schools and their long-term impacts. More than that, the apology was for a longstanding broad government policy that was intended to "civilize" Indians and "take the Indian out of the Indian."

Harper was ultimately apologizing for the loss of identity that Aboriginal peoples have suffered. That loss of identity — the inability to know who you are, where you belong, who is your family and your community — has led to a disconnection between generations of people and their cultural knowledge. When working with Aboriginal families, you may see symptoms of that loss of identity and disconnection.

The apology acknowledged the unique relationships between the First Nations, Inuit, and Métis and the Government of Canada. Be mindful that, as a child welfare professional with inherent authority and power, you represent people who have historically participated in the breakdown of families. Although we share that history, child welfare professionals and the families that we serve must work together to rebuild and strengthen Aboriginal families.

Child welfare interventions are rarely well received, and become more problematic when working with Aboriginal families and children. The decisions a child welfare professional makes are registered against a legacy of state decisions that have undermined the structure of Aboriginal families.

THE INDIAN ACT
Section adapted from Morley & Schwenger, 2009

The *Indian Act* of 1876 was legislation designed to facilitate the assimilation of Aboriginal peoples into colonists' white European culture. Under the *Indian Act*, Aboriginal peoples became wards of the Crown; reserves were created where Indians would live; previously signed treaties were ignored and Indian Agents were hired to enforce the new legislation.

The intent of the *Indian Act* is best summed up in the words of Duncan Campbell Scott, Deputy Superintendent of Indian Affairs from 1913 to 1932:

> *"I want to get rid of the Indian problem… Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question and no Indian department"* (Scott, 1920 as cited in Morley & Schwenger, 2009).

The *Indian Act* spelled out arbitrary conditions for being an "Indian" that were not based on cultural and traditional practices. The family structure was undermined by provisions in the *Indian Act* which enabled a non-Aboriginal woman who married an Aboriginal man with Status to gain Indian Status, with all the related rights, such as living on the reserve. By contrast, Aboriginal women who married a white male or non-status Aboriginal man were considered to be bona fide members of Canadian society. These women and their children lost their Indian Status.

The *Indian Act* was designed to destroy the traditional culture and placed severe restrictions on Aboriginal peoples:

> The Act required that an individual sought an Indian Agent's consent to leave the reserve; doing so without permission could result in a prison sentence

> The Act imposed "Band Systems," displacing traditional forms of governance

> 1927 amendments to the Act forbade First Nations people from forming political organizations. Hence, it was common for First Nations leaders to be jailed by the RCMP for trying to organize any form of political group.

> 1927 amendments to the Act denied Aboriginal peoples of Canada the right to speak their native language, or practice their traditional religion

> The Act declared the Potlatch ceremonies, a ritual common to most First Nations religions across the country, to be illegal

> The Act stated that Aboriginal peoples had to give up their Indian Status if they wanted to vote, own property, or serve in the military

There have been a number of significant revisions to the *Indian Act*:

> 1985 Bill C-31: Prior to this law, Status Indian women who married non-Aboriginal men lost their Status and their band membership. These women could no longer pass their Status on to their children. Bill C-31 eliminated these discriminatory provisions of the *Indian Act*, thus enabling these women and children to apply to have their Indian Status restored.

> In 2004, Sharon McIver challenged the *Indian Act* in a British Columbia court as being discriminatory. While women and their children could have their Indian Status reinstated under Bill C-31, their grandchildren were not recognized as Status Indians. As a result of the success of her case, Bill C-3: *Gender Equity and the Indian Registration Act* received Royal Assent on December 15, 2010. The Governor in Council announced that on January 31, 2011, the *Gender Equity in Indian Registration Act* came into effect. The *Indian Act* was revised to ensure that eligible grand-children of women who lost
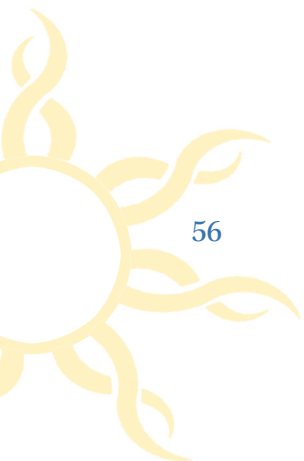
status as a result of marrying non-Indian men will become entitled to Indian Status. As a result of this legislation approximately 45,000 individuals became newly entitled to Status.

RESIDENTIAL SCHOOLS

Created in the 19th century to comply with the provisions of the *Indian Act*, the Canadian residential school system was intended to force the assimilation of Aboriginal peoples in Canada into European-Canadian society.

> *The Indian residential school system was designed to teach Aboriginal children the English language, as well as the religion, values, and work skills of Canadian society. Between 1831 and 1998, 130 industrial, boarding and residential schools would operate* (Aboriginal Healing Foundation, 2006).

Like the *Indian Act*, the federally-funded, church-administered residential schools were developed to annihilate the "Indian" identity and to further assimilate Aboriginal children into the broader Canadian society. Over the nearly 170 years, 130 schools were opened in every province and territory except Newfoundland, New Brunswick and Prince Edward Island. The Federal Government, in collaboration with various religious organizations, operated residential schools until 1969, at which point the government assumed total control for the residential school system. The last band-run residential school closed in 1998.

> *At its core, the Indian residential school system was an organized effort to "kill the Indian in the child." Missionary Hugh McKay, writing in 1903, characterized the system itself as an effort "to educate and colonize a people against their will." Residential schools came to represent both in theory and in practice a deliberate systemic effort to remove generations of Aboriginal children, one by one, from family, community, language, culture, and, broadly speaking, Aboriginal ways of living in the world. For those traumatized by their experiences in the residential school, the policy of forced assimilation has resulted in pervasive loss: loss of identity, loss of family, loss of language, loss of culture* (AHF, 2006).

For decades, Aboriginal children were subjected to different forms of trauma: physical, psychological, spiritual and sexual abuse perpetrated by school officials and staff.

> *In 1909, Dr. Peter Bryce, general medical superintendent for the Department of Indian Affairs (DIA), reported to the department that between 1894 and 1908 mortality rates at residential schools in Western Canada ranged from 30 percent to 60 percent over five years (that is, five years after entry, 30 percent to 60 percent of students had died, or 6-12 percent per annum). These statistics did not become public until 1922, when Bryce, who was no longer working for the government, published The Story of a National Crime: Being a Record of the Health Conditions of the Indians of Canada from 1904 to 1921. In particular, he alleged that the high mortality rates were frequently deliberate, with healthy children being exposed to children with tuberculosis* (RCAP, 1996c).

Many who were not direct victims of abuse were direct witnesses of abuse and also suffered the effects of the trauma as they were raised by parents who went through residential schools. It is estimated that a minimum of 375, 000 Aboriginal peoples have experienced intergenerational impacts of residential schools.

STERILIZATION OF ABORIGINAL WOMEN

In the United States, a 1974 study of the Indian Health Services by the Women of All Red Nations (WARN) revealed that as many as 42% of all Indian women of childbearing age had by that point been sterilized without their consent. In Alberta, 2,800 people were sterilized between 1929 and 1972, under the authority of the province's *Sexual Sterilization Act.*

Women of Aboriginal ancestry were denied their legal rights and could be designated for sterilization without consent. The policy was intended to stop "mental defectives" from having children; meaning that Aboriginal women, simply for being Aboriginal women, were deemed to be mentally defective (OFIFC, 2008).

"'60s SCOOP"

> *The removal of Aboriginal children from their communities through cross-cultural foster placement and adoption is a major cause of family disruption. Children removed from their families are severed from their roots and grow up not knowing what it is to be Inuit, Métis or a First Nation member. Yet they are set apart from their new families and communities by visible difference and often made to feel ashamed of their origins. At the same time, their home communities and extended families are robbed of part of the next generation (RCAP, 1996c).*

The "'60s scoop" was an active practice of removing large numbers of Aboriginal children from their families and placing them with white, middle-class parents during the 1960s, 1970s and early 1980s. Aboriginal children were apprehended from their homes without the knowledge or consent of their families and bands. In 1959, only one percent of children in care were of Aboriginal ancestry. By the end of the 1960s, 30 to 40 percent of children in care were Aboriginal, even though they only constituted four percent of Canada's population.

Statistics from the Department of Indian Affairs reveal that a total of 11,132 Status Indian children were adopted between 1960 and 1990. Approximately 70 percent of those children were adopted into non-Aboriginal homes. By the 1970s, one in three Aboriginal children were separated from their families of origin through adoption. These children experienced great losses including their birth names, tribal identity, cultural identity and loss of First Nations status.

The *Child and Family Services Act* of 1984 aimed to end this practice and ensure that Aboriginal adoptees in Ontario would be placed within their extended family, with another Aboriginal family or with a non-native family that promised to respect and nurture the child's cultural heritage. The Act also dictated, however, that the child's birth records remain sealed, unless both the birth parent and the child asked for them. This aggravated feelings of loss and frustrated attempts by adoptees to learn about their roots.

MILLENNIUM SCOOP

In her report, *Promoting Equity and Dignity for Aboriginal Children in Canada* (2008), Jessica Ball noted that there were 27,000 Aboriginal children in care — three times the number of children in care at the height of residential schools and more than at any other time in Canada's history, including the "'60s scoop".

COLONIZATION

Colonization is defined as the control of one power over a specific geographical area or people. The term is used to capture a historical period of time and the experience of a people.

 The actions of colonization were centered on undermining the family structure. The imposition of European ideals on the Aboriginal population did not recognize the unique language, culture, familial relations and connections or community responsibilities for children in Aboriginal communities.
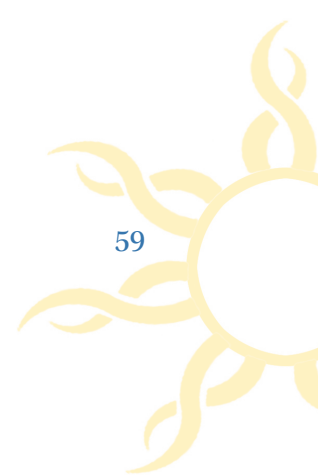
F. INTERGENERATIONAL TRAUMA

Intergenerational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next (AHF, 1999).

Many generations of Inuit, Métis and First Nations children were victimized by the *Indian Act,* residential schools, forced sterilization, the '60s scoop, the millennium scoop and colonization.

Abuse and neglect marked their adult lives, as well as the lives of their descendants whose families have been characterized by further abuse and neglect.

Many Aboriginal adults have struggled with the pain, rage and grief of unresolved trauma. Those who sought escape through marriage or domestic partnerships were often overwhelmed by the complex demands of intimacy, parenting and family life, without previous experience of it or preparation for its demands. Some were also re-victimized by domestic violence or became, themselves, the abusers of their partners, children or parents.

Increasingly, evidence suggests that trauma is not just psychological, but biological and even hereditary. A 2010 article by Michael Stewart revealed that, "By altering the chemical mechanisms regulating gene expression, these modifications may become embedded in the male gene line, and can be passed down to the victim's children."

It is only within the past decade that the intergenerational nature of trauma has been explored within Aboriginal communities. The removal of children from the home for long periods of time diminished opportunities for the transmission of family values, parenting knowledge and community behaviour between generations. As a result, inappropriate parenting models were introduced, the necessary knowledge to raise their own children was lost and children were unknowingly introduced to dysfunctional models of behaviour. The legacy of residential schools includes parenting models based on punishment, abuse, coercion and control. "The bonds between many hundreds of Aboriginal children and their families and nations were bent and broken, with disastrous results" (RCAP, 1996a).

"The cumulative impact of trauma experienced by both children and their parents as a result of Canada's residential school policy continues to have consequences for subsequent generations of children" (Menzies, 2010). If you subject one generation to that kind of parenting and they become adults and have children, those children become subjected to that treatment and then you subject a third generation to the same traumas from the residential school system. You then have a whole society affected by isolation, sadness, anger, hopelessness and pain.

G. ABORIGINAL FAMILIES AND CHILD WELFARE

For thousands of years, Indigenous communities successfully used traditional systems of care to ensure the safety and well-being of their children. Instead of honouring these Indigenous systems of care, the child welfare systems disregarded them and imposed a new way of ensuring child safety for Indigenous children and youth, which has not been successful. Indigenous children and youth continue to be removed from their families and communities at disproportionate rates, and alternate care provided by child welfare systems has not had positive results.

These historic and contemporary realities have resulted in many Indigenous communities viewing child welfare as an agent of colonialism rather than a support to the safety and well-being of Indigenous children and youth.

Colonialism, in this sense, refers to the process of claiming superiority over the original peoples, deliberately usurping their cultural ways, and employing child custody as a means of extinguishing the Indigenous culture. Regardless of one's reactions to this perception, it is broadly held, has persisted over time, and is substantially supported by research (Blackstock et al., 2006).

External systems that First Nations, Inuit and Métis families have encountered have been consistently damaging to the family and the community. The systems have done harm, sought to dismantle or ignore or disrespect culture, language, traditional practices and ways of being. Aboriginal peoples have been punished for not adhering to the external systems' rules and practices.

The loss of culture, language, ceremonies, parenting and life skills has left some Aboriginal peoples unprepared to assume their full parenting responsibilities. Notwithstanding these historical impacts, Aboriginal communities continue to take care of their children.

THE HISTORY OF CHILD WELFARE IN ONTARIO

Child welfare in Ontario has a complicated history because of the evolving jurisdictions since Confederation.

> The original *British North American Act* of 1867 gave, and the *Constitution Act* of 1982 reaffirmed, provincial responsibility for child welfare. The same Acts placed Indians under "Indians and Lands Reserved" under the jurisdiction of the federal *Indian Act.*

> Prior to the 1950s, child welfare in First Nations was primarily the responsibility of the Indian agent. If a child was being maltreated, the Indian Agent intervened, often without a legal basis.

> In 1951, several revisions were made to Section 88 of the *Indian Act* which essentially gave provinces the legal basis to administer child welfare services to people outside their constitutional jurisdiction

> Since the 1980s, First Nations people have developed service models. Some First Nations bands, Tribal councils and organizations have established child welfare organizations that assumed responsibilities for protection of children.

> Aboriginal Affairs and Northern Development Canada (AANDC) is responsible for funding child welfare in First Nations communities through a separate arrangement known as the 1965 *Indian Welfare Agreement* and through the First Nations Child and Family Services (FNCFS) Program which was created in 1990

> Ontario's *Child and Family Services Act* requires children's aid societies to act in the best interests of the child, protect children and youth from abuse and neglect and ensure their well-being. Ontario has enacted provisions and established policies for Aboriginal child welfare agencies to provide services for Aboriginal families on reserves under provincial law (e.g. Part X: Indian and Native Child and Family Services*, Child and Family Services Act).*

A critical issue has arisen with respect to jurisdiction: "Native agencies are bound by the same provincial child-welfare laws as their mainstream counterparts, but must survive on far tighter budgets under a strict federal funding formula that takes little account of provincial legislation" (Philp, 2002). In 2007, the Assembly of First Nations and the First Nations Child and Family Caring Society of Canada filed a complaint with the Canadian Human Rights Commission that discriminatory services violated human rights. This case is currently undergoing a judicial review based on the Human Rights Commission's decision to dismiss the case. The current child welfare system in Ontario includes:

> Non-Aboriginal children aid societies (mandated service)

> Aboriginal children aid societies (mandated service)

> Aboriginal child welfare organizations under the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO) (includes some of the Aboriginal CASs)

> Aboriginal community organizations

To this day, child welfare jurisdiction is still not clearly defined, and some First Nations contend that in the absence of specific federal legislation, the province has no rights over their people.

H. A HEALING PROCESS

First Nations, Métis and Inuit people describe the process that is required to recover from the historical experiences as a healing process. As a result of the Royal Commission on Aboriginal People, a number of recommendations were made about healing. Many families are relearning their cultural heritage, including how to be a proud Aboriginal person and parent — often called reclamation of what has been lost during the residential schools and colonization. In 1998, the Aboriginal Healing Foundation (AHF) was created to support this healing process in communities and individuals. Its work describes a process that individuals and families need to go through to recover from this history.
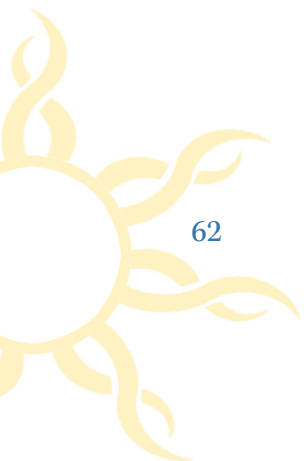
…if we go back to the origin of the word heal…it is structurally related to the word whole, while is in itself related to the word holy. And this is something I understand we are all trying to do together. The healing process is a way of recapturing our wholeness… what we are doing here is a sacred thing (Aboriginal Services Branch and Learning and Teaching Resources Branch, 2005).

Over its 15 years of work, the AHF identified a number of lessons learned:

> Healing is possible for both individuals and communities and both appear to go through distinct stages of a healing journey

> It is challenging to separate an individual's healing journey from his/her family's or his/her community's healing journey

> The healing journey is a long-term process, probably involving several decades

> Healing cannot be confined to issues such as addictions, abuse or violence

> Healing interventions and programs have the most impact when they take place within the context of a wider community development plan

> Community healing requires personal, cultural, economic, political and social development initiatives

> Healing is directly connected to nation building

> Thirty-six months is a minimum time to move through needs identification, outreach, and initiation of therapeutic healing

SURVIVOR'S HEALING JOURNEY

The AHF describes the process of healing. The journey begins with the community, family and/or individual establishing safety. As a child welfare professional, you will often work with families where safety is the primary need and your interventions will be critical to helping the family stay on a healing journey.

The responsibility for encouraging healing is not yours alone, but rather that of the individual, the family and other community services working in partnership.

> **PRACTICE TIP**
> To further your understanding of the Healing Process, a suggestion would be to read the stories of Aboriginal people in *From Truth to Reconciliation: Transforming the Legacy of Residential Schools* written by Castellano, Archibald & DeGagné (2008) for the Aboriginal Healing Foundation.
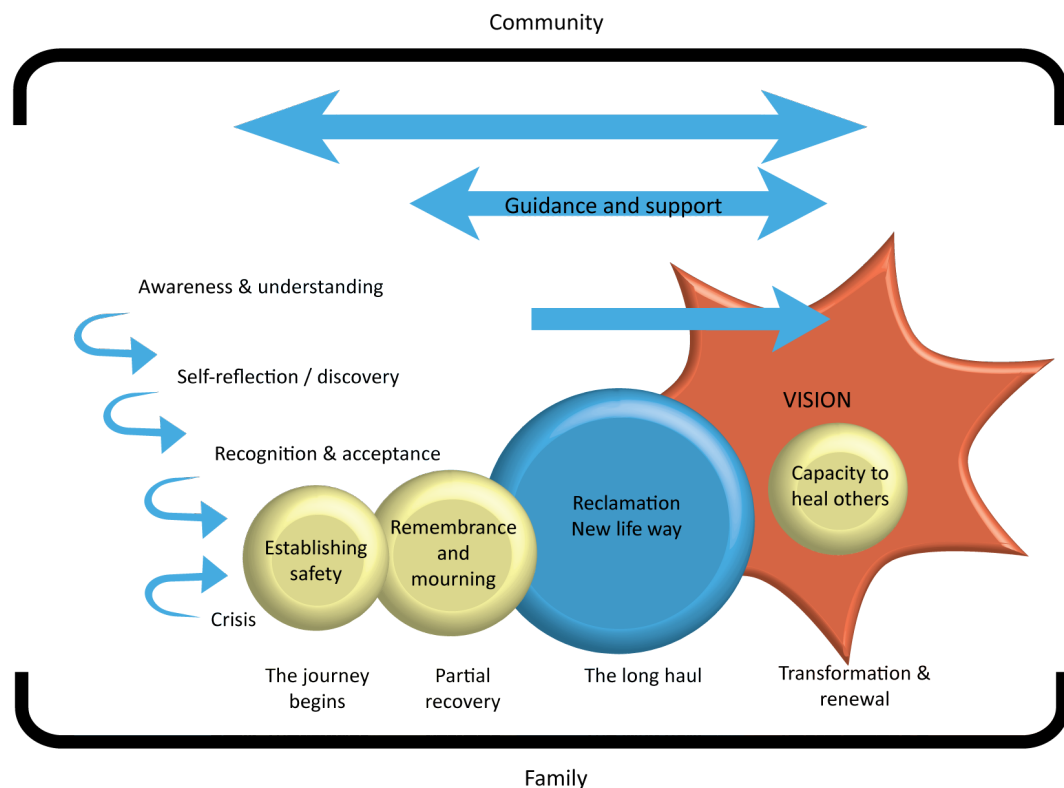
Community

Guidance and support

Awareness & understanding

Self-reflection / discovery

Recognition & acceptance

Crisis

Establishing safety

Remembrance and mourning

Reclamation New life way

VISION

Capacity to heal others

The journey begins

Partial recovery

The long haul

Transformation & renewal

Family

Aboriginal Healing Foundation (AHF). (2006). Final report of the Aboriginal Healing Foundation. A healing journey: Summary points (p.35). Ottawa, ON: AHF.

EFFECTIVENESS IN HEALING ACTIVITIES

The AHF also reviewed effectiveness of the healing activities and found that the more culturally based the services, the greater the effectiveness. For child welfare professionals this finding reinforces the importance of collaborating with a wide range of Aboriginal community organizations that are able to provide a cultural context in order to support Aboriginal families in their healing.

An understanding of the individuals, family unit, and extended community is critical in all child protection work, but takes on perhaps even greater importance in First Nations communities. Understanding the particular demographics of the local community and being able to navigate the different peoples that you might encounter is an important part of a child welfare professional's helpful response in working with children and families. The rich and complex histories, traditional healing methods and resilience in First Nations communities are evidence of considerable strengths upon which a child welfare professional can build when interacting with families.
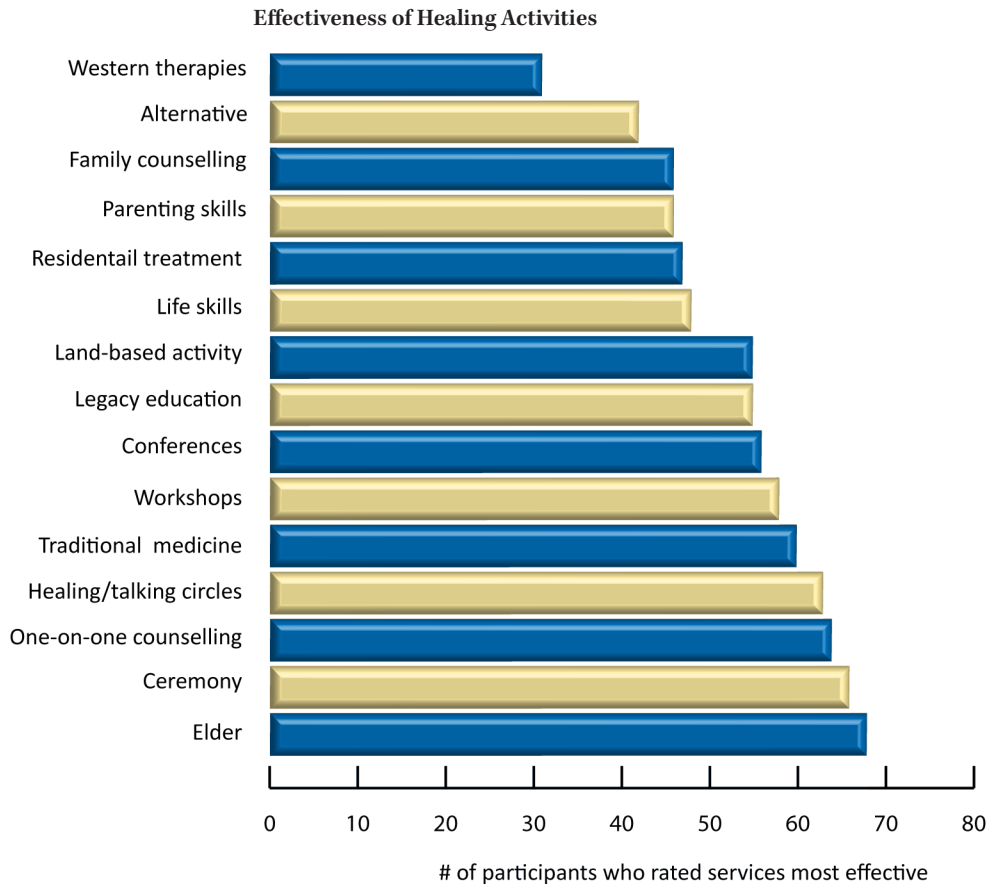
Effectiveness of Healing Activities

Chart categories (top to bottom):
- Western therapies
- Alternative
- Family counselling
- Parenting skills
- Residentail treatment
- Life skills
- Land-based activity
- Legacy education
- Conferences
- Workshops
- Traditional medicine
- Healing/talking circles
- One-on-one counselling
- Ceremony
- Elder

X-axis: 0 10 20 30 40 50 60 70 80

# of participants who rated services most effective

Aboriginal Healing Foundation (AHF). (2006). Final report of the Aboriginal Healing Foundation. A healing journey: Summary points. Ottawa, ON: AHF.

SOURCES

Aboriginal Affairs and Northern Development Canada (AANDC). (n.d.). "Overview". Retrieved on June 13, 2011 from: http://www.ainc-inac.gc.ca/ai/scr/on/ofn/index-eng.asp

Aboriginal Affairs and Northern Development Canada (AANDC). (2010). Backgrounder - Apology for Inuit high arctic relocation. Retreived on Januaury 9, 2011 from: http://www.aadnc-aandc.gc.ca/eng/1100100015426

Aboriginal Services Branch and Learning and Teaching Resources Branch. (2005). Our words, our ways: Teaching First Nations, Métis and Inuit learners (p.7). Edmonton, AB: Minister of Education.

Assembly of First Nations (AFN). (2011). First Nations Child and Family Caring Society pursues court order to ensure human rights complaint against federal government moves forward. Retrieved on July 7, 2011 from: http://www.afn.ca/index.php/en/news-media/latest-news/first-nations-child-and-family-caring-society-pursues-court-order-to-e

Ball, J. (2008). Promoting equity and dignity for Aboriginal children in Canada. *IRPP Choices*, (14)7.

Brascoupé, S. (2009). Cultural safety: Exploring how the concept of cultural safety applies to Aboriginal health and wellness (p.31) [Powerpoint presentation]. Ottawa, ON: Carleton University.

Carter, T. & Polevychok, C. (2004). Literature review on issues and needs of Aboriginal people (p.3). Ottawa, ON: Federation of Canadian Municipalities.

Chiefs of Ontario. (n.d). About us: History. Retrieved on July 7, 2011 from: http://chiefs-of-ontario.org/PageContent/Default.aspx?SectionID=6&SectionHeadlineID=27

Daugherty, W. (1986). Treaty Research Report Treaty Three (1873). Ottawa, ON: Indian and Northern Affairs.

Indian Act, R.S.C. 1985, c.1-6, s.1. (1985). Retrieved on June 13, 2011 from: http://laws-lois.justice.gc.ca/PDF/I-5.pdf

Lane, P. Jr., Bopp, M., Bopp, J. & Norris, J. (2002). Mapping the healing journey: The final report of a First Nation research project on healing in Canadian Aboriginal communities. Ottawa, ON: Solicitor General Canada.

Ministry of Child and Youth Services (MCYS). (2010). Report on the 2010 review of the Child and Family Services Act (p.2). Toronto, ON: MCYS.

Ministry of Finance. (2008). 2006 census highlights: Factsheet 9 (p.1). Retrieved on July 18, 2011 from: http://www.fin.gov.on.ca/en/economy/demographics/census/cenhi06-9.html

Morley, M. & Schwenger, S. (2009). Aboriginal health determinants and stroke/chronic disease (p.35) [Powerpoint presentation]. Retrieved on June 13, 2011 from: http://www.healthnexus.ca/events/CTD/pdf/Aboriginal_Health_Determinants_PART2.pdf

Morrison, D. (n.d.). Canadian Museum of Civilization: Canadian Inuit history. Retrieved on July 7, 2011 from: http://www.civilization.ca/cmc/education/teacher-resources/oracles/first-peoples/dmorrison/canadian-inuit-history

R. v. Powley. (2003). 2 S.C.R. 207, 2003-SCC-43.Retrieved on July 18, 2011 from: http://www.canlii.org/en/ca/scc/doc/2003/2003scc43/2003scc43.pdf

Sinclair, R. (n.d.). The stolen generation: The 60s scoop. Retrieved on July 19, 2011 from: http://www.originscanada.org/the-stolen-generation/

Statistics Canada. (2008). Aboriginal peoples in Canada in 2006: Inuit, Métis and First Nations — 2006 Census: Highlights (p.6,14,23, 31,45). Ottawa, ON: Statistics Canada.

Stewart, M. (2010, November 24). Trauma carried to the next generation (p.A11). *The Ottawa Citizen*.

Teillet, J. (2010). Métis law in Canada (p.17). Retrieved on July 18, 2011 from: http://www.pstlaw.ca/resources

WEBSITES

Aboriginal Affairs and Northern Development Canada
www.ainc-inac.gc.ca

Assembly of First Nations
www.afn.ca

'Colonialism' Merriam-Webster.com
www.merriam-webster.com

'Compulsory sterilization in Canada' Wikipedia
http://en.wikipedia.org

Great Lakes Métis Council
www.greatlakesvoyageurs.com

'Ottawamiut' Tungasuvvingatinuit
www.tungasuvvingatinuit.ca

'People and culture — Aboriginal people' Government of Ontario
www.ontario.ca

'The Inuit in Ontario' Ministry of Aboriginal Affairs
www.aboriginalaffairs.gov.on.ca

3 >   **UNDERSTANDING CHILD WELFARE AND FAMILY VIOLENCE FROM A DIFFERENT WORLDVIEW**

A. FIRST NATIONS, INUIT AND MÉTIS CONCEPTS OF FAMILY AND COMMUNITY

Each First Nations, Inuit and Métis community has a unique culture. They all share a common understanding of the role of children in their societies, however.

> *"The well-being of children is indivisible and not separate from the general health and well-being of women, families and Indigenous Peoples, communities and Nations"* (BC Aboriginal Child Care Society, 2008).

> *Many Indigenous cultures view children as "'gifts from the spiritual realm." Traditionally, in most Native American communities, [c]hildren were born not only to parents, but also into a system of related households or kinship systems. Children were observed by the collective from the time of their mothers' pregnancies to and through adulthood. The child's character, temperament, proclivities, talents, and personal conduct patterns were known by the collective long before the child knew him/herself* (Bongar White & Larrington, 2005).

Aboriginal peoples have strong family values. The family system has an extended family structure, as opposed to the nuclear or immediate family structure which is common in Western society. This extended family concept is rarely endorsed or understood by government authorities so it is important that child welfare professionals understand the structure of the family and community.

The concepts of extended family and "community as family" in Aboriginal communities encompass the idea that children are not just the concern of the biological parents, but of the entire community. The raising, care, education and disciplining of children are the responsibility of everyone.

THE DEVELOPMENT OF CHILDREN

"One of the basic and most obvious differences between First Nations and mainstream approaches is understanding the child as a sacred, spiritual being and caregiving as a sacred responsibility and activity. While holistic early childhood care, education and development frameworks always support the physical, cognitive, emotional and social development of the child, spiritual development is usually missing. Relating to our children as sacred gifts from the Creator, and supporting their spiritual, cultural
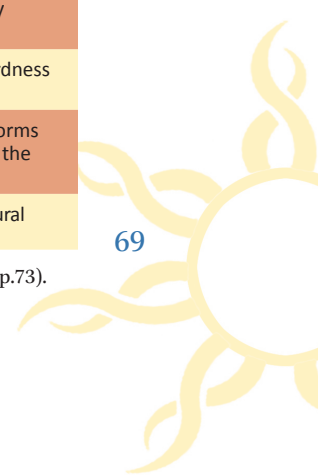
and linguistic development, is a defining characteristic of First Nations culture-based programs. Although child development is really indivisible, our child development domains are mind, emotion, body and spirit. These domains are often reflected in a medicine wheel format and associated with the four sacred directions. The concept of the circle is inherent to all First Nations cultures" (BC Aboriginal Child Care Society, 2007).

> "Our children are sacred gifts from the Creator and bringing up children is a sacred responsibility."
> – BC Aboriginal Child Care Society, 2008

Comparison of Western and Indigenous Philosophies of Child-Rearing

WESTERN PHILOSOPHIES/PRINCIPLES OF CHILD-REARING	INDIGENOUS PHILOSOPHIES/PRINCIPLES OF CHILD-REARING
Patriarchal organization of the family unit	Matriarchal organization of the family unit
Preference for male children	Equal value placed on both male and female children
Concept of the "Chattel of the Patriarch" (i.e. children are viewed as property of the men of society)	Children are, "a gift on loan to us from the Creator"
Children viewed as possessions and seen as playing a primarily economic function in the household	Children must be given the support and tools to carry out their higher purpose
Male authority over the function of the household	Female authority over the function of the household
Father plays the lead role in discipline of the children	Entire family equally responsible for discipline of the children including extended family
The nuclear family is primary unit that raises the children	The extended family system is the primary unit that raises the children. The clan system plays a key role in forming the sense of belonging of the child to the community and nation.
Parents were instilled with the sole responsibility to raise their children	The entire community and especially grandparents were highly valued in traditional child-rearing and education
Children fill an important economic purpose in western society	Children are sacred beings. Each child has a higher purpose.
Corporeal punishment model acceptable. Disapproval shown by threats, punishment, sometimes violence or guilt.	Hitting children shunned by the community. Discipline practiced through storytelling and teasing.
Children were to be seen and not heard	Children were involved in the entire function of the community and were a part of every social gathering
Emphasis on the institutional care and education of children. Removal of children from the home and community for education.	Children were placed at the centre of the community within a child centre societal model
Doctrine of "spoiling" which believes that there is a danger in spoiling children	One can never spoil a child
Must control and direct the child's behaviour in order to create obedience and conformity. Mould the child to a predetermined family/occupational pattern; secure control by regulating habits and early training to accept authority and discipline.	Principle of non-interference in the sacred path of each child. Children need the freedom and autonomy to learn from the natural consequences of their actions.
Children are naturally selfish and demanding which must be corrected and controlled	Each child must learn to develop their four aspects; mental, physical, emotional, and spiritual in order to become a balanced human
The mother or female is entirely responsible for nurturing	Both women and men have an important role to play as nurturers
Fear to explore the world from the child's point of view	Encouragement to see the world through the eyes of a child
Competition, materialism, and acquisition important aspects for the preparation of children to enter adulthood	Encouraged reciprocity and cooperation in the family unit. Taught children about the concept of 'give-away' by redistributing material wealth and possessions.
Emphasis on giving children physical and material security	Teach children how to develop their character and inwardness so that they can be a 'good human being'
Church and state play a significant role in the parenting foundation in western culture	The parenting foundation is spiritual in nature and this forms the basis for the foundation for the teachings that guide the indigenous child-rearing way
Disconnection of children from natural world	Encouragement of children to learn and bond with the natural world

Wabano Parenting Society. (2011). Parenting bundle: Appendix: Forms and evaluations/support materials and handouts (p.73). Ottawa, ON: Wabano Centre for Aboriginal Health.

In traditional Haudenosaunee society, children had a prominent voice within their communities. Children were educated by their Elders in the traditional teachings and stories were used as a way to create their individual awareness of the importance of culture and community.

B. TEACHINGS THAT SUPPORT THE FIRST NATIONS, INUIT AND MÉTIS FAMILY

Each culture has a foundation of original traditions and teachings passed on through generations, so that children would know who they are, what their responsibilities are and what would be expected of them as adults. Many of the teachings are being reclaimed and remembered by First Nations, Métis and Inuit communities. In that reclamation, Aboriginal peoples are coming to understand how violence was traditionally addressed in the community and how children were traditionally protected.

Traditional knowledge can help child welfare professionals understand the depth and complexity of providing services to an Aboriginal family experiencing family violence.

THE MEDICINE WHEEL

Aboriginal worldviews assume that all forms are interconnected; that the survival of each life form is dependent on the survival of all others. Aboriginal worldviews also recognize that the force that animates the life forms is derived from an unseen but knowable spiritual realm. Aboriginal worldviews assert that all life is sacred and that all life forms are connected. Everything that exists in the circle is one unity, one heart.

The Medicine Wheel, also known as the Sacred Circle of Life or Wheel of Life, represents the circle that encompasses all life and all that is known or knowable, linked together in a whole with no beginning and no end. The lines intersecting at the centre of the circle signify order and balance.

The Medicine Wheel teaches the gifts of the four directions and the importance of maintaining a healthy balance in our families, in our homes, in our Clans, in our communities, and in our Nations. The Medicine Wheel has endless applications. It can be used as a teaching and healing tool as well as to instruct individuals about how to live a balanced life.

INDIGENOUS KNOWLEDGE
For Aboriginal peoples, traditional or Indigenous knowledge is a vehicle for the transmission of culture. This knowledge is unique to the different Aboriginal peoples.

Aboriginal peoples are taught that the transfer of traditional knowledge is sacred; therefore traditional knowledge needs to be handled with the utmost respect, care and humility by both the person(s) sharing the knowledge and the person(s) receiving it. When utilized as a tool for healing and wellness, traditional teachings can become "a powerful tool for increased self-knowledge and self-care." - Mussell, 2005

Aboriginal peoples are taking measures to protect Indigenous knowledge in Canada and internationally. The term used to describe this process is Ownership, Control, Access and Possession (OCAP).
- First Nations Centre, 2007

When Indigenous teachings are shared, child welfare professionals should use this knowledge with respect, care and humility.

TEACHING
Balance is important in life.

The Medicine Wheel is an ancient symbol that has many teachings including:

> We have four aspects to our nature: Physical, mental, emotional and spiritual. Each of these aspects must be equally developed in a healthy, well-balanced individual (balance).

> There are four races in the human family: Red, yellow, black and white. They are all connected and living on the same Mother Earth (cooperation amongst the races).

> There are four elements of physical life: Earth, air, water and fire. Each is distinctive and powerful and all must be respected equally for their gift of life.

Medicine Wheel
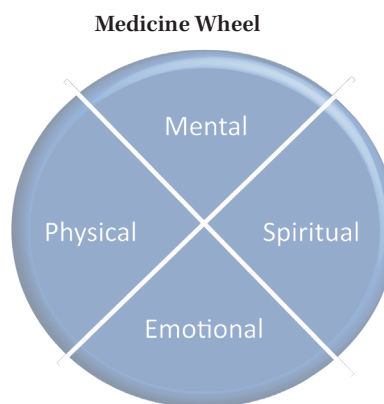
Four Worlds International Institute. (1984). *The sacred tree* (p.12). Lethbridge, AB: Four Worlds International Institute.

THE GRANDFATHER TEACHINGS

A fundamental belief underlying most Aboriginal spirituality is that everyone was given gifts from the Creator at birth to use as medicine for the mind, body, heart and spirit.

These sacred gifts are:

Wisdom	Wisdom is used to acknowledge and practice values that are respectful of men and women. You must change those behaviours that are not positive or respectful.
Love	You must learn to love and be at peace with yourself. Once you love yourself then you will be able to love others.
Respect	Our grandfathers and grandmothers tell us to honour and respect everyone, especially ourselves, and to realize we also have personal boundaries and the right to be respected.
Bravery	You can practice positive role modeling to other people and walk your talk with integrity.
Honesty	To be honest is to be truthful about your behaviour and to be open to understanding how your actions affect others.
Humility	Humility is about having sensitivity towards others, respecting their way of doing things and listening to them.
Truth	Truth is walking and living by the Seven Grandfather Teachings

THE HARMONY CIRCLES FOR SELF AWARENESS

The Harmony Circles recognize that all people are interconnected to one another. If we are in balance or out of balance in one sphere, we will impact on every other sphere of reality.

The middle circle represents each person. Each person has to learn enough about him/herself (his/her own Medicine Wheel) that s/he can maintain balance in his/her emotional, physical, spiritual and mental life. Focusing on one aspect of life will pull us out of balance. When we are out of balance, we are susceptible to being impacted by things happening outside of us.
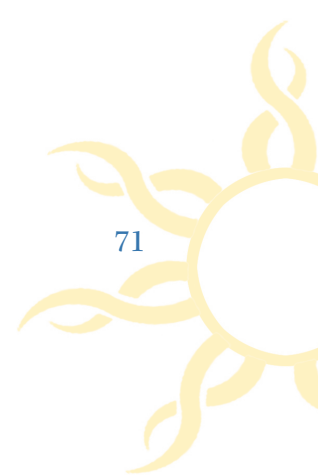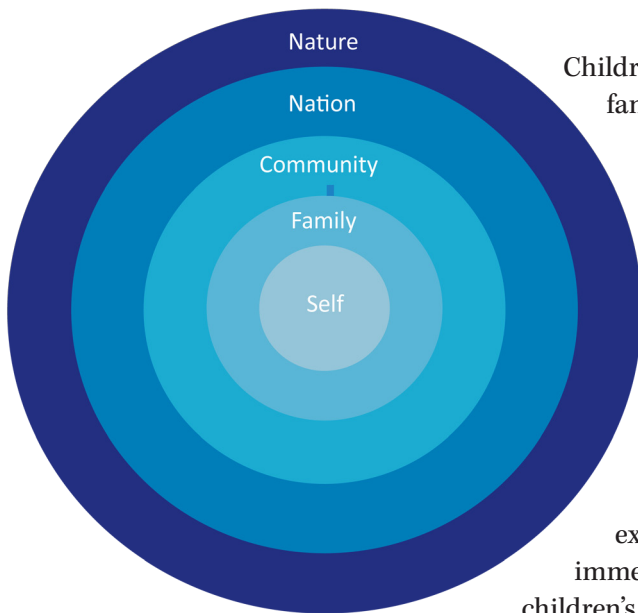
Harmony Circle Self Awareness

Children are not able to understand that violence in their families is not their fault; that racist comments in their school are not about them but about the person saying those comments; that the poverty in their communities is not a failure of their leaders but rather a systemic issue that needs many partners to correct.

The need for children to have an opportunity to formulate their core identity and to be surrounded by as many balanced circles as possible is what motivates much of child protection work. The Medicine Wheel can be used as a tool to recognize that, while moving children out of their extended families and communities can address their immediate physical safety, it can have a negative impact on children's emotional well-being and spiritual life.

The Harmony Circles and the Medicine Wheel work together as tools to help us understand how to support families experiencing family violence.

THE LIFE CYCLE WHEEL
Adapted from AHWS, 2006

Current child welfare policies recognize that differential responses are required based on the family and each family member's individual needs. The Aboriginal teaching, the Life Cycle Wheel, incorporates all members of the community at different phases in their lives. It highlights and acknowledges that each person has a gift to bring and a role to play in the community, and emphasizes the importance of meeting physical, mental, emotional and spiritual needs throughout the Life Cycle Wheel.

The Life Cycle Wheel has been consistently used by the Ontario Aboriginal Healing and Wellness Strategy to develop programming in each community that responds to each stage.

Infants are a sacred gift bringing joy, and an infant's birth is celebrated by her/his family and community. The family and community are responsible for instructing and supporting her/his healthy (physical, mental, emotional and spiritual) development.

TEACHING
We are interconnected to all people and all of life.

Toddlers are curious and possess a heightened capacity for learning; they observe, explore and test their surroundings in order to learn and understand their relationship with their environment. Toddlers need to experience safety and a safe environment. Consequently, all caregivers are responsible for ensuring that toddlers have their physical, mental, emotional and spiritual needs met within home and other environments. The toddler's environment must be stable and nurturing, without sexual, substance/alcohol abuse or violence, and promote safe play and exploration.

Children or childhood represent the formative years, which involve increased learning,

Life Cycle Wheel
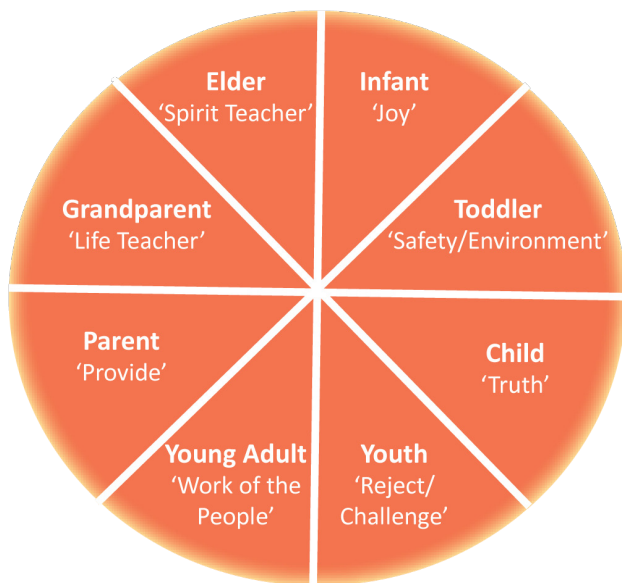
Aboriginal Healing and Wellness Strategy (AHWS). (2009). Phase III longitudinal study: Final report. Toronto, ON: AHWS Joint Management Committee.

training and teaching about truth. During this stage, positive interactions with other children and nurturing adults help children learn how to trust and what feeling safe and secure means. This stage aids development of a child's ability to discern what "truth" is in future situations.

Youth is a transitional stage between childhood and adulthood. Youth often challenge and/or reject beliefs and attitudes held by family, community and the larger society, and propose their own alternatives based on an "ideal." Youth need to be encouraged and supported and taught the history and culture of their people. At the end of this stage, they will be matured, caring, knowledgeable and skilled young adults.

Young adults are responsible for making their own decisions and creating their own paths. They have the knowledge, caring, skills and respect for life to lead healthy lifestyles and be responsible within the community. They begin to understand their responsibilities to their communities and their Nations. At this stage they wander out into the world to develop a better idea of their responsibilities and roles. It is during this stage that they do the "work of the people."

Parents draw upon their knowledge, skills, caring, teaching and the love that they have experienced through their own Life Cycle, to be providers and caregivers to their family and community. They provide for the physical, mental, emotional and spiritual well-being of the people.

Grandparents need to be respected and provided with care. Through wisdom, grandparents are the life teachers to all those who come after them. They share and teach cultural knowledge, life-skills, history and personal knowledge they gained on their own life journey.

Elders are highly regarded not only for the wisdom accumulated along the Life Cycle, but also because they are the spirit teachers of the people. They are the people who help us understand the relationship and interconnectedness of our physical and spiritual realm. It is the Elders who are more often healers, medicine men and women, spiritual guides/leaders and keepers of Aboriginal teachings and ceremonies.

TEACHING
We have different gifts to offer and different needs as we go through the different stages in life.
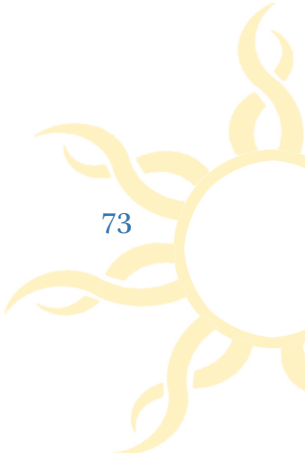
TEACHING AND TRADITIONAL HEALING PRACTICES

Elders are respected for their wisdom in the traditional culture and teachings of the Creator, and as a role model and guide for their communities. Elders and Traditional Persons share their knowledge and wisdoms through teachings and "natural counseling" and are assisted through prayers and meditation, consultation with peers and Traditional Teachers, Traditional Healers and the use of the medicines (Morley & Schwenger, 2009).

Elders, Traditional Healers and Medicine People all had specific gifts and responsibilities to the community. They were the helpers in the community that could connect people to their emotions so that they could accept them and move forward, could heal their physical ailments and provide them with a connection to the spiritual world. The four primary medicines used in Traditional Healing are: Tobacco, Sweetgrass, Sage and Cedar. Each is used for a different purpose. A smudging ceremony opens a talking or healing circle during which one or some of the medicines are burned to seek the protection and guidance of the Ancestors and Creator, to show respect for all parts of creation, and to provide thanks.

The Inuit do not have the same medicine practices because none of the four primary medicine plants grow in the Arctic. The Inuit do have Elders. Many of the Inuit Elders practice a Christian spirituality, and also provide guidance in relation to the lessons that are provided when people live on the land.

THE MÉTIS TEACHING: THE ENVIRONMENT AND LEARNING RESPONSIBILITY

TEACHING
We have a relationship with and responsibility for the environment.

All Aboriginal traditions recognize individual responsibility to the physical environment as a key relationship. Often the lessons of responsibility and self-reliance that children and youth need to learn are taught when hunting, trapping, fishing, learning about animal and bird migration, gathering berries and medicinal plants, and in preparing and preserving food. One learns patience through these practices.

One also learns to share, not only with one's family, but within one's community, with Elders and with those less fortunate because food that is caught is shared within the community. Learning how to perform chores is related to learning values and accepting of responsibilities to oneself, one's home and one's family.

THE TRADITIONAL KNOWLEDGE OF THE INUIT
Adapted from Pauktuutit Inuit Women of Canada, 2006

There are six guiding principles of Inuit Qaujimajanngit (Inuit Knowledge) that have evolved over time and inform Inuit counselling and any helping practice. The six principles are as follows:

1. **Piliriqatigiinngniq — working together for the common good**
   This principle implies knowing one's role within a family, community or organization and making judgments and decisions that benefit everyone rather than a few.

2. **Avatikmik Kamattiarniq — environmental wellness**
   This principle can be interpreted as a balanced and healthy interconnectedness of the mental, physical, and spiritual dimensions of the individual, the family, and the community.

3. **Pijittsirarniq — service to others and leadership**
   These concepts together contribute to the common good and are not mutually exclusive, but inherently part of the same ideal of wisdom in Inuit culture.

4. **Pilimmaksarniq — empowerment**
   This principle suggests the use of information to right social and spiritual wrongs, and to work toward a balanced and strong Inuit society.

5. **Qanuqtuurunnarniq — resourcefulness and adaptability**
   This principle reflects the need for individuals and communities to be creative, flexible and solution oriented.

6. **Aajiiqatigiinngniq — cooperation and consensus**
   This principle highlights the need for respect and reciprocity in decision making. The Inuit healing process is successful only to the extent that it is reciprocal, based throughout on the opinions and contributions of client and counsellor, leaders and community members, each recognizing the value of the other's perspective. Thus, solutions are reached by consensus and therefore are sound.

> The distinction of choices and consequences are both important lessons to be taught to children and youth. We each make choices in our lives on a daily basis, and we need to give careful thought and reflection to the choices we make, as all choices have a consequence, whether positive or negative [. . .] [As children, the teaching to] "put our mind and heart together" includes to attain a state of harmony and balance with our environment.
> - Edge & McCallum, 2006

C. MEN'S AND WOMEN'S ROLES AND RESPONSIBILITIES IN THE FAMILY AND IN THE COMMUNITY

The concept of the family in Aboriginal cultures is consistent with the Harmony Circles, as is taught by Métis Elder Maria Campbell and then shared in this quote:

> *Traditionally, it was understood that it took a "whole community to raise a child." Since time immemorial our children were always placed at the centre of the community. Surrounding the children were the Elders, they were responsible for teaching the history, customs and traditions to the children. The next circle around the Elders were the women, they were responsible for providing nourishment and nurturing to the children. The final circle around the women were the men, they were responsible for providing the food and protecting all those in the inner circles. Everyone had a role and responsibility with the primary focus on the care and protection of children, because children represented the future for the people. When making any decisions our leaders always looked ahead seven generations to ensure a future for our children…* (Cowie-Rogers, 2010).

Harmony Circle
Men/Women Roles

As such the family extends well beyond the nuclear family and a single household to include a network of brothers, sisters, aunts, uncles, parents, grandparents, nieces and nephews. Depending on the culture and community, an extended family may be linked to a traditional Clan system. This extended family tends to function more as an interrelated system rather than as separate and disconnected parts.

"While it is safe to say that the single-generation, single-family household is perhaps more prevalent in most Aboriginal contexts than it may have been several generations ago, it is also true that there are important and profound cultural differences that distinguish Aboriginal family life from life in non-Aboriginal families in Canada" (Bopp, Bopp & Lane, 2003).

Women are seen as the creators of life and involved in all things that deal with creativity, from planting and harvesting, to giving birth and raising children. Women were the nurturers and the sustainers of their communities, building and maintaining housing and supervising family affairs. Land and crops belonged to them, rather than their husbands or brothers. Men were traditionally hunters for the community, with women skinning, packing and preparing the hunt . . . . Men's traditional duties (hunting, conducting trade, defending the community) required them to often be away, so their social position was sometimes weaker than that of women (OFIFC, 2008).

Children were recognized as gifts from the Creator and they were to be cared for and nurtured so that their gifts could emerge. Learning self-discipline and self-reliance at a young age was important because Aboriginal peoples lived so close to the land, there was an understanding of what the environment could do to people lacking these lessons. It was essential that the extended family teach each child to live in a way that provided him/her with self-reliance and with the ability to share their unique gifts with their family and community.

THE ROLE OF WOMEN

Women are the foundation of Aboriginal families and communities. Traditionally, women were held in high honour and respected for their ability to problem solve and multi-task. They were responsible for managing the home, the family, and the community at large when the men were out hunting, fishing and trapping.

Generally, in all pre-contact Aboriginal cultures, men and women had different roles and responsibilities; however, one was no less important than the other. Men and women were considered equals with very different characteristics and responsibilities, and each was necessary to make life complete. These roles were complementary and both were necessary for the continuation of the family, the community and the Nation. Neither the male nor the female could fulfill their role without the other fulfilling their own.

Women are considered the Life Givers. Women have been blessed with the gift of water. They carry the water inside them and it is the water that flows from within them when they are ready to deliver a baby. This water connects them with Mother Earth and Grandmother Moon and it is for this reason the women are responsible for the water at ceremonies.

Traditionally, it was the women who ensured the language, customs and beliefs were passed on through the generations.

Many Aboriginal cultures were women-centred and matrilineal. A child's ancestry was traced through his/her mother, and the family property was passed down through the female line.

Women played a key role in identifying which men would assume leadership roles. They would watch children in their development to identify their strengths and ability to assume leadership roles. In the Teaching Lodge of Life, the women of the lodge determined who would be the head chief for the different tasks that were required. In some First Nation communities, these responsibilities continue where the traditional governance structures are maintained.

THE ROLE OF MEN

Men are often described as providers and protectors. In some Aboriginal communities, men were also described as "warriors" as they were the defenders of the community. Like the women, men had very specific roles and responsibilities.

Self-discipline played a large part in the level of success a man held in the community.

TWO-SPIRITED PEOPLE
Adapted from www.2spirits.com

Many Aboriginal cultures recognized homosexuals as people who were described as "two-spirited" or in the direct translation from the Ojibway term, Niizh manidoowag, "one who simultaneously house both the male and female spirit." Other cultures described a two-spirited person as "one who is transformed" or "one who changes." According to a social work project at the University of McGill, traditionally, the Two-spirited person was one who had received a gift from the Creator: That gift being the privilege to house both male and female spirits in their bodies.

Two-spirited people have been "documented in over 130 tribes, in every region of North America, among every type of native culture." In some tribes, two-spirited people held specific roles including healers or medicine people,

> Each child is recognized as having a unique talent or special gifts. It is up to each of us to help children to explore and discover these talents and gifts. There is something for everyone to learn from the experience of failure. Listening, respect, and self-respect are considered qualities that need to be taught to children and youth to help them to survive in both worlds, to survive in both the Aboriginal and non-Aboriginal worlds of today.
> - Edge & McCallum, 2006

> All of the women were taught to contribute to the family household at an early age. Each took pride in learning how to sew. Lessons taught by their mothers and grandmothers included "never give up," "believe in yourself," "forgive and forget," "give with a good heart," and, "if you can't say anything nice, don't say anything at all." It is with great pride today if a person can say they "walk their talk." - Edge & McCallum, 2006

> The role of males in our communities was one of protectors. They have lost that role and have learned other lessons of how to be a man: often negative stereotypes.
> - Focus group participant

> 2-Spirited People of the Ist Nations (2 Spirits) is a non-profit social service organization whose membership consists of Aboriginal 2-Spirit (commonly known as Aboriginal lesbian, intersexed, gay, bisexual and transgendered) people in North America. The organization is based in Toronto.

foretellers of the future and conferring of lucky names on children or adults. Two-spirited Aboriginal peoples were "valued and respected teachers, healers, caregivers, educators and, if need be, warriors". The influence of European values through the process of colonization impacted the two-spirited people by imposing strict gender roles. "The arrival of the Europeans was marked by the imposition of foreign views and values on Native spirituality, family life and traditions. The missionary churches' views on sexuality, for example, created many new taboos.

D. FAMILY VIOLENCE IN FIRST NATIONS, INUIT AND MÉTIS COMMUNITIES

> We were given tasks that were difficult so that we would be experienced by the time we were married, so that in times of hunger we could survive . . . Boys had an even harder time, for they had to be able to provide for their wives and children after they grew up. It seems as if they had to go out all the time . . . As soon as a boy woke up, he was asked to dress and go outside to check the weather, so that he would be trained to go outside no matter what the weather was like.
>
> - Ajunnginiq Centre, 2007

While we cannot know whether family violence occurred prior to contact with European settlers, the incidence of violence may have been significantly less and the way violence was addressed would have been different.

This is due to several reasons related to the family structure being so different from the Western model: women and men were seen as interdependent; both were seen as equal but different; cultures were often matrilineal; and men were seen as weak when they were abusive.

When a man battered a woman, he was considered irrational and could no longer assume leadership roles when hunting or in a war party. He could not be trusted to behave properly and he might bring harm to others.

When abuse did occur, the abuser was confronted immediately by his male relatives or those of the victim. If the abuse continued, punishment could be severe, including banishment, castration and death.

> "When a man chooses to use violence towards a woman he is de-spiriting her. He is changing the very spirit she entered the world as."
>
> - Pauline Shirt (Cree Elder)

The extended family and the community would ensure that the woman and children were protected from the abuser. If the woman could not care for her children in the immediate situation, there was family to support her in her responsibilities.

Today, the incidence of violence has increased and the community safety nets are at times expanded to ensure the safety of women and children. Communities are working on regaining a sense of balance.

E. MAINSTREAM SERVICE MODELS

Mainstream models are often focused on addressing the immediate safety issue by moving the victim of the violence, usually the woman and the children, from the family home and the community. Shelters have been established for women and children. After being charged with family violence, men are often returned to their homes because the appropriate resources do not exist in remote communities. The mainstream approach is often contrary to Aboriginal models and practices used to support families to recover as a family and address the core issue that has led to the violence.

The OACAS Practice Guide, *Critical Connections: Where Woman Abuse and Child Safety Intersect* shows that service providers are looking for ways to support and ensure safety of families without assuming that separation is the first and logical choice.

The experience that focus group members describe when their family is in distress is shown in the model below. The key themes in the mainstream model are:

1. The family is divided into different services.

2. The woman is sent to victim services; the men often go into the Justice system and the children go to child welfare agencies. Children are sometimes separated from their siblings, are made Crown wards or go into foster care or detention centres.

3. Families express an appreciation for the services that were culturally and community based because they seem able to accommodate the family as a whole unit.

4. Violence and neglect as manifestations of socio-determinants (e.g. poverty, lack of employment, poor health, racism and discrimination) is better understood and addressed by community based services (e.g. Healthy Babies, Healthy Living; Life Long Care).

5. Cultural programming that affirms a person's identity is seen as a key way to support people to get stronger and find their way to an improved situation in their life and in their family.

6. The current response system divides families and is not holistic.

Mainstream Approach to Responding to Violence in the Family

Men
- Police
- Justice system
- PAR program
- Anger management programs

Mandated
Resourced

Children
- CAS
- Native mandated services
- Foster care
- Group homes

Family

Women
- Shelters
- Counselling
- Rape crisis centres
- Women specific services
- Victim services

Not Mandated
Under Resourced

Family
- Culture based
- Community based
- Family counselling
- Prevention services
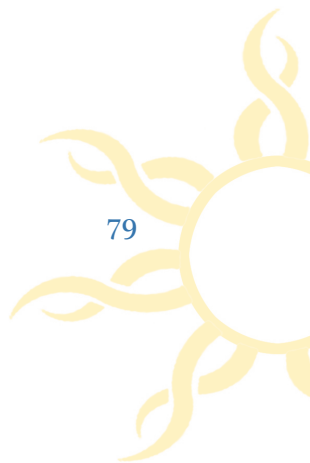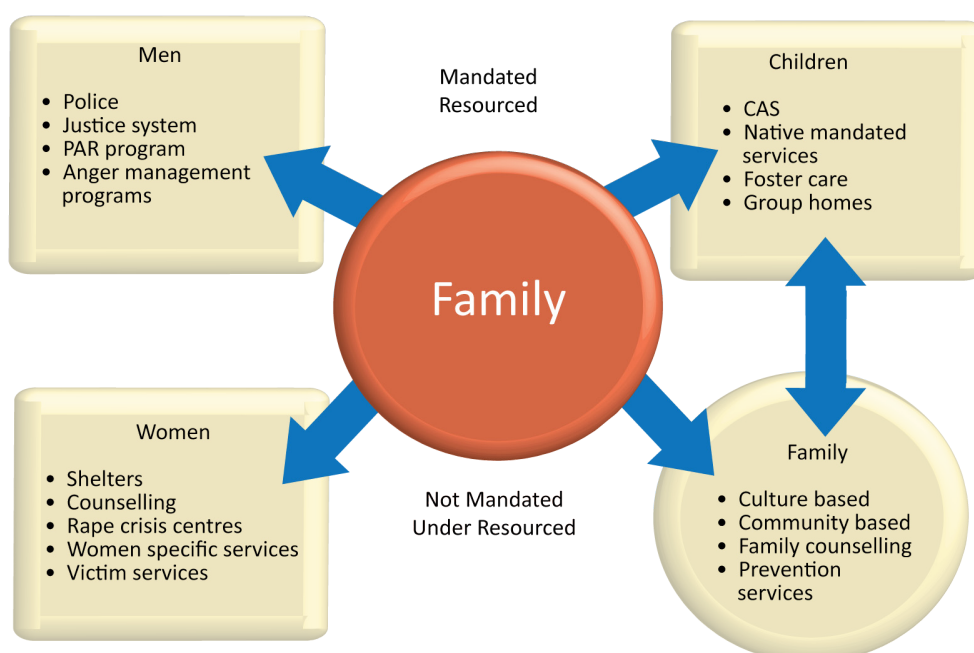
F. FIRST NATIONS, INUIT AND MÉTIS MODELS FOR ADDRESSING FAMILY VIOLENCE

When violence and abuse is introduced into the Aboriginal family system, there is a much higher probability that many more people will be impacted than in a case of domestic abuse in a non-Aboriginal family because of the Aboriginal family system's highly interconnected social nature" (Bopp, Bopp & Lane, 2003).

All Aboriginal models for addressing family violence:

> Seek to address the other socio-economic and historical issues that are impacting on the family and causing the violence

> Seek to keep the family intact

> Recognize the need to involve the whole family, extended family and the community in addressing family violence

> Recognize the historical legacy and trauma and the need for individual and family healing as a key component in addressing the violence in the family

THE CULTURE BASED GENDER ANALYSIS

The Culture Based Gender Analysis Wheel used by Kanawayhitowin (2010) describes the process that Aboriginal families have gone through and how they might move forward.

The Future section of the Wheel envisions Aboriginal families existing without violence and living balanced lives.

Culture Based Gender Analysis Wheel

Kanawayhitowin (2010). Kanawayhitowin: Taking Care of Each Others Spirit, Community Action Campaign to Prevent Woman Abuse in the Aboriginal Community (p.17). Toronto, ON: Kanawayhitowin.
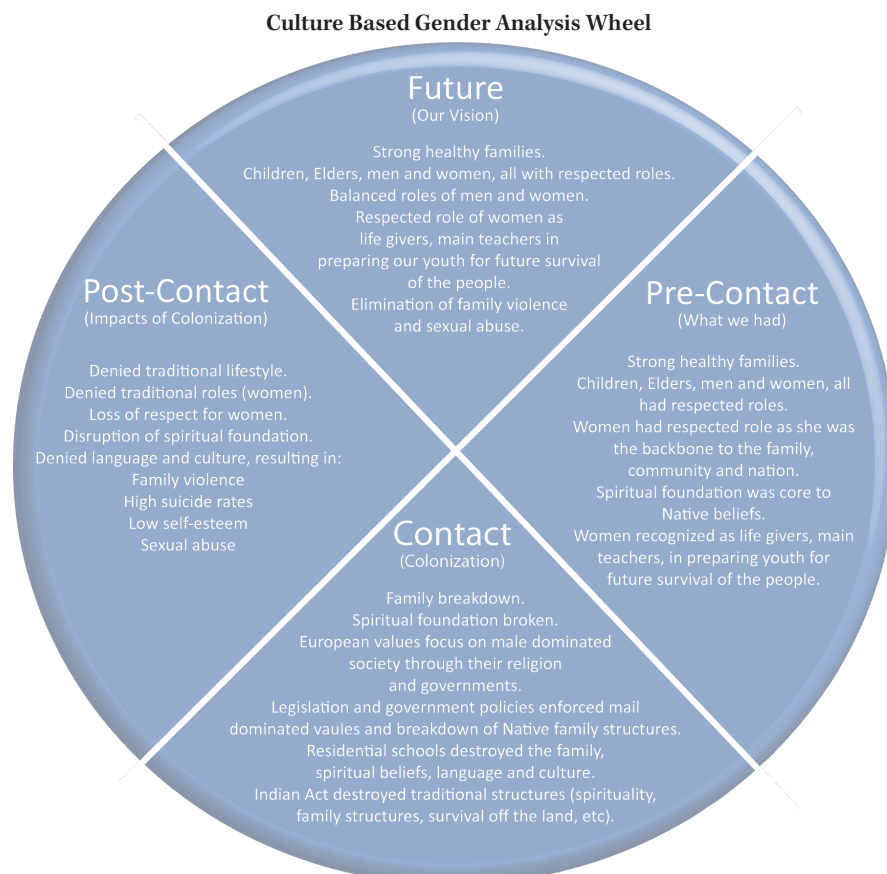
THE STRATEGIC FRAMEWORK TO END VIOLENCE AGAINST ABORIGINAL WOMEN

In the last 20 years, Aboriginal women in Ontario have taken a leadership role to address the violence in their families. In 2006, the Ontario Native Women's Association (ONWA) and the Ontario Federation of Indian Friendship Centres (OFIFC) brought together Aboriginal community members and government representatives to develop a *Strategic Framework to End Violence Against Aboriginal Women* that moved beyond simply providing supports to families after the violence had occurred. The Framework has been endorsed by the Ontario government and a joint committee that includes representation from 15 Ministries and has been established to develop specific initiatives and programs that support the Framework.

There are several principles that underpin the Framework. Those listed below reflect the core need to address the issue of family violence as an issue that affects the whole family:

> To successfully end violence, all people affected by violence against Aboriginal women (victim, abuser, the families impacted and the witnesses of the violence) need to have specific supports

> Violence against Aboriginal women is always committed within the context of a community; and as such, the community as a whole has a central role to play in addressing the issue

> Violence against Aboriginal women is rooted in systemic discrimination; consequently, issues of gender, race and cultural exclusion must be considered in addressing the violence

> A social/health determinants model must be applied to ensure that the causal issues of violence are addressed

"The Framework is proposed on a medicine wheel design, to provide a continuum of approaches to address the issue, and will require strategies at many different levels and around different issues to successfully deal with violence" (OFIFC & ONWA, 2007).

The following are examples of cultural based interventions that represent strategies at the individual, community and organizational level to end family violence.

Eight Strategic Directions from the Strategic Framework to End Violence Against Aboriginal Women

Ontario Federation of Indian Friendship Centres (OFIFC) & Ontario Native Women's Association (ONWA). (2007). A strategic framework to end violence against aboriginal women. Ontario: OFIFC & ONWA.

THE CREATOR'S WHEEL — MENDING THE SACRED HOOP

The Creator's Wheel was developed as an Aboriginal version of the Power and Control Wheel. The Power and Control Wheel is used as an assessment tool to help women identify the nature of the abuse that they have experienced. The Creator's Wheel reflects that the Creator is at the centre of all of life. When we are living the good life we walk with those behaviours, feelings and intents that are in the inside circle. We create and maintain relationships that are balanced and reflect the words in the middle circle. When we are not well, our behaviour is exhibited by the words on the outside circle.

The Creator Wheel

Be kind to others and treat them well. Make decisions for the good of all. Keep in mind the effect they would have on former and future generations. Don't be greedy. Don't be stingy. touch nothing that belongs to someone else, especially sacred objects. Share what you have with your brothers sisters and other living things.

Don't fight and don't trouble anyone. Listen and respect others' beliefs, visions and dreams. Show respect for elders, parents, people and their customs, religions. Respect Mother Earth and all living things.

CREATOR

Decisions were not finalized without the input from the women. Although men were the spokespersons of the family, women were treated with the deepest respect as the givers of life and the backbone of the family. Women and men respected each other's roles. Children were the responsibility of the whole extended family. Knowing that they were a gift from the creator, they were not to be used or abused in any way.

Be truthful to self and others at all times. Respect each person for their own gifts and knowledge. Think before you act. Have close ties to your homeland and family. Never intrude on a person's personal space. Don't lie, make false promises, or gossip about others for it is your spirit you are degrading.

Wheel outer ring labels: COERCION AND THREATS · FAIRNESS · INTIMIDATION · NON-THREATENING BEHAVIOUR · ECONOMIC ABUSE · ECONOMIC PARTNERSHIP · EMOTIONAL ABUSE · RESPECT · SHARED RESPONSIBILITY · MALE PRIVILEGE · TRUST AND SUPPORT · USING ISOLATION · RESPONSIBLE PARENTING · USING CHILDREN · HONESTY AND ACCOUNTABILITY · MINIMIZING, DENYING AND BLAMING

Adapted from Mending the Sacred Hoop. (n.d.). The creator wheel. Retreived on February 1, 2012 from: http://www.mshoop.org/resources/

WHITE BISON'S WELLBRIETY MOVEMENT (WWW.WHITEBISON.ORG)

Wellbriety recognizes that family members need to learn and reclaim their roles and responsibilities in the family. They offer a range of programs to pass on the knowledge, beliefs and practices that would have been passed on through the Elders if communities had not been disrupted.

The weekly programs are based on the Healing Forest model and integrates the Medicine Wheel and a 12-step program. The programs offered include: Families of Tradition; Fathers of Tradition; Mothers of Tradition; Daughters of Tradition and Sons of Tradition.

All of the Wellbriety programs are based on the "Four Laws of Change":

I. **Change is from within.**
"Making change must come from an internal desire to make a difference in our lives. We must make a conscious effort to change our intent, our choices, our behaviours and even our feelings and assumptions about who we are. In order for development to occur, it must be preceded by a vision."

2.	**In order for development to occur, it must be preceded by a vision.**
"Once a person/family starts to grow, they need to create a vision/picture that they will use to develop themselves. It is important to develop a vision of the role that a healthy family plays and the values that a healthy person displays in his or her relationships with family . . ."

3.	**A great learning must take place.**
"Everyone needs to be a part of the change in order for the change to occur. The whole life cycle and circle must be involved in the change: baby, youth, adult, Elder; individual, family, community, Nation."

4.	**You must create a healing forest.**
A diagram of a forest is used to reinforce our interconnection to one another. "A forest, like a community, is only as healthy as its roots and environment. Unless individuals, families and communities are provided with a means to overcome the impact of the unhealthy, dysfunctional root systems (anger, guilt, shame and fear), they will find themselves participating in unhealthy behaviours."

MEEKA ARNAKAQ INUIT MODEL OF HEALING

The snow blocks of the iglu are used to represent what is needed to develop a healthy lifestyle. The inside of the iglu represents the stages of development as an individual. We need to learn to understand ourselves before we can be a good family member.

The stages are as follows:

> Becoming aware of self

> Knowing when to set a limit

> Protecting self

> Being patient with self

> Understanding self

> Speaking for self

> Self-assessment

> Self-love

> Self-gratitude

> Knowing one's abilities

> Self-confidence

> Being a friend to self

> Believing in self
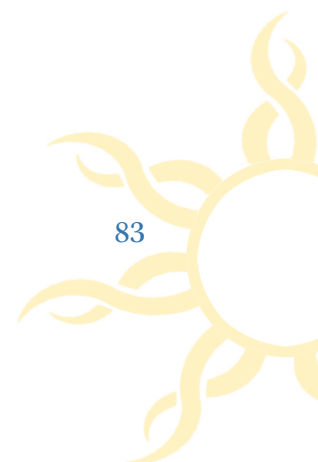
To heal, a person needs to go through these steps as they are foundational blocks to living a healthy life. It is only when the individual has completed the steps that the family can grow together to create a healthy family structure that is absent of all forms of violence. The healthy lifestyle instructions include:

1. Couples understand each other's hearts.

2. Family management without fear.

3. Treating family members with good attitude.

4. Delegation of chores.

5. Delegation of specific jobs to partner, children and parents.

6. Love binds all.

7. Preparing for the future together.

8. Being sensitive to family members in all ways.

9. Protecting children and family members.

10. Household members growing together in life.

11. Showing gratitude to household members.

12. Being able to manage household members without fear.

13. Assigning responsibilities to family members.

14. Having agreements on plans and tasks to be done.

15. Preparing family members to avoid risky situations

> "To make a child's mind strong the best way to do this is through balanced discipline . . . you need to be consistent with them. If you consistently show love and discipline, the child will grow nicely."
> - Uqsuralik Ottokie, 2007

The final part of the iglu is the outside porch that extends out of the iglu and reflects the others in the community. Each block in the porch represents the behaviours that can help us to live peacefully with community members.

TIKINAGAN'S COMMUNITY BASED APPROACH

Tikinagan Child and Family Services works in the 30 First Nations in North-western Ontario and has jurisdiction in the counties in and around Sioux Lookout. Most of the communities that they serve are fly-in communities that cannot be reached by road except in the winter when the lakes are frozen.

> We believe that our role is to be there in the community, mentoring young parents, supporting families who are seeking to regain their equilibrium, but in the end ensuring that children are protected when they need it (www.tikinagan.org).

Tikinagan's approach uses the Harmony
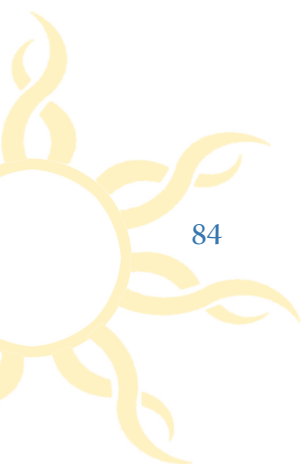
Circles and involves the community as a resource to address violence in the family and protect children in the community.

Instead of having most or all of their staff in one location, Tikinagan have relocated the majority of their workers and offices to the communities in order to be part of the First Nations they serve.

Tikinagan's service principles are:

> The primary responsibility for a child's safety and well-being is with the family. The extended family is the next option if a family cannot care for its children.

> At the community level, the safety and well-being of children is everyone's responsibility. Anyone aware of children in need of protection should ensure the children and their families receive assistance. The primary purpose of service to families is to keep them intact and ensure children are safe and well.

> Services should be family-focused, community-based, and First Nation-controlled and delivered. The community will establish methods for resolving disagreements with respect to families and children.

> Tikinagan will provide or arrange for guidance and counselling for families and their children to prevent children from being harmed and wherever possible, to keep children with their families and in their own communities.

> Where the First Nation is providing services, Tikinagan will provide backup support and advice. Tikinagan is the final authority for ensuring that children are safe and well. Recourse to provincial courts will only be made when all other efforts to protect children have failed.

For Tikinagan the solutions for our families are to be found within our communities, within our families, within ourselves (www.tikinagan.org).

With the support of a community-based Family Services Committee or equivalent body, Weechi-it-te-win's Community Care Program uses a decentralized model to provide services to children and families. This First Nation-based team shares responsibility for the delivery of a range of family support and child protection services to support the healthy development of children, provide support to parents and alternative caregivers and to work with children and parents to maintain or restore family unity.

For more information, visit Weechi-it-te-win 's website: www.weechi.ca/ccp.php
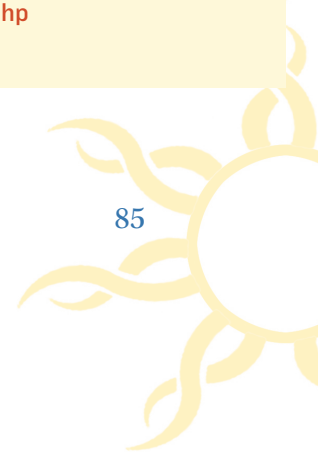
> Tikinagan will assist First Nations to locate children who have been lost through the child welfare process and to repatriate children where possible and appropriate.

KANAWAYHITOWIN

Kanawayhitowin is the parallel program to the Ontario based *"Neighbours, Friends and Family"*[2] initiative that reflects a traditional and cultural approach to community healing and wellness.

The Kanawayhitowin campaign recognizes the traditional roles that members of a community have played in protecting and caring for one another and have created a campaign with tools and training that are based on the traditional roles and responsibilities.

The approach in working with men is based on a traditional teaching that emphasize that the man needs to be held accountable and he is more than an abuser. There are many reasons why a man chooses to abuse a woman. Primarily it is a means of controlling her and maintaining power over her. The following are some contributing factors to the use of violence and the abuse of Aboriginal women by Aboriginal men:

> Men's life experiences

> Absence of consequences

> Beliefs and attitudes towards women

> Levels of community wellness

The Kanawayhitowin campaign reminds family and community to assume their traditional responsibility for children.

KIZHAAY ANISHINAABE NIIN

Aboriginal women recognize that the violence in their families will not end unless the men are part of the solution. Men need to be held accountable, to heal and to be given the opportunity to take up their role and responsibilities as Aboriginal men.

Kizhaay Anishinaabe Niin (an Ojibway phrase) translates to "I Am a Kind Man." At a time when violence is invading whole communities "I Am a Kind Man" reminds us that violence has never been an acceptable part of Aboriginal culture. The initiative is intended to engage Aboriginal men to speak out against all forms of abuse towards Aboriginal women.

KEY TOOLS — THE SHARING AND HEALING CIRCLE, THE FAMILY AND COMMUNITY CIRCLE

There is no one healing process that is appropriate or relevant for all Aboriginal peoples. Different cultural groups have different healers and healing processes. Some key approaches have been used consistently with numerous groups and may be useful in child protection work.

---

2   Neighbours, Friends and Families is a public education campaign to raise awareness of the signs of woman abuse so that those close to an at-risk woman or an abusive man can help.
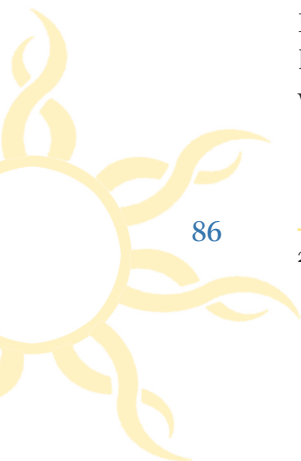
A key tool that is often used to help Aboriginal families is the circle. Through the circle, each person can address his/her full self, see connections between themselves and others and explore how to regain his/her balance. In the circle, individuals must face the impact their behaviours have on other people when they are not in balance, and the impact others have on individuals. Individuals must also recognize their interconnectedness with one another.

There are many different types of circles, but they all follow specific protocols. All circles are intended to ensure that all members of the circle are heard and listened to, that there is safety in the circle, that historical knowledge and traditions are followed and respected. It is important that the Creator and spirit world is part of the circle, protecting each person as s/he explores difficult life experiences.

The circles have been described in four levels, each with healing properties:

> Level one is the talking circle where people become aware of the original hurts

> Level two is the sharing circle where a high degree of trust is formed and individuals begin to express painful emotions

> Level three is the healing circle, where people work through memories of painful experiences and develop trust in the intuitive and spiritual messages they receive

> Level four is the spiritual circle, where individuals reclaim and strengthen their spiritual gifts and integrate cultural teachings and practices in their healing processes and lives

In addition to family circles and extended family circles, there are community circles that can engage the full community in addressing issues in one family and that recognize the impact on all members of the community.

Storytelling: The professional practice of asking directive questions may not get the full story from a family member. In particular, women who have experienced violence are not likely to provide you with the full story until they trust you.

Planting seed-thoughts (e.g., "what if" statements) provides a way for someone to understand that you can be trusted so that they can tell his/her story or answer your questions.

The man who comes before the court on a charge of domestic assault is almost certainly not only guilty of a single incident, but of orchestrating a regime of terror, abuse and domination that has caused enormous post-traumatic stress related damage to his victims, as well as "collateral damage" to the children who have witnessed the abuse. In so doing, this man is contributing to an ever-worsening probability that his community will soon manifest a culture of violence and abuse, if it has not already done so.

However, this same man, while responsible for his abusive actions and the patterns he perpetuates through them, was shaped by his own childhood experiences. Merely punishing him for wrongdoing will not end the cycle of abuse. Clearly, this man needs healing and so do his family members and victims. Beyond all of them, however, lies a complex set of community dynamics that have allowed this man to become an abuser and to pass on his patterns of abuse to the next generation. - Bopp, Bopp & Lane, 2003

In our teachings of our traditional ways, families never inflicted violence towards each other or the children. Our people believe that the children are gifts from the Creator, and we are not the "owners" but the caretakers of them. We were given these children to teach them, to be good role models for them, and to bring forth harmony, peace and understanding. We have expressed to our children all the teachings we have been given by our experiences in life. Children must be taught the "good" ways and must be shown to them by their families. All children are cared for by other members of the family.
- www.kanawayhitowin.ca

> A traditional approach to working with an abusive Aboriginal man is about keeping him responsible and accountable — to his victim, his family, his community and himself . . . In order for a traditional approach to work, there needs to be strong role models, respected Elders and traditional people and strong Aboriginal women to walk alongside the men. The healing model must be rooted in the Seven Grandfather Teachings.

Teaching and Sharing Circles: Circles provide an environment where individuals can learn, alter their values, and model and see new behaviours while also receiving support from people in similar situations. A circle reinforces an individual's autonomy and the knowledge of his/her integral connection to a bigger community (other community members going through the same issue; service providers who are his/her helpers, etc.). The circle reinforces that:

> Knowledge is in each person

> Expertise and authority is not required to transfer knowledge

> People change at their own pace

> We cannot judge others because their stories are different from our own

SOURCES

2-Sprited People of the 1st Nations. (2005). Information guide. Retrieved on August 3, 2011 from: http://www.2spirits.com/2SpiritInfoGuide05.pdf

2-Sprited People of the 1st Nations. (2006). A history of 2-Spirited people. Retrieved on August 3, 2011 from: http://www.2spirits.com/AHistoryof2SpiritedPeople.pdf

Aboriginal Services Branch and Learning and Teaching Resources Branch. (2005). Our words, our ways: Teaching First Nations, Métis and Inuit learners (p.27). Edmonton, AB: Minister of Education.

Ajunnginiq Centre, National Aboriginal Health Organization (NAHO). (2007). Resilience: Overcoming challenges and moving positively. Ottawa, ON: NAHO.

Antone, B. & Hill, D. (1990). *Traditional healing: Helping our people lift their burdens*. London ON: Tribal Sovereign Associates.

Arnakaq, M. (2010). *Expanding ones' environment for a healthy lifestyle*. Pangnirtung, NU: Author.

Bison, W. (2008). How to facilitate White Bison's Wellbriety training programs. Colorado Springs, CO: White Bison Inc.

Bopp, M., Bopp, J. & Lane, P. Jr. (2003). Aboriginal domestic violence in Canada (p.47). Ottawa, ON: Aboriginal Healing Foundation.

Four Worlds International Institute. (1984). *The sacred tree* (pp. 9-12). Lethbridge, AB: Four Worlds International Institute.

Kizhaay Anishinaabe Niin. (n.d.). Seven grandfather teachings. Retrieved on July 13, 2011 from: http://www.iamakindman.ca/IAKM/seven-grandfather-teachings-aboriginal.html

Mending the Sacred Hoop. (n.d.). The creator wheel. Retreived on February 1, 2012 from: http://www.mshoop.org/resources/

Ontario Federation of Indian Friendship Centres (OFIFC) & Ontario Native Women's Association (ONWA). (2007). A strategic framework to end violence against aboriginal women. Ontario: OFIFC & ONWA.

Roscoe, W. (1992). *The Zuni man-woman*. Albuquerque, NM: University of New Mexico Press.

Thomas, J. (n.d.). 'Our children are gifts', in *Kanawayhitowin: Taking care of each others spirit* website. Retrieved on June 22, 2011 from: http://www.kanawayhitowin.ca/index.php?option=com_content&task=view&id=43&Itemid=62

Traditional roles: First Nation teachings and practices. *First Nation Voice*. Retrieved on June 20, 2010 from: http://www.firstnationsvoice.com/index.php?action=article_details&title=Traditional+Roles&id=117

White Plume, D.L. (1991). The work of Sina Waken Win Okolakiciye: Sacred Shawl Women's Society. In C. Reyer, Cante Ohitika Win. Vermillion, South Dakota: University of South Dakota Press.

WEBSITES

2spirits.com
www.2spirits.com

'Duluth Model'
www.theduluthmodel.org

Kanawayhitowin: Taking care of each others spirit
www.kanawayhitowin.ca

'Traditional Lifestyle' Haudenosaunee Confederacy
www.haudenosauneeconfederacy.ca

4 >   **STRENGTHENING
YOUR PRACTICE**

A. HOW ABORIGINAL FAMILIES DESCRIBE THEIR CURRENT EXPERIENCE WITH CHILD WELFARE

The practice of working with Aboriginal families has many complexities and carries a historical legacy that child welfare professionals carry into their work. In addition, child welfare professionals are charged with the responsibility to support families addressing family violence.

The work of supporting families cannot be done alone. Child welfare professionals are one of many critical service providers that surround the family.

This section provides feedback from focus group participants about what they would appreciate when working with child welfare professionals in family violence situations. This section reflects the focus groups' current concerns and their suggestions to support moving forward.

The current response to addressing family violence is problematic. When women call police to ask for help, the man is arrested and child welfare is called to assess the situation. When Aboriginal families were asked to describe their experiences of dealing with child welfare, they described how they felt their families were misunderstood and pulled apart; they felt powerless and, in some cases, disrespected.

Women who reported violence to the police often did not know that the police would automatically call child welfare if children were involved. They did not realize that during a time when they were looking for support and protection they would have to deal with child welfare services. Many women felt that they were defending their approach to parenting instead of getting support for the family violence in their lives. Child welfare professionals were viewed as not always helping women or being supportive in keeping the family together.

There is a great deal that child welfare professionals, other service providers and families need to learn together, and this work begins with establishing relationships based on mutual respect.

A LONGER-TERM VISION

A strengths based approach can support a longer-term vision, in which communities can share how to address family violence. Strengths based approaches involve all service providers, working together with the family and community, to respond to the family experiencing family violence. This type of approach requires a commitment to healing of the individual, family and community and involves four stages:

> When working with Aboriginal families we need to recognize that it is an ongoing learning process and humility is required. We are learning a new view of the world. - Focus group participant

1. When family violence is identified, an immediate response and intervention happens with all parties: The parents and the children. Interventions can involve service providers, extended families and community members. The goal of the response is to do everything possible to keep the children safe and with at least one parent. If that is not possible, then service providers must develop interventions to keep the children with extended family or in the community.

2. The parent who has been assaulted receives support immediately, including counselling, health care and financial services. The parent who has been abusive receives an immediate risk assessment. If s/he is aware of his/her violent behaviour, s/he is provided with help to stop the violence and address the issues. Part of his/her responsibility in healing is to tell the children that the violent behaviour was wrong. Extended family and community members need to be involved as witnesses and supports to the family.

3. A collaborative healing program encourages families to remove themselves from their existing living situation and identify the strengths they have as a family and what needs to change in their family. At the conclusion of a proposed 16-week healing program, a welcoming ceremony would be held by the community.

4. A year-long aftercare program is established for the family. When the family completes this program, they are encouraged to act as experienced helpers for other families and to be advocates for change.

B. PRACTICE: ESTABLISH A CULTURALLY SAFE ENVIRONMENT

The ability to gather information from another person in order to make an informed decision is an essential skill in child welfare. Interviewing requires the ability to establish a relationship and sets up an environment for shared honesty and truth. Focus group family members repeatedly said that they had very different experiences with different child welfare workers.

The effects of colonization can produce barriers to relationship building. Understanding a person's cultural perspective can facilitate the development of a relationship — a key starting point to establishing a culturally safe environment.

Indigenous knowledge, including how to deal with violence in the family and how to raise children, has been historically disregarded. Instead, Western knowledge and approaches to service delivery have been legitimized as better or more appropriate. Aboriginal families are looking for evidence that shows Indigenous knowledge and worldviews are respected.

Supporting people to change, to heal, to live a good life, requires that we understand what is important to them and the cultural framework that shapes what holds value to them.

Over the last 30 years, there has been an evolution in recognizing what it means to understand and respect another person's culture. Initially, it was necessary to simply know people had a different culture; then it was necessary to understand that culture, and then it was necessary to develop skills to relate to a different culture. Today, the concept of cultural safety creates a different expectation for child welfare professionals — there is a need to learn, to change your own behaviour and to change the processes around you to fully engage and support the people you are helping.

Cultural Safety

Cultural Awareness	Cultural Sensitivity	Cultural Competence	Cultural Safety
The acknowledgement of differences in people and approaches to living (different worldviews).	The recognition of the importance of respecting difference.	The development of skills, knowledge, and attitudes (i.e., of child welfare professionals) to relate to a different culture.	An understanding that power differentials are inherent in the delivery of child welfare services and acknowledging the need to redress these inequities through education and changes in policies, processes and systems.

Adapted from: Centre for Aboriginal Health Research (CAHR). (2006). Cultural Safety: Module 3 - People's experience of colonization in relation to health care.

The concept of cultural safety originated with the Maori people of New Zealand. The concept originated because of the dissatisfaction with the health care service delivery that the Aboriginal peoples were receiving. Cultural safety is intended to:

> Improve the quality of service for all nations

> Acknowledge that we are all bearers of culture

> Expose the social, political, and historical context of child care services

> Interrupt unequal power relations

Cultural safety requires that child welfare professionals be respectful of culture, which is different from being neutral or irrespective of these aspects of a person. A key element of culturally safe practice is establishing trust with individuals and families. The practice reinforces that each person's knowledge and reality is valid and valuable.

LISTENING DIFFERENTLY

It is important for us to prepare ourselves to be aware that when people get together to talk with one another, that each person shares their views about how they see things. It is up to each of us to respect other people's views. Each of us interprets and understands what we hear or are taught based upon our life experiences, understanding and knowledge we each have. If we sit in a circle and listen to a story, each of us will interpret and understand the story in a way that is both the same and different as the person sitting next to us. We can talk to everyone in the circle and each person will have a different point of view. It is up to the listener to make sense of what is being said, to be guided and assisted in their development toward wholeness. If we look straight ahead, we can develop tunnel vision and see things only one way. The more we listen to other people's views, the more our vision will open up and we will start to have peripheral vision, to be able to see from all perspectives and respect those perspectives. That is what creates our wholeness, to walk in balance and harmony, to respect other people's way, their journey of life, their way of interpreting, to treat each other with much more than kindness and respect (McCallum as cited in NAHO, 2008).

CREATING A CULTURALLY SAFE ENVIRONMENT: SELF-REFLECTION

Cultural safety is intended to establish a self-reflective, open-minded and non-judgmental workforce. Through self-reflection, a child welfare professional would be able to identify the values, beliefs and assumptions guiding his/her thinking. A child welfare professional would be able to know that s/he is not aware, does not understand and may not even agree with an Aboriginal individual, but s/he needs to respect the individual's views.

An Aboriginal woman may not disclose violence in her family because she senses that child welfare professionals will judge her as an inferior parent; in this case, the worker has not established a safe environment to help the woman address the violence that she is facing.

Helping families is not simply moving children out of immediate harm's way. Helping families means helping the family, individually and collectively, to embark on a pathway that can address and eliminate the violence in their lives. As a child welfare professional, you are a key helper on the family's journey and your individual actions can either reinforce colonial attitudes or recognize the complexity of the family's lives.

ADDRESSING PRE-JUDGMENTS AND ASSUMPTIONS: CHALLENGING OUR BIASES

While it is unacceptable for a child welfare professional to express a prejudicial or racist comment, workers may not recognize that some unexpressed thoughts are pre-judgments and interfere with building a relationship.

Focus group participants mentioned a commonly-heard phrase which impedes the connection with a worker: "S/he does not look like an Indian." The phrase assumes that there is a specific way that an Indian looks which challenges an individual's

identity and may further uphold cultural stereotypes. Parents also described workers as biased when they were told that staying together would result in losing their children. Some women wanted to both stay in the relationship and to establish safety.

The challenge for child welfare professionals is to balance the desire and intent of a woman to keep her family intact and also help build safety for that family.

Each person is socialized to acquire the habits, beliefs and knowledge of his/her society. Socialization occurs in institutions such as schools, families, communities of worship, and the media. The socialization process is essential to the survival of a society, as individuals learn societal norms. At the same time, however, many longstanding negative messages can be passed on through socialization.

> "I felt judged by the workers. I knew I was physically not at my best. I had lost weight and was shaky due to the stress and strain. I felt that they were assuming I was addicted."
> - Focus group participant

Individuals also develop their own attitudes and beliefs. Having some knowledge of your own value system is critical as it profoundly influences how you do your work. An awareness of your value system is important in understanding and preventing harm in the families with whom you are working.

In their approach to casework, Turnell & Edwards (1999) list 12 core principles in the helping relationship. The first one is to "respect service recipients as people worth doing business with." Child welfare professionals need to be able to maintain a position that the family is capable of change and be open minded as to how they will help the family build safety.

A child welfare professional's ability to help can be compromised by holding an attitude or belief that the service user is unable to change. In some communities there may be families who have previous contact with child welfare and where, as an individual, you may have seen a number of recurring situations. Employing a strengths based approach to service delivery will assist child welfare professionals to respect the family and believe in their ability to change.

ACKNOWLEDGING THE POWER OF THE CHILD WELFARE SYSTEM

> "Child welfare workers need to learn the power of being a worker." "They need to learn how to work with the families, not over them and judge them." "CAS workers have power that they can abuse." - Focus group participants

The child welfare system has a great deal of power; with that power comes a great deal of responsibility. Parents are fearful because child welfare professionals can assume authority and control for decisions that the parents would normally make. In some cases, strangers (foster parents) have control over parents' decisions with respect to their children. Assessing the risk without prejudice or influencing thought is critical in child protection work. To build a trusting relationship, it is critical that child welfare professionals make safety and risk assessment decisions based on observation and fact, and not on personal prejudices.

A culturally safe environment does not polarize the interests of different "clients" (child, mother, foster parent). By putting the child in the middle of the harmony circles, strategies can then be designed to support and protect the child, the woman and the family.

C. PRACTICE: UNDERSTAND THE SCOPE OF THE WORK

One of the most consistent messages from focus group participants was that child welfare professionals did not always understand the nature and scope of the work when working with Aboriginal families. They asked that child welfare professionals consider:

> There are multiple family and community issues going on simultaneously

> Family violence is connected to intergenerational violence

> Child welfare has historically played a role in a colonization process

> Aboriginal peoples have a different approach to raising their children that is based on culture and traditions and can ensure that children are safe

CAS workers need to understand how Aboriginal people learned to be parents; what teachings and knowledge were taken from them. There is a direct connection between history and how people parent and relate in a family. - Focus group participant

THE IMPACT OF COLONIZATION

Many focus group participants talked about the pain of losing their cultural knowledge and the pain of seeing their parents struggle to parent as a result of colonization. Child welfare professionals working with Aboriginal families may find that the pain in the family manifests in many ways, including anger, and for many reasons and may be directed at the worker.

An essential starting point in working with Aboriginal families is recognizing that there are different ways to raise children. Aboriginal culture is rich in ways to raise healthy children. Some suggestions from the focus group participants included:

> Don't compare First Nations, Inuit or Métis cultures to Western culture and determine Aboriginal cultures are less legitimate

> Ask enough questions so that the actions and intentions of the parents are understood while respecting privacy of the family

> Don't impose Western cultural norms and values, including standards of housekeeping and clothing

"I get angry about what has been lost. There was a time when First Nation people had all the lessons on how to raise our children well and it has been taken away. We had ways to deal with a family that was out of balance. We had grandmothers and extended families who took care of the children. We had to pass on the love and nurturing that was given to us. That chain was broken and now there are just a thousand stories of loss."
 - Focus group participant
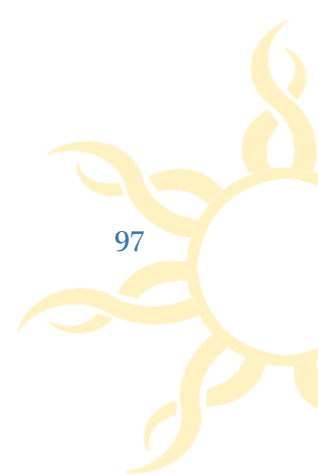
The focus group participants gave the following examples of when the family's cultural norms were not respected:

> Foster parents cutting the children's hair

> An infant or toddler being carried in the Amauti (Inuit coat) was considered putting the child at risk for suffocation

> Having children share beds

> Allowing children to play with less supervision

> Letting children be childlike for a longer period of time

THE EXPERIENCE WITH CHILD WELFARE HAS NOT ALWAYS BEEN POSITIVE

Aboriginal families' experiences with child welfare professionals have not always been positive and family members sometimes felt diminished. Many of the behaviours that focus group participants described showed disrespect on the part of the child welfare professional; in the case of Aboriginal child welfare professionals, the negative behaviours were perceived as lateral violence.

> "Aboriginal people have no trust of CAS. Historically, since contact, we have been on the losing end of everything. CAS needs to give clients more information in order to build trust."
> - Focus group participant

Focus group members described the behaviours of the child welfare professional that contributed to them feeling judged: Rolling eyes, being distracted, writing everything down that is being said without looking up. These behaviours created fear in family members and affected their ability to engage with child welfare services. If women are too fearful to engage with children's aid societies, there is a potential that violence may increase. Women noted that they were afraid that CAS would show up at their children's school after a domestic dispute so it made women not want to call police again.

D. PRACTICE: WORK WITH THE ENTIRE FAMILY

Three of the 12 core principles described by Turnell and Edwards (1999) articulate the foundation of a helping relationship when working with a family that is experiencing violence:

> Cooperate with the person, not the abuse. Workers can build a relationship with family members without condoning the abuse in any way. Listen and respond to the [family member's] story. Give the family choices and opportunities to give you input . . . be up front and honest, particularly in the investigation . . .

> Recognize that cooperation is possible even when coercion is required. Workers will almost always have to use some amount of coercion and often exercise [legislated] power but that does not mean that the relationship you are building cannot be a cooperative partnership. You have power over that
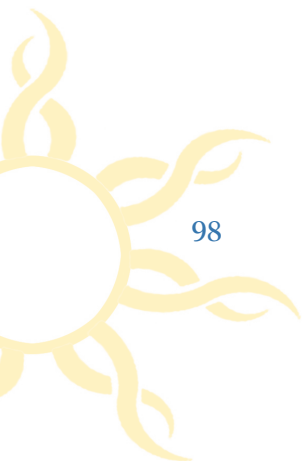
family but that does not have to be the most obvious focus of your relationship.

> Maintain a focus on safety. The focus of child protection work is always to increase safety [for the children]. You will need to explore different options to increase safety that reflects the Aboriginal concepts of family and that supports the woman.

WHEN WORKING WITH THE WOMAN

When a woman has called the police and a child welfare professional shows up at her door, she may be distressed and confused. She will have called police to express concern for her safety and to request protection. At that initial contact, child welfare professionals must begin to form a trusting relationship with women and assure them that you are part of the protection plan for her and her children.

Specific suggestions from women in the focus groups included:

The first meeting:

> Explain the impacts witnessing violence has on children

> Explain why CAS is there when the woman has called the police for family violence

> Let the woman know of the options/resources available to her, especially during the initial crisis

> Assume that the woman is innocent of any form of child maltreatment until you have evidence

> Recognize that you are not seeing a mother at her best

> Focus on her strengths as a mother — the fact that she called the police to protect herself and her children

Attend to her needs as a woman experiencing violence:

> Ask her if she would like to have an advocate who will be there to support her and provide her with additional information. Encourage women not to go through the system alone.

> Offer her information about her rights in family violence situations. If you are unfamiliar with them, bring a CAS colleague or a person from a VAW organization with whom you have established a protocol relationship.

> Explain the cycle of violence

"You need to know about me, to know how to handle me; to know how to help me. If you don't, then you're doing a disservice." - Focus group participant

No explanation was given when the police and CAS showed up at one of the woman's homes. The woman did not feel supported at all. Basically she was told "you're not able to protect your kids." - Focus group participant

PRACTICE TIP
Create a Safety Plan with the woman for herself and her children. If you need support in creating a family violence safety plan, bring a colleague who can work with the mother to develop a plan. A safety plan prepares a woman to stay safely in the home and to get safely out of the home if necessary. See Appendix B for a sample of a safety plan for the person being abused.

PRACTICE TIP
Open the file with all family members' information; not just in the mother's name.

I had to prove I went to 30 hours of counselling but the dad didn't. I felt like I was under the microscope, being the only one being monitored.
 – Focus group participant

One father described his two separate dealings with CAS. One was negative and the other positive. He said that the positive experience was a result of a number of things:

> He was ready to learn to be a better parent

> The worker provided specific tips on how to parent (e.g. when and how to put kids to bed; how to have a routine around cleaning)

> His family was in the kinship program so relatives were looking after his children, and therefore their Aboriginal identity was continually reinforced

Ongoing assessment and relationship building:

> Focus on the woman, but also interview the man and the extended family

> Put both the man and woman's name on the CAS file or the children's names

WHEN WORKING WITH THE MAN

If you are called to attend to a family experiencing family violence, it may be that the man has been arrested and now has a relationship with the justice system. While the justice system offers some services including Partner Assault Response (PAR) programs, the man often needs healing and other support programs to regain his role in the family.

Child welfare professionals can be an important support in a man's overall healing journey by directing the man to specific programs and offering solutions on how to move forward.

As a service provider, you may experience fears when working with men who have been violent. Addressing the fear will help to increase your overall effectiveness with the family: Talk to your supervisor, make a plan on how you will interview the abusive man, make a safety plan to protect yourself, and consider bringing a colleague with you. Engaging the man and encouraging him to take responsibility and change is a difficult but critical piece of a child welfare professional's work when working with families experiencing violence.

WHEN WORKING WITH THE CHILDREN

Each child is unique, has special gifts and develops differently. It takes time to understand a child's behaviour, especially when that child has been raised in a different cultural context.

Children require a lot of support when they are not living with their parents. The focus group participants made the following suggestions for child welfare professionals:

> Don't keep the child away from his/her family but create safe spaces for them to connect

> Have processes that support children to understand that it is not their fault that they are separated from their families

> Make visits between children and their parents a priority. If at all possible, have children under 5 years of age see their mother every day.

> Visits often get cancelled because there are no drivers. Even a once a week visit can mean so much to a person.

> Become aware of the life cycle wheel and ensure that healthy attachment occurs between the child and his/her parents within the first five years (children need to see their mothers and fathers even if they are not living with them)

> Be love-focused: Involve as many members of the immediate and extended family in the love and care of the child

> Recognize that attachment is essential for healthy development of a child

WHEN WORKING WITH THE ENTIRE FAMILY

Each family shares a certain dynamic, and supports its members in its own unique way. The focus group members shared the following suggestions for working with a family:

> Acknowledge the family's strengths by focusing on their abilities and assets

> Involve the extended family and the community as quickly as possible to support the family

> In your initial contact with the family, ask questions that help you determine the best immediate support:

> > Is anyone in the family First Nations, Inuit or Métis?

> > What programs or support services is the family currently using?

> > What led to the violence today?

> In later consultations with the family, ask questions that allow for accurate assessment of the family's situation. Ask about the history of the family and help them create their story in their own words:

> > What happens in your family when violence is not present?

> > Can you share some of the good times in your family?

> > In the beginning there must have been a lot of good energy between you. What attracted you to your partner?

> > What influences (historical and current) have led to the way you parent your children?

> > What helps you when you are stressed? Who can help you with the child(ren)? What is your community? (i.e., cultural connections) Are there programs or supports you are currently using?

PRACTICE TIP
Learn about family violence risk assessment tools that can determine what the risk is in that family. For an abuser who is aware of his violent behaviour a safety plan can be created. See Appendix C.

"My son was taken from me in the hospital. For the first three months, my infant son was in foster care. I only saw him for two hours a week. Now I fear that he did not attach to me."
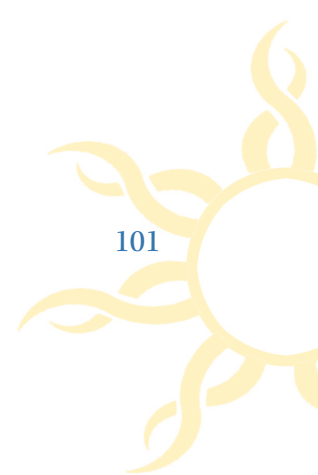 - Focus group participant

PRACTICE TIP
Create a Safety Plan for a child. See Appendix D.

> Offer as many interventions as possible to support the family

> As soon as the parents are open to learning, offer them culturally appropriate and meaningful parenting programs

> Address any concurrent and/or socio-economic issues that the family is facing

> When working with a parent who struggles with substance misuse, assess the situation using a harm reduction strategy which ensures the children are protected and there are extended family and community members who support the family

> Consider Aboriginal Alternative Dispute Resolution processes (i.e., talking circles, healing circles and other restorative justice approaches)

E. PRACTICE: USE A HOLISTIC APPROACH

Many Aboriginal families are likely dealing with, or have dealt with, multiple issues related to:

> Legacy issues based on historical trauma and the breakdown of family and community

> Mental health issues, and forms of addiction

> Different forms of violence

> Issues of poverty and inadequate housing

> Cultural loss and loss of identity

> Repeating harmful behaviours as a result of lateral violence and internalized racism

Focusing on parenting issues with no additional supports for the concurrent issues is unrealistic and establishes an environment for failure.

Families need a holistic approach to address the many issues they are facing, including caring for their children. Violence and neglect are symptoms of distress, and are often viewed as a coping mechanism. Other coping mechanisms must be introduced to replace the unhealthy ones.

Negative coping behaviours are reflective of the presence of imbalance in one's life. Providing services which address a person's violent behaviour without addressing the core issues affecting him/her will have limited success. There are biological, psychological, social, and spiritual dimensions of the journey into, and out of, violent patterns of living. Each of these dimensions offers "paths" to intervention, and different people require different paths.

Aboriginal families will appreciate a holistic approach. The Bio-psycho-social-spiritual model is similar to the Medicine Wheel: Both are tools that recognize that people have complex needs. Individuals may need medical help such as medication (biological aspect). S/he may also need counselling or psychotherapy (the psychological aspect).

S/he may need help with his/her social activities, living arrangements, relationships (the social aspect) and s/he may need to find meaning and belief in life (the spiritual aspect).

Assess the family's strengths and needs in a holistic way — use the Medicine Wheel, the Bio-psycho-social-spiritual model identified above, or a social determinants model.

The key question to be explored within a family is, "What exists to support each parent and child to be balanced and healthy?" Using a social determinants model child welfare can identify basic requirements to support balance. Additional questions that help to determine social factors that impact the family's situation are:

1. Is there enough money in this household?

2. Is the housing adequate?

3. Do individuals have meaningful work?

4. What is the status of each family member's health? Are their individual health care needs being met?

5. Have they received counselling or healing to address the legacy issues?

When working with Aboriginal peoples, child welfare professionals must address the factors that have worked against this family's ability to stay in balance. In particular, the results of colonization and the legacy of oppression and loss have resulted in some Aboriginal peoples having an unclear, negative or absent sense of their own identity, a key factor in maintaining balance.

USE A CASE MANAGEMENT APPROACH TO CREATE A SHARED CARE MODEL AROUND THE FAMILY

Families experiencing family violence, are often dealing with multiple issues including mental health, addictions and poverty. A collaborative care model can help to meet the family's diverse needs; no one worker can service all the needs of one family.

Protecting children using an Aboriginal model requires a shift in thinking. Using the Harmony Circles, the family is at the centre of all of the work. The child welfare system is responsible not only to the child but to the family as a whole, and to each individual member. Child welfare's goals and responsibilities are therefore:

a) To restore balance to the family

b) To restore balance to each family member

c) To do no harm to any family member

The objective of child safety and well-being is implicit in these goals.

The model below shows elements involved in creating child, family and community safety.

Elements of a Shared Care Model for Child and Family Safety

Community
- Identification of cultural supports and services in the community
- Identify partners (formal and informal) who can support each family member

Extended Family
- Identification of supports
- Determine capacities of extended families

Abused Person
- Assessment of strengths
- Develop a safety plan
- Engage in dialogue about appropriate referrals and supports

Ensuring Safety In the Family

Children
- Assessment of safety
- Discuss child well-being including: Education, health, culture, recreation, family, friends, spirituality and seek appropriate referrals

Abuser Supports
- Complete a risk assessment
- Create a plan for services and supports that will result in changes
- Write a safety plan

Socio-Determinants
- Advocate for appropriate housing
- Understand and engage the community in ways to enhance economic conditions
- Access to health services for all family members

This model highlights how child welfare professionals and families can work with formal and informal supports as part of the safety plan and ongoing interventions. A systemic and holistic approach yields more effective results to support all family members who are experiencing family violence. Ensure that you engage the family in developing the shared care plan. The relationship between the family and supports is not one-dimensional but rather fluid between the family and support system.

DYNAMICS OF FAMILY VIOLENCE SITUATIONS

The list below shows the many reasons Aboriginal women stay in violent situations. Many of the reasons identified are related to socio-economic conditions or not wanting to disrupt community relationships. The varied reasons show all the many ways individuals are affected by violent behaviour and why a holistic approach is important to protect and heal all members of the family. These factors need to be addressed if women are to begin to move forward and address the violence in their families' lives.

Family violence situations require an immediate holistic response. Some suggestions from the focus group participants included:

> Hold an immediate case conference (or a circle) including extended family, community members and key services

> Provide extended family with financial assistance to support the family (e.g. child care, clothing)

> Allow extended family supervision and access visits

> Explore other avenues to keep families together, if they want to be together, rather than not allowing the father access to the family

WHY ABORIGINAL WOMEN STAY

1. Fear of another beating or of being murdered.

2. Can't stop the threats, stalking or harassment upon leaving the home.

3. Nowhere safe to go.

4. No money, food or transportation.

5. Fear of losing children.

6. Fear of retaliation by his family and friends.

7. Can't get protection order or custody order enforced.

8. The "system" believes him or does not hold him accountable.

9. Would lose job, home, family and community.

10. Negative response from the community, police, court or social services.

11. Afraid of the impact on the children; they need a father.

12. Fear of the partner doing something to cause trouble for her with the law or social services.

13. Need time to prepare and plan to leave.

14. Guilt about what happened and her role in the violence.

15. Cultural, spiritual or religious beliefs.

16. Some services are not available if the woman is still living with her abusive partner. These services are predicated on the woman separating from her abusive partner in order to be eligible to receive services.

17. Believed things would get better after the arrest and it did not — lost confidence in the system.

18. Know what to expect if they stay.

19. Fear of being alone.

20. "I still care about him."

21. Too exhausted and not healed from the abuse.

22. Education deprivation.
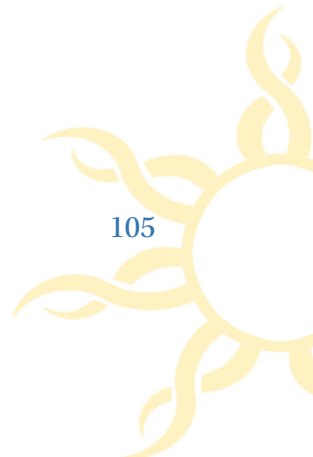
F. PRACTICE: ENGAGE OTHERS TO SUPPORT THE FAMILY

Creating positive changes requires the involvement of many service providers working collaboratively to support the family. Collaborative partnerships might include the VAW sector or Aboriginal community organizations.

Focus group participants noted that they contacted child welfare because they had exhausted all available resources, and hoped that CAS might be able to assist their children during the difficult periods — not because they did not wish to parent. This is something that many felt CAS had misunderstood about them.

> One mother called CAS because she moved down from the north, had no family and friends and needed help as she was sick and going on new medication. She said, "I don't like CAS but I need help." In her dealings with CAS, she had to prove her competence as a parent. She was not an incompetent parent, she was just sick and isolated.

> Another mother had a 14-year-old who had an addiction and needed help. CAS apprehended him and put him into a foster home but not into treatment. He only received treatment once he was 16 and out of the CAS system.

PRACTICE TIP
Establish a relationship with an Aboriginal organization who will work with the family in a non threatening way. Including other service providers can help to support your work and help to support the family in their safety planning and identifying family needs.

"A lot of people think nobody loves them at all, especially if they lose their parents or close relatives: they start thinking no one cares but, in reality, people do care and love them, but they don't know it and it is ruining their lives. They have to realize other people do love them and care for them. We have to make the person aware of this."
 - Elder from Repulse Bay

USE THE HARMONY CIRCLES

In the Harmony Circle model of care, children belong to a family, and the child and family in turn belong to a community. If the Harmony Circle model is used, then it is important to use interventions that reinforce connection between the family, extended family and community. The Harmony Circle approach establishes a circle of care around each family. Looking to the extended family and community for resources, Customary Care or kinship care are among the first options to explore if children cannot stay with their parents. A key task for child welfare professionals is to encourage a collaborative approach and help to connect the circles (child/family/community/nation) to regain balance and maintain relationships.

CONNECT WITH THE COMMUNITY

The Inuit, Métis and First Nations Liaison Group of the Children's Aid Society of Ottawa has found that a community approach that brings Aboriginal community organizations (that can relate to the families, know their stories and know the challenges and appropriate strategies to develop resiliency) together with CAS is effective.

To support the family and community:

> Use a case conference within 1-2 weeks, with a broad circle of community and family members

> Be an advocate for the whole family — outreach to other service providers and community organizations

> Coordinate an immediate planning conference and involve family, community members and service providers, and establish roles, responsibilities and support

> Talk to community members to build alliances

> Establish a shared care model of support

Lateral violence, a response to colonialism, may hinder some community members from connecting with community organizations because of shame or historical relations. It is important to ask Aboriginal families: "Are there any services in your community that you would like to use?"

INTEGRATE FAMILY VIOLENCE AND CHILD WELFARE SERVICE WORK

To have a systemic and holistic case management approach to child protection and family violence, the following are specific suggestions that can help to build a solid working relationship between child welfare organizations and the community:

> Create immediate response teams that can offer wrap around support care circles to each family member

> Talk about the power imbalance between the workers and families and how to create balance in the relationship

> Work with the family as part of a supportive team that includes Aboriginal service organizations, Elders, other family members and community members that the family identifies as helpers

> Have weekly case management meetings with the team to explore questions together:

> What are the issues in this family?

Work always to find the most ideal option that keeps the child in a place of safety that is closest to the family and community.

PRACTICE TIP
It is important to consider what you can do to prepare a foundation for building trust and make connecting easier when meeting an Aboriginal family for the first time:

> Who in the community can help you to make a connection with the family?

> Who can help you decide on the best place to meet with the family so that they feel most comfortable?

> Who can be present during an initial visit so that the family feels more comfortable talking about their child and family?

> Has the parent(s)/primary caregiver(s) been invited to bring extended family members to the meeting?

> Is there adequate time scheduled so that the family does not feel rushed?

> What is the family's preference for future appointments?

> What is the best way and time to contact the family?
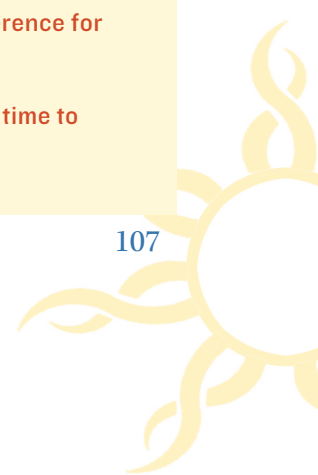
> What are the strengths of this family?

> What are the risks to this family? How can we address them?

> How can we support this family?

> How can we engage this family?

> Have formal and informal community service workers go with child welfare professionals in the home visits

> Have formal and informal community service workers involved in investigations

> Pass the file on to the family service workers right after the investigations

> Involve other relevant workers (e.g. FASD worker, perinatal worker, housing staff, or anyone else working to help the family) early in the process

> Develop the service plan with the family and call it a family plan

> Identify the key worker that will be the lead and review the family's progress

G. PRACTICE: BUILD A RESPECTFUL RELATIONSHIP WITH THE FAMILY AND EACH INDIVIDUAL MEMBER OF THE FAMILY

"I felt welcome and that I was an OK person. I was offered programs and food and interest and kindness. The workers really care about my child."
- Focus group participant

Whether focus group participants had worked with an Aboriginal or non-Aboriginal CAS, they consistently expressed fear about the mandated nature of the child welfare services. While a service user's fear may not disappear, it can diminish by developing respectful relationships with families. Ideally, child welfare professionals and families will form a partnership, working together to heal the family.

DON'T USE PREVIOUS CHILD WELFARE HISTORY AGAINST THE FAMILY

Some families may have the perception that child welfare uses previous CAS involvement against an individual currently involved with CAS. Focus group participants felt that child welfare professionals assumed that parents who had grown up in CAS care were likely unable to care for their own children. It is important to find a way to discuss the previous care experience in a respectful way and assess the strengths and shortcomings of the experience in relation to the current situation.

LANGUAGE

For many Ontario residents, English is not their first language, or their literacy level is lower than average. Child welfare professionals need to consider an individual's comprehension level when developing service plans or providing family members with written material that sets out conditions or guidelines.

WHEN PERFORMING A HOME VISIT

When visiting a family's home, connect with the family as community members first. Some suggestions include:

> Bring food

> Play with the children

> Bring donations from the community if you have noticed something is needed

> Bring a worker from an Aboriginal organization

DEVELOPING THE SERVICE PLAN

The service plan was one of the most criticized tools that child welfare professionals use with families, according to focus group participants. It is a process and a document wherein child welfare organizational culture and Aboriginal culture clash profoundly. The inherent tension is not related to child safety but rather the process of arriving at child safety is the issue.

Service plans must be designed to be realistic and not overambitious, in order to build capacity and confidence in the family. A number of concerns were raised by focus group participants about service plans, including:

> The focus of service plans is perceived to be on "ticking off" another requirement on another piece of paper

> Literacy issues may impede the family's understanding; the language and terminology used are not always accessible

> The forms can create anxiety and do not support open conversations

> The paper-driven process is not always conducive to Aboriginal culture

> Participants described that they didn't understand their service plan or what the child welfare professional was asking of them, but they were too intimidated to ask. In the end, they felt so overwhelmed they didn't even try to understand.

> A one-year timeline is too short; in some cases three years is necessary so that people can do the healing that they need to do

> Participants described completing their service plan, and having new conditions added, which is very demoralizing

"CAS workers have a sense of urgency and timelines and get frustrated when Aboriginal service providers or family members don't return calls within the 'Western' timeframes needed. How do we work within that? How do we teach child welfare workers that Aboriginal people respond differently but DO respond?" - Focus group participant

The focus group participants made the following suggestions to improve the service planning process:

> Develop service plans with the mother and father, whenever possible

> The parent needs to know that s/he does not have to sign the service plan and needs to understand the implications of not signing it

> Be realistic about the demands being placed on the family

> Once a service plan has been developed, ensure that the parents have the appropriate resources and services to carry out the plan. They may require referrals and in some cases specific supports (e.g. transportation and childcare to attend appointments).

> Follow up with the service providers that have been recommended. Are they culturally appropriate and respectful?

> In addition to a paper copy, the expectations in the service plan need to be clearly explained in a conversation

> Visit families more regularly to check in and see how they are doing. When visiting, credit the family for what they are doing well.

BUILD TRUST

Most parents want their children to be well supported, even when they as parents are not at their best. Service users and child welfare professionals have common interests in the safety and well-being of the children, which is a good starting point for building trust in the relationship. Some practice suggestions from focus group participants included:

> Declaration of a conflict of interest if the child welfare professional is related to the family or has a connection with the family within the community

> If the situation is tense and the family is distrustful, bring a third party when entering the family's home (e.g. clan mother, community advocate, community member, etc.)

> Limit the use of social media (e.g. Facebook, Google) as it can make family members feel like they are being watched

> Explain the results of the safety, risk and parenting capacity assessments to the family in a respectful way. Engage the family in a conversation, rather than simply handing down a judgment.
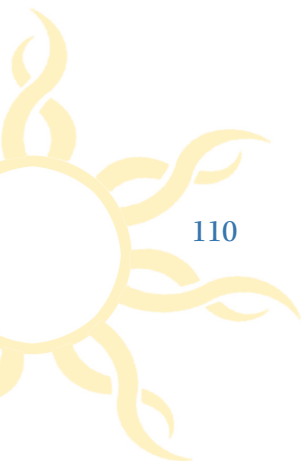
USE OPEN COMMUNICATION

The greater the engagement of the family as a partner, the greater the likelihood that the family will view child welfare as a helper towards positive change. Focus group participants felt that the current way that CAS communicates is to withhold information and shows disrespect.

USE QUESTIONS THAT SHOW RESPECT

In order to perform an accurate assessment and build a positive relationship, the child welfare professional will need to ask questions of the family. To promote respect, structure questions in a way that builds on the family's history, culture and background, recognizing the family as the experts in their life. If the family's answers are not clear, ask deeper questions. A family that is knowledgeable about their culture, for example, could be asked:

> When answers are not clear, ask deeper questions. Be prepared to answer the family's questions.

> What is important to you as you raise this child? What do you want to ensure is part of her upbringing?

> In your community, what did the community do when a parent was not meeting his/her responsibilities?

USE INTERVENTIONS THAT PROMOTE THE CIRCLE

Alternative Dispute Resolution (ADR) processes are interventions that include family members, community representatives, Elders and other service providers to strengthen the circle of care for the family and child. ADR processes can be adapted to fit the needs of the family and include more service providers in the circle.

Talking and Healing Circles are powerful tools that child welfare professionals can use to engage families and communities. Circles help to equalize the power between child welfare professionals and family members, and reinforces that child welfare, parents and community members are partners in making the family stronger.

Using talking circles and asking questions that are solution-focused and meant to help strengthen families creates more opportunities for positive change in a family.

CLOSE THE FILE EXPEDITIOUSLY

Some participants expressed concern that child welfare took too long to close files for some families. Women who had been in an abusive relationship felt that many assumptions were made about them, including that they would let their children be exposed to violence again. While focus group participants recognized that child welfare must focus on the child and mother's safety, they also felt that mothers were not engaged to help create their own safety responses for herself and her children.

ADVOCACY AVENUES

Repeatedly, focus group participants asked, "How can a parent safely complain and to whom?" When things go wrong in the relationship between the child welfare professional and the parent, the parent felt completely powerless and did not know where to go.

Parents need to be aware that they can complain, they can ask for another worker and they can have an advocate to support them as they work with child welfare. It is critical that you inform the family about the complaints process and what their choices are when things are not working.

H. PRACTICE: HEALING IS PART OF THE PROCESS OF ADDRESSING FAMILY VIOLENCE

In an Aboriginal family, it is likely that each family member has experienced being victimized in some way. Encouraging family members to become open to learning about being a "parent" if s/he has not healed from past experience is a great challenge for child welfare.

HEALING IS A LONG PROCESS

Healing is a long process of changing beliefs. Women who are abused may believe that they are "no good" and deserve the abuse. While you support the abused woman to understand that she needs to be a protective caregiver, that she does not deserve the violence, and that her children should not see violence, she may stay with her abusive partner. Leaving an abusive relationship is a process, not an event; women may return to an abusive relationship many times during the healing process. Women who are experiencing abuse need to learn new ways of being in the world and it takes time. Women must learn:

> How to detach from a situation that is not safe

> How to create safety

> What safety looks like in practice

> How to have boundaries

> How to protect herself and her children

SEE THE RESILIENCY IN THE JOURNEY OF THEIR LIVES

An important part of supporting families towards positive change is to build on the family's strengths. Each family has demonstrated resilience and has survived based on what they have learned thus far. As a child welfare professional, look for the pieces that are strong and have value, and build upon them.

Child welfare needs to credit families for their survival. Families have demonstrated resiliency even if they have not developed all the life skills yet. Mothers are often perceived as difficult because they challenge with a fighting spirit, but this is a reflection of their passion for their children and families and exhibits their survival skills that have helped them surpass difficulties to this point in their lives.

MAKE A LONG-TERM COMMITMENT TO THE FAMILY

When child welfare becomes involved with a family, it must commit to support the family through the long-term change process. A family that is working to end the violence needs long-term support and a circle of care around them.

I. PRACTICE: IMPROVE THE RECRUITMENT, SELECTION AND TRAINING FOR FOSTER PARENTS

Focus group participants were often grateful for the foster parents who are taking care of their children when they cannot. They have identified a number of consistent concerns, however:

1. The pool of Aboriginal foster parents is small. In Ottawa, for example there are no Inuit foster parents for the Inuit children in care.

2. Some foster parents are missing the necessary element of cultural awareness, and children may be suffering exclusion from language and customs.

> **A FAMILY EXAMPLE FROM A FOCUS GROUP**
> A grandmother told the story of her daughter and husband. Her daughter had experienced violence from her husband and child welfare services had been involved with the family on several occasions. While child welfare was involved, the support was inadequate. The mother wanted to go to treatment but was not getting enough support and direction; one child was getting lots of support because she had been diagnosed with FASD, but the other child received no support but had the same symptoms; the mother had been drinking but had sober adults in the house with her when she was drinking. The child welfare professional placed the children into a non-Aboriginal foster home.
>
> The children are now living with the grandmother (who is also a foster parent). She is seeing behaviour in the children that shows anxiety and not a good sense of identity. The children are unable to express their feelings, are lying and having tantrums.
>
> This family needed many services and a way to keep the children in the extended family.

3. Focus group participants expressed the importance of children maintaining and staying in touch with their culture when they are in substitute care. It is difficult to achieve this objective, however, because often foster parents do not have sufficient knowledge about Aboriginal cultures.

4. Encouragement for foster parents to reduce the impulse to indulge children with toys and life styles that the biological parents are not able to provide once the children are returned.

Focus group participants made the following suggestions to support Aboriginal children in foster care:

> Provide supplementary training for foster parents caring for Aboriginal children, to provide them with cultural knowledge

> Create a peer support group for foster/adoptive parents of Aboriginal children

> Address the systemic barriers preventing Aboriginal families from being foster parents. Some of the criteria for foster parents are embedded in class based assumptions (e.g. the number of children who can share a room), which is contrary to traditional ways of child-rearing.

> Establish a better connection between foster parents, the child welfare agency and community organizations to ensure the child's cultural needs are met in a respectful way

> Put specific expectations and conditions on foster parents who have the care of Aboriginal children, to ensure that children maintain family and cultural connections (e.g. key ceremonies that relate to the child's time in the lifecycle and reinforce the lessons that children need to be learning at this time in their development).

> Explore the variety of culturally appropriate care options to ensure that cultural identity is maintained, including: Customary Care, Kinship Care, Open Adoptions, Customary Adoptions

> "The list of requirements is too grand. There are cultural values that determine what is appropriate or not appropriate, and barriers are created to Aboriginal families being foster parents." - Focus group participant

PRACTICE TIP
Encourage foster parents' use of Lifebooks and involvement in key ceremonies to help ensure a child's ongoing connection to his/her culture of origin.

J. PRACTICE: SELF-CARE AND PERSONAL WELLNESS

Individuals require a great deal of help and support throughout their lives. Those who play the role of a helper are recognized as having an important role in the Aboriginal community. As a child welfare professional engaging families to protect their children and strengthen their supports, you are recognized as a helper.

Helpers primarily create and establish relationships based on reciprocity. Interdependent relationships based on caring and respect and an innate sense of responsibility for one another is core to the helping relationship.

Many Aboriginal individuals have his/her own medicine wheel and practices that will

support that person to stay in balance. As a child welfare professional, it is important that you maintain your personal balance in order to be an effective helper for children and families. It is also important that child welfare professionals become an advocate for change in child welfare organizations.

Child welfare professionals can be encouraged to participate in the OACAS course Wellness and Self-Care, part of the Child Welfare Professional Training Series, as well as developing their own personal wellness path.

> "Child welfare professionals are mandated by the CFSA to "protect children". The protocols they follow are often based on worst case scenarios. Workers often experience violence and lateral violence between workers. Are they receiving sufficient supports to do the job?" - Focus group participant

K. PRACTICE: IMPROVE CAS PROCESSES
REDUCE THE NUMBER OF WORKERS A FAMILY HAS TO INTERACT WITH

Focus group participants noted that they are continuously repeating their story to various workers. There are different workers for the biological parents, foster parents and the children in care, which creates division between workers. Ongoing communication amongst workers can avoid unnecessary tensions. Child welfare professionals must work in collaboration to meet the needs of all parties involved, while ensuring that the focus is always child-centred.

PROVIDE ONGOING SUPPORT AND TRAINING FOR WORKERS

Child welfare interventions depend on the individual worker's perspective, analysis and critical thinking. To be effective helpers, child welfare professionals require ongoing investment, using ongoing learning opportunities, practice guides, and critical supervision and management. Every child welfare program and initiative requires good evaluation in order to see if it is actually working as intended.

Focus group participants made a number of observations about child welfare professionals, including:

> Workers have a high level of liability

> Workers have varied levels of life experiences and some may find it difficult to deal with the complexity in some Aboriginal families

> Workers have a high case load which makes employing a holistic approach challenging

> Child welfare protocols and processes are developed from Coroner's reports and the worst case scenario of the deaths of children in care

> Workers feel unsafe, particularly in cases of family violence

> There appears to be a high turnover of staff

> The training that is currently being provided does not seem to be sufficient, some trainers do not understand the Aboriginal-specific issues and the information available does not make it into the hands of workers

> Some of the training provided to resource parents should also be provided to the workers

> Workers and managers are often overworked and there is little time to encourage ongoing learning. Provide more time to discuss case issues, do self-examination to identify bias and judgments, and give workers time to grow.

Focus group participants recognized that the job of a child welfare professional is extremely difficult and requires a great deal of support. Suggestions for supportive processes for workers included:

> Mandatory training for working with Aboriginal families for all workers

> Repeated training opportunities to ensure all workers are included, because of the high turnover

> Ongoing training plans for long-term workers

> Debriefing sessions with managers and supervisors

> Community and family engagement takes time, therefore it is difficult to accomplish with high case loads. It would be helpful if they can focus their attention in a meaningful way on the whole family and take the time to build a relationship.

> Managers need to assess whether workers are using a strengths based approach:

>> Ask workers to name three strengths of every family they work with

>> Review the worker's files when they have higher numbers of children in care

Focus group participants' ideas to move cultural literacy forward included training in the following topic areas:

> Respecting Aboriginal worldviews, teachings and traditions

> Experiential, cultural training, to allow time for reflection and knowledge development

> Training about traditional ways, including Aboriginal history, the clan system, ceremonies, the life cycle wheel

> The traumas suffered by Aboriginal peoples, including real life stories

> Understanding and respecting the Treaties

> Formal and informal approaches to building relationships (e.g. seeing an Elder, participating in formal training, participating in community activities)

"Books can only teach you so much. Also, the information about Aboriginal people in books is not always accurate."

- Focus group participant

> Working with Aboriginal and community organizations to establish a circle of care for children and families

> Collaborative and cultural case management involving extended family, **band council** and Elders to create cultural safety

> Anti-oppressive practice training (currently being provided in many CAS locations)

> Understanding unique challenges of co-occurring mental health issues, and availability of alternative treatments (sweatlodge or other traditional care approaches)

> Stereotypes and how they affect the assessment process

> Fetal Alcohol Spectrum Disorder and how to support families

> Addictions and substance misuse, including prescription drugs

> Knowledge about their local community, including:

>> What has happened historically in the community they work in?

>> Who are the original peoples and what geographical area did they inhabit? Where do they live now?

>> What are the dynamics in the community between non-Aboriginal and Aboriginal peoples?

Focus group participants suggested that the training approach for child welfare professionals needs to be experiential. The training experience should help child welfare professionals to connect new knowledge about Aboriginal peoples with their role as helpers. Some suggestions for learning opportunities included:

> Talking circles

> Exploring family connections (and what they mean in Aboriginal communities)

> Connecting the head and the heart in child welfare work

> Including the Elders and Traditional people

> Inviting Aboriginal organizations to be part of their training to help build or strengthen relationships

> Using the film "Muffins for Granny" and the related discussion questions (note: this film is available in every child welfare agency)

> Participate in "Touchstones of Hope" training

> Employing Aboriginal peoples to deliver the training

> Caring for child welfare professionals as they go through the training and as they begin to look at the issue with a different lens; recognize that this may be hard for some workers

> Attending a Pow Wow or other celebration and experiencing the positive parts of the community and its strengths

SOURCES

Ajunnginiq Centre, National Aboriginal Health Organization (NAHO). (2007). Resilience: Overcoming challenges and moving positively. Ottawa, ON: NAHO.

Canadian Institutes for Health Research. (2005). Research Profile — Stopping a preventable disorder: Fetal alcohol spectrum disorder (FASD). Retrieved on June 16, 2011 from: http://www.cihr-irsc.gc.ca/e/28889.html

Gerlach, A. (2007). Steps in the right direction: Connecting & collaborating in early intervention therapy with Aboriginal families & communities in British Columbia. Vancouver, BC: Aboriginal Child Care Society.

Lee, B., Dumbrill, G., Freeman, B., Martin, K. & Kleban, I. (n.d.). Aboriginal knowledge curriculum project report. Unpublished report.

Mousseau, M. (2010). KIZHAAY — Healthy Indigenous Male Curriculum, training delivered for Ontario Federation of Indian Friendship Centres, Toronto, ON.

Smye, V., Josewski, V., & Kendall, E. (2010). Cultural Safety: An Overview. Unpublished draft.

Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework* (p.30). New York, NY: W.W. Norton and Company.

5 > **ENGAGING WITH ABORIGINAL COMMUNITIES**

A. WHAT DOES "ABORIGINAL COMMUNITY" MEAN?

Like Aboriginal peoples, the Aboriginal community is not monolithic. There are, however, some consistent patterns in many Aboriginal groups:

1. Communities are formed based on culture, tribe, geography, Aboriginal status, and language.

2. First Nations communities, also referred to as Reserves, are identified as autonomous communities. They often provide services and programs to their community and in some cases, organize around larger geographical areas within Treaty Agreements or to provide services and programs to several communities (e.g. North Shore Tribal Council, representing seven First Nations in the Sudbury and Sault Ste. Marie areas of Ontario).

3. In urban and rural parts of Ontario, there are often a number of Aboriginal organizations providing services. Historically, Friendship Centres were the primary Aboriginal service providers in many communities. Currently there are 29 Friendship Centres in Ontario and they have been augmented by other Aboriginal service providers including the Aboriginal Health Access Centres, Child and Family Services agencies, shelters for Aboriginal women, Healing Centres, Housing Cooperatives and others. The Métis Nation of Ontario have established a wide range of programs that are offered through their offices throughout the province. The Inuit have specific service organizations, including the Ottawa Inuit Children Centre and the Inuit Family Resource Centre, but all are based in Ottawa.

4. There are representative organizations that ensure political representation for specific Aboriginal groups including the Chiefs of Ontario that represents 134 First Nation communities in Ontario, the Métis Nation of Ontario that represents Métis in Ontario and the Ontario Native Women's Association which represents Aboriginal women in Ontario. The Inuit do not have an Ontario-based representative organization, but increasingly the Ottawa-based organization Tungasuvvingat Inuit is representing Inuit at a provincial level.

In recent years, there have been a number of significant trends in the delivery of services to Aboriginal families in the area of family violence and healing programs:

a) There has been a blurring of the line between the Aboriginal representative organizations and Aboriginal service organizations, as representative organizations are increasingly providing service delivery and programs.

b) There have been significant changes in program investments at the federal level with the conclusion of funding to the Aboriginal Healing Foundation. Approximately 150 healing programs were delivered in Ontario over the 15 years the Foundation was in existence, and many of them have not been successful in finding alternative funding. This has left a significant service gap to support families doing healing work.

c) Three cities in Ontario have been participants in the federal government's Urban Aboriginal Strategy: Ottawa, Toronto and Thunder Bay. These three cities were able to access funds to address issues that are specifically affecting urban Aboriginal peoples. This strategy is scheduled to end March 31, 2012.

> "Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect."
> - Chief Seattle, 1854

> "The Aboriginal Healing Foundation was given an eleven-year mandate, ending March 31, 2009, to encourage and support, through research and funding contributions, community-based Aboriginal directed healing initiatives which address the legacy of physical and sexual abuse suffered in Canada's Indian Residential School System, including inter-generational impacts." For more information, visit www.ahf.ca

d) Over the last 15 years, a key funder of community and healing programs for Aboriginal communities in Ontario has been the Aboriginal Healing and Wellness Strategy (AHWS). AHWS has recently been restructured and some of the funds will be allocated differently.

e) While it has been well-documented by the Aboriginal Healing Foundation that community based healing programs are effective, these programs are not consistently funded. Child welfare professionals may find they have established a relationship with an Aboriginal service or organization and then it ceases to exist.

f) The decrease or reallocation of Aboriginal funding support increases the responsibility of child welfare professionals to become allies with Aboriginal communities.

B. PRACTICE: RESPECTFUL ENGAGEMENT WITH ABORIGINAL COMMUNITIES

A number of children's aid societies have established positive working relationships with Aboriginal communities. Focus groups participants identified that for community organizations and Aboriginal communities to consider building relationships with child welfare requires three things:

> Leadership within CAS to engage with Aboriginal communities in a respectful way

> Organizational change within CAS including new policies and procedures that support cultural healing and intervention strategies

> Individual learning and skills development for child welfare professionals to promote understanding and a different approach

The focus group participants developed a number of suggestions for child welfare professionals collaborating with Aboriginal organizations to protect children and strengthen families:

1. Understand the Aboriginal communities:

    > Find out about all the Aboriginal organizations in your community and what services they provide

    > What First Nations are close to your location?

    > What do the Aboriginal communities do to celebrate?

    > What organizations do Aboriginal community members turn to for help?

2. Attend interagency meetings with Aboriginal organizations:

    > Go to the community meetings and introduce yourself in a situation where Aboriginal peoples have set the process and context

    > Work towards developing regular and ongoing connections between child welfare and the Aboriginal community. In other words, attending an event once a year (peace tree event, for example) is not sufficient.

3. Establish one-on-one relationships:

    > Take the initiative to call an Aboriginal agency and ask questions about Aboriginal peoples

    > Talk with community stakeholders, such as workers in Aboriginal services

    > Work with the local Aboriginal community leadership and start building trust through informal protocols

4. Over time and in a gradual way, build a working relationship with Aboriginal service organizations through:

    > Referrals

    > Supporting programs

    > Co-sponsoring programs

5. Establish a working relationship with Aboriginal organizations:

    > Share case information about specific families between Aboriginal service organizations and the CAS

> Have a designate from an Aboriginal organization come with the child welfare professional when performing a home visit

> In the case of status First Nations family members, ensure that you contact the community Band Administrator or whoever is responsible for children's services in that First Nations community:

a) In some CASs, protocols have been developed between the CAS and the community and should be followed.

b) Follow up on your initial request. Band Administrators were often responsible for responding to children being taken into CAS care. In recent years, the funding for Band Administrators has been cut and many communities do not have a dedicated position at this time.

6. Recognize that Aboriginal families do not always have a positive historical relationship with child welfare and require support to be able to work effectively with you. Support families to have advocates by recognizing, respecting and establishing relationships with advocates and mediators.

7. Child welfare professionals understand the systemic services in the community that could assist with overcoming the challenges of housing, finances, day care, etc. to help increase child safety in the home.

C. PRACTICE: ESTABLISHING COMMITTEES AND PROTOCOLS

In the focus groups, child welfare professionals acknowledged that there needed to be more forums, protocols and internal and external processes to connect child welfare and the family violence sector. Focus group members acknowledged that there are two systems with two sets of expectations that need to work together.

Service providers have also noted a need for better collaboration to provide helpful services to women experiencing violence. "…In order to provide more safety to women and children who experience violence services, there is a need to develop better assessment, interventions and collaborative strategies" (OACAS, 2010a).

PRACTICE TIP
Get to know the people you seek to help. The following questions will provide you with a list of people and organizations to get to know:

a) What are the Aboriginal organizations in my area?

b) Does my CAS have a protocol when working with Aboriginal peoples?

c) Does my CAS have protocols with specific bands?

d) Does my CAS have a specific unit responsible for working with Aboriginal families?

e) Is there a women's shelter in the community?

f) Is there an Aboriginal women's shelter in the community?

g) Who is working with Aboriginal families in the area?

h) What issues are they focused on? (e.g. child development, healing, family violence)

ESTABLISH A COMMITTEE OF CHILD WELFARE PROFESSIONALS AND ABORIGINAL SERVICE PROVIDERS WORKING IN THE AREA OF FAMILY VIOLENCE

Some CASs have established internal or external committees that brings together child welfare service providers with those working in the field of family violence.

Reported by focus group participants, key lessons that these committees have learned included:

> The process of relationship building is very important

> It takes time to develop the trust that allows relationship building to happen

> CAS started by developing a relationship with the local Aboriginal community leadership in order to establish credibility

> Remaining focused on common goals (e.g., child safety, strengthening families, woman's safety, family healing)

> In a collaborative approach it is beneficial for each service provider to clarify their unique roles and responsibilities with each family member so the family and community know what to expect

> It takes time to understand the Aboriginal protocols and how to work in a respectful way

> The success of the committee will depend on taking the time to build the necessary relationships

> Be clear about the focus, objectives and limitations of the committee in the Terms of Reference. Other key points that were included in the joint Terms of Reference were:

>> Values

>> Membership

>> Communication Processes

>> Accountabilities

>> Procedures

A COMMITTEE IN ACTION

An Ottawa joint child welfare and family violence committee uses a number of strategies to connect and work together, including:

> Starting each meeting with a traditional practice and having an Elder open the meeting

> Remind themselves why they are all together — all are committed to strengthening families

> Starting each meeting with good news stories about the families they are working with and supporting

> Working to get the right people (the people who perform the day-to-day work) at the table with families

> Having leadership support and commitment in the CAS and in the Aboriginal community, to work out any conflicts at a higher level if necessary

ESTABLISH PROTOCOLS

Throughout Ontario, protocols exist between child welfare agencies and First Nations communities; between Aboriginal-specific service organizations and between children's aid societies when they offer multiple services.

Protocol relationships often have established timeframes for review (e.g., every two years) and outline specific ways that the organizations will work together. Protocols often include:

> Cultural overview for each organization

> Philosophical principles of how the organizations will work together

> Intervention guidelines for both support services and child protection collaborative work

> Agreement to understand and respect service differences

> Intersection points where collaborative work takes place

> Collaborative actions necessary for implementation at each intersection point

> Conflict resolution processes

LESSONS LEARNED FROM USING PROTOCOLS

The following suggestions are considerations to strengthen Aboriginal and CAS collaboration protocols:

a) Train new staff on the protocol to ensure it is followed.

b) Have a conflict resolution process if one of the partners does not follow the protocol.

c) Review the protocol if there is a change in leadership.

d) Evaluate if there is an organizational cultural shift regarding the protocol.

e) Review with a community committee to make sure the protocol is a living document.

f) Invest time to support the partnership to develop.

Create committees and training that supports establishing a long-term relationship between the two partners.

PRACTICE TIP

In some cases, a number of bands are organized under specific organizations which support child welfare. Other bands may be part of one of the I6 Ontario Tribal Councils that have some responsibility for child welfare.

You will need to do your homework to know who to contact. Start by asking within your CAS about any existing protocols with local bands. If your child welfare agency has no protocol, the following website can help you determine to which First Nations community in Ontario the family is connected www.johnco.com/firstnation/dirfnont.htm

Very specific protocols outline the expectations when child welfare is engaging and consulting Aboriginal communities, to ensure the unique rights of Aboriginal peoples.

D. UNDERSTANDING JURISDICTIONAL MANDATES AND DUTY TO CONSULT

Child welfare professionals need to understand legislation, protocols and local treaties to help establish and maintain relationships with First Nations communities.

Section 213 of the *Child and Family Services Act* explicitly states:

A society or agency that provides services or exercises powers under this Act with respect to Indian or native children shall regularly consult with their bands or native communities about the provision of the services or the exercise of the powers and about matters affecting the children, including,

(a) *the apprehension of children and the placement of children in residential care;*

(b) *the placement of homemakers and the provision of other family support services;*

(c) *the preparation of plans for the care of children;*

(d) *status reviews under Part III (Child Protection);*

(e) *temporary care and special needs agreements under Part II (Voluntary Access to Services);*

(f) *adoption placements;*

(g) *the establishment of emergency houses; and*

(h) *any other matter that is prescribed.*

This section of the CFSA outlines the requirements for child welfare agencies to maintain a relationship with the family's community. Once you have determined that a family is from a particular community, you will need to contact the Band Representative or Chief and Council to inform them of the situation and to provide them with the opportunity to assume responsibility for this child or family.

DUTY OF THE CROWN TO CONSULT AND ACCOMMODATE

In 2004, in the Haida and Taku cases, the Supreme Court of Canada set out a new legal framework — the Crown's duty to consult and accommodate. This duty stems from the obligation that the Crown must act in

accordance with a particular virtue — honour — and is rooted in s.35 of the Constitution Act, 1982. This new duty requires governments to consult First Nations, Inuit and Métis peoples and accommodate their interests whenever a Crown actor considers conduct that might adversely affect Aboriginal rights or interests.

The duty applies when the Crown has real or constructive knowledge of the potential existence of Aboriginal rights or title that may be at risk from a course of action being contemplated by the Crown. The duty demands that all governments work with Aboriginal peoples to understand their interests and concerns prior to authorizing or proceeding with a plan, policy, development or activity that has the potential to affect Aboriginal rights. The purpose of the duty is achieved when government addresses, modifies or reconciles its actions with Aboriginal interests in a real and substantive way.

Overall, the duty is designed to promote the transformation of the existing relationship between the Crown and First Nations, Inuit and Métis people to a new relationship based on consultation, accommodation, just settlements and reconciliation.

E. MAKING CHILD WELFARE A PART OF THE CONTINUUM OF CARE WHEN ADDRESSING FAMILY VIOLENCE

A CONTINUUM OF CARE FOR ADDRESSING FAMILY VIOLENCE

Many continuums of care have been developed by Aboriginal peoples to support families addressing violence. The Aboriginal Healing and Wellness Strategy (AHWS) Healing Continuum has been widely used in Ontario. The Inuit have been working with another model which is adapted from the Addictions continuum of care, which is explained further in this section.

The AHWS Healing Continuum follows the stages of the medicine wheel, and integrates the continuum of care and supports necessary to address family violence issues and improve the health of Aboriginal peoples. It incorporates the distinct concept that the individual, family and community are inseparable and interrelated.

> *Promotion* incorporates primary prevention strategies aimed at the community as a whole, to raise awareness and shift emphasis from the treatment of ill-health to prevention, and includes the sharing of information, increasing awareness of, and building social networks to support self-determination and self-reliance

> *Prevention* includes both secondary prevention (programs and services aimed at high-risk groups) and tertiary prevention (programs and services directed at those already affected) to prevent further deterioration. Such programming includes education, screening and risk reduction.

> *Crisis Intervention* involves intervention and provision of support in urgent circumstances

AHWS Healing Continuum
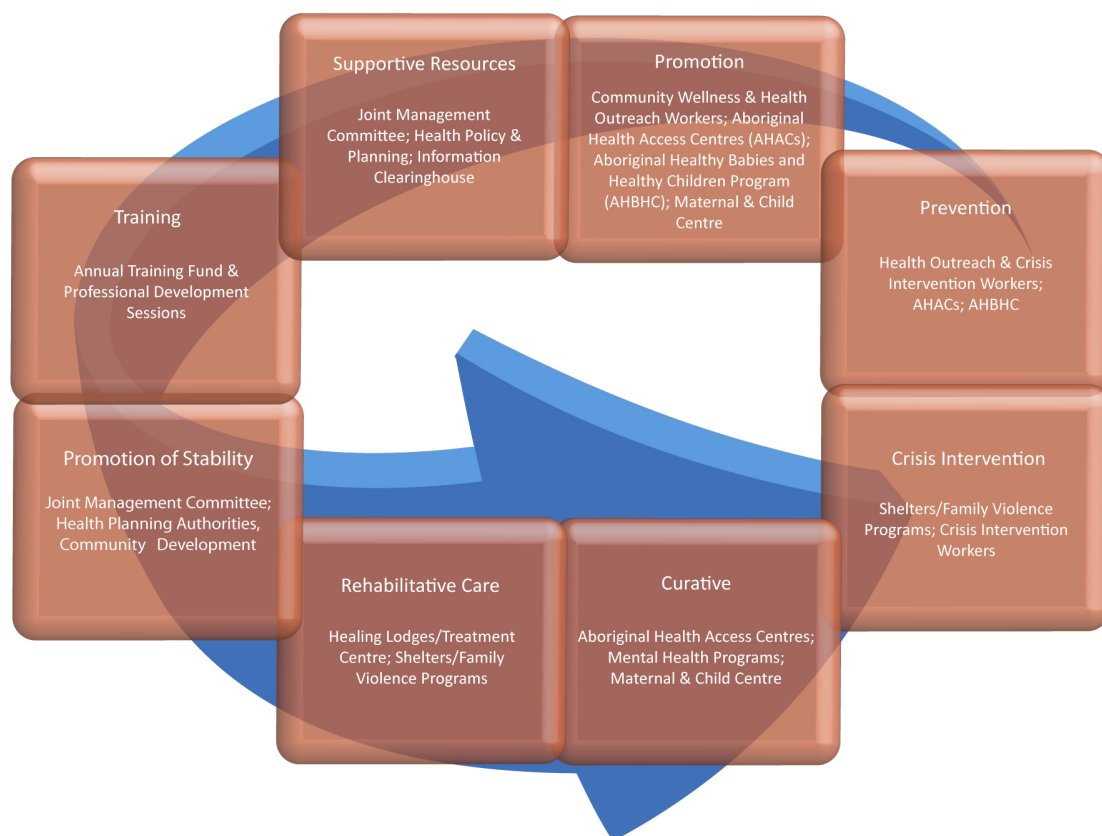
Aboriginal Healing and Wellness Strategy (AHWS). (2006). Joint management committee orientation [Powerpoint presentation]. Toronto, ON: AHWS.

> *Curative* encompasses assessment, treatment and management strategies to address the specific conditions facing the family and healing needs

> *Rehabilitation* assists individuals and families to become fully functional, and fosters community reintegration following programs and treatment

> *Promotion* of stability occurs when services are networked and resources are coordinated throughout the continuum of healing

> *Training* develops the necessary knowledge, skills and attitudes needed to develop, implement, deliver and evaluate effective responses to individuals, families and communities in a coordinated manner

> *Supportive resources* fosters appropriate infrastructure for effective programs and services, and encompasses funding and policy approaches as well as resource development

EXPAND THE PROGRAMMING IN THE COMMUNITY

Programs and services are needed to address all parts of the continuum of care. Child welfare agencies may need to strengthen their relationship with Aboriginal communities by offering a wider range of programs or provide referrals and connections to other programs in the community. Currently, many of these programs require family members to attend different organizations based on service mandates. A holistic and integrated approach to protecting children, providing safety for women and counselling for men is required. Here are some examples of integrated family violence service approaches:

Family Violence Prevention Programs:

> Improving parenting skills

> Specific programming for older children (to address lateral violence, for example)

> Education on violence for all family members

> Youth and father-focused programs

Development of a Care Plan:

> Programs for families that want to reconcile to help transform the family

> Appropriate supports to help the family deal with the multiple issues they are facing, including advocating for systemic barriers to overcoming family violence (e.g., substance misuse, trauma, housing, poverty)

Counselling and Healing:

> Specific programming for mothers and fathers that help them address the issues that interfere with their parenting

> Programs that look at what each individual family needs and how to move forward

> Culturally based healing programs

> Family-oriented treatment to move forward as a family

Learning New Ways of Living:

> Life skills that consider traditional ways, such as budgeting programs

Inuit Example of Continuum of Care
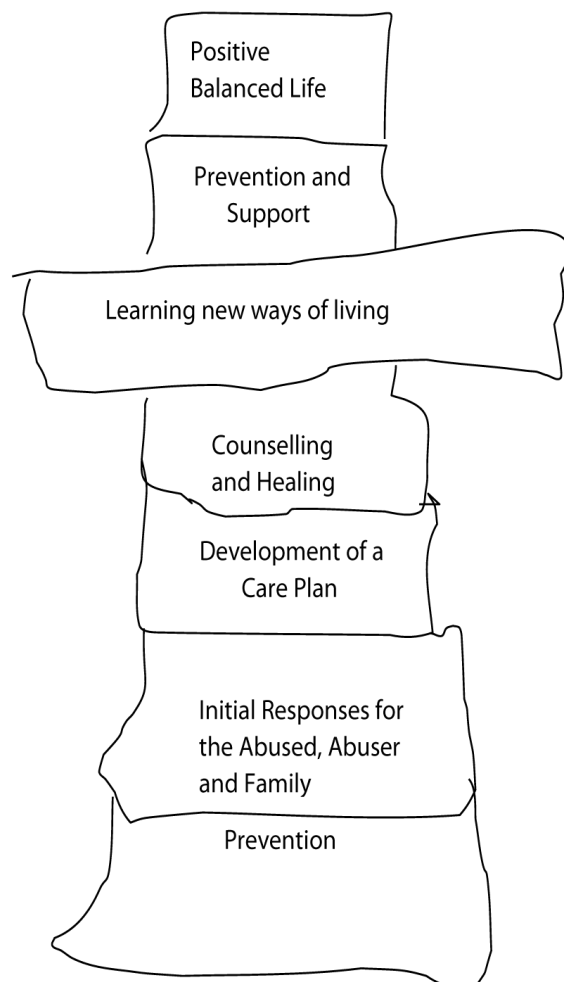
Positive Balanced Life

Prevention and Support

Learning new ways of living

Counselling and Healing

Development of a Care Plan

Initial Responses for the Abused, Abuser and Family

Prevention

Riggs, J. (2010). An option paper in developing an Inuit Nunangat addictions process. Ottawa, ON: Inuit Tapiriit Kanatami.

A Practice Exercise: Identify all the organizations in your community that could be a support to you when working with Aboriginal families.

A diagram centered on "Safety in the Family (Women, Children and Men)" connected to: Aboriginal Social Service Agencies, Band Councils, Victim Advocates, Courts, Social Service Organizations, Ontario Works, Police, Ontario Housing, Aboriginal Representation Organizations, Shelters, CAS.
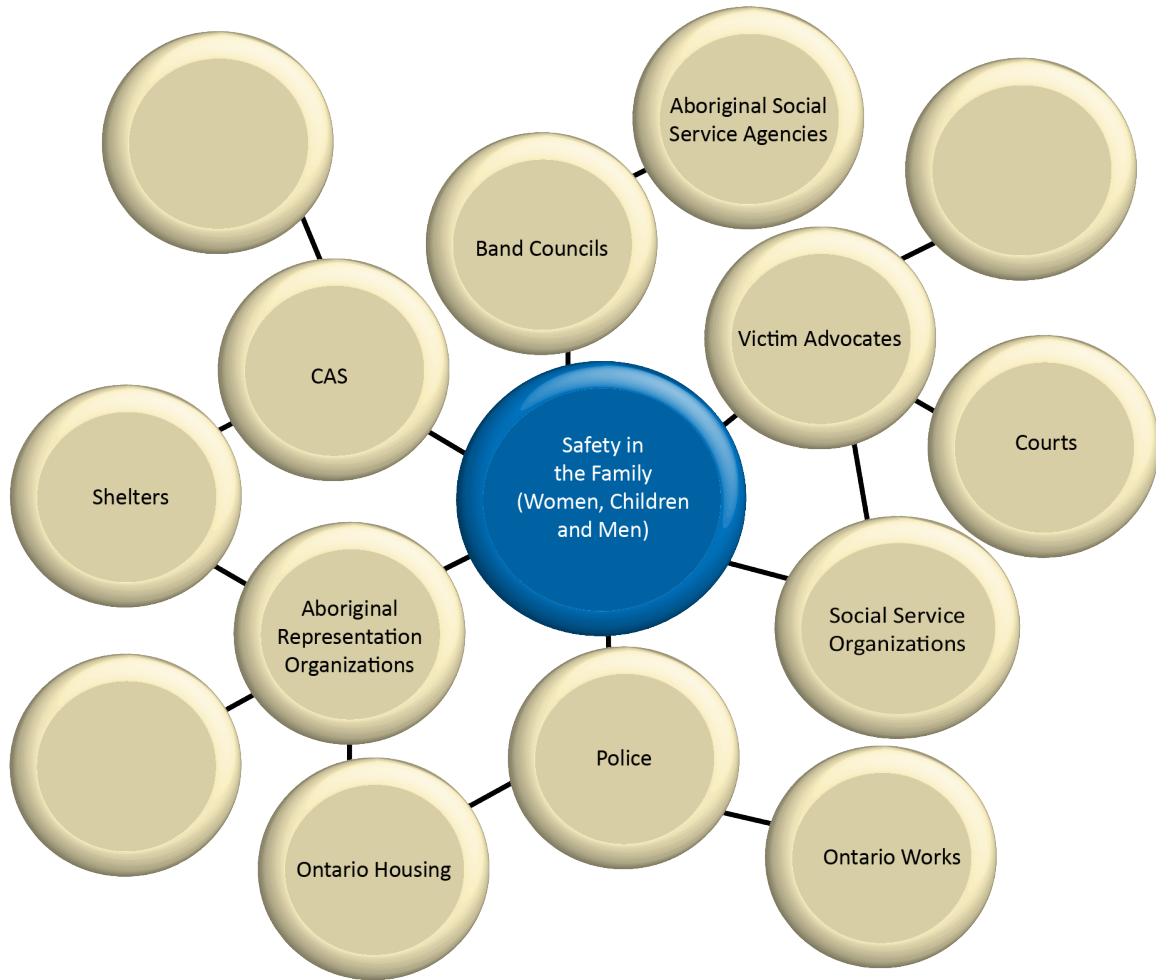
SOURCES

Aboriginal Healing and Wellness Strategy (AHWS). (2006). Joint management committee orientation [Powerpoint presentation]. Toronto, ON: AHWS

Child and Family Services Act, R.S.O. 1990, c.11, s.208. (1990). Retrieved on May 11, 2011 from: http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

Métis Nation of Ontario. (n.d.). Duty to consult: Duty of the Crown to consult and accommodate. Retrieved on July 13, 2011 from: http://www.metisnation.org/programs/lands,-resourcesconsultations/duty-to-consult.aspx

WEBSITES

Aboriginal Healing Foundation
www.ahf.ca

First Nations Information Project
www.johnco.com/firstnation/dirfnont.htm

6 > **SYSTEMIC CHANGE:**
BEING AN ADOVOCATE

A. WHAT DOES ADVOCACY MEAN?

Child welfare professionals can be important advocates towards improving the child welfare system for First Nations, Métis and Inuit children in Ontario.

The specific positions that Aboriginal communities are advocating for with respect to addressing child welfare and family violence include:

> Develop separate child welfare legislation for Aboriginal peoples

> Have a separate funding arrangement for Aboriginal child welfare services that addresses the jurisdictional issues

> Continue to devolve responsibility for child welfare services to Aboriginal peoples themselves

> Ensure the current funding model for First Nations child welfare services is adequate and proportionate to that of other children's aid societies in the province

> Recognize Customary Care as a priority response to Aboriginal children in care

> Ensure family violence programs are holistically focused

> Recognize Métis-and Inuit-specific services in child welfare

Passed in the House of Commons on December 12, 2007, "the child is first" is the essence of Jordan's principle. Jordan's principle applies to all government services available to children, youth, and their families. Jordan's principle is consistent with all government obligations set out in the *United Nations Convention on the Rights of the Child*, the *Charter of Rights and Freedoms*, and many other federal and provincial statutes.

B. EVOLUTIONARY CHANGE FOR ABORIGINAL PEOPLES IN CANADA

Over the last 20 years, there has been increasing acknowledgement of the impact of colonization on the Indigenous peoples of Canada. Consistent with the Planning Medicine Wheel, the work underway in the area of child welfare is directly related to this broader movement.

ESTABLISHING A VISION

Through the 1970s and 1980s, Canadian Indigenous leaders identified the abysmal conditions that Aboriginal peoples were experiencing. The leaders articulated a vision for Aboriginal peoples that included the restoration of autonomy and respect for original teachings and ways of living and being, including raising families. Due to the issues exposed by Indigenous leaders and issues that arose out of the Oka Crisis and the Meech Lake Accord, the Royal Commission on Aboriginal Peoples (RCAP) was established in 1991 to respond to the many issues identified by Aboriginal peoples.

DEVELOPING RELATIONSHIPS AND ACQUIRING KNOWLEDGE

In 1996, the RCAP published a 4000-page final report. The process included hearings, development of new relationships and research. The report held a body of knowledge about Aboriginal peoples that remains the definitive understanding of what had happened to First Nations, Métis and Inuit people in Canada up to that point. The body of knowledge created out of RCAP was intended to support a 20-year agenda for implementing changes.

ACTIONS

In many ways the data was overwhelming, and it took almost 10 years for the federal government to establish a process to move forward on the issues identified in the report. One of the most significant actions taken after RCAP was the creation of the Aboriginal Healing Foundation (AHF) in 1998. The AHF was created in response to messages in the RCAP report: Aboriginal peoples need to heal from colonization and the deliberate actions that denied Indigenous peoples of their language, their culture and their children who were taken away to residential schools. The AHF funded

> Advocacy for First Nations children in care means to 'stand up' for children who otherwise do not have the resources or capacity to stand up for themselves. It means to fight for their rights in a system that continually and perpetually fails both them and their families. Advocacy means to 'give voice' to the experiences and issues of those children and families who have been rendered 'voiceless' in the shadows of experts who say they are acting in the 'best interests' of the children. Advocacy also means to increase awareness and education about the importance of Anishinaabe children maintaining their ties to their culture and community if placement out of the home is necessary. It means to help the government and citizens learn about the history of child welfare within Indigenous communities . . . advocacy also means actively engaging in efforts to help children in care, and foster parents and CAS understand the broader socio-political and historical reasons for being in care. This information is important so that children and foster families do not perpetuate racist notions of Indigenous people as being 'unlovable' or incapable of healthy parenting.
> - King, 2010

community initiatives, conducted research and undertook evaluations. The initiative ended March 31, 2011.

In 1994, Prime Minister Jean Chrétien, House of Commons members and national Aboriginal leaders formed a commitment to hold sectoral roundtables about specific issues in order to develop specific recommendations for action. Eighteen months of roundtable consultations led up to the First Ministers' Meeting in Kelowna, BC, in 2005. For the first time in the history of Canada, the Prime Minister, Premiers of all the provinces and territories and the leaders of the five national Aboriginal organizations in Canada agreed on a specific plan of action to improve the education, employment, and living conditions for Aboriginal peoples through government funding and other programs. The Kelowna Accord outlined $5 billion in spending over 10 years, but did not set out the means for the fiscal distribution between federal departments, provincial and territorial governments, and Aboriginal groups.

Aboriginal leaders saw the Kelowna Accord as a step forward, as it involved a process of cooperation and consultation that brought all parties to the table. In 2006, with the election of the new federal government, the Kelowna Accord was cancelled.

In 2006, the federal government approved the *Indian Residential Schools Settlement Agreement* (IRSSA). As part of the IRSSA:

> Common Experience payments were made to eligible individuals who attended residential schools

> The Truth and Reconciliation Commission was established to promote public education and awareness about residential schools and their legacy

> The Commemoration program funded specific initiatives to honour former members of residential schools including those who never returned to their community

> The Aboriginal Healing Fund provided an additional funding base and was extended for five years until March 31, 2011

REFLECTION

In 2008, Prime Minister Stephen Harper apologized on behalf of all Canadians for residential schools. The government's intent in delivering the apology was that the relationship between the federal government and Aboriginal peoples could move forward collectively, after the initiatives of the IRSSA were completed.

Many Aboriginal peoples feel that the original vision in the RCAP has not been realized. To date, the federal government has not implemented the majority of the RCAP recommendations.

C. THE CHANGING LANDSCAPE OF ABORIGINAL CHILD WELFARE IN ONTARIO

THE FIVE YEAR REVIEW OF THE CFSA AND AN EMERGING NEW MODEL FOR CHILD WELFARE IN ONTARIO

The Ministry of Children and Youth Services (MCYS) develops policy and administers programs and a service delivery system that is legislated by the *Child and Family Services Act* (CFSA). In 2010, the MCYS completed its five-year review of the CFSA and is in the process of developing strategies to address issues revealed by the review. A specific section of the final report reviewed the findings with respect to services to Aboriginal children and families.

The review noted a number of challenges around Aboriginal child welfare in Ontario, including:

> The limited capacity of First Nations bands to respond and exercise their roles and responsibilities as set out by the CFSA, primarily due to lack of financial and human resources (MCYS, 2010)

> Subsection 2(2), paragraph 5 of the CFSA provides that one of the purposes of the Act, in addition to the paramount purposes, and so long as it is consistent with the paramount purposes, is: to recognize that Aboriginal peoples should be entitled to provide, wherever possible, their own child and family services and that all services to Aboriginal children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family (OACAS, 2010b)

> Provincially, there is a lack of clarity with respect to the use of Customary Care as a permanency option for children involved with the child welfare system, notwithstanding the statutory obligation contained in Section 63.1, Part X (OACAS, 2010b)

Despite provisions of the *Child and Family Services Act* that allow First Nations and Aboriginal communities to establish child welfare services and achieve designation to deliver child protection services, there are only six designated Aboriginal CASs in Ontario. The progress of devolution depends on government prioritizing this agenda and actively collaborating with Aboriginal communities. Aboriginal communities and advocates are the appropriate stakeholders to consult with to establish whether the barriers to progress are legislative, regulatory, financial or other. It is critical that government consult with the Aboriginal leadership to determine the appropriate course of action. - OACAS, 2010b

THE ABORIGINAL ADVISOR TO THE MINISTER OF CHILDREN AND YOUTH SERVICES

In 2010, John Beaucage became the first Aboriginal Advisor to the MCYS. The Advisor's role is to provide advice on all Aboriginal child welfare matters and to facilitate discussion between the Minister and Aboriginal leaders. In July 2011, Mr. Beaucage released his first report entitled *Children First: The Aboriginal Advisor's Report on the status of Aboriginal child welfare in Ontario*. The report outlined the necessary changes needed to move Aboriginal child welfare forward.

COMMISSION TO PROMOTE SUSTAINABLE CHILD WELFARE

On November 20, 2009, the Ministry of Children and Youth Services approved a three-member panel to start a Commission to Promote Sustainable Child Welfare. The three commissioners had a three-year mandate to review and make recommended changes. One area of focus was toward the unique considerations for Aboriginal youth and children.

The Commission's vision is that "Aboriginal children, whether on-reserve or off-reserve, will have access to services that reflect their needs and that are delivered in ways that respect their culture, heritage and traditions" (Commission to Promote Sustainable Child Welfare, 2010).

THE CASE AT THE CANADIAN HUMAN RIGHTS COMMISSION

On February 27, 2007, the Assembly of First Nations (AFN), a political organization representing all First Nations in Canada, and the First Nations Child and Family Caring Society of Canada, a national non-profit organization providing services to First Nations child welfare organizations, took the Government of Canada before the Canadian Human Rights Commission for its current treatment of First Nations children. The complaint alleges that the government had a longstanding pattern of providing less government funding for child welfare services to First Nations children on reserves than is provided to non-Aboriginal children.

"The complaint involves an allegation of discrimination in the provision of a service on the grounds of race and national or ethnic origin. The Complainants allege that Indian and Northern Affairs Canada discriminates against Aboriginal children by inadequately funding child welfare services on reserve, contrary to section 5 of the *Canadian Human Rights Act*" (Federal Court of Canada, 2011).

"First Nations child and family service agencies receive 22% less funding per child than their provincial equivalents despite the documented higher child welfare needs on reserve" (Blackstock, & Trocmé, 2004).

A Human Rights Tribunal was ordered in October of 2008. A year later, Chair Shirish Chotalia was appointed. In January of 2010, Chair Chotalia heard the federal government's motion to dismiss the case based on the premise that the government provides funding only, not direct child welfare services, to Aboriginal children and youth. The hearing on the motion to dismiss was held in Ottawa on June 2 and 3, 2010. Nearly a year later, the Human Rights complaint was dismissed on March 14, 2011 by Chair Chotalia based on the federal government's submission that they provide funding, but no direct services. The AFN and FNCFCSC have begun appealing the decision in June, 2011, with the support of Amnesty International and the Chiefs of Ontario.

D. SYSTEMIC ISSUES THAT NEED TO BE ADDRESSED AND IMPACT ON CURRENT PRACTICE

The issues identified below are systemic challenges, and progress in these areas would require systemic and institutional change. One of the methods suggested by the Aboriginal community to address these systemic issues is to support the devolution of services so that Aboriginal peoples can address these issues directly.

The OACAS supports, in principle, the devolution of services to First Nations and Aboriginal children by First Nations agencies in the province. OACAS works with the Aboriginal and Native Child and Family Services Association of Ontario (ANCFSAO) to address specific Aboriginal issues and needs, including cultural training, joint projects and devolution of services from child welfare agencies to Aboriginal agencies for First Nations children.

THE RISK MANAGEMENT APPROACH

Child welfare policies and risk assessment tools are often developed based on the worst case scenario of the death of a child in care, as published in the Paediatric Death Review Committee or Domestic Violence Death Review Committee annual reports. The risk assessment models need to be reviewed and risk be understood differently. Short-term risk may be averted by removing children from the home, but what is the long-term risk of separated children from their family, culture, identity and community? What are the long-term consequences of this cultural separation? Is racism not another form of violence? Child welfare organizations will need to work hard at ensuring there are no long-term unintended consequences of benevolent practices that are experienced as racism.

CHANGING CHILD WELFARE PRACTICES

When next reviewing the legislation, *Eligibility Spectrum*, S*tandards* and *Differential Response Model*, each stage of the family's care needs to be rethought from a cultural context:

1. How do Aboriginal families get noticed by CAS? In most cases, a referral is received from community members. In other cases the referral is based on lateral violence or family violence.

2. How is the risk in Aboriginal families assessed? What is the worldview and the risk measurements that are used to assess families? Are they culturally appropriate/culturally safe? Can risk be managed by the family or community if the situation is assessed lower on the risk management scale?

3. What interventions are offered to the family? Which interventions can mediate harm and keep the family together? Is your child welfare organization open to assessing alternatives to family separation as a response to domestic violence?

4. What happens when children witness violence? What are the tools needed by workers to support children who witness violence, to reduce the violence in the family and to maintain the family as a cohesive unit?

RECOGNIZE THE COMPLEX DYNAMICS OF FAMILY VIOLENCE

Women are sometimes so scared to lose their children through child welfare that they will reconcile with violent men. Through their risk management committees, some police services have helped women to leave a violent situation and keep their children. Collaboration between community service providers and families strengthens a child welfare approach to family violence.

In situations of family violence, it is too often the wrong person who has to leave the house. Frequently, women and children are uprooted.

Many Aboriginal youth who have been displaced are seen as "broken spirits" and having child welfare involvement may exacerbate their cultural disenfranchisement. This cultural isolation and legacy of colonization has resulted in high levels of institutionalization.

Unfortunately for some Aboriginal youth, a sense of community revolves around the social service sector; and not to their cultural community. Child welfare can promote a positive sense of culture with young people by providing meaningful opportunities to engage in:

> Cultural ceremonies

> Drumming and dancing

> Connections to Elders

> Aboriginal language

> Cultural support services

> Community story telling and understanding history

> Positive Aboriginal youth mentor

By creating alternative community connections, it is anticipated that Aboriginal young peoples can recreate a positive sense of self.

The justice system seeks to punish men for their behaviour, not to help them understand the reasons for their violent responses. A Partner Assault Response program (PAR) with Aboriginal content can address the healing of the men who are most often the perpetrators of the violence. Examples of PAR programs which include Aboriginal content are: Native Child and Family Services of Toronto, Thunder Bay Native Friendship Centre, Men for Change Program, and the United Chiefs and Councils of Manitoulin.

ONTARIO HOUSING

Ontario public housing policies present a number of issues for Aboriginal peoples. Public housing policies vary across communities, but in many cases municipalities will require that women notify the housing authority if there has been a change in "family size" — that is, if the woman no longer has legal custody of her children. If this notification results in a move to a unit with fewer bedrooms, women may be at risk of encountering difficulties regaining appropriate-sized living accommodations to prepare for the return of children to their care full time. Child welfare professionals can act as an ally to advocate for housing support, by familiarizing themselves with the policies and procedures of local community housing authorities.

FINANCIAL SUPPORT

Financial and human resources are an issue. Child welfare resources can be used to respond to the crisis in families or work with the families in an ongoing way to strengthen resiliency. How will child welfare maintain balance between immediate

and ongoing needs with the resources available? Often times, women who have left violent relationships find themselves without the necessary resources to support their children.

E. FORWARD THINKING RESEARCH

The focus group participants identified a number of research questions that would support better service delivery and programming. The questions included:

1. What happens to First Nations children that have been in CAS care? What are their stories? Child welfare needs this research to learn from their experiences. Do they have successful lives? What happens to youth when they leave care?

2. What is the impact on Aboriginal youth's identity when they are in care? Do former youth in care have pride in their identity?

    > Need research that does a comparative analysis of children who have witnessed violence who are Crown wards and children who are not.

    > Has child welfare benefited Aboriginal children?

SOURCES

First Nations Child & Family Caring Society of Canada (FNCFCS). (2011). I am a witness: Background. Retrieved on June 27, 2011 from: http://www.fncfcs.com/fnwitness/background

King, H. (2010). Advocacy for First Nations children in care (p.8). Unpublished paper.

Ministry of Child and Youth Services (MCYS). (2010). Report on the 2010 review of the Child and Family Services Act. Toronto, ON: MCYS.

Native Women's Centre. (2009). Final report strengthening the circle to end violence against Aboriginal women. Toronto, ON: OFIFC.

WEBSITES

Ontario Association of Children's Aid Societies
www.oacas.org

Many Hands, One Dream
www.manyhandsonedream.ca

Ministry of Children and Youth Services
www.children.gov.on.ca

7 > MOVING FORWARD

A. A PROCESS OF RECONCILIATION

In 1996, the Royal Commission on Aboriginal Peoples articulated the need for a "renewed relationship based on the principles of mutual respect, sharing and mutual responsibility." Reconciliation is a process that moves Aboriginal and non-Aboriginal Canadians from a relationship based on colonization to a relationship based on self-determination, equality and respect.

Cindy Blackstock and others developed four phases of reconciliation with respect to child welfare.

The four phases Blackstock proposes have been adapted in the paragraphs below to address both child welfare and family violence.

Truth Telling

> Begin with a full and truthful accounting of child welfare respecting Indigenous children, youth, and families. This would include identifying past and current harms experienced by Indigenous children, families, and communities, and must be told from both non-Indigenous and Indigenous perspectives. Truth telling gives voice to, and recognizes, past harm, obliges it to be heard, and sets the scene for restoration.

> Require non-Indigenous and Indigenous peoples to acknowledge and accept responsibility for redressing the wrongs done to Indigenous children, youth, families, and communities, regardless of their degree of direct involvement

Acknowledging

> Recognize that child welfare practices imposed on Indigenous peoples, and the values that guide them, are not the right or best path to continue to follow

> Recognize the practices of Indigenous peoples in raising and protecting families, and the values that guide them

> Adopt equality, fairness, and balance as essential guidelines to child welfare

> Respect the intrinsic right of Indigenous peoples to define their own cultural identity

> Bring alive a new understanding about balanced and harmonious families between Indigenous and non-Indigenous peoples

> Assert that Indigenous and non-Indigenous peoples can follow a new path in the future — a path that reflects learning from the past and a renewed sense of mutual respect

Restoring

> Provide an opportunity for individuals to work in a respectful – and trustworthy way to redress past harms and set frameworks in place to prevent their recurrence

> Establish an ongoing process whereby Indigenous and non-Indigenous peoples take mutual responsibility for child welfare and ending family violence

> Guard against the human tendency to revert to past practices when something new becomes difficult or uncertain

> Build personal and community capacity for addressing past wrongs and current child welfare problems, and for promoting family well-being

Relating

> Recognize that reconciliation is not a one-time event or pronouncement but rather an investment in a new way of being and a relationship to achieve a broader goal: A holistic Aboriginal system that supports the safety and well-being of Indigenous children, youth and all family members

> Require Indigenous and non-Indigenous peoples work jointly to implement a set of core values, a vision, and a structure for best practice

> Commits professionals and others to continue the journey of reconciliation — especially when energy and focus are diverted elsewhere

"Collective reconciliation is the process that brings adversaries to rebuild peaceful relations and a new future together." - Fred Kelly, 2008

"We need a Truth and Reconciliation process just on child welfare. The assimilation process that happened earlier through the *Indian Act* and residential schools is happening today through child welfare. The answer to the question, "What has been the role of the CAS in your life as an Aboriginal person?" "Cannot continue to have a paternalistic approach saying, 'We need to help you. We have not been helping.'"
 - Focus group participant

Child welfare professionals make decisions that have long-term impacts on each child and family they serve. Protection and intervention decisions can be made by collecting knowledge using both a Western and Indigenous worldview. Establishing a relationship with the family, other service providers and community members can inform critical decisions about whether each family has enough support to move forward in achieving balance.

As this Practice Guide began, it ends with a thank you.

Thank you for being part of the important work that is underway in all Aboriginal communities in Ontario, to end the violence in the family and restore First Nations, Inuit and Métis families back to harmony.

SOURCES

Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth, and families. Portland, OR: National Indian Child Welfare Association.

Castellano, M.B., Archibald, L., & DeGagné, M. (2008). From truth to reconciliation: Transforming the legacy of residential schools. Ottawa, ON: Aboriginal Healing Foundation.

Royal Commission on Aboriginal Peoples (RCAP). (1996a). Report on the Royal Commission on Aboriginal Peoples, volume 1: Looking forward, looking back. Ottawa, ON: Canada Communication Group.

8 > RESOURCES AND SERVICES

ONTARIO ABORIGINAL ORGANIZATIONS

Chiefs of Ontario
www.chiefs-of-ontario.org
Website provides information about the 134 First Nations communities located in Ontario.

Métis Nation of Ontario
www.metisnation.org
Website provides information about the MNO programs and services for Métis peoples in Ontario.

Ontario Federation of Indian Friendship Centres
www.ofifc.org
Website provides information about the OFIFC's programs and services for urban Aboriginal peoples in Ontario.

Ontario Native Women's Association
www.onwa-tbay.ca
Website promotes the direction and future activity of Aboriginal women by promoting women's position in Aboriginal cultures.

NATIONAL ORGANIZATIONS OR GOVERNMENT RESOURCES

Aboriginal Canada Portal
www.aboriginalcanada.gc.ca
Government of Canada web portal to online resources, contacts, information, programs and services of interest to Aboriginal Canadians, including specific programs by province.

Aboriginal Healing Foundation
www.ahf.ca
Research and publications on helping Aboriginal peoples and families heal.

First Nations Child and Family Caring Society of Canada
www.fncfcs.com
Research and publications on building helping communities through reclaiming the traditional roles and responsibilities of First Nations families.

Native Women's Association of Canada
www.nwac.ca
Research and publications on ending discrimination against Indigenous women.

FILM

National Film Board of Canada
www.nfb.ca
View documentaries, animations, experimental films that take a stand on issues of global importance that matter to Canadians – stories about the environment, human rights, international conflict, the arts and more. Visit this website to view *Richard Cardinal: Cry from a Diary of a Métis Child* online.

ONTARIO GOVERNMENT

Aboriginal Healing and Wellness Strategy
Phone: 416-326-6905
www.mcss.gov.on.ca/en/mcss/programs/community/programsforaboriginalpeople.aspx
Website lists healing lodges in Ontario and resources for women.

Ontario Women's Directorate
Phone: 416-326-6905
www.citizenship.gov.on.ca/owd/english/
Website outlines resources for women achieving financial independence and seeking safety from violence.

VIOLENCE AGAINST WOMEN ORGANIZATIONS

Canadian Women's Health Network
www.cwhn.ca/node/39622
Website has educational information about violence against women.

National Aboriginal Circle Against Family Violence
http://nacafv.ca
Aboriginal content website; information about domestic violence.

Ontario Coalition of Rape Crisis Centres (OCRCC)
www.sexualassaultsupport.ca
The OCRCC is an equity-seeking network of women from autonomous rape crisis/sexual assault centres committed to leading social transformation that prevents and eliminates sexual violence.

Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
www.satcontario.com
Website lists the Ontario network of sexual assault/domestic violence treatment centres.

KEY EDUCATIONAL INITIATIVES

Kanawayhitowin
Taking Care of Each Others Spirit
Community Action Campaign to Prevent Woman Abuse in the Aboriginal Community
Ontario Federation of Indian Friendship Centres (OFIFC)
219 Front Street, Toronto, Ontario, M5A 1E8
(416) 956-7575 · (416) 956-7577 (Fax)
www.kanawayhitowin.ca

Kizhaay Anishnaabe Niin (I Am A Kind Man)
Community Action Tool Kit
Ontario Federation of Indian Friendship Centres (OFIFC)
219 Front Street, Toronto, Ontario, M5A 1E8
(416) 956-7575 · (416) 956-7577 (Fax)
www.iamakindman.ca

APPENDIX A

GLOSSARY

Unless specifically noted, the information in this glossary is adapted from the Ontario Ministry of Aboriginal Affairs and the Federal Indian and Northern Affairs Canada (INAC) websites.

Aboriginal peoples: "Aboriginal peoples" is a collective name for the original peoples of North America and their descendants. The Canadian Constitution (the Constitution Act, 1982) recognizes three groups of Aboriginal peoples — Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

Please note that when you refer to "Aboriginal people," you are referring to all the Aboriginal people in Canada collectively, without regard to their separate origins and identities. Or, you are simply referring to more than one Aboriginal person. By adding the 's' to people, and referring to "Aboriginal peoples," you are emphasizing that there is a diversity of people within the group known as Aboriginal peoples.

Aboriginal rights: Rights held by some Aboriginal peoples as a result of their ancestors' use and occupancy of traditional territories before contact with Europeans and British sovereignty in Canada. Aboriginal rights vary from group to group, depending on what customs, practices, and traditions were integral to the distinctive culture of the group.

Band: Defined by the *Indian Act*, in part, as "a body of Indians for whose use and benefit in common, lands . . . have been set apart." Each band has its own governing band council, usually consisting of a chief and several councillors. The members of a band generally share common values, traditions, and practices rooted in their language and ancestral heritage. Today, many bands prefer to be known as First Nations.

Band council or **First Nations council:** The band's governing body. Community members choose the chief and councillors by election, or through traditional custom. The band council's powers vary with each band.

Elder: A man or woman whose wisdom about spirituality, culture, and life is recognized and affirmed by the community. Not all Elders are "old." Sometimes the spirit of the Creator chooses to imbue a young Aboriginal person. The Aboriginal community and individuals will normally seek the advice and assistance of Elders in various areas of traditional, as well as contemporary issues.

Family Violence is used instead of "woman abuse." "Family violence" recognizes that all forms of violence are not acceptable in Aboriginal families. The term also acknowledges that a range of violent behaviour can occur in the families of Métis, First Nations and Inuit people. Violent behaviour may include woman abuse, Elder abuse, children being abused and men experiencing violence. It may also include violence directed towards Aboriginal women by either non-Aboriginal or Aboriginal men that will have consequences for the families of the women. Family violence exists in all communities and is not specific to Aboriginal peoples.

First Nations: A term that came into common usage in the 1970s to replace the word "Indian," which many found offensive. The term "First Nations" has been adopted to replace the word "band" in the names of communities.

Haida Case: In *Haida Nation v. British Columbia (Minister of Forests)*, the Haida Nation (on the Queen Charlotte Islands in B.C. or Haida Gwaii, as the Haida call it) challenged the issuance of a timber harvesting license from the Province of B.C. to a large forestry firm, Weyerhaeuser. The basis of the challenge was that traditional Aboriginal rights over the Haida land gave the Haida Nation something close to a "veto" over resource development and the license could not be issued over their objections. On judicial review the Haida's petition was dismissed. At the B.C. Court of Appeal the petition was also dismissed. But the Court of Appeal also held that the province and the forestry firm had a duty to consult with and accommodate the Haida with respect to harvesting timber. On November 18, 2004, "the Supreme Court of Canada made it clear that government, not industry, is obligated to negotiate with Aboriginals about land use — even when ownership of that land remains in question. As well, Aboriginals are entitled to provide input but they have no veto power. The Court emphasized that the consultation process requires the practice of good faith and reasonableness by all parties."

Indian: A term that may have different meanings depending on context. Under the *Indian Act*, it means "a person who pursuant to this Act is registered as an Indian or is entitled to be registered as an Indian." A number of terms include the word "Indian," such as "Status Indian," "Non-status Indian," and "Treaty Indian." Status Indians are those who are registered as Indians under the *Indian Act*, although some would include those who, although not registered, are entitled to be registered. Non-status Indians are those who lost their status, those whose ancestors were never registered, or those who lost their status under former or current provisions of the Indian Act. Treaty Indians are those members of a community whose ancestors signed a treaty with the Crown and as a result are entitled to treaty benefits. The term "Indian" was first used by Christopher Columbus in 1492, believing he had reached India.

Indian Act: Federal legislation that regulates Indians and reserves and sets out certain federal government powers and responsibilities towards First Nations and their reserved lands. The first *Indian Act* was passed in 1876, although there were a number of pre- and post-Confederation enactments with respect to Indians and reserves prior to 1876. Since then, the Act has undergone numerous amendments, revisions, and re-enactments. The Department of Indian Affairs and Northern Development administers the Act.

Inuit: The Inuit are indigenous to Canada's Arctic Region and "were previously known as Eskimos . . . Although Inuit are a federal responsibility [as Aboriginal peoples], they are not part of the Indian Act. Inuit do not pay taxes and do not live on reserves" (Ottawa Inuit Children's Centre, 2010).

The **Meech Lake Accord** was a package of proposed amendments to the Constitution of Canada negotiated in 1987 by Prime Minister Brian Mulroney and 10 provincial premiers. It was intended to persuade the government of the Province of Quebec to endorse the 1982 Canadian Constitution and increase support in Quebec for

remaining within Canada. All 10 premiers signed the Accord, which then had to be ratified by individual provincial legislatures. In Manitoba, one lone dissenter, Elijah Harper, raised an eagle feather during the provincial vote to mark his dissention. Harper said that his dissent was to voice the concern that Aboriginal Canadians were left out of the Accord's consultation and negotiations process. Harper's vote of dissent prompted then-Premier of Newfoundland to cancel that province's proposed vote, causing the Accord to fail and the abandonment of the proposed Constitutional amendments.

Métis: Peoples of mixed First Nations and European ancestry. The Métis history and culture draws on diverse ancestral origins, such as Scottish, Irish, French, Ojibway, and Cree.

The **Oka Crisis** was a land dispute between a group of Mohawk people and the town of Oka, Quebec, which began on July 11, 1990 and lasted until September 26, 1990. The town of Oka was developing plans to expand a golf course and residential development onto land which had traditionally been used by the Mohawk. It included pineland and a burial ground, marked by standing tombstones of their ancestors. The crisis escalated to a point where the Mohawk people were joined in their protest by Native peoples from across Canada and the United States, and the Canadian infantry and reservists were called in by the Province of Quebec to police the situation. The situation was resolved, after the Mohawks dismantled their weapons and threw them in a fire, and then held a tobacco burning ceremony. Many Native individuals were arrested and detained during the crisis.

Partner: The term "partner" is used throughout the Practice Guide except when alternate terms are used in quotes, when referring to an individual of a specific gender, or when using statistics that are gender specific.

Reserves: Lands set aside by the federal government for the use and benefit of a specific band or First Nations. The *Indian Act* provides that this land cannot be owned by individual bands or First Nation members.

Taku case: In 1998, Redfern Resources Ltd., a construction company, was given permission from the province of BC to begin the process of building the Tulsequah Chief mine and a 160 km road from Atlin, BC, to the mine. Although the proposed mine and road were located on the traditional territory of the Taku River Tlingit, the First Nations was not consulted throughout the province's environmental assessment process. The Tlingit Nation case against the province eventually went all the way to the Supreme Court of Canada in 2004. The Tlingit nation alleged that the province had reneged on its "duty to consult and accommodate" with Aboriginal groups, which is entrenched in the Constitution Act, 1982. The Supreme Court found in the Tlingit's favour and the "duty to consult and accommodate" has been reaffirmed as a critical process in provincial land use and development negotiations.

Treaty: A formal agreement between the Crown and Aboriginal peoples.

Treaty rights: Rights specified in a treaty. Treaty rights might include the rights to hunt and fish in traditional territory and to use and occupy reserves. Treaty rights can have different meanings depending on the context and perspective of the user.

Tribal council: A body that typically represents a group of First Nations people to facilitate the administration and delivery of local services to their members.

Urban Aboriginal peoples: Citizens of larger collectives of First Nations, Métis and Inuit people who live in urban centres.

SOURCES

'Elijah Harper' (n.d.). In *Wikipedia, the free encyclopaedia*. Retrieved August 2, 2011 from: http://en.wikipedia.org/wiki/Elijah_Harper

Environics Institute. (2010). Urban Aboriginal peoples study: Main report. Toronto, ON: Environics Institute. Retrieved on June 29, 2011 from: http://uaps.ca/wp-content/uploads/2010/03/UAPS-Main-Report_Dec.pdf

Indian Act, R.S.C. 1985, c.1-6, s.1. (1985). Retrieved on June 13, 2011 from: http://laws-lois.justice.gc.ca/PDF/I-5.pdf

'Oka Crisis' (n.d.). In *Wikipedia, the free encyclopaedia*. Retrieved August 2, 2011 from: http://en.wikipedia.org/wiki/Oka_Crisis

Steeves, J. (2004). Supreme Court of Canada: Haida Nation v British Columbia (Minister of Forests). Ottawa, ON: Council of Canadian Administrative Tribunals. Retrieved on August 5, 2011 from: http://www.ccat-ctac.org/en/pdfs/summaries/SupremeCourtSummaryHaidaNation.doc

'Supreme Court Rules on Land Use Tug-of-War' (n.d.). In *Shirley Collingridge* website. Retrieved on August 5, 2011 from: http://www.shirleycollingridge.com/haidasupremecourt05.htm

APPENDIX B

SAFETY PLANNING FOR WOMEN

From Kanawayhitowin: Taking Care of Each Others Spirit. Safety Planning for Women Who are Abused

DEVELOPING A SAFETY PLAN

Making a safety plan involves identifying actions to increase your safety and that of your children. Below are some suggestions that might be helpful to you. Take one action at a time and start with the one that is easiest and safest for you.

Protecting yourself while living with an abuser:

> Tell someone you trust about the abuse

> Think about your partner's past use and level of force. This will help you predict what type of danger you and your children are facing and when to leave.

> Tell your children that abuse is never right, even when someone they love is being abusive. Tell them the abuse isn't your fault or their fault, they did not cause it, and neither did you. Teach them it is important to keep safe when there is abuse.

> Plan where to go in an emergency. Teach your children how to get help. Tell them not to go between you and your partner if there is violence. Plan a code word to signal they should go for help or leave.

> Don't run to a place where the children are as your partner may hurt them as well

> Create a plan to get out of your home safely and practice it with your children

> Ask your neighbours, friends and family to call the police if they hear sounds of abuse and to look after your children in case of emergency

> If an argument is developing, move to a space where you can get outside easily. Don't go to a room where there is access to potential weapons (e.g. bathroom, kitchen, workshop).

> If you are being hurt, protect your face with your arms around each side of your head, with your fingers locked together. Don't wear scarves or long jewellery.

> Park your car by backing it into the driveway and keep it fuelled

> Hide your keys, cell phone and some money near your escape route

> Have a list of phone numbers to call for help. Call the police if it is an emergency. Your local shelter or police may be able to equip you with a panic button/cell phone.

> Make sure all weapons and ammunition are hidden or removed from the house.

Note: This safety plan may not be applicable to all Aboriginal women and their situation.

APPENDIX C

SAFETY PLANNING FOR THE ABUSER

(This is part of a program and a manual accompanies this safety plan)

Once you have decided that you are responsible for your violence and that it is up to <u>you</u> to stop it, you are ready to learn your "cues to violence."

Cues to violence are experiences that happen before we are violent which we either ignore or take for granted. They could be certain things we <u>do</u> or <u>feel</u> or certain thoughts. If we begin to pay attention to these cues, we can use them to stop our violence.

Once you know that you may be building towards violence, you can choose other strategies that you have planned ahead of time to be non-abusive.

THIS IS CALLED A SAFETY PLAN.

We believe that no man likes to beat up on his partner with his words or hands. But unless you develop a plan, ahead of time, that offers you choices to abusive behaviour . . .

YOU'LL DO IT AGAIN!

There are four areas of cues to violence. Know your cues in each area!

1. **Red Flag Situations:** Any situation in which you have already been or could become violent. Typical red flag situations involve conflicts over parenting, money, sex, relatives, friends, who is right, etc. Red flag situations are <u>your perceptions</u> of what is happening when you feel wronged, attacked, believe your "buttons were pressed," and feel <u>justified</u> in attacking.

   If someone asked you the next day why you hit her, you might say, "She was yelling in my face and wouldn't shut up," or "I was drunk." In these examples, a red flag situation is any situation in which you perceive her as getting loud or yelling at you and continuing, or whenever you are drinking and are around her. It is important to be as detailed and honest as you can.

   Using the following format, list at least three of your red flag situations on your safety plan.

   I used _____ (name your controlling behaviours), when _____ (your partner's name) said / did _____ _____.

2. **Physical Cues:** These are situations that occur in our bodies when we are getting "pumped up" to attack her. They are often feelings of tension in certain body parts. If we notice them, they may feel uncomfortable or overpowering. Some common

examples are gritting teeth, rapid breathing, tension in legs, shoulders, stomach, shakiness, pacing, balled fists, finger pointing, and yelling.

Ordinarily, we pay little attention to how our body feels or what it is doing. When we refer to our violence by saying, "I just exploded," or "Something in me snapped," however, it is clear that there are powerful physical things occurring in our bodies. Usually we have several physical cues and they often start mildly and become more intense. To be non-abusive, we must learn to recognize our physical cues before they become so intense that we are intimidating our partner. The earlier I recognize that the knot in my stomach means I'm building towards abusiveness, the more I'll be successful in avoiding it than if I waited until I'm yelling and pointing.

Now list as many physical cues as you can identify on your Safety Plan.

3. **Negative Self-Talk:** Another activity which we are often unaware of and that fuels our abusive behaviour is what we are saying to ourselves about her while we are getting upset. The function of negative self-talk is to help us: 1) feel "right" in being upset with her, and 2) believe we're justified in attacking her. Examples of negative self-talk are:

"I don't have to take this from her."

"She wants a reason to complain, I'll give her one."

"That bitch doesn't care about me."

Name-calling is an extreme form of negative self-talk and serves the purpose of making her less than human. Words like "bitch", "whore", and "slut" are degrading and insulting and allow us to reduce her to a non-person who is worthy of abuse. Negative self-talk is different for each man and is often automatic. It prolongs and feeds our anger and rage and makes any positive solutions to conflict impossible.

Now list the negative self-talk you used in each red flag situation.

4. **Feelings in Addition to My Rage:** Usually when we make the choice to abuse our partners, we're experiencing a wide range of feelings in addition to rage. Since we pay the most attention to our feelings of anger and rage, however, that's what we direct at her.

ALTERNATIVES

The key to an effective safety plan is developing alternative responses to each of the cues you have listed.

Alternatives for Red Flag Situations: For each of your red flag situations, list an alternative that will make it emotionally and physically safe for your partner. For example, if your red flag reads, "I used yelling, name-calling and punching walls when Ann didn't prepare dinner on time," your alternative might read, "I can help her finish preparing the meal," or "If it would be helpful to her I could take us out to dinner." Red

flag situations arise from rigid expectations about how things should be. <u>Change your expectations</u>. Allow yourself not to have to be in control. List at least one alternative for each red flag situation.

Alternatives for Physical Cues: Learn how to relax. It is a skill most men have never learned, and you can use it before you build up, during an argument, or during your time-out. Get a book or a tape on how to relax. If you pace, then sit down or go for a walk. If you breathe fast, take slow, deep breaths. Relax your jaw. Put your hands behind your back or in your pockets. List your alternatives to your physical cues.

Alternatives for Negative Self-Talk: Positive self-talk is what you can say to yourself to change your destructive thoughts and actions. It is not talking about things she can do to make things better for you. It is about <u>you</u> figuring out how to improve the situation. Positive self-talk de-escalates and is calming, in contrast to negative self-talk.

APPENDIX D

SAFETY PLANNING FOR A CHILD

Adapted from: Crager & Anderson. (1997). Helping children who witness domestic violence: A guide for parents (Instructor's Manual). St. Paul, MN: Minnesota Center Against Violence & Abuse.

This page is for a parent and kids to talk about together, and for kids to fill out with their parent's help if they need it.

Who do I trust who can help me be safe when there is violence or other problems in my home?

Name of person _____

Phone numbers _____

What plan should I make with that person? (e.g. That person will call the police when I call to say there is a problem at my house, or will let me come to their house)

Where is a safe place for me to go when someone in the house is acting in scary ways? (e.g. a relative's house)

If I can't leave, where is the safest place in the house for me to go? (e.g., my bedroom, the basement)

If I can call 911, what should I say?
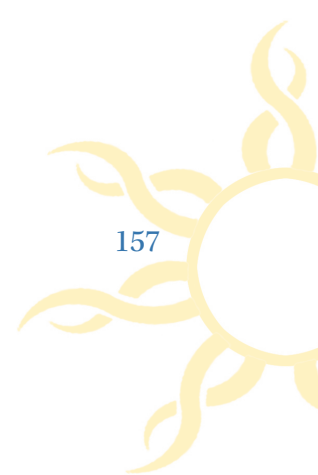
REFERENCES

2-Sprited People of the 1st Nations. (2005). Information guide. Retrieved on August 3, 2011 from: http://www.2spirits.com/2SpiritInfoGuide05.

2-Sprited People of the 1st Nations. (2006). A history of 2-Spirited people. Retrieved on August 3, 2011 from: http://www.2spirits.com/AHistoryof2SpiritedPeople.pdf

Aboriginal Affairs and Northern Development Canada. (n.d.). "Overview". Retrieved on June 13, 2011 from: http://www.ainc inac.gc.ca/ai/scr/on/ofn/index-eng.asp

Aboriginal Affairs and Northern Development Canada (AANDC). (2010). Backgrounder - Apology for Inuit high arctic relocation. Retreived on Januaury 9, 2011 from: http://www.aadnc-aandc.gc.ca/eng/1100100015426

Aboriginal Affairs Working Group. (2010). Framework for action in education, economic development and violence against Aboriginal women and girls. Report presented to Premiers on August 4, 2010 at the Meeting of the Premiers and National Aboriginal Organization Leaders, Winnipeg, Manitoba.

Aboriginal Healing and Wellness Strategy (AHWS). (2006). Joint management committee orientation [Powerpoint presentation]. Toronto, ON: AHWS.

Aboriginal Healing and Wellness Strategy (AHWS). (2009). Phase III longitudinal study: Final report. Toronto, ON: AHWS Joint Management Committee.

Aboriginal Healing Foundation (AHF). (1999). Aboriginal Healing Foundation program handbook (2nd Ed). Ottawa: AHF.

Aboriginal Healing Foundation (AHF). (2006). Final report of the Aboriginal Healing Foundation. A healing journey: Summary points. Ottawa, ON: AHF.

Aboriginal Nurses Association of Canada. (2009). Cultural competence and cultural safety in nursing education: A framework for First Nations, Inuit and Métis nursing. Ottawa ON: Aboriginal Nurses Association of Canada.

Aboriginal Services Branch and Learning and Teaching Resources Branch. (2005). Our words, our ways: Teaching First Nations, Métis and Inuit learners. Edmonton, AB: Minister of Education.

'Advocacy'. (n.d.). In *Ontario Association of Children's Aid Societies* website. Retrieved on June 27, 2011 from: http://www.oacas.org/about/programs/advocacy.htm

Ajunnginiq Centre, National Aboriginal Health Organization (NAHO). (2007). Resilience: Overcoming challenges and moving positively. Ottawa, ON: NAHO.

Anishinaabe Abinoojii Family Services. (n.d.). Rights of the Aboriginal child. Retrieved on July 29, 2011 from: http://www.aafs.ca/rightsn.htm

Anishinabek Nation. (n.d.). Foster home recruitment: Customary care. Retrieved on May 11, 2011 from: http://www.anishinabek.ca/forster-home-recruitment.asp

Antone, B. & Hill, D. (1990). *Traditional healing: Helping our people lift their burdens*. London ON: Tribal Sovereign Associates.

Arnakaq, M. (2010). *Expanding ones' environment for a healthy lifestyle*. Pangnirtung, NU: Author.

Assembly of First Nations (AFN). (2005). The reality for First Nations in Canada. *First Nations Health Bulletin*, Summer 2005, 2-3.

Assembly of First Nations (AFN). (2011). First Nations Child and Family Caring Society pursues court order to ensure human rights complaint against federal government moves forward. Retrieved on July 7, 2011 from: http://www.afn.ca/index.php/en/news-media/latest-news/first-nations-child-and-family-caring-society-pursues-court-order-to-e

Auger, D.J. & Pedri, C. (2008). Orientation to Anishinabek culture. Thunder Bay, On: Dilico Asnishinabek Family Care.

Awo Taan Healing Lodge Society. (2007). The Aboriginal framework for healing & wellness manual. Calgary, AB: Awo Taan Healing Lodge Society.

'Backgrounder'. (n.d.). In *Ontario Association of Children's Aid Societies* website. Retrieved on May 11, 2011 from: http://www.oacas.org/childwelfare/changes/kinshipbackground.htm

'Backgrounder — Apology for Inuit High Arctic Relocation'. (n.d.). In *Aboriginal Affairs and Northern Development Canada* website. Retrieved on July 7, 2011 from: http://www.ainc-inac.gc.ca/ai/mr/nr/m-a2010/23398bk-eng.asp

Ball, J. (2008). Promoting equity and dignity for Aboriginal children in Canada. *IRPP Choices*, (14)7.

Bathrick, D., Carlin, K., Kaufman, G., & Vodde, R. (2000). Men stopping violence: A program for change. Atlanta, GA: Men Stopping Violence.

BC Aboriginal Child Care Society. (2007). Initial response to Ministry of Education early learning framework. Vancouver, BC: BC Aboriginal Child Care Society.

BC Aboriginal Child Care Society. (2008). *Caring for our children* [PowerPoint presentation]. Paper presented at the Aboriginal Child Care Conference in February, 2008. Retrieved on April 27, 2011 from: http://www.acc-society.bc.ca/files_new/documents/BCACCS.UN_18-02-08Final.pdf

Bison, W. (2008). How to facilitate White Bison's Wellbriety training programs. Colorado Springs, CO: White Bison Inc.

Blackstock, C. & Trocmé, N. (2004). Community based child welfare for Aboriginal children: Supporting resilience through structural change. Toronto, ON: Centre of Excellence for Child Welfare.

Blackstock, C., Bruyere, D., & Moreau, E. (2006). *Many hands, one dream: Principles for a new perspective on the health of First Nations, Inuit and Métis children and youth*. Ottawa, ON: Canadian Paediatric Society.

Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth, and families. Portland, OR: National Indian Child Welfare Association.

Bongar White, H. & Larrington, J. (2005). Intersection of domestic violence and child victimization in Indian country. Tucson, AZ: Southwest Center for Law and Policy. Retrieved on June 16, 2011 from: http://www.vaw.umn.edu/documents/intersectiondvindian/intersectiondvindian.pdf

Bopp, M., Bopp, J. & Lane, P. Jr. (2003). Aboriginal domestic violence in Canada. Ottawa, ON: Aboriginal Healing Foundation.

Boyer, Y. (2006). First Nations, Métis and Inuit women's health: Discussion paper series in Aboriginal health (No.4). Ottawa, ON: National Aboriginal Health Organization.

Brascoupé, S. (2009). Cultural safety: Exploring how the concept of cultural safety applies to Aboriginal health and wellness [Powerpoint presentation]. Ottawa, ON: Carleton University.

Brzozowski, J., Taylor-Butts, A., & Johnson, S. (2006). Victimization and offending among the Aboriginal population in Canada. *Juristat: Statistics Canada*, (26)3.

Canada Mortgage and Housing Corporation (CMHC). (2004). Aboriginal housing background paper (Draft). Retrieved on June 28, 2011 from: http://www.aboriginalroundtable.ca/sect/hsng/bckpr/INAC_BgPaper_e.pdf

Canadian Association of Elizabeth Fry Societies. (1999). Alternatives to incarceration [Fact sheet]. Retrieved on May 10, 2010 from: http://www.elizabethfry.ca/facts1_e.htm

Canadian Institute for Health Information (CIHI). (2004). Improving the health of Canadians. Ottawa, ON: CIHI.

Canadian Institute for Health Research. (2005). Research Profile — Stopping a preventable disorder: Fetal alcohol spectrum disorder (FASD). Retrieved on June 16, 2011 from: http://www.cihr-irsc.gc.ca/e/28889.html

Carrière, J. (2007). You should know that I trust you: Cultural planning, Aboriginal children and adoption. Victoria, BC: School of Social Work, University of Victoria.

Carrière, J. & Richardson, C. (2009). From longing to belonging: Attachment theory, connectedness, and Indigenous children in Canada (p.49). In S. McKay, D. Fuchs, & I. Brown (Eds), *Passion for action in child and family services: Voices from the Prairies*. Regina, SK: Canadian Plains Research Centre.

Carter, T. & Polevychok, C. (2004). Literature review on issues and needs of Aboriginal people. Ottawa, ON: Federation of Canadian Municipalities.

Castellano, M.B., Archibald, L., & DeGagné, M. (2008). From truth to reconciliation: Transforming the legacy of residential schools. Ottawa, ON: Aboriginal Healing Foundation.

Centre for Aboriginal Health Research (CAHR). (2006). Cultural Safety: Module 3 — People's experience of colonization in relation to health care. Retrieved on June 28, 2011 from: http://web2.uvcs.uvic.ca/courses/csafety/mod3/index.htm

Chansonneuve, D. (2005). Reclaiming connections: Understanding the residential school trauma among Aboriginal people. Ottawa, ON: Aboriginal Healing Foundation.

Chansonneuve, D. (2010). A report on the feasibility of a kin home for 'at risk' adolescent Inuit, Métis and First Nations girls in the city of Ottawa. Ottawa, ON: Minwaashin Lodge.

Chiefs of Ontario. (n.d). About us: History. Retrieved on July 7, 2011 from: http://chiefs-of- ontario.org/PageContent/Default.aspx?SectionID=6&SectionHeadlineID=27

Child and Family Services Act, R.S.O. 1990, c.11, s.208. (1990). Retrieved on May 11, 2011 from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

'Child welfare'. (n.d.). In *Ontario Association of Children's Aid Societies* website. Retrieved on May 3, 2011 from: http://www.oacas.org/childwelfare/

'Colonialism'. (n.d.). In *Merriam-Webster.com* website. Retrieved on July 18, 2011 from: http://www.merriam-webster.com/dictionary/colonialism?show=0&t=1310132866

Commission to Promote Sustainable Child Welfare. (2010). Unique considerations for Aboriginal children and youth: Companion document towards sustainable child welfare in Ontario. Toronto, ON: Commission to Promote Sustainable Child Welfare.

'Compulsory sterilization in Canada'. (n.d.). In *Wikipedia, the free encyclopaedia.* http://en.wikipedia.org/wiki/Compulsory_sterilization_in_Canada

Cowie-Rogers, G. (2010). Secure our future: Bring our children home. Unpublished.

Crager & Anderson. (1997). Helping children who witness domestic violence: A guide for parents (Instructor's manual). St. Paul, MN: Minnesota Center.

Crowshoe, C. (2005). Sacred ways of life: Traditional knowledge. Ottawa, ON: NAHO.

Dahlgren, G. & Whitehead, M. (1991). Policies and strategies to promote social equity in health. Stockholm: Institute for Future Studies.

Daugherty, W. (1986). Treaty Research Report Treaty Three (1873). Ottawa, ON: Indian and Northern Affairs.

Derrick, J. (n.d.). Lateral violence. Retrieved on June 30, 2011 from: http://www.4windswellness.ca/lateral.html

'Description of the AFN. (n.d.). In *Assembly of First Nations* website. Retrieved on July 7, 2011 from: http://www.afn.ca/index.php/en/about-afn/description-of-the-afn

'Differential Response'. (n.d.). In *Ontario Association of Children's Aid Societies* website. Retrieved on May 11, 2011 from: http://www.oacas.org/childwelfare/changes/differential.htm

Dinsdale, P. (2010). National Association of Friendship Centres [Powerpoint presentation]. Presented at the Best Start Conference, March 2010, Toronto, ON.

Domestic Violence Advisory Council (DVAC). (2009). Transforming our communities: Report from the Domestic Violence Advisory Council for the Minister Responsible for Women's Issues. Retrieved on April 27, 2011 from: http://www.citizenship.gov.on.ca/owd/english/resources/publications/dvac/dvac_report.pdf

'Duluth Model'. (n.d.) In *Domestic abuse intervention programs: Home of the Duluth Model*. Retrieved on June 22, 2011 from: http://www.theduluthmodel.org/duluthmodel.php

Edge, L. & McCallum,T. (2006). Métis identity: Sharing traditional knowledge and healing practices at Métis Elders' gatherings. *Pimatisiwan: A Journal of Aboriginal and Indigenous Community Health,* 4(2), 83-115.

'Elijah Harper' (n.d.). In *Wikipedia, the free encyclopedia*. Retrieved August 2, 2011 from: http://en.wikipedia.org/wiki/ElijahHarper

Elliott, D., & Mihalic, S.W. (1997). If violence is domestic, does it really count? *Journal of Family Violence*, 12(3), 293-311.

Engelking, T. (2009). Reconciliation in child welfare: Relations between non-Aboriginal child welfare agencies and the First Nations, Inuit and Métis. *OACAS Journal*, 54(4), 14-21.

Environics Institute. (2010). Urban Aboriginal peoples study: Main report. Toronto, ON: Environics Institute. Retrieved on June 29, 2011 from: http://uaps.ca/wp-content/uploads/2010/03/UAPS-Main-Report_Dec.pdf

Family & Children's Services of St. Thomas and Elgin County. (n.d.). Kinship services and kinship care. Retrieved on May 11, 2011 from: http://www.caselgin.on.ca/html/kinship-care.html

Family Service Toronto. (2010). Campaign 2000: 2010 report card on child and family poverty in Canada. Toronto, ON: Family Service Toronto.

'FAQ', (n.d.). In *Aboriginal Healing Foundation* website. Retrieved on July 13, 2011 from: http://www.ahf.ca/faqs

Federal Court of Canada. (2011). Notice of application, April 5, 2011: Canadian Human Rights Commission (applicant) and Attorney General of Canada, First Nations Child and Family Caring Society, Assembly of First Nations, Chiefs of Ontario, Amnesty International (Respondents). Court File No. T-578-11. Ottawa, ON: Federal Court of Canada. Retrieved on August 2, 2011 from: http://www.fncaringsociety.com/sites/default/files/fnwitness/1CHRC-Notice-of-Application-T-578-11-Apr5-2011.pdf

"First Nations ban children's aid workers". (2009, 13 July). In *Indigenous Portal*. Retrieved on June 29, 2011 from: http://www.indigenousportal.com/Self-Determination/First-Nation-Bans-Children-s-Aid-Workers.html

First Nations Centre. (2007). OCAP: Ownership, control, access and possession. Ottawa, ON: National Aboriginal Health Organization. Retrieved on June 29, 2011 from: http://www.naho.ca/documents/fnc/english/FNC_OCAPInformationResource.pdf

First Nations Child & Family Caring Society of Canada (FNCFCS). (2011). I am a witness: Background. Retrieved on June 27, 2011 from: http://www.fncfcs.com/fnwitness/background

Four Worlds International Institute. (1984). *The sacred tree*. Lethbridge, AB: Four Worlds International Institute.

Fournier, S. (1998). Stolen from our embrace: The abduction of First Nations children and the restoration of Aboriginal communities. Vancouver, BC: D&M Publishers, Inc.

Gerlach, A. (2007). *Steps in the right direction: Connecting & collaborating in early intervention therapy with Aboriginal families & communities in British Columbia*. Vancouver, BC: Aboriginal Child Care Society.

Gender Equity in Indian Registration Act. (n.d.). In *Aboriginal Affairs and Northern Development Canada*. Retrieved on June 15, 2011 from: http://www.ainc-inac.gc.ca/br/is/bll/index-eng.asp

Gionet, L. (2009). First Nations people: Selected findings of the 2006 Census. Retrieved on June 29, 2011 from: http://www.statcan.gc.ca/pub/11-008-x/2009001/article/10864-eng.pdf

'Glossary'. (n.d.). In *Ontario Ministry of Aboriginal Affairs* website. Retrieved on June 29, 2011 from: http://www.aboriginalaffairs.gov.on.ca/english/faq/glossary.asp

Gough, P., Trocmé, N., Brown, I., Knoke, D., & Blackstock, C. (2005). Pathways to the overrepresentation of Aboriginal children in care. CECW Information Sheet #23E. Toronto, ON: University of Toronto, Faculty of Social Work.

Government of Canada. (2008). Prime Minister Harper offers full apology on behalf of Canadians for the Indian residential schools system: Statement of Apology. Retrieved on April 27, 2011 from: http://www.ainc-inac.gc.ca/ai/rqpi/apo/index-eng.asp

Hart, M. (2003). *Seeking Mino-Pimatisiwin: An aboriginal approach to helping*. Winnipeg, MB: Fernwood Books Ltd.

Healing Journey, The. (n.d.). Understanding the roots of interpersonal violence. Retrieved on May 10, 2011 from: http://www.thehealingjourney.ca/inside.asp?129

Health Council of Canada. (2005). The health status of Canada's First Nations, Métis, and Inuit Peoples: A background paper to accompany 'Health care renewal in Canada: Accelerating change'. Toronto, ON: Health Council of Canada.

Hudson, P. & McKenzie, B. (2003). Extending Aboriginal control over child welfare services: The Manitoba child welfare initiative. *Canadian Review of Social Policy*, (51), 49-66.

Indian Act, R.S.C. 1985, c.1-6, s.1. (1985). Retrieved on June 13, 2011 from: http://laws-lois.justice.gc.ca/ PDF/I-5.pdf

'Inuit approaches to suicide prevention'. (n.d.). In *Inuit Tapiriit Kanatami* website. Retrieved on June 29, 2011 from: http://www.itk.ca/Inuit-Approaches-to-Suicide-Prevention

Inuit Tapiriit Kanatami (ITK). (2008). Inuit in Canada: A statistical profile. Ottawa, ON: ITK.

Jourdain, L. (2006). Anishinaabe history as related to child welfare. In E. Simard, Culturally restorative child welfare practice — A special emphasis on cultural attachment theory. *First Peoples Child and Family Review*, (4)2, 44-61.

Kainai Board of Education et al. (2005). *Peoples and cultural change: Aboriginal studies 20.* Edmonton, AB: Duval House Publishing Inc.

Kanawayhitowin. (2010). Kanawayhitowin: Taking care of each others spirit: Community action campaign to prevent woman abuse in the Aboriginal community. Toronto, ON: Kanawayhitowin.

Kishk Anaquot Health Research. (2002). Journey and balance: Second interim evaluation report of Aboriginal Healing Foundation program activity. Ottawa, ON: AHF.

King, H. (2010). Advocacy for First Nations children in care. Unpublished paper.

'Kinship Care'. (n.d). In *The Children's Aid Society of the County of Lanark and the Town of Smith Falls* website. Retrieved on July 19, 2011 from: http://www.lanarkcas.ca/content/moduleId/ETjymxgB/ pageId/6Njb1zp1.html

Kizhaay Anishinaabe Niin (n.d.). Seven grandfather teachings. Retrieved on July 13, 2011 from: http:// www.iamakindman.ca/IAKM/seven-grandfather-teachings-aboriginal.html

Lane, P. Jr., Bopp, M., Bopp, J. & Norris, J. (2002). Mapping the healing journey: The final report of a First Nation research project on healing in Canadian Aboriginal communities. Ottawa, ON: Solicitor General Canada.

Lee, B., Dumbrill, G., Freeman, B., Martin, K. & Kleban, I. (n.d.). Aboriginal knowledge curriculum project report. Unpublished report.

MacLaurin, B., Trocmé, N., Fallon, B., Blackstock, C., Pitman, L., & McCormack, M. (2006). Comparison of First Nations and non-Aboriginal children investigated for maltreatment in Canada in 2003. CECW Information Sheet #66E Toronto, ON: Factor-Inwentash Faculty of Social Work, University of Toronto.

Mann, M. (2005). Aboriginal women: An issues backgrounder. Ottawa, ON: Status of Women of Canada.

McIvor, O. (2005). The contribution of Indigenous heritage language immersion programs to healthy early childhood development. *Research Connections Canada*, 12. Retrieved June 29, 2011from: http://www.accel-capea.ca/pdf/rc_eng12.pdf.

McHardy, M. & O'Sullivan, E. (2004). First Nations community well-being in Canada: The community well-being index (CWB), 2001. Ottawa, ON: INAC.

McLaren, N. (Director). (2008). *Muffins for granny* (DVD). Toronto, ON: Mongrel Media.

'Meech Lake Accord' (n.d.). In *Wikipedia, the free encyclopedia*. Retrieved August 2, 2011 from: http:// en.wikipedia.org/wiki/Meech_Lake_Accord

Mending the Sacred Hoop. (n.d.). The creator wheel. Retreived on February 1, 2012 from: http://www. mshoop.org/resources/

Menzies, P. (2007). Understanding Aboriginal intergeneration trauma from a social work perspective. *The Canadian Journal of Native Studies*, 27(2).

Menzies, P. (2009). Aboriginal homelessness intergenerational trauma. Retrieved on August 3, 2011 from: http://www.homelesshub.ca/%28S%2842z0v1f2hszgrkmk2lzyrunj%29%29/ResourceFiles/ 02qrovly.pdf

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

'Métis Flag'. (n.d.). In *Métis Culture & Heritage Resource Centre Inc* website.
Retrieved on June 15, 2011 from: http://www.metisresourcecentre.mb.ca/index.
php?option=com_content&view=article&id=27:the- metis-flag&catid=1:history&Itemid=2

Métis Nation of Ontario. (n.d.). Duty to consult: Duty of the Crown to consult and accommodate.
Retrieved on July 13, 2011 from: http://www.metisnation.org/programs/lands,-resources--consulta-tions/duty-to-consult.aspx

Métis National Council. (n.d.). *R. v.Powley: Fulfilling Canada's Promise, Métis Rights, Recognized and Affirmed.*

Middleton-Moz, J. (1989). *Children of trauma: Rediscovering your discarded self.* Deerfield, FL: Health Communications, Inc.

Mikkonen, J. & Raphael, D. (2010*). Social determinants of health: The Canadian facts* (p.41-42). Toronto, ON: York University School of Health Policy and Management.

Miller, E., Schlitz, M.M., & Vieten, C. (2010). Worldview transformation and the development of social consciousness. *Journal of Consciousness Studies*, 17(7–8), 18-36.

Ministry of Child and Youth Services (MCYS). (2010). Report on the 2010 review of the Child and Family Services Act. Toronto, ON: MCYS.

Ministry of Finance. (2008). 2006 Census Highlights: Factsheet 9. Retrieved on July 18, 2011 from: http://www.fin.gov.on.ca/en/economy/demographics/census/cenhi06-9.html

Minnesota Center Against Violence & Abuse. Retrieved on August 10, 2011 from: http://www.mincava.umn.edu/documents/materials/instructor.html

Morley, M. & Schwenger, S. (2009). Aboriginal health determinants and stroke/chronic disease [Powerpoint presentation]. Retrieved on June 13, 2011 from: http://www.healthnexus.ca/events/CTD/pdf/Aboriginal_Health_Determinants_PART2.pdf

Morrison, D. (n.d.). Canadian Museum of Civilization: Canadian Inuit history. Retrieved on July 7, 2011 from: http://www.civilization.ca/cmc/education/teacher-resources/oracles/first-peoples/dmorrison/canadian-inuit-history

Mousseau, M. (2010). KIZHAAY — Healthy Indigenous Male Curriculum, training delivered for Ontario Federation of Indian Friendship Centres, Toronto, ON.

Mussell, W.J. (2005). Warrior-caregivers: Understanding the challenges and healing of First Nations men — A resource guide. Ottawa, ON: Aboriginal Healing Foundation.

National Aboriginal Health Organization (NAHO). (2008). In the words of our ancestors: Métis health and healing. Ottawa, ON: NAHO.

National Aboriginal Health Organization (NAHO). (2009). Cultural competency and safety in First Nations, Inuit and Métis health care [Fact sheet]. Retrieved on June 29, 2011 from: http://www.naho.ca/documents/naho/english/factSheets/culturalCompetency.pdf

National Collaborating Centre for Aboriginal Health (NCCAH). (2010a). Aboriginal health through a social determinants lens. *Ontario Health Promotion E-Bulletin*, No. 685. Retrieved on May 5, 2011 from: http://www.ohpe.ca/node/11824

National Collaborating Centre for Aboriginal Health (NCCAH). (2010b). Child & youth health: Aboriginal and non-Aboriginal children in child protection services [Fact sheet]. Prince George, BC: NCCAH.

National Clearinghouse on Family Violence. (2008). Aboriginal women and family violence. Ottawa, ON: Public Health Agency of Canada.

National Native Addictions Partnership Foundation (NNAPF). (2010). Report from the National Forum on NNADAP Renewal. Ottawa, ON: NNAPF.

Native Women's Association of Canada (NWAC). (2007). Aboriginal women too often the victims of racialized, sexualized violence: Sisters in spirit initiative addresses alarmingly high numbers of missing, murdered Aboriginal women in Canada. *Canadian Women's Health Network*, Spring/Summer.

Native Women's Association of Canada (NWAC). (2010). What their stories tell us: Sisters in spirit — 2010 research findings. Ottawa, ON: NWAC.

Native Women's Centre. (2009). Final report strengthening the circle to end violence against Aboriginal women. Toronto, ON: OFIFC.

Obomsawin, A (Producer & director). (1986). *Richard Cardinal: Cry from a diary of a Métis child* [Motion picture]. Ottawa, ON: National Film Board of Canada.

'Oka Crisis' (n.d.). In *Wikipedia, the free encyclopedia*. Retrieved August 2, 2011 from: http://en.wikipedia.org/wiki/Oka_Crisis

Ontario Association of Children's Aid Societies (OACAS). (2006). Eligibility spectrum. Toronto, ON: OACAS.

Ontario Association of Children's Aid Societies (OACAS). (2008). Foundations of child welfare practice: Course 3 — Protecting Children and Strengthening Families. Toronto, ON: OACAS.

Ontario Association of Children's Aid Societies (OACAS). (2010a). Critical connections: Where women abuse and child safety intersect. Toronto, ON: OACAS.

Ontario Association of Children's Aid Societies. (2010b). Review of the Child and Family Services Act: Recommendations of the Ontario Association of Children's Aid Societies. Toronto, ON: OACAS.

Ontario Federation of Indian Friendship Centres (OFIFC). (2000). Urban Aboriginal child poverty: A status report on Aboriginal children and their families in Ontario. Toronto, ON: OFIFC.

Ontario Federation of Indian Friendship Centres (OFIFC). (2008). Presentation to Ministry of Community and Social Services: Aboriginal Cultural Sensitivity and Policy and Program Development Training, November 5 and 6, 2008. Toronto, ON: OFIFC.

Ontario Federation of Indian Friendship Centres (OFIFC) & Ontario Native Women's Association (ONWA). (2007). A strategic framework to end violence against aboriginal women. Ontario: OFIFC & ONWA.

Ontario Federation of Indian Friendship Centres (OFIFC), Ontario Métis Aboriginal Association & Ontario Native Women's Association (ONWA). (2007). Urban Aboriginal task force: Final report. Toronto, ON: OFIFC.

'Ontario First Nations'. (n.d.). In *Aboriginal Affairs and Northern Development Canada* website. Retrieved on July 7, 2011 from: http://ainc-inac.gc.ca/ai/scr/on/ofn/index-eng.asp#numbers

Ontario Native Affairs Secretariat (ONAS). (2005). Ontario's new approach to Aboriginal affairs: Prosperous and healthy Aboriginal communities create a better future for Aboriginal children and youth. Toronto, ON: Queen's Printer for Ontario.

Ontario Native Women's Association (ONWA). (1989). Breaking free: A proposal for change to Aboriginal family violence. Thunder Bay, ON: Ontario Native Women's Association.

Ottawa Inuit Children's Centre. (2010). Our voice: A community needs assessment for Inuit families in Ottawa. Ottawa, ON: Ottawa Inuit Children's Centre.

'Ottawamiut'. (n.d.). In *Tungasuvvingatinuit* website. Retrieved on July 7, 2011 from: http://www.tungasuvvingatinuit.ca/eng/ottawamiut.htm

Pauktuutit Inuit Women's Association. (2004). The Nuluaq project: National Inuit strategy for abuse prevention. Ottawa, ON: Pauktuutit Inuit Women's Association.

Pauktuutit Inuit Women's Association. (2005). Research report: Applying Inuit cultural approaches in the prevention of family violence and abuse. Ottawa, ON: Pauktuutit Inuit Women's Association.

Pauktuutit Inuit Women of Canada (2006). National strategy to prevent abuse in Inuit communities, and sharing knowledge, sharing wisdom. Ottawa, ON: Pauktuutit Inuit Women of Canada.

Peat, D.F. (2002). *Blackfoot physics*. Boston, MA: Red Wheel/Weiser Books.

'People and culture — Aboriginal people'. (n.d.). In *Government of Ontario* website. Retrieved on July 7, 2011 from: http://www.ontario.ca/en/about_ontario/004563.html?openNav=people_and_culture

Petrowski, N. (2009). Research summary on First Nations child welfare. Retrieved on November 11, 2010 from: http://www.fncaringsociety.com/sites/default/files/docs/ResearchSummary-FirstNation-ChildWelfare.pdf

Philp, M. (2002, December 21). The land of lost children. *The Globe & Mail*, p.F4.

Public Health Agency of Canada (PHAC). (2010). Canadian incidence study of reported child abuse and neglect — 2008: Major findings. Ottawa, ON: PHAC.

Public Service Alliance of Canada (PSAC). (2008). Urban Aboriginal child poverty: A status report on Aboriginal children and their families in Ontario. Ottawa, ON: PSAC.

Raphael D. (Ed). (2004). *Social determinants of health: Canadian perspectives*. Toronto, ON: Canadian Scholars' Press Inc.

Riggs, J. (2010). An option paper in developing an Inuit Nunangat addictions process. Ottawa, ON: Inuit Tapiriit Kanatami.

Roscoe, W. (1992). *The Zuni man-woman*. Albuquerque, NM: University of New Mexico Press.

Royal Commission on Aboriginal Peoples (RCAP). (1996a). Report on the Royal Commission on Aboriginal Peoples, volume 1: Looking forward, looking back. Ottawa, ON: Canada Communication Group.

Royal Commission on Aboriginal Peoples (RCAP). (1996b). Report on the Royal Commission on Aboriginal Peoples, volume 2: Reconstructing the relationship. Ottawa, ON: Canada Communication Group.

Royal Commission on Aboriginal Peoples (RCAP). (1996c). Report on the Royal Commission on Aboriginal Peoples, volume 3: Gathering strength. Ottawa, ON: Canada Communication Group.

Royal Commission on Aboriginal Peoples (RCAP). (1996d). Report on the Royal Commission on Aboriginal Peoples, volume 4: Perspectives and realities. Ottawa, ON: Canada Communication Group.

Royal Commission on Aboriginal Peoples (RCAP). (1996e). Report on the Royal Commission on Aboriginal Peoples, volume 5: Renewal: A twenty-year commitment. Ottawa, ON: Canada Communication Group.

R. v. Powley. (2003). 2 S.C.R. 207, 2003-SCC-43. Retrieved on July 18, 2011 from: http://www.canlii.org/en/ca/scc/doc/2003/2003scc43/2003scc43.pdf

'Safety Planning'. (n.d.). In *Kanawayhitowin: Taking care of each others spirit* website. Retrieved on June 30, 2011 from: http://www.kanawayhitowin.ca/index.php?option=com_content&task=view&id=23&Itemid=36

Salomons & Hanson. (n.d.). R. v. Powley [2003]. Retrieved on July 7, 2011 from: http://indigenousfoundations.arts.ubc.ca/home/land-rights/powley-case.html?type=123&filename=Powley%20Case.pdf

Saul, J.R. (2008). *A fair country: Telling truths about Canada.* Toronto, ON: Viking Canada.

Schlitz, M. (2010). Does your worldview need expanding? *Spirituality and Health Magazine*, November/December, 36.

Simard, E. (2009). Culturally restorative child welfare practice — A special emphasis on cultural attachment theory. *First Peoples Child and Family Review*, (4)2, 44-61.

Sinclair, R. (n.d.). The stolen generation: The 60s scoop. Retrieved on July 19, 2011 from: http://www.originscanada.org/the-stolen-generation/

Sinclair, R. (2009). Identity or racism? Aboriginal transracial adoption. In R. Sinclair, M. Hart, & G. Bruyere (Eds.), *Wicihitowin: Aboriginal social work in Canada.* Winnipeg, MB: Fernwood Publishing.

Smye, V., Josewski, V., & Kendall, E. (2010). Cultural Safety: An Overview. Unpublished draft.

Smylie, J. (2009). The health of Aboriginal peoples. In D. Raphael (Ed.), Social Determinants of Health: Canadian Perspectives, 2nd edition. (pp. 280-301). Toronto: Canadian Scholars Press.

Statistics Canada. (2004). The general social survey: An overview . Ottawa, ON: Minister of Industry.

Statistics Canada. (2007). Family violence in Canada, a statistical profile 2007. Retrieved from Statistics Canada website: http://www.statcan.gc.ca/pub/85-224-x/85-224-x2007000-eng.pdf

Statistics Canada. (2008). Aboriginal peoples in Canada in 2006: Inuit, Métis and First Nations — 2006 Census: Highlights. Ottawa, ON: Statistics Canada.

Statistics Canada. (2010). Aboriginal statistics at a glance. Retrieved on May 5, 2011 from: http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=89-645-x&lang=eng

Steeves, J. (2004). Supreme Court of Canada: Haida Nation v British Columbia (Minister of Forests). Ottawa,ON: Council of Canadian Administrative Tribunals. Retrieved on August 5, 2011 from: http://www.ccat-ctac.org/en/pdfs/summaries/SupremeCourtSummaryHaidaNation.doc

Stewart, M. (2010, November 24). Trauma carried to the next generation. *The Ottawa Citizen.*

Stradiotto N. (2009). Today's Canadian Aboriginal children: The origin of tomorrow's government apology. *Journalists for Human Rights (jhr) Write the Wrong 2009 — Winning Submission* (pp.4-5). Toronto, ON: jhr.

'Supreme Court Rules on Land Use Tug-of-War' (n.d.). In *Shirley Collingridge* website. Retrieved on August 5, 2011 from:http://www.shirleycollingridge.com/haidasupremecourt05.htm

Tait, H. (2008). Aboriginal peoples survey, 2006: Inuit health and social conditions. Ottawa, ON: Minister of Industry.

Teillet, J. (2010). Métis law in Canada. Retrieved on July 18, 2011 from: http://www.pstlaw.ca/resources

'Terminology' (n.d.). In *Aboriginal Affairs and Northern Development Canada* website. Retrieved on July 9,2011 from: http://www.ainc-inac.gc.ca/ap/tln-eng.asp

'The Inuit in Ontario'. (n.d.). In *Ministry of Aboriginal Affairs* website. Retrieved on July 7, 2011 from: http://www.aboriginalaffairs.gov.on.ca/english/services/datasheets/inuit.asp

Thomas, J. (n.d.). 'Our children are gifts', in *Kanawayhitowin: Taking care of each others spirit* website. Retrieved on June 22, 2011 from:http://www.kanawayhitowin.ca/index.php?option=com_content&task =view&id=43&Itemid=62

'Traditional Lifestyle'. (n.d.). In *Haudenosaunee Confederacy.* Retrieved on June 16, 2011 from: http://www.haudenosauneeconfederacy.ca/lifestyle.html

'Traditional Men's Roles'. (n.d.). In *Kanawayhitowin: Taking care of each others spirit* website. Retrieved on June20, 2011 from:http://www.kanawayhitowin.ca/index. php?option=com_content&task=view&id =41&Itemid=60

Traditional roles: First Nation teachings and practices. (n.d). *First Nation Voice.* Retrieved on June 20, 2010from: http://www.firstnationsvoice.com/index.php?action=article_details&title=Traditional+Role s&id=117

Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework.* New York, NY: W.W. Norton and Company.

United Nations. (n.d.). Permanent forum on Indigenous issues: Indigenous peoples, Indigenous voices[Fact sheet]. New York, NY: UNFII. UN General Assembly. (1989). Convention on the Rights of the Child. New York, NY: United Nations,Treaty Series, vol. 1577.

Wabano Parenting Society. (2011). Parenting bundle: Appendix: Forms and evaluations/support materialsand handouts. Ottawa, ON: Wabano Centre for Aboriginal Health.

Wattie, C. (2010, December 11). Native children also have the right to parents. *Globe andMail.* Retrieved on May 11, 2011 from: http://www.canadaadopts.com/cgibin/ultimatebb. cgi?ubb=get_topic&f=27&t=000233

Weechi-it-te-win Family Services. (n.d.). Community care program. Retrieved on July 29, 2011 from:http://www.weechi.ca/ccp.php

White Plume, D.L. (1991). The work of Sina Waken Win Okolakiciye: Sacred Shawl Women's Society. In C.Reyer, *Cante Ohitika Win.* Vermillion, South Dakota: University of South Dakota Press.

Woman Abuse Working Group (WAWG). (n.d.). Violence against Aboriginal women fact sheet. Retrievedon June 29, 2011 from: http://www.wawg.ca/pages/violence-against-aboriginal-women

Women of the Métis Nation. (2007). Policy paper on violence against Métis women. Ottawa, ON: MétisCentre, National Aboriginal Health Organization (NAHO).

'Welcome citizens of our community'. (n.d.). In *Great Lakes Métis Council* website. Retrieved on July 29,2011 from: http://greatlakesvoyageurs.com/default.aspx

'Working with men'. (n.d.). In *Kanawayhitowin: Taking care of each others spirit* website. Retrieved onJune 20, 2011 from: http://www.kanawayhitowin.ca/index.php?option=com_content&task=view&id=27&Ite mid=40