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Changing the Child Welfare Agenda: Contributions from Canada

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Sandra Scarth,
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THE COMMUNITY CONTEXT OF CHILD WELFARE

- Local Governance of Child Welfare Services
in Alberta
*Michael Rothery, Jim Gallup, Gene Tillman,
and Herb Allard* 587
- Improving the Life Prospects of Children:
A Community Systems Approach
Craig Shields 605
- A Place for Advocacy in Child Welfare
Systems: The Case of Adoption
Margaret Ward 619
- Child and Family Service Standards in First
Nations: An Action Research Project
Brad Mckenzie, Esther Seidl, and Norman Bone 633

**TRENDS AND INNOVATIONS IN
CHILD WELFARE**

- Adoption Practice in Canada: Emerging Trends
and Challenges
Michael P. Sobol and Kerry Daly 655
- Changing Adoption Policy and Practice to Deal
with Children in Limbo
Gail Aitken 679
- How Children in Care View Their Own and
Their Foster Families: A Research Study
*Kathleen Kufeldt, James Armstrong, and
Marshall Dorosh* 695
- Homeless Youths and the Child Welfare
System: Implications for Policy and Service
Michael D. Fitzgerald 717
- Mediating Child Protection Cases
June Maresca 731
-

Child and Family Service Standards in First Nations: An Action Research Project

Brad McKenzie, Esther Seidl, and Norman Bone

Decentralized, community-based child and family services have been provided by First Nations agencies since the mid-1980s. Attention has recently been focused on the development of culturally specific standards of practice that can become the basis for culturally appropriate services and First Nations legislation in child welfare. This article summarizes findings from a participatory research process conducted in eight Manitoba First Nations. Results support important differences concerning the causality of child welfare problems, the definition of key child welfare concepts, and the place of cultural values and practices in intervention. It is also significant that many of the views about good child welfare practice are similar to those in mainstream society.

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633

Child welfare services to Manitoba First Nations have historically been characterized by political neglect, paternalism, and institutional colonialism. The result of these policies has been a disproportionate number of First Nations* children in care, limited provision of family services, and the permanent loss of a large number of children from their families, communities, and culture [Johnston 1983; Kimelman 1985]. Between 1966 and 1981, 14 First Nations in southwestern Manitoba received services, including cross-cultural adoption and long-term family foster care in non-Aboriginal communities, from three Children's Aid Societies under agreements signed with the federal and provincial levels of government. For the remaining 45 First Nations in the province, statutory child protection services, consisting primarily of long-term placement outside the community and culture, were provided only when the life of a child was at serious risk.

By the mid-1970s, the First Nations leadership began to mobilize in response to the escalating loss of their children. This advocacy was also an expression of growing aspirations for self-determination, including increased control over social services in their communities. Between 1976 and 1979, nine First Nations entered into bilateral funding arrangements with the federal government to deliver nonstatutory child welfare services. In 1980, a tripartite working group recommended an approach to service delivery for First Nations that included options ranging from service contracting to complete administrative control [Report of the Indian Child Welfare Subcommittee 1980]. The provincial association of First Nations took a leadership role within the tripartite committee in designing a \$24 million pro-

*The term *First Nations* refers to the original inhabitants of Canada and their descendants prior to contact. It is generally used to refer to those who have status under provisions of the Indian Act. It replaces the term *Indian*, although the latter is still used. The term *Aboriginal* includes First Nations people as well as those who do not have status but trace their heritage to the original inhabitants of Canada.

posal for the delivery of child and family services by First Nations authorities, and negotiating a master tripartite agreement in 1982. This agreement provided for the extension of child welfare services under provincial legislation and standards to First Nations, federal funding for the cost of services, and the delivery of services by agencies administered and controlled by First Nations.

Fully mandated First Nations child welfare services have been in place throughout Manitoba since the mid-1980s. In the Manitoba model, regional agencies, generally organized under Tribal Council authorities, provide a comprehensive range of child welfare and family support services using a decentralized, community-based service model. Governance structures include an agency board composed of representatives from participating communities, and local child and family service committees in each community. Services are usually provided by a combination of community-based staff members, who provide a broad range of generic services, and regionally based supervisory and specialist staff.

Although First Nations agencies have some autonomy over agency-specific policy development, provincial jurisdiction over legislation and standards and related requirements for accountability have been contentious issues. For most First Nations, the initial acceptance of these arrangements is regarded as an interim measure, and the long-term goal of distinct standards and legislation has remained an important priority.

In 1993, West Region Child and Family Services, an agency serving nine First Nations communities, launched a project designed to develop culturally appropriate child welfare standards through a community-based, participatory research process. Though other research efforts to specify such standards have taken place, notably in British Columbia and Quebec, this process was unique because federal funding was supplemented by agency resources to allow for an extensive community consultation process. In addition, the project was designed to develop standards in communities where services had already been pro-

vided by First Nations authorities for more than a decade. The experience of service provision under First Nations control is particularly important. First, child-rearing, family, and parenting matters are shaped by the historical relations between First Nations and governments, religious organizations, and the agencies that provide social services. Any community consultation process involves the difficulty of separating service experiences from standards considerations, and in these communities residents had experience with both the conventional and the more recent First Nations child welfare systems. Second, awareness has grown in these communities that the achievement of good quality child welfare services requires much more than a change in administrative authority over such services. The development of new, culturally appropriate standards and models of practice requires considerable time, resources, and knowledge. In First Nations communities, this process is complicated by the high demand for crisis services, the recognition that many traditional cultural practices have been lost through exposure of children to residential schools and other assimilative instruments in the dominant society, and limited financial resources.

Standards are particularly important in child welfare because they provide criteria that establish the legitimacy of state intervention in mediating the rights between children and their parents, or in intervening to protect the rights and interests of children who may be at risk. They can also provide a basis for examining and measuring practice, a tool for planning, organizing, and administering services, and a means for promoting how services may effectively meet the needs of children [Child Welfare League of America 1989].

In First Nations communities, standards can provide a framework for contributing to the evolution of theoretical and culturally specific criteria for services. In this process, the rationale for service development transcends arguments based solely on political aspirations for self-government, and incorporates elements pertinent to the unique service and cultural needs of First Na-

tions communities. The identification of culturally specific child welfare standards is, however, quite complex. Although it is now generally accepted that early First Nations societies embraced a holistic, interdependent lifestyle, a social and political structure based on the clan system and extended families, and a decision-making process based on mutual cooperation and the building of consensus [Clarkson et al. 1992], it is not clear whether such differences are retained today, particularly in First Nations communities located in close proximity to non-Aboriginal communities. And even if differences can be identified, should the focus be on defining Aboriginal values and related standards as they are practiced today after more than three centuries of contact, or on traditional values that may reflect an idealized vision of service provision? Moreover, Popkewitz [1988] has observed that in a minority-majority context it is often unclear which elements of culture belong to the minority group as "original" aspects of their lifestyle, and which have been formed in response to dominant cultures and power relations.

Contemporary differences between western European and Aboriginal cultures have been demonstrated, including the significance of traditional values, spirituality, ceremonies, rituals, and the role of Elders and the extended family [Brant 1990; Red Horse 1980a; Cross 1986; Edwards & Edwards 1980]. These beliefs and customs influence behavior, and this has contributed to the increased use of traditional practices in intervention, including the use of healing circles, sweat lodges, pipe ceremonies, and the medicine wheel [Timpson et al. 1988; Longclaws 1994]. Although traditional values and practices can be used to inform the development of child welfare standards, communities may identify with traditional aspects of culture to varying degrees. Red Horse [1980b] distinguished between traditional, nontraditional, and pantraditional family life-style patterns, although he noted that Indian core values may be retained regardless of life-style. Morrissette et al. [1993] outlined a model that draws distinctions between individuals who reflect characteristics that can be de-

scribed as traditional because of their strong adherence to traditional values and practices, those who reflect characteristics that can be described as neotraditional because they express a blend of traditional and nontraditional values, and those who reflect characteristics that are nontraditional either because they have adopted dominant societal values or have become alienated from both mainstream and traditional Aboriginal societies. This model recognizes that different and often conflicting influences exist within communities, that identification with traditions is undergoing considerable change in Aboriginal communities, and that individual differences within cultural groups must be respected. Thus, the values, beliefs, and standards of action that shape contemporary Aboriginal life-styles must be understood within a dynamic context, recognizing both current differences among individuals and communities, and that these differences may evolve more quickly than those associated with the dominant society. These realities required that standards development in First Nations communities be viewed as an evolutionary process that included extensive community input and involvement in the early stages.

Method

Qualitative methods are particularly appropriate when the aims of the research include exploration, discovery, and an inductive approach to knowledge development [Patton 1990]. Moreover, they are an essential component of research in First Nations communities in attempting to capture experiential knowledge shaped both by historical relations and a particular community context. In this case, qualitative research methods were combined with elements of a participatory research approach in order to engage the community in shaping its own distinct standards of child welfare practice. Participatory research is described as a combination of education, research, and action, with the goal of contributing to community empowerment. It is a

process whereby people are assisted to determine their problems, educate themselves about the problems, prioritize issues and causes, select solutions, and take action [Cassara 1987]. The participatory components of this design included extensive focus group interviews in each community in the first round of data collection, and a second stage where feedback on findings was provided and further input and clarification were obtained. This strategy helped to establish the validity of findings, forestalling an often noted criticism associated with the use of qualitative methods.

The primary data collection method involved the use of focus groups, and extensive discussion of a standard set of questions. Stewart and Shamdassain [1990] outline several advantages in the use of focus groups. Advantages important to this project were the open response format, which provides an opportunity to obtain information in the respondents' own words, allowing for deeper levels of meaning and important connections, and the opportunity to obtain in-depth information at less cost than individual interviews.

An initial interview guide was constructed to elicit responses related to such topics as the definition of a family, indicators of abuse and neglect, substitute placement preferences, and the role of culture in providing child and family services. The interview guide was pretested with the steering committee of the project and revised to include 13 general topic areas.

In the first phase of the project, focus group interviews were organized in eight communities. In most communities, relatively homogenous focus groups were organized and separate interviews were conducted with Elders, Chiefs, and Council members; local child and family service committee members and community staff members; biological parents, foster parents, and homemakers; and youths between the ages of 13 and 18. In two communities, the parent group was combined with local staff and committee participants, and in the eighth community, a combined focus group interview was conducted because of the

community's small size. Each focus group included between eight and 16 individuals; more than 200 individuals participated in the initial interviews. All first-phase interviews were audio-taped and transcribed for analysis, which involved the categorization and coding of open-ended responses consistent with approaches recommended by Patton [1990], Miles and Huberman [1984], and Krippendorff [1980]. More than 300 descriptive variables were created to capture the range of responses to questions, and interview passages were selected to illustrate both the range of responses and the common themes.

Data reduction involved the transfer of participant responses and researcher comments to a computer, allowing information to be sorted and organized relative to questions and respondent groups. Coded responses were also recorded as nominal data and summarized for each group and community. This enabled the identification of common themes and responses for groups, communities, and the full sample of focus groups (N=27).

A second round of community consultation was also conducted, involving feedback on findings from the first phase, and the identification of key issues and questions for further discussion. This phase generated widespread community interest and provided a stimulus for further community involvement in child welfare matters.

Results

Results summarized in this section identify some of the significant themes that emerged from the two data collection phases. Figure 1 provides an overview.

Service Concepts in Child Protection

The significance of the extended family and custom adoption (defined as the informal placement of children with family or friends) to Aboriginal people is emphasized in the literature, and is clearly supported by the results of this study. When groups

FIGURE 1
Service Concepts in First Nations Child Welfare

Concept ¹	Most Common Response ²
1. Defining Family (n=26)	<ul style="list-style-type: none"> • Extended family • Nuclear family • Non-relatives included as family • Community is a kind of family
2. Defining the Best Interests of the Child (n=25)	<ul style="list-style-type: none"> • Involves providing good physical care • Involves providing good emotional care • Involves providing guidance • Involves providing safety and protection
3. Indicators of neglect (n=25)	<ul style="list-style-type: none"> • Absence of adequate physical care • Absence of guidance (supervision and discipline) • Absence of emotional care (bonding and nurturing)
4. Indicators of physical abuse (n=21)	<ul style="list-style-type: none"> • Unusual marks or bruises • Child is often afraid or angry • Acting out behavior
5. Indicators of Sexual Abuse (n=19)	<ul style="list-style-type: none"> • Child is often afraid or angry • Inappropriate sexual behavior
6. Placement Preferences (n=25)	<ul style="list-style-type: none"> • Extended family in community • Extended family outside the community • First Nations foster home in the community • First Nations foster home outside the community • Non-First Nations foster home
7. Placement Planning (n=18)	<ul style="list-style-type: none"> • Birth family to be involved • Extended family to be involved • Child to be involved
8. Required Foster Parent Qualities (n=25)	<ul style="list-style-type: none"> • Ability to provide good emotional care (respect, love) • Stability (no alcohol or marital problems) • Good communications skills • Treat all children equally • Good parenting skills

1. For each concept the number of groups who participated in discussing the concept is noted in parentheses.

2. Responses are limited to those most frequently reported and these are listed in order, beginning with the most popular item.

were asked to define their family, 25 groups described aunts, uncles, cousins, and grandparents as "their family" (see figure 1). Most groups felt that the extended family was very important as a source of "help and knowledge." The definition of a family can overlap, and 11 groups also identified a nuclear family constellation. Ten groups also identified the community as a "kind of family." Custom adoption was identified as a familiar practice by 22 groups. As noted by one participant, "People who lived or were raised up with us are adopted into the family."

In describing the best interests of children, respondents were most concerned about the provision of appropriate emotional and physical care and guidance. Although such criteria are embodied in current legislation and standards, the teaching of traditional values, language, and customs was defined as an important component of good emotional care and guidance. Referring to the traditional value of respect, one Elder commented: "Respect them [children] and they will respect you."

Inadequate physical care and guidance, followed closely by a lack of quality emotional care, were the most common factors associated with child neglect. In circumstances of neglect, placement was defined as required when parents do not respond to support services or to a warning, or if the level of neglect is too severe. The importance of support service was stressed by most groups, as seen in the following comment: "If they [children] are neglected, the agency should support the family. . . . Working with the family is the best solution. . . . Someone should work with the parents in the home."

The use of moderate physical discipline, such as spanking on the hands or buttocks was supported by a majority of groups. Many felt that the intrusive nature of policies concerning child abuse undermined the ability of parents to use reasonable methods of physical discipline. Some were opposed to the use of physical discipline, however, and respondents were generally divided on whether physical discipline was a traditional Ojibway child-rearing practice. As one respondent said, "It came

from the . . . [residential] schools That is not the way of the Indian culture. That is their way."

Unusual marks or bruises were most frequently cited as signs of physical abuse. Psychological and emotional indicators, such as fear, withdrawal, anger, aggression, and inappropriate sexual behavior toward others, were also identified as important, particularly in relation to sexual abuse. Sexual abuse was regarded as a particularly difficult problem because of its magnitude and the tendency to deny its impact on community life. As noted by one respondent, "Sexual abuse was learned over time and we need time to heal In some way it has touched each one of us."

Although the importance of treatment for offenders was emphasized, views differed on whether services should be provided within the community. As noted by one respondent, "In our traditional circles . . . nobody should be outside of the circle." Others expressed a concern, however, that the needs of the victim might be neglected, and that having both the victim and the offender remain in the community while receiving treatment might create "turmoil for the family of the victim." In incest-related cases, it was stressed that the offender, not the victim, should be removed from the home.

A wide range of prevention and family support services were recommended to cope with problems of abuse and neglect. Individual counselling, parent education, sharing and healing circles, cultural programming, youth programs, and day care services were recommended, as well as specialized services for the prevention and treatment of sexual abuse. Group counselling and support were frequently cited; such approaches are consistent with traditional healing methods. It was also recognized, however, that individual counselling might be needed before groupwork. Respondents advocated the mandatory provision of prevention and support services prior to placement unless the child was at serious risk. Continued services to parents were also regarded as important in the event of placement.

Placement Planning

Preferred placement protocols for out-of-home care were established by First Nations agencies in the early 1980s. Placement priorities, in order of preference, are the extended family, families within the child's community of origin, families within First Nations communities in the tribal council area, other First Nations families, and non-First Nations caregivers. A similar placement protocol was first incorporated as a provincial directive in 1984, and has now been adopted as a standard governing placement decisions for all Aboriginal children in the province.

This research confirmed community support for this policy, but the merits of particular resources and the needs of the child were regarded as the most important considerations in decision making. Though extended family placements within the community were ranked first by adult groups, extended family placements outside the community and family foster homes within the community were given relatively equal weight (see figure 1). This indicates the importance attached to community as well as family connections. First Nations family foster homes outside the community were ranked fourth, and non-First Nations homes were ranked as the least preferred option. Particular reservations were voiced about non-Aboriginal resources outside the community, because children were regarded as experiencing an identity crisis in such circumstances and "losing their traditional ways." It is of interest to note, however, that youth groups were more likely to choose a placement resource outside of their community, and they were less opposed to non-Aboriginal foster homes than the adult groups. It appears that adults were more likely to value community connections, along with family and culture, as a necessary component of bonding and identity formation. Adults also frequently commented on the loss of children that occurred between 1960 and 1980, and the serious difficulties faced by many of the repatriated adoptees who attempted to reintegrate with their communities and culture.

Most group members were opposed to residential care outside the community and culture. One respondent summed up the views of many by asserting that such placements "offer very negative influences . . . they offer a street life and destroy our teachings here in the community." It was acknowledged, however, that a very small number of children with serious psychological and behavioral problems may require such placements because of the absence of specialized resources in local communities.

Although clear placement preferences were expressed, it was stressed that the best interests of the child must remain the most important criteria in decision making. For example, the use of extended family placements was contraindicated if the safety of the child could not be assured, or if the extended family was part of the problem.

Definite views were voiced about the criteria to be considered in the selection of foster parents. The ability of foster parents to provide a good level of emotional care, including love, respect, and kindness, was far more important than material criteria or physical space. The presence of stability in the home, good communication skills, and the equal treatment of foster and biological children were other important attributes. Most respondents indicated that previous involvement with alcohol and drugs should be considered, but that past experience should not be used to eliminate potential foster parents. Past behavior involving physical violence was regarded as serious and any incident of sexual assault should preclude approval.

Some interview questions were designed to obtain feedback on the preferred rights of the community and parents in decision making on child welfare matters. Although parental rights to involvement in planning were stressed, groups cautioned that "denial and minimizing" were widespread and that such rights should be conditioned on the degree of parental stability. The input of the extended family and children (if age-appropriate) was also highly valued. The majority of respondents stressed the

importance of trying to reach a consensus; in the words of one respondent, "We must come together and form an understanding. . . . All parties should work together and come up with a solution." These findings provide support for the concept of inclusive family foster care, but they also exemplify the traditional value placed on participatory decision making in Aboriginal societies.

Culture and Community

Focus group participants stressed the importance of culture, including language, ceremonies, and teachings, both as a component of child welfare practice and as a method of healing their communities. In this study, the agency was also urged to provide cultural training in communities as a way of offering people "a different way to live life."

Groups were asked to define an Elder and the role carried by such a person. An Elder was commonly defined as someone "not necessarily old" but who has "more experience than you and who has gained the respect of the community." Wisdom was the most valuable attribute of Elders, and their roles were identified as advising and teaching.

Major concerns were expressed about the loss of language and cultural traditions, and residential schools were frequently cited as the principal cause. As one respondent said, "A lot of us went to residential school and we were not allowed to go home or practice our culture." Current efforts to regain Aboriginal culture were recognized as important in promoting a positive self-identity, and there was particular support for language programming in schools.

Some interview questions were also designed to obtain community feedback on the local child and family service committee and the Chief and Council. The preferred role of the local committee was to work with families in resolving problems, provide advice to the agency staff, and monitor the implementation of case plans at the community level. Unwarranted political inter-

ference by the local Chief and Council in specific cases has been contentious in First Nations child welfare, and the importance of preventing this was recognized by most groups. It was also recognized, however, that the Chief and Council had a right to be informed of agency decisions, and had a responsibility to act on policy matters affecting their community. The difficulty of responding to some complaints from community members was recognized, and many groups felt that the development of a formal community mediation and appeal mechanism might help to deal with this concern.

Youths tended to be more critical of the lack of community resources and services than adults, and felt that adults were not sufficiently supportive of their interests. Young people also felt that families "should care more for kids" and "be sober and drug free." Some of the youths interviewed had received child welfare services that they regarded as mostly helpful. Although the majority expressed a preference for counsellors who understood their culture, the youths were evenly divided on whether they would prefer to talk to someone from within or outside their community. Confidentiality and trust were cited as reasons for preferring a counsellor from outside the community.

Conclusion and Implications

The participatory research process used in this study has been quite successful in promoting community interest and involvement in child welfare matters. Focus group interviews conducted in the first phase were well attended and provided extensive, in-depth information specific to preferred community standards in child welfare. This commitment continued in the second consultation phase, in which respondents gave detailed direction for the development of culturally appropriate services and unique standards that can become a foundation for the future development of First Nations child welfare law.

It is significant that many of the views about good child welfare practice are not inconsistent with conventional stan-

dards. For example, the best interests of the child are defined, first and foremost, in terms of physical care, guidance, and good emotional care. There are important differences, however, that reflect cultural traditions and the historical relations between First Nations and the dominant society concerning the care of children. The loss of culture and problems of parenting are associated with the past practices and policies of the dominant society, and the residential school system is pinpointed as a major instrument in this colonization process. Suggested solutions to child welfare problems in First Nations communities therefore included returning to some of the values and customs associated with traditional culture. This is reflected in the importance attached to values like respect, a collective concern for the well-being of the community, and decision making by consensus. Community support was also demonstrated for the use of cultural teachings, language, and Elders as key elements in the preferred model of practice. Elders, as the transmitters of culture and traditions, should be formally integrated with agency structures and service protocols. Other studies have recommended that they be employed as staff members, or become advisors in case planning [Peigan Nation 1987; Watt 1992], and Longclaws [1994] recommends more extensive use of Elders in the healing of families.

A holistic, family- and community-focused foundation for child welfare services is reflected in the principles that emerged from this study. In conventional child welfare placement practices considerable importance is attached to a continuing role for biological families [Galaway et al. 1994], and an inclusive approach to fostering [Kufeldt 1994]. Results from this research clearly support such practices in First Nations communities. It also suggests, however, that family involvement should not be limited to biological parents. Extended family members were the first preferred placement resource identified in this study, and the direct involvement of extended family members in case planning was recommended unless there were important reasons to

exclude them. These values support a process for case planning and decision making that may include elements of the family group conference, now a widely practiced component of New Zealand's model of child welfare and juvenile justice [Maxwell & Morris 1994].

The report on Indian Child Welfare Standards in British Columbia noted that the child's best interests are served when the child's family is strengthened [First Nations Congress 1992: 64]. Although this principle is generally recognized in child welfare, the communities participating in this study placed particular emphasis on the connection between the child's well-being and family and community healing. A wide range of prevention and family support services were recognized as required elements of a child welfare program in these communities; these recommendations are similar to those found in other research on First Nations child welfare [Peigan Nation 1987; Watt 1992; Canadian Council on Social Development 1994]. It follows that child welfare legislation and standards in First Nations must mandate prevention and family support services as required responsibilities of agencies operating in these communities. Such a policy is a marked contrast to current child welfare legislation in Manitoba, which only contains wording enabling the provision of such services. The goal of maintaining children within First Nations culture also means that the well-being of children is inseparable from the well-being of adults and communities. This principle was explained in relation to the problem of abuse in the following way: "We need to support the natural parents and work with the family. . . . We [as a community] have to start dealing with the roots of abuse."

Bonding and attachment are also defined within a holistic framework. Positive attachment to parents and caregivers was recognized as important, but the concept of bonding was extended to include attachment to extended family, community, and culture. These values were expressed directly, but they were also reflected in placement preferences for children requiring

out-of-home care. For example, community attachment was described as almost as important as extended family attachment in determining the most appropriate placement resource for a child in care.

Despite a strong commitment to the family within First Nations culture, there is evidence that a child-centered philosophy must ultimately guide service provision. Community respondents stressed the rights of children to be protected from risk, and identified out-of-home placement as a necessary component in protecting children, particularly in cases of abuse. The respect for children is also recognized in opinions that children should have a voice in placement choices, and access to counsellors they can trust, even if this means using resources outside the community. This recognition is similar to the proposed standard for the Squamish nation, which gives children "the right to express themselves to someone they can rely on and to have their feelings respected by adults" [Watt 1992: 29].

Community respondents recognized the many difficulties yet to be faced in achieving these standards. Many also stressed that local leaders and service providers must coordinate their efforts more effectively to avoid dealing with problems in isolation, and pay particular attention to the development of inclusive approaches to community healing.

Self-determination among First Nations must include ways to specify the unique social and cultural aspirations of their communities; this, in turn, can provide a basis for the development of culturally specific standards of service. The community-based, participatory approach to research described in this study can make a contribution to this process; it also raises a number of service considerations that must be encompassed if community self-determination is to have a meaningful impact on people's lives. This necessitates a holistic, community-based framework that incorporates the various elements of culture and traditions. It is also apparent that children and youths have a significant contribution to make in establishing service standards. Youth

groups have raised serious concerns in other studies about family violence, sexual abuse, and drug and alcohol abuse [Watt 1992; Canadian Council on Social Development 1994], problems also identified in this study. The views of children and youths were generally regarded as important, but their voices are not always given the attention they deserve. As one young person said: "They [adults] have to take a chance that kids are telling the truth." ♦

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