

**Community Based Child Welfare for Aboriginal Children:
Supporting Resilience through Structural Change**

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INTRODUCTION

“Help Me” wrote Richard Cardinal in his own blood while the seventeen-year-old Métis boy committed suicide after spending thirteen years moving in and out of twenty-eight foster homes, group homes and shelters in Alberta (Obomsawin, 1986). While Cardinal’s death drew attention to the significant over-representation of Aboriginal children in state care, twenty years later the problem has become far more serious, with Aboriginal children representing approximately 40% of the 76,000 children and youth placed in out of home care in Canada (Farris-Manning & Zandstra, 2003). While there is a lack of information on placement trends for Aboriginal children off reserve due to variances in provincial data collection mechanisms, Department of Indian Affairs year end data suggests that the numbers of status Indian children living on reserve increased 71.5% nationally between 1995 and 2001 (McKenzie, 2002). Overall, we estimate that there may be as many as three times more Aboriginal children in the care of child welfare authorities now than were placed in residential schools at the height of those operations in the 1940’s (Blackstock, 2003). This is particularly concerning as information suggests that many Aboriginal children resident off reserve continue to be placed in non Aboriginal homes (British Columbia Children’s Commissioner, 1998). Moreover, as the United Nations Committee on the Rights of the Child notes in its concluding remarks to Canada in 2003, Aboriginal children continue to face significant and disproportionate levels of risks in other areas such as education, youth justice, health and poverty. In keeping with the Committee’s concern for Aboriginal children, over one third of the concluding observations for Canada make specific mention of Aboriginal children (United Nations Committee for the Rights of the Child, 2003).

The reasons for the disproportionate removal of Aboriginal children from their

families are poorly understood. Furthermore, much of the existing resiliency literature places the child as the primary locus of analysis versus exploring the implications of cultural, community and family resiliency as central factors. This chapter draws from a number of sources to examine some of these mechanisms. We begin by making the point that diverse Aboriginal Nations have demonstrated resiliency for thousands of years prior to the arrival of colonial powers and certainly by surviving through the myriad of traumas brought on by colonization. We further discuss how residential schools, out of community foster, and adoptive placements have historically shaped Aboriginal communities' experience of, and relationship with, child welfare services. We then present a profile of the contemporary experience of Aboriginal children and families who come into contact with the child welfare system through an analysis of data from the Canadian Incidence Study on Reported Child Abuse and Neglect.

We have structured our argument to demonstrate that the risks posed to Aboriginal children were often the result of structural decisions made by those outside of their communities. In the process, generations of children suffered severe and long-lasting threats to their well-being, both psychologically and physically. Consistent with Aboriginal holistic approaches and structural social work theory, we believe that child, family and community resiliency are interdependent and thus culturally based family interventions must be coupled with culturally based community development approaches to redress structural challenges to the safety of Aboriginal children. Finally we discuss how culturally based community development frameworks could better address some of the current structural barriers including inequitable service access and the implications of systemic causal factors on child maltreatment assessment and response.

HISTORICAL CONTEXT

Carbon dated evidence suggests that Aboriginal peoples have lived on these lands now known as Canada for over 10,500 years (Muckle, 1999) raising over 525 generations of children before child welfare and social work were even founded. These emotional, physical, cognitive and spiritual ways of knowing and being guided the resilient development of hundreds of generations of Aboriginal children who were healthy, proud, contributing members of society ... living safely at home in their communities. Yet consistent with patterns of colonialism, today this knowledge is too often viewed as ancillary to the “legitimate” knowledge of the child welfare system and to child resiliency. As the history below describes Euro-western based social work in Canada frequently embodies an unearned arrogance expressed through statute, funding regimes and social policies that directly regulate and shape the way in which Aboriginal peoples (and Aboriginal child welfare agencies) can care for their children.

The first colonists arrived on the eastern shore lines of what is now Canada in the 1490’s. Reports indicate that initial contact between Aboriginal peoples and the colonial powers were primarily mutually beneficial as the relationship was centered on trade activity but this rapidly changed as colonial aspirations moved to settlement, resource extraction and the elimination of Indian peoples from the land (Royal Commission on Aboriginal Peoples [RCAP], 1996). The impacts of colonization on Aboriginal peoples can not be underestimated. RCAP estimates that the population of Aboriginal peoples in Canada decreased 80% from the time of contact to confederation due to intentional and unintentional introduction of disease, bounty hunting, and starvation. Some peoples such as the Beothuck in Newfoundland became extinct. This prolific loss of life was coupled with forced

displacement from traditional lands and the assignment of Aboriginal peoples to small reserves where maintenance of traditional sustenance was often not possible. The result was an erosion of communal cultural knowledge and ways of life that had sustained generations of Aboriginal children and the introduction of multi-generational grief and trauma and displacement.

Beginning in the 1800's, the Government of Canada aided by the Christian churches strengthened its assimilation efforts through the operation of residential schools for Indian children (Milloy, 1999). The primary objective of these schools was to eliminate any vestige of Aboriginality replacing it with a Euro-western culture, knowledge and spirituality. As Indian parents would seldom voluntarily send their children to these often distant schools, the Government of Canada amended the *Indian Act* to force Indian parents to send their child(ren) aged 5-15 years to the schools. The penalty for failing to comply was incarceration and fines which often could not be paid as Aboriginal peoples were typically living in abject poverty. The conditions at the schools were abysmal as they were built of the cheapest possible materials, employed by untrained staff, and were often overcrowded due to government financial inducements to increase enrolment. Sexual and physical abuses were prevalent as were preventable deaths from disease (Milloy, 1999). These conditions were known to the Government of Canada as early as the 1890's (RCAP, 1996; Milloy, 1999). In fact, Dr. P.H. Bryce, Chief Medical Health Officer for the Government of Canada, found in 1907 that the death rate at the schools from preventable disease was a shocking 24% per annum increasing to 46% if the children were tracked over a three year period (RCAP, 1996.) Bryce's report was released to the government and published in the media, however, the only response the government had to the report was to eliminate the Chief Medical Health Officer position (RCAP, 1996). The schools continued to operate under these conditions for decades

with many schools opening cemeteries on school grounds to bury the children (Milloy, 1999).

Generations of children attended these schools. Separated from family, cultural and traditional teachings, the impact was devastating at the personal, kinship and community levels (Fornier & Crey, 1997). Children in residential schools did not experience healthy parental role modelling and as a result had a diminished capacity as adults to care for their children (Bennett & Blackstock, 2002). Although the schools began closing in the 1940's, it took over fifty years for the last residential school to close in Saskatchewan in 1996 - making it a very recent experience for many Aboriginal people (Department of Indian and Northern Affairs Canada [INAC], 2003).

ABORIGINAL CHILD WELFARE IN CANADA

The division of constitutional powers in Canada is such that the Provincial and Territorial governments carry the legal mandate and responsibility for providing child welfare services (Sinclair, Bala, Lilles & Blackstock, 2004). The provincial/territorial governments have responsibility for funding child welfare services off reserve whilst the federal government retains responsibility under the *Indian Act* to fund child welfare services provided on reserve to status Indian children.

Up until the mid 1950's, the only "child welfare" service provided to Aboriginal families and their children was residential school placement. Advocacy efforts by social workers lead to the expansion of provincial child welfare jurisdiction on reserves. The nature and extent of child welfare services provided to Aboriginal families resident on reserves varied according to the Province/Territory and local practice. It was not atypical for Aboriginal children to be placed in residential schools by child welfare authorities up until the early 1970's, nor was it unusual for child welfare services on reserve to be devoid of

prevention and family support relying instead on removal as the only response to child maltreatment (Aboriginal Justice Inquiry, 2001).

Although there are incidents where interventions by child welfare authorities were experienced as positive by Aboriginal peoples, the overall impact of child welfare involvement with Aboriginal services has been discouraging. Social workers deprived of the information, skills and resources to address the poverty, disempowerment, multi-generational grief and loss of parenting knowledge defaulted to a practice of mass removals known as the 60's scoop (Aboriginal Justice Inquiry, 2001). The Royal Commission on Aboriginal Peoples (1996) notes a Department of Indian Affairs statistics indicating that over 11,000 status Indian children were placed for adoption between the years of 1960-1990. This statistic does not include children for whom Indian status had not been recorded or non-status Aboriginal children. In some cases buses were hired to remove large numbers of children from reserves often placing them in distant non-Aboriginal families. As the removals took place there was very little effort by child welfare authorities to address structural risk factors such as multi-generational trauma, poverty, unemployment and sub-standard housing conditions which were resulting in disproportionate rates of child abuse and neglect. There also was very little consideration of the influence of Euro-western child welfare legislation or social workers' values and beliefs on their child welfare decision making and planning for Aboriginal children and families (Union of BC Chiefs, 2002).

The sixties scoop, coupled with a growing movement within First Nations and Aboriginal communities to stem the tide of children and youth being placed outside their communities, motivated the development of First Nations child and family service agencies (Blackstock, 2003). The number of First Nations child and family agencies expanded in the early 1990's when the Federal government lifted a moratorium on the development of

Aboriginal child agencies serving on reserve residents and implemented a national funding formula known as Directive 20-1 Chapter 5 (with the exception of Ontario that operates under a separate funding agreement and agencies that had funding agreements that predated Directive 20-1). Directive 20-1 Chapter 5 (the Directive) provides funding for on reserve child welfare services only and requires that First Nations agencies work pursuant to provincial/territorial child welfare statutes – First Nations operating under their own child welfare jurisdiction therefore are not eligible for funding under this arrangement. It is important to emphasize that the Federal government will not fund services to First Nations children and families off reserve so many of these agencies are in the difficult position of only serving on reserve residents – deferring off reserve services to provincial/territorial child welfare agencies which may or may not offer culturally based services. A further complication of the Directive 20-1 funding regime is that funding levels are not linked to the content of provincial/territorial child welfare statutes meaning that as provinces and territories change their legislation there is no concordant review of funding levels to ensure that adequate resources are provided to First Nations child welfare agencies to meet new statutory responsibilities. A national review conducted in June of 2000 found that on average First Nations child and family service agencies receive 22% less funding per child than their provincial equivalents despite the documented higher child welfare needs on reserve (MacDonald & Ladd et. al., 2000).

The Directive, whilst facilitating the development of over 100 First Nations child and family service agencies serving on reserve communities, has been broadly criticized for its inequitable funding levels as compared to provincial child welfare providers and its emphasis on supporting child removal and placement versus allocating resources to support families and communities to safely care for their children at home (MacDonald & Ladd et al., 2000).

First Nations child and family service agencies have, despite the barriers, been very successful in ensuring children are cared for in the community whenever possible and when placement outside of community is required steps are taken to ensure the child has access to cultural and linguistic services and to family whenever possible. Clearly, when culturally based structural supports are provided to Aboriginal children and families at risk, significant and sustained positive outcomes in child and family wellbeing can be expected. Furthermore, as the practices of First Nations child and family service agencies become known they have increasingly been recognized for the outstanding quality and innovation in service delivery. Some of these practices are discussed in detail in the chapter by MacDonald, Glode and Wien in this volume.

In parallel to the development of on-reserve agencies, off reserve child welfare agencies have started to develop in a number of provinces. In some cases First Nations child welfare agencies basically extend their mandates off reserve whereas other agencies are developed to meet the needs of Aboriginal people living off reserves. One of the most progressive movements is the Manitoba Aboriginal Justice Inquiry Child Welfare Initiative which will allow residents of Manitoba to choose which of four culturally based child welfare authorities they wish to be serviced by (Northern First Nations, Southern First Nations, Métis, or Mainstream). In this province where over 70% of the children in care are Aboriginal, 86% of families are choosing their culturally based authority (personal conversation with Elsie Flette, CEO of the Southern First Nations Child Welfare Authority, 2004). This model is extremely respectful to the cultural identity of clients and will be an important model to monitor over time.

A PROFILE OF ABORIGINAL CHILDREN RECEIVING CHILD WELFARE SERVICES

To date there has been very little statistical information available about Aboriginal children and families receiving child welfare services (Blackstock, Clarke, Cullen, D'Hondt & Formsma, 2004). The 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-98) was the first national study to examine the profile children and families coming into contact with the child welfare system. While the scope of the 1998 study does not allow for national estimates specific to the sub-set of Aboriginal children, the sample of Aboriginal children included in the study nevertheless represents the best source of data currently available. The material presented in this chapter is drawn from two previous analyses of this dataset (Trocmé, Knoke, & Blackstock, 2004; Blackstock, Trocmé, & Bennett, 2004). The data points to the importance of a broader conceptualization of child maltreatment, one that highlights the critical role that extended family and community supports can play in supporting children, young people and families at risk of maltreatment.

The CIS-98 collected information directly from child welfare investigators on cases of reported child abuse or neglect. A multi-stage sampling design was used to track child maltreatment investigations conducted in 51 randomly selected sites, including 3 First Nations child and family service agencies, from October to December 1998. Data on Aboriginal heritage included three Aboriginal groupings: First Nations, Métis and Inuit. In addition, there were questions to determine if the child had status pursuant to the *Indian Act* and whether the parent lived on reserve. Data on Aboriginal status was not collected in the Quebec portion of the CIS-98 (N=2,309), and was missing on a further 10 cases. Because the Aboriginal status of each investigated child was determined by the status of the biological parent(s) who were living with the child, children who did not reside with a biological parent

(N=225) were also excluded. Finally, unsubstantiated reports (N=1,969) were excluded from the analysis, leaving a sample of 3,159 cases where maltreatment had been substantiated or remained suspected.

Aboriginal Cultural Identification

Nineteen percent of victims of all cases of suspected or substantiated maltreatment in CIS-98 (614 of 3,149 children) were Aboriginal. According to the 1996 Statistics Canada Census figures, five percent of Canadians 15 years of age or younger were classified as Aboriginal, clearly indicating a possible over-representation¹ of Aboriginal children involved with child welfare authorities. Approximately two-thirds (64%) of Aboriginal children were classified as First Nations, many of whom lived off reserve, a distribution similar to the 1996 Census Canada estimates indicating that 69% of Aboriginal children under 16 were classified as “North American Indian”. The relatively large proportion of First Nations children within the Aboriginal service population is consistent with child in care data from British Columbia, indicating that 87% of the Aboriginal children in care are First Nations (status and non status) with Metis and Inuit children representing 12% and 1% respectively (Ministry for Child and Family Development, 2002). Similar figures are reported in Manitoba where First Nations children are over represented amongst other Aboriginal and non-Aboriginal children in the child welfare system (Stevens, 2003).

¹ Because the scope of the CIS-98 does not allow for precise national estimates, the comparison between the profile of children in the CIS sample and national census data should be interpreted with some caution.

Table 1: Aboriginal status and Visible Minority background for cases of substantiated and suspected maltreatment, 1998 (CIS-98*, N=3,159)

	# of investigations	% of <u>all</u> cases	% of Aboriginal cases (excluding Non-Aboriginals)
Aboriginal	614	19%	
First-Nations on-reserve	120		27%
First-Nations status, off reserve	150		34%
First-Nations non-status, off reserve	14		3%
Metis	37		8%
Inuit	42		10%
Other	78		18%
Unsure/no answer	173		
Non-Aboriginal	2,114	67%	
Other Minority	431	14%	
Total	3,159		

* Unweighted sample, excludes: (1) investigations in Quebec (N=2,309), where aboriginal and ethnic identity data were not collected, (2) cases of children not residing with a biological parent (N=225), (3) unsubstantiated investigations (N=1, 969) and (4) other eligible cases where aboriginal and ethnic identity data were missing (N=10).

Forms of Maltreatment

Well over half (61%) of the Aboriginal cases of substantiated or suspected maltreatment primarily² involved some form of neglect whereas neglect was found in only half as many non-Aboriginal cases (Table 2). Most cases of were categorized as failure to supervise/failure to protect resulting in either physical harm or risk of physical harm to the child. There was no differentiation between failure to protect and failure to supervise in CIS primary form of maltreatment reporting categories so it not possible to determine what proportion of these cases were failure to protect which suggests a more conscious decision to versus failure to supervise which suggests a passive decision to neglect the child's needs.

² The CIS tracked up to three forms of maltreatment for investigated each child in the sample. The primary form was defined as the type of maltreatment considered to best characterizing the major investigation concern.

Table 2: Primary form of maltreatment by Aboriginal status for substantiated or suspected maltreatment 1998 CIS* (N=3,159)

chisq=244.31 , df=8, p<.001	Aboriginal	Non-Aboriginal	Other visible minority
Physical abuse, punishment	8%	22%	35%
Physical abuse, other	8%	12%	11%
Sexual abuse	5%	10%	5%
Failure to supervise child at risk of physical harm	41%	17%	19%
Physical neglect (failure to provide adequate physical care)	7%	5%	4%
Other neglect (failure to supervise child at risk of sexual abuse, medical neglect, failure to provide treatment, educational neglect, emotional neglect and abandonment)	11%	9%	9%
Emotional Maltreatment	7%	11%	6%
Exposure to domestic violence	9%	14%	13%
Total	614	2,114	431

* Unweighted sample, excludes: (1) investigations in Quebec (N=2,309), where aboriginal and ethnic identity data were not collected, (2) cases of children not residing with a biological parent (N=225), (3) unsubstantiated investigations (N=1,969) and (4) other eligible cases where aboriginal and ethnic identity data were missing (N=10).

The larger proportion of neglect cases is not surprising given the impacts of residential schools in separating children from parental and community systems of care (Indian Residential Schools Survivor Society, 2002; Earle & Cross, 2001). This coupled with the high incidence of failure to protect/failure to supervise cases suggests that a deployment of resources to specifically address neglect, and its related undercurrents of poverty, inadequate housing and substance misuse, may be advised as a means of decreasing the numbers of Aboriginal children in the child welfare system. This type of investment would be consistent with First Nations' request that child welfare be positioned within a community development framework that considers some of the etiological drivers of child maltreatment such as poverty, social isolation, racism and socio-economic exclusion (Blackstock, Clarke, Cullen, D'Hondt, & Formsma, 2004; MacDonald et.al. 2000).

Non-Aboriginal cases were much more likely to involve physical abuse, most notably punishment- related abuse which accounted for 35% of cases involving Visible Minority

families and 22% of non-Aboriginal families. Sexual abuse was not noted as often in Aboriginal cases, a finding consistent with the analysis of Dr. Kathleen Earle of the secondary data from the Department of Health and Human Services archived data at Cornell University indicating that sexual and physical abuse rates were lower for Indian and Alaskan Native children in the United States (Earle and Cross, 2001).

Child Characteristics

Table 4: Child age by Aboriginal status for cases of substantiated or suspected maltreatment, 1998 CIS* (N=3,159)			
F=4.38, df=2, p<.05	Aboriginal	Non-Aboriginal	Other visible minority
mean age	7.33	7.93	7.69
0-3 years	26%	20%	21%
4-7 years	26%	27%	29%
8-11 years	25%	26%	25%
12-15 years	24%	27%	25%
Total	614	2,114	431
* Unweighted sample, excludes: (1) investigations in Quebec (N=2,309), where aboriginal and ethnic identity data were not collected, (2) cases of children not residing with a biological parent (N=225), (3) unsubstantiated investigations (N=1, 969) and (4) other eligible cases where aboriginal and ethnic identity data were missing (N=10).			

Aboriginal children were on average slightly younger (mean age = 7.33 years) than their non-Aboriginal counterparts (mean age = 7.93 years, $F=4.38$, $df=2$, $p<.05$). As reflected in Table 3, the greatest difference was with the larger proportion of children in the birth to 3 year old category.

Table 4 presents child functioning rating provided by the investigating social workers using a simple checklist of problems they had noted during their investigation.

		Aboriginal	Non-Aboriginal	Other visible minority
Developmental disability	ns	2%	3%	3%
Health condition	ns	3%	4%	4%
Substance abuse related birth defect	p<.001	7%	2%	<1%
Depression or anxiety	p<.001	9%	12%	6%
Self-harming behaviour	p<.05	5%	4%	2%
Behaviour problem	p<.001	18%	25%	18%
Negative peer involvement	ns	11%	11%	8%
Violence towards others	p<.01	7%	9%	4%
Substance abuse	p<.001	7%	4%	3%
Running away (multiple incidents)	ns	4%	3%	3%
Inappropriate sexual behaviour	ns	3%	4%	2%
Special education class	ns	4%	6%	6%
Irregular school attendance	p<.001	15%	10%	6%
Criminal/YO involvement	ns	3%	2%	2%
One or more child function concern noted	p<.01	44%	46%	37%
Total		614	2,114	431

* Unweighted sample, excludes: (1) investigations in Quebec (N=2,309), where aboriginal and ethnic identity data were not collected, (2) cases of children not residing with a biological parent (N=225), (3) unsubstantiated investigations (N=1, 969) and (4) other eligible cases where aboriginal and ethnic identity data were missing (N=10).

Overall, there are few significant differences between the Aboriginal, non-Aboriginal and Visible Minority children, with the exception of substance abuse related birth defects and the child's own substance abuse being noted more often for Aboriginal children, and behaviour problems and attending special education classes being noted less often. The higher rate of substance abuse related birth defects amongst the Aboriginal children, 7%, versus 2% for non Aboriginal children, is consistent with reports from studies suggesting that the rates of fetal alcohol syndrome and fetal alcohol affect amongst Aboriginal children may be significantly higher than the estimated incidents of 1-3 per 1,000 live births in the population overall (Blackstock, Clarke, Cullen, D'Hondt, & Formsma, 2004; Health Canada, 2003). The overall similarity in levels of functioning between Aboriginal as non-Aboriginal

children coupled with the significant disproportionate representation of Aboriginal children in care suggests that child functioning may not be a significant factor informing child removal decision making. This raises the possibility that social workers are disproportionately focusing on family and community conditions as factors in removal – however as the sample size in the present study is relatively small this matter deserves more concentrated study.

Household characteristics

Fifty one percent of non-Aboriginal families were headed by single parents contrasted with 57% of Aboriginal families in the sample. Of single parent families, 90% of Aboriginal families were headed by single mothers versus 86% of their non-Aboriginal counterparts. The Canadian Mortgage and Housing Corporation reports that based on 1997 data, one in five Aboriginal families living off reserve were headed by single parents, predominantly women, and of these 62% were in core housing need (Canada Mortgage and Housing Corporation, July 1997). This information coupled with the higher incidence of neglect in Aboriginal communities indicated in the CIS, may partially explain why Aboriginal mothers were identified as the alleged perpetrators of child maltreatment amongst single parent families in 78% of cases versus 56% for her non-Aboriginal counterparts.

		Aboriginal	Non-Aboriginal	Other visible minority
Age of Caregiver A (% 30 yrs of age or under)	p<.001	48.2	34.3	29.3
Single parent	p<.001	57%	51%	41%
Social assistance or other benefits	p<.001	59%	38%	33%
Rental housing	p<.001	23%	8%	16%
One move within last six months	p<.001	24%	24%	18%
Two or more moves in last six months		21%	10%	6%
Unsafe housing	p<.05	9%	6%	4%
Total		614	2,114	431

* Unweighted sample, excludes: (1) investigations in Quebec (N=2,309), where aboriginal and ethnic identity data were not collected, (2) cases of children not residing with a biological parent (N=225), (3) unsubstantiated investigations (N=1, 969) and (4) other eligible cases where aboriginal and ethnic identity data were missing (N=10).

Social benefits were the main source of income for 60% of Aboriginal families in the sample as contrasted with the 21% rate of non-Aboriginal families, 61% of whom had access to full-time employment. These findings are echoed by the Government of Manitoba Aboriginal and Northern Affairs report *People in Manitoba 2000* examining poverty rates for off reserve Aboriginal families which found that 63% of Aboriginal families in Manitoba live below the poverty line whilst 53% of Aboriginal children live below the poverty line nationally. Poverty rates for Aboriginal children remain significantly higher (52.1%) even when contrasted with poverty rates for other marginalized groups such as visible minority children at 42.7% and children with disabilities at 23% (Anderson, 2003).

In terms of on-reserve poverty rates, Beavon and Cooke (2002) found that based on 1995 data, the average income of a status Indian on reserve was \$7,165 whereas the average income for a status Indian living off reserve was \$9,365 per annum. Overall calculations using the Human Development Index in this same study would place First Nations on reserve along side citizens of Brazil and Peru in terms of quality of life.

Aboriginal families in the sample were more likely to live in rental housing than their non-Aboriginal counterparts. Nearly half (46%) of the Aboriginal families had moved in the last six months, with 21% having moved two times or more, double the rate noted for their non-Aboriginal counterparts. The instability of Aboriginal families' housing arrangements further compounds the lack of employment and high level of poverty faced by Aboriginal people in Canada. Somewhat surprisingly, investigating social workers noted only a slight,

but statistically significant, difference in unsafe housing conditions of Aboriginal families and non- Aboriginal families, with Aboriginal families residing in unsafe homes in 9% of cases and their non-Aboriginal counterparts in 6% of cases. This finding is inconsistent with other studies that have found that Aboriginal families are much more likely to live in overcrowded and inadequate housing. For example, findings of a national consultation conducted by the Inuit Tapiriit Kanatami organization in 2001 indicated that 8,000 housing units were required to meet the immediate housing needs of the Inuit (Inuit Tapiriit Kantami, 2003). In addition, 1989 report commissioned by the Department of Indian Affairs and Northern Development notes that the number of First Nations peoples on reserve living in crowded dwellings was sixteen times the national average and that the condition of the housing was also problematic with 38% of homes on reserve lacking central heating (Hagey, Larocque & McBride, 1989).

As noted by the Campaign 2000 (2003), food security is also a problem as national data indicate that Aboriginal peoples are four times as likely to report experiencing hunger than their non Aboriginal counterparts.

Caregiver functioning

Investigating workers completed a brief checklist identifying caregiver functioning issues that they had noted during their investigation. Over 90 percent (94%) of Aboriginal caregivers were reported as experiencing at least one functioning concern, compared to 73% of non-Aboriginal caregivers and 66% of other visible minority caregivers.

Table 6: Parent risk factors by Aboriginal status for substantiated or suspected maltreatment 1998 CIS* (N=3,159)

		Aboriginal	Non-Aboriginal	Other visible minority
Caregiver Maltreated as Child	P=.001	51.3%	30.6%	19.3%
Parental Concerns				
Alcohol abuse	p<.001	72%	27%	15%
Drug abuse	p<.001	31%	15%	10%
Criminal activity	p<.001	21%	11%	11%
Cognitive impairment	p<.001	9%	6%	3%
Mental health problems	p<.01	25%	28%	17%
Physical health problems	ns	8%	7%	6%
Lack of social supports	ns	37%	33%	34%
Domestic Violence	P<.001	37%	27%	31%
One or more parent concerns noted	p<.001	94%	73%	66%
Total		614	2,114	431

* Unweighted sample, excludes: (1) investigations in Quebec (N=2,309), where aboriginal and ethnic identity data were not collected, (2) cases of children not residing with a biological parent (N=225), (3) unsubstantiated investigations (N=1, 969) and (4) other eligible cases where aboriginal and ethnic identity data were missing (N=10).

The problem that constituted the most frequent concern for Aboriginal families in the sample was alcohol abuse, reported for 72% of Aboriginal caregivers as compared to 27% of the non-Aboriginal families and 15% of the other visible minority families. Drug abuse was noted twice as often for Aboriginal caregivers than for non-Aboriginal caregivers. The over-representation of alcohol and drug abuse in this sample is consistent with the Department of Indian and Northern Affairs report that 62% of First Nations people aged 15 and over report that alcohol abuse is a problem in their community whilst 48% report drug abuse as a concern (INAC, 2003).

Criminal activity by the caregiver was reported in 21% of Aboriginal homes whereas it was reported in 11% of non-Aboriginal homes. This rate is consistent with research by Foran (1995) for Corrections Canada indicating that although Aboriginal peoples constitute

3% of the population, they compose 17% of men and 26% of women who are incarcerated.

Differences were less marked, but nevertheless generally statistically significant with respect to rates of caregiver mental illness, cognitive functioning, and physical health problems. There was no significant difference in lack of social supports between Aboriginal families (37%) and non-Aboriginal families (33%). It is important to note that data regarding the cultural match of social supports was not collected in the CIS.

Ongoing Child Welfare Services

The service response, from provision of services to out of home placement, was dramatically different for Aboriginal children and their families. Cases of substantiated or suspected maltreatment involving Aboriginal families were significantly more likely to have been previously opened for services and more likely to remain open for ongoing services after the investigation. Over 70% of Aboriginal cases had been previously opened compared to 48% of non-Aboriginal and 32% of Visible Minority cases. On-going services were provided to 55% of Aboriginal cases, compared to 42% of non-Aboriginal ones. The rate of admissions to formal out of home placements was twice as high for Aboriginal children (14% vs. 7%) and the rate of informal placement was three times as high. Applications to child welfare court were also higher for Aboriginal children compared to non-Aboriginal children, although they were by far the highest for other visible minority children.

Table 7: Service response by Aboriginal service provider for substantiated or suspected maltreatment 1998 CIS* (N=3,159)

Table 7: Service response by Aboriginal service provider for substantiated or suspected maltreatment 1998 CIS* (N=3,159)				
		Aboriginal	Non-Aboriginal	Other visible minority
Previously opened case (child)	p<.001	71%	48%	32%
Ongoing services provided	p<.001	55%	42%	38%
Informal placement	p<.001	16%	5%	5%
Child welfare placement	p<.001	14%	7%	13%
Application to child welfare court	p<.001	8%	6%	13%
Total		614	2, 114	431
* Unweighted sample, excludes: (1) investigations in Quebec (N=2,309), where Aboriginal and ethnic identity data were not collected, (2) cases of children not residing with a biological parent (N=225), (3) unsubstantiated investigations (N=1, 969) and (4) other eligible cases where Aboriginal and ethnic identity data were missing (N=10).				

FOUNDATIONS FOR A COMMUNITY RESPONSE

So if the data indicate a need for community based responses that address poverty, substance misuse and inadequate housing which drive the over-representation of Aboriginal children in care then what resources are currently available to Aboriginal families? Unfortunately there is very minimal data on the nature and extent of culturally appropriate services for Aboriginal families who come into contact with the child welfare authorities off reserve. Only Manitoba has conducted a comprehensive review of services in preparation for the Aboriginal Justice Inquiry Child Welfare Initiative. Manitoba provincial data from 2003, indicate that although Aboriginal children compose 70% of the children in care in that province, Aboriginal families were benefiting from only 30% of the child welfare family support budget (Personal

conversation with Elsie Flette, CEO of the Southern First Nations Child Welfare Authority, 2004). This is particularly distressing as the province of Manitoba has traditionally been amongst the most supportive of Aboriginal child welfare in Canada.

Counter to a pervasive stereotype that First Nations children and families living on reserve have enhanced access to services, the First Nations Child and Family Caring Society of Canada (Nadjiwan & Blackstock, 2003) found that First Nations families have significantly less access to child welfare related resources in the public, corporate and voluntary sectors. Recall that MacDonald & Ladd et. al. (2000) found that First Nations child and family service agencies receive inadequate funding for secondary and tertiary prevention services and overall receive 22% less funding per child than their provincial counterparts. In addition, it is atypical for a provincial or municipal government to provide any services on reserve thus limiting social programs to those funded by the federal government – often pursuant to population driven funding formulas. From the corporate perspective, as demonstrated earlier in this report, Aboriginal families poverty at levels that far outstrip the experience of other Canadians meaning they are in less of an economic position to support their families. The concluding observations of both the United Nations Committee on the Elimination of Racial Discrimination (2002) and the United Nations Committee on the Rights of the Child (2003) recognize the correlation between the lack of progress in settling treaties and self government agreements and the continued economic marginalization of Aboriginal Peoples in Canada.

Nadjiwan & Blackstock (2003) built upon this information by conducting a national study to determine the nature and extent of access by First Nations families to myriad of social and quality of life supports provided by the voluntary sector in Canada which represents over 90 billion dollars in annual revenues. Results indicated that First Nations

children and families on reserve receive a negligible amount of service from the voluntary sector. Additionally, only one First Nations child and family service agency reported receiving funds from a philanthropic foundation with two others reporting receiving federal/provincial government money targeted for voluntary sector services.

Taken as a whole, First Nations children and their families resident on reserve experience higher levels of social, economic and cultural risk than other Canadians and have far fewer resources. Data on socio-economic outcomes off reserve point to a similar pattern although research on the degree of access to voluntary sector resources for children off reserve requires further study. This pattern of under supporting Aboriginal families persists despite Canada's commitments in the Statement of Reconciliation and the United Nations Convention on the Rights of the Child which compels government to eradicate discrimination by giving children first call on the nation's resources.

COMMUNITY RESILIENCY AND CHILD RESILIENCY

Although it is not possible to draw a direct correlation between the over-representation of Aboriginal children in care and the dearth of quality of life and family support services on reserve, it is very likely that a relationship exists. The argument that community resiliency is connected to child resiliency is consistent with Neighbourhood Resource theory which suggests the higher quality and degree of social supports and social capital available to a child at a community level the better the child outcomes (Connors & Brink, 1999). Unfortunately there is very little research on the impact of community development on child well being in general with most of it being conducted within the context of early childhood development (Social Development Canada, 1999). The inter-relationship between community development and child maltreatment rates involving

Aboriginal children is an important area for further study as it holds the promise of reducing the over representation of Aboriginal children in the child welfare system through the promotion of community based resiliency factors. Such research should respectfully reflect the resiliency embedded within Aboriginal cultural ways of caring for children, families and communities in order to identify factors that support the safety and wellbeing of Aboriginal families.

Another possible influence of the community development context is how local conditions influence social worker assessment of child safety and well being. The fact that CIS data indicate that substance misuse, poverty and inadequate housing appear as undercurrents to the over representation of Aboriginal children in care is important. It can be argued that the assessment of parental neglect implies that the parent (caregiver) has some ability to change the risk factors the child is experiencing. It is arguably very difficult for parents to influence their own poverty or poor housing without substantial and meaningful social aid and advocacy. Similarly, the redress of substance misuse similarly implies a need for detox and substance misuse supports for the child and family. As research indicates a significant dearth in services for First Nations children on reserve, and anecdotal evidence points to a significant need for families off reserve, it seems unreasonable to cast responsibility for addressing the causal agents of the child risk onto the families alone. This raises two important questions 1) to what degree parents are held responsible for systemic and structural community based challenges over which they have little or no influence and 2) to what degree is child protection social work itself prepared to meaningfully support sustainable community development approaches to reducing the drivers of maltreatment.

Increasingly child welfare experts are supporting community based interventions in child maltreatment (Office of the Saskatchewan Child Advocate, 2003; MacDonald & Ladd

et.al., 2000; RCAP, 1996). The wisdom of community development approaches designed by Aboriginal communities to ensure the safety and well being of Aboriginal children are beginning to be born out in research. For example research into youth suicide rates in First Nations communities in British Columbia indicates that the higher the degree of self government (as expressed by First Nations child welfare, health, education, fire/police services, advancement in the treaty process and women in government), the lower the youth suicide rate (Chandler & Lalonde, 2003). These findings echo the opinion of the United Nations Committee on the Rights of the Child Day of General Discussion on Indigenous Children (2003) and the research of Cornell and Kalt (1992) which found that the higher the degree of self government in Native American tribes the higher degree of sustained socio-economic outcomes.

Community development approaches also afford the opportunity to celebrate and leverage the resiliency founded in cultural ways of knowing and being that sustained generations of Aboriginal children throughout the millennia and sustained them through the graphic, and we argue ongoing impacts, of colonization.

CONCLUSION

The overrepresentation of Aboriginal children in the child welfare system is a growing and complex problem rooted in a pervasive history of discrimination and colonization. Provincial and territorial child welfare authorities have made some nominal attempts to reverse this pattern of discrimination, however, the continual increase in placements points to the pressing need for bolder action at community and structural levels. Aboriginal children disproportionately come into contact with the child welfare system because of problems associated with poverty and substance abuse, not because of higher rates

of physical or sexual violence towards children. However, the likelihood of improvement is limited, as long as the problems are defined within the narrow scope of child protection³ systems and inequitable access to social support services persist. Stronger communities equipped with the governance structure and the resources to address child poverty, inadequate housing and substance abuse are required to stem the tide of Aboriginal children coming into the child welfare system. Resilient Aboriginal communities provide the best chance for resilient, safe and well Aboriginal children, young people and families. In honour of Richard's memory, we must do much better especially now that we are beginning to understand some of the roots of the problem.

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³ Indeed, a growing number of jurisdictions have replaced the concept of child welfare with the narrower concept of child protection.

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