

CREATING AN INFRASTRUCTURE OF 'GOOD PRACTICE' IN CHILD
WELFARE IN THE COMMUNITY OF KAWAWACHIKAMACH

by

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Abstract

This study was created with the hope of empowering Naskapi elders and community members to share their reflections and experiences with current and past social welfare policies and practices within the community of Kawawachikamach. Community members participated actively in consultation group sharing sessions where they voiced their personal distresses incurred through encounters with the child welfare system over the years. The original purpose of the study was to explore how family group conferencing and related strength based techniques could be adapted to create a culturally appropriate case planning and decision making model in the First Nations community of Kawawachikamach. However, community members' needs were overwhelming and their search for personal and community healing led to more discussion and sharing for a community vision for health instead of a reflection on the adaptation of models. Community members enjoyed being provided with this information and were hopeful for their community after seeing some adaptations which had been made in other communities. Naskapis believe that one solution is to engage families as much as possible in child welfare practices and that whenever possible solutions would be first looked at within the family and extended family and by services being fully supportive of these entities. This solution is one of several included in a set of recommendations created for the community. The study participants are eager to present these recommendations to their community as well as focus on change by following a detailed action plan created to re-evaluate the strengths and weaknesses of the current child and family development services.

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1 – INTRODUCTION

The Canadian federal government is currently being tried in a case before the tribunal for their discrimination in the funding of First Nation child welfare agencies (Assembly of First Nations, 2009). First Nation child welfare agencies are not funded at the same level as provincial services resulting in inequitable services. As a result First Nations children and families on reserve lack the same prevention services offered to other Canadians, case-workers are overburdened, and many agencies operate without basics like computers or safe office buildings, which are sorely needed to improve planning, evaluation and the effectiveness of the services offered to children. In some provinces up to 80% of children and youth living in out of home care are Aboriginal (Trocme, Knoke & Blackstock, 2004). More Aboriginal children are placed in out of home care today than in residential schools at the height of the residential school movement (Blackstock, 2003). Change in Aboriginal Child Welfare is limited by the slow pace of implementation mainly due to lack of funding. Without appropriate funding it is very difficult for these Aboriginal communities to provide the appropriate services needed to prevent the removal of these children from their communities.

By working with the Naskapi for over the past 9 years, I felt the area of child welfare an important one to look at as the concerns of families affect the entire community. Through this research I hoped to create an opportunity to examine the existing services and explore how family group conferencing and related strength based techniques could be adapted to serve as a culturally appropriate case-planning and decision making model in the community of Kawawachikamach. Although community members appreciated and actively participated in this research being done in the area of child welfare, it became apparent that adapting a family

group conferencing approach and creating a new model of case planning and decision making was premature in process to meet the actual needs of this community. The first step of the process was met by simply involving the community and listening to their needs; however participants were extremely concerned with identifying immediate adaptations and changes that need to be made with the services that currently exist in order to ensure improvement in the area of child welfare services within their community.

Elders and community members were able to use this research process as an open forum to voice their personal distresses incurred through encounters that they had experienced with the child welfare system. Many of these members were still looking to reconcile from past involvements with the department of youth protection as well as ways to acknowledge past and present crisis with youth protection and work towards rebuilding their capacities as parents and community members. It became clear and understandable that seeking help with these crises took priority over looking at long-term strategies. The beginnings of the visioning process which developed allowed for community members to share their reflections and experiences with current and past social welfare policies and practices and aid in the brainstorming of new required services to meet the community's ever changing needs. This research captured the voices of elders, youth, parents, children in care, professionals and council members, allowing the Naskapi to demonstrate their knowledge of their community and its needs.

1.1 Child Welfare in Aboriginal Communities

Historically, relations between First Nations' and non-First Nations' peoples reveal patterns of external control on virtually all areas of First Nations' peoples' lives (Glode, MacDonald & Wien, 2005). These patterns are especially evident with respect to family and child welfare services provided within these communities. This can be seen through the over-representation of First Nations' and Inuit families in the Canadian child welfare system even today (Trocme, Knoke & Blackstock, 2004). . The system's institutional policies and practices are not only historically oppressive but continue to be disrespectful to Aboriginal families and community traditions. Aboriginal communities have a much better chance to grow when oppressive practices in child welfare are replaced with culturally relevant community-based approaches that allow individuals and families to heal (Glode, MacDonald, & Wien, 2005). Cultural sensitivity and having a historical understanding are characteristics imperative to mainstream practitioners in recognizing that they represent a powerful and potentially hostile threat to families (Adams, Cameron, & Coady, 2007).

Some specific examples of oppressive practices in child welfare with Aboriginal communities include residential schools and "The Scoop". In the late 1800's, early 1900's, Canada through the agency of the Church presumed to take over the parenting of Aboriginal children through residential schools (Aboriginal Healing Foundation, 2008). There existed 125 residential schools at the high point. The first residential school opened in 1838 and the last residential school closed in 1984. Aboriginal and Inuit children were often forcibly removed from their homes and communities. They were often denied their identity through attacks on their language and spiritual beliefs. "Residential schools were no preparation for life in any

type of community (Armitage, 1993, p.142). Due to the lack of appropriate parental role models in residential schools, many survivors found themselves with a limited ability to parent their own children. A formal residential school apology was given by Prime Minister Stephen Harper June 11, 2008 at 3pm ET. Although living survivors were happy to finally be recognized through this apology, many survivors died prior to the delivery of this apology.

In the 1960's, many Aboriginal communities were affected by "The Scoop". Child welfare agencies removed massive amounts of Aboriginal children from their communities and then placed them in non-aboriginal foster and and/or adoptive homes. For the Naskapi, there are similar accounts for this era including women being flown out to give birth to have their babies forcibly removed. There are also accounts of Naskapi/Montagnais children being sent to the United States to be adopted, never to be seen again .

1.2 A look at the Naskapi

Throughout history the Naskapi have been impacted severely by acts of colonization and assimilation including residential schooling. The Naskapi lived a largely nomadic existence until the mid 1950's. In 1956 the Department of Indian Affairs and Northern Development (DIAND) organized for the Naskapi to move south to Schefferville, a mining town in Northeastern Quebec that was under construction by the Iron Ore Company of Canada. According to Cooke (1976), an anthropologist doing research in the area in the mid 1970's, the Naskapi had little input into the location and environment to which they were moved. Soon after the Naskapi arrived in Schefferville in the mid 1950's, an Anglican priest moved to the community (Aitken, 2002). He first came to work with the Anglican church but by the mid 1960's many Naskapi

youth were being sent to various residential schools over 1000 km away (Wilkinson & Geoffroy, 1989). There are many stories of childhood disruptions and changed family dimensions that continue to this day and in fact affect the health of the community as whole. It is imperative to consider ways to put an end to these disruptions as to bring back healthy childhood growth and development to this community.

In their treaty negotiations with the federal government, the Naskapi signed the Northeastern Quebec Agreement which explains their entitlements. According to this agreement, the Naskapi Nation of Kawawachikamach is entitled to the following Social Services: “first line: utility social services, auxiliary social services, and restorative social services (as well as) second line: specialized services” (Northeastern Quebec Agreement, 1984). In no section of the Northeastern Quebec Agreement are these terms defined or further explained. Unfortunately, many early intervention child welfare services remain focused on the child and involve the family in only limited ways. Because Kawawachikamach falls under the Cote Nord region, it is also considered a minority Anglophone community in a Francophone Sector of Quebec. Most services can be only obtained in French, which causes further problems when looking at accessing social services within the area. With Naskapi being the mother-tongue of almost all community members, it would be optimal to look at the provision of services using trained Naskapi individuals to provide translation as well as culturally appropriate services.

1.3 Research Question

Initially, I set out to research “how family group conferencing and related strength based techniques should be adapted to serve as a culturally appropriate case planning and decision making child welfare model in the community of Kawawachikamach”. From the onset of my research, it became apparent that it would be premature to be looking at how to adapt an actual model for this community when the needs of the community would be better met by listening to their experiences and concerns with child welfare. It is for this reason that I transferred my level of research specificity to that of a more general research question:

- 1. “How can child welfare services be improved to better meet the needs of Naskapi families in Kawawachikamach?”**

2- REVIEW OF LITERATURE

Often times once we are already working in the field of social work we are so heavily burdened by our heavy caseloads that there is little time to consider new literature or approaches. The continuing gap between research and practice has long been a problem in social work (Herie & Martin, 2002). It is my goal to provide a large overview of alternative intervention strategies being used in Aboriginal, Inuit and other minority communities. Kawawachikamach is an isolated community making it increasingly difficult for workers or community members to have access to alternative approaches to the services offered within this community.

A review of existing literature in the area of child welfare is fundamental in understanding the effectiveness of various child welfare intervention strategies as well as key

areas of concern which should be considered in the implementation of new strategies. As Family Group Conferencing was originally the main focus of this research, it is important to understand how other Aboriginal communities have utilised this approach. In creating change, it is important to understand what others have done in similar circumstances in order to implement successful adaptations which can be made to current systems. Other approaches utilised by Aboriginal communities include strength-based approaches, custom adoption as well as community based approaches.

It is essential to look at literature which is of a broader, sometimes historical context, which may in fact still impact interventions today. Child removal continues to impact Aboriginal communities across Canada and it is imperative to look at ways to limit these removals as well as ways to address these injustices. Removals have left and continue to leave parents questioning their parental capacity. The comprehension of these historical events and their repercussions is essential to understanding the Naskapi as a people.

2.1 Review of Perspectives

Family Group Conferencing

The principles that make Family Group Conferencing (FGC) an effective practice within Aboriginal communities can best be outlined by Ban (2005):

- 1) FGC relies on the belief that families are capable of making responsible decisions for their own members if they are brought together and given appropriate information.
- 2) FGC is consistent with trends in the legal system to move towards mediation processes to allow parties to own their own solutions to problems.
- 3) FGC is an attempt to give power and authority back to the wider family unit- instead of power being in the hands of the professionals who come and go.
- 4) FGC relies on the belief that families are capable of mobilising their own networks and resources to care for and protect a child.

Overall, FGC research is still in its early stages. FGC's effectiveness has been reviewed and evaluated by several Australian, US, Canadian and Aboriginal service providers. There are many positive outcomes related to Family Group Conferencing. Clients who participate in FGC often receive more services than those who are simply covered by child welfare services (Cumming & Bartlett, 2006). There are also high consumer satisfaction rates with the FGC process (Huntsman, 2006).

Traditionally, most Aboriginal people come together in a circle to address behaviour, they put the problem in the centre, not the family or individual (Pranis, 2000). Family group conferencing is a very similar approach of addressing problems in the field of family and child welfare (Glode, MacDonald, & Wein, 2005). Glode, MacDonald and Wien define family group conferencing as "(when) Professional personnel organize, facilitate, and provide information to move the process forward, but ultimately it is the extended family that comes together to resolve problems involving family members" (p. 364). Family group conferencing ensures a wide understanding of the meaning of family (Crow & Marsh, 1998). It accomplishes this understanding by drawing on all forms of community to support families in crisis and ensure that our interventions work towards strengthening the community (Pranis). Several Aboriginal communities within Canada, the United States, Australia and New Zealand are using family group conferencing as a preferred way of handling child welfare issues. Aboriginal communities prefer family group conferencing for the main reason that it gives them an opportunity to have a say over their lives (Anderson & Pennell, 2005). Family group conferencing is based on respect and caring as well as putting the emphasis on community instead of on the individual.

It reinforces a sense of mutual accountability and a responsibility to care and take care of one another (Pranis). By the use of conferencing, demonstrations of setting limits on behaviour can be achieved all while loving and supporting those who have made mistakes (Pranis, 2000).

When looking at the placement process, there are increased levels of stability for those placements done through FGC as opposed to those done in mainstream Child Welfare settings (Cumming & Bartlett). Children are more likely to be placed within their extended family, keeping the child within the care of the family rather than transferring the care to the state (Mirsky, 2003). By including the family in the process of looking for solutions for the child, the family strengthens their communication skills and their perception of child protective services are hence improved (Huntsman).

More specifically, the use of FGC as a practice with families experiencing sexual abuse and/or domestic violence has been studied and there are consistent positive reviews. Clients generally reported enhanced family unity, improved care of children, reduced drinking problems and/or decreased family violence (Child Welfare League of America, 2005). Children can remain with family while parents are in treatment and families can provide the support necessary to encourage parents to complete treatment (Crampton, 2001, Mirsky, 2003). When using FGC in domestic violence cases, the involvement and support of the extended family often helps the parent victim to break off the relationship with a violent partner. As opposed to many who believe that FGC is not-appropriate for domestic violence and/or sexual abuse cases due to safety issues, Pennell (2004) outlines several adaptations and cautions that make FGC a safe place for such cases.

In contrast, there are many considerations that need to be made when using FGC in specific situations. FGC can put too much emphasis on the family when protective services are still necessary especially in cases of severe neglect (Cunning & Bartlett). It can be difficult for family members to make disclosures about another member if they are all present. Family group conferencing processes are hard to keep confidential in small community settings. Many times problems stem from intergenerational family conflict making clients not want to connect with extended family members. Previous experiences of being raised in alternative care (i.e. group homes, residential schooling, and foster care) can also explain some client's sense of alienation and isolation from their extended family (Huntsman).

The main complaint of most participants who participated in a FGC session is that the key participant did not attend and/or certain family members or professionals dominate the sessions (Crampton). It is also very difficult to receive a referral for FGC even though the process is viewed very positively. FGC is on the margins of practice in most settings and involves a strong dedicated team with good organisational skills as multi-agency coordination is often difficult (Mirsky).

FGC can also have limited results for small families with limited extended resources (Cunning & Bartlett). For large families, it may be difficult to coordinate everyone's schedule in order to meet and can result in the cancellation of sessions even if only one or two participants cancel at the last moment. It is also very difficult to involve parents or family members with serious mental health issues as they have trouble understanding the process or contributing effectively (Child Welfare League of America).

Strength Based Perspectives

In Aboriginal cultures, family is also defined as a sense of community and includes the shared caring and responsibility of the child beyond the mother and father (Blackstock, Carlson, Fine and Mandell, 2007). Examples include grandparents, great aunts and uncles, cousins, and friends of the family. The problem is that mainstream services often do not value these traditional practices. For example Cree Elder Stanley McKay has noted “that within the community of his childhood there was a strong belief that children should be permitted to learn from their own mistakes” (Blackstock, Carlson, Fine and Mandell, 2007). Other examples include youngsters being free to eat when hungry and sleep when tired. These parenting values are often construed by outsiders as being too lenient and negligent (Blackstock, Carlson, Fine and Mandell, 2007). A strength based perspective is based on the belief that individuals possess the abilities and inner resources that allow them to cope effectively with the challenges of living (Brun & Rapp, 2001).

Saleeby’s (1996) research suggests: “one of the characteristics of being oppressed is having one’s stories buried under the forces of ignorance and stereotype” (p.301). Historically, many First Nations members have been separated from their land and community, losing their ways of relating to and understanding the world. In response, strength based practitioners have been trained to uncover individual’s stories. These stories reveal assets and strengths that aid in facing life challenges that put them at a disadvantage relative to larger society (Brun & Rapp, 2001). A strength based perspective would allow for the Naskapi to share and for the

practitioner to understand some of the parenting behaviours correlated with these traumatic historic events.

The Removal of Aboriginal Children

The effects of removal of Aboriginal children on First Nation's communities have been widespread throughout history creating social breakdown in these communities against a backdrop of systemic oppression (Blackstock, Carlson, Fine & Mandell, 2007). The residential school movement includes one historical account of the Canadian government's efforts to enforce a full policy of assimilation: "Our object 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" (Duncan Campbell Scott, deputy superintendant general of Indian affairs, 1920, cited by the Aboriginal Healing Foundation, 2008). Approximately 125 residential schools existed at the high point in Canadian history, some operating for over 140 years (Aboriginal Healing Foundation, 2008). Residential schools were created through the agency of the Church and presumed to take over the parenting of Aboriginal children. This included the removal of children from their homes and the denial of their identity through attacks on their language and spiritual beliefs. Due to the residential school movement, schools in First Nation communities are continued to be viewed negatively even today, unlike in dominant societies in which schools operate as supports to families (Blackstock, Carlson, Fine & Mandell). Aboriginal children continue to face significant and disproportionate levels of risks today in such areas as education, youth justice, health and poverty (Blackstock & Trocme, 2005). One of the reasons why Aboriginal children and communities continue to face such hardships is due to the

continued removal of children today by Child Welfare agencies. It is estimated by Blackstock (2002, cited in Blackstock & Trocme, 2005) that there are: “three times more Aboriginal children in the care of child welfare authorities now than there were placed in residential schools at the height of those operations in the 1940s” (p.105).

Custom Adoption

Custom adoption is an extension of custom care (which provides temporary or alternate care for Aboriginal children whose parents are unable to care for them) and ensures Aboriginal children maintain their cultural, linguistic and spiritual identity. Custom adoption helps remove a significant number of risk factors that have threatened Aboriginal children and families for decades (Glode, MacDonald, & Wien, 2005). Traditionally in First Nation communities, the community cares for the children’s inherent right to be taught the beliefs, values, customs, and traditions of their own family, community and culture (Glode, MacDonald, & Wien). By providing the option of custom adoption within First Nation communities, the communities are creating conditions which promote resilience as opposed to racism and discrimination. Literature indicates that higher rates of racism and discrimination are experienced by Aboriginal children while in the care of existing child welfare agencies than other children (Glode, MacDonald, & Wien, 2005). By keeping children within their community of origin, they are less likely to experience these feeling of racism. Custom adoption allows Aboriginal communities to provide protection for its members and returns to the communities the capacity to care for their people, building on patterns embedded in their culture (Glode, MacDonald, & Wien)

Community Based Child Welfare for Aboriginal Children

The development of First Nations child and family service agencies stemmed from the disproportionate removal of Aboriginal children from their families in the 60s scoop (Blackstock & Trocme, 2005). The expansion of these services began in the early 1990's with the hope of ensuring that children are properly cared for within the community (Blackstock & Trocme, 2005). It is important to note that it is becoming harder and harder for First Nation communities wanting to create their own welfare jurisdiction as these services are not funded by the government (Blackstock, & Trocme, 2005). First Nation communities can only receive funding if their agencies work pursuant to provincial and territorial child welfare statutes; the same statutes which have continued to oppress them (Blackstock & Trocme, 2005).

Data indicated that there is indeed a need for community based responses that address structural barriers, including inequitable service access, and the implications of systemic causal factors on child maltreatment (Blackstock & Trocme, 2005). Similarly, Brown, Haddock, & Kovach (2002) discuss the term of community empowerment and define it as such: "community empowerment is a model of practice that simply means people know what is best for their own communities" (p.147). In First Nation communities, often mainstream child welfare services focus on the family and living conditions as factors in removal (Blackstock & Trocme, 2005). Blackstock and Trocme (2005) argue that "the assessment of parental neglect implies that the parent has some ability to change the risk factors (affecting) the children's experiences" (p.117). It is very difficult for parents to change systemic or structural community based

problems (Blackstock & Trocme, 2005). This is why it is imperative for solutions to community problems to come from the community itself (Brown, Haddock & Kovach, 2002). Services offered by First Nation communities, with proper support from the government provide the best chance for the promotion of resilient, safe and healthy Aboriginal children, young people and families.

An excellent example of a successful community based child welfare system is that of the Cowichan people. By the late 1980's, Cowichan leadership was giving voice to key child welfare issues. The Cowichan people have taken a strong community empowerment approach to the development and delivery of their child and family system (Brown, Haddock, & Kovach, 2002). The community was concerned with the removal of children without their consent. They believe that services should be delivered in a way which is respectful to people's culture and adhering to community values and systems (Brown, Haddock, & Kovach, 2002). The Corwichean people realise their struggle in developing their program but continue knowing that they are fighting off the leftovers of colonialism. They wish not to stay silent any longer, they want to promote change and voice the concerns of their people (Brown, Haddock, & Kovach, 2002). The importance of the approach used by the Corwichean people is that they used a positive and motivating method to produce change. The Corwichean people have promoted their "own" change and this is an extremely key factor in developing valuable programs in Aboriginal communities.

Another example of community control of child welfare can be seen in the West Region Child and Family Services (CFS) in Manitoba. In 1985 the West Region CFS received its child welfare mandate and decided to use a philosophy of service which emphasized a community

based approach (McKenzie, 2002). The vision statement for this agency states that “everyone-elders, leaders, grandmothers, grandfathers, mothers, fathers, aunts, uncles, sisters, brothers, husbands, wives-is an advocate for children” (McKenzie, p.153). The West Region CFS reflects local development in the area of child welfare services with an emphasis on strengthening community capacity and promoting community-based early intervention services and healing initiatives (McKenzie). Like the West Region CFS, other communities can utilise early intervention services to their advantage. Early intervention strategies often include prevention services such as support for parents and family, healing initiatives, suicide prevention, as well as many other interesting programs. Through preventative work, communities become healthier and stronger and removals are a less likely reality.

In Pursuit of Social Justice

When looking at the administration of Child Welfare services within First Nation communities, Blackstock, Carlson, Fine and Mandell (2007) explain that: “one of the major issues at stake in considering the various models of delivering Aboriginal child welfare services are the right to self determination and the optimal suitability of services to meet the unique needs of Aboriginal communities in ways that further the aims of community healing, capacity building and child well-being” (p. 140). The service provision in Aboriginal communities is increasingly problematic when the services and agencies that deliver them “operate within legislative and policy frameworks created by the dominant society” (Morrissette et al, 1993, p.103 as cited in Blackstock, Carlson, Fine and Mandell, 2007, p.141). This is why full consultation and collaboration with First Nation communities are essential requirements when

looking at instilling adaptations to social work practices within these communities (Blackstock, Carlson, Fine and Mandell, 2007). Similarly, John Ralston-Saul (2008), a leading Canadian thinker and visionary, strongly believes that Aboriginal peoples' say in development is now quite simply too long overdue. Saul (2008) strongly believes that the existing written history of Canada leaves out the important historical accounts of Aboriginal peoples and needs to be re-written in order for there to be healthy relationships between non-aboriginal and Aboriginal peoples. The re-writing of history would help "non-aboriginals still struggling with the denial of their own reality and Aboriginals still struggling with the effects of destabilization" (Saul, 2008, p.33).

Gender Roles in Aboriginal Communities

The assimilation processes of First Nation communities by the Canadian Government have been detrimental to the well being of First Nation peoples. From the ages of 10 to 19, Aboriginal youth on reserves are 5 to 6 times more likely to die of suicide than their peers in the general population (Medical Services Branch Steering Committee on Native Mental Health, 1991). Over a third of all deaths among Aboriginal youth are attributable to suicide (Health Canada, 2003). Self-esteem issues continue to affect Aboriginal men and women today (Fernandez, 2003). Men devalue women because they cannot value themselves and consequently, women have trouble demanding the respect that they deserve (Fernandez, 2003). Aboriginal people have internalised their oppression and in turn it affects the family. The treatment of women within the family is a reflection of the treatment of Aboriginal peoples within this broader context (Baskin, 2003).

The impacts of colonization have led to an imbalance in gender roles in Aboriginal communities (Fernandez, 2003). Fernandez (2003) believes that the central problem underlying this imbalance is the low self worth among Aboriginal men and women. Low self worth prevents women from demanding respect from their partners and teaches men to devalue women because they do not value themselves (Fernandez, 2003). Women feel that they are unable to enact any sort of change to the status quo, that they can in no way end the perpetuation of a system in which men are “boss” and women are subservient to them (Adelson, 2007). This leads to Native women accepting their victimization and Native men waging war on the women in their communities and on themselves (Fernandez, 2003). This unbalanced relationship between Aboriginal men and women is founded on the premise that these men have assumed the dominant position and women have accepted and continue to be affected by their maltreatment. Aboriginal women feel that they are entangled in a history and social reality that they cannot readily challenge or change (Adelson, 2007).

Hardships in Aboriginal Mothering and the use of “Mothering Narratives”

Especially within Youth Protection Practices, Native women are negotiating their way through “complex cultural contexts wherein postcolonial and neo-colonial currents of thought and practice continue to vie for legitimacy” (Adelson, 2008, p.317). This colonial mindset puts Aboriginal people at a disadvantage as well as creates a sense of hopelessness and indifference regarding change thus limiting their resistance (Campbell, 2007). Davies and Krane (2000, cited in Davies & Krane,2006) argue that a mothering narrative can permit women to discuss the daily tasks involved with child-rearing including stresses and challenges as well as the joys

of motherhood. These discussions with mothers can aid in the understanding of their experiences as well as help social workers appreciate the conditions under which mothers are raising their children (Davies et al, 2007). By allowing the mother to share her experiences, the worker is enabling the creation of a relationship with the mother. Davies, Krane, Collings, & Wexler (2007) suggest that by creating a relationship with the mother that the social worker is “treating (the) mother(s) as (a) client(s) in their own right” (p.28) and that this will “advance the care of children and enhance women’s relationships in child welfare” (p.28).

Historically the most problematic tendency of the courts is to construct First Nation’s women as “bad mothers”, resulting in the removal of their children and their placement in state care (Kline, 1993). Often First Nation women are not seen as the victims of an oppressive colonial regime, institutionalizing racism and sexism against them (Hill, 2003). Child Welfare systems can be considered as one of these oppressive regimes considering that many Indigenous women feel that they have even lost the human right to raise their own babies (Hill, 2003). Indigenous women are scrutinized when it comes to procreation, often being devalued as mothers and discouraged from having children by mainstream society (Kline, 1993). By forcing Aboriginal women to earn our respect in child welfare settings, “it puts Aboriginal people back on the defensive as the cause of their own oppression” (Cunneen, 1992, p.118). One of the fundamental issues in challenging the images of bad mothers is that mother’s voices are largely missing from child welfare practice (Freymond & Cameron, 2007). Davies, Collings and Krane (2003) take the position that: “social work educators ought to consider mothering as a legitimate area of critical inquiry” (p.158). By refocusing the vision on the maternal

experience, the sophistication of mothering is revealed as a complex experience grounded in social, psychological, financial, and political realities (Caporale-Bizzini, 2006).

The construction of First Nation's women as "bad mothers" is mediated by the dominant ideology of motherhood (Kline, 1993). These women do not meet the dominant middle class expectations that constitute the mainstream mothering ideology. In mainstream ideologies, motherhood is conceptualized as a privilege as opposed to a right (Kline, 1993). For women who are not members of the dominant groups, this privilege can be withheld labelling them as "unfit". The imposition of mainstream mothering values on First Nation's women is the devaluation of First Nation values and practices (Kline, 1993).

3- METHOD

3.1 Research Methodology

The goal of researching "How should family group conferencing and related strength based techniques be adapted to serve as culturally appropriate case planning and decision making model in the community of Kawawachikamach?" was to empower the Naskapi to share their reflections and experiences with the systems institutions, policies and practices in the area of child welfare. As the first focus of the research was adapting family group conferencing practices, material such as documentation on family group conferencing, bringing in experiences of other First Nation's communities with family group conferencing and community-based child welfare programs was gathered to share with the consultation group.

Information regarding the research was posted within the community in both English and Naskapi at various community organisations (Appendix D). The researcher also discussed

the research topic at the local radio with the aid of a translator. This information was recorded and the radio played the discussion twice daily as to continue to inform community members with regards to the research taking place. In addition, the researcher spoke with various community members on an individual basis to ensure their participation in this study.

The first of six sessions took place in July of 2009. 14 participants presented themselves at the first session. An introduction of the research took place and many participants voiced their opinions with regards to the research topic. It was throughout the second session that it became evident that the adaptation of a family group conferencing model was too specific a subject for community members as many had never had the chance to voice their opinions with regards to child welfare or had the chance to heal from their experiences with child welfare. Community members' needs were overwhelming and their search for personal and community healing led to more discussion and sharing for a community vision for health instead of a reflection on the adaptation of models. It was at this point that the focus of the research became: **“How can child welfare services be improved to better meet the needs of Naskapi families in Kawawachikamach?”**

The project now involved assessing how the community understood the nature of the child welfare services being offered within the community as well as the problems they identified within this provision of services. All six sessions took place over a period of two months. Each session was between one to two hours in length. Most sharing was done as a group in each of the six sessions. However, there were three additional private individual interviews with the researcher.

The reflection of the participants was ongoing throughout the sessions. These reflections were transcribed each session by hand in the researcher's journal as well as by audio-recorder to ensure that the researcher had not missed anything. Using the reflections and recommendations from the participants, I was unable to write a draft protocol but instead was able to create a set of recommendations (see appendix A). These recommendations were presented to the consultation group for discussion and feedback. Once the recommendations were approved by the group, I was able to create an Action Plan (see Appendix B) for the steps required so that a protocol could be established in the future.

Family Group Conferencing, strength-based approaches, custom adoption, community-based approaches and the use of mothering narratives are several positive approaches which have been used or adapted in other First Nation and other minority communities. Looking at the historical context regarding child removal in Aboriginal communities as well as other hardships and injustices that aboriginal peoples have undergone, provide us with an extended understanding of some of the factors affecting our interventions and their success. It is my hope that by looking at these alternative approaches in addition to increasing our understanding of historical injustices, that we may be progressive in identifying new ways to successfully intervene in Kawawachikamach in the area of child welfare.

3.2 Setting

The setting for this study was the community of Kawawachikamach located 15 km north-east of Schefferville, Quebec, population of 783. Kawawachikamach is the Naskapi Nation's only reserve. The village was built by the Naskapi from 1980 to 1983. The following organizations are located in Kawawachikamach:

- Naskapi Nation of Kawawachikamach
- Kawawachikamach Volunteer Fire Department
- Naskapi Police Service
- Sachidun Childcare Centre
- Naskapi Gas Bar
- Naskapi Development Corporation
- Naskapi Northern Wind Radio
- Naskapi CLSC
- Naskapi Community Centre (including a drop in centre for teens)
- Naskapi Recreation Facility (including an indoor pool and weight room)
- Department of Public Works (includes the yearly construction of local housing)
- Jimmy Sandy Memorial School (Elementary and High School levels, operated by the Central Quebec School Board, located in Quebec City).
- an outdoor rink
- an outdoor baseball field

The language spoken is Naskapi, a dialect closely linked to Innu and East Cree. English is their second language. Access to the village is by way of railway or air from Sept-Îles, Quebec, across Labrador to Schefferville (577.8 km or 359 mi), then by way of a 15 km (9 mi) road from the center of Schefferville. With the demise of Schefferville as a residential center for the iron ore mining operations, Kawawachikamach and Matimékush are now the prime communities in the region.

The community of Kawawachikamach currently offers the following social services through the Naskapi CLSC:

- 2 National Native Alcohol and Drug Addiction Program (NNADAP) workers, these workers are community members
- 1 mental health worker, this position is currently vacant
- 1 community social worker, this position is currently vacant
- 1 visiting psychologist, he/she is available at the CLSC one week per month
- 2 DYP workers, under the direction of Les Centres Jeunesse Cote Nord.

The local school, Jimmy Sandy Memorial School, currently employs one Guidance Counsellor, one Special Education Resource Teacher, one visiting Psychologist and one visiting Speech pathologist. 2009 was the first year that JSMS has had a full time Guidance Counsellor in over 4 years. The visiting Psychologist visits the school 3 times per year for one week at a time and the Speech Pathologist visits 3 times per year for a duration of 3 days at a time.

3.3 Sampling

As Kawawachikamach is a small community, the type of sampling done was 'convenience'. Convenience sampling allowed the researcher to obtain specific data from community members interested in the impacts of child welfare on their community. The researcher was well aware of the limitations of convenience sampling. Because some members of the population have no chance of being sampled, the extent to which a convenience sample- regardless of its size- actually represents the entire population cannot be known. For this reason, the researcher included additional individual interviews.

Community members at large were invited to participate as well as to encourage other participants to partake in the research. The researcher identified the initial group of community members and elders, Naskapi professionals, Naskapi family members who have received services from the Department of Youth Protection, Youth Protection workers, and other Social Service Professionals within the community. The researcher explained to potential subjects that

this project is designed to share information on alternative approaches to child welfare such as documentation on family group conferencing, bringing in experiences of other First Nation's communities with family group conferencing as well as to gather information about the subject's experience with social welfare policies and their perception of the adaptations which could be made to the current services. I based this sampling strategy on the ability of these respondents to provide the needed information with the hopes of these individuals participating in a consultation group where their reflections and feelings would be shared. Many of the participants were able to suggest other participants who might benefit from this study or who are information rich in the said area of this study. In total there were 22 participants of whom 3 were community professionals, 8 were elders, and the others were adult community members. Of the 22 participants, 4 were men and 18 were women. As for attendance, there were approximately 10 regular participants who came to all six sessions and another 12 floaters, who came to some sessions and not to others.

The researcher followed up and scheduled a meeting with participants who agreed to be part of the consultation group. Group meetings were conducted at times and locations suggested by the group members. Subjects did not receive compensation for participating in the study. The group discussions were open, public forums held in local settings, such as the Naskapi Community Centre and were advertised through word of mouth, English and Naskapi radio announcements and fliers. All participants were recruited on a voluntary basis.

3.4 Ethics and Confidentiality

Prior to the start of the group the researcher handed out the consent form to the participants and orally reviewed the consent form (see Appendix A) with the participants to

ensure full understanding of the informed consent process. In the event that a participant preferred to do the discussion in Naskapi, a Naskapi version of the consent form was provided and the researcher orally reviewed the form with the participant with the help of a Naskapi-English translator. All confidential information and data was kept in a locked office in Jimmy Sandy Memorial School, which could only be accessed by the researcher.

As Kawawachikamach is a very small community, the disclosure of a single participant has been generalised to several as to maintain the anonymity of the participant. In some cases, it could be quite easy to figure out the identity of the participant through process of elimination.

3.5 Data Collection

This project employed two main forms of data collection, discussion with a community consultation group and individual interviews in the community of Kawawachikamach. These two approaches were used for triangulation purposes. The use of both group consultation and individual interviews allowed for the researcher to collect data from various sources. These interviews were necessary to describe certain points of view left out during the consultation group discussions. By mixing data collection methods, findings were verified and biases identified. The meetings between the consultation group and the researcher could be considered as the following data collection methods: consultation, brainstorming groups and key informant interviewing. Six focus group interviewing sessions took place over a period of two months. Each session was one to two hours in length. Most sharing was done as a group in each of the six sessions. However, there were three additional

private individual interviews with the researcher. The reflection of the participants was ongoing throughout the sessions and recordings of these reflections were done in each session by hand in the researcher's journal as well as by audio-recorder to ensure that the researcher had not missed anything.

4- FINDINGS

In order to assess how community members and professionals viewed the current child welfare services available within their community, semi-structured, qualitative interviews were held in a consultation group format. The initial purpose of the research was to look at how family group conferencing could be adapted for this community. Although the participants found the idea of Family Group Conferencing to be extremely relevant with regards to the needs of their community, they showed difficulty when looking at how such a model could be implemented within their community. Participants were overwhelmed by the lack of personnel and funding in the area of Social Services and could not see how Family Group Conferencing could be effective without the right people to carry out the sessions. Group members also demonstrated the need to look at immediate problems and tried to focus on short term solutions for these problems in order to relieve the ongoing suffering of certain community members. Most individuals spoke at length about their experiences with child welfare services. Whether it be services that they had received recently or sometime within their lifetime, they were all equally heart-wrenching.

Removal

Most interviewees strongly believed that the removal and placement of Naskapi youth in outside communities was more harmful to the development of these youth and overall health of the community than if no intervention had been made at all. According to these interviewees, as many 6 Naskapi youth were removed from their community and placed in outside settings, most as far as Montreal, in 2009-2010. One Naskapi Elder, who has opened her home and her heart to Naskapi youth through traditional adoption for over 20 years, worries about the youth who are being removed from her community:

These children do not feel a part of their community when they are allowed to return. They have trouble expressing themselves in their native language and blame their family and community for their problems. They are no longer proud of who they are. (A)

This elder also shared her experiences with custom adoption. Custom adoption has been an option for only a limited amount of children receiving services from the Department of Youth Protection. Over the years, the services for families who participated in custom adoption have dwindled. This elder stated that she only was able to talk with a DYP worker once she had called herself to follow up on services for her grandchild. Most communication with DYP was limited to these phone calls which were initiated by the grandmother.

One grandmother who is caring for her grandson through custom adoption has no parental rights or say when it comes to consent for her grandchild. This boy's mother still maintains the parental authority to sign his consent forms for school and medical purposes and receive his DYP court documents by the mail. His grandmother, who was court ordered by the

Youth Court in Sept 1985 to be this child's caregiver was not allowed to speak at subsequent court hearings as she had no parental rights over this child. Even the school was not advised of this change in living arrangement for the child and only the mother would be notified of school related incidences. The communication lines between the mother and the grandmother were not always clear. This elder and her daughter are on good terms regarding this arrangement of custom adoption for the success of this youth even though they feel as though their communication problems have increased and DYP is not helping to clarify the process. If the Youth Court found this Elder to be a capable caregiver and beneficial resource for her grandson and the mother consents to these services, the grandmother and mother believe that she should be implicated in the suggestion of strategies and interventions for this youth.

One lady who attended the consultation group had experienced the removal of two of her children and was now experiencing the removal of her third child. She explained that she never once felt helped by the DYP worker in all three interventions with her children. She also stated that she felt attacked and depressed at most times about her parenting abilities. When her third child was removed, she asked one of her aunts to care for her youngest son. The DYP worker intervened right away. The worker told the mother that she was going to take her to court for the custody of this child as well. The mother explained to me that she felt that if she wasn't good enough to parent her first three children then it was best if her youngest son was parented by someone who had better parenting abilities than she did. The DYP did not understand the emotional strain that the mother was under and could only see that the mother must be lazy and neglectful of her child.

Another member talked about his experiences with his adopted son. Because his adopted son has always had special needs, he is suspected of having Fetal Alcohol Syndrome (FAS). This boy was having severe difficulties at school academically and socially. These adoptive parents expressed the need to receive support and additional education in ways in which to modify this child's behaviour. This is when DYP became involved.

All we wanted was some help. We wanted suggestions on how to deal with our son's aggression issues and help him in his development. DYP saw the only solution as having him placed in a non-native institution in Sept-Iles for severely handicapped children. We had to fight long and hard for this not to happen. Situations like these make it scary to ever want to ask for help again. (S)

Respecting the Abilities of the Parents and Family

Consultation group members spoke of the importance of respect within community organizations towards the families. Many feel that the local school does not respect the entity of family. When there is a problem at the school with a child, the school makes a complaint to DYP immediately even before talking to the parent. One elder spoke of a complaint that a teacher had made about her grandchild to the vice principal over 6 years ago. This vice principal was kind enough to take time to discuss the issues that the school was having with the grandchild with the grandparent with the use of a translator. This elder felt very respected by the way in which the vice-principal handled the situation. Although this elder was very happy with this school intervention, she stated that it is the exception and not the rule. In most instances when there were problems with her grandchildren at the school, DYP was called immediately instead of talking with the guardian and discussing an intervention together. Another elder spoke of the way that they handled family problems in the past:

In the old days, we handled our own problems.
When both my parents died, other family members
intervened and adopted us. DYP and social workers
did not exist back then and we survived just fine. (L).

The Participation of Health and Social Service Personnel

Health and social service personnel also participated in the research and clarified their role in the community. Kawawachikamach has one of the largest numbers of signalement or “intake” calls coming into the head office of Les Centres Jeunesse Cote Nord in Baie Comeau. Kawawachikamach is one of the smallest communities covered by Les Centres Jeunesse Cote Nord with a population of around 800 people. Health and social service personnel suggest perhaps that the reason for the high volume in intake calls is that parents and family are too shy to intervene for themselves when there are problems with their children. They feel that most Naskapi parents simply endure their children instead of parenting them. They went on to explain that even though the parent might feel that the child is acting inappropriately, the parent will say nothing and endure this behaviour from their child. Parents are calling intake about their own children because they feel helpless and are unsure of what to do about their child’s behaviour. There are even cases where a parent feels so overwhelmed they request the removal of their child. When the worker removes the child, the child blames DYP because the parent has never discussed their feelings with the child or told the child that it was at their request that this removal was made.

With only two DYP workers in the community at any given time, there is simply not enough time to organise prevention services. DYP feels that one of the best ways to meet the needs of the community of Kawawachikamach is through the creation of prevention services

within the community. Prevention services would help parents gain confidence and help the community as a whole respond to the needs of families and children in a healthier way. DYP workers also understand some of the injustices that these Naskapi parents are facing at a systemic level which these workers have no control over, for example the way that the Youth Court system is treating these Naskapi families. Court takes place on a monthly basis in Kawawachikamach but this court includes only the Criminal and Penal Division, the Youth Division- Delinquency only, and Small Claims. The monthly local court service does not include the Youth Protection Division forcing families to travel to Sept-Iles with regards to court ordered Youth Protection cases. Parents have to pay their travel to and from Sept-Iles for court which can be very costly and can result in them missing work frequently. If they cannot afford to leave for this court date, the parent is viewed as being deficient in their parental capacities.

The Youth Court Process

Throughout our consultation group sessions, group members referred parents facing their child's removal to come and see me for advice as well as some group members themselves sought out help with the Youth Court process. From helping these individuals, it was easy to see how little they understood about the process due to the fact that it was never properly explained to them. Some parents had no idea that they could have access to free legal aid depending on their household income. Others had trouble finding lawyers due to the language barrier. Since Youth Court is held in Sept-Iles, your lawyer must be practising in Sept-Iles. I had no difficulty accessing resources for these parents because I am bilingual and I had experience with Youth Court from my time spent working on my internship at Batshaw Youth

and Family Services in Montreal. It was evident that the lack of bilingual lawyers practising in Sept-Iles could cause difficulties for parents in this process. As well, all of the Court ordered documents sent to these families were in French only. These documents can be translated into English but at the request of the parent and the contact information for this process or offer of the translation is not indicated on the documents. I found out that these documents could be translated by calling the Youth Court in Sept-Iles directly. Documents would also have to be translated into Naskapi if the guardian is a grandparent who does not speak or read English. This is often the case for some of these youth when they are under the care of their grandparents or another extended family member. For all the cases that I was asked to help with in Kawawachikamach throughout this study, the Court papers requesting that the parent present themselves for their child's case with the Department of Youth Protection was the only paperwork that the family had received from les Centres de Jeunesse Cote Nord. Voluntary Measures or other intervention strategies were not even spoken about with the families. Removal was the only option for these families.

Other injustices with the Youth Court system include parents being told that they do not have to present themselves due to the cost of travel. Once the parent does not present themselves, it is noted in the court documents and used against the parent. The court denoted it as the parent showing no interest in their child's life. Also, some of these youth court cases are the only opportunity for parents to see their children who have been removed to far locations such as Montreal. The parent is promised that their child will be present at the court hearing in Sept-Iles. Once the parent is in Sept-Iles for the court hearing, the parent is advised that they were unable to transport the youth to the hearing. The youth has no say over the process.

These are not just individual occurrences; they have happened to many Naskapi families dealing with the removal of their children.

The Costs of Removal

Several group members discussed the monetary cost involved in the removal of these children from the community. When DYP removes a child, in most cases a chartered plane is rented by the DYP, which arrives in Schefferville with one or two security guards on board and usually leaves with just the one child. The estimate costs for this one transport are between \$5000-\$7000. Consultation group members expressed that these funds could better be allocated to provide resources for these families within the community. Others expressed the injustice of DYP warranting the cost of this travel and not assisting in the cost of travel for parents and/or guardians to attend court in Sept-Iles. An elder explained the situation of her grandson being flown down to Sept-Iles on a chartered plane only to be picked up at the Sept-Iles airport and immediately being transferred to another DYP chartered plane heading to Montreal. This elder was told that her grandson would be placed in a group home in Sept-Iles and to her surprise she is unable to contact her grandson in Sept-Iles as he has been placed in Montreal without her being advised. Her concerns were the following:

I am getting old and I am unwell. I understand if DYP thinks that my grandson is better off receiving other services. I would just like the ability to visit with him. Montreal is far away and it is hard for me to get there. I would like my grandson to know that I love him and I worry about him and most of all I would like the opportunity to see him again before I die. (A).

Reflections on Family Group Conferencing

When presented with the material on Family Group Conferencing, the consultation group found this model to be compatible with traditional ways of working within a circle to solve problems. They found FGC to be a more progressive approach to working with families and that it could create an atmosphere where families would participate more voluntarily. This form of service would eliminate the judgement of parents, allowing parents the right to make mistakes and share with each other to find solutions. FGC would also allow families to exhaust all options within the family and lower the removals of youth from the community which seem to be increasing over the past few years. Although the participants thought that FGC would be beneficial in principle, participants felt that it would be too hard to adapt for this community at this time. Instead, members were more interested in looking at the possibility of transforming their current social service system by creating a new vision for their community in this area.

One Naskapi professional in the consultation group stated that in order for outside professionals to provide appropriate services:

You need to teach us if you want us to trust you and
You need to let us teach you about who we are. (Q).

Members of the consultation group acknowledge that outside professionals are a necessity until community members receive the appropriate training to take over the responsibilities of these professionals. It is imperative that these outside professionals develop services with the input of community members so that these services demonstrate cultural sensitivity and reflect the community's ever changing needs.

Presentation of Recommendations to the Consultation Group

Once the recommendations and proposed Action Plan were prepared and presented to the group, the members decided that they would like to continue their involvement in the creation of new strategies within the community. Group members would like to be part of the presentation of the recommendations and Action Plan as the majority of the recommendations were made in response to these members' experiences and ideas. This group would like to be implicated in the evolution of providing generic services to providing specific programs which address the needs of all children and families in the community. Their strategy would not only include sharing the recommendations with Chief and Council, the CLSC, and Les Centres Jeunesse Cote Nord but engaging the community by holding a large community meeting to inform them of these recommendations and involve community members in the process and progress of developing new agency. While the consultation group views all of their recommendations as being valuable to the community, they would like to put an emphasis on creating a Youth and Community Agent position to represent the rights of the youth and community in DYP interventions. This group would also like to offer Family Group Conferencing services, with the continued help of the researcher, to one or two families that DYP or other service providers believe would benefit from this approach. By offering this trial service and then evaluating the benefits, challenges and changes needed to be made for it to be more effective, a clear protocol can be designed for this community. The consultation group also agreed that numerous recommendations can be made but if the community lacks the funds or

resources necessary for the implementation of these recommendations then our process has failed. It is imperative that the consultation group work with the Nation, CLSC, DYP and community to create a clear vision statement for the provision of these new services and resources.

5- DISCUSSION

Research participants showed an interest in adapting family group conferencing and related strength based techniques in the future to serve as a culturally appropriate case planning and decision making child welfare model in the community of Kawawachikamach. The actual adaptation process of these practices is more tedious. Resources and funding are key components in making these adaptations as well having the involvement of political allies in the Naskapi Chief and Council and the support of the Naskapi CLSC in this process of change. By resources, I am looking specifically at personnel who could not only adapt these practices but a team of resource personnel who could put these practices into effect appropriately. Similarly, Paul Adams (2000) discusses that while looking at creating new social work paradigms within communities, "...it involves developing partnerships in wisdom, knowledge, skills and resources" (p.117). As previously noted, the resource personnel in this community are limited. The creation of new positions for persons with valid experience and qualification in the areas of community development, family/individual counselling, drug and alcohol rehab, child psychology, domestic violence/abuse, as well as specific training in the area of teamwork could lead to the facilitation of adapting family group conferencing as well as other beneficial practices. One positive outcome of FGC is that clients that participate in FGC are often

receiving more services than those who are simply covered by child welfare (Cumming & Bartlett, 2006). Even if Kawawachikamach is not at the stage of adapting an FGC model for their community, the creation of new prevention services as well as the creation of new partnerships between existing community organisations would benefit the community by increasing the number of support services available to community members.

The participation of social workers and health professionals was limited in this study. Some of these professionals did not agree with the research content and felt that the research was an attack on the services that they were currently providing. Professionals working in this community are showing difficulty in assessing the effectiveness of their interventions as well as looking at new practices which could turn out to be beneficial for this community. It is imperative to look at strategies to develop partnerships in skills and resources as well as to create a needs assessment of the community and evaluate whether these needs are being met by the current services.

From the experiences shared by community members, we can see that the removal of children in Kawawachikamach by DYP is often unpredictable and somehow related to the parent's personal problems. First Nation's parents' personal problems are viewed as deficiencies as individual parents, obscuring the roots of the problems in which these parents are facing. Similarly, rates in removal may not decrease simply by shifting the control of child welfare responsibilities. Community resources need to be allocated to address social problems that undermine parents' abilities to care adequately for their children. (Trocme, Knoke, and

Blackstock, 2004). Prevention Services are lacking within this community due to the need for qualified personnel and coordination between various already existing organisations.

Naskapi parents have been construed by DYP as being too lenient or neglectful of their children. Their parenting values are compared to those of mainstream society and when parenting suggestions or courses come forth within the community, they stress healthy parenting practices of mainstream society and not healthy traditional parenting practices. Instead, healthy Naskapi parents or elders could be used to mentor parents who are struggling with their parenting abilities allowing traditional practices to be viewed a strength as opposed to mainstream practices. In strength-based practice it is believed that individuals possess the abilities and inner resources that allow them to cope effectively with the challenges of living (Brun & Rapp, 2001). Looking at the disclosures of Naskapi community members through this research, individual stories of heart ache have been shared, some of child removal, some of social injustices, others questioning their parenting abilities. These stories show strength, that these community members are resilient and are looking for change within their community. Even after all of the hardships that they've been through they have not given up and try to grow and teach personal growth through the sharing of their experiences.

Custom adoption was first promoted in Kawawachikamach approximately 15 years ago. The purpose of this initiative was to promote resilience as opposed to racism and discrimination. Over the years the services have dwindled for those involved in custom adoption. Custom adoption is not recognised by mainstream agencies and the adoptive parents have no rights over the children whom they take in. Custom Adoption is also less

promoted than it was in the past. Those service agents who first promoted this initiative are no longer working within the community and new workers, depending on their belief system are not promoting this strategy allowing children to stay in their community of origin. Although custom adoption when still used allows children to remain in their home community, it often does not address the difficulties of living in the same community as the parent who can no longer care for this child. There are also no services available to address any conflict that could occur between any of the involved parties from unresolved feelings.

Naskapi community members found that Community Based Child Welfare Programs seem beneficial for Aboriginal children. Members stated that community based responses seem to address structural barriers as well as inequitable service access. However, members do not believe that Kawawachikamach is at this stage yet. Once more Naskapi individuals become educated in the domains of social service and health, creating their own community based programs in child welfare can become a reality. From their reflections and disclosures of experiences with DYP, Naskapi community members are discontent with the services that they are receiving from DYP. Their discontentment is in no way related to them wanting DYP services to be abolished in their community. Instead, community members would like to see changes within DYP which include: culturally appropriate services which respect their traditional values, partnerships with other existing organisations in the creation of prevention services, increasing the availability of services in English and the possibility of some services in Naskapi, and improvements with the Youth Court system.

The majority of stories shared throughout the research were experienced by mothers and grandmothers providing custom adoption for their grandchildren. The eagerness for these women to share demonstrates their need for understanding. Davies, Krane, Collings, & Wexler (2007) argue that mothers should be treated as subjects in their own right, within youth protection, enabling them to express their experiences as mothers. By valuing mother's experiences, the worker can appreciate the conditions shaping this mother's life providing increased understanding as well connections with the client. With the increased devaluation of First Nation mothers, "mother narrative" practices would show respect and appreciation for what she has lived through: her pain, her wisdom, her endurance. By understanding these attributes of First Nation women, Hill (2003) argues that this would aid in restoring the balance of female energy in First Nation communities as well as the reclamation of the traditional title of the Sacred Woman. Only through the discussion of the difficulties that these women face will healing begin (Hill, 2003). By listening to these women's stories, most for the first time, we will change our understanding of the hardships Aboriginal mothers face. In our roles as social workers, we can aid in the renegotiation of social, cultural and political structures that permeate their bodies as "stress" (Adelson, 2008).

Participants agreed that a new vision of community health should be created. This vision should encompass these seven areas: value and respect for Aboriginal people's traditions, cultures, values and beliefs; building on strengths; continuum of integrated services; fairness and equity; participation; family preservation; and education. Based on traditions, culture, and beliefs, Aboriginal peoples have an inherently different perspective or worldview of family and community from that of the mainstream western perspective. These traditional

perspectives of family should influence the way that child and family services should be delivered. The resourcefulness and strengths of each family, community and young person should be identified and promoted by providing opportunities to utilize and build their own support networks. A continuum of integrated services ranging from prevention, to least intrusive interventions, to more intrusive interventions should be available and accessible to children, youth and families. All Naskapi children, youth and families should receive fair and equitable resources and services. In the context of child and family development children, youth, families and communities should be actively and meaningfully involved in all decisions which affect their well-being and development. Home based services should be available to support families who have the potential to care for their own children. The promotion of social work and other health-related education for Naskapi community members is an essential first step in creating valuable community based programming. The group also agreed that a community vision for health in the area of child welfare/social services could not only be decided by them. Group members wanted to share the areas of concern with Chief and Council, the CLSC, DYP and the community as a whole. With the input of these organisations a clearer vision would be created, allowing linkages to be developed across the community's different programs, agencies and jurisdictions.

In the group discussions, members accepted the services and recommendations that they received from DYP. First Nation community members often reflect social policies rather than challenge them (Ban, 2005). When the elder spoke of her grandson being placed in Montreal instead of Sept-Iles, she was not concerned with the removal but more with the health and well being of her grandson. She felt that she had no power over his removal and

historically the removal of children has been inevitable in this community. She felt powerless as mothers must have felt when their children were taken away to residential schools. This legacy of assimilation is continuing through the removal of these children. Aboriginal women feel that they are entangled in a history and social reality that they cannot readily challenge or change (Adelson, 2007). Through these open discussions about change, these community members have been able to feel mobilized and to feel the importance of challenging these norms. Often times, when providing social services we only see the receivers of the service in need of change. It is imperative to see that service providers are in need of change and change through community solutions as relevant response (Ban, 2005).

6- CONCLUSION

The unfortunate reality is that 1 out of 10 First Nations children are placed in care compared to 1 out of every 200 non-First Nation children in Canada (AFN, 2009). Ultimately, child welfare should be about working with First Nation families to ensure the safety and well being of their children. The most critical missing component is prevention, or the ability of the agencies to link families with support services that will ensure child safety and enable the family unit to remain intact whenever possible. The lesson, therefore, is to emphasize prevention and to invest in infants, children and youth so as to give them a sound foundation in which to build (Human Resources Development Canada, 1999).

The inequities in child welfare experienced by members of the community of Kawawachikamach are similar to those heard Nation-wide. The First Nations Child and Family

Caring Society documents some of these inequities as follows (FN Child & Family Caring Society of Canada, 2009):

-The federal government is not providing First Nation child and family services agencies with enough funding to meet the needs of children in care

-Similarly to other minorities, Aboriginal children and youth are over-represented in the child welfare system.

-The average Canadian receives two and a half times more services from the federal, provincial and municipal governments than Aboriginal community members.

Acknowledging these inequities is only the beginning. Change is only possible through taking action. By listening to the personal experiences of Naskapi Community members with DYP and by sharing these experiences with others we have acknowledged the inequities which they have experienced and allowed for healing and growth from the telling of their experiences. Through the creation of an action plan founded with the purpose of creating “good practices” in child welfare, an infrastructure for a holistic and culturally based continuum of child and family services can be established in the community of Kawawachikamach.

Appendix A: RECOMMENDATIONS FOR THE COMMUNITY

After assisting several community members and consultation group members with the Youth Court process, it is clear that the development of advocacy services for parents is a necessity. A key component in the creation of these services would include translation services. There is an extreme need for documentation translation from French into English as well as English into Naskapi. It may also be necessary for the translator to go over the documents orally with the family in order to ensure their understanding. With their rights and traditions often being overlooked by the DYP worker, the Naskapi Nation may want to look into mandating that a community worker be present at all family interventions. The use of a community worker could also be a positive addition in the area of translation throughout these interventions as well as provide the DYP worker with the cultural sensitivity necessary to best understand and respect the needs of the family that they are intervening with.

With Youth Court being held so far away, discussions could begin within the community's already existing justice committee and the Court itself to look at possible solutions to the distance problem. The costs associated with attending these proceedings can be quite high for some families and even unaffordable for some. With the parents attendance being court ordered, absence will only result in the discreditation of the parent and his/her parenting abilities. All communities north of Sept-Iles have to attend Youth Court in Sept-Iles for Youth Protection Cases. Similarly, the majority of these northern communities are First Nation or Anglophone communities on the Lower North Shore. Kawawachikamach could possibly start an

alliance with other communities with regards to this distance issue. By communities working together, the Court might take these communities requests more seriously.

Several recommendations were made with concern to families with children with special needs. Parents and guardians of special needs children, teens and young adults feel that there are not enough support systems in place to ensure personal success for these youth as well as for these families as a whole. Parents and guardians feel that they need to be more educated with regards to their child's needs, impairment and /or disability. They would appreciate translation of such information into Naskapi. These parents and guardians would like to see more specialists invited to the community to educate on the topics of adaptations for parenting children with disabilities as well as how to ensure that their child achieve personal success in the educations system as well as become a contributing, respected citizen within their community. Other recommendations in this area include: a support group for parents with children with special needs, support services for these families including but limited to respite care, recreation and social services, especially as these children are becoming young adults, home-based support, advocacy, early intervention services, and counselling.

Cultural Adoption has allowed for Naskapi youth in need to stay within the community of Kawawachikamach. This service is based in promoting traditional values and culture. Often the caregivers in these situations are not given the opportunities to give their feedback to the Court or even speak within their own families about what may be best for the child. In order to keep these caregivers healthy, we need to give them a voice. Support services need to be established for these custom adoption caregivers such as: support groups;

the use of family group conferencing models so that the family can discuss issues and organise interventions together; appreciation and discussion of custom adoption as a strong community resource for these youth who are often being removed from the community.

Prevention services are lacking within the community of Kawawachikamach due to lack of personnel and organisation between the various organisations. The creation of a global vision between these different community organisations when looking at how to assist families in healthy living is essential. This vision will aid in the development of culturally appropriate services in addition to services which are sensitive to the needs of the community instead of the needs of the professional.

A consultation group member and a community Addictions worker, Ms. Noat Einish, has also put in a very interesting proposal to the Nation regarding the mobilization of Community Resource Centre as well a Healing Lodge in 2008. The consultation group members fully support Ms. Einish in these recommendations. The Community Resource Centre would be an ideal place for a Multi-Disciplinary group involved with Health and Social Services to animate projects with target groups as well as to provide a safe place for community members to access resources in social health. The Healing Lodge would be based on the principles of trans-generational wisdom and healing. This lodge would also help provide services to those with alcohol and drug addictions seeing as though they can currently only receive services for these addictions off-reserve. The lodge would also be an ideal place to deal with the inter-generational damages to community members for those who attended residential school or have experienced the loss of their wisdom, culture, language and tradition.

The promotion of social work and other health-related education for Naskapi community members is an essential first step on creating valuable community-based programming. Given the remoteness of the community, in-service training should be discussed with various post-secondary educational facilities. By notification and explanation of the various job opportunities available in these fields is of extreme importance especially at the high school level.

There needs to be reconciliation with DYP within the community. Community members need to discuss past wrongs in order to heal and trust in the social work profession again. DYP needs to hear the needs of the community from community members themselves.

Appendix B:

Kawawachikamach Child Welfare

Good Practice

Action Plan

Created By: Jessica Mitchell, Community Researcher

Created On: January 1, 2010

Kawawachikamach, Quebec

Kawawachikamach Child Welfare

Good Practice

Action Plan

Purpose: The purpose of the action plan is to have a child and family development service delivery system which consistently and effectively responds to the basic developmental needs of vulnerable children and youth in the context of family and communities, and strives towards preventing vulnerability. This in turn should result in stronger families and communities and children and youth who have greater resilience and healthy development. Other important aspects of this plan include:

- Recognising and building on existing good practices regarding child and family development as well as addressing barriers or gaps in practice, policy and the system as a whole
- Maintaining consistency and stability through the application of principles and values which are non-negotiable for the entire system
- The inclusion of Aboriginal perspectives

Step 1

Meet with the Naskapi Chief and Council, the CLSC Director and Board of Directors, the Naskapi Justice Committee and the Director of Les Centres Jeunesse Cote Nord to present findings and recommendations from this research

Step 2

Involve the Naskapi Chief and Council, the CLSC Director and Board of Directors and the Director of Les Centres Jeunesse Cote Nord as well as the community as a whole in a visioning process in the area of child welfare using the broad areas that the consultation group addressed:

-Value and respect for Aboriginal people's traditions, cultures, values and beliefs: Based on traditions, culture, and beliefs, Aboriginal peoples have an inherently different perspective or worldview of family and community from that of the mainstream western perspective. These traditional perspectives of family should influence the way that child and family services should be delivered.

-Building on strengths: The resourcefulness and strengths of each family, community and young person should be identified and promoted by providing opportunities to utilize and build their own support networks.

-Continuum of integrated services: A continuum of integrated services ranging from prevention, to least intrusive interventions, to more intrusive interventions should be available and accessible to children, youth and families.

-Fairness and Equity: All Naskapi children, youth and families should receive fair and equitable resources and services.

-Participation: In the context of child and family development children, youth, families and communities should be actively and meaningfully involved in all decisions which affect their well-being and development.

-Family Preservation: All services should provide the need to have young people remain within the family or community context wherever possible.

-Education: The promotion of social work and other health-related education for Naskapi community members is an essential first step in creating valuable community based programming.

Step 3

Establish a Family Group Conferencing pilot project within the community of Kawawachikamach. Family Group Conferencing services would be implemented over the course of one year, with the continued help of the researcher, for one or two families that DYP or other service providers believe would to benefit from this approach. Evaluation of the benefits, challenges and changes needed to be made for it to be more effective would be done at the end of the trial session in order for a clear protocol can be

designed for this community. A situational analysis would also have to be completed along with a cost analysis of service delivery and other issues.

Step 4

Identify key areas in the recommendations that the community would like to prioritize. Make a long term plan for these priorities with goals on how to achieve these changes in policy. Some of these key areas should include:

- The improvement of protection, therapeutic and developmental interventions and family reunification and permanency planning for children in care
- The improvement of approaches to recruiting and retaining local foster parents and adoptive parents
- The evaluation of current services and improving or adjusting said services
- The strengthening of service provision through the creation of effective prevention services and early intervention strategies based on best practices
- The strengthening of planning for all vulnerable children and youth
- The revision of Aboriginal youth justice programs, policies and practices
- The possible provision of a full continuum of services on reserve and addressing the social development needs of their community.
- The establishment of advocacy for child and family rights
- The promotion and implementation of social work and other health-related education for Naskapi community members.

Step 5

Implement a monitoring and evaluation strategy for the transformation of service priorities including an action plan with lists of objectives, priority actions, outputs, date completions and measures of success.

Appendix C: Ethics Certificate

Appendix D: Community Posting

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