

Working with Aboriginal Families in Canada

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Aboriginal children make up approximately 6% of the Canadian child population. The Constitution Act (1982) designates the Aboriginal population as consisting of three main groups which include the First Nations, Metis, and Inuit peoples. Approximately 65% of Aboriginal children are First Nations (Sinha & Kozlowski, 2013). First Nation children in Canada make up approximately 6% of the child population, estimated to comprise of 26% of children who are eventually placed in out of home care in child abuse investigations. Many Aboriginals still hold painful historical memories of the systematic removal of Aboriginal children from their homes” and placing them in poorly funded residential school facilities or non-Aboriginal homes as a result of settlement by Europeans who wanted to “assimilate them into colonial culture” (Sinha & Kozlowski, 2013, p.3). This led to the destruction and separation families, cultural practices, and values on family interdependence (Sinha & Kozlowski, 2013, p.3). The residential schools spread disease due to poor hygiene and living conditions with speculation that 50% of children here died. There were also allegations of physical and sexual abuse (Sinha & Kozlowski, 2013). In some Canadian provinces and territories at least 60% to 78% of Aboriginal children are in child welfare systems. In the 1960’s and 1970’s many Aboriginal children were apprehended by provincial child welfare agencies, social workers were known to have put children in residential homes, or adopting them out to non-Aboriginal homes (National Collaboration Centre for Aboriginal Health, 2009-2010).

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During the 1970's Aboriginals started to develop their own various child welfare agencies which were generally managed by their communities to try and lessen the overrepresentation of Aboriginal children in out of home care (Sinha & Kozlowski, 2013). Underfunding of Aboriginal child welfare agencies on reserves has been reported frequently. Approximately half of the Aboriginal population now lives in urban areas, this had led to Aboriginal led agencies in big cities such as Vancouver, Toronto, Winnipeg and other areas (Statistics Canada, 2009; Sinha & Kozlowski, 2013). There appears a significant variation of Aboriginal delivery of child welfare services based on "child welfare statutes, assessment tools, competency based training programs" and diversity in services offered to Aboriginal children and families based on different structures of "governance, and law making authority, service providers and funding control" (Sinha & Kozlowski, 2013, p. 5.) Then there is also the critical piece of how a band has the right to be involved in some areas in development of "care plans for aboriginal children being placed out-of-home or adopted or bands designating a representative to deal with child welfare protection services, including legislation for example in Alberta that states there needs to be consultation with Aboriginal representatives when child welfare is involved with Aboriginal children (Sinha & Kozlowski, 2013, p. 5.).

For example, the First Nations Aboriginal Child Welfare agencies have four ways in which they can intervene: under provincial /territorial child welfare laws they provide child welfare services including investigations of child abuse and neglect; they may have delegated agencies that can provide family support services, guardianship and voluntary care agreements, but may not have legal permission to investigate child abuse reports; others have self-governing models in which their agencies provide a diverse range of child welfare services due to specific self-governance agreements and/or treaties; and some agencies with voluntary mandates to provide some services to the Aboriginal population ("Canadian Child Welfare Research Portal," n.d.). It is also important to note that lots of Aboriginal

children still work with mainstream child welfare agencies. Federally the Canadian government often pays for child welfare services on reserves with provinces paying for child welfare services not on reserves. Any type of Child welfare services that assists Aboriginal children will work in consultation or collaboration with elders, band members, and extended family members.

Case

Grande is a remote Indian reserve community on an island in Canada which is home to the Heiltsuk First Nation people. It was founded somewhere around 1897-1903. It has a population of approximately 1500 people. It is rather geographically isolated in the sense that the only way to get there is by a plane or small plane. All food is shipped in by ferry. The main livelihood for people is the fishing industry. It has a general store, a community school, a couple of small restaurants, a small medical clinic, a health center, a police station that closes at 4:30, and a Child and Family Services Center.

The Child and Family Services Center has an executive director, and family preservation worker and some other support staff. Majority of the staff are First Nation people. It is designated as C3 which means the main roles of the agency are to recruit and retain foster homes, provide family support, and to offer respite services.

The Child and Family Services Center in Grande was telephoned by an anonymous caller about a family living on the island. The caller reported concerns about a couple named John and Tina who also have a 14 year old son, Tom. The caller stated that John had a severe drinking problem and that he was concerned about the welfare of the child, Tom. The caller said he had never seen Tom abused physically, but that he was worried about home environment due to his father's drinking binges.

The worker took some general information down which was as follows. The father, John was 40 years old and the mother, Tina, was 35. Both of them worked seasonally in the fishing field. During the season of fishing John did not drink. However, once the fishing season ended which was winter that he would binge drink for weeks on end during the winter, then take a break for a couple of days and start again. The caller reported that there had also been increased arguing in the home because of Tom's drinking.

A worker was sent to the home unannounced the following day. John and Tina answered the door and were very upset that a worker from Child and Family Services had been sent. They reported that they provided well for their child. Tina shared up front that she only trusted First Nations people, upset the worker was not aboriginal. She reported that historically many Canadian Child Welfare agencies had systematically removed many children from Aboriginal homes, and it was very hard to trust the worker because of that. John also shared that he had the same fears and was terrified that their son, Tom, would be sent away somewhere, and put in a home somewhere on the mainland of Canada.

The worker empathized with John and Tina and re-assured them compassionately that she could understand why they were afraid of her given the past history of how Aboriginal children and families had been separated and put in residential schools. The worker added that she was the only person that investigated any allegations of neglect because the Child and Family Services agency on Grande Island only had enough money to hire one worker to investigate family issues in the community. The worker reported that Child and Family Services agencies on the mainland in Canada had many workers who investigated child abuse and neglect allegations, but that funding for Child and Family Services on reserves had been historically low, hence she was the only person that could investigate the allegation.

John and Tina were frustrated but said that they would only speak with the worker if an elder from their band was present, and that they would not permit her to talk with their son, Tom. The worker could see Tom from a distance. He was watching video games. The worker could not smell any alcohol on John. He appeared to not be impaired. However, the worker also knew from the anonymous callers' information that John could possibly be a binge drinker, drinking for a few days and stopping. The worker also knew that there had been allegations of increased arguing happening in the home when John was allegedly drinking, and she was worried about the potential for domestic violence to occur.

The worker informed the John and Tina that she would be agreeable to the family having an elder band member present. John then made a call on his cell phone and called an elder from his band. The elder said he would be over in a few minutes. Once the elder was there, John and Tina seemed much more relaxed. The elder said it would make sense to first talk to the parents, and then to bring their son, Tom in. The worker then learned that the elder was the official band rep for any allegations concerning child abuse and neglect.

The elder, worker, John and Tina sat on a table. The worker shared the concerns about Tom's alleged binge drinking and concerns about growing arguing in the home between him and Tina. Initially, John looked defensive, but once the elder asked him to respond truthfully that changed the dynamic. John shared that over the last few years his drinking had gone out of control and that when he started that he could not stop. The worker thanked John for being honest, and trusting her enough to share. Tina broke into tears and said that when John drank that he would get mean and start yelling.

The worker then said that she wanted to speak with the son, Tom, privately to get his perspective as well. John and Tina got very upset. However, the elder said he would stay in the room and that way the parents might feel more comfortable. John and Tina left the room, but looked worried.

The son, Tom, came into the room and shared very honestly that he was worried the worker was going to take him away and put him on the mainland. The worker assured that would not happen. Tom then started to slowly share that his father's drinking had been getting worse and worse and that both his parents argued tremendously when his father drank. Tom said that he felt his father needed serious help, and treatment.

The worker then called the whole family back in the room with the elder. Tom said that he felt that he first needed to be detoxed, but there was no place to do this on Grande Island. The worker agreed and said that arrangements could be made for Tom to be ferried to the mainland in Canada to get detoxed in a center for three weeks. Given this was the off season of work, Tom was agreeable. It was also agreed that, the family would be referred for counseling at a small health center that was nearby. The elder also advised that it would be helpful for female members of the band to meet with Tina once a week so that she had support as chances of relapse were possible. He also advised John that there were male members of a band that had started a support group to address the alcohol problems on Grande Island.

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