# A CIRCLE OF HEALING

## FAMILY WELLNESS IN ABORIGINAL COMMUNITIES

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## A HEALING WAY

*There comes a time when we must stop crying,*
*and wringing our hands and get on with the healing*
*that we are much in need of.*

*Our people are crying in our communities,*
*there are broken families*
*and every kind of disaster afflicts us.*
*A good doctor would see that someone is sick*
*and would work not only at healing the sickness,*
*but would look also at the cause of the sickness*
*when you remove the cause, there is no more sickness.*

*A Brazilian educator, Paulo Freire*
*said that you have to denounce, announce, and go beyond.*
*If you're going to denounce, then you have to understand*
*what it is you're denouncing*
*before you can announce;*
*when you've announced, you said what you're going to do about it.*

*You can't begin your journey,*
*until you've gone through this process.*

*If you would give me a brush with black paint,*
*I would write on the wall the reasons for the problems*
*in our families and in our communities.*

*I would write one word, oppression.*

*I know some of the things I say will be hurtful*
*to some of our brothers and sisters -*
*but if we have to go through an operation,*
*then there are things that will be hurtful*
*in order to take out what is wrong*
*and begin the healing process that we are so much in need of.*

*(Soloman, 1994, P. 51)*

The prophecies of Aboriginal people told them that they would encounter the people from Europe and that they would be introduced to a new way of living and that native people would lose their way of life for a period of time. These teachings also told them that they would experience many forms of ill health during this period and that many of their people would die before this time ended. However, these prophecies also offer hope because they tell them that a time of healing will come when they will once again find their way and begin to once again walk the path of health. At this time Aboriginal peoples will begin to thrive in health again and will lead the way for many other races to recapture their original knowledge about how to live in peace, balance and harmony with all of creation. It is said that all people will once again discover how to live in a true state of health. We will have come full circle to health and healing.

> ***A majority of humans have lived tribally for about 495 of the last 500 generations which encompasses roughly l0, zero years of recorded history, our ancestors lived in roving bands, small villages, and extended families, developing and refining the social graces necessary to keep their communities viable. But many of us in the west have wandered away from the community in search of some personal vision, perhaps the Holy Grail or the American dream. The cost of this journey is loss of the community. Some among us still know how to live with one another and the environment--the last remaining tribal peoples. Perhaps their wisdom can help us learn to live with each other in the modern world.*** (Maybury-Lewis, 1992, P.67)

First Nation communities on reserves, constitute the largest number of tribal communities in Canada at the present time. Within 573 bands there are 10 distinct
language families and 58 dialects. While these reserve communities differ from one another in many ways, they are similar in that they are all examples of tribal communities. The tribal community offers an environment which is different socially, economically and politically from most other communities in Canada.

Since contact with Europeans 500 years ago Aboriginal communities in North America have been transformed in varying degrees by the experiences of acculturation (Berry, 1990). Some communities remain closely attached to traditional lifestyles while others coexist with non-Native society, considerably distanced from their tribal roots. However, even the most assimilated communities maintain connections with their tribal roots and continue to be influenced by traditional beliefs.

**The Roots of Tribal Culture: Holistic Thought**

There is a growing acceptance within the behavioural sciences that culture is influential in shaping our present day perceptions and behaviors (McGoldrick, Pearce, & Giordano, 1982). Some of the most convincing evidence for this can be found within the native cultures. While it is true that we are all descendants of tribal peoples, some of us have not strayed as far from our so-called Aprimitive roots@ and therefore are more closely associated with the perceptions and realities that have evolved from these cultural ways.

In the case of North American Indians, culture has been responsible for shaping a shared world view or form of thought that is quite different from the world view of most persons of European descent. In brief, Aboriginal people have viewed the world from a holistic perspective for thousands of years.

When one examines the world views of the Aboriginal peoples, it becomes clear that these philosophies have emerged from tribal experiences. These experiences have been translated to explain the interdependence between the environment, people and the spirit. These understandings have instructed Aboriginal peoples on how to maintain a balanced coexistence between all of creation in order that all may survive. This form of thought is often symbolized by the Sacred Circle or Medicine Wheel, which contains the teachings about interconnection between all of creation. The circle is a symbol which represents the knowledge offered by holistic world views shared by Aboriginal peoples. From this perspective, elements that affect change in a person are simultaneously seen as impacting on the persons family, community, nation and surrounding environment.

Our ancestors evolved these understandings over thousands of years of observation of interdependent relationships that were...**[*based upon a very simple and pragmatic understanding of their presence on this earth. If they failed to consider what the environment had to offer, how much it could give, and what times it was prepared to do this - they would simply die."]*** (Clarkson, Morrisette, & Regallet, P. 4, 1992).

It is around this basic understanding of interdependence that an entire system of beliefs has evolved. These beliefs serve to inform individuals of their purpose for existence and the part that they are to play in order to preserve and maintain a state of balance or equilibrium within the universe. The state of balance is also a central characteristic of Aboriginal beliefs about health and healthy development. Another core belief that has evolved from the basic understanding of the interdependence of all of creation is that the whole of creation is a sacred place. To the Native mind ***"spiritual consciousness is the highest form of politics"*** (Clarkson, Morrisette & Regallet, 1992, P.4).
Tribal societies offer an organizational structure which promotes supportive, mutually protective relationships that are based on the seven commonly held values of wisdom, love, respect, bravery, honesty, humility and truth that are

illustrated in Figure 1 and are explained within the following Aboriginal proverb:

***SEVEN SACRED GIFTS***

***To Cherish Knowledge is to Know WISDOM***
***To Know LOVE is to Know Peace***
***To Honour All of the Creation is to Have RESPECT***
***BRAVERY is to Face the Foe with Integrity***
***HONESTY in Facing a Situation is to be Brave***
***HUMILITY is to Know Yourself as a Sacred Part of Creation***
***TRUTH is to Know all of These Things.***
***(Author Unknown)***

Respectful, sharing, caring environments ensure that all members of the tribal group are part of an interdependent system of relationships that provides maximum protection for its members. The beliefs that provide the social order for these communities establish environments of total inclusion. Homosexuals, for instance, were accepted because their place in the order of life was established by their existence.

In other words, everything that has been created has a purpose within the circle of creation. These communities, usually numbering less than 1,000 members, value all of their members equally and recognize their unique contributions toward the survival of the group. Their values support respectful relationships in which no one uses power to interfere with the choices an individual makes regarding her/his own life. It is believed that the structure of the tribal society evolved, in part, to provide socialization of the male members. This socialization is meant to subdue the innate aggressive tendencies of males and enhance their nurturing qualities within the tribal groups. Tribal societies create totems and taboos which promote pro-social behaviors thus enhancing the viability of the community by encouraging supportive caring and sharing behaviors within the community and allowing for the expression of male aggression outside of the community. This socializing of the male is mainly directed by the female members of the community during the early years of development. They also monitor and guide the behavior of the males within the community, during later years.

Based on what we know about tribal societies, it would appear that self-destructive behaviors and aggression toward other members of the tribal group are minimized by the social structures which are designed to ensure the survival of the group. Obviously, within interdependent communities any uncontrolled aggressive behavior expressed within the community is viewed by all members as a threat to the entire group and is therefore checked by its members.
It is not a coincidence that we chose to maintain our tribal life styles for the majority of the time that we have existed on this planet. There is considerable evidence which supports the belief that tribal societies in their natural state offer

healthier environments than civilized societies. The social organization provided within civilized society does not offer the degree of protection and safeguards from internal violence that tribal society once did. In comparison to civilized societies, tribal societies that have remained relatively untouched by civilized society have remained comparatively nonviolent and protective of their members.

To develop an accurate understanding of Aboriginal people one must throw away many of the Hollywood images. Obviously, no one mold describes all Aboriginal people. While there are many shared beliefs and practices among Indian tribes that stem from the holistic view of the world, there are many more differences than similarities. However, the similarities are what has become most salient and consequently serve to bind Aboriginal people together with all tribal people on mother earth.

## TRADITIONAL TRIBAL FAMILY LIFE

***The healthy tribal family provides support, security and encouragement by being sensitive to the needs of its members. Within the tribal family the ability to communicate needs effectively is crucial for survival because everyone depends on one another, If one person's needs go unmet the resulting ill effects are felt by the entire group.***

The following descriptions represent some features that are characteristic of healthy tribal families. These characteristics have evolved from the beliefs and values which emanate from the holistic world view of tribal people. The information that follows has been developed from "In The Spirit Of The Family", (National Native Association of Treatment Directors, 1989), a manual for training First Nations therapists to work with families. While the characteristics presented are admittedly not a conclusive list, they do represent some of the most salient features in healthy tribal families.

### *1. Tribal families and communities operate as cooperative, interdependent units.*

These families are designed for survival in what are often very harsh and hostile environments. In such circumstances it is necessary that everyone's role be well defined and carried out as best as possible because the survival of the community is dependent upon everyone carrying through with their responsibilities. In this way the family is interdependent. It is also crucial that family members learn to work cooperatively with each other, because if conflict were to get out of hand, the survival of
the entire family is at-risk. Therefore, the values promote behaviors which minimize conflict and maximize cooperative, peaceful relationships.

### *2. Tribal families encourage the development of unique identity.*

The tribal family organization promotes both group identity and individual identity. Tribal groups allow people to identify with a group of people who share language and customs. Within the tribal grouping people further identify themselves as members of clans. A clan helps to identify an entire extended family as it formed through many generations. As such, it also defines the boundaries of relationships, responsibilities and expectations for each member. A clan also creates a large sophisticated network of social relationships that serves to exert pressure for conformity and social control. In this way, interdependent expectations are strongly felt by all members of the community.

Despite having these large group affiliations to define identity, individuals are also encouraged to recognize and value their unique gifts and abilities, and to express these within the group. While adhering to the established parameters of group
behavior the individual is encouraged to contribute his/her refinement of the shared perceptions. In this way each individual leaves his/her unique mark on the shared experience and thus the tribal community evolves collectively.

***3. Tribal families teach and grow through children.***

Children are seen as the most valuable resource, for without these gifts from the creator the family would not continue to exist. These gifts are treasured, loved, protected and nurtured by the entire extended family. All members of the family have, as their responsibility. The task of nurturing the young to learn and grow into their next roles. Thus, within the tribal family . . .

a. Older siblings provide protection, love and teaching.

b. Parents provide love, teaching, food and shelter.

c. Elders/Grandparents provide love, care and teaching,

d. Aunts and Uncles often act as additional parental figures.

*e.* Clan members and community members monitor and provide expectations for socially appropriate behavior.

***4. In the Tribal family children are taught life skills for independent living.***

One of the main tasks of parenting and nurturing is to foster independence or the ability to survive and function independently of others. While the ability to live cooperatively as part of a group is highly valued, the ability to function with self confidence and independence is also encouraged, This means that children are supported to take on new tasks as soon as they demonstrate the ability to do so. This style of parenting usually produces self reliant, self confident young adults who can function independently from their family unit, if necessary.

***5. Tribal families promote mutual respect for the individuality of members.***

It is recognized that strong families are built on strong individuals and that strong communities require strong families. To meet this objective, individuals are encouraged to express their ideas and opinions within the context of respect for the Creator, themselves, and one another. Therefore, all members of the family express their opinions and listen to each other. It is also considered important to not interfere with an individual's actions as this may show disrespect for their rights of self-determination. Non-interference is enacted within child rearing environments in which children are constantly monitored by the entire community and encouraged by expectation to emit socially appropriate behavior. These styles of relating contribute to the development of strong, self confident and independent persons who ultimately contribute maximally to the strength of the family and community.

***6. Tribal families maintain a separation of generations and flexibility of roles.***

The boundaries or divisions between infancy, childhood, young adulthood, parenthood and elderhood are well defined. Usually the transition to each new stage is recognized by a community or family ceremony. Further, each of the roles is well defined, and one of the family functions is to ensure that its members learn and fulfill their responsibilities. In this way individuals develop a sense of their part in the order of the world. From this experience individual identity forms within the context of the larger community.

While the boundaries are well defined, there is also room for flexibility as members. For short periods of time family members may serve in different roles as required. For example, grandparents or an older child might temporarily assume total parenting functions while the parents are away.

***7. The tribal family continues to grow in spite of whatever trouble comes along and has the ability to use crisis as growth.***

The tribal family is adaptable and resilient in that it has the capacity to encounter crisis and use the discoveries from these experiences to become stronger. Problems are perceived as challenges and opportunities for learning. These perceptions have provided Aboriginal people with the capacity to survive numerous challenges from the environment and the European settlers. However depleted abilities may be, Aboriginal people have remained strong enough to survive tremendous crisis over the past 500 years.

***8. The tribal family initiates and maintains growth-producing relationships and experience within and outside of the family.***

While the tribal family recognizes that it is important to develop a close knit, supportive family unit, it is equally important that its members have exposure to and experiences with different families, clans and tribes. This thinking is what prompts arranged marriages between members of different tribes. This principle generally acknowledges that for a family to continue to grow and develop, it is necessary that it promote behavior that allows for a continuous flow of new healthy ideas and experiences into and out of the family.

These characteristics of the healthy tribal family highlight how the tribal family nurtures the development of strong interdependent and resourceful individuals within highly interdependent environments.

## The Care of Children and Child Development in Tribal Communities

> ***"The cultural-traditional education and training of the Indian child encouraged him to be in touch with his world. His relationship with other beings and things allowed him to learn from them as they learned from him. His sense of community was complete. The experience was a very tangible one. It occurred in close contact with many people who praised, advised, guided, urged, warned and scolded, but most importantly respected. The lessons the child learned made sense, because they were directly related to the life of the tribal community and his place in that life. The child learned through expectation. As a member of the community, the child had the responsibility to meet his share of the requirements of living. Disregard of these might cause hardship to himself and/or other members of the community. As the child grew, those people who were the most responsible were the most highly valued. He learned that these individuals had acquired their status through adherence to a tribal structure that provided the freedom for people to develop as truly individual***

***persons. Their individuality was an expression of those tribal constructs that allowed the individual to reach his fullest sense of being, in concert with the fulfillment of community needs. These highly valued persons provided important modeling for the children and other members of the community. In this world, the ends for the individual had the same ends as the community. (Blanchard, Pg. 78)***

The holistic world view shapes the beliefs and values which guide the structure of the tribal family. These, in turn, inform the patterns of parenting practices. This can be seen within the following examples of common Aboriginal parenting practices.

| **BELIEFS/VALUES** | **EXAMPLES OF ADULT-CHILD INTERACTION** |
|---|---|
| Children are special gifts on loan from the Creator. They are new children, prevent them from being a taken back. | Caring and respectful actions towards |
| ıously attached - Expectant mothers relate to their child form To this world and can be taken back, conception with respect and appreciation. If they are treated disrespectfully. | - Adults are very thoughtful when correcting children's behaviour. _ Adults use primarily teasing and shunning to draw children's attention to their inappro- priate behaviour and to teach them to exercise self control over modification of behaviour. _ Spirit beings are also involved by parents as guides to oversee and assist their children to correct their own behaviour. _ Adults do not respond to children's intervening demands. |
| Uncontrolled anger leaves a person's control Spirit vulnerably to be taken over by evil spirits. | Children are taught to exercise self over open displays of anger. |
| Each child has been sent with gifts to enhance and | - Prior to or at birth a child's name is selected which identifies |

benefit the community.

Some of the gifts that child carries.

- Children are treated as valuable, contributing community members.

- Children are carefully listened to and observed in order to understand their points of view. Their input is considered in both family and community matters.

The Creator has determined and directs the unique course of development of each child's gifts. Adults support the unfolding of these gifts.

- Each child's unique developmental pattern is respected with little or no comparison to their peers. Parents expectations of their children's development are minimal.

- Adults do not interfer with children's activities out of respect for their divinely directed learning process and growing self determination.

It is best to provide the Creator's teachings, such as respectful behaviour, through your actions. Your actions are more truthful than your words.

- Adults avoid interrupting a child's play until they have finished.
- Adults avoid forcing a child to comply.

The Creator always knows when we have done our best as we are supposed to.

- Praise is used to encourage excellence and positive development in each individual without comparison to peer performance. In this way children are taught to be humble.

> ***"These old ways teach us that self-control is the best discipline; that teachings should never be separated from discipline; that discipline should have limits and not hurt the child; that consistency and respect are crucial and the child's world can be set up so punishment is seldom necessary."***
>
> ***(Positive Indian Parenting, P.207, 1986.)***

These examples of traditional parenting practices demonstrate how the traditional beliefs and values emanating from a holistic world view shape the interaction between adults and children within tribal communities.

**The Emergence of 'Civilized Thought'**

Approximately 5,000 years ago civilized society was born when the idea to cultivate and farm some particularly fertile regions of the world began. This led to the settlement of populations larger than one thousand people in certain geographic regions and accompanying changes in the social structures that these people lived within. To begin with, Native families became more self-reliant than they had been in tribal societies because they were able to produce food for the family unit independent of the community. In addition, the development of the concept of property ownership was a central part of the new social structure and value system. As natives relinquished their nomadic lifestyles, they also changed their perception of their relationship with the land.

It appears as though the influence of women in socializing males to check their aggressive tendencies declined as the evolving social structures began to support and promote male dominance on the basis of their greater aggressive tendencies. These social structures tend to be hierarchical in design, allowing males to exert power and control over woman, children and all other life forms that are viewed as lesser beings. The accompanying value system supported competition, independence and the accumulation of property. In turn, the amount of property accumulated is an indication of one's position in the social hierarchy, thus determining one's degree of power and control. The principles from tribal society of sharing, caring and equality were replaced in civilized society with the accumulation of property, independence from the group and dominance by the most aggressive members.

**World view Options**

When civilized society emerged, a completely new way of thinking and behaving evolved. This created new lifestyle options for humans. We can think in a holistic manner and live as if everything in creation is interdependent and of equal importance. Or, we can think linearly and live as if the world is ordered in hierarchies based on one's ability to exert control over lesser beings.

Between these two options, are at least two additional alternatives. Like many multi-lingual persons, people can attempt to integrate both forms of thought in ways that employ the world view in their environment. Or, they become totally disconnected from both world views. This has been the experience of many Aboriginal people.

Acculturation** with Euro-western culture has produced a variety of new breed Aboriginal People. Among full-blooded Indians, there exists a spectrum of persons - ranging from those totally faithful to traditional ways, to those who practice exclusively the traditions of the dominant culture. Some of the latter persons are products of boarding and residential schools, and cross-cultural adoptions and fostering. A variety of alternate and institutional care arrangements resulted in children being assimilated into Euro-western culture.

Another influential factor in shaping the identity of the present day native person is mixed tribal and interracial marriages. When persons from different tribal affiliations mate, their offspring become the products of, at times, very different Indian traditions, The offspring of interracial marriages are another form of new breed native persons – Canada's Metis people.

We must examine our history since contact with Europeans if we are to understand and appreciate how to Canada's First Nation's families and communities have been separated from holistic thinking and lifestyles. It is this holistic world view that has produced beliefs and values to guide relatively healthy child rearing practices within tribal communities.

* Rupert Ross offers an excellent description of tribal thought in his book Dancing With A Ghost.

** Acculturation refers to the changes in two cultures that result from new established contact and exchange.

# HISTORY OF NATIVE CHILD WELFARE

## ASSAULTS ON TRIBAL COMMUNITIES' LIFESTYLES AND FAMILIES: THE EARLY YEARS

Historical evidence supports the fact that, from the point of contact between Europeans and Aboriginal people, the ethnocentric world view of the new settlers led them to perceive the original inhabitants as obstacles in the way of their plans for colonization.

Initially, First Nation's knowledge allowed the new settlers to adapt to this land and survive. Later, the value of the Aboriginal people to the colonizers quickly diminished as they became confident in their ability to sustain their own lives. From that point forward, the colonizers began to view the native people as problematic and expendable. Many Aboriginal people consider the actions of Europeans toward native people as profoundly unkind treatment.

Recorded Canadian History from the 1600's to the mid- 1800's is full of events enacted by the colonizers, that can be identified as acts of genocide against Aboriginal people. These included the elimination of people through warfare, starvation, disease and the introduction of addictive substances such as alcohol. (Dickason, 1992; Farb, 1988; Morrison & Wilson, 1995).

The estimated native population of North America at the time of contact varies from 1.5 to 12 million people. Even if the lower figure is used as an estimate, the decline in native population to less than 250,000 by the late 1800's, is indication of the devastating impact of colonization on the native family.

**ESTABLISHMENT OF RESERVES**

By the 1850's the Canadian government began a less overtly violent method of dealing with the remaining Aboriginal population. As these people were still seen as obstacles in the way of the plans that the colonizers had for the development and use of the land, it was determined that they could be better controlled and monitored if they were confined within particular tracts of land.

Clearly the establishment of reserves was not only to gain control of the land and to monitor and control the Aboriginal people but was also seen as a step toward further assimilation of the native people to the 'civilized' lifestyle and world view of the colonizer. This can also be seen within the words of the same Lieutenant Governor of Manitoba in his opening remarks to the signing of Treaty one.

> "Your Great Mother (the Queen) wishes the good of all races under her sway. She wishes her red children to be happy and contented. She wishes them to live in comfort. She would like them to adopt the habits of the whites, to till land and raise food, and store it up against a time of want. She thinks this would be the best thing for her red children to do, that it would make them safer from famine and distress, and make their homes more comfortable, but the Queen, though she may think it good for you to adopt civilized habits, has no idea of compelling you to do *so.* This she leaves to your choice, and you need not live like the white man unless you can be persuaded to do so of your own free will."
>
> (Teichroeb, 1997, p.25)

In the years following the signing of the treaties and the establishment of

reserves many Aboriginal peoples were forcibly removed from their traditional territories and detained within the confines of their new reserve homelands. They were no longer free to travel on the land and often required the written permission of the Indian agent who, much like a jailer, had the responsibility to monitor the coming and going of the reserve population. This person also had the final decision-making power for the reserve as the Canadian government's official responsibility for carrying out the agreements within the treaties to meet the needs for food, shelter, education, medical care and other basic needs of the Aboriginal people. However, shortly after the reserves were established, it became apparent that most of the agreements were not being fulfilled and that the Indian agent's role was mainly to control and monitor the native peoples. This shift to a reserve lifestyle separated Aboriginal people from the land, and became a major step toward separating them from their traditional life styles.

As the native people moved from living a nomadic hunter gathering lifestyle to a sedentary agriculture, the roles of men and women began to change as did the family structures. Men's roles as providers for their families began to decrease; self- destructive behavior and family violence began to increase. In addition, the increased dependence on the Canadian government to meet the basic needs of life began the development of a dependent welfare lifestyle. It was at this point that the Canadian government began to step up its policies of assimilation as they enacted laws to further control the lifestyles of First Nation peoples. This included laws that prohibited the expression of traditional spiritual ways and healing practices.

The Canadian Government also began to forcibly impose their democratic system of government on reserve communities. This replaced traditional systems of government that had evolved from holistic thought and were based on principles of equality. Their traditional governing structures tended to reinforce decision making by consensus as opposed to majority rule. As this new democratic system was imposed on reserve communities, fundamental principles that had previously maintained peaceful, balanced relationships were violated. This change impacted severely on family relationships and structure, as clan members became pitted against each other over decision making that often determined positions of power and control within the community. With this new system of government, factions formed within communities that were now formed around the purpose of gaining control over the decision making powers for the community through positions of elected office.

As adults began experiencing the frustrations of oppression within their own communities, similar patterns began establishing themselves within family structures. Parents, especially fathers who had become disenfranchised of their roles, began acting in oppressive and abusive manners within their own families, This often became the only place that males felt any degree of control or influence. Never before had the tribal family, and community experienced such division, internal conflict and lack of balance.

## RESIDENTIAL SCHOOLS

Prior to the late 1800's First Nations children lived within the confines of the reserve community. Here, they continued to be raised with traditional parenting styles that had been modified somewhat to adapt to reserve living. By and large the traditional styles of teaching were used to transmit the beliefs and values that continued to support the development of holistic perceptions of the world. The languages and much of the culture were still relatively intact.

However, in 1879 Canada adopted the model of aggressive civilization that the Americans had initiated with Aboriginal people living in the United States. Nicholas Davin who had been appointed by Ottawa to study this policy reported: ***"If anything is to be done with the Indian, we must catch him very young."*** This began the establishment of the residential school system that between 1879 and the 1940's saw the development of 76 schools across Canada. Between 1920 and 1940 when it was made law that status Indian children attend residential school, more than 50 percent of native youth were raised away from their families and communities during most of their formative years. It is now obvious that the purpose of these schools was to ensure that native youth were separated from the holistic world view of their families and indoctrinated into the linear reductionistic world views of the colonizer.

Within the residential schools, children were prohibited from using their languages and practicing any of their cultural ways. They became fully immersed within a regimented and controlling environment that taught beliefs and values that often stood in stark contrast to the holistic world view of their families and communities.

> ***"Missionaries, horrified at the relaxed approach to parenting adopted by Natives, set about correcting the children's uncivilized manners with rigid schedules and harsh discipline,"***
>
> (Teichroeb, 1997 p.27)

By the time the Canadian government began to abandon the residential school policy in the 1960's*, several generations of children had been raised without the beliefs and values that had formerly guided their holistic approaches to parenting. As well, many generations of parents had limited experience with parenting, because their children had been raised in residential schools.

The accumulated experiences of separation, loss and abuse led to people entering parenthood with limited capacity to form healthy emotional bonds and who were therefore often unable to offer nurturing environments to their children. Many parents had not been given the experiences that would have allowed them to develop the knowledge and the feelings necessary to provide healthy nurturing

environments for children. In fact, many graduates of residential schools repeated the oppressive, controlling and abusive relationship patterns that they had been exposed to as children in these schools. Many of their children were raised in foster care, adoptive care, group homes, reform schools, training schools and correctional facilities.

Residential schools caused countless experiences of separation and loss that led to the development of multi-generational grief. Today the core of healing efforts within Aboriginal communities is focused on lifting the symptoms related to unresolved multi-general grief.

* The final closure of residential schools occurred in the 1970's.

## THE CHILDREN'S AID SOCIETIES

***After the devastation of the residential schools came the***
***Children=s Aid Societies with their unbelievable arrogance.***
***They were given the power over families***
***and the right to take children from their fathers and mothers***
***regardless of circumstances.***
***The people were forced into impoverishment,***
***by governments, by compulsory miseducation and by***
***the politics of the education system,***
***by every device possible to discredit us as people,***
***by racist attitudes that were and still are***
***rampant in Canada and the United States of America.***
***It is illegal for anyone in Ontario to steal or take the young***
***of animals or birds, but it is legal for the Children's Aid Society***
***to steal children from their mothers***
***and their extended families,***

***and then to adopt them out to strangers***
***of another race of people.***
***It is called genocide by the United Nations.***
***But that doesn't matter to the C.A.S.***

***(Solomon, 1994, p. 75)***

## CHILD WELFARE ON RESERVES

The residential school experience set the stage for the next level of assault on the native family. The new form of assimilation became known as child welfare - a system that the civilized state had created for protecting children from harm by their family members. The close knit interdependent structure of First Nations families and communities had previously served to ensure the protection and safety of its members. However, as the hierarchical power structures began to be implemented within the social structures of reserve communities, women and children became increasingly vulnerable to abuse. Civilized society's new solution to this problem was to remove children permanently from their families and communities and adopt them, most often to non-native families. This was thought to be a sure way to fully assimilate Aboriginal children to the 'civilized' world view.

It was no coincidence that as the Indian Act was being amended to phase out residential schools and to allow for the integration of First Nations children into the public school system, another amendment in 1951 allowed for the provision of Child Welfare services on reserves. (Johnston, 1983, p.3) While it was stated that this amendment was made to ensure equal quality of care to native and non-native children, the consequences of this action can be understood as yet another act of assimilation. As non-native social workers entered reserve environments they were ill-equipped to understand and assist with the devastation that they encountered. In addition to not understanding the culture and history of the people they were to serve, these people also did not receive specific training in child welfare. It was not until the 1980's that many schools of social work began offering training in child welfare. To make matters worse, the poorly developed and ill-defined government policies surrounding child welfare offered minimal guidelines for effective child welfare practice. (Johnston, 1983)

By this time the patriarchal welfare state and the residential school system had badly damaged the ability of families and reserve communities to offer the healthy nurturing environments that they had provided only several generations prior. Poverty, coupled with dysfunctional parenting, the lack of understanding of native culture, racist attitudes and policies of apprehension resulted in the permanent removal of thousands of First Nations children from their families and communities.

One-quarter of the children who were removed from their families were taken primarily because of the state of poverty their families were experiencing. During the 1960's some reserve communities were almost emptied of children who had been apprehended and placed for adoption. In 1983 a survey by the Canada Council on Social Development found that in Manitoba 60 percent of the children in care were aboriginal. For Alberta and Saskatchewan, the figures were 50 and 70 percent respectively. (Johnston, 1983)

Aboriginal families and communities were severely damaged by this tool of assimilation. Entire families were separated and First Nations children spent their formative years in nonnative families and communities. As adults, these children now struggle to find their places in a society that often does not accept them in either the nonnative or the Indian world. As we will see in a later section, the process of reunification of adults, children and their parents has become a major function of Aboriginal family support agencies.

## THE EFFECTS OF ACCULTURATION ON ABORIGINAL FAMILIES

As a consequence of the acculturation process, Aboriginal communities and families, who have not remained separated from the dominant culture, have undergone transformations for over 500 years since contact occurred with European people. Despite these changes the following features of family structure and kinship appear to have remained relatively constant.

### The Remaining Strengths in Aboriginal Families

While non-native families have been moving steadily toward smaller nuclear family units, native families have continued to retain large extended family networks. Many First Nations communities consist of two or three large extended family networks which have become interconnected through couple unions over the past several generations. Consequently, almost all members of a community are related. In addition, First Nations people use terms analogous to father, mother, daughter and son to identify relationships which are determined by clan and generation as opposed to identifying family through bloodline alone (Campbell, 1988).

The Aboriginal languages continue to support the recognition of close kin within large extended family networks. For example, persons who are referred to as brothers, sisters, aunts, uncles, grandparents and parents are often persons who are outside bloodline. Consequently, one can have a very large network of close kin. In traditional Iroquoian communities, the children are instructed to refer to older members of the communities as grandmother and grandfather. This is both a teaching related to showing respect for one's elders, as well as a form of identification of kinship within the community.

In many First Nation communities, children are raised by their grandparents or other extended family members who then become identified as parents and are often referred to as such. These kinship patterns and traditions result in a person identifying numerous people as kinship equivalents of fathers, mothers and siblings. Generally speaking, there is a more extensive and intensive experience of kinship in native families than in the larger Canadian society. If relationships are examined between First Nations communities, it is clear that close kinship within each community extend beyond community boundaries into surrounding communities. Over generations, inter-marriage between First Nations communities has resulted in extremely large interconnected family networks. It is common to identify individuals who have kin in almost every First Nation within a treaty region.

**The Harmful Effects of Acculturation**

The process of disconnection from cultural identities and lifestyles, as a consequence of colonization, threw First Nation families into disarray within a few generations. In many communities, healthy parenting styles that once promoted close, cohesive, and nurturing families, have been replaced by approaches that often encourage the development of low self esteem and hopelessness.

For example, large kinship networks have become more complex because that stable long-term committed relationships have become less common over the last few generations. This has followed the weakening of traditional ethical guidelines which once provided guidance for committed lifelong marriages. As a result men have sired numerous children, few of whom carry their surnames and many children have not been parented by their biological fathers.

Since the 1960's, First Nation families began to move to urban centers in search of employment. During the early stages of migration, most natives had minimal education and therefore were eligible for menial labor positions that were most often seasonal employment. As a result, many native families moved between urban and reserve settings, this migration pattern has continued for Status Indians. In cities such as Regina many native families spend the winter months in the city, and the summer at their reserve. Today it is estimated that more than 30 percent of the Status native population lives off reserve. (Waldman, 1985)

The movement from reserve to urban communities has also produced a shift from the extended family of grandparents, aunts, uncles and other relatives attending to and meeting the needs of its members - to small single parent families. One parent, small family units are often unable to fulfill roles of support, security and encouragement for their members.

Grandparents, parents and children often live far from each other and are commonly not intimately involved. Certainly, the fact that relatives live in separate homes or communities means that their roles related to meeting the needs of

family members have changed. For example, grandparents often are not involved in parenting their grandchildren. Therefore, the nurturing relationships which once existed between grandparents and grandchildren have become more emotionally distant. Many children have not learned the lesson of respecting their elders; elders are losing their ability to teach and nurture the young.

Today, as many Aboriginal families let go of traditional practices to follow the civilized path, it has become increasingly difficult for native children to define their identities on the group or the individual level. Without a well-defined identity, native youth become confused about their purpose or role in life. The road maps that once helped them plot their course in life have been removed. In some cases, they have adopted road maps from 'civilized' society. Others have relatively nothing and are wandering lost, feeling frightened, hopeless and angry.

As First Nations communities have moved away from the extended family structure, tremendous pressures have been placed on a few care givers to meet the parenting responsibilities. This shift to euro western values reduces the emphasis on children as gifts from the Creator, and often lessens the ability of the native family to provide children with nurturing. For native people who were placed in residential schools many were not treated as gifts from the Creator and were not nurtured, As a result, they did not learn how to provide healthy parenting. They often lost the ability to make healthy emotional connections to others and have struggled to provide healthy nurturing experiences for their children.

The parenting knowledge and relationship abilities, often lacking in parents, result in children developing low self-esteem, a lack of self-confidence and a dependency on others. Emotionally, many young adults are still children, as they have never received the necessary nurturing and good parenting to develop the resources for conducting their roles.

The adoption of euro western values often leads First Nation people to attribute far less importance to the rights of the individual and the importance of equality. In fact, in many cases, power relationships are formed in which physically weaker members (e.g., women and children) are given virtually no rights, and the rights they have been often ignored.

As First Nations families have become disconnected from their traditional beliefs and values, the roles of family members have become poorly defined, or not defined at all. As a result, the boundaries between childhood and adulthood, for example, may lack definition. Consequently, children often perform parental functions, and parents at times act as children. This confusion of roles contributes significantly to self abuse and abuse of others. This role confusion is also evident when grandparents assume the full parenting role with their grandchildren because the parents are unable to parent.

Many native family resources have been so severely weakened that the crisis families now face places enormous burdens on their ability to survive. Obviously, for those who have chosen to take their own lives, their strengths have been totally depleted. * It appears that the families of these individuals have lost the ability to instill the traditional perception of crisis as an opportunity for growth, and the resources necessary to support the accompanying survival behaviors.

Unfortunately, many Aboriginal people lack a strong sense of cultural and/or personal identity because of all of the aforementioned assaults on native families, Also, many Aboriginal families have lost the capacity for healthy exchange with others. Consequently, they live alienated and isolated lives. Therefore, the potential for self-destructive and abusive behavior is often high.

*Estimates of the suicide rate amongst Aboriginal peoples range from five to seven times the National average. (Choosing Life, The Royal Commission on Aboriginal Peoples, 1995).

***For Indians in Canada, overall life expectancy is IO years less than the national average. Perinatal and neonatal Indian mortality are almost twice as high, Violent deaths and suicides occur among Indians are more than six times the national rate. Indians are jailed at more than three times the national rate, Over 50 percent of Indian health problems are alcohol-related. One out of three Indian families lives in crowded conditions. Only 50-60 percent of Indian housing has running water, and sewage disposal. Although participation in elementary schools has recently approached the national level, secondary school participation is still 12 percent with a completion rate of about 20 percent, as compared to a national rate of 75 percent. University participation is less than half the national level. Participation in the labor force is less than 40 percent.***

***And with employment at only about 30 percent of the working age group, and average income well below national levels, about 50 percent of the Indian population has to resort to governmental social assistance, Even for off-reserve Indians who have attempted to enter the economic mainstream, the levels of unemployment and governmental dependency stand at about 25-30 percent.***

**(Waldman, 1985, p. 209)**

Virtually the same statistics were reported by the Royal Commission on Aboriginal Peoples in 1995.

## *HEALING OURSELVES*

***I believe that healing for us as human beings will be hard to do unless we become humble and honest and straightforward in all our dealings with women and children and men. What we are searching for is harmony and balance again. The way that it was before the strangers came to this sacred land, and messed things up for us with their strange ways. They came with an unbelievable greed and arrogance. They came to a paradise and they turned it into a living hell upon earth.***

***(Soloman, 1994, P. 73)***

## ABORIGINAL CHILD WELFARE

By the time First Nations communities awoke to the fact that non-native child welfare actions were leading to almost certain complete destruction of their communities, a large number of children had been permanently separated from their families and communities. Between 1969 and 1974, 80 percent of the Indian children in care were adopted to non-native families within Canada and the United States. At the present time 40 percent of permanent wards are Aboriginal children within regions with higher concentrations of native people that percentage rises to 70 percent. (Webber, 1998). It would only be as adults that efforts would be made to reunite some of these people with their families and communities.

Following an Alberta Blackfoot Band's signing of an agreement with the province and federal government in 1973 for the provision of Child Welfare services in their community, a number of First Nation bands across Canada began efforts to exercise more control over the provision of child welfare services in First Nation communities. In Manitoba this began in 1982 with a moratorium being placed on the adoption of First Nations children outside of their communities and the country.

Up until 1986 when the Department of Indian Affairs began a moratorium on new negotiations and funding arrangements, 152 agreements were signed with First Nations to provide child welfare services to their own communities. There were five different types of agreements signed during this period. In the 1980's, as First Nations communities established increasing numbers of locally controlled child welfare agencies, Indian Affairs responded by creating policy for the establishment of new agencies requiring a minimum of 1,000 children per agency, excluding child care costs from agreements. Also, they insisted that provincial legislation and standards be applied. Finally, it was stipulated that agreements would only be possible as resources became available. Since then, only a few new First Nations child welfare agencies have been initiated.

The numbers of Aboriginal children in the care of child protection agencies can only be estimated. Statistics are inconsistent, definitions vary, or information is

unavailable. (Timpson, 1994). Patterns from Patrick Johnston's ground-breaking study still holds true. Since the 60's, Aboriginal children have been disproportionately represented in care. For example, in 1980, 4.6% of all Status Indian children were in care - four and one-half times the rate of all Canadian children (Johnston, 1983). By 1990, there were 4% of Aboriginal children in care compared to an estimated .4% of the general population (Timpson, 1994). In Manitoba, one-quarter of children placed for adoption are Metis, though they comprise only 5.6% of the population. These statistics should be read with caution; agency statistics are not always accurate measures (Timpson, 1994).

## FACILITATING THE HEALING

For Aboriginal communities, the establishment of child welfare agencies and various family support and healing programs marks a return to carrying responsibility for the development of healthy families and healthy communities.

Some consider this healing movement to be the backbone to rebuilding the state of
health that many believe First Nations peoples enjoyed in pre-contact days. Others believe that rebuilding healthy families and communities is the essence of self- government.

As these new Aboriginal agencies and programs have evolved, it has become incumbent upon them to define how they can improve the child welfare policies and practices of the non-native society that had promoted assimilation and community destruction. Simply replacing non-native social workers with First Nation workers who speak the native language and know the culture is obviously insufficient. Even the practices of some Aboriginal child welfare agencies that continue to follow the policies and practices dictated by provincial child welfare mandates appear to do nothing more than replicate destructive processes. The only apparent difference is that now First Nations people act in often oppressive ways toward First Nations families and communities.

Aboriginal agencies also report that the non-native agencies, institutions and government branches that they must interact with or depend upon, continue to express racist and oppressive attitudes toward them. Although they wish to exert self-control over child welfare matters, government policies and oppressive attitudes continue to prevent real self-government from being implemented.

It appears that creating Aboriginal agencies and programs requires that Aboriginal people once again define what it is that has enabled them to live in healthy relationships with self, others, all of creation and the Creator. They must redefine health from the context of the holistic world view and translate these into principles for healthy living in our current reality. This is the challenge faced by Aboriginal agencies and programs wishing to support and facilitate healthier futures for Aboriginal people. In the process perhaps it will be discovered that

First Nations peoples had far more to offer to the colonizers than was originally appreciated or understood. In fact, what was discovered, discouraged and destroyed may prove to be the keys to survival for all peoples on Mother Earth.

As Aboriginal programs have evolved, the following guidelines have generally served to define culturally appropriate services:

1. Recognition of the importance of control over and provision of services by Aboriginal people;

2. Recognition of the effects of the processes of colonization on Aboriginal people and the need to provide services consistent with an individual's identification with Aboriginal identity;

3. Recognition of a distinct traditional First Nation world view and set of beliefs, values and customs, and the importance of incorporating these into models of healing. Important values of respect, sharing, family and group cooperation, and holism;

4. Recognition of the role of elders, women and children in community life;
5. Recognition of the importance of traditional knowledge and language;

6. Recognition of the importance of building culturally-appropriate services through an adaptive process of policy development and implementation which involves community and staff consultation in a continuous and comprehensive fashion; and

7. Recognition of the importance of well-managed organizations and well-trained staff which incorporate a commitment to culturally-appropriate services and working with other informal and formal helping services in a more holistic fashion.

(McKenzie & Morrisette, 1993)

Further elaboration of what Aboriginal people recognize as important elements of the healing process were identified by McCormick (1995) through interviews with 50 Aboriginal people. In addition to understanding the problem, setting goals, obtaining help from others, engaging in challenging activities, learning from a role model, helping others, the research indicated that healing should facilitate the . . .

- expression of emotion
- anchoring self in tradition
- establishing social connection

- establishing spiritual connection
- participating in ceremony
- connection with nature
- exercise
- self-care
-

McCormick concludes that ***"The aim of healing for First Nations people is concerned with attaining and maintaining balance between the four dimensions of the person: physical, emotional, mental and spiritual."*** (McCormick, 1995, p.312). He later concludes that healing in First Nation communities focuses on reestablishing interconnectedness through actions which support and encourage enhanced connections with family, community, culture, nation and spirituality. As mentioned in previous discussions of Aboriginal identity formation, the individual is encouraged to transcend the ego to evolve a solid sense of self within a strongly interdependent environment. This work is significant because it begins to define holistic healing in Aboriginal communities from the perspective of Aboriginal people.

The large extended family networks within First Nations require large scale interventions. Individually focused models of treatment, such as behavioral therapy -approaches, fall short of addressing the complex relationship issues that must be addressed if significant and lasting changes are to be affected. Assisting the healing of multi-generational extended family problems within First Nations communities, requires a holistic or ecological approach to treatment. All other therapeutic interventions can be considered as merely band-aid solutions which often fail to acknowledge the sources contributing to the illness that lie within the extended family, community and environment.

The majority of destructive behavior directed at self and others within tribal society is associated with the period of transition when families are lost between the tribal and 'civilized' lifestyle. While this may be true, there is also considerable evidence to support the belief that families within civilized society do less to promote healthy lifestyles and life enhancing behavior than tribal families. If the Aboriginal prophecies are correct, we are now awakening to this realization.

## VISIONS OF FAMILY WELLNESS

Aboriginal people think holistically when discussing visions for the most appropriate ways of assuring their children's safety, health and well-being. They understand the child=s growth and well-being as a product of interaction with the

family as a whole. Strengthening the child requires strengthening the family. Increasingly, Aboriginal communities are returning to traditional culture, as a source of values, principles, and specific practices for the Agood life@. Traditional beliefs concerning children are at the center of this movement. These are conveyed by traditional leaders and Elders to provide the motivational and emotional momentum for everyday parenting and program development.

Recent studies (Maidman, 1995; Native Child and Family Services of Toronto, 1990) identify a number of Ashoulds@ concerning family life. For example, intact families should include Elders and relatives. Family unity should be based on quality time, harmony, stability, love, good communications, and mutual respect. A stable material foundation should exist which includes a home, sufficient money, and employment.

Aboriginal people believe that children should benefit from quality parenting. Skilled and knowledgeable parents should express love, discipline appropriately, offer a respectful environment free of physical and sexual abuse, and appropriately role model with sound values. Parents should strive to develop their children's self-esteem, through good communication. Respect for children, and the notion that Aboriginal families Ashould grow with and through children@ are reflected in the idea that children have important teaching roles within the family and community. The Acommunity care@ principle encourages all members to share child-raising and support the nuclear family as principal care-giver.

Further, family relationships, values, beliefs and parenting should be influenced by Native culture and pride. A strong Native spiritual foundation should respect spiritual differences.

Families should be involved with the community *as a family*, for recreation, socialization, community growth and healing. They should support the learning of all members, and contribute to their emotional well-being. Families should also grow and solve problems with available sources of help. Finally, families should develop the capacity and values to improve physical well-being through nutrition, exercise and health values. Such qualities rule out the abusive and destructive behaviors of physical and sexual assault, substance abuse and neglect (Maidman, 1995)

We know however that the emerging visions are not fully realized in daily life. For a glimpse of what may contribute to family problems and child maltreatment we turn to . . .

**ABORIGINAL FAMILY LIFE: CURRENT REALITIES**

Arguably, we may never understand why and how maltreatment occurs. Even so, we begin to grasp a context by fitting together the demographic puzzle. For many families, poverty creates stress, and isolation from friends and family life resources. In large poor alcohol abusive families, stress and conflict prevail;

many First Nation children live with single parents in crowded housing conditions. Many Aboriginal people marry, or live together and have children at a young age. Many migrate to urban settings with geographically dispersed Aboriginal populations.

Almost one-third of Aboriginal children under fifteen who are living with a parent, live with a single parent, compared to 16% of Canadian children (Statistics Canada, 1998). Forty-six percent of Aboriginal children under fifteen live with single parents ***in an urban environment*** - 50% in Winnipeg, Regina and Saskatoon! Fewer than one-half such children live with married parents, compared to 73% of the population at large. More than 10% of Aboriginal children under fifteen do not live with either parent.

We often hear of growing up in families without appropriate teaching or modeling of good parenting. Years in residential schools denied Aboriginal children an opportunity to observe their own parents. One woman describes the residential school experience:

> ***Al hurt there. There was no love ... There was no caring there, nobody to hug you when you cried; all they did was slap you .....the boy who slept next to me wasn=t very fortunate. I saw him being sexually abused...I have heard people who have said, >I left that residential school, and I have been like a ship without a rudder ... I left there just like a robot, with no feelings and no emotions@***
>
> *(Royal Commission on Aboriginal Peoples, 1997)*

As one key informant suggests*, life in small communities increases the impact of emotional problems, affecting close relationships between people and eventually the community as a whole.

A resident of Fort Alexander summarizes how residential schools affected parenting:

> ***A ... Perhaps the greatest tragedy of this background was the unemotional upbringing they had. Not being brought up in a loving, caring, sharing, nurturing environment, they did not have these skills ... they are not inbred but learned through observation, participation and interaction. ... Consequently, when these parents became parents, and most did at an early age, they had no parenting skills. They did not have the capability to show affection. They sired and bread children but were unable to relate to them. This is still evident today.@***
>
> (Royal Commission on Aboriginal Peoples, 1997)

Many young people are drawn into sexual experimentation without birth control knowledge. For some, the difficulty with sexuality is a multi-generational

phenomenon affected by residential school, where sexual discussion and education were discouraged. As well, limited recreation and socializing opportunities in reserve communities creates boredom among youth.

Over half of Aboriginal people live in Metropolitan areas or small urban centers (Statistics Canada, 1998). They seek employment or training with limited education, and struggle with inadequate housing, unemployment, alcohol abuse, discrimination, or culture shock. (Maidman, 1982). The demographics of the urban population limit the opportunities, social supports and options. In cities, Native people are dispersed. In Toronto, the population comprises both permanent Toronto residents and transients. Some are traditional in their life style; others are acculturated to the dominant society. Still others blend elements of traditional Aboriginal and urban values and lifestyle (Native Child and Family Services of Toronto, 1990).

Many Native people in cities have a strong sense of membership in an Aboriginal community; others do not. Some live a Acommuter@ pattern of back and forth mobility between the city and rural communities. Some have broad connections to the wider urban scene, including urban institutions, but many others have few involvements. Many Native people have friends and relatives within the city; those with problems tend to be socially isolated. Many tribal backgrounds and cultures are represented.

Finally, the quality of physical health is another reality which may also contribute to child maltreatment. Parents with limited knowledge about health and birth are less likely to look after themselves and their infant babies (Health Canada, 1997). Mothers who abuse alcohol may give birth to babies with FAS or FAE. The physical and mental growth and behavior of these children place them at a disadvantage later in life. FAS children are enormously demanding on parenting skills. Also, families with ongoing health problems may not have the time or energy to give appropriate attention to their growing children. This is particularly true in isolated communities where services are inaccessible.

## Child Maltreatment in Aboriginal Communities

Most Aboriginal Family Services across Canada acknowledge that child maltreatment is a problem (Maidman, 1995; Royal Commission, 1997; INAC, 1987). Regional heterogeneity across Canada is a factor in assessing the nature and causes of problems. Teen suicides, for example, are described as Aepidemics@ in some parts. The living conditions of urban Aboriginal people are unique. Child neglect is the problem most frequently identified; sexual abuse, rather than physical abuse, is also a serious concern.

### Focal Issues for Prevention Practice

For many Aboriginal communities and families, the historical, social and economic realities are a breeding ground for the maltreatment of children. Successful prevention efforts must establish focal targets for change. Thus far, the following realities have received particular attention. As well, these have been identified by recent national and local studies as the most serious issues for Aboriginal people (Maidman, 1995; Native Child and Family Services of Toronto, 1990; Royal Commission on Aboriginal Peoples, 1997; Timpson, 1994; Statistics Canada, 1993). Directly or indirectly, all of these are believed to affect family life, parenting, and child maltreatment.

- **Loss of traditional culture**
- **Parenting problems**
- **Single parenthood**
- **The problems of youth**
- **Poverty and unemployment**
- **Alcohol abuse**
- **Physical health problems**
-

In addition, such **community issues** as negative attitudes, social divisions, gossip, conflict between families, hostility, local politics and administration, lack of community participation and program support, and the lack of recreational opportunities - all of these have increasingly been identified as affecting child maltreatment (Maidman, 1995; Frank Maidman Associates, 1998).

The focal issues are clearly interdependent. To illustrate: when asked to reflect on reasons for parenting struggles, many Aboriginal people stress the difficulties of single parenting, unemployment, alcohol abuse, family conflict or violence (Maidman, 1995).

## PREVENTION IN ABORIGINAL COMMUNITIES: MODELS AND PRACTICE

Aboriginal people are critical of the mainstream child protection approach of removing children from their homes, without attention to restoring the family as the natural care-giver. Recently, several prevention initiatives have evolved. These are the subject of this section.

The following categories may create an impression that Aboriginal programs and practices follow the linear program assumptions of non-Aboriginal programming, in which changes are targeted in isolation from the whole. However, one of our themes is that in the implementation of these practices, the complex, holistic nature of causality is taken into account, and guides actual program delivery. Hence, program planning and delivery of prevention practices are encouraging the development of holistic thought.

**PRACTICES FOR CHILDREN AND YOUTH**

Practices targeting children and youth take short- and long-range prevention perspectives. In the short run, some recognize that young people are active players in current or potentially abusive and neglecting environments. They have the potential to recognize and respond to challenges to their well-being. Such practices empower children, through the development of self-esteem, safety skills and awareness of community resources.
(Maidman, 1996a)

Preventive practices for children and youth also build supportive relationships within the peer group. These have immediate protective benefit, while implicitly exposing Aboriginal children to early holistic ideas and experiences of how individuals depend on others in a caring community.

In the long run, other practices prepare children and youth for their future adult roles in society, teaching the values, attitudes and opportunities to develop in a healthy way. These socialization experiences supplement current, sometimes highly dysfunctional environments, developing strengths and resilience.

Finally, practices associated with social and recreational programming are particularly important for Aboriginal children and youth. Most First Nation communities lack the facilities and programming skills for recreational development. Many are isolated from urban centers, trapping children and youth in boredom and temptation (Maidman and Beedie, 1998). Early attraction to an unhealthy lifestyle of drugs, alcohol and promiscuity is the precursor to an adult lifestyle detrimental to the care and safety of children. Whatever the focus of educational practices for Aboriginal youth and children, programs aspire to create safe learning environments.

## Early Child Development

Early child development opportunities are provided through such programs as AAboriginal Head Start@, ABetter Beginnings, Better Futures@, and (formerly) the AL=il Beavers Program (Ontario federation of Indian Friendship centers, 1986). Early intervention projects integrate the American Head Start experience concerning the importance of whole family intervention, with their unique application of culture-based content and organization (Aboriginal Head Start

Subcommittee on National Principles and Guidelines, 1996).

Early child development practices are preventive in three ways: First, they socialize children for an adulthood which is respectful toward self and others, free of abuses, and which contributes to the material stability of family life. At risk children are surrounded with positive and nurturing experiences, increasing their resiliency against their current situations, and providing the emotional foundations for growth. Through cultural education they develop pride in themselves as Aboriginal children, and become meaningfully part of the Aboriginal community.

Secondly, these programs offer parents opportunities to learn parenting and other life skills. As well, they socialize, increase their pride and self-esteem, and become integrated into the community. Finally, the Head Start versions of early childhood education link to a network of social support services. Through these, program staff identify high risk family situations (eg. alcohol abuse) and refer to appropriate support or remedial services.

Aboriginal Head Start is a promising national program. Local communities are encouraged to develop unique program designs. Each is expected to provide services in education, culture and language, health promotion, nutrition and social support. As well, parents are expected to contribute to program design, development, operations and evaluation (Aboriginal Head Start Subcommittee on National Principles and Guidelines, 1996).

The program recognizes that children=s success in school and indeed the development of life-long learning, reflects strengths within the individual child ***and*** the supportive and adaptive characteristics of the family. Effective early intervention programs for children provide for the needs of the whole child, for the needs of the family through support services, and for the involvement of parents, who are the child=s first and most influential teachers. Preschool programs, through supportive social networks, often benefit parents as well, in their relationships with children, life satisfaction, psychological well-being, parenting and other skills. These qualities enhance the child=s learning environment.

The family=s economic circumstances affect the child=s mental and physical health. Poverty places children at higher risks for illness, psychological problems and death. Some programs in the USA provide learning and career development opportunities.

The presence of an AHS program can enhance a community=s capacity to meet local needs in health care and education. A program=s facility for linking with local Aboriginal services should be most useful in this regard. Coordination with the educational system is particularly important.

Childhood early intervention programs with underprivileged children have had the

most lasting impact on the children's physical health and well-being. Long-term studies have found that children who participated in American head start programs, have better health, immunization rates, and nutrition. They also display greater social and emotional stability than nonparticipating peers (Washington and Bailey, 1995).

**Effectiveness of Aboriginal Head Start Initiatives**

Although American Head Start initiatives have received enormous evaluation attention (Florian, 1997), the bulk of evaluation concentrates on the education components of the program, offering only a glimpse of the program=s impact on how children are treated in the home (Washington and Bailey, 1995).

Preliminary evaluation results of Canadian Aboriginal Head Start initiatives are available. In 1996 a summer AHS program was piloted in seven urban communities (Becker and Galley, 1996). The program targeted high-risk Aboriginal children age 3-5 years. Evaluation found that the programs attracted high risk families: 42 percent of the children were from single parent homes; one-third had special needs. Parents received home visits from staff and were introduced to other social supports in the community, and generally were able to overcome their social isolation through volunteer work and training. Parents who did not participate benefitted less from the program in terms of social support, and were less likely to perceive benefits to their children. The traditional roles of extended family members were reinforced; for example, grandparents were involved in occasional visits, special activities, or daily activities. All parents felt that the program had a positive effect on their children in regard to school readiness: verbalization, vocabulary, self-confidence, and socialization skills.

At the community level, improvement was noted in the relationships between sponsoring agencies. Each community secured some involvement from local institutions, service agencies and resource people.
Challenges to program implementation included short preparation time and associated difficulties of securing facilities and completing quality planning. Some parents did not participate due to full-time employment, misbehavior of their own children when they were present, and their reluctance to interfere in the child's activity (Becker and Galley, 1996)

The early evaluation studies of Aboriginal Head Start projects reinforce what we have learned from American evaluation of child development programs for disadvantaged children. ***Involving families in the program is important***. Home visits, involvement in learning with children, outreach personnel - are emerging as important features of quality programs.

## Practices for Children=s Empowerment and Healing

Children can acquire the tools or life skills to protect themselves in threatening

situations. Such interventions increase their emotional resiliency against abuse trauma, and the ability to cope with emotional or physical threats. Raised in multi-problem and dysfunctional families, children at risk lack previous socialization experiences for a positive self-concept. They also lack self-protective knowledge and skills. These programs also increase their capacity to help others.

Children need socialization experiences in order to feel good about themselves and their ability to seek help. They may also learn their rights as children. They learn to recognize harmful situations, behaviors and substances. As well, they receive early exposure to cultural beliefs and attitudes which support the concept of a caring, responsive Aboriginal community. They learn the skills to help themselves and others. Such skills include the use of a community=s helping resources. Finally, children may learn to respect, and link with their local Aboriginal community, thereby reducing their isolation. They learn that their community is a source of strength and help.

One such children=s initiative in an urban setting is the **Children=s Circle Program.** Under the auspices of Native Child and Family Services of Toronto, it responds to the needs of children from multi-problem addictive, high risk families. The program assumes that children have needs related to bonding, emotionality, socialization, education and physical health (Maidman, 1996). They need to increase their self-esteem while learning values and a lifestyle based on sobriety. They need to learn the dangers of alcohol and drugs. Such children benefit from mixing with children in similar circumstances, with opportunities to express their feelings about their situations. Also, they need to familiarize themselves with community resources, and acquire protective attitudes and skills.

Staff pursues these objectives through structured learning activities and interaction, based on cultural and contemporary knowledge and techniques. These include: education about Native culture through teachings, traditional ceremonies and rituals; alcohol and drug abuse education; group work; safety and self-help skill development. Like the Aboriginal Head Start Program, needy parents and children are referred for special services.

The Children=s Circle Program has a strong cultural base. Native women plan, prepare, and provide all program activities. A talking circle format is used. Native values, beliefs and traditions are cores to cultural education. Elders participate in special teaching and ceremonies. Traditional medicines, resources, and symbols are used. For easy access, the program is offered in school and community locations, close to Aboriginal populations.

**Effectiveness of Practices for Empowering Children**

A formative evaluation of the Children=s Circle Program (Maidman, 1996)

concluded that school-aged children, age 9-11, participating in both school-based and agency children=s circles, had indeed become empowered. Participants improved or maintained their Native pride and self-esteem. They were less likely to feel responsible for helping their alcoholic abusive parents. They expressed attitudes and beliefs which were conducive to safety and self-protection.

However, some participating children did not change in their reluctance to talk about their parents= problems. This drew attention to the strength of Afamily rules@ against discussing family problems, prompting a recommendation for more holistic family-focused program activities.

**The Integration of Prevention and Healing**

Some children=s programs empower through play, culture and safety learning. Others respond to serious problems by integrating mainstream therapy, traditional healing and cultural learning. According to the Aintergenerational transmission of abuse@ hypothesis, children who have been sexually or physically abused are more likely to abuse as adults. The preventive challenge, then, is to restore their health and well-being well before adulthood.

Another dimension of the preventive challenge is to help the family members heal when their personal pain is a threat to the safety and well-being of their present and unborn children. This more holistic perspective recognizes the interdependence of dysfunctional family problems. The implication is that ***integrated practices are needed to move the whole family toward health.***

The **Mooka=am Sexual Abuse Treatment Program** takes up these prevention challenges (Maidman and Beedie, 1994). It blends specific traditional healing and contemporary practices. Recognizing that sexual abuse may be intergenerational, Mooka=am offers services to adult victims ***and*** their families, adolescents, and children, including suspected abuse victims. Thus, it offers activities for various family members, including the partners of single mothers. The following description focuses on the children=s component only.

Children may enter the program with low self-esteem and feelings of inadequacy, reflected in their relationships and schooling. Social skills are usually lacking. They become aggressive and hostile with others, or they become withdrawn, shy, forlorn and timid. Poor concentration causes problems at school.

Although healing work with children is similar in some ways to that of other clients (cultural learning and participation in summer camp), it also involves age-appropriate approaches. Children usually do not have the words to express their experiences or how they feel. Talking and writing about abuse is unrealistic. Accordingly, the core practices in the program include non-directive and directive play therapy, blended with traditional healing.

Working with children also helps them avoid future abuse. To achieve this goal, staff integrate preventive education and traditional teachings. For example, a poster combined traditional ideas and symbols with contemporary ideas concerning Agood touch, bad touch@.

Coming from multiple abuse backgrounds, participating children may be troubled with matters other than sexual abuse. Depending on their immediate needs, staff focus on other issues - including those of the adult parents. This reinforces the holistic principle that programs should not focus upon problems in ways that artificially serve the program but neglect the client (Maidman and Beedie, 1994)

**Effectiveness**

Formative evaluation of the Mooka=am Program demonstrated that troubled children from highly dysfunctional families strengthened their resilience and knowledge of threatening situations. They developed positive self-esteem, increased Native pride, and acquired safety and other prevention knowledge. Qualitative information from the same study suggested that particularly dysfunctional family dynamics may have affected the progress of some children (Maidman and Beedie, 1994).

## *Day Care*

As a child welfare service, day care is used when family care of the child must be supplemented. Ideally, it can also strengthen and support positive parenting. Day care practitioners intend to provide good group care and supervision when parents are unable to care for children due to employment, sickness and the like. Such circumstances call for the day care to supplement, but not substitute, for parental care. Day care is provided privately or in community centers.

Aboriginal day care programs provide food, shelter, adult supervision and supplemental parental roles. Most Aboriginal centre-based day care facilities also provide cultural education, basic language learning, and simple school readiness teaching (Frank Maidman Associates, 1998)

***To create preventive community structures, centre-based Aboriginal day care is organized to strengthen the supportive and protective community network around children***. This is realized by forging strong relationships with the community at large: involving seniors in planning, teaching and other program activities; organizing field visits; encouraging community participation, and participating in community festivities.

Many Aboriginal day care centers incorporate cultural teachings and practices. These include general ceremonies, seasonal ceremonies, regular circles and spiritual activities.

The cultural component contributes to prevention in many ways. Cultural teachings introduce or reinforce the values and beliefs associated with the caring tribal community. The social organization of cultural practice (eg. ceremonies, Elder involvement, circles) builds community relationships in children=s lives. Adaptation of the day care institution engages Elders and other community members in meaningful roles to support families and children.

Potentially, day care may also service families with children who, because of mental, physical, or emotional challenges, are demanding and stressful. Relief to overburdened parents for part of the day may help avoid institutionalization. Ideally, staff will have the abilities to work with special children. As well, group-based day care encourages normal contact between peers and isolated special-needs children.

Day care may also offer temporary relief when the parent-child relationship is disturbed, allowing the parent to become emotionally reorganized for more positive contact. Thus: day care supports parental capacity to care for the child, reduces tension or conflict, and increases the likelihood that the child will be maintained in the home.

Day care may also be an alternative to a homemaker service when the parents have died or deserted, or during prolonged hospitalization. Day care staff may help educate parents in more adequate child-rearing methods - communicating knowledge about feeding, discipline, child protection, and the like. Day care facilities may also be used as remedial measures for deprived home environments, such as housing shortages.

Of growing importance is a belief that day care prevents placing children in substitute care, and also acts as a respite in protective services. For example "shared parenting" may provide parents with some relief from the stress and frustration which may lead to maltreatment.

**Effectiveness of day care as prevention**

Evaluation of the national First Nations\Inuit Child Care Initiative (Martin Spigelman Research Associates, 1997) suggests that Aboriginal centre-based day care had positive effects. These directly impacted the high risk elements of child maltreatment, while strengthening protective mechanisms.

Many parents participated in educational, employment and other opportunities, knowing that their children were safe and well. Day care provided services to many families at risk of child maltreatment: working parents, young people returning to school, families on assistance, single parents, families with special needs children, and families involved with family services.

Day care also helped integrate families into community life, reducing the social

isolation typical of troubled and maltreating families. A majority felt that the initiative increased their community participation, making them more aware of child care issues.

Regional committee contacts and staff believed that child care was a cost-effective approach to community social and economic development. All study centers developed linkages with human service programs, particularly in the health sector.

Several day care practices provided learning opportunities and resources for parents which enhanced their skills and self-esteem. Parents became active in centre activities, particularly management and governance. Some centers offered parenting courses and other ancillary resources or activities such as a library, or play groups for other community children. Finally, staff successfully incorporated community values and traditions into their operations, primarily through community and Elder participation.

Implementation challenges were also noted: Many communities were inexperienced with child care, having little background in program planning, design, and delivery. Time limitations for community needs assessments, service promotion, construction of facilities, licensing arrangements, policy development and training - all hampered development
Martin Spigelman Research Associates, 1997)

**Youth Work Practices**

Aboriginal youth services exemplify prevention programming for future generations. Today=s Aboriginal youth are tomorrow=s parents; many already have children. Some are involved in dysfunctional and unsafe family relationships. Their behavior has the potential to contribute to the quality of family life. As community members, they are role models for young children and generally contribute to the quality of the family=s social environment. Finally, they are the potential carriers of Aboriginal culture (Frank Maidman Associates, 1998).

According to one recent regional study of eight First Nations, the problems of Aboriginal youth include: limited recreational opportunities, gas-sniffing, teen sexuality, premature pregnancies, psychological problems (e.g. low self esteem), schooling issues, behavioral problems, and drinking or drug use (Maidman, 1995).

Many Aboriginal youth have already faced circumstances which have serious implications for the next generation. They may have received inadequate socialization within their own families as a result of inadequate parenting, dysfunctional family relationships, or substance abuse. Growing up in communities with few recreational facilities or programs, many are bored and vulnerable to alcohol, drug abuse and promiscuity.

Some Aboriginal youth are plagued by sexual or physical abuse within the family or community. Negative school experiences have left them without skills, confidence and optimism for training and career. Inappropriate learning of healthy gender relationships and sexuality (emotion, safe sex, birth control, etc.) increases their risks. Inadequate nurturance within the family has left them emotionally vulnerable, prompting them to seek emotional and physical gratification in immature ways.

Products of child welfare systems, some have lived with many families and suffered adoption breakdowns. Urban street kids, isolated from their families and home communities, are vulnerable to drugs, alcohol, unsafe sex, and violence. In First Nations and cities, many Aboriginal youth have weak ties with their Elders and extended family members. Others are already parents, lacking parenting skills, knowledge, and partners. Many are socially isolated, immature and living a high risk lifestyle. The saddest indicator of the plight of Aboriginal youth is that the suicide rate in some Canadian communities is ten times higher than that of general North American youth (Legge, 1998).

Effective practices for Aboriginal youth provide them with the learning and growth experiences which help reduce the later risks of child maltreatment. Generally, such practices prepare young men and women for adulthood, particularly family roles. Preventive practices address the risk factors associated with substance abuse, unemployment and poverty, inadequate parenting skills and knowledge, family abuse, social isolation, and marital conflict.

Preventive practices also help youth become aware of the dangers of certain lifestyle excesses (eg. substance abuse) which may affect later family life. They facilitate their commitment and involvement in education or training, as steps to meaningful employment and enjoyment of lifelong learning. They support their involvement into Aboriginal community life, where they can secure access to supportive resources, friendship, growth opportunities - and participate in a collective self-esteem.

Prevention practices also help youth learn values for positive sexuality and gender relations. As well, they provide social and recreational opportunities, which keep them out of trouble at an early age, prevent the onset of a troubled life, and strengthen the values related to physical health and social relationships. They provide respite experiences and parenting education for young parents.

Many Aboriginal youth have already suffered traumatic abusive experiences leaving deep psychological scars. Low self-esteem, the Adamaged goods syndrome@ from sexual abuse, the inability to relate to the opposite sex, low empathy - all are emotional residues of abusive backgrounds which later contribute to dysfunctional adult relationships and parenting.

Past abuses of Aboriginal youth, coupled with the national phenomenon of disclosures, lends an immediacy to preventive ***clinical practices***. These practices, though healing in their orientation, ***help promote protective emotional climates for parenting***. They provide holistic healing to the adolescent victims of sexual, physical, and emotional violence. For example, they help them to increase their self-esteem, through the development of Aboriginal pride. Also, such practices help youth address current personal, family and developmental issues which may impact adulthood. They facilitate their involvement into appropriate traditional or contemporary healing.

Urban youth, including isolated street kids, may be at a greater disadvantage then those close to the healing network potential of the extended family. When healing is activated in the larger system, the change can be fast and effective. Practices for Aboriginal youth living in cities, may be particularly effective when they reduce isolation, build lasting relationships with others, and perhaps help them connect with their original families.

Youth identity issues present a special challenge. This is true for all Aboriginal youth. It may be so for urban and Metis youth. Urban youth are away from their family and community cultural reinforcements of their identity. They are less exposed to traditional Aboriginal culture, and may be targets of racism (Frank Maidman Associates, 1998).

Those from adoptive families or multiple foster placements, likely missed the consistent nurturing of stable family life. As well, they may have experienced family violence and emotional abuse. With these socialization experiences, they struggle to form close attachments with others.

Metis youth, like other Aboriginal youth, share similar backgrounds and current circumstances. For some, identity issues are further affected by (a) their mixed heritage, (b) having lived near a First Nation community, and possibly exposed to traditional culture and (c) not being integrated into an urban Metis community.

**Evaluation of Practices for Youth**

Knowledge of effective preventive practices for Aboriginal youth comes primarily from the CAPC evaluation project (Obonsawin-Irwin Consulting, 1997). The CAPC projects targeted younger children, but included some for Aboriginal youth. Most were educational, although some provided direct help service. Teen-oriented preventive practices included the distribution of educational brochures, workshops, traditional ceremonies, Elder teachings, circles, one-to-one education and counselling, referrals, and the distribution of condoms.

Ties between Aboriginal youth, extended family and Elders have been weakened. This deprives youth and their families of supportive learning opportunities, and the continuity of Aboriginal culture, pride and self-esteem. An

oft-repeated cultural objective is to restore Elders= traditional community roles in relation to young people.

Off-reserve cultural development projects have successfully created positive attitudes toward Elders. Based on attendance, workshops and Elder teachings may have been particularly effective. All participating teens said they had learned the importance of developing relationships with Elders. They learned how to relate to them, and use their knowledge from Elders in daily life (Obonsawin-Irwin Consulting, 1997).

Elder teachings, workshops, ceremonies and circles comprised the core cultural education and development practices. Although the effects of *each* practice cannot be assessed, strong evidence speaks to the aggregated impact on teen thinking and behavior. All participants reported a new appreciation of how cultural learning increased their pride. Feeling better about themselves also helped them make appropriate decisions affecting their well-being (Obonsawin-Irwin Consulting, 1997).

Aboriginal communities believe that youth need the support, life teaching and cultural development opportunities from Elders. In some communities, this may require healing for Elders who themselves have been the perpetrators of child abuse. Cultural learning opportunities and certification for Elders are also under discussion.

Aboriginal youth also need specific learning opportunities on sexuality. CAPC projects successfully enhanced teen knowledge of their sexuality, and helped them apply this knowledge. Participants reported an increased respect for their sexual selves, as they became knowledgeable about safe sex practices, birth control and sexually transmitted disease. Some left abusive relationships. Others became better able to access prenatal health care services (Obonsawin-Irwin Consulting, 1997).

## PRACTICES FOR PARENTS AND FAMILIES

Aboriginal wisdom suggests that the following families are more likely to neglect or abuse their children: single parents, the unemployed, parents with residential school and other institutional backgrounds, families living in communities with high concentration of residential school backgrounds, those living unhealthy lifestyle, multi-problem families, the socially isolated, and parents who were abused or neglected as children.

Such factors undermine the quality of parenting by fostering inadequate parenting skills; stress and the inability to cope or seek help; family conflict; low self-esteem; negative lifestyle (eg. gambling); and insufficient quality time with children.

The following practices are preventive by (i) directly targeting the high risk factors or by (ii) modifying the negative consequences of the risk factors. They promote change through program activities ***and*** the organization of practice (eg. parents as volunteers).

## Healing Practices for Adult Family Members

Much as they reflect public issues and social contexts, the private problems of parents need to be addressed in preventive actions against child maltreatment. Personal issues such as alcohol or drug abuse, are targeted by clinical or traditional healing. These issues contribute to maltreatment, through their impact on partner relationships, the perception and response to children, or the incapacity to seek or use helping services.

Healing practices ***restore personal health and well-being, thereby lowering the risk of parents maltreating children and other adults***. As well, they promote healthy interaction with children. Even though focusing on individual parent needs, most Aboriginal healing practices incorporate holistic principles.

Individual help - through counselling, therapy or traditional healing - is available in a variety of private and program settings. Such treatments are often holistic in scope, targeting several Alife domains@. For example, alcohol and drug abuse treatment programs for Aboriginal people, offer workshops or circles in life-skills and communications, cultural education and spirituality, as well as alcohol treatment (Beauvais, 1992; Jilek, 1994; Brady, 1995; Edwards and Edwards, 1988; Edwards et al, 1995; Oetting et al, 1988).
Sexual abuse treatment programs are also important settings for prevention work. With new programming initiatives and freer discussions of sexuality, more sexual abuse disclosures have surfaced. The following are either effective or promising practices and principles for helping Aboriginal adults.

**Professional counselling\therapy** address the emotional needs of clients, enhance their self-esteem, and resolve inner conflicts. They address the psychological effects of victimization, oppression, poverty, abusive or stressful relationships, present or previous involvements with the child welfare system and the like. Most of these issues are related to their situation and identity as Aboriginal people, and require the understanding and empathy of Aboriginal counsellors.

**Lay counselling** by community staff or natural helpers (eg. Elders) is also available. Local Aboriginal counsellors are familiar with community conditions and how they affect private lives. Peer counselling may be provided by those in similar circumstances, such as single parents or sexual abuse victims. This encourages self-help, lasting friendship, and a sense of community.

**Traditional healing** is also available. This includes (a) counselling by spiritual

healers
(b) healing circles, and (c) cultural events and spiritual ceremonies. Sweat lodges and other traditional ceremonies are major healing activities for clients as they address all four aspects of self - the physical, emotional, psychological and spiritual. Ceremonies cleanse the body, help release deep feelings such as sadness, and develop social and emotional connections with others. They clear and relax the mind, and connect clients to the Creator and their own spiritual power through prayer, offerings and song. Cultural education helps build self-esteem and restore lost dignity. Elders participate in program development, spiritual ceremonies, healing circles and group work, staff direction and support. They provide traditional teachings about gender relationships and healthy sexuality.

Other adult healing practices include storytelling, expressive therapy (journal or diary-keeping, poetry-writing, storytelling and visual expression), life skills training, and teaching lifestyle alternatives to self-destructive coping behaviors (Maidman and Beedie, 1994).

Appropriate clinical work for Aboriginal people is compatible with holistic or ecological thinking currently in family therapy approaches. To work effectively, therapists think holistically, and incorporate the relevant therapeutic models. Effective models are selected according to their compatibility with holistic thought and the client=s unique cultural characteristics (Connors, 1993 b). An important principle is that holistic therapists do not treat individuals in isolation from their family, friends, community members and nation. Nor do they ignore the person=s physical, emotional, psychological and spiritual selves. Clients often enter healing expecting the involvement of relatives, friends and others. At times, therapists may incorporate others (eg. traditional healers) into the therapeutic process.

**Evaluation of Effectiveness**

The above practice principles are consistent with the previously discussed B.C. mental health study which probed the sources of healing for Aboriginal people (McCormick, 1995). A recent study of an urban program combining contemporary clinical or social work practices, and traditional Aboriginal healing methods also reinforces many of the B.C. results (Maidman and Beadie, 1994). Mooka=am Healing and Treatment Services (Native Child and Family Services of Toronto) offers sexual abuse treatment for abuse victims who have maltreated their children, or are at risk. Some are already involved with child protection authorities.

Evaluation indicated that participants developed a more positive sense of themselves generally and as victims. They established trusting attitudes, becoming more comfortable in social and intimate situations. Sustaining their pride as Native people, they participated in more communal cultural activities.

Mooka=am participants also improved their life-style - by relaxing more, becoming more community-oriented, and developing insight into substance and food abuses. They became more self-protective, resourceful and active in coping, and created stronger systems of support from different sources. Finally, the program helped participants develop a more positive sense of their parenting, and assisted with material circumstances, such as housing, jobs and income (Maidman and Beedie, 1994)

## Parent Education

Many Aboriginal people believe that inadequate parenting places their children at risk (Frank Maidman Associates, 1998), a perception that has spawned numerous parent education programs across the country. At particularly high risk are single Aboriginal women who become pregnant early, and lack adequate income and social supports.

Although parent education programs focus primarily on developing skills and knowledge, planners are aware that parenting difficulties are associated with a host of historical and contemporary community and family issues. The residential school movement denied Aboriginal children the opportunity to observe parenting, establish strong emotional bonds with their own parents, and learn healthy emotional expression. Residential schooling also created guilt, shame and low self-esteem in the parents of school children, and in later generations of parents.

Other factors contributing to dysfunctional parent-child relationships include family dysfunctions, substance abuse, the breakdown of traditional extended family supports, and the attraction of bingo and gambling. The adult children of alcoholics may be particularly challenged as parents. As one informant urged, the “root causes” and holistic forces affecting poor parenting must be kept in mind. Parent-child interaction does not occur in a vacuum.

Parent education provides a range of skills, knowledge and values. Programs help parents learn specific techniques for raising children. Parent education also imparts coping skills to pregnant women, easing the transition to parenthood. Program participants learn other relevant life skills, such as budgeting and nutritious meal preparation (Sauve and Miller, 1998).

Some programs also provide stress management techniques for coping with the stressors in their lives (Sauve and Miller, 1998), and challenges of raising children. Above all, traditional parent education reinforces the sacred values of respecting the child as a gift from the Creator, and honoring the parenting function.

Many parenting programs utilize pre-packaged programs designed for Aboriginal

people, including ARaising the Children@ (Frank Maidman Associates, 1998) and APositive Indian Parenting@ (Northwestern Indian Child Welfare Institute, 1986). These combine traditional beliefs and values, with contemporary techniques. The effective ones acknowledge the roles of wider family system and community dynamics.

Parent education is an important component of the CAPC projects for off-reserve Aboriginal communities. Practices consist of parenting circles (self-help support), classes, moms and tots activities, drop-in or sharing circles, one-on-one counseling, home visits, cultural workshops, teaching of traditional crafts to parents and children,
drop-in activities, and the distribution of materials, such as clothing (Obonsawin-Irwin Consulting, 1997). In some communities, Elders provide parenting workshops from a traditional perspective.

Parent education targets three different categories. As universal prevention, workshops provide learning opportunities which are available to the whole community. Selective events target high-risk parents such as single mothers or teenagers. Finally, parenting education may be required through Customary Care Agreements or court orders. These are examples of indicated prevention in which the parenting-related conditions for future maltreatment are minimized through education.

Parent education takes place through many formats: community workshops, one-to-one family support, shelters, and advocacy relationships. It may also occur in parent support circles, or through informal day-to-day interactions between staff and other parents in programs. Parent education may also be included in a child welfare agency=s case or customary care plan.

According to key informants, to be effective, parent education programs should incorporate traditional Aboriginal culture in the curriculum content (traditional values and parenting practices), teachings by Elders and grandparents, and traditional healing practices. Also, effective parenting is taught to take into account the effects of total family relationships, extended family systems, community factors, historical circumstances, and the emotional make-up of the parent.

**The Effectiveness of Parent Education for Aboriginal Families**

There is enormous support for the idea of strengthening parenting in Aboriginal families (Frank Maidman Associates, 1998). Many culture-based parent education programs are in place across Canada (Maidman, 1998). Even so, we lack cumulative evidence for their effectiveness.

Recent evaluation of parent education in urban settings reinforces the perception that parent education is important and effective (Obonsawin-Irwin Consulting,

1997). The projects had several positive impacts. Parents improved parenting practices; they began to use positive disciplinary practices and communications; they became more patient with children; they refrained from hitting or yelling, spent more time with them, and praised good behavior.

Other projects benefitted children=s health and well-being by helping mothers develop healthy habits, knowledge about nutrition, and practical food-buying habits. They learned how food and nutrition affect behavior. Pregnant women stopped smoking, drinking and using drugs, and new parents began to exercise and diet. Expectant mothers learned anxiety-reducing coping skills for the transition to parenthood (Obonsawin-Irwin Consulting, 1997).

These changes constitute protective factors which moderate dynamics flowing from such high risk family conditions as unemployment and poverty. Even with limited income, parents can make food-buying choices which balance nutrition with savings. Healthy adult lifestyle may contribute to a family culture and lifestyle which is a beneficial learning environment for the next generation. Parents who refrain from using drugs and alcohol help themselves in their efforts to minimize stress, build healthy relationships, and secure training opportunities and employment.

Aboriginal parent education benefits families at all stages of the life cycle. It benefits young people who missed the opportunity to learn how to parent at home. It is beneficial to those who are unaware of the link between life style and problems like Fetal Alcohol Syndrome. Parent education also benefits older parents adapting to changes during adolescence.

One serious implementation challenge was the absence of the wife=s partner. Program participants complained that the application of new parenting practices was hampered by their partner=s lack of support and reluctance to change (Obonsawin-Irwin Consulting, 1997). Also, parenting in First Nation communities often involves extended family members. The implication is that parenting programs might be more effective if the woman=s partner and extended family members are involved. Consistent with tribal values, such involvement would help reinforce a support system around the parents.

Another limitation is that some parents are reluctant to attend highly visible parent education programs because of their stigmatizing effects as Abad parents@ (Obonsawin-Irwin Consulting, 1997). This suggests that, for some, parent education through home visitations may be more appropriate. However, because interaction with other parents has enormous secondary benefits for isolated families, home visitation parenting education is perhaps appropriate as a first step.

* * * *

Family-focused interventions attempt to safeguard and enhance the well-being of children by targeting issues or making changes in the family as a whole. The assumption is that child maltreatment is seamlessly interwoven with dysfunctional family interactions, difficult or stressful situations.

Despite their family focus, these practices are holistic or ecological as they draw upon extended family or community resources, build community relationships, incorporate and teach communal values and beliefs. Although the family is the focus, the family network and community often benefit as well. We first review the practice of ...

## Customary Care

Customary care has its roots in traditional community and tribal family life. It is a set of beliefs, principles and practices through which Aboriginal communities assume child care responsibility. As an arrangement for childcare using community resources and processes, customary care is legitimized by a traditional belief that communities are responsible for the care and well-being of children.

Typically, an alternative family and living arrangement is made in which extended family members care for the child, temporarily or indefinitely. The community makes this arrangement when family circumstances undermine the quality of parenting. Ideally, customary care is a consensual co-parenting relationship.

Should extended family members not be willing, available or appropriate, other local Aboriginal customary care parents are chosen. Traditionally, the decision was informal. Today, such arrangements are structured according to the policies and procedures of local community or regional Aboriginal authorities (Maidman, 1988).

### Contemporary adaptations

In some parts of Canada, efforts are underway to codify customary care into contemporary beliefs and principles (Payukotayno ...., 1988). From consultation with thirty-eight First Nations, the following ideas establish a bridge to contemporary realities. Customary care emphasizes (a) prevention and support (b) participation of community members in decision-making concerning child maltreatment cases (c) voluntary admission to care and placement within the community (d) involvement of extended family members (e) the involvement of other services (f) a holistic view of the family as a unit, and the concept of the person as a unity of physical, spiritual, mental, and emotional parts (f) a non-judgmental and supportive approach to parents, reflected in the priority given to home-based family support, parent participation in decision-making, reinforcing parental roles, and the concept of co-parenting, and (g) case planning involving family members.

Elders believe that today=s application should blend with modern helping methods, while avoiding mainstream options for child protection. Counseling, therapy or traditional healing should be available to troubled families, but children should never be removed from their family or community. Finally, for appropriate customary care family practice, staff also needs cultural competence, including cultural, ceremonial and customary therapeutic methods (Jourdain, no date).

Customary care arrangements are made in circumstances undermining parental responsibilities - from short-term illness to parental absence to child maltreatment. It has numerous potential preventive benefits for the wider community, as well as high risk or troubled families. It can restore the traditional values, beliefs and principles of the community as child care agent. It teaches that caring, safety and well-being is the community standard. Because child maltreatment evokes a community response (eg. alternative living arrangements), customary care is also socially controlling.

Customary care also provides relief for families under stress, including those that are at high-risk for child abuse or neglect (eg. teen-age parents, single parents). By mobilizing extended family and local community members, customary care strengthens family support and co-parenting networks. These networks are sources of learning for families needing parenting ideas and skills.

Customary care also establishes a bridge to healing and wellness for families at risk, or for those showing early signs of child maltreatment. Also, it provides temporary alternative co-parenting living arrangements for children at risk.

Because it develops community resource networks, customary care is a community development practice. It is also a family support practice, in which staff use local knowledge and skills to bring together well and dysfunctional families. By linking troubled families with parents and other community resources, customary care practice offers immediate child protection, while restoring the family=s well-being.

**Effectiveness of customary care**

Customary care is widely valued by Aboriginal people as a community arrangement for assuring the safety and well-being of children (Frank Maidman Associates, 1998; Jourdain, no date). Although effectiveness studies are unavailable, early estimates are promising. They suggest that appropriately developed and supported customary care creates healthy community dynamics. After the first few years of bands assuming responsibility for children, the number of children in care of outside agencies began to drop (INAC, 1987; Maidman, 1988). Placements were consensually supported by parents in 50% - 95% of cases.

A recent Australian study documented benefits to children and customary care-givers. The program included Aboriginal staff, local involvement in assessments, policy agreements from the community, training for care-givers, and adequate financial support. Success was indicated by improved children=s health and school attendance; and attendance at school with shoes and lunches. Care givers secured better housing, and the childrens= families utilized local community resources (Durst, 1996).

**Implementation challenges in customary care**

Contemporary adaptation of customary care principles in Aboriginal communities is challenging, requiring extensive community preparation and service support. Staff struggles to encourage resistive and troubled parents to seek help during placements. Unfortunately, the appropriate opportunities for healing, wellness promotion, training and employment are not always accessible in isolated Aboriginal communities. Customary care workers are also challenged to support both customary care and natural parents.

For many, the painful memories of losing children to the mainstream child welfare system, hampers *any* substitute care. The initial challenges of community consultation, promotion and service delivery are enormous, as customary care providers strive to build a caring tribal community.

To support the preventive function there is need for staff and customary care parent training and orientation; community-based staff support; and ongoing monitoring. Customary care cannot be preventive without arrangements for helping troubled families. Communities must learn to accept customary care as a temporary co-parenting arrangement strengthened by local resources.

Urban Aboriginal communities face their own distinctive implementation challenges.
Local resources may be more available, but arranging for traditional co-parenting is challenging. Extended family members are rarely available. Aboriginal families are less culturally homogeneous. Dispersed through the city, they are less likely to endorse the traditional community care ethic.

Without physical closeness of small communities, the co-parenting principle is logistically and culturally challenging. Community educational and social control benefits may not be easily achieved. Urban agencies have risen to the challenge by recruiting strong unrelated Aboriginal families, educating them in the cultural foundation of customary care, and providing follow-up support (NCFST, 1990).

## Family Support

Services to support families are available from most Aboriginal child and family service agencies across Canada (Beck, no date; Dilico Ojibway Child and Family

Services, 1996; Graff, 1987; Grand Council Treaty #3, 1992; Hudson and McKenzie, 1984; Hunter, 1998; James N. Docherty and Associates, 1992; Maidman, 1988; Native Child and Family Services of Toronto, 1990; Organization and System Development, 1996 The ARA Consulting Group, 1993; Weechi-It-Te-Win Family Services, 1995).

Supporting families involves strengthening their capacity for independent functioning, lessening their dependency on professionals, and keeping them intact (Canadian Socio-Telich, 1984). Specifically, family support may involve material aid, physical assistance, emotionally supportive interaction, guidance, advice and information, feedback concerning family behavior, and facilitation of social participation. In Aboriginal communities, family support is provided primarily by family service or family support workers, and other service providers. They support through direct actions, or by encouraging help from relatives, friends, other community members, persons with needs, and Elders (Maidman, 1988).

Family support is provided through organized programs (eg. parent education), office or home visits. It is also provided during contacts with other resources, facilities or larger institutions, such as courts.

There are several distinctive features of Aboriginal family support in First Nation communities. Family boundaries may be broadened to include extended family, close friends, household members or whoever contributes to family functions and parenting. Reinforcing traditional helping roles is important.

The community as a whole may receive help to bolster the family environment. In some sense, the community ***is*** family, since so many people are related. Also, because traditional tribal families and communities operate as cooperative, interdependent units - families are supported by community strength.

Some family support programs minimize the role distinction between natural community resources and formal family services. Staff are trained as caring community members, modeling the extended family. They support in natural ways, using local helping knowledge and customs. Family support workers mobilize natural helpers and other program resources from within the community. Effective practice comes from familiarity and acceptance, coupled with a capacity to work with community resources and dynamics. Child protection authorities may be an important part of this network.

This holistic scope of First Nations= family support is mirrored in cities. For example, The Ontario Federation of Indian Friendships Centers= Aboriginal Family Support Program pursues nine objectives. Friendship centers provide a variety of support initiatives: early job development, parent education, cultural education and events, crisis intervention or stress relief, material support, community education, community development and events, and services to

facilitate access to resources (Frank Maidman Associates, 1998).

**Effectiveness of family support**

Aboriginal family support programs concentrating on strengthening family relationships have demonstrated success in establishing more positive relationships between partners, parent - child relationships, sibling and playmate relationships. Those focusing on-help seeking practices, made positive differences in the family help-seeking for substance abuse and medical problems (Obonsawin-Irwin Consulting, 1997). Also, liaison between urban family support workers and child protection authorities may have effectively prevented child protection interventions, or perhaps accelerated the return of children to their natural parents (Obonsawin-Irwin Consulting, 1997).

In some family support projects, child welfare clients were involved, through supervision orders or placements. They began to show positive health, parenting and career changes. Family support projects also made changes in the mothers= personal well-being and socio-economic circumstances (Obonsawin-Irwin Consulting, 1997), effects that either directly reduce risk factors or help the parents better cope with stressful circumstances.

Despite obvious benefits, Aboriginal family support services in some settings have been challenging. One issue is the compatibility of family support with mainstream child protection philosophy and practice. There are at least two perspectives on this matter. On the one hand, some Aboriginal people believe that family support, coupled with the customary care option, are more consistent with Aboriginal beliefs than mainstream child protection. Family support to strengthen parents and keep families intact, makes more sense than apprehension.

Family support workers may be seriously challenged when providing services through the auspices of a child protection agency. Such challenges may also occur if community members perceive family support workers as protection staff. Workers struggle to establish trust when they are seen as having authority to apprehend children.

Also, some family support workers facilitate customary care arrangements. Placing children displays many outward characteristics of mainstream apprehension, even though the intention differs. The Aboriginal intent in customary care is to establish a temporary co-parenting arrangement while the family heals. Ultimately, the goal is to keep the family together, even with minimal natural parental involvement. The child is clearly protected through co-parenting, but the protective arrangement only has meaning in the larger philosophical context of the Acommunity as care giver, and Akeeping the family together@. Family support workers Afacilitate@ extended family arrangements which traditionally were informal and natural.

The history of mainstream child welfare in Aboriginal communities left a residue of negativity on actions involving the placements of children with other families. Customary care may be confusing, even resisted by the natural parents if they interpret the arrangement as Aapprehension@, and fear losing their children. Workers too may be ambivalent. Without an appropriate understanding of the cultural meaning of customary care, their actions and comments may contribute to the confusion.

Many of these issues are exacerbated in First Nations when family support workers are community and extended family members (Maidman, 1988), or where their agencies espouse a mainstream child protection philosophy. Even so, in communities where family support has existed for many years, the introduction of a mandated Aboriginal child protection function may proceed quite smoothly.

The other perspective on the family support\child protection issue is that family support can indeed be provided along with the protection service required by Provincial legislation. Many Aboriginal child welfare agencies provide this combination, and there are those who argue that skilled family support workers can establish a trusting relationship which is useful if child apprehension is necessary.

One option is that family service and child protection workers function in a team model, with neither having ultimate authority. In this way, the family support perspective and practice is honored in assessments and case reviews, and the child protection philosophy does not dominate the agency=s work. A useful negotiating dynamic is established between staff representing the two perspectives.

## Home Visitations

The home visitation is a core family support practice, particularly in First Nations communities. Once a widely used practice, recent budget cutbacks may have reduced its frequency in urban programs. Even so, in small First Nation communities, easier travel and privacy, make home visits a viable choice. In the latter, and to some extent in cities, community staff uses approaches which are consistent with tradition, local customs and their own familiarity with clients.

As child maltreatment prevention, home visitations allow workers to help reduce the risk by reaching out to socially isolated families, and assessing parent-child interaction and parenting skills through observation. They respond immediately to stress-producing family crises, helping families avoid maltreatment by easing access to community resources. In the process, staff offers a customized advocacy and resource brokerage relationship.

The focus of home visitations is typically the parent and the parent-child relationship. A potential additional advantage, particularly in First Nations, is that workers may engage others close to the family. As well, stress-producing physical space issues can be addressed.

In First Nation communities, the effectiveness of home visitations may be related to privacy, since many centralized programs are provided near busy band offices. Home visits for parent education avoid the Abad parent@ stigma. As well, they allow staff to customize their teaching according to their perceptions of a family=s specific needs. Finally, workers find it easier to establish a trusting relationship with clients through natural means, such as helping with dishes or carrying wood.

Home visitations in urban settings overcome the clients' difficulty in accessing other locations, because of distance and expense. Even so, staff travel costs, limited client coverage, and the need to reduce social isolation - all are noteworthy limitations.

**Effectiveness of home visitations**

Evaluations of the home visit as a prevention tool are underway (Lam and Associates, 1997). Estimates concerning home visitation effectiveness in Aboriginal communities are based on evaluation of "Healthy Families Arizona", an American Indian study (Honahni, 1998). Families receiving home visitations were less likely to abuse their children. Several abuse-related factors were reduced, including stress and unemployment. More than 95 percent of the infants were immunized, and parents sought help from primary care physicians. Parents became more skillful at solving problems and providing health care to children. Participants also improved their ability to cope with problems and stress, giving each other support. They were happy, their living situations improved, and they became more patient with their children (Honahni, 1998).

In many cases, high risk parents are isolated, and lack interactional skills and confidence to seek informal support. They struggle to negotiate their needs with institutions, or simply make friends. Where this is evident, home visitations may supplement parent circles or other networking and social events. Home visitations may be transitional or parallel services. The transition can be facilitated gradually through accompanying visits by other parents or volunteers.

## *Advocacy*

Families at risk of maltreating their children experience enormous stress from socio-economic or family conditions. Contacts with community authorities or institutions may be culturally alien and stressful. Isolated and generally lacking in the capacity to use community resources, these families may benefit from advocacy work.

Recent research documents the perceived effectiveness of advocacy work. Family advocates support clients who are involved with child protection agencies, courts, social assistance, landlords, and schools (Frank Maidman Associates, 1998; Maidman, 1988). Advocates undertake different tasks, as they pursue a variety of goals. Generally, advocacy refers to actions in which staff support families by pleading particular causes, speaking or writing in response to an issue, defending a client, or seeking to change unhelpful or discriminatory systems. Finally, family advocates may be directly involved in securing needed services for their clients.

Advocacy work is effective for prevention work when it helps reduce a build-up of client frustration and stress. Also, it facilitates access to community resources (eg. housing) before problems escalate. Advocacy presents opportunities to negotiate potentially detrimental child welfare decisions, based on incomplete information or faulty assumptions. Through role modeling, advocates help families become their own advocates by developing the skill and confidence to meet their own needs (Maidman, 1988).

Some Aboriginal family workers support families by liaising with protection authorities in urban settings and First Nation communities. Liaison roles require advocacy. Workers support the child protection process by easing communication, supporting the family through the child protection process, and helping the family recover their children.

## Family Counseling and Therapy

Aboriginal family problems are seamlessly interwoven with historical, community, socio-economic, and family network issues. Family-focused practices which ignore such matters are piecemeal, and blame the victim. In this section we review family practice principles which accommodate this holistic perspective.

Many models for counseling or providing therapy to entire Aboriginal families have been described in the literature (Connors,1993 b; Dykeman, 1995; Morrissette, et al, 1993; Morrissette, 1994; National Native association of Treatment Directors, 1989; O'Connell, 1985; Paennell and Burford, 1994).

Generally, family-centered work assumes that individual symptoms or dysfunctional interactions, thinking, feeling and bodily states are interrelated with larger family, group or community patterns. Such patterns may include role relationships, themes, dysfunctional communications, and the like. For Aboriginal problems, an ecological family therapy which recognizes the contributions of disturbed extended family relationships, community dynamics (eg. family scapegoating), and institutional factors (eg. child welfare decisions, local housing policy) may be most effective.

Family counseling or therapy has been used to deal with family problems, such

as marital violence or conflict directly associated with child maltreatment. Family intervention is offered before serious abuse or neglect occurs, or as part of a treatment plan to stop recurrence.

Details of family practice vary. What follows is an inventory of principles and practices from Aboriginal or non-Aboriginal therapists working with Aboriginal clients. Reflecting an ecological perspective (Connors, 1993 b), they particularly attend to cultural and community issues. Thus, effective family therapy or counseling understands family and community belief systems concerning problems, wellness, and healing. Such practice considers family structure and function, respecting traditional roles of immediate and extended family members (O'Connell, 1985).

Ecological family counselors work with the culture-based helping style of families, possibly integrating culturally-wise Elders, helpers and other traditional practices. Equally important is their practice of working within a community context, always remaining sensitive to how dynamics from long-standing community structures (eg. power inequities) and events may reinforce problems.

In assessment and intervention, some ecological family workers consider intergenerational effects of historical events (eg. oppression, residential schools), paying attention to how these contribute to family and child-rearing patterns (Morrissette et al, 1993). They use cultural methods (eg. teachings, medicine wheel) to empower whole families and family members by encouraging holistic thinking, balance, and a positive culture-based identity. Consistent with ecological family work is ...

## Family Networking

One type of family intervention practice, which may be particularly effective for Aboriginal communities is family networking, or social network intervention (Speck and Attneave, 1973). Consistent with holistic thinking, it uses extended family and community resources. One of the above authors, an American Indian, described this practice as retribalization and healing in family crises.

Family network interventions energize the family=s natural and community supports. It accomplishes this by assembling all members of the troubled family=s relatives, friends, neighbors, or anyone who is significant or potentially helpful. Typically, meetings are held in the home, and are facilitated by a network team.

Network intervention aims to stimulate, reflect and focus the group=s potential to specific problems. This happens through building relationships and group processes, loosening controls, opening communications, facilitating new perceptions, and generally activating strengths. The family=s social network becomes its personal life-sustaining community for solving immediate and future

problems. To facilitate, the intervention team avoids a therapeutic function, keeping the responsibility within the network.

Experience with family networking indicates that healing processes may have little to do with the presenting problem or the facilitator=s initial intentions. By unleashing varied perspectives and synergistic energy, networking effects help solve problems at other levels of family and community life. An intervention targeting a specific maltreatment problem, may surface community conditions such as alcohol abuse, isolation of families, or oppressive power structures. Family networking initially evolved as a set of principles and techniques for helping troubled families. These principles are evident in two specific models - AFamily Group Conferencing@, and the AWraparound@ process.

**Family Group Conferencing**

Family group conferencing (or Afamily group decision-making@) was originally conceived in New Zealand. This is a practice which, if supported by the community and child welfare authorities, and is well-timed, could help many families without apprehending children (Pennel and Burford, 1994; Ross, 1996). The aims of this model are (i) to keep children and adults safe, and (ii) promote their well-being. This method builds partnerships between immediate family and extended family members, the community at large, and the government.

At a family group conference, the abusive or neglecting family meets with relatives, friends, and other close supporters to develop a plan for resolving concerns. The plan may entail formal resources, but it may also involve natural community supports and traditional healing. As each new intervention animates natural helping, the traditional tribal community comes to life. By receiving approval from the referring authority, the plans have contemporary legitimation and support.

**Evaluation of effectiveness**

Fortunately, the Family Group Conferencing Model has been evaluated in three Inuit, rural and urban communities in Newfoundland and Labrador (Pennell and Burford, 1997). Family group conferencing produced positive changes in family unity, as members talked openly, were motivated to change, and became mutually supportive. They also became more resourceful, and improved their care for children and youth, by establishing closer relationships and more positive parenting.

Other family problems such as drinking, were lessened. As well, there was formal evidence of reduced family violence, decreases in substantiated child abuse or neglect, fewer emergency responses to crises, and indicators of woman abuse (Pennel and Burford, 1997). Most project children made positive gains in their development, though they still lagged behind other children in the

community. Changes were noted in identity, family and social relationships, emotional and behavioral development. Family group conferencing was **least effective** in mother abuse by adolescents, and in the most chaotic families.

Assessment of Family Group Conferencing in New Zealand also shows promising results. Children admitted to Social Welfare department residences dropped from 2,712 in 1988 to 923 in 1992\93. Also, prosecuted cases against young people dropped 27%. (Ross, 1996)

***Wraparound***

Another family-focused community networking process which is being tried in various parts of Canada (Ottawa-Carlton Wraparound, 1999), the USA, Australia and New Zealand is the AWraparound@ process (New Zealand Government, 1997; ), and has been adopted by several American Indian communities (Frank Maidman Associates, 1998). This model reflects family networking principles and is somewhat similar to Family Group Conferencing.

Wraparound is a family-focused community-wide process to help families develop individualized service plans. It undertakes standardized assessment of family strengths and weaknesses in all aspects of family life, and makes extensive use of local formal helping resources. In comparison to the early descriptions of family network techniques, it relies less on the family=s natural helping network. Finally, the Wraparound process insists upon the flexible use of existing resources, rather than forcing family needs into existing programmatic solutions.

The wraparound process is facilitated by a four to ten member Child and Family Team of professionals and volunteers, broadly representing the community. The family and children are integral team members, as are relatives or other community members recommended by the family and children.

The process works toward a needs-driven, multifaceted service plan which typically integrates existing, new or modified services - with informal or natural community help. The plan typically includes withdrawal of formalized services in favor of natural support. It builds on family and children=s strengths, and is compatible with the values, norms and preferences of the family, the child and the community. Culturally competent service plans holistically address the needs of all family life domains: financial, educational, vocational, cultural, social and recreational, behavioral and emotional, health, legal, safety, and others. The family is instrumental in defining its domains, strengths, and needs. The process helps the family to reframe Aproblems@ as needs.

Team service providers represent various agencies and programs. This guarantees that plans, services and supports cut across traditional agency or program boundaries. Ideally, there is access to flexible non-categorized funding.

The wraparound process incorporates a serious monitoring and evaluation component. Service outcomes must be measured for individual cases. If the service plan doesn=t work, it must be modified. Family needs remain at the center of unconditional adaptable services.

Both of the above models involve working with individual families in their natural community environment. Other family interventions assemble family members together with other families in ...

***Family Healing Lodges***

Family-centered practices are also provided in healing lodges. Different in structure, organization and techniques, lodges accept families for extended treatment. Interventions are selective or indicated, since lodge participants either are troubled high risk families, or have already abused or neglected their children. Typically, healing lodges aspire to create wellness in the family, while reducing risks of new or continuing patterns of child maltreatment. Some families participate through a court order.

One common feature of healing lodges is the "healing setting". As a context for specific practices, the physical setting is designed to create opportunities for healthier experiences. As well, the setting requires social arrangements and tasks for families requiring new skills and knowledge. Each setting characteristically has evolved its unique internal culture based on traditional holistic thought, which becomes a foundation for change. Healing settings are somewhat controlled and structured, with elements of the traditional tribal community. Self-help processes, for example, are encouraged.

Specifically, the healing setting consists of: physical structures, policies, rules, routines, program activities, and resources. Each contributes to the healing process. Some physical structures, individual family cottages for example, will promote a closer interaction within the family. Other structures promote stronger "community" relationships through wider interaction with others. For isolated families lives, this may be the first time that close contacts are encouraged.

Analysis of two lodges (Sioux Lookout Area Family Treatment Centre, 1990) reveals common practices. Practices stress the association between nature, natural rhythms and healing. There are traditional knowledge and practices, such as smudging, sweat lodges, fasting, ceremonies, and teachings. Most promote reflection and change in lifestyle, and facilitate change in individuals, families and communities. Reflecting the holistic philosophy, practices heal four parts of the person and target all life-cycle stages. There are physical activities related to nature, sports and recreation; and there is follow-up support.

Despite opportunities for family-focused activities in isolated settings, healing

lodges are community-oriented in many ways. Some activities focus on preparing individuals and families to adapt their lifestyle for living in modern communities. Others draw upon local resources within the community, or organize attendance at outside community events. Still others may have open events or healing activities for the community at large, without a residence requirement. These activities, available to all interested families, are universalistic preventions, heading off problems before they occur. Whatever the emphasis, families and family members learn to integrate into the community.

## COMMUNITY PREVENTION PRACTICE

Interactions between parents and children, and the lives of individuals and families, are affected by the community. Communities vary in a wide variety of characteristics which affect children=s well-being. Structured by community organization and local culture, an array of opportunities and supports may be available, including education, training, housing, health resources, child and family supports, leisure and cultural activities.

Communities are also arenas for economic opportunity, population types (eg. single families, former residential school graduates), and expectations for family life and the treatment of children. Communities may also be distinguished by violence, friendliness, and the like.

The availability, structure and operations of community organizations are also enormously important contextual factors in child maltreatment. Stress, for example, leading to maltreatment may be affected by dysfunctional operations. How well child maltreatment is identified may also distinguish various communities.

This section reviews practices which aim for changes in the community as a whole. The assumption is that community-wide characteristics contribute to patterns of family wellness or dysfunction, appropriate child rearing or maltreatment (Coulton et al, 1995; Garbarino et al, 1980; Vondra, 1990). The historical context of Aboriginal community dysfunction has been documented in major reviews, both nationally (Royal Commission on Aboriginal Peoples, 1997), and Provincially (Community Panel, Family and Children's Legislation Review in British Columbia, 1992). Policies mandating residential schools, community relocation, apprehending children from their families and communities, and limiting Aboriginal economic opportunities have all been linked to the disruption of communities, family life and child-rearing.

A variety of community conditions undermine the stability of many Aboriginal families (Health Canada, 1996; Keefe, 1994; Krawll, 1994; Maidman, 1995; Stout, 1996), and the quality of parent-child interactions. An inventory of the various ***symptoms*** of these conditions would be incomplete without reference to

...

- Inadequate community capacity for addressing family and parenting problems

- Weak mutual sensitivity and sense of connectedness; lack of sharing and caring
- Insufficient positive parenting models and sharing of intergenerational wisdom
-
- Emotional pain experienced by a significant number of community members

- Relationship problems, manifest in mistrust, envy, conflict, violence, blaming

- Confusion in values and standards for relationships, family life, parenting

- Limited understanding of issues related to the family life and child maltreatment

- Conflict and alienation between individuals and families

- Few opportunities for leisure and recreation

- Unclear role expectations and responsibilities

- Unemployment and poverty

- Political structures preventing politicians from addressing risk factors

One of our key informants believes that many community issues become either personalized or politicized. In the former, difficulties associated with new programs or other community changes somehow become focused on one or more individuals. They become targets of gossip, blame, isolation or dismissal.

In general, community prevention practices seek to empower communities. Some practices seek to avoid child maltreatment by creating community well-being or health. Others build local resources for responding to troubled family situations which threaten children=s safety and health. Still others offer healing opportunities for serious emotional or relational issues which may affect the well-being of children. These practices are organized to educate and reinforce the traditional values and community norms for positive relationships.

For the most part, the various practices create opportunities for: awareness and learning, interaction and bonding between people, mutual helping, controlling

unacceptable behavior, developing a collective positive self-esteem, and emotional healing.

## Community Development

Community development practices have been used by Aboriginal communities to improve the quality of family life and child-rearing, and are acknowledged in public policy (99, AReinvestment Strategy). Community development empowers communities to recognize and utilize their strengths in creating change. Some say that community development may be an important preliminary step for the successful implementation of other prevention programs, such as healing lodges (Frank Maidman Associates, 1998). Typically, community development specialists do not provide direct service; they help the community to help themselves.

Aboriginal communities across Canada have adopted community development practices to develop well communities, meet family needs, and solve problems affecting family life and parenting (Awasis Agency of Northern Manitoba, 1997; Bopp and Bopp, 1985; Maidman, 1995)

In cities, strong collectivist movements are beginning to emerge, as Aboriginal communities begin to pool their resources and strengthen their partnerships toward common goals. For example, in a downtown Vancouver community, the following themes pertaining to community values emerged from an action research project (Van Uchelen et al, 1997). Community participants believed that collective community action should strive for:

- sense of community
- identity
- traditions
  - contribution
- spirituality
- living in a good way
- coming through hardship
- (avoiding) illness
  -
-

In other urban communities, community development initiatives include the development of family resource libraries, networking with community agencies, culturally sensitizing mainstream organizations, development of youth groups, fund-raising, referrals, and program information sessions (Obonsawin-Irwin

Consulting, 1997).

### *Community Education*

Community education in Aboriginal communities aims for the development of better parenting standards and practices, awareness of serious issues affecting family life and child development, and the encouragement of healthier lifestyles. We begin with . . .

### *Elder teachings*

In traditional Aboriginal communities, Elders were important and revered carriers of wisdom about families, child-rearing and the quality of life. Such information covered practical tips, as well as deep, fundamental values, beliefs and morality concerning how to live in a good way.

Aboriginal communities once again seek guidance from Elders in recovering core culture to energize community renewal. They contribute to community education at all levels, providing teachings in specific programs or at open community events. They regularly contribute to staff training, and offer individual support. Elder teachings are valued in circles, workshops, board meetings and healing events.

We should be clear about the various types of Elders and the roles they play. Those who teach the traditions should be distinguished from traditional healers, traditional counselors, and life skills teachers. Traditional healers are “medicine men and women” who have acquired a body of traditional skills and knowledge, including the knowledge of traditional medicines and their use. Traditional counselors may or may not be recognized as Elders, but their methods include traditional healing. Depending on their training and background, they may also offer contemporary methods.

Elders who are “life skills teachers” are often Aboriginal seniors who share their life experience and wisdom to young parents, children and other community members.

### *Media practices*

Some educational work is accomplished through the dissemination of literature throughout Aboriginal communities, addressing such issues as sexual abuse, the dangers of smoking and drinking, and fetal alcohol syndrome. Some materials offer traditional cultural content: how to use traditional values and modern methods to prevent child abuse and neglect. They encourage seeking advice from Elders, teaching traditional parenting values and child care methods, and involving extended family members in respite care (National Indian Child Welfare Association, 1990 a, b).

The advantage of using promotional materials to educate communities and parents lies in the potential of reaching people hesitant to attend helping programs, but who obtain materials at social agencies, such as friendship centers. Even so, extremely isolated families in urban settings may not establish contact with any community. Also, they may not be influenced by written materials.

Depending on program resources and strategy, promotional materials target particular community groups, such as new parents, teens, or recent arrivals to the city. Materials for new parents have the advantage of providing age-specific parenting information in an interesting, colorful and traditional style.

* * * *

Whereas written educational materials provide specific factual information to isolated passive audiences, other possibly more effective Aboriginal community educational initiatives occur as part of holistic community-based projects. These appeal to the audience=s emotional, spiritual, and physical selves, and are typically provided in groups. The recipient is actively involved with factual material - presented in written or visual form, or through teachings, talking circles and workshops. Participants have opportunities to raise questions, comment, share practical difficulties, and the like.

The Aboriginal Healing and Wellness Strategy, for example, funds several projects incorporating promotional work. Through this program, Aboriginal people seek to change health conditions in their communities, by increasing health promotion and education to improve health status. The promotional components strive to stimulate: family violence awareness, prevention program education, healthy lifestyles, and accessibility to health services.

Unlike many promotional practices, this strategy uses media-based promotional materials more comprehensively. Projects integrate promotional activities with a variety of other health and wellness activities, such as talking circles or workshops. These involve the person more holistically, and are provided by Aboriginal staff, working face-to-face with community members, incorporating cultural content and resources. Elders, for example, are frequently used in educational workshops.

The Community Healing and Intervention Program (CHIP) is another example of a more holistic approach to promotion (Health Canada, 1997; Fournier and Crey, 1997). Developed initially for Inuit communities, CHIP was designed primarily to respond to community needs related to fetal alcohol syndrome, or fetal alcohol effects. The promotion of healthy lifestyles is part of a comprehensive approach, combining with other prevention activities to minimize risk behavior, help those living with FAS/FAE, and teach afflicted persons how to avoid risk behavior.

is another practice which facilitates community education. Sometimes used for needs assessment for community or program development, it facilitates community-wide dialogue on family values, principles, issues, and solutions. Essentially, this practice is a catalyst for tapping, sharing and organizing local community knowledge.

Community action research entails the collection and sharing of information for learning, problem-solving and change. Through dialogue with researchers, community members confront their way of life and establish a foundation for change. Action research is educational and preventive, for it evolves new community lifestyles. As universal prevention, it benefits all members.

The community dialogue is an opportunity for members to reflect on their way of life in a positive and creative way, possibly reviving the tacit culture which is outside of awareness. It offers a collective way to consider the implications of traditional culture for modern life (Bopp and Bopp, 1985). Further, the dialogue is a catalyst for the identification of shared values and community action themes (Van Uchelen et al, 1997).

One variant of action research -- **participatory research** -- involves local community members in the research process. They are trained to identify a research focus, gather information, discuss the information with other members, analyze information and draw change implications (Maidman and Conchelos, 1991; Maidman, 1995). In addition to community educational accomplishments, participatory research can develop resource people and materials for new programs or other solutions. Because participatory research is empowering for the individuals and the community, it promotes wellness and helps to reduce risk. As well, it benefits future generations, and incorporates traditional and local community culture. Depending on the scope and objectives, participatory research can resolve specific issues, or transform local cultures and conditions.

**Effectiveness of Community Education Practices**

Little research is available to assess the effectiveness of community education initiatives in Aboriginal communities. Public education to raise awareness, change cultural norms or learn positive parenting skills, may result from small group formats. This has been confirmed in recent evaluations of the CAPC projects (Obonsawin-Irwin Consulting, 1997), most of which use the group, workshop or circle as vehicles to promote learning. Participants reported increased knowledge of such topics as nutrition, budgeting, and breast feeding. Teens report increased awareness of sexuality and gender relationships.

Case studies are the best sources of information concerning action research effects. These document how community action research mobilizes local leaders and other community members to share their family and parenting values, perceptions of issues, and conditions for community development. Specific

strategies have evolved, as well as locally appropriate service models, implementation strategies, and policy recommendations (Maidman and Conchelos, 1991; Maidman, 1982; Maidman, 1995).

Action research has also proven useful in the local production of educational materials. For example, the process has created specific educational resources, including local histories, biographies, and information about traditional life ways for language and culture programs, as well as parenting and educational practice (Bopp and Bopp, 1985). Of enormous importance for implementing new programs, is the ability to tap the community=s practical knowledge and experience with prior program innovation.

***Self-help: mobilizing the natural helping resources***

Community development initiatives drawing upon local natural helping resources are consistent with the values and beliefs of traditional tribal communities. During those times, families turned to relatives, friends and other community members for daily help. In tribal communities, interdependence fostered by community norms of reciprocity helped organize a social order for survival.

Today, First Nation family agencies and urban programs encourage the unpaid contributions of volunteers in different program roles. Relatives, Elders, service providers, and other community members, are recruited for program planning, governance, assistance with program activities, and program evaluation.

The objectives in a community participation philosophy exceed a need to secure assistance in program tasks. Well-designed volunteer programming, training and support potentially establish a broad community-based commitment to child and family well-being. Through program participation, community members become educated on family life issues, parenting and child maltreatment. By securing community ownership and support of particular programs, voluntarism helps programs stay responsive and compatible with community needs and local conditions.

Volunteer recruitment in Aboriginal communities empowers the community to share the tasks of building a supportive climate for children=s health, safety and well-being. It
strengthens local relationships and the collective identity. Finally, volunteers may have the opportunity for on-the-job development of skills and self-esteem, which are transferable to education, training or employment

**Effectiveness of natural helper initiatives**

The effectiveness of these efforts is demonstrated by the sheer numbers of unpaid community personnel participating in Aboriginal family and children's

programs. Although these may not be fully documented systematically, consultations with service providers and isolated evaluation studies reveal that unpaid personnel contributes to a wide range of program activities, planning, support activities, and the ongoing monitoring of programs (Frank Maidman Associates, 1998).

One study found that local Family Support Committees in 14 First Nation communities comprised well over seventy volunteers. Over two hundred local community members volunteered for unpaid family support activities. These included customary child care, emotional support and counseling to troubled families, workshops, fund-raising and program assistance (Maidman, 1988).

For urban settings across Canada, many community members now participate in community and parent councils in Aboriginal Head Start programs. The Community Watch Program, mobilized volunteers in an Aboriginal housing complex to raise the community=s sensitivities and responsiveness to violence, substance use, child abuse and neglect, and various environmental threats to families and children (Maidman, 1996). CAPC Aboriginal prevention projects also involve volunteers in nearly all projects, mostly in program delivery (Obonsawin-Irwin Consulting, 1997).

Effort to mobilize community volunteers and natural helpers is challenging. Depending on the community, staff expertise with voluntarism, and the nature of volunteer activities, volunteer numbers may either decrease or increase over the life of the program. One study attributed the drop in volunteers partly to unclear role expectations and partly to volunteer concerns about their own safety (Maidman, 1996)

As we have seen, Aboriginal communities place high value on mobilizing the natural sources of help. Voluntarism is one approach; another is parents helping other parents in....

### *Parent Circles: Self-help*

Parent circles are networking initiatives which bring parents together informally or within specific programs. As arrangements which contribute to child maltreatment prevention, parent networking increases the knowledge and skills of parents in relation to specific practical concerns. In the process, parent circles help alleviate social isolation, bringing people together who may otherwise live secluded lives. They provide opportunities for mutual help as participants exchange tangible resources, practical information, and emotional support. New relationships may be established which endure and support beyond the program. The parent circle may also function as an arena for planning and carrying out useful community activities.

### *Community Control*

Some community development interventions incorporate specific community control measures to reduce the risks to families and children. Such approaches assume that children are maltreated because of a breakdown in community norms and sanctions. In these cases, prevention involves strengthening the informal or natural sources of control against unacceptable behavior, and putting into place arrangements for identifying and taking action against wrongdoers. Such actions might include (i) reporting family violence to the police (ii) making referrals to child protection authorities (iii) expressing concern to neighbors or the perpetrators, and (iv) protecting young girls from pimps. These measures are provided by community watch and community protection initiatives, sometimes organized by warrior societies.

**Effectiveness of community control measures**

Interventions which include mechanisms of community control may be most effective when accompanied by measures to encourage the inner control of behavior, supported by changing relationships and local culture. One study documented and assessed a program for an urban Aboriginal community (Maidman, 1996).The community development model included establishment of a system for reporting incidents of violence, abuse and threats to safety. However, it also included actions to mobilize untrained local volunteer leaders, and provided community-wide education concerning issues affecting family life and child-rearing. Overall, the model balanced community control actions with efforts to change local behavior through awareness and commitment to new standards of community and family behavior. In the process, new relationships were established.

* * * *

Healthy, responsive communities are populated by emotionally healthy individuals, energized by strong relationships. As well, such communities have a strong Asense of community@, nurtured by collective pride, ownership of programs and mutual responsibility. The traditional tribal community previously enjoyed all of these qualities. However, historical factors and the colonial relationship destroyed much of the integrity to community life. These qualities, though, are gradually being restored through .....

**COMMUNITY HEALING**

Aboriginal people regard community healing practices as effective and promising for alleviating the personal pain related to past injustices, family and community problems, and current issues. Consistent with collectivist values, community

healing seeks to restore harmony between people and groups. Community healing based on the Hollow Water healing circle model has been adopted across Canada.

As a preventive intervention, community healing restores emotionally healthy and happier care-givers. It helps build (a) community standards for acceptable and unacceptable behavior for family life, child-rearing and community living (b) stronger role models within the community and (c) more responsive and caring support persons for families in need.

At the community level, healed communities have the capacities to build social and economic arrangements for healthy family life and child development. Healing helps restore relationships between extended family members, neighbors and other community members, all of which have been torn apart by historical circumstances and current difficulties (e.g. abuse, violence, jealousy).

Aboriginal healing emerges from a different world-view and principles than Euro-Canadian thinking. This world-view is symbolized by the circle, and the concept of interdependence and balance within all aspects of life. Returning to a balanced state involves a person's present and past relationships. A complete healing journey, involves restoring balance to the family and the community.

Abuse is viewed differently by Aboriginal people. Many non-Aboriginals "see and understand abuse as a quality of interaction between one individual (the perpetrator) and another ("the victim"). From this perspective, healing may be individualistic, focusing on one or the other.

For Aboriginal people, the offender's actions radiate outwardly, disturbing victim, self, ad the lives of countless community members. The forces of balance and harmony are replaced by negative emotions and disturbed relationships. Hate, anger, blame, and mutual alienation hover in and around the children's life-space. From this perspective, an important healing goal is to restore and protect the community, by rebalancing relationships. As one key informant noted, conflict is a prevailing characteristic of many First Nation communities, and help with conflict resolution is most needed.

Community healing practices are increasingly being documented (Awasis Agency of Northern Manitoba, 1997; Connors and Oates, 1997; Health Canada, 1997 a; Krawll, 1994; McCormick, 1995; Van Uchelken, 1997; and Ross, 1996), and are elements in most Aboriginal preventive practices. Because of the holistic perspective, the *community at large* potentially benefits from problem-solving practice. Practices directed to specific issues of child maltreatment, are organized in ways that benefit larger circles of people. Healing (or sentencing circle) models (Awasis Agency of Northern Manitoba, 1997), for example, bring together extended family members, victims and offenders to determine what injustice has occurred, and what processes should correct the harm.

Specific practices contributing to community healing include community healing circles (eg. The Hollow Water Model); mediation and peace making (Mee-Noo-Stah-Tan Model), and traditional healing practices, such as sweat lodges and ceremonies. Many are family-focused, yet benefit the larger community. Others, like traditional healing, are important components of many interventions. To paraphrase a key informant, having traditional healing activities, even on a small scale, promotes a gradual awakening and community acceptance of culture.

**The Hollow Water Model**

The Hollow Water Model, known also as ACommunity Holistic Circle Healing@ is organized around the following healing steps. First, there is initial disclosure, followed immediately by protection of the child, usually through placement in a community home. This is followed by confronting the victimizer, assisting the non-offending partner as well as all concerned families. Friends of the families are involved as allies. A team approach is coordinated, in which the victimizer is assisted to admit and accept responsibility. The team prepares the victim, victimizer and all families to attend a special community gathering, and commit to a special healing contract. Following implementation of the healing contract, a community cleansing ceremony is held to mark the completion of the healing contract, the restoration of balance, and a new beginning (Connors, 1997; Ross, 1996; Solicitor General of Canada, 1997).

This process is linked to the child protection and justice system in the following ways.
A group of volunteer and interdisciplinary interagency people form an Assessment Team which includes the appropriate child protection and justice authorities. This team creates a plan of action, and monitors the plan. The perpetrator is immediately charged and asked to plead guilty. The court is asked to delay sentencing, pending choice of the court or community healing process. Should the perpetrator accept healing, he is placed on probation and healing begins. Should he refuse, he proceeds through the court process.

**Effectiveness of the Hollow Water Model**

An assessment of the Hollow Water model, although exploratory, provided rather impressive results. Only five of forty-five offenders chose the court process. Of those completing healing circle, only two repeated abuses (Ross, 1996). Within the community, there were increased numbers of disclosures of child sexual abuse, even though community members had little awareness of the model (Taylor-Henry and Hill, 1990). Community helpers viewed the holistic process as effective and culturally relevant.

If these impacts are consistent across all communities, the community healing model may be an economically viable alternative to court. Early impacts on the community at large and perpetrators are also apparent. Evaluators recommended a tightening up of administrative procedures, such as case recording.

The Hollow Water Model has been adapted to urban settings. Evaluation of the "The Circle of Harmony Healing Society" in Terrace, British Columbia, reveals a contrast to the models implemented in First Nations. Adaptation to the urban environment leads to closer links with formal urban services, less reliance on close extended family networks, and an extensive use of volunteer mental health workers (Connors, 1993 a). The impact of the program cannot be estimated from this evaluation, other than noting an apparent client satisfaction. The evaluation identified several organizational, administrative and personnel growing pains (Connors, 1993).

## SOCIAL AND RECREATIONAL OPPORTUNITIES

Consultations with Elders and service providers suggest that social and recreational activities could provide enormous preventive opportunities (Frank Maidman Associates, 1998). They keep people busy, and discourage unhealthy activities such as substance abuse or gambling. Well-designed opportunities strengthen bonds between families, and between parents and children. By encouraging helping networks and friendships, they promote informal, natural counseling. Finally, social and recreational opportunities help build a collective self-esteem, and a strong sense of community.

Many Aboriginal people believe that the most effective community-wide initiatives will: bring children together with Elders; provide high visibility for Elders; encourage whole family participation; recover the traditional pattern of parental visiting; and keep children and youth meaningfully occupied (Frank Maidman Associates, 1998).

On another level, social and recreational opportunities may reverse ***anomic*** trends in neighborhoods or communities (Garbarino and Kostelny, 1992). In such communities, people go their own ways, and do not see much of each other. Without a sense of community, the community lacks a focal point. There is no meaningful center for active people, and no cohesion to the structure of influence. Anonymity prevails, making it is difficult to mobilize for common interests.

Anomic communities lack qualities for problem solving. An absence of coherent values limits speedy problem resolution. Initial individual responses to problems are evident, but they lack coordinated collective response. Information does not circulate freely.

Promising practices for building more socially integrated communities include social gatherings and recreational opportunities; organized children=s programs which include social play and cultural learning; traditional gatherings; arts and crafts for everyone; and social and recreational activities for the entire family.

## REPATRIATION

The need for repatriation services is indirectly related to past mainstream provincial child protection policies and practices, in which children deemed in need of protection could be placed in homes away from their original families and communities. In many communities across Canada, such policies tore families apart, may have contributed to alcohol abuse, and led to considerable community pain. Such practices stimulated the desire by Aboriginal people to control their child welfare services.

Three assumptions lead to the designation of repatriation as a prevention service. The main assumption is that children=s well-being is affected by (i) the quality of life of their families and communities, and (ii) the consistency of the various socializing environments. If child protection decisions lead to children moving around varied child care settings (Johnston, 1983), their emotional well-being is at risk.

The other assumption is that some children growing up outside of their original families and communities, experience emotional and identity stress in culturally alien environments.

Finally, past child welfare decisions are viewed by Native people as highly disruptive to their communities and families, creating unhealthy environments for children left behind. Although not documented statistically, most First Nation Aboriginal service providers report cases where alcohol abuse by parents is partly explained by their loss of children to the child protection system. Although alcohol abuse may have contributed to the original child protection decision, losing one child became a later dynamic to stress, hopelessness and conflict.

With these assumptions, then, repatriation services aim to restore family and community relationships and stability for those who have lost their children, thereby improving the quality of family and community life. They give repatriated children the opportunity to be part of their families and community, learn their culture, and experience a stable family life. Finally, repatriation aims to bring children out of difficult circumstances as they struggle to adjust in alien families and communities.

As prevention, repatriation is a universal strategy for strengthening families and whole communities. Also, by reducing the risk of maltreatment in specific high risk Aboriginal populations it may also be deemed Aselective@. Finally, if

previously maltreating families receive support after their children are returned, repatriation may also qualify as "indicated" prevention.

## PREVENTION THEMES IN FIRST NATION CHILD WELFARE INITIATIVES: A SUMMARY

Stepping back from the previous program details, this section presents a summary of themes marking unique features of Aboriginal prevention approaches.

### Prevention initiatives build strong communities and families through cultural recovery

The various initiatives to restore well-being to families and children are best understood within a broad social and healing movement, as Aboriginal communities establish their rightful place in Canadian Society through cultural recovery and self-determination.

### The articulation of program vision, philosophy, values and principles

Aboriginal program planners stress the articulation of vision, values and principles
as the heart and soul of their prevention programs. These are grounded in traditional cultural ideas such as holism, the roles of extended families, customary care, and the like.

### Culture-based healing and prevention

Most First Nation prevention programs across Canada consistently strive for consistency with traditional Native culture and contemporary local culture. This is accomplished primarily through the initial design of each program, including the definition of suitable relationships between staff and clients, between colleagues, and between staff, volunteers and traditional resource people.

The selection of appropriate staff is also important for the implementation of a culture base, even in urban settings. Native or non-Native staff are usually expected to (a) demonstrate a sensitivity to their own values, beliefs and limitations (b) understand the beliefs, attitudes, social and cultural backgrounds of Native people, and (c) have or be prepared to develop the knowledge and skills (including cultural skills) for working with Native families and children. In-service training often reinforces the cultural competencies which staff bring to the job.

### The family as the focal unit

Most Aboriginal prevention services take the family unit as the main focus in

understanding matters of children's maltreatment and well-being. By identifying the family unit as an important focal point for its work, programs typically recognize the impact of external influences, from the family's immediate network (eg. relatives, friends, neighbours), or indirectly through more distant sets of influences like community behaviours, resources, opportunities, or indeed public policies. Rather than reducing complex problems in living to simplistic explanations, a holistic understanding incorporates (i) physical health (ii) the spiritual (iii) the emotional, and (iv) the psychological aspects of living. All of these are nested within interdependent contexts of relationships, family groups and networks, communities and society at large.

**The life cycle**

Healing and prevention programs respect the Aboriginal notion of the Wheel of Life or life cycle. The ages and stages of life from birth to death are recognized as infants, toddlers, children, youth, young adults, parents, grandparents, and Elders.

**Prevention and programs**

Preventive practices typically include cultural learning as part of the change strategy. Prevention services aim to prevent problems or limit their impact. Depending on their goals and their target groups, prevention services may be of different types. Some are directed to whole communities or even larger populations. These aim to create the information, resources, relationships, and community structures so that family life is strong, and parent-child relationships support the safe, healthy development of children.

Other prevention initiatives focus on specific target populations (eg. single parents, previously abused women, teens, or communities with high residentially mobility or conflict) where there is a risk of child maltreatment, or evidence of early problems.

These preventions aim to create strengths (eg. parent education), build resourcefulness (eg. building natural helping networks, voluntarism), limit the seriousness of early problems (eg. family support services), help alleviate the stress of urban living (also family support), and advocate for families needing access to other services. As well, such interventions will alert the clients to their parenting obligations and rights according to legislation and perhaps Aboriginal beliefs. In these initiatives, therapy or healing may be used as a tool for preventing later child maltreatment.

The final set of preventions involve direct interventions into troubled lives for the purpose of avoiding more serious problems (eg. injury or death), and setting the stage for changing troubled family situations. Removing children from abusive homes through foster or customary care arrangements while parents receive

help, are examples.

**Cultural learning**

Through cultural learning, prevention programs aim to create a sense of pride and self-esteem, by building a social and helping community sharing a common sense of belonging, and teaching specific knowledge and practices for living and healing. A close analysis of Aboriginal prevention programs and practices shows that cultural learning involves the four processes of (i) knowing and understanding various parts of culture (ii) valuing and respecting culture as important (iii) wanting to live in a good way, and adapt the culture to modern living and (iv) incorporating culture into a valued individual and collective identity as a Native person, and as a community (Taylor, 1997).

In most programs, cultural learning takes place through client and staff participation in a unique Native program or agency; role modelling by Native staff, cultural teachers, and volunteers; participation in traditional practices and use of traditional medicines; traditional ceremonial/spiritual practices; exposure to Native material cultural items and images; cultural forms of relationships; natural exploration and reinforcement of learnings in one's private life.

**Cultural principles and staff roles**

Aboriginal programs also incorporate traditional cultural principles into staff service roles. How staff provide services through specific relationships with their client reflects important beliefs and norms from Native culture. For example, unlike contemporary social work practice, service staff typically supplement scientific and professional knowledge and practice, with resources from Native culture.

The Native holistic principle also applies to staff development. Staff are regarded as more than a bundle of skills and knowledge. Most programs recognize that emotional dimensions of helping, including staff needs, are as important as professional and cultural excellence. Because Aboriginal staff may have had dysfunctional backgrounds, their experiences with clients may evoke negative memories or feelings. Agency opportunities (eg. staff circles) to deal with these issues may contribute to staff development and stress management.

Finally, in many prevention programs, the overall model of helping is more compatible with the traditional family structure, than that of the professional social service provider. Their roles are often centred around informal care, common sense wisdom, community involvement, role modelling, and teaching. Family service staff may also be expected to function like extended family members. The Afamily@ metaphor is an important organizing principle in many prevention programs (Maidman, 1988)

**Mobilizing natural support systems**

The Aboriginal community is deemed an important partner in the care of children. This principle is implemented through the use of natural sources of support - local helpers to support and help families in crisis. Of the various sources identified in mainstream publications (ie. family, friends, neighbours, natural helpers, those with similar problems, role-related helpers, and volunteers), the most important for Aboriginal communities are the extended family members, friends, neighbours and other local community members, role-related helpers, and persons with similar problems.

In theory, mobilization refers to recruiting, orienting and training, and follow-up support. Should all of these activities happen in practice, mobilizing natural helpers then becomes a way of strengthening the community as whole. A group of well-informed community members has enormous potential for community change, particular in small communities. Training may cover such topics as child-rearing standards, family values, and simple helping methods. As well, training may involve extensive discussions of unacceptable parenting practices, factors (such as alcohol abuse) which undermine appropriate parenting, and indications of maltreatment.

**Themes in urban Aboriginal communities**

Children=s and family well-being in urban Aboriginal communities present special challenges, both in the problems faced and the nature of solutions. Many problems are related to the migration experience itself. Families move from small rural homogeneous communities to large urban environments where the Native community is dispersed.

Children are placed at risk when the family (often single parent), lacking resources, tries to adjust to the demands of settling in a culturally and institutionally strange environment. Also, issues may be related to unresolved troubles in back home community and family relationships.

Aboriginal-controlled human services exist in many urban centers across Canada. Central to most programs are efforts to build Aboriginal community relationships and help break down social isolation. As well, such programs give family members the confidence and skills for urban survival. Related to this is cultural recovery, and the adaptation of traditional values and norms to an urban environment.

The culture base of urban prevention programs is an important principle. Heterogeneous urban populations render program planning and delivery particularly challenging. Because so many urban aboriginal clients are acculturated - the principles of program diversity, client choice of services, and program adaptability, are very important. In content, the learning of traditional

values, beliefs and family practices seems as important in cities as in traditional reserve communities. Even so, finding traditional teachers is enormously challenging.

## CHALLENGES OF PROGRAM IMPLEMENTATION IN FIRST NATION COMMUNITIES

Thus far, we have summarized various examples of Aboriginal prevention and protection initiatives. Consultation, research and evaluation experience reveal that putting these visions into practice is complex and challenging. This process may be best understood as one of mutual adaptation between the initial program vision, resources, organizational support and community circumstances.

### The Contexts of Program Implementation

The growing pains of Aboriginal prevention programs must be understood in context, both immediate and historical. For example, in many cases they replace mainstream services, such as Children=s Aid Societies. Program success is part and parcel of the overall process of Aboriginal self-determination. The quality of program delivery cannot be separated from the larger process.

Another contextual factor concerns the role of the community at large is the initial planning process. Was the process spear-headed by: a small action group? Steering Committee? Community action research? What links existed between initial planning, program development and early implementation?

Thirdly, our experience is that overall community “health” enormously important in how new prevention programs are implemented. Just as such factors influence family life and children’s well-being - trust, local divisions and hostilities, mutual support, and communications also affect program delivery.

### The Challenges of Establishing A Traditional Culture Base

Some Aboriginal prevention programs face implementation issues related to the culture base of prevention services. These challenges are manifest at the level of worker role behavior, and include:

- inadequate understanding, and therefore application, of the meaning of abstract ideas such as holism
- difficulties of working according to principles, due to local community conditions
- local disagreements concerning the values (eg. traditional versus Christian)
- difficulties in accessing the appropriate human and material resources

Recovering the traditional culture has important practical implications. Aboriginal people are learning cultural content and protocol as they put in place the nuts and bolts of a new program or organization.

Program implementation requires on going work with the initial vision. The details of the vision may only become apparent with time. Making a connection between abstract ideas (e.g. prevention, mental health, family support) and specific roles, tasks, and techniques occur slowly. This technical challenge is seamlessly related with the cultural recovery process.

**The Challenge of Community Support**

Awareness, receptivity, program support and the challenge of program legitimation in Aboriginal communities surround the implementation of new prevention programs. Public legitimation and support of a new prevention program are precarious in some communities, either before or when growing pains are experienced.

Due to the challenge of human service work in innovative Aboriginal organizations, mistakes may be made. These are highly visible sometimes misinterpreted through faulty communications - particularly in dysfunctional communities. In one of our key informant's analysis, difficulties are either personalized or politicized.

There may be limited initial or on going public education about programs. Most program actions have the potential to shape public perceptions, interpretations, and program support. Finally, local political and public support of a program is, in some organizations, not nurtured by Board members, even though they are at least potentially in a good position to act as program ambassadors and problem solvers.

**Training**

Aboriginal programs recognize training as an on going need, and usually make it an important component of implementation strategy. The need for training is strong for the following reasons. Self-government means that many new Aboriginal organizations and programs are quickly emerging, without the human resources, professional and Atacit@ knowledge, or organizational culture supporting sound service and management practice. Professionally trained management and service staff may be lacking.
Mainstream-trained staff needs to adapt their skills and knowledge to traditional culture and local circumstances. Many staff lack cultural knowledge and skills. Cultural training complements their technical training. Local staff often has suffered similar abuses and misery as their clients. Personal development training helps to cope with the emotional demands of the job. There is

extraordinarily high turnover in Aboriginal organizations. This necessitates on - going orientation and training.

Despite extensive training, there are issues which may affect the effectiveness of training for practice in Aboriginal organizations. These include such matters as an inappropriate fit between training curriculum, trainers style and methods, and the needs of Aboriginal service providers. Further, there is a dearth of Aboriginal trainers and non-Aboriginal trainers who are familiar with local community conditions.

**The Pressure to Deliver Services**

Aboriginal program staff and management may be under tremendous pressure to deliver programs without the necessary developmental period. Four issues are at stake: First, communities expect services to address highly visible problems and needs. Secondly, program staff and management themselves are eager to provide services. They are usually action-oriented people - with practical, not developmental experience. Thirdly, developmental funding is rarely sufficient to cover costs. Costs arise which are difficult to anticipate in a linear planning process. Finally, with the pressures to provide services quickly, outside technical consultants may be hired to take on the job of policy and organizational development. Without the proper dialogue with the users, resulting policies, procedures and organizational arrangements may look good on paper, but may not fit with the realities of community life.

**The Challenges of Working with Troubled Families: The Helping Role**

Most prevention programs in Aboriginal communities across Canada offer family support and counseling services. Staff services troubled, multi-problem families - often, in their home community. The hiring of countless Aboriginal people across the country for prevention service jobs creates a pool of experienced workers. As both workers and community members, they are important socialization agents in a social change movement. However . . .

Evaluation studies surface challenges in providing front-line help. Workers have reported difficulties working with clients who resist help, refuse to acknowledge problems, blame others, are reluctant to talk, and manipulate. Such difficulties are familiar to experienced counselors who use their skills to engage the client and negotiate the helping relationship. Lack of such skills may be a plausible explanation for the harried Aboriginal worker. But structural factors should also be considered . . .

Family workers toiling in their own communities struggle to build trust in their helping relationship. In mainstream society, client trust in professionals is fostered by institutionalized beliefs in educational qualifications, scientific

knowledge, the prestige of professionalism, accreditation, laws protecting client interests, the power of professional associations, and the like. Further, we may well argue that the boundaries between professionals and clients ensure professional privacy, thus protecting from client knowledge of his or her private lives. This sustains a certain mystique in the client-professional relationship.

Understanding Aboriginal prevention workers= struggles may best be approached from an analysis of trust, and how it may be undermined in some First Nation communities. For starters, the above trust-building factors are based on western, urban values. If such values are not strong in some communities, and if the private lives of helpers are visible, what builds and sustains trust in the client-helper relationship?

Our impression is that the best local helpers are well-known special people in the community with a history of Agood works@, not necessarily related to program duties. As well, some are charismatic figures. The trust and respect that they bring to their role is Ahuman capital@ earned in other ways. They are not necessarily former victims, abusers or alcoholics - although this belief is a part of the ideology of many programs. Lacking such Abackground qualities@, other Aboriginal helpers must establish trust within the relationship itself, a task only partly true in mainstream professional relationships.

Another structural factor surrounding the challenge of helping in First Nation communities is a sometimes inadequate differentiation between Alay@ and professional counseling roles. Following the principle of natural helping, untrained local people are used in helping roles. When no specialists are available to isolated communities, many are forced to work with serious issues. Thus, we are left with two important questions: what are the appropriate counseling tasks for lay counselors? when should referrals be made to professional therapists?

**Supporting the Natural Helpers**

Despite a commitment to energizing the natural helpers in Aboriginal communities, there may be insufficient attention to how this is done. Although admirable from a primary prevention perspective, staff must be helped to mobilize natural helpers through recruitment, orientation and on going support. An important part of animation is dealing with the divisions and Aanomie@ in some Aboriginal communities. Volunteer helping is predicated on a strong Asense of community@ - a missing sentiment in dysfunctional communities.

**Unanticipated Consequences of Prevention Programs**

Evaluations indicate that some community members may abuse prevention programs, by using new programs or services inappropriately. One example concerns parental use of short-term child placements to free up time for

recreational activities.  A less blatant example is arranging customary care placements during drinking binges. These examples are described as “using the agency as a babysitter”.

Several issues may be relevant: First, people may use programs in these ways when there are no other community resources. The introduction of new programs in poor or disorganized communities may fulfill latent functions for the community.

Secondly, management and staff may contribute unwittingly, by sanctioning and carrying out the short-term arrangements. They may be motivated to protect children  at risk during drinking parties: AThe end justifies the actions - whatever the consequences.@ As well, short-term placements create statistics, increasing the chances for continued or augmented funding. Finally, some staff fear the retaliation from taking a strong stand against program misuse.

**Service Integration**

The quality of human services is affected by the degree and quality of integration or partnership between agencies, programs or service providers (Boone, et al, 1997). A system is better able to respond to the needs of families when cooperative planning takes place, and when referrals are appropriate. Needs are met when many practitioners work together to deliver a service plan or project. Such mainstream principles are consistent with Aboriginal holistic philosophy, and are particularly important in ***developing communities and organizations.***

From a universal prevention perspective, the quality of the links between programs and staff may contribute to community cohesiveness ***over and above*** program delivery. When human service workers live in small communities, their work relationships carry over into informal community life. The carry-over affect potentially strengthens values, norms and communications concerning the quality of family life and child-rearing.

Community institutions dealing with families and children, and the informal community relationships (e.g. friendships, neighbors, peer groups) constitute an important part of the family environment, or what has been called the Amesosystem@. Community members believe that family life is affected by the social, political and institutional conditions within their communities (Maidman, 1995).  Improving the quality of work addresses relationships within this environment, and deserves attention as universalistic prevention.

Advances have recently been made towards establishing cooperative working relations in a common effort to strengthen families. Program principles and job descriptions endorsing service integration, local community committees or groups, partnership projects - all are examples of organizational arrangements for strengthening teams and networks across agencies and programs. In one

recent implementation plan, pre-service work included educating other community service staff about the new agency, and eliciting their cooperation in coordinating the efforts of the various programs (Maidman, 1995).

Despite these and other organizational developments, there is compelling evidence of tensions and struggles between the staff of various local programs. Despite attempts to establish organizational mechanisms for integrating programs, symptoms of strains in the local network are evident in some communities.

Asked to make sense of these difficulties, people sometimes blame individuals rather than larger systems. Relationships are important in integrating programs. Where they are good, programs work well together. Other explanations surface within the communities, pointing to pre-existing community relations, and divisive bureaucratic structures and funding policies. Programs are funded and managed by different Ministries or departments, each with distinctive goals, objectives and policies. A more holistic policy framework would allow Aboriginal communities to organize local programs. Such suggestions are, of course, directly linked with the self-determination principle.

Community leaders must strongly and actively endorse the concept of integrated services in First Nation and urban settings. They must negotiate vigorously to redesign programs to meet community needs, avoid service overlap and resist local staff comfort with the status quo.

**Engaging Mainstream Institutions**

The general trend in government social policy is to support the self-determination of Aboriginal prevention initiatives. Even so, program implementation requires staff involvement with mainstream institutions, such as the courts, provincial child protection agencies, hospitals, and others. In their daily round, management, workers and clients, interact with people in non-Native workplaces. They must conduct their affairs according to the rules, policies, procedures and customs of mainstream institutions. They may be unaware of these, or even in fundamental disagreement.

From a mainstream perspective, Aboriginal staff may lack the competence for service work. Although staff in mainstream organizations may support self-determination in principle, they may lack the patience and organizational flexibility for accommodation. Also, some Aboriginal staff and clients may bring unpleasant memories to such settings. All of this may result in awkward emotional reactions and exchanges within mainstream settings.

Yet another issue affects the linkages between the two systems - one which particularly hampers self-determination in child protection programs. This is a structural problem related to the differences in authority and accountability

between self-determining Aboriginal organizations and Children=s Aid Societies. The latter take their authority from the Province, including the mandate to investigate and intervene in child protection matters.

When local CAS believe that abuse or neglect is occurring, they may intervene and interrupt whatever Aboriginal processes are in place. The dynamics with mainstream settings are affected by the developmental stage of many prevention initiatives, including on-the-job learning. Family support workers, for example, may have neither formal education nor work experience. Nor is this expected, since practical life experience may be the most important hiring qualification, bolstered by in-service training and on-the-job learning.

Many arrangements exist, of course, to encourage an adaptation between staff and the settings. This may include cultural awareness training, Native Court Workers, court preparation by lawyers, training, and the like. Even so, the negotiation of these culture contacts is demanding, taking its toll in job stress, agency resources, reputations in mainstream settings, and the like.

**Funding Limitations**

Nowadays, funding is an issue for most human services; Native organizations are no exception. Four funding areas have particular relevance for prevention programs in general. First, many First Nation communities lack appropriate facilities and equipment for prevention work. Secondly, there is limited funding slack to accommodate unanticipated expenses related to development. Thirdly, and this is related to tertiary prevention, alternative parenting arrangements for at risk children cause enormous direct service costs. Often, because of community pressures to protect children, these costs are drawn from primary prevention budgets.

Finally, it should be evident that Acommunity development@ is an important supportive process in implementing prevention programs in First Nation communities. In our opinion, every organization with prevention programs should have a development specialist. They are essential in planning and facilitating change, utilizing community strengths, analyzing and responding to community resistance, and assessing the initial implementation of new prevention programs. Community development specialists would be useful to facilitate program implementation, and to facilitate change in the community conditions which undermine family life. Even so, crisis mentality prevails, favoring tertiary prevention at the expense of community development.

**Local political control**

For secondary or tertiary prevention, decisive actions and hard-hitting educational programs are sometimes necessary. In small communities with entrenched political structures, such actions may disturb the status quo and

offend self interests. In the most extreme cases of abuse, persons may be identified who are well placed in the family and political scheme of things. Prevention programs obviously require the active support of political and other community leaders. Our experience is that such support is not forthcoming in all First Nations. The book **Flowers on My Grave** speaks to the disastrous consequences of political interference in child welfare (Teichroeb, 1997). Our evaluation experiences confirm this interference in other parts of the country. Fortunately, there are many success stories where First Nation leadership has demonstrated the courage to support community change. One is documented in a movie on **Alkali Lake** showing how leadership can be effectively help to reduce the level of alcohol abuse.

**Service Delivery**

Aboriginal family agencies offer all three types of prevention services. However, in the communities most distant from urban centers, specialized services for healing and therapy are scarce. In many communities, there are very serious issues of alcohol abuse, family conflict and child maltreatment. Prevention agencies are therefor under tremendous pressure to respond to crises and dysfunction. Thus, primary prevention may receive short shrift, as workers respond to symptoms of larger problems. Services like community education or even secondary prevention, may take a lower priority.

**The Challenge of Customary Care**

Across Canada, there are numerous customary care homes. Aboriginal people have done an exceptional job in creating culture-based substitute arrangements for children at risk. In urban centres, such as Toronto, these are highly formalized and licenced arrangements. In Northern Ontario regions, Elders have provided teachings in consultations, workshops and retreats which build modern principles and practices for customary care.

Even so, the introduction of customary care has been challenging, and sometimes stressful. Protecting children according to customary care principles has been difficult at times. The reasons cut across the layers of influence on Aboriginal family life. Some communities lack sufficient customary care families who are willing or able to take children. Families may expect financial support at the level of Provincial child welfare payments, not necessarily because of greed but because of the financial need for child support. Others may fear retaliation from natural parents, or hesitate to take babies or special needs children.

Customary care systems face similar growing pains as mainstream foster care. After an extended placement, some customary care parents may expect to keep children permanently .There may be difficulties in providing post-placement follow-up work with natural families. In some communities, staff are inadequately trained for customary care work. Finally, many natural parents are not initially

agreeable to customary care placements.

# ACTION SUGGESTIONS

The following suggestions are organized according to the categories of individuals who might implement the recommendation. To be useful for various kinds of prevention programs, they are general in nature. Hopefully, these action principles will be adapted to various initiatives in diverse local circumstances.

Each suggestion grows out of the challenges faced by First Nation communities in their innovative efforts. They also respond to the issues raised by community members in recent community action research studies.

## SUGGESTIONS FOR FUNDERS

1. Funders are gradually learning and respecting Aboriginal holistic world view. This must continue.

2. Culture-based development and implementation requires “resource slack@

## SUGGESTIONS FOR PLANNERS AND CONSULTANTS

1. First Nation communities should be consulted broadly in planning new prevention initiatives. Aboriginal regional agencies should support rather than supercede local community development.

1. Detailed knowledge of the prevention program and its practices should be facilitated and documented.: covering community problems for which the program exists, what the program will address, organizational support, core program activities, techniques, resources and the like.

1. Training: in-service training should be a key strategy in implementing new prevention programs in First Nation communities. Training should (i) meaningfully link with other developmental activities, including resource development, formative evaluation, community feedback and education concerning the program (ii) respond directly to the problems of

implementing the program (iii) avoid pre-packaged curriculum materials developed elsewhere, in favour of locally relevant ideas and resources (iii) use trainers who are familiar with technical aspects of the training ***and*** the community conditions in which new skills and knowledge will be used, and (iv) incorporate personal development training.

1. Some management, staff and Board members should take responsibility for planning and monitoring the **early** implementation of a new program, and develop problem-solving procedures.

1. To minimize communication problems, community planners should (i) give special attention to the significant communication networks surrounding the program innovation (ii) identify appropriate internal and community communication structures for information-sharing concerning innovation challenges and successes; instill community and organizational norms supporting feedback (iii) assure opportunities for staff and community feedback (eg. staff meetings, training, evaluation) concerning problems in implementing new programs, and (iv) allow for communications concerning negative emotions.

1. To manage the time challenges of implementing new programs, there should be (i) clarity about various key stages of the implementation process (ii) avoidance of tight time-lines during the early period to allow flexibility to respond to challenges, and (iii) provide service providers the opportunity for group reflection about new role requirements and tasks.

1. Consider the usefulness of formative (ie. process) evaluation to assist the *fine-tuning* of a new program during early stages.

1. The Aboriginal leadership , such as Executive Directors or program Coordinators, should take active roles in promoting an organizational culture which supports new prevention programs and practices. Support for a new prevention program or service comes from the sponsoring organization=s environment, its formal organization structure and internal processes, and its organizational culture.

9. The implementation of new prevention programs requires the use of information.
   Perhaps the most powerful information that the organization has at its disposal is the community <u>needs assessment</u>. Not only does this facilitate useful program development, but also it is a strong source of legitimation for what the agency is doing. It provides clear evidence that the organization has strong links to its communities.

   As indicated above, the sponsoring agency will also use information for <u>evaluation</u> and <u>problem-solving</u>, as planners receive feedback on

organizational and services functioning. To assure adequate information flow throughout the organization, attention must be given to organization communication, in terms of the opportunities and resources for communication, and also the staff=s attitudes and skills concerning good communications.

**Community harmony and child maltreatment prevention**

We recommend that prevention programs seriously attempt to build broad community harmony within First Nation communities. Local divisiveness is created by numerous factors: family conflicts, local politics, jealousy, or disagreements over the place of traditional spirituality. Disharmony in First Nation communities is relevant to prevention programs related to child maltreatment in at least three ways: First, community disharmony contributes to the breakdown of community norms and controls against alcohol abuse, family violence and inappropriate child-rearing. Secondly, disharmony is a negative social environment for introducing new prevention initiatives, and contributes to the undermining of success through such dynamics as mistrust, lack of cooperation, inadequate volunteer spirit, and pessimism. Thirdly, community disharmony weakens the psychological sense of community, an important ingredient for natural helping.

For these reasons, community-healing initiatives should be an essential part of any new prevention programming. Understanding and breaking down the social and psychological barriers between individuals and groups should be an important part of all program developmental phases, starting with the needs assessment and ending with the celebration of success.

Again, a comprehensive holistic perspective emerges as the most appropriate starting point. Programs which isolate small areas of family life or personal functioning will undoubtedly make some difference. But more often than not, they will leave root causes untouched, causing problems to emerge symptomatically in other ways.

Children are protected through the natural healthy functioning of well communities. Taking children away from dysfunctional families in unhealthy communities, without addressing the larger pains, will reinforce the dysfunctions of family and community. Whatever they may be, intrusive child protection measures must go hand-in-hand with family preservation and community healing.

**First Nation Leadership and the Culture of Family Well-Being**

Within healthy communities, First Nation leaders have enormously important roles in building a community cultural climate which values children, while creating and sustaining conditions for safety and well-being. Part of this requires family life and family well-being to be “front and centre” of the community agenda.

It is beyond the scope of this work to address the various challenges or successes of Aboriginal leadership. We shall focus instead on ideas and issues flowing from prevention program evaluations. As well, our comments are energized by the tremendous importance given to children in traditional Aboriginal community life. From this, we argue that a First Nation=s Acommunity culture@ must be organized around the value of children. Local leaders can help shape that culture. By Alocal leaders@, we refer to Chiefs, Council members, Elders, the heads of programs and agencies, and others with community visibility and influence.

First, local leaders must be committed to family well-being and the safety of children.
They must demonstrate this commitment through actions, not simply feelings and words. Such actions should include shared initiatives with other leaders across the Provinces, and indeed across Canada.

Of extreme importance for shaping a family-oriented local culture are **actions visible to community members**. The small size of most First Nation communities lends itself to enormous impacts from leaders. Their actions must convey a message that family violence and child maltreatment are not tolerable. Following an analysis of how leaders embed and transmit culture (Schein,1985), we offer the following brief principles:

- Leaders must learn to systematically **pay attention to matters of family well-being**, and learn to assess and assure that **all local programs** reflect this concern. Above all, they must be **consistent** in their reinforcement of standards, in both their official, informal and private actions. One of the most important arenas for transmitting such messages is the **Band Council meeting**, or indeed any other planning meetings. Leaders must learn to react visibly to all matters related to family and children=s well-being.

- Unfortunately, there are often crises in many First Nation communities. Local leaders must learn to capitalize on the Aculture creation and transmission@ **opportunities that are available during crises**. When crises directly or even indirectly affect family and children, leaders must respond visibly and clearly in ways that create or reinforce the community norms concerning family well-being, and which clarify or reinforce the community behaviors for sustaining these norms. No crises touching the lives of families and children should be ignored.

- First Nation leaders must take every opportunity to **role model, teach, and coach** employees and other community members in the expectations and behavior concerning appropriate family behavior and interaction with children. Role modeling is particularly important in First Nation cultures where Aobservation@ is a valued learning process.

! Local Chiefs and Council are very powerful in determining important **community rewards and status** in their communities, including jobs, housing, remuneration, training opportunities and the like. They should use this power, in policy and practice, to note that consistent perpetuation of family violence and child maltreatment will not be rewarded within the local social and economic system.

! Leaders must consider the **formalized system of services and programs as a whole**, and how it contributes to a culture of children and family well-being. Mission statements, organizational design and structure, systems and procedures, and physical space - all of these must work together for family and children=s well-being.

This last issue is no small matter. Evaluations of prevention programs consistently unearth problems which are symptomatic of dysfunctional service systems. Observations such as unclear policies, conflicts between program staff, inadequate program promotion, staff turnover, authority confusion, inconsistent work loads - all point to larger system difficulties. As well as promoting inefficiency and ineffectiveness, such problems convey messages to the community at large, and therefor help undermine the culture of family well-being. Leaders have the power to address these issues.

## VALUES AND BELIEFS FOR A HEALTHIER FUTURE

As we face the future and the unfolding of the prophecies of healing, we have much to do to assist families to find their paths to healing. In particular, we need to look very carefully and critically at where the values and beliefs that we have adopted from civilized society are taking us. Are they assisting us to develop the type of family and community environment that we seek? Are they leading us to live in peace and balance with each other and all of Creation? Are they leading us on a path of health?

We are now challenged to evaluate the values and beliefs that we have evolved and compare them to those from tribal societies. This may lead us to recognize that many of the values and beliefs from tribal societies guide us to live healthier life styles.

Despite the many assaults that have occurred to the Aboriginal families of North America during the past 506 years, native people have survived and are beginning their recovery from their state of ill health. While it is a travesty that some First Nations did not survive to see this time of healing, it is a testament of the resilience and strength of the tribal family that there are so many Aboriginal families remaining. Today, many Aboriginal people are beginning to realize that most of the strengths that enabled their survival lie within their culture. Those ways that the colonizers regarded as primitive ways and attempted to separate native people from, is what many First Nation and non-native people are now realizing contains the tools which will likely ensure the survival of all peoples and

all of creation on this planet. This is why today there is a strong resurgence of native culture and native pride. Aboriginal families are now coming full circle to redefine the principles from their past that will help them to form a healthier future.

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