

**ABORIGINAL FOSTER FAMILY CARE IN CANADA:  
A POLICY REVIEW**

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## Table of Contents

	Page
Executive Summary	iii
1. General Purpose	1
2. Problem Definition	3
3. Method	10
4. Findings	13
4.1 Review of Literature	13
4.2 Results from the Interview and Consultation Phase	26
4.2.1 Provincial Foster Care Standards	28
4.2.2 Other Barriers to Aboriginal Foster Family Care	37
4.3 A Summary of Selected Program Initiatives	47
5. Discussion and Conclusion	58
5.1 Standards for Foster Family Accreditation	58
5.2 Overcoming Other Barriers to Aboriginal Foster Family Care	63
5.3 The Customary Care Option	66
5.4 Addressing Systemic Issues	72
5.5 Conclusion	75
References	79
Table 1. Summary of Barriers Affecting Aboriginal Foster Family Care	44
Table 2. Summary of Selected Program Initiatives	55
Appendix A Statement of Work	83
Appendix B Organizational Respondents to Survey	86

## **Executive Summary**

*This policy review was commissioned by the Royal Commission on Aboriginal Peoples following testimony which identified foster care accreditation standards as a critical factor in preventing a higher rate of in-culture placement for Aboriginal children requiring alternate care. While First Nations child and family service agencies have achieved considerable success in developing Aboriginal foster care resources, cross cultural placements remain a persistent practice in many areas of Canada. Such placement practices are described as contributing to poor adjustment outcomes for many children, as having adverse effects for Aboriginal families and communities who experience these losses, and as reflecting of the goal of assimilation of Aboriginal culture by the dominant society.*

*This review was designed to examine issues and options regarding the development of culturally appropriate foster care accreditation standards. The methodology employed in this study was limited by both time and resources. Two strategies were employed. First, existing literature and documents, including task force reports and foster parent training manuals were reviewed. Second, a survey of 24 organizations in Canada and 4 from the United States was conducted. Fifteen of the organizations surveyed were Aboriginal agencies directly involved in the provision of Aboriginal child and family services. In all 38 individuals were interviewed. Most interviews were conducted by telephone using a semi-structured interview guide.*

*Results from the literature review reinforce the following general conclusions. First, the development of culturally appropriate foster care accreditation standards and customary care as a solution to the needs of Aboriginal children and families is a limited response to the barriers which contribute both to the need for out of home placement and substitute care in cross-cultural resources. Second, the literature, including most special Aboriginal and First Nations task force reports, gives limited attention to the strategies needed to develop more Aboriginal foster and customary care providers. Moreover, few specific recommendations are made concerning the*

*need for culturally appropriate standards in this field. Third, despite the lack of research and evaluation attention, several organizations have developed important initiatives for the recruitment and training of Aboriginal foster care providers.*

*As demonstrated in the literature, many contemporary problems which include cross-cultural placement patterns for Aboriginal children reflect outcomes which resulted from the processes associated with colonization. Colonization included instruments which promoted both structural colonialism (e.g. Indian Act, treaties, reserves) and cultural colonialism (e.g. residential schools, conventional child welfare services). These externally imposed policies, when combined with other factors, including poverty and discrimination, led to internalized patterns of violence and the loss of parenting skills in many families. While the development of healthy families and communities must be linked to strategies which reverse the effects of colonization, it is also important to recognize the resistance and resilience of Aboriginal people. In the child and family services sector, there has been a dramatic growth in Aboriginally controlled and operated services since the Spallumcheen First Nation passed its 1980 bylaw asserting autonomy over child welfare services. There are now a variety of structural arrangements: many First Nations agencies on reserves have mandated responsibility through bilateral or tripartite agreements, whereas others provide a more selective range of services under contractual agreements. A significant finding of this review is that increased jurisdictional control, using any one of a variety of structural arrangements, was commonly associated with an increase in the recruitment and retention of Aboriginal foster care providers.*

*Two distinct policy directions are common in Aboriginal child and family services. One is the focus on increased autonomy as an aspect of self-government. A second involves a return to traditional cultural values and customs including efforts to establish culturally appropriate child and family service standards. Respondents cautioned that political control over services does not automatically lead to quality services for children and families; there is a concomitant obligation*

*that the rights and needs of children and families be placed above local politics and personalities. Nevertheless, solutions which focus on the development of culturally appropriate foster care for Aboriginal children must be located within a holistic strategy which embraces self-government, the development of economically viable, sustainable communities, and Aboriginally specific models of child and family services.*

*Three general types of barriers were identified which constrain the development of more Aboriginal foster care resources for Aboriginal children. These are systemic barriers, physical and safety standards and personal characteristics.*

*Systemic barriers included the lack of jurisdictional control, including specific responsibility for proactive development of foster and customary care resources, related funding constraints, the need for culturally appropriate training materials and inadequate support services for foster parents. However, it was commonly observed that the pattern of cross-cultural placements also reflects the high number of Aboriginal children being placed in out of home care, and the historical effects of institutions like the residential school system in reducing the capacity of many families to provide quality child care. It was stressed that efforts to recruit and retain quality Aboriginal foster homes must be combined with an emphasis on family preservation and family reunification programs which are quite underdeveloped in Aboriginal communities.*

*Physical and safety standards, which are outlined in provincial foster care accreditation policies, are identified most frequently as problems in the recruitment of Aboriginal foster care providers. While these standards, as outlined, are sometimes problematic, they are generally interpreted with some flexibility in practice. Revisions here are recommended, although there is little evidence that these are currently used to prohibit the specific approval of foster home providers who would be acceptable on other grounds. It was recommended that revised physical standards link criteria to "community standards".*

*Barriers related to personal suitability factors include the lack of traditional cultural content*

*in assessment and procedural issues such as the need for a more informal process of assessment and approval. The special needs of many children and the related need for specialized training and resources was also identified as an important issue. The age of care providers was not regarded as a deterrent unless it adversely affected the health and capacity of caregivers to provide adequate care and supervision. Some Aboriginal foster care providers are not eligible for blanket insurance coverage normally available to foster parents, and in some jurisdictions insurance coverage must be purchased by individual agencies or providers.*

*Selected program initiatives were examined in the course of this review. The advantage and problems associated with customary care provisions in Ontario's child and family service legislation were reviewed. Customary care, defined generally as the informal provision to alternate care with friends or family members, is widely used in Ontario's Aboriginal communities, however, there are differing views about the formality of the approval process and rates of pay which should accompany its use. New legislation in British Columbia (Child, Family and Community Service Act [1994]) also contains a section which allows for direct placement by a parent or the Director with a person who has established a relationship with the child or who has a cultural or traditional responsibility toward the child. Financial support for the care of the child can also be provided under this section of the Act. Customary care is widely observed in practice by Aboriginal agencies elsewhere where extended family care is the first preferred placement option for children requiring out of home care. The MicMac Nation of Restigouche, Quebec is in the process of developing community specific youth protection legislation but this has not yet been formally adopted and sanctioned by the provincial government. Several agencies, including the Yellowhead First Nation in Alberta, have adopted a medicine wheel framework for assessment and training of alternate care providers. First Nations agencies in Manitoba have achieved considerable success in expanding the number of Aboriginal foster care providers, and one agency has developed a special foster care program for children requiring more specialized care*

*and treatment. Such resources have reduced the need for residentially-based child care facilities. Native Child and Family Services of Toronto operates one of the most well developed foster and customary care programs in the country. This agency has authority to license foster care resources, subject to provincial review, and it has developed culturally relevant assessment standards and a training program called "The Caring Circle". Major initiatives have also been undertaken in British Columbia, and a special conference was held in 1994 to stimulate initiatives in the recruitment and retention of Aboriginal foster parents.*

*Recommendations outlined to support the development of culturally appropriate foster care for Aboriginal children include the following:*

- Support for more jurisdictional control under a variety of arrangements should be extended, which when coupled with a policy commitment to services for children and families, helps to reinforce community empowerment and the development of culturally appropriate services to support families.*
- Provisions should be explicitly adopted in legislation, policy and standards for customary and extended family care with related funding support for outreach and recruitment. Legislation in Ontario and British Columbia incorporates some of these provisions, and provincial policies regarding extended family care for Aboriginal children have been adopted elsewhere.*
- Blanket insurance should be provided without cost to all foster parents, and lower foster care rates established for extended family care providers by some provincial authorities should be eliminated.*
- The use of extended, customary and other forms of foster care must be supported by culturally appropriate standards and assessment processes which specify both minimum expectations for placement approval and more idealized goals for the care of children within a traditional cultural framework. Minimum standards must be developed utilizing a*

*community consultation strategy which respects the differences among Aboriginal nations and communities.*

- *Increased attention to the development and provision of culturally appropriate training programs are required but several models have already been developed. These can be adapted and implemented more widely in responding to this need.*
- *The goal of family preservation and reunification must be supported by increased family based services and community healing.*
- *Financial support for new program initiatives must be accompanied by planning, evaluation and the dissemination of results within a participatory framework which involves Aboriginal communities, service providers and senior policy and program decision-makers.*



## **1. General Purpose**

This policy study was commissioned by the Royal Commission on Aboriginal Peoples following testimony which identified foster care accreditation standards as a critical factor in the high rate of cross-cultural placements for Aboriginal children, leading to a loss in connections with family, community and culture. Such placement patterns have been described as contributing to poor adjustment outcomes for many of the children, as having adverse effects for Aboriginal families and communities who have experienced these losses, and as reflecting the goal of assimilation of Aboriginal culture by the dominant society. While the preferred goal of in-cultural placement in child welfare is now widely articulated, cross-cultural placement remains a persistent practice in many jurisdictions. This review is designed to examine the role of accreditation standards in foster care as a barrier to increased Aboriginal care for Aboriginal children, identify other related barriers which must be addressed, and to explore possible strategies for addressing this problem.

The review was requested to "examine issues and options regarding the development of culturally appropriate foster family accreditation standards for Aboriginally controlled and provincial youth protection services." In conducting the review, the principal investigator was directed to examine several unique settings where foster care programs had been developed. These included Ontario, where customary care is recognized in legislation, the MicMac First Nation of Restigouche, Quebec, the Spallumcheen First Nation, First Nations tripartite arrangements in Manitoba and Nova Scotia, and Metis Child and Family Services in Edmonton. Practice issues, the advantages and disadvantages of different approaches and the process used in developing more culturally sensitive standards were to be identified wherever possible. The complete Statement of Work is included in Appendix A.

Despite the restricted time frame for this review it was important to obtain feedback from a larger sample of Aboriginal agencies than those identified in the contract. It also became apparent that the issue of foster care accreditation standards could not be examined in isolation; rather it was closely connected to other aspects of the delivery of child and family services to Aboriginal communities. While the review examines the development of culturally appropriate foster care accreditation standards within Aboriginal child and family services, it is apparent that the problem of cross cultural placements will not be adequately addressed without more attention to some of the interface issues which affect this issue.

This document is organized as a research report. It begins with a discussion of the problem and the method used in the review. Findings are then reported. Issues, implications and strategic options are discussed in the final section.

## **2. Problem Definition**

It has been convincingly argued that future viability of Aboriginal families and communities depends on the nature and quality of care provided to Aboriginal children, and that such attention is consistent with the valued position accorded to childhood in traditional Aboriginal culture. However, the well-being of Aboriginal children has been eroded over the past three to four generations: they are more likely to be born into poverty, to have higher rates of substance abuse, to enter the child welfare system, and to commit suicide than their non-Aboriginal counterparts. These realities are the result of policies and events which are both external and internal to these communities.

Externally imposed policies include two distinct attributes of the colonization process. These have been described as structural and cultural colonialism (Kellough, 1980). Structural colonialism includes initial efforts aimed at economic domination and deprivation. In the case of Aboriginal nations it included instruments such as the Indian Act, treaties, the loss of land, and the confinement of First Nations to reserves. Cultural colonialism refers to those efforts designed to establish normative control over a nation or its people, and includes instruments aimed at the assimilation of individuals, and the subjugation of indigenous culture. Policies which involved cultural colonialism included the residential school system and the conventional child welfare system, both of which played an instrumental role in separating children from their families, communities and culture (McKenzie & Hudson, 1985). These actions, based on a colonial mentality, reflected the goal of assimilation. Aptly described as a form of cultural genocide (Kimelman, 1985; Aboriginal Community Panel, 1992), these strategies have been major contributors to the destruction of Aboriginal culture and traditional family life. Moreover, the outcomes for the children directly affected by these policies have been seriously questioned. The negative impacts of the residential school system have received more attention lately, and the

1994 study released by the Assembly of First Nations lists these effects as arising from abuse, separation and loss, and the loss of childhood. The overrepresentation of Aboriginal children in the child welfare system and the pattern of cross-cultural placements (Johnston, 1983) has represented a continuing assault on Aboriginal families, traditional culture and community well-being. There is also considerable evidence that such practices have too often failed the very children who were to be protected through such interventions. For example, in a recent research summary on adoption outcomes, Bagley (1991) concluded that Aboriginal children adopted into non-Aboriginal homes had significantly poorer adjustment outcomes than Caucasian children adopted by Caucasian parents or immigrant children adopted by Caucasian parents in Canada.

The loss in parenting skills associated with these policies, combined with the impact of poverty, cultural loss and discrimination, have also led to internalized patterns of violence (Daily & Hodgson, 1988; Canadian Panel on Violence Against Women, 1993), including high rates of neglect and child sexual abuse. This pattern is well understood as an attribute of the colonization process. Externally imposed subjugation creates dependency and leads to internally expressed patterns of dominance and violence within a nation or group.

Such a general characterization of Aboriginal reality is at best incomplete. As documented in the case of residential schools (Miller, 1991; Haig-Brown, 1988), these observations fail to account for the resistance and resilience of Aboriginal people. In the child and family services sector there has been a dramatic growth in Aboriginally controlled and operated services since the Spallumcheen First Nation passed its 1980 bylaw asserting autonomy over child welfare services. A variety of structural arrangements now exist: many First Nations agencies on reserves have mandated responsibility for child and family services through tripartite or bilateral agreements with provincial and federal governments whereas others, particularly in urban areas or serving Metis and non-status communities, provide a more selective range of

services under contractual agreements. While a variety of arrangements have been developed, all have been motivated by a common goal: to support Aboriginal families in caring for their own children, to maintain Aboriginal children within their own families, communities and culture, and to reunify children in alternate care with their families and communities.

Two policy directions are apparent in the child and family service sector. One reflects the political aspirations associated with the principle of self-government. While most Aboriginal child and family service agencies currently comply with provincial legislation and standards, many embrace longer term goals associated with increased autonomy, Aboriginal specific legislation and community-based standards. Indeed, some First Nations have already made important strides in these directions. A second involves a return to traditional cultural values and customs in the provision of child and family services for Aboriginal people. This is exhibited in efforts to establish culturally appropriate service standards (Kahnawake Shakotiiia'Takehnhas, 1994; First Nations Congress, 1992; McKenzie, Seidl & Bone, 1995), traditional healing methods (Longclaws, 1994) and community based service models. One aspect of culturally appropriate service is a return to some of the principles established in traditional patterns of customary care.

Customary care traditionally involved a voluntary arrangement between birth parents and alternate caregivers where the birth parents were unable to provide care. Such care may be of short or long duration, after which the child or children would be returned to the parent(s), although such arrangements might also include permanent care. Usually these arrangements did not involve a loss of contact with the parent because care remained within the circle of extended family, close friends or other community members (Nordlund, 1993). Customary care, including custom adoption, is not generally recognized in legislation. However, Canada's ratification of the United Nations Convention on the Rights of the Child supports the use of customary care arrangements, and the Ontario Child and Family Services Act (1984) includes

sections which define customary care in very general terms, and authorize payment for such care.

In some other jurisdictions, notably Quebec and the Northwest Territories, Aboriginal custom adoptions are recognized as legal (Nordlund, 1993), and they are also recognized in the Indian Act. While customary care is not universally recognized, most Aboriginal child caring agencies have adopted placement protocols consistent with the principle of customary care when alternate care is required. These policies identify placement priorities to be considered: first with the extended family; second with Aboriginal members of the community with the same cultural and linguistic identification; and third, with other alternate Aboriginal care providers. As a last resort placement is to be considered with non-Aboriginal caregivers. The emphasis on placement within the extended family, common in most Aboriginal child and family services agencies, is often referred to as "extended family" care.

Despite the development of First Nations and other Aboriginal child and family service agencies, and the significant growth in Aboriginal foster care providers in some jurisdictions, cross cultural placement patterns remain a common feature for Aboriginal children in many parts of Canada. The Aboriginal Community Panel's report on proposed legislative changes in British Columbia (1992, p. 19) declared that the "best interests of the child" was, and still is, interpreted as rescuing the children from their Aboriginal condition and placing them in a non-Aboriginal environment where they can learn dominant cultural values. As this report noted, less than 23% of the province's Aboriginal children-in-care were placed in Aboriginal foster and group home placement facilities (p. 2). In Alberta, Richard Cardinal, who was removed from the care of his relatives, committed suicide after separation from his siblings and placement in a series of non-Aboriginal foster homes (Thomlison, 1984). This and other experiences of inadequate care in cross cultural placements led the Children's Advocate, in his 1993 report on children and youth in Alberta, to conclude that "the lack of Native foster families is the number one problem

confronting foster care" (p. 242). The Manitoba experience is of interest because First Nations, which have provided services for more than a decade on reserves, have demonstrated considerable success in developing culturally consistent alternate care arrangements. For example, West Region Child and Family Services, which provides services to nine First Nations communities in western Manitoba had approximately 90 foster homes in use in July, 1993. Approximately 84% of the more than 200 children in this Agency's care were in First Nations or other Aboriginal placement resources, and approximately 70% were in resources within their own community (McKenzie, 1994, p. 23). However, cross cultural placements for Aboriginal children in Manitoba's urban centres remain quite persistent. There were approximately 2700 children in care in Winnipeg as of March 31, 1993 (Manitoba Family Services, 1993). More than 1600 of these (60%) were estimated to be of Aboriginal descent, and the majority of these children were placed in non-Aboriginal placement resources.

Two explanations are offered for the rather widespread pattern of cross cultural placements. First, Aboriginal children continue to be overrepresented as children in care; in fact, this trend has continued even where many First Nations agencies have mandated responsibilities.

It has been suggested that there is a continuing bias in child welfare services to define intervention in terms of apprehension and placement in alternate care (Aboriginal Community Panel, 1992), but there is also other evidence to suggest that a growing awareness of neglect and abuse has also been an important factor (Timpson, 1993; McKenzie, 1994). This should not be particularly surprising. Some of the problems of abuse have been linked to a cycle of violence originating with residential schools. Moreover, child neglect is directly related to poverty, and poverty is all too common in most Aboriginal communities.

A second explanation is the difficulties experienced in the recruitment and retention of Aboriginal foster care providers. An important barrier identified by the Royal Commission on

Aboriginal Peoples is the continuing use of culturally inappropriate foster family accreditation standards, and the inability of Aboriginal parents to meet criteria that reflect middle class, European norms. Standards reflect a measure of expectation which society seeks to maintain, and in the case of foster family care they reflect minimum criteria which are to be met in order to qualify as "a provider of foster family care." Lack of knowledge and cultural bias has been noted in the development of Aboriginal placement resources in British Columbia (Aboriginal Community Panel, 1992, p. 74), and problems concerning housing, the age of care providers and a lack of sensitivity to cultural variation were identified in testimony received by the Royal Commission on Aboriginal Peoples.

There is no dispute that the cultural biases of the dominant child welfare system, along with its assimilative intent, have been primarily responsible for past patterns of cross-cultural placement of Aboriginal children, and the often disastrous outcomes associated with these practices both for Aboriginal children and Aboriginal Nations. But how important are foster care standards as a barrier to enabling more Aboriginal care for Aboriginal children today? What other barriers affect the recruitment and retention of Aboriginal foster carers and the expanded use of customary care? And what are the experiences of various service providers in overcoming these barriers? These three questions define the primary objectives of this policy study.

In exploring the answers to these questions, two general issues were confronted. First, there is a considerable diversity in the experiences of Aboriginal agencies and service providers across this country, and it is difficult to capture the detailed nature of this in a limited study. Second, any examination of foster care standards and the provision of alternate care for Aboriginal children must be properly located within a larger context which includes a more holistic understanding of the issues facing Aboriginal communities, and a healing framework which emerges from this understanding. It is impossible to discuss customary care options within an



Aboriginal context without considering some of these issues. However, the specialized focus of this study, and limitations in time and resources, prevent these from being addressed in any comprehensive fashion.

While Aboriginal foster family care must be located within the wider context of the development of Aboriginal child and family services and sustainable Aboriginal communities, this does not minimize the importance of foster family care. "Caring for our own Children" is an essential element in the decolonization and empowerment of Aboriginal families and communities.

Indeed, several respondents identified their foster family program as the central core of a new empowerment-oriented approach to child and family services in their communities.

### **3.Method**

The limited time frame associated with this policy review, and the fact that its focus was national in scope, required a data collection strategy that was as efficient as possible. There were two major components. The first was a review of existing literature. Published books and articles in the area are quite limited; however, there are various documents, studies and training manuals concerning standards that were relevant.

A more important source of information was personal interviews with staff more directly involved in the field of foster family care and the provision of Aboriginal child and family services. In all, 33 individuals from 24 organizations in Canada were interviewed. In addition 5 individuals from 4 organizations in the United States were interviewed, including the Child Welfare League of America and the National Indian Child Welfare Association. With the exception of some of the individuals in Manitoba, all interviews were conducted by telephone using a semi-structured interview guide. Fifteen (54%) of the organizations surveyed were Aboriginal organizations directly involved in the provision of Aboriginal child and family services. Other organizations included government ministries, national organizations concerned with foster family care and one non-Aboriginal child and family service agency. Organizations listed in the workplan who provided information included Native Child and Family Services (Toronto), the MicMac First Nation of Restigouche, Quebec, the Spallumcheen First Nation, the Edmonton Metis Child and Family Services Agency, four First Nations agencies in Manitoba and Mi'Kmaq Family & Children's Services of Nova Scotia. A complete listing of organizations surveyed is contained in Appendix B.

Within the time constraints imposed by this review, an acceptable level of national input from those most directly involved was secured. In general, staff who were interviewed were most helpful in sharing their experiences and the materials they had developed. However, several

limitations should be noted. First, it was not possible to gather information from all organizations involved in the development of more culturally appropriate foster care services, and a few of those organizations contacted did not respond. Given the diversity of experiences and issues across the country some important perspectives may have been missed. Second, in most cases data collection has been limited to telephone interviews with key informants and selected document information from participating organizations. A more in depth examination of selected programs would have been helpful but this was not possible under the circumstances. Third, while staff involved in policy development, administration and practice were interviewed, project constraints prevented the collection of data from foster parents or consumers. However, selected research and project reports, which included information from foster parents and other community representatives, were examined in completing the literature review. In addition, the author's involvement in a standards development project with a Manitoba First Nations agency, including extensive consultation with community residents, provided community-based information relevant to the question of culturally appropriate standards in foster family care.

A final limitation concerns the sample of service providers included in this study. This was limited primarily to Aboriginal agencies, and this is appropriate given the general objectives of this review. While data gathered from the conventional child welfare system concerning their recruitment of Aboriginal foster care providers and their use of existing accreditation standards were not as extensive, interview results and documents examined support the following conclusions. First, the general pattern of cross-cultural placements apparent in the conventional child welfare system is indicative of inadequate attention to the recruitment and retention of Aboriginal foster families. Second, although there was some evidence that accreditation standards may have been used by conventional agencies to unnecessarily restrict the use of Aboriginal care providers, there is less evidence that this is a major problem in contemporary

practice. However, an interpretation of standards which focuses only on the extent to which they are used as a basis for rejecting applicants is a limited approach to this question in a cross-cultural context. Even if some flexibility in the interpretation of existing standards is exercised, the general approaches to foster care assessment, support and training used by the conventional system may fail to give adequate attention to the family, community and cultural issues important to Aboriginal people. Thus, standards may be culturally inappropriate both because they impose restrictions designed by the dominant society which are inconsistent with standards accepted by the minority culture, or because they fail to incorporate values and customs important to the minority culture. If this definition of cultural appropriateness is applied it is quite clear that the general child welfare system has failed to adequately incorporate Aboriginal specific standards of practice within its foster family care program. An additional problem is also apparent. Conventional agencies often develop foster family resources by responding to specific enquiries on the part of interested parents. Proactive outreach efforts designed to recruit potential foster family providers from within the Aboriginal community are likely to expand such resources, and these efforts have received too little attention.

## **4. Findings**

### **4.1 Review of Literature**

It has been well established that historical patterns of child welfare services to Aboriginal communities served as an extension of the colonization process originally associated with the residential school system (see McKenzie & Hudson, 1985; Aboriginal Community Panel, 1992; First Nations Child and Family Task Force, 1993). There is also evidence of more attention to the documentation of problems emerging from residential school experiences, their connection to child protection and parenting problems of today, and the need for healing the effects of this system (Assembly of First Nations, 1994; Manitoba Joint Committee on Residential Schools, 1994). Other factors which contribute to the overrepresentation of Aboriginal children in care have been documented, including alcohol abuse, unemployment and poverty (Johnston, 1983). These structural conditions are important to recognize in considering the etiology of child welfare problems in Aboriginal communities because these underlying conditions must be addressed in long term solutions. Of particular importance is the continuing effects of past policies and practices on individuals and communities. For example, Furniss, in a study of the Williams Lake Residential School in British Columbia, documents the long term psychological and social impacts emerging from a racist system which treated First Nations people as child-like and in need of "civilizing" (Furniss, 1992). In a review of the literature, and an in-depth examination of the experiences of three former students, Ing (1991) links the residential school experience to the disunity and loss of child rearing ability within the Aboriginal family structure. Residential schools involved the denigration of culture, the suppression of language, the loss of parental role models, regimented methods of care, and the absence of sharing and caring common within the Aboriginal extended family system. She suggests that absence of love and affection coupled with the separation of children from family and culture led to feelings of inferiority and a loss of

pride which undermined family cohesion and traditional child rearing. Similar results are reported in a study of 48 former students of residential schools and 10 children of parents who had attended residential schools in Manitoba (Manitoba Joint Committee on Residential Schools, 1994).

The extent to which the culturally appropriate standards imposed by the dominant society are directly responsible for the high rates of child apprehension in Aboriginal communities is a matter of some debate. Such an argument has been advanced (Dumont, 1988; Aboriginal Community Panel, 1992; First Nation's Child and Family Task Force, 1993), and it was the experience of the Spallumcheen First Nation in British Columbia that the number of children admitted to care declined following the implementation of community control of child welfare services (Amicus Populi Consulting Ltd., 1985). However, Timpson (1993) in her analysis of trends in Northwestern Ontario found little to support the indiscriminate apprehension of Aboriginal children as a general practice. Moreover, First Nations control of child and family services in Manitoba has been associated with an increase in the number of First Nations children in care over the past decade.

There is less debate about the general impact of culturally inappropriate models of service provision on Aboriginal children, families and communities, and, in particular, the effects of cross-cultural placement patterns. These issues have been well documented (Kimelman, 1985; Thomlison, 1984; Amicus Populi Consulting Ltd., 1985; Aboriginal Community Panel, 1992). Two areas of service provision are particularly important. One is the limited attention to family preservation and family reunification. This is related, in part, to the general orientation of most child welfare services which are organized primarily around a child protection mandate. Funding policies are directed to supporting children once they are admitted to care, not supporting children within their birth and extended family unit. But other issues are also apparent. For example, the

legal mandate and the imposition of a judicial process based on principles established in Anglo-Saxon law is contrary to traditional practices emphasizing mediation and consensus building (Novosedlik, 1982; Aboriginal Community Panel, 1992). As well, First Nations agencies, even when they acquire authority, have initially had to focus their services on child protection and the development of culturally appropriate placement resources.

A second service issue is the pattern of removing Aboriginal children from families and communities and placing them in non-Aboriginal resources, often on a long-term basis through adoption and permanent foster care. While these practices reflect the assimilative and colonizing effects of the child welfare system, some of these policies have begun to change. For example, there is a moratorium on cross-cultural adoptions involving Aboriginal children in British Columbia, and policies, like those adopted by the Manitoba government, now give priority to out of home placements beginning first with the extended family, and, as a last resort, non-Aboriginal caregivers. Such placement priorities, first identified in legislation in the American Indian Child Welfare Act have been adopted, in some form, by virtually all Aboriginal child and family service agencies across the country. While these placement protocols have also received increased attention as a component of culturally appropriate child welfare services in the conventional child welfare system, it has been earlier noted that cross-cultural placement practices are still common within this system. In many cases only limited efforts have been made to adhere to this placement protocol, and some have described it as a somewhat "hollow policy".

The persistence of institutional discrimination as a continuing explanation for the high rate of cross-cultural placements has been raised (Novosedlik, 1982; Aboriginal Community Panel, 1992; First Nation's Congress, 1992; First Nation's Child and Family Task Force, 1993), and, as earlier noted, this has led to two, somewhat related, policy directions. First, there has been increased political attention to the question of jurisdiction as Aboriginal nations and organizations

assert more control over the delivery of child welfare services consistent with the goal of self-government. Several models exist. Full jurisdictional autonomy is expressed in the Spallumcheen by-law (1980) which exempts this community from provincial child welfare legislation and policy, and establishes community control over these services (Amicus Populi Consulting Ltd., 1985). This model remains a goal of many Aboriginal communities, and represents the current negotiating stance of the MicMac Nation of Restigouche, Quebec. Increased jurisdictional control is reflected in other strategies including tripartite arrangements (Manitoba and Mi'kmaq Family & Children's Services of Nova Scotia), bilateral agreements (several First Nations agencies in Ontario, British Columbia, and Quebec), and delegated purchase of service agreements (Native Child and Family Services, Toronto; Ma Mawi Wi Chi Itata Centre Inc., Winnipeg, and Metis Child and Family Services, Edmonton). Increased jurisdictional control in an institutional context is also reflected in the 1992 agreement negotiated between West Region Child and Family Services Inc. and Indian and Northern Affairs Canada (INAC) whereby all federal child maintenance funding would be allocated to this First Nation's agency as a block grant. This arrangement has enabled the agency to exercise increased flexibility in the use of such resources for prevention, family support and treatment services, and an evaluation of this pilot project has demonstrated that it was associated with a reduction in the number of children in care and higher quality family and children's services at the community level (McKenzie, 1994).

A second policy direction involves attention to the development of Aboriginal standards of practice which are more directly linked to both traditional customs and community aspirations. Both historical and contemporary differences between European and Aboriginal cultures have been demonstrated (Brant, 1980; Red Horse, 1980; Cross, 1986; Manitoba, 1991; Clarkson, Morrissette & Regallet, 1992). As well, there has been a number of First Nations initiatives to



identify and develop culturally appropriate standards of practice in child welfare (see First Nations Congress, 1992; Watt, 1992; Kahnawake Shakotia'Takehnhas Community Services, 1994; McKenzie, Seidl & Bone, 1995; Native Counselling Services, 1992). The First Nations Congress (1992, p. 2) has noted that standards, including sanctions, are not alien to Aboriginal cultures, however, the homogenous and cohesive character of First Nations prior to contact did not require the elaborate codification of standards and bureaucratic enforcement procedures. While smaller communities still rely on a high degree of informality, the development of a more formalized code of standards is increasingly recognized as an important stage in the development of culturally appropriate services within a Nation or Tribal Council. The development of service standards has an additional and important benefit; it involves both service planners and community residents in a process of mutual learning about standards, service issues and the relationship of traditional customs and values to contemporary reality.

The development and codification of First Nations standards in child and family services is best characterized as being "in progress", although there have been specific practice developments which have become widely accepted standards. One such example is the placement protocol adopted by Aboriginal and First Nations child and family service agencies where alternate care is sought first with members of the extended family, next with Aboriginal caregivers within the same community and cultural affiliation, next with other Aboriginal providers and as a last resort with non-Aboriginal caregivers.

The Indian Child and Family Standards Project in British Columbia (First Nations Congress, 1992) used a community-based consultation process to identify definitions of key child welfare concepts and outline some general standards for child welfare practice. This process was adapted and implemented by Watt (1992) in her work with the Squamish Nation. A community consultation process utilizing focus groups has also been used in Manitoba to develop

child and family service standards (McKenzie, Seidl & Bone, 1995). Kahnawake Shakotiiia'Takehnhas Community Services (1994), in conjunction with the Canadian Council on Social Development, studied Aboriginal values in their community and their relationship to the way local social services should be organized. A more comprehensive study has also been completed by Native Counselling Services (1992) for Quebec First Nations on the development of Amerindian standards in social intervention.

While there is a wide range of findings reported in these studies there are several common conclusions. First, there is a consistent emphasis on the need for services and standards of practice to reflect traditional values. In the study completed for the Quebec Native Social Services Association, values which differentiated Amerindian culture from non-Native culture included a greater emphasis on respect for the environment, wisdom, sharing a sacred belief in life, sense of community and sense of humour.

Second, there is a consistent emphasis on the need to establish services and standards which build on community knowledge and experience, including the voices of Elders. "Inside knowledge" including the uniqueness of nations and communities is recognized, and this must be respected in developing and implementing specific models of service. This is reflected in the family centred philosophy identified by Kahnawake Shakotiiia'Takehnhas Community Services (1994) leading to a collaborative, supportive model of service, and the use of mediation as a method of intervention within the Squamish Nation (Watt, 1992).

Third, there is recognition of the significance of social problems, including neglect and abuse, and the need for continuing attention to staff training and development as a means of improving service effectiveness. However, there is also recognition that conventional training and experience is an insufficient guide to practice in Aboriginal communities because it fails to provide enough attention to traditional values, customs and models of intervention.

Finally, there is strong commitment to the importance of the extended family, community and culture, and how this must infuse and influence the general nature of service development. This has particular implications in child welfare practice. A great deal of importance is attached to connections with family, and this is reflected in policies surrounding alternate placements, including adoptions. Connections with the birth family are encouraged, and there is a continuing child welfare emphasis on reunification even in cases of permanent guardianship. As well, the notion of bonding and permanency planning includes an attachment to extended family, community and culture, and is not tied exclusively to a primary caregiver (Aboriginal Community Panel, 1992; McKenzie, Seidl & Bone, 1995). The importance of family, community, and the traditional practice of consensus building, has resulted in the development of community committees which often play a mediating and local resource development role in Aboriginal child and family services. These practices also serve to reinforce a more inclusive model of healing in communities. For example, Oates (1990) has recommended an active process of community intervention in dealing with sexual abuse. In Hollow Water First Nation, a community-based holistic healing process has been developed as a method of intervention in neglect and abuse, including sexual abuse (Lajeunesse, 1993).

Of particular interest to this study is the emphasis on customary care, including placement with close friends and family. Indeed, this practice is regarded as the primary underpinning of alternate placement practices with respect to both foster care and adoption (Aboriginal Community Panel, 1992; First Nations Congress, 1992; Nordlund, 1993). Nordlund (1993) in her study of adoption in the Seabird Island First Nation concludes that custom adoption, which recognizes the rights of the Band and the child's identity within a group, has the potential of keeping apprehended children within the Band. In a community consultation process concerning new child welfare legislation in British Columbia, the Aboriginal Community Panel (1992, p. 77)

recommended that custom or open adoptions by Aboriginal families be the only form of adoption considered in the case of Aboriginal children. As previously noted, customary care, in the form of extended family placements, is common practice in most Aboriginal child and family services agencies. However, non-Aboriginal agencies have been more reluctant to adopt this practice even when providing service to Aboriginal families.

Alternate care with extended family members, or kinship care as it is sometimes referred to, has been instrumental in reinforcing cultural and family connections wherever it has been widely practised, and for these reasons it is strongly advocated as a culturally-appropriate child welfare practice. Proposed guidelines for foster care by the Canadian Foster Family Association (1994) recommend a relative/extended family placement as the first priority when making a placement decision for a child admitted to care. The Child Welfare League of America (1994) has identified kinship care as a form of family preservation, and its new standards for foster family care include a requirement for reasonable efforts to be made "to locate parents and other members of a child's family, including members of a tribe or clan who could help assess, plan for, and support family foster care for the child". Results from a recent study of kinship care conducted by The Casey Family Program (1994) underscores the value of kinship care. In a comparison with non-relative care, this study found that children in relative care had more stable placements, and saw birth parents and siblings more often. Moreover, children in relative care functioned as well as children in non-relative care when behavior at home and school was considered. Of related interest is a report on kinship care prepared by the New York City Mayor's Commission for the Foster Care of Children (1993). This report recommended a kinship guardianship category which would provide a subsidized permanency option for kin who wished to care for their families' child or children on a long term basis but do not wish to adopt. Two recommendations were also made to enhance service delivery. These were the development of

specific training programs for kinship foster parents to meet their specific needs, and an increase in the availability and array of services for kinship foster parents.

Family preservation and customary care might appear to be obvious policy directions in reinforcing the health and well-being of Aboriginal children. However, there are a number of implementation barriers which must be recognized. Horejsi, Craig and Pablo (1992) outline the cultural and community factors which impact on the effectiveness of child welfare services. They conclude that oppression, including poverty, racism and the experience of boarding schools, are directly related to the child welfare problems in American Indian communities. Other barriers identified are the rate of substance abuse, self-doubt and frustration, dysfunctional extended families and the power structure in small communities. These factors, along with past experiences involving foster and adoptive care, including cross-cultural placements, act to inhibit families from both accepting and providing help. While these authors are describing contextual barriers in providing child welfare services in American Indian communities, the observations could apply equally well to the Canadian context.

Family preservation and reunification services require much more attention in Aboriginal communities, and Mannes (1993) has identified several factors important to successful implementation in Aboriginal communities. These include the following: (1) the community must be educated to support family preservation; (2) coordination among service providers in the area must be developed; (3) the types of families to be served must be identified; (4) long-term funding must be established; (5) standard program and service activities have to be clearly established; and (6) Aboriginal staff have to be trained so they have the knowledge and expertise to provide family preservation services.

As noted, customary care as kinship care exists as policy and practice in several Canadian jurisdictions. However, specific reference to customary care is incorporated in legislation only in

Ontario (Child and Family Services Act, 1984, Section 208) where its practice has been described as widespread. Native Child and Family Services of Toronto have developed a customary care program in that city, and they have identified a set of standards to guide licensing and the provision of support services. A training program which incorporates cultural content has been developed in cooperation with the Canadian Mothercraft Society, and these strategies have helped to recruit and retain Aboriginal foster and customary care providers in Toronto. Several other Aboriginal agencies have developed training programs for foster care providers, and there are several Indian child welfare training programs in the United States. Two of the more widely known training programs are Collaboration: The Key (Gonzalez-Santin & Lewis, 1989), and the Heritage and Helping curriculum developed by the National Indian Child Welfare Association. Both contain modules for training Aboriginal foster care providers.

Two developments originating in the non-Aboriginal context are identified because of their relevance to some of the principles advanced in Aboriginal appropriate child and family services. The first is 1989 Children Act developed in the United Kingdom. This legislation eschews a strong commitment to parental responsibility and working in partnership with families (Riches, 1991). A variety of guardianship orders are possible, and the legal guardianship responsibilities of parents are severed only in the case of adoption. Prevention and support services are required in legislation, and protective intervention is only justified following the failure of efforts to resolve difficulties through the provision of support services. The second is the family group decision-making process which has been developed in New Zealand to deal with child welfare and juvenile justice problems. These problems are first referred to a family group conference where members are encouraged and helped to design and implement family-based solutions. This model, which has some similarity to the process of mediation and local child welfare committee involvement as developed in some Aboriginal communities, has been incorporated within British

Columbia's new child welfare legislation (Child, Family and Community Service Act, 1994). It has also been recently implemented as a demonstration project in Newfoundland and Labrador (Burford & Pennell, 1994), where it is currently being delivered in three communities, including the Inuit community of Nain. Nu-uh-Chah-Nulth Community and Human Services in British Columbia report that they already utilize a family group conference for case planning in situations where a child is in need of protection. They also complete a genealogical chart for each child both to assist case planning and as an aspect of service provision. Indeed, these developments may demonstrate the relevance of re-examining many of our current approaches to child welfare legislation and practice in both the Aboriginal and non-Aboriginal context.

This policy review is more directly concerned with the question of culturally-appropriate foster care standards and it is important to include a brief discussion of the concept "culturally appropriate" as this applies to the development of Aboriginal services and standards, specifically in relation to foster family care. The concept "culturally appropriate" has become so widely used in relation to Aboriginal services that it is difficult to ascribe any common meaning. As well, there are variations among Aboriginal people in their identification with traditional culture. For example, many families have experienced the historical erosion of traditional cultural practices, and, as a result, such practices may be passed on to the individual only in limited ways. In addition, an individual within a minority group is constantly bombarded with the values and practices of the dominant culture, and these affect one's identification with traditional culture. Morrissette (1991) has depicted the variations in cultural identification as a continuum including traditional, neo-traditional and non-traditional perspectives. At the traditional end of the continuum, Aboriginal people adhere to the teaching of the Elders, traditional values and a symbiotic relationship with the environment. Moreover, with the revitalization of spiritual practices a growing number of Aboriginal people are incorporating more traditional practices in their lives. Some

members of the Aboriginal community can be identified as neo-traditional in that they identify with a blend of spirituality and practices that reflect both traditional beliefs and values emerging from dominant society. A final category includes both well-adjusted and alienated individuals who adopt a non-traditional lifestyle. While the latter group may be less likely to adopt traditional values and customs, it cannot be assumed that this connection will be permanently severed. As this discussion implies, culturally-appropriate services and standards which affect an individual should respect that person's relative identification with traditional values and customs, and the notion of what is culturally appropriate can vary significantly in different circumstances and contexts. Similarly, communities may differ, even within a particular nation, in their relative identification with traditional values, and this is why many advocate a community-based process as an essential step in the development of specific Aboriginal standards to guide services within those communities. While this argument can be generally accepted, it is also true that there are common value orientations or world views among Aboriginal peoples that support the development of more general service and criteria or standards that can be described as culturally appropriate. The role of the extended family and respect for Elders are examples of such characteristics. It will be apparent that in an Aboriginal context it is particularly important that services respect the traditional values and customs of Aboriginal peoples. To do otherwise risks the application of inappropriate general laws and standards which continue the forced assimilation policies associated with colonization. A guiding principle can be established from this discussion: it is important to recognize differing degrees of affiliation within traditional culture among Aboriginal people, however, it is equally important to give increased attention to the need for services and standards to respect the general differences which exist between the dominant society and traditional Aboriginal values and customs. In this context culturally appropriate



services and standards are defined as those which emerge from and are consistent with the traditional culture of Aboriginal people (Morrissette, McKenzie & Morrissette, 1993, p. 92).

There have been recent efforts to develop more culturally appropriate foster care standards. Most of these were outlined by respondents during the interview phase of this study, and these are described in the next section. A general barrier to the development of Aboriginal foster care is the historical experience many Aboriginal people have had with fostering and adoption. The First Nations Congress (1992, p. 51) has noted that the terms "fostering" and "adoption" have pejorative connotations in many Aboriginal communities; and Cross (1987) has noted that Native American languages do not contain a word for "foster care". While the notion of customary care is sometimes used in the Canadian context, the terms "foster care" and "adoption" are still quite common. These are defined in the Indian Child and Family Service Standards Report (First Nations Congress, 1992) as a process whereby responsibility is assumed for a child by a member of the child's extended family or other persons on a temporary (fostering) or permanent (adoption) basis.

The Canadian Foster Family Association's (1994) proposed guidelines suggest that the linguistic, social, cultural and spiritual identity and heritage of the foster family relative to the child's own identity and heritage should be considered in selecting a foster care placement. In the community-based standards study in Manitoba the five most important qualities to providing good foster family care were the ability to provide good emotional care (respect, love); stability in the relationship (no alcohol, family violence or marital problems); good communication skills; the demonstrated ability to treat all children in the home equally; and good parenting skills including the ability to model social responsibility and ensure safety from physical harm (McKenzie, Seidl & Bone, 1995). Particular concerns were raised about alcohol abuse and a history of sexual abuse or physical violence. Whereas respondents felt that any history of sexual abuse should preclude

approval, a history which included alcohol abuse or physical assault should not automatically eliminate applicants if different behaviors had been demonstrated for a number of years. It is significant that physical space and related characteristics, which are specified in most foster home standards documents and which prove to be a barrier in recruiting Aboriginal foster parents, are not identified in this list. Clearly the ability to provide emotional care and guidance emerge as more significant criteria.

While the literature reviewed here has generated information relevant to the general topic of alternate care for Aboriginal children there has been limited attention to the specific topic of foster family accreditation standards, and how this process ought to be managed. It is of particular interest to note that most of the special reports and task forces mandated to investigate matters involving Aboriginal child and family services fail to deal directly with this important issue.

#### 4.2 Results from the Interview and Consultation Phase

A summary of general findings from the interviews (N=37) and related documents provided by key informants is presented next. The barriers which affect the increased development of Aboriginal foster care are also summarized in Table 1 at the end of this section.

The general topics explored in these interviews were:

- 1) experiences with provincial standards used to assess and approve Aboriginal foster families and any barriers these standards posed;
- 2) other barriers to the recruitment and retention of more Aboriginal foster and customary care providers; and
- 3) efforts which had been made or were in the developmental phase to establish more culturally appropriate standards and assessment procedures.

Results are summarized according to these topics. Three groups of respondents which reflect somewhat different policy environments are identified. These groups are:

- individuals affiliated with First Nations agencies and organizations (18 individuals with 12 organizations);
- individuals affiliated with other Aboriginal organizations (4 individuals with 4 organizations);
- individuals affiliated with other organizations including non-Aboriginal service agencies, government, national interest group organizations and organizations located in the United States (16 individuals with 12 organizations).

Reported findings generally reflect those respondents who have had more direct experience and involvement in the provision of Aboriginal foster family care. If results differ significantly, these differences are reported and identified with particular respondents or groups of respondents.

When compared with other Aboriginal organizations, more First Nations agencies across Canada have had experience in the development of foster care programs; thus, more interviews were conducted with representatives from these agencies. First Nations respondents included a consultant to a provincial First Nations organization, the former Chief of Spallumcheen First Nation, several agency directors and several foster home coordinators. The four other Aboriginal service organizations included in the survey were an Inuit Women's Organization, the Ma Mawi Wi Chi Itata Centre (a non-mandated Aboriginal agency in Winnipeg), Native Child and Family Services of Toronto and Metis Child and Family Services in Edmonton. Organizational respondents in the "other" category were from government agencies in British Columbia, Alberta, Manitoba and Ontario, the Child Welfare League of America, the Child Welfare League of Canada, the Canadian Foster Family Association, the Canadian Council on Social Development, and two research and training centres on American Indian child welfare issues. As well

representatives from Winnipeg Child and Family Services and an American Indian service organization dealing with foster care were interviewed.

#### 4.2.1 Provincial Foster Care Standards

Agencies are commonly guided by provincial foster care standards in assessment and licensing procedures, although it has been argued that the customary care provision in Ontario legislation can be interpreted to mean that standards are to reflect only those "of the child's band or native community." Standards which are reflected in any assessment process include those pertaining to the physical environment (material standards in the home) and non-material standards (the character of foster parents and their medical, physical and emotional ability to provide care and supervision). As well, provincial standards usually contain procedural specifications which require the agency to complete certain tasks in relation to licensing and review within particular time frames. For example, a foster home study report is usually required, a review may be required on an annual or bi-annual basis, and new homes which are used for placement must be licensed or approved within a designated time period. Four general foster home categories can be identified. These are:

- a place of safety which allows utilization of a previously unlicensed resource on a temporary basis;
- a selected placement foster home where the home is approved for the placement of a particular child;
- a general foster home where the home is approved for the placement of any child within a particular range of needs;

- a specialist, special needs or treatment foster home where the parents are expected to provide therapeutic services for children with designated special needs caused by childhood trauma or disability.

The application of standards to the assessment and licensing process varies with the jurisdiction completing the assessment and the type of foster care to be provided. In Manitoba, approval of a place of safety involves a limited assessment process but includes an abuse and criminal registry check. Criteria to be examined in the event of a selected or general foster placement are similar although in practice selected placement procedures would be primarily concerned with the child's ability to adapt and adjust in that particular home. This practice varies in other provinces and some agencies reported that a somewhat different and less rigorous assessment process was used for selected foster home placements. Approval of a specialist foster home is usually contingent on prior training or a commitment to training and previous experience as additional requirements. Extended family placements, which are used extensively by First Nations agencies in Manitoba, are to meet the same standards as other applicants although again this may vary somewhat in practice. Special assessment procedures or special training for kinship care providers are not evident in most Canadian jurisdictions. In Ontario, the application of standards in assessment and approval of customary care arrangements varies. In some circumstances a customary care placement follows an assessment process but in other cases arrangements are based only on the more traditional practice of an informal agreement between two families.

#### 1. Physical and Safety Standards

Thirteen of the Aboriginal agencies surveyed in this study were directly involved in foster care recruitment, assessment and supervision. Most respondents reported that the physical characteristics of the home, including sleeping arrangements, were most likely to pose difficulty

for potential Aboriginal foster care providers. However, respondents indicated that these provincial licensing standards were generally not applied to prevent the specific approval of a resource where a particular standard was not met but the resource was assessed by the Aboriginal agency as acceptable on other grounds. While the standards were not specifically altered to apply to Aboriginal communities, reasonable flexibility in the interpretation and application of these standards was common. In the United States it was common procedure for the agency to apply for a specific state waiver of any standard which might not be met by an applicant; however, this kind of a procedure was not reported by respondents anywhere in the Canadian context. While safety requirements received more attention, most reported that physical standards were interpreted with some degree of flexibility and common sense. In most cases the general adequacy of accommodation was interpreted in relation to "community standards" and the nature of any particular child's background and needs. While the failure to meet minor physical or safety standards may not preclude approval and use of the resource, problems are sometimes experienced in securing blanket insurance coverage. For example, in Quebec blanket coverage is unavailable for foster families accredited by Aboriginal agencies unless they are members of the Association des Centres Service Sociaux du Quebec. In early 1995, no Aboriginally controlled agency had been accepted into the Association. Under these circumstances, the only way a foster family can obtain the blanket insurance coverage available to most foster families in the province is to be endorsed by a provincially assigned clinical supervisor.

In Manitoba and Nova Scotia where First Nations agencies were mandated to approve and license their own resources, there was no indication that provincial standards had been used by the province to prevent agencies from exercising their own judgement as to the appropriateness of a particular resource. In Nova Scotia, provincial foster care standards explicitly provide for such flexibility. For example, standards indicate that the age of foster carers

is to be a consideration only as it affects their physical capability, flexibility and ability to care for a specific child. Exceptions to standards concerning sleeping arrangements are allowed, and physical standards are to be considered in accordance with community standards.

First Nations respondents from Ontario and Quebec surveyed in this study did not have delegated authority but they reported no major problems in securing official approval of any local foster home resource that had been selected and assessed. Native Child and Family Services of Toronto is licensed as a foster care agency by the province, and is able to select and approve its own homes. In this process material standards are assessed but some flexibility is exercised.

In British Columbia, the Spallumcheen First Nation operates outside provincial regulations and standards, and accordingly exercises full authority over the approval process for its foster homes. Nuu-Chah-Nulth Community and Human Services has been a mandated agency for seven years in British Columbia, and it operates under separate bilateral agreements with the federal and provincial governments. It also reported no major difficulties in adapting provincial standards to meet local requirements, and applying these to approve resources it assessed as appropriate.

More difficulties were reported in Alberta. In some cases problems concerning physical requirements were reported. However, even here other barriers were identified as more significant. For example, it was reported that the provincial government was less likely to recognize and actively seek out extended family members as alternate caregivers despite a provincial policy supporting kinship care for Aboriginal children. In addition, it was reported that Aboriginal homes were often approved only as selected placements and such homes would often not receive adequate resources and support services such as respite, training and social work assistance.

In many cases respondents indicated they had provided financial assistance to potential foster parents for small purchases required to meet health and safety standards or for items like cribs and special equipment. In Nova Scotia, foster care standards specify that if a foster family has the needed personal characteristics and physical facilities are inadequate, consideration can be given to assistance in meeting physical requirements. However, there was no evidence that this provision had been commonly used to assist potential Aboriginal foster parents in upgrading their homes to meet material standards.

While material requirements currently specified in provincial foster home standards do not appear to be widely used to restrict approval of potential Aboriginal foster families, the presence of these requirements can act as a deterrent if they affect the way foster care assessors approach prospective foster parents. Thus, some respondents expressed a preference for standards that explicitly linked criteria to "community standards". It is reflected in Nova Scotia's standards and this was one of the recommendations which emerged from an October, 1994 conference on barriers to Aboriginal foster care in British Columbia.

A significant impediment is that of insurance. Two issues were apparent. First, additional third party liability costs were sometimes necessary for foster parents who might not normally carry such extended protection with their automobile insurance. Second, home ownership insurance for wilful damage which might be caused by a foster child was sometimes an additional cost to foster parents. In Manitoba all approved foster homes are registered for an insurance policy which covers all foster parents in the province at no additional cost to the foster carer. However, this is not the case in all jurisdictions. In Ontario, one respondent reported that the Agency purchased coverage on behalf of their foster parents, whereas the pattern in Alberta was to require foster parents to purchase an additional rider to their insurance policy. While some families purchased this coverage others did not. Moreover, it was reported that an



insurance plan available through the Alberta Foster Family Association was not applicable to homes approved for selected placements, and this barrier precluded enrolment by a significant number of First Nations caregivers. Similarly, some Aboriginal foster parents in Quebec were excluded from the provincial insurance plan available to provincially licensed homes.

## 2. Personal Suitability Standards

Aboriginal agencies which had delegated authority for foster home recruitment and assessment generally reported that they were able to exercise adequate flexibility in applying non-material accreditation standards. Whereas provincial standards often paid little attention to the relevance of traditional cultural practices and spirituality, control over services enabled these criteria to become a more focused element of the assessment process. This was particularly true for those First Nations agencies with delegated authority, and many agencies indicated that they had specifically modified their home study outlines to incorporate cultural criteria. However, general barriers were identified, and these were applicable across most jurisdictions.

First, procedural barriers were noted. The formality of the process, including the various forms, the length of time involved in a home study, and Abuse Registry and Criminal Records checks were cited as examples. Service providers regarded the home study process, including criminal and abuse checks, as essential, and once these were carefully explained, applicants were generally supportive of the process. However, there was a need for flexibility in interpreting and applying this information to the accreditation process. For example, a criminal code violation should not be an automatic reason for excluding an applicant. More important was the nature of the violation, when it had occurred and what the individual had done with his/her life since the offence. On the other hand, a sexual abuse violation would preclude approval. There were also suggestions that such formal records checks were insufficient, and that community knowledge was often an important supplement to "official" information. There were other suggestions for

modification. Recommendations from British Columbia included the design of forms and manuals written in "plain English", and others advocated a more informal process of assessment at least at the initial stages of the assessment. For example, it was suggested that the conventional child welfare system generally required individuals to formally apply to be a foster parent, and following this they would be given information, often stressing the negative aspects of fostering. Later, and dependent on their continuing interest, a more extensive relationship between the social worker and the applicant might be developed in relation to the assessment process or a particular placement. It was argued that it was more culturally appropriate to develop a relationship first which would evolve into a more formal assessment process, dependent on the applicant's continuing interest in fostering. There were other related recommendations. For example, in one smaller community it was suggested that a formal application to foster was not required in order to initiate the process. In another it was noted that families were often likely to be more willing to provide alternate care in response to a specific need, and that recruitment and assessment procedures needed to be adapted to this contextual reality.

A second barrier reflects the lack of traditional cultural content in the assessment process, and the related acknowledgement of differences between Aboriginal and non-Aboriginal world views. Of particular significance in Aboriginal child and family services is the attention paid to the importance of family and extended family connections, traditional values, spirituality, language, community, and the goal of family reunification wherever possible. It is important to emphasize that the issue of culturally appropriate standards goes beyond the question of foster care accreditation and is related to the general approach which must be taken to understanding child and family services in the Aboriginal context. Several examples have already been cited including the role of the extended family in providing customary care, the openness which

characterizes most alternate placement arrangements, the use of non-judicial processes such as tribal mediation methods, and the eventual goal of family reunification. As previously noted, permanency planning within a traditional Aboriginal context is viewed within a family, community and cultural context where children need to know they belong to the community, clan and nation. There was some disagreement about the relative importance of bonding to particular caregivers. However, most respondents stressed the need for stability and positive attachment in placements, while noting that some movement within an extended family or community is likely to be less traumatic than placement outside the culture and the related movement that often occurs among resources in a cross-cultural context.

There are three aspects of permanency planning that are particularly important in Aboriginal child and family services. First, it implies connections to community and culture, and too often this is not respected by conventional agencies who place Aboriginal children in non-Aboriginal resources. Second, it recognizes that ties with the birth and extended family should never be severed, and the openness which characterized traditional patterns of customary care are generally viewed as the preferred option, even in long term placements. This raises the possibility of new types of guardianship options, where certain parental rights and responsibilities can be retained. Finally, permanency planning may include long term foster care as a preferred option, particularly if this enables community, cultural or family connections. Several agencies provided adoptive placement services although this was not a major program priority. While subsidized open adoption in such circumstances would be a possibility, these arrangements are not encouraged by provincial child welfare systems, and are conspicuously absent from the field of Aboriginal child and family services.

Culturally-appropriate standards are not simply an accreditation issue. Often there is a related need for training and support in developing this knowledge and experience both among

staff and foster families who may reflect an orientation to fostering which undervalues culture and traditions. The application of traditional values and knowledge to the assessment process needs to be adapted to the specific families and communities involved, and to particular circumstances. In the former case it was noted that differences in Christian and traditional values can complicate the assessment process in some communities and with some families. In the latter case, the example of extended family placement priorities were raised. There is a strong commitment to extended family care as the placement priority of first choice, and this is based on arguments which go beyond the importance of cultural and family bonding. As one respondent indicated, placement with an extended family member may require significant input and support. However, if this provides an adequate placement alternative there can be related benefits in strengthening the capacity of extended family network to provide long term support. First Nations agencies with considerable experience in service provision also recognized the limitations in using extended families in some circumstances. Extended family placement was contraindicated in some cases of intrafamilial sexual abuse, and some agencies reported that alternate placement within the kinship network would not be made in these circumstances. Most agency respondents took the position that extended family placements required careful assessment to ensure their ability to provide quality care, and they cautioned that extended family placements required supportive services and monitoring in a manner similar to non-family placements. Some concerns were also raised about the impact of placement breakdown within extended family placements, and the effect this has on a child who may feel rejected first by the birth family and then by the extended family.

A related matter is the importance of community input and involvement in the assessment process. In most Manitoba First Nations, community child and family service committees review

foster family applications from their community, and a similar protocol exists in foster family assessment adopted by the Yellowhead Tribal Council in Alberta.

A third barrier pertaining to standards concerns the special needs of many children and the expectations of foster parents for advanced training in providing alternate care for these children. This is a significant problem in some jurisdictions because specialized training programs are often not accessible to Aboriginal families outside of major centres. Moreover, some of the training programs which have been developed have not been modified to incorporate relevant cultural content. Three different strategies are apparent. In some cases specialized placements are utilized elsewhere but all efforts are made to minimize the length of these placements and return the child to the community as soon as possible. In Alberta, Aboriginal agencies are opposed to the provincial levels of care system because they fear its focus on the professionalization of foster care will tend to exclude Aboriginal caregivers, and reinforce money as the primary motivational factors in fostering. In Manitoba, a specialist foster home program, along with a training program, has been developed by one agency, and other agencies are developing specific foster homes to provide more specialized care. However, these options are made more difficult by the limited funds available for training and program development.

The question about whether the age of alternate caregivers would be a determining factor in the accreditation process was also raised with respondents. It was generally indicated that this would not be a deterrent unless age affected the health and capacity of caregivers to provide the necessary care and supervision to their foster children.

#### 4.2.2 Other Barriers to Aboriginal Foster Family Care

Respondents identified barriers other than accreditation standards as significant to the creation of more Aboriginal foster care providers, and in most cases these barriers were regarded as the more important issues to be addressed.

Specific recruitment and retention difficulties were noted even by Aboriginal agencies which had developed successful programs in foster family care. A number of explanations were offered. In many communities the image of foster care and adoption is quite negative, in large part because of the past damage these programs have done to Aboriginal families and communities. It has also been noted that there are no terms in Aboriginal languages which equate with "foster care" and "adoption", and it has been suggested in British Columbia that alternative terms be found for "fostering" and "foster parent". As well, the resource capacity within some Aboriginal communities is limited when one considers the number of children requiring alternate care. There are several reasons for this. Many parents have their own families, and limited income and physical space to care for additional children. The impact of residential schools, poverty, alcohol and other factors has reduced the capacity of many families to provide alternate care, and in many cases a great deal of healing is required before families affected by these factors can be a resource to others. The lack of parenting skills within many families was a frequently noted barrier, and several respondents cautioned against assuming all families could provide alternate care for children. In other cases, older parents who could provide excellent foster care, feel they have raised their families, and are reluctant to undertake new responsibilities, particularly for children who might have been seriously abused or neglected. Finally, training and support services, including respite services, were often a problem, particularly in cases where these services were the responsibility of non-Aboriginal agencies. Insufficient attention to the need for these services was often identified as reason for excessive burnout

among Aboriginal foster carers. Despite the existence of these barriers they are not insurmountable. Several respondents indicated that there were untapped potential resources within Aboriginal communities. However, more proactive outreach efforts to recruit and train such resources were required in order to increase the number of foster care resources.

A key issue was the lack of funding particularly for outreach and program development in foster family care. It was noted that funding is almost exclusively tied to payment for alternate care, and it was difficult to secure required funding for the new program development and outreach activities needed to recruit and train more Aboriginal foster care providers. Despite this difficulty, some programs have been developed. For example, a successful therapeutic foster home was initiated by one First Nations agency in Manitoba, although it is important to note that this program initiative was facilitated by a global funding agreement for child maintenance costs, and the increased flexibility in the use of funds which resulted from this agreement. Other funding problems were also noted. In Manitoba the provincial government has reduced foster home rates in recent years. As well, foster care rates are often standardized for all foster families in a province. A large number of Aboriginal families live in smaller, more remote communities where costs are substantially higher than in urban communities, and too often extra compensation is not provided for these increased costs. The funding of kinship care is a particular problem, and different funding arrangements for providing support to extended family care providers were identified. In many jurisdictions extended family members can be paid at current foster home rates, although there were other occasions when social assistance rates would be used as the standard, or the family member would receive an additional amount directly from the social allowance program for their additional dependents. The Province of Manitoba has been quite punitive in implementing policies which restrict payments to extended family members in some circumstances, and because First Nations agencies make more use of extended family

placements, it has a particular impact on Aboriginal care providers. A related issue is the difficulty agencies have in being able to provide direct financial assistance to birth families when such support can help stabilize and support an in-home service plan.

Training and the development of culturally appropriate child welfare standards are closely related to the problem of funding. Training was identified as a particularly important issue. First, existing training programs offered through the conventional child welfare system were often inaccessible to the large numbers of foster parents living in smaller, more remote communities. Second, and as noted earlier, many of the training programs developed by the conventional child and family service system are culturally inappropriate because of the failure to incorporate relevant cultural principles and content. Funding constraints have restricted responses to these problems, although some Aboriginal organizations have begun to develop their own training programs. As earlier noted, Native Child and Family Services of Toronto has developed a training program for customary care providers called "The Caring Circle" in cooperation with the Canadian Mothercraft Society, and the Yellowhead Tribal Council has developed an assessment and training program which utilizes the medicine wheel as an organizing framework.

Funding constraints are also a factor in the development of community-based culturally appropriate standards. Although limited funding was provided by the federal government for standards development a few years ago, agencies generally do not have the required financial and human resources to develop more culturally appropriate standards, not only for foster family care but for child and family services in general. While some organizations, notably the First Nations Congress and Squamish First Nation in British Columbia, West Region Child and Family Services in Manitoba and the Akwesasne First Nation, have taken significant steps in this direction, these efforts have been underfunded by government.



Another identified problem was the level of support services that foster parents received from service agencies. Inadequate respite and follow-up support services by social workers were frequently noted. While non-Aboriginal child and family service agencies were criticized more strongly for these deficiencies, it was an important issue for all service providers. For example, it was noted that the provision of respite services and special support services paid important dividends in foster care retention and the quality of care. In urban centres, specialized programs for Aboriginal foster care development and support were more successful than conventional agencies because of their particular focus on supporting culture and community among foster care providers.

A particularly important barrier to improved services for children was the lack of accessible ancillary support services such as child care and the limited availability of specialized services including medical care and therapy. This places increased pressure on child and family service agencies as well as foster parents and makes it more difficult to respond adequately to the special needs of many children.

The question of jurisdiction is related to some of the previous factors, but it was also specifically noted by several respondents. Jurisdictional control over child welfare services was advocated to address three issues. It was viewed as an essential component of self-government, as important in order to develop culturally-appropriate and community-based services, and as necessary in order to counter the ineffective and colonizing impacts of conventional child welfare services. These factors have contributed and continue to lead to high levels of mistrust between Aboriginal service providers and the mainstream system.

Several respondents argued that full jurisdictional control over child welfare services, including foster family care, was essential in advancing not only Aboriginal care for Aboriginal children but the ultimate health and well-being of Aboriginal families and communities. In these

cases, jurisdictional control was defined to include Aboriginal or community specific laws and standards as well as control over service delivery. Those who advocated full political control saw this as linked to the goal of "community responsibility for community problems"; they also emphasized that such efforts must be accompanied by a return to traditional values associated with collective responsibility for family and child welfare at the community level. Those advocating full political autonomy felt that without this service providers would continue to apply the values and standards of the dominant society because they would be working within provincial legislation and policy boundaries.

Other respondents felt that there was sufficient flexibility in existing legislation and standards within their jurisdiction, and they could develop culturally appropriate services to address many of the colonial features of the mainstream child welfare system. These respondents saw opportunities in using delegated status and more institutional control over services to develop culturally relevant services. One example of institutional control is the customary care program operated by Native Child and Family Services of Toronto. This agency has an agreement with the province to recruit, license, train and provide support services to Aboriginal foster parents and customary care providers. While the Ma Mawi Wi Chi Itata Centre operates a somewhat similar program in Winnipeg it has less autonomy because the licensing of its foster care resources remains in the hands of the conventional child welfare system.

It was also observed that political control over services does not automatically lead to high quality services as the public inquiry into the suicide of a teenager in the case of one First Nations agency in Manitoba has documented (Giesbrecht, 1992). In this regard, Wayne Christian, former Chief of Spallumcheen First Nation, notes that personality and politics can be a barrier to quality services at the community level, and community autonomy over services and standards carries an obligation that the rights and needs of children and families be placed above politics. This

observation was echoed by several other Aboriginal respondents, and examples of circumstances involving political interference and manipulation by local First Nations leadership which adversely affected the well-being of services to children and families were cited. Such problems should not be generalized to all communities nor should they be identified as a reason for opposing self-government and jurisdictional control. Simply put, self-government and jurisdictional control may be a necessary precondition for higher quality, culturally appropriate child and family services for Aboriginal communities; however, as elsewhere, it also must incorporate specific commitments to these priorities, and adopt policies designed to prevent political actions which interfere with meeting the needs and rights of children.

A somewhat different jurisdictional issue concerns the provision of services to First Nations members living off reserve. First Nations have consistently asserted their right and responsibility to provide services in these situations although there are significant practical barriers, including the federal government's refusal to provide funding for these services. In the area of foster family care First Nations agencies often recruit families who live off reserve and prefer to provide foster care for these agencies. However, this requires a staff presence, and service coordination and the provision of support services is often more difficult.

While the issue of jurisdictional control is complicated there is one inescapable conclusion. Aboriginal control over child welfare services as expressed through full community autonomy, delegated executive control over service delivery or institutional control over a specific program has been associated with a significant growth in the number of Aboriginal foster and customary care providers. It is evident in smaller First Nations like Spallumcheen and Restigouche, within the delegated status models in Manitoba, British Columbia and Nova Scotia, and in the institutionally sponsored programs in places like Toronto and Winnipeg.

**Table 1. Summary of Barriers Affecting Aboriginal Foster Family Care**

<u>Identified Barrier</u>	<u>Findings and Observations</u>
<p>A. <u>Systemic Barriers</u></p> <p>1. Lack of Jurisdictional Control</p>	<p>1.1 Essential for self-government, necessary for community-based, culturally appropriate services, and important to reverse effects of colonization.</p> <p>1.2 Must be accompanied by a return to traditional values and policies which guarantee services to meet the needs and rights of children and families.</p> <p>1.3 Jurisdictional control is associated with a significant growth in foster and customary care providers.</p>
<p>2. Funding Constraints</p>	<p>2.1 Necessary to consult and develop community-based, culturally appropriate standards.</p> <p>2.2 Necessary for outreach and program development in recruitment and foster care support.</p> <p>2.3 Lower rates paid to extended family care providers.</p>
<p>3. Recruitment and Retention Difficulties</p>	<p>3.1 Negative image of foster care and adoption in many communities.</p> <p>3.2 Impact of residential schools and other factors have adversely affected the capacity and parenting skills of many families.</p> <p>3.3 Significant numbers of children requiring care.</p> <p>3.4 Foster parent burnout.</p> <p>3.5 Inadequate physical resources, e.g., physical space.</p>

**Table 1. Summary of Barriers Affecting Aboriginal Foster Family Care (cont'd)**

<u>Identified Barrier</u>	<u>Findings and Observations</u>
4. Inadequate Support Services for Foster Parents	4.1 Lack of respite and follow-up support services. 4.2 Lack of ancillary support services such as child care and specialized services for many Aboriginal children.
5. Limitations in Training	5.1 Existing training programs often inaccessible to Aboriginal foster parents. 5.2 Many programs which have been developed are culturally inappropriate.
B. <u>Physical and Safety Standards</u>	
1. Inadequacy of accommodation	1.1 Sleeping arrangements and safety features most frequently identified problems. 1.2 Provincial licensing standards generally interpreted with some flexibility. 1.3 Small investments are sometimes made to meet safety requirements. 1.4 Expressed preference for criteria to be linked to "community standards".
2. Lack of Adequate Insurance Coverage	2.1 Not all Aboriginal foster parents receive blanket insurance coverage available to other provincially licensed homes. 2.2 Not all provinces provide adequate blanket insurance coverage for foster parents.
C. <u>Personal Suitability Standards</u>	
1. Procedural Issues	1.1 Formality of process, Criminal Code and Child Abuse Registry checks were impediments for some. Most supported retention of these procedures but flexibility in interpreting and applying results from Criminal Records check.

**Table 1. Summary of Barriers Affecting Aboriginal Foster Family Care (cont'd)**

<u>Identified Barrier</u>	<u>Findings and Observations</u>
	<p>1.2 Informal process of assessment, beginning with development of relationship recommended.</p> <p>1.3 Forms and manuals should be written in "plain English".</p>
<p>2. Lack of traditional cultural content in assessment</p>	<p>2.1 Importance of extended family, spirituality, language and family reunification.</p> <p>2.2 Permanency planning and bonding emphasizes family, community and cultural connections.</p> <p>2.3 Extended family placements must be adequately assessed and supported; placement contraindicated in some cases.</p> <p>2.4 Importance of community input through child and family service committees or other means.</p>
<p>3. Special needs of many children</p>	<p>3.1 Training programs for care providers often inaccessible.</p> <p>3.2 Specialist foster care programs and special rate homes developed by some jurisdictions with specific training inputs.</p>
<p>4. Age of Care Providers</p>	<p>4.1 Generally not a deterrent unless it adversely affected the health and capacity of caregivers to provide care and supervision.</p>

#### 4.3 A Summary of Selected Program Initiatives

There are several programs and initiatives which have focused on the recruitment and retention of Aboriginal foster parents, and many of these have been referred to in previous sections of this report. Selected programs and initiatives are described here in order to provide an indication of some of the current strategies which are emerging in practice. These initiatives are also summarized at the end of this section in Table 2.

##### 1. Customary Care in the Ontario Context

Ontario legislation provides for the placement of Aboriginal children in customary care and the use of this provision in the legislation is widespread. Native Child and Family Services of Toronto has a well-developed customary care program which includes recruitment, licensing, training and support services for Aboriginal care providers. Both customary care and foster care placements are provided, and customary care is defined to include informally arranged alternate care arrangements between relatives or friends, and formalized voluntary care arrangements which involved a trusted friend or extended family member as the care provider. Customary care arrangements accounted for 62% of the agency's placements in 1993/94 and approximately 23% of the care days provided. Informally arranged customary care agreements may not be eligible for child welfare funding in some circumstances because the child is not officially declared to be "in care". The provision of financial support in these circumstances is subject to the ability of the agency to use other sources of revenue for this purpose.

The customary care option is utilized extensively in the rural context as well. Here arrangements and the definition of what qualifies as customary care varies. For example, one First Nation proposed that the father be considered the customary care provider, and thus eligible for financial support. However, current policy prohibits birth family members from qualifying as customary care providers. While the customary care policy in Ontario is under review, current

practice in many areas is to interpret customary care as a semi-formal alternate care arrangement which normally does not involve licensing or close supervision and monitoring by a child caring agency. Such arrangements are normally restricted to voluntary placement arrangements, and payment schedules are to be based on rates established in the Family Benefits Act (welfare rates). Present policy remains somewhat controversial. The Ontario Council of Chiefs have demanded that they be able to define customary care relative to community standards and set the rates for payment. Children's Aid Societies, which are involved in many cases because they provide funding, remain concerned about the lack of licensing procedures and related questions of accountability.

The customary care policy in Ontario legislation does enable more informal arrangements at the community level, and the application of community standards. However, its use is currently restricted to voluntary placements, and the ambiguity surrounding licensing, payment schedules, the monitoring of placements and the availability of ongoing supports is important to clarify in utilizing this policy as a major method of intervention in Aboriginal child and family services.

## 2. Agencies With An Immediate Self-Governance Agenda

Spallumcheen First Nation is the only agency which operates outside child and family services legislation, and so is the only agency which exercises full community authority over child welfare procedures and standards. The evolution of Band authority is an interesting study in community development, and there are several innovative features about the way child welfare services are delivered. Of particular interest is the role of the Band Council in decision-making. Standards for foster home development are within the community's control yet difficulties in securing an adequate number of foster homes were acknowledged. Currently there are about 15 foster homes in this community of approximately 600, and these foster parents have established a



support group which meets monthly. In early 1994 foster parents were in the process of affiliating with the British Columbia Federation of Foster Parents in order to access training programs.

The MicMac First Nation of Restigouche, Quebec is in the process of negotiating what they hope will be a similar form of autonomy from the Quebec government. This is being pursued through the development of community specific youth protection legislation which would serve as the mandate for local service provision. While negotiations for autonomous legislation have not yet successfully concluded these actions are motivated by the desire to control their own destiny and the view that Quebec legislation is culturally inappropriate. This First Nation, populated by about 1600 on reserve residents, is more than 500 kilometres from the nearest regional authority for youth protection services. While delegated agency status under provincial legislation is an option, this is not the preferred choice. Current practices in foster family care involve assessment at the local level and official approval by provincial authorities. Foster family assessment is based on a medicine wheel framework rather than provincial guidelines, and their general service model will include a community tribunal for decision-making. Local legislation will be designed to substitute mediation for court processes and a communal approach to service provision. Currently, there is a shortage of foster homes, and it was suggested that more education to reinforce community responsibility is required to redress this imbalance.

### 3. First Nations Agencies Mandated Under Provincial Legislation

First Nations agencies in Manitoba, Mi'Kmaq Family and Children's Services of Nova Scotia, and Nuu-Chah-Nulth Community and Human Services in British Columbia represent examples of agencies with delegated authority for child and family services. Agencies in Manitoba have been providing services to First Nations communities for more than a decade, Mi'Kmaq Family and Children's Services of Nova Scotia has been a fully mandated child and

family service agency since 1990, and Nuu-Chah-Nulth Community and Human Services has had delegate agency status for approximately seven years.

These agencies have achieved considerable success in expanding the number of Aboriginal foster home providers even though agencies in all three provinces acknowledge difficulties in locating a sufficient number of homes. First Nations agencies in Manitoba have developed a significant number of Aboriginal foster homes in urban centres like Winnipeg as well.

For example, one agency reported that it had 91 homes in Winnipeg, most of which contained at least one Aboriginal care provider.

Several factors important to the development and retention of good quality foster homes were identified. These included the availability of staff who can develop special recruitment and orientation programs, personal contact with potential foster parents, adequate flexibility in applying accreditation standards, adequate respite services and regular ongoing support services to foster carers. In an evaluation of one agency's foster home program one of the most frequently mentioned factors affecting satisfaction levels was the responsiveness of agency staff to requests for special needs or assistance in resolving problems (McKenzie, 1994).

Three problems were raised by agencies in Manitoba. One was the growing number of special needs children, notably children who had been sexually abused or who had been diagnosed with fetal alcohol syndrome or effects. The need for more specialized resources for these children was identified, and one agency had developed its own therapeutic foster home program to respond to this need. A second problem was the general lack of culturally appropriate foster home training programs, and the resources to provide such training to foster parents. A third problem was the reduction in foster home payments imposed by the provincial government, and the related problem in securing approval to pay special rates for children with special needs.

#### 4. Agencies in the Process of Developing Delegated Authority

Three of the First Nations agencies included in this survey were in this category. In Alberta a customary care model based on a medicine wheel framework has been developed by Yellowhead Child and Family Services even though the program has not yet received requested funding. Particular concerns were raised about the move to professionalization in foster care and the privatization of services, including responsibility for case management in this province. This was described as contrary to the use of community-based and culturally-defined criteria in service provision which is the preferred approach in Aboriginal communities. In this policy environment the development of more autonomy over program development is seen as essential to the development of culturally appropriate services. While much remains to be accomplished this agency's customary care model, which has been developed with community and Elder input, appears to hold considerable promise for evolving a more culturally-appropriate approach to alternate care. It contains an assessment process adapted to cultural values, provides for community decision-making input, and incorporates a comprehensive approach to training. Of interest is the definition applied to customary care by this agency. While acknowledging the traditional definition of customary care as limited to informal and voluntary alternate care arrangements, customary care is now understood to include payment to the level of foster care rates as required. As noted by community Elders, customary care arrangements traditionally included the provision of informal supports which are often not present today. Financial support as payment for customary care does not invalidate the concept; it simply replaces those supports which were previously provided on an informal basis.

At Akwesasne First Nation, which encompasses portions of Ontario, Quebec and the State of New York, service delivery involves a variety of arrangements with different governments.

The child and family service agency has delegated status in Quebec, does no statutory work in New York, and is in the process of developing delegated status in Ontario. All preventive and non-legal services, including foster family care, are currently provided in Ontario. A model of customary care, based primarily on extended family placement, is followed, and service provision emphasizes mediation and voluntary placement wherever possible.

#### 5. Aboriginal Agencies Operating Under Purchase of Service Agreements

Three organizations included in the survey operated special foster or customary care programs under contractual arrangements with provincial governments or a designated agency. The program offered by Native Child and Family Services of Toronto has already been described. A similar program is offered by Metis Child and Family Services of Edmonton. Their program is very small and is limited to regular (as opposed to special rate) foster care placements. The agency does its own home studies, and stresses traditional values as a component of the assessment process. An orientation training program and ongoing support meetings for foster parents are provided. As a non-government agency it did not qualify for a 1994 increase of 5% paid to foster parents providing service within the provincial system. Barriers to the recruitment and retention of Aboriginal foster care identified by this agency respondent included limited funding, an inadequate training program for foster parents, limitations in the number of potential families who are able to foster, and a failure on the part of the social service bureaucracy to involve foster parents as meaningful partners in meeting the needs of children in their care. The latter observation is particularly important. Too often foster parents are accorded rather marginal status as service providers, and this is reflected in the degree to which they are consulted and involved in the decision-making process. A more participatory framework which involves both consumers and care providers is evident in the mental health field, and child and family service

agencies should examine the service models and policies in this field in considering the need for more meaningful partnership and participation.

The Ma Mawi Wi Chi Itata Centre in Winnipeg operates both a short term and long term foster care program for Aboriginal children who are placed by Winnipeg Child and Family Services. While all home studies and support services to foster parents are provided by the agency, the authority to license homes remains with the non-Aboriginal child and family services agency serving the City of Winnipeg. There are more than 25 foster homes in the program, and as 80% of the placements involve special needs children, special training and careful matching are required. Assessment protocols pay careful attention to the background and spirituality of foster parents, and wherever possible language is considered in the matching process. This program has been instrumental in enabling a significant number of Aboriginal children in Winnipeg to be placed with Aboriginal caregivers. However, the majority of Aboriginal children taken into care by the Winnipeg Child and Family Service system are placed outside their culture, and a much more coordinated effort is required to recruit and retain more Aboriginal foster parents. Three additional shortcomings were noted: (1) while existing standards related to health and safety concerns are acceptable, more culturally appropriate standards to guide the assessment process need to be developed; (2) more support services to Aboriginal foster families and their children as necessary; and (3) more funding, including an increase in payments to foster parents, is required.

#### 6. The British Columbia Initiative

A more collective strategy to Aboriginal child and family service issues has begun to emerge in British Columbia. A provincial First Nations Family and Child Workers Society of approximately 115 members was recently formed, and this Society has been instrumental in focusing attention on a service agenda in this field. In cooperation with this society a provincial

conference, organized to examine the barriers to Aboriginal fostering, was held in October, 1994. A series of recommendations emerged from this conference which, if implemented, may have a positive systemic effect on the recruitment and retention of Aboriginal resources.

Among the many recommendations were the following strategies:

- 1) formation of a Native Foster Parents Association;
- 2) the provision of special resources to Aboriginal agencies to enable better recruitment;
- 3) increased opportunities for training;
- 4) implementation of culturally sensitive home studies based on community standards;
- 5) the development of support groups for Native foster parents;
- 6) more support for non-Aboriginal homes with Aboriginal children; and
- 7) the creation of protocols between First Nations and government regarding the development of resources.

**Table 2. Summary of Selected Program Initiatives**

<u>Category</u>	<u>Findings and Observations</u>
1. Customary Care	<p>1.1 Present only in Ontario legislation where it is widely used. Undefined in legislation but defined operationally to include informally arranged substitute care arrangements and formalized voluntary care arrangements with friends or extended family. Identified problems include questions regarding the formality of assessment and monitoring procedures and rates of pay.</p> <p>1.2 While not identified as customary care in British Columbia's new legislation, provision is made for a similar placement practice.</p> <p>1.3 Customary care is recognized in practice elsewhere where it is described as extended family care. This is reflected in placement priorities which begin with the extended family as the first preferred placement option for children taken into care.</p>
2. Self-Governing Agencies [includes Spallumcheen First Nation (BC) and MicMac First Nation of Restigouche, Quebec	<p>2.1 Spallumcheen First Nation is only agency operating fully outside child and family legislation. Standards for foster home development reside entirely with community yet difficulties remain in securing an adequate number of foster homes. Reported reduction in number of children requiring out of home care since achieving community control.</p> <p>2.2 MicMac First Nation (Restigouche, Quebec) is developing community specific youth protection legislation and aspires to community control comparable to Spallumcheen First Nation. Foster homes are assessed utilizing a medicine wheel framework and officially approved by provincial authorities.</p>

**Table 2. Summary of Selected Program Initiatives (cont'd)**

<u>Category</u>	<u>Findings and Observations</u>
<p>3. First Nations Agencies with Delegated Authority [includes First Nations in Manitoba, Mi'Kmaq Family &amp; Children's Services (Nova Scotia) and Nuu-Chah-Nulth Community &amp; Human Services (BC)]</p>	<p>3.1 Report considerable success in expanding the number of Aboriginal foster homes despite acknowledged shortages.</p> <p>3.2 Specialized staff focusing on recruitment, adequate respite and responsive support services enhance success.</p> <p>3.3 Identified problems include growing numbers of special needs children requiring placement, lack of culturally-appropriate training programs and reduced foster home payments in some jurisdictions (notably Manitoba).</p>
<p>4. First Nations Agencies in the Process of Developing Delegated Authority</p>	<p>4.1 Yellowhead Child and Family Services (Alberta) has developed customary care model based on medicine wheel framework. Incorporates culturally-based assessment, community decision-making input, and training.</p> <p>4.2 Identified problems include move to professionalization of foster care and privatization of services.</p> <p>4.3 Akwesasne First Nation utilizes a model of customary care, based primarily on extended family placement.</p>
<p>5. Aboriginal Agencies with Purchase of Service Agreements program</p>	<p>5.1 Native Child &amp; Family Services of Toronto has a well developed customary care with standards and a training program called "The Caring Circle".</p> <p>5.2 Metis Child &amp; Family Services (Edmonton) operates a small regular rate foster home program with orientation training and an ongoing support group for foster parents. Barriers to recruitment and retention of foster parents include limited funding, inadequate training and the failure of the social service bureaucracy to develop partnership working relationships with foster parents.</p>



**Table 2. Summary of Selected Program Initiatives (cont'd)**

<u>Category</u>	<u>Findings and Observations</u>
6. Initiatives in British Columbia	<p>5.3 Ma Mawi Wi Chi Itata Centre (Winnipeg) provides short and long term foster care services under contract with Winnipeg Child &amp; Family Services. Special needs children are placed and special training is provided. Identified limitations include the need for culturally appropriate assessment standards, limited funding and the need for additional support services for foster families.</p> <p>6.1 Formation of First Nations Family and Child Workers Society and a 1994 Conference to focus efforts on the recruitment and retention of Aboriginal foster parents.</p>
	<p>6.2 Recommendations include the formation of a Native Foster Parents Association, the development of support groups for foster parents, special resources to enable recruitment, more support for non-Aboriginal homes with Aboriginal children, and the implementation of culturally sensitive home studies.</p>

## **5. Discussion and Conclusion**

### **5.1 Standards for Foster Family Accreditation**

Foster family accreditation standards and the related procedural standards outlined in provincial child welfare policies are not culturally consistent with traditional Aboriginal values, customs and practice. However, it is a widely accepted practice, particularly in jurisdictions where Aboriginal service providers are conducting these studies, to apply general standards with a degree of flexibility and common sense, keeping in mind the general abilities of foster parents to provide good quality care. Moreover, these recommendations are generally accepted by licensing authorities external to the Aboriginal agency wherever these authorities are involved. Despite this general observation, there was some evidence of resistance in some provinces, and it was a common observation that non-Aboriginal agencies were generally not sufficiently proactive in seeking out Aboriginal families who could provide quality alternate care.

Physical standards concerning the home, and related safety features were most frequently identified as barriers, and these were often inconsistent with community and cultural standards. However, these were generally interpreted with some flexibility as appropriate to the circumstances. Age was not identified as a major barrier, although insurance costs were more of a barrier in some jurisdictions. Blanket coverage to all licensed homes, including legal aid services in the event of allegations of abuse as provided in Manitoba, should be considered as an option to eliminate this impediment.

Standards as guidelines to practice in foster family care were regarded as very important, although there were different views on what the nature of these standards should be and who should control them. In addition to setting out the criteria for establishing the quality of a given resource, they can set out the reciprocal responsibilities of the foster parent and the Agency social worker. Standards are particularly important given general concerns about abuse and the quality

of care provided in some foster homes throughout the child welfare system, and any effort to minimize the importance of these should be resisted.

There has been some effort to adapt general standards in foster family care to make these more culturally appropriate. New foster family care standards developed by the Child Welfare League of America outline placement and service standards which are designed to be consistent with the American Indian Child Welfare Act. Draft national guidelines developed by the Canadian Foster Family Association include placement criteria which highlights the importance of cultural and spiritual identity. Legislation in Ontario enables the use of customary care, and placement policies for Aboriginal children in care in many jurisdictions stress extended family and in-culture resources in placement selection. While these developments are encouraging, they do not fully incorporate culturally appropriate criteria as a basis for assessing alternate care resources. Respondents were generally in agreement that assessment processes needed to include more culturally appropriate criteria such as consideration of language, cultural practices concerning lifestyle and child rearing, traditional spirituality, and family relationships. As well the physical standards used in assessing foster homes needs to be considered in relation to community standards. Finally, the application of standards in the assessment of foster care resources needs to occur within a context which recognizes an Aboriginal-specific approach to child welfare practice, including a more holistic world view stressing cultural bonding and community control. In fact several Aboriginal agencies have incorporated more culturally appropriate criteria and models within their assessment process, and some also provide for community input as a component of the assessment process. Several Aboriginal agencies, including Nuu-Chah-Nulth Community and Human Services, noted that many of these standards were evolving even if they had not been codified in all cases. When foster care standards are defined in this more holistic fashion, it becomes quite clear that conventional child welfare agencies are less likely to apply

culturally appropriate standards and procedures in foster family care. Generally, these agencies have few Aboriginal staff, cross-cultural training is limited and specific attention to the development of culturally appropriate standards of service is absent. It is important to recognize that culture in this context is not simply a recognition of "diversity". Culture is important because it builds and reinforces identity, self-esteem and responsibility in individuals, families and communities. It is a means of empowering children and it is therefore an essential component of all phases of the fostering process: at assessment, when training and in the provision of ongoing support services to the family unit.

Two general strategies are possible in facilitating more extensive development of culturally appropriate foster care standards. One would involve the specification and inclusion of cultural criteria as general standards to be developed by central authorities such as provincial governments, a national organization (e.g., Child Welfare League of Canada or Canadian Foster Family Association), or Aboriginal authorities at the provincial, national or Aboriginal nation level. A second strategy is to encourage the development of such standards using a bottom-up approach which begins at the level of each community.

There are several factors which limit the application of a more centralized approach. These include the diversity in different Aboriginal communities, a traditional preference for community-based approaches, the right to community autonomy which is asserted as an attribute of self-government, a mistrust of more centralized approaches, and the missed opportunities for mutual learning and empowerment at the community level inherent in a more centralized strategy.

On the other hand, an approach which fully decentralizes this responsibility is quite inefficient and impractical. If this approach is adopted, the response pattern by communities is likely to be quite varied. Whereas some Aboriginal communities may be able to use such opportunities effectively in developing culturally appropriate guides to practice, others may neglect the issue or simply

adopt existing standards without critically examining their relevance to their community and cultural reality. Moreover, Aboriginal people in an urban, multicultural context are faced with the general problem of establishing an "identifiable community."

A strategy which combines some of the features of a community-based and more centralized approach to standards development, both in relation to Aboriginal child and family services and foster family accreditation, is preferable. Changes to legislation and policy can significantly influence practice, and the development of general definitions, protocols and guidelines which leave room for greater specificity and interpretation at the community level can be helpful. Several examples may help to illustrate. Child and Family Service legislation in Ontario contains a provision which enables customary care in Aboriginal communities, and permits Aboriginal child and family service agencies to apply for exemptions from selected sections of the Child and Family Services Act. New legislation in British Columbia incorporates a cooperative dispute resolution process which is more consistent with traditional Aboriginal values, and there is provision for mediation in the Children and Family Services Act (1990) of Nova Scotia. And the First Nations Congress in British Columbia has provided a general outline of Aboriginal child and family services standards as a result of a community consultation process which concluded in 1992. These developments and more opportunity to share the results of these initiatives on a national scale need to be encouraged. However, standards and practices which emerge from these actions can only provide a general framework for what is ultimately required - more community and tribally-based specification of standards and models for practice. This is beginning to occur but it is likely to be further encouraged if general policies explicitly encourage the evolution of community-based standards, and adequate resources are provided both for the development of standards and culturally appropriate practice models. This requires a renewed emphasis on participatory research and bottom-up policy development. As previously

noted, this is essential not only because it will produce outcomes which respect the diversity among communities and cultures but because it provides support for community learning for social development.

Funding could be provided in two ways: new funds designed specifically for standards and program development can be provided and/or increased flexibility can be facilitated by the way funding is currently allocated to Aboriginal child and family service agencies. Two requirements are important. First, service issues and standards affecting families and children must be placed above local politics and personalities. Second, agencies must be in a position to devote some time and human resources to the non-crisis oriented tasks inherent in these processes. While this is difficult, it is not impossible. Several communities and Tribal Councils serve as examples, including Kahnawake, West Region Child and Family Services in Manitoba and the Squamish Nation in British Columbia. Such initiatives need not be restricted to rural-based First Nations communities. As demonstrated by Native Child and Family Services of Toronto urban-based options are possible, even if these developments are likely to remain more dependent on the Aboriginal institutions operating within these centres.

Three substantive issues are particularly important to address in developing culturally appropriate foster care standards. First, legislation, policy and services essential to supporting kinship care need to be given special attention. Second, the development of special skills among foster carers to deal with the growing number of children with special needs, including who have been sexually victimized or have fetal alcohol syndrome or effects must be addressed. Third, the need to support connections with family, community and culture in cross-cultural placements must be addressed because such placements currently exist and will remain a reality, at least for some Aboriginal children, in the foreseeable future.

## 5.2 Overcoming Other Barriers to Aboriginal Foster Family Care

More culturally appropriate placements depend on the development of more Aboriginal resources, and four barriers that transcend the issue of standards were identified. These include the need for specific funding for program development in foster family care, the need for training, the lack of jurisdictional control, and the need for healing within the Aboriginal community. The need for healing within the Aboriginal community, and the acceptance of increased community responsibility for the welfare of children is a long term goal that is dependant on a variety of factors, including strong commitment to this goal from the political leadership in Aboriginal communities. It is important to recognize that healing must be defined from a more holistic Aboriginal context rather than any narrow therapeutic context. The holistic context of healing emphasizes the resilience of Aboriginal people and their ability to utilize self-help and cultural traditions as a framework for both addressing problems and supporting future social development.

As well, there is a political and economic dimension to healing which requires actions to redress injustices resulting from economic colonialism and cultural devaluation. Such actions include self-government, strategies for economic self-sufficiency and institutional control over policies and services affecting Aboriginal communities.

Training issues are very important in foster family care, both in relation to agency staff and foster families. But the need for accessible, culturally appropriate training for foster parents is particularly critical. This has been a generally neglected aspect of Aboriginal foster care development. It is a key ingredient in developing culturally appropriate responses to alternate care, and it is important in providing necessary support to foster parents in increasing retention. In addition, it is an essential requirement for skill development in enabling therapeutic or specialist foster families to provide more specialized treatment and support services required by children with special needs. Resources for children with special needs are critically needed in several

jurisdictions, and this is likely to increase, at least in the short term, as child and family services to Aboriginal communities are expanded. Without more attention to the special services needed once children come into care, placement services are unlikely to be sufficient to compensate for early childhood trauma or special needs.

Several approaches to training are being developed. Native Child and Family Services of Toronto has a well developed training program for their customary care providers. Training is an integrated component of the therapeutic foster home program launched by West Region Child and Family Services, and a medicine wheel approach to assessment and training in foster family care has been developed in at least two First Nations communities in Canada. A provincially coordinated strategy is recommended in British Columbia. A national or regional institute for training in Aboriginal child and family services might be able to make a significant contribution in this area, and the National Indian Child Welfare Association in the United States may be one model to examine. Another option is to encourage the development of a more coordinated approach to training within provinces. It is evident that some organizations have demonstrated leadership in this area, and special support for these initiatives, including assistance in the dissemination of these materials to other agencies should be supported.

Jurisdictional control of child and family services is directly related to the development of Aboriginal foster family providers. Full community control enables more autonomy in developing these and other services, and it was associated with a decline in the number of children coming into care within the Spallumcheen First Nation. However, a shortage of foster parents was identified here as in other jurisdictions, and there is no convincing evidence that any particular form of jurisdictional control is necessarily more effective in promoting the development of Aboriginal foster care. For example, the number of Aboriginal foster parents has increased rather dramatically under a delegated tripartite arrangement in Manitoba, and both the Ma Mawi



Wi Chi Itata Centre in Winnipeg and Native Child and Family Services of Toronto have been successful in the recruitment and retention of Aboriginal caregivers when given institutional control over these programs.

It may be a mistake to assume that jurisdictional control always results to the development of more Aboriginal resources or that these are always culturally appropriate; however, Aboriginal agencies are clearly more effective in doing this than conventional agencies. Foster care recruitment, training and development for Aboriginal children is best done by Aboriginal agencies with a considerable degree of authority for the program they will develop. In the urban context a greater degree of control over support and follow-up services appears to be important. This level of control was evident in the Toronto based program which appeared to be operating quite successfully. It was not present to the same degree in the program operated by Metis Child and Family Services of Edmonton where more difficulties were reported.

A special training issue involves extended family care arrangements. In some cases these arrangements may develop as an extension of traditional informally arranged customary care provisions. If the child being placed has no special needs, training requirements may not be extensive. Consideration of the particular needs of the child or kinship care provider require more specialized training inputs, and the training requirements and demands of kinship providers need to be carefully considered in supporting extended family care within Aboriginal communities.

The issue of funding for program development, including training, has been discussed in the previous section. Two additional funding issues are important to note. One is the general level of payment to foster families, and the need for payment levels which more closely resemble actual costs. A second is the differential payment levels provided to extended family members in some jurisdictions. It is quite clear that lower foster care payment schedules for extended family providers which are imposed from outside Aboriginal communities, as is the case in Manitoba, are

discriminatory because they undervalue the culturally appropriate placement practice of extended family care.

### 5.3 The Customary Care Option

The extension of customary care arrangements has been suggested as one model which can resurrect and strengthen traditional social organization, values and practices in Aboriginal communities. Customary care is defined as a generally voluntary arrangement between birth parents and alternate care providers whereby temporary or permanent guardianship is granted to the alternate care provider. Alternate care providers are usually friends or extended family members, and continuing birth parent contact with the child is generally encouraged. In customary care arrangements the parents, as well as agency staff, may participate in screening the substitute parents. These arrangements are intended to be voluntary; thus, they avoid the adversarial nature of the judicial process and encourage earlier referrals on the part of parents who may be unable to provide adequate care for their children. While customary care is not generally recognized in law, it is included in Ontario's Child and Family Services Act, and it is widely used in that province. As well, new child and family services legislation in British Columbia (Child, Family and Community Service Act, 1994) contains a provision which allows for direct placement with relatives or others, and financial payment for such placements. While this provision (Section 8) does not refer explicitly to customary care it would appear that it could be used to establish informal or semi-formal placement arrangements like those possible under Ontario legislation.

In fact, customary care is frequently identified as a more widespread feature of Aboriginal child and family services practice. It is regarded as a major component of the child placement program in some Alberta First Nations, and custom adoption is common in many communities, including the Seabird Island Band (Nordlund, 1993). Moreover, placement priorities beginning

with the extended family, have been adopted as policy by most Aboriginal child and family services agencies, and voluntary placement agreements are commonly used to enable an in-care arrangement. In many First Nations, community committees are used to assist in selecting substitute care providers, a family group conference is used a part of the case planning process by Nuu-Chah-Nulth Community and Human Services, and some of the respondents in this study indicated their agencies were developing community methods of mediation.

Respondents to this study offered a variety of interpretations of customary care. Some of these follow.

1. Customary care involves placement with extended family members, friends and community members. This arrangement is formalized by a child and family service agency, the customary care providers are assessed and approved, much like a foster home, and they are paid according to foster care rates. This is sometimes referred to as extended family care.
2. Customary care involves informal arrangements for alternate care between birth parents and substitute caregivers, usually friends or family. No child welfare authority is involved and "foster care" payments are not provided. This is a more strict, traditional interpretation of customary care, and those who defined customary care in this fashion regarded it as an impractical solution to the larger, more general child welfare placement needs in Aboriginal communities today.
3. Customary care includes voluntary arrangements for alternate care which may involve informal placement without agency or third party participation in any way, formal intervention and placement by a child placing agency or a semi-formal agreement between parent and alternate care provider. Payment protocols vary but where a voluntary placement occurs subject to agency sanction, payment

subsidies may be set at "welfare rate" schedules or higher. A formal or semi-formal approach to customary care is common in Ontario, although the undefined nature of customary care has led to a variety of interpretations and arguments about payment. The government's general policy is to regard customary care providers as subject to less rigorous assessment and approval procedures than foster parents and to expect more limited accountability for the quality of care provided. This is the rationale provided for setting general payment schedules at the level of welfare rates rather than foster care rates.

The variety of definitions of customary care lead to quite different views on policy implementation. The customary care provision in Ontario's legislation is deliberately vague in defining it only as care "according to the custom of the child's band or native community." Many would prefer it this way, and would agree that community customs and standards should be used to determine its specific application. However, other aspects of Ontario's policy on customary care set more restrictive limits. For example, general payment schedules are based on welfare rates; it is confined to voluntary placements; and more limited approval and monitoring processes can be used in confirming these arrangements. In practice, a variety of approaches appear to be used both in relation to approving placements and establishing rates of payment.

Four specific questions concerning the implementation of customary care on a more general basis are identified:

- Should customary care be confined to voluntary arrangements where parents are involved in the selection process?
- What approach should be taken to payment?
- What is the appropriate role of child and family service agencies in assessing, approving, monitoring and providing other services to customary care providers?

- Is the expansion of customary care likely to improve the health and well-being of Aboriginal children and strengthen cultural and family networks within Aboriginal communities?

A policy which supports customary care should emphasize the voluntary nature of these arrangements and the role of the child's parent(s) in specifying an appropriate substitute care provider as much as possible. This would clearly eliminate those involuntary placement decisions made by child and family service agencies where the parent disagrees with the need for placement. It was generally agreed that a policy on customary care today could include an agency or community committee role in arranging customary care agreements, at least in some situations. An agency or committee may be involved in facilitating an agreement between the parties or between the parent and the agency, approving the placement resource, as required, and extending services, including financial resources, as required. The degree of agency or committee involvement may vary with the level of identified risk for the child. For example, if customary care arrangements are pursued where a child is not at risk or in immediate need of protection services, the role would be limited to an enabling one. In these situations the agency may assist the parties in establishing a mutually acceptable agreement for care, resolve any issues around minimum standards and ensure adequate resources are available for meeting the ongoing maintenance needs of the child. If customary care with acquaintances or extended family members is the placement of choice for a child at risk, the agency's role is likely to be more extensive. They would establish a voluntary agreement which outlines respective responsibilities of the parent, substitute parent and agency; they would complete a culturally appropriate home study and approve customary care providers; and they would extend a full range of follow-up services, including respite services, monitoring and payment at established foster family rate schedules. Such a policy would integrate the traditional pattern of customary care as an informal

procedure with the more formalized, but still voluntary processes, undertaken by agencies where priority is given to placements with extended family members and maximum participation by the birth parent(s).

The specific issue of payment for customary care, often provided by extended family members, is a matter of some debate. Even at the community level some feel that such payments have destroyed the willingness of family members to assume informal helping roles which are a traditionally accepted responsibility of the clan system. However, Elders involved in the development of one foster family care program have noted that informal supports, often provided in the past, are not as accessible today and these have been replaced by more formalized methods. They have argued that the provision of financial compensation, as needed, to support the maintenance and care of children does not negate the fundamental principles of customary care. While agency payment is not always provided in customary care, when it does occur two levels appear to be common: welfare rates and foster care rates. In cases where protection concerns are absent, arrangements are primarily informal and the agency has no residual legal responsibility, maintenance subsidies based on welfare rates may be acceptable. Where agency involvement is more extensive and customary care includes the general rights and responsibilities associated with foster family care, payment schedules at foster care rates are justified. This principle is consistent with recommendations by the Child Welfare League of America (1994) in their review of policy and practice issues in kinship care. While the specific determination of lower rates of payment should perhaps be subject to some discretion at the community or tribal level, policies like those adopted by the Government of Manitoba which impose lower rates for some kinship care providers should be strongly rejected. If the responsibilities and expectations of extended family members are similar to those of foster

parents, then they should be compensated accordingly, and be eligible for any additional required family or child centred services.

As this discussion makes clear, a customary care policy which is narrowly defined is unlikely to have a significant impact on child welfare placement patterns for Aboriginal children. However, a more broadly conceived policy which supports customary care provisions in all informal and voluntary placement arrangements may be helpful in consolidating traditional customs and some of the contemporary practices related to extended family care which have already been developed by several Aboriginal child and family service agencies.

Legislation and policy which advances the practice of customary care may be even more helpful if it involves some additional, related changes. These include, but are not restricted to, the following suggestions.

- Alternate forms of guardianship arrangements which retain some aspects of parental rights and responsibilities, even in long term customary care or foster care arrangements, should be considered.
- There should be provision for longer term voluntary placement agreements, if required, in circumstances where long term placement with a customary care provider is a viable and desired permanency plan.
- Custom adoption, with legal rights and obligations should be accepted.
- More provision should be made for subsidies and future services which may be required in cases where adoption or long term customary care agreements are developed to ensure stability and continuity for a child and his/her alternate parents.
- Legislation should provide for cooperative planning, dispute resolution and mediation in developing agreements for customary and alternate care. For

example, new child welfare legislation in British Columbia contains sections which outline procedures for cooperative planning and dispute resolution, and these include mediation and the organization of a family group conference modeled on principles established in New Zealand's legislation.

#### 5.4 Addressing Systemic Issues

The development of more Aboriginal foster and customary care programs is, at best, a limited response to the general problem which has been identified. More Aboriginal children require alternate care because of parenting problems originating with residential schools, other forms of oppression, including loss of culture, and poverty. Economic self-sufficiency, cultural sovereignty and individual group and community healing are essential elements in altering this pattern and these require long term commitment. Health and social development programs have a role to play both in relation to the specific services that are provided, and the manner in which those services are provided. That is, services may be provided in ways which create or reinforce dependency, or they may encourage empowerment of reinforcing strengths in individuals, families, communities and cultures.

The need for healing within families, including extended family networks and some foster parents, was frequently stressed, and the connection between healing and political and economic self-sufficiency within a social justice framework has been noted earlier in this report. Caring for Aboriginal children also involves caring for parents, and in many cases supporting and repairing the capacities of many families within communities to provide alternate care. This is a significant issue because it means that services must be directed at more work with these families, and resources must be available to enable such services. Foster care burnout is caused by inadequate support and helping services, and it is a general problem in all foster care programs.



It is a special need if families require additional support and training in order to cope with special stresses of providing alternate care within an extended family network or if there are parenting problems they may have experienced within their own family systems.

The expansion of customary care and foster family resources within communities and Aboriginal cultures is consistent with the goal of empowerment in that it is directly connected to the exercise of community and cultural responsibility for children in need. But more Aboriginal customary and foster family care must also be linked to other community goals if it is to have a significant, long term effect on the quality of care provided to children. In some cases children have experienced serious trauma or have special needs that must be effectively addressed by foster parents and other service providers. In other cases these efforts must be connected to other community strategies aimed at prevention and healing from alcoholism, family violence and sexual abuse. Community intervention and healing circles like those developed at Alkali Lake and Hollow Water provide one model. Another model has been developed at West Region Child and Family Services where a Treatment Support Unit has been created within a child and family services agency. Community-based services which focus on prevention as well as group healing have enabled several successful family reunifications and promoted the utilization of agency services to deal with a much broader range of problems than the placement of abused or neglected children. It is also significant that these and other programs developed by the Agency to provide support and reunification services to families have begun to reduce the number of children requiring out of home care from these communities.

The development of culturally appropriate placements for children in care is very important, and it is particularly critical for those children with special needs. But solutions to the child welfare problems in Aboriginal communities must not be confined to the development of culturally appropriate placement options. A balanced approach which also recognizes the need

for community development, family preservation and family reunification is required. Insufficient attention has been addressed to family support and reunification services, and this imbalance needs to be corrected.

A number of key factors in the development of family preservation programs were earlier identified. These include community education, service coordination, long term resource commitments and staff training. It is also important to note that customary and community-based foster care can encourage these developments if these connections are used to reinforce and support birth family responsibility for parenting.

Several general issues must be addressed in order to facilitate a balanced program focus on customary care and family preservation. Three of those are identified here. First, program development and service delivery must be controlled by Aboriginal people working within their own organizations. Jurisdiction control has been earlier identified as important to the development of culturally appropriate standards and more Aboriginal foster care providers. It should be self evident that culturally-appropriate services involving revitalization of traditional cultural practices, and the integration of these with contemporary service approaches and models depends on Aboriginal control over these processes. Aboriginal control over program development does not automatically guarantee success. For example, it has been argued that community control must place the needs of children and families above individual and local political considerations if such control is to have a meaningful impact on community health. But as previously noted, Aboriginally controlled agencies have been more successful than other agencies in expanding the number of Aboriginal foster family providers. Thus, jurisdictional control is important both because it reinforces principles which can be morally defended and because it is associated with better results.

Second, funding for new and different forms of program development must be provided. The entry of Aboriginal agencies and organizations to the field of child and family services is relatively recent. None have the history and experience in service provision that non-Aboriginal conventional agencies have nor have they had the sufficient opportunity to develop and try new program alternatives in their communities. If the needs of children in Aboriginal communities are to be more effectively met, these will depend on the availability of sufficient opportunities for innovative program development and experimentation. The ability to access funding identified for program development, or global funding arrangements which allow more local flexibility in how funds are utilized can help to address this problem.

Third, enabling legislation and institutional supports external to Aboriginal communities can facilitate these developments. Institutional supports include professional education and training programs for staff and special resources for the development of culturally appropriate customary and foster training approaches. Examples of relevant legislative changes include some of the provisions contained in Ontario and British Columbia child and family services legislation. The development of a First Nations Family and Child Workers Society in British Columbia, and WUNKSA, the Aboriginal Social Work Education network, are examples of supportive networks which may help facilitate further developments in this field.

## 5.5 Conclusion

Culturally-appropriate foster care accreditation standards and strategies for Aboriginal foster care development, including an increased emphasis on customary care, are important in reducing the need for cross-cultural placements, particularly in those communities not currently served by Aboriginal child and family service agencies. Foster care accreditation standards are

currently determined by provincial regulations, and changes to these standards need not be a time consuming or costly process. Legislative changes which incorporate customary care at the provincial level or lead to Aboriginal specific legislation or Codes of Standards are likely to take more time and effort. New resources to encourage the development of more Aboriginal foster care providers may be difficult to access for obvious reasons. However, they are required, and these efforts must be integrated with a broader range of strategies designed to support and heal Aboriginal families and communities. One critical element is the development of a range of services which focuses on family preservation and reunification. In many cases these services will need to support other related strategies designed to respond to problems associated with poverty, poor parenting skills, alcohol abuse and family violence. As well, these issues must be addressed at the community level and not simply with individuals or families. Many agencies already recognize this, and some have begun to develop new and creative approaches to intervention. More comprehensive responses depend on enabling the extension and adaptation of these new service models to more communities, resourcing them adequately and assisting communities to evaluate their effectiveness over time.

The policy directions specific to culturally appropriate care for Aboriginal children which emerge from this study are summarized in the following recommendations:

1. Jurisdictional control under a variety of arrangements consistent with the goal of self-government is important to the goal of culturally-appropriate care because it reinforces the goal of community empowerment and enables communities to establish their own policies and programs which support this goal. This is particularly important in urban and non-reserve communities because jurisdictional control is weakest in those communities.

2. Explicit provision in legislation, policy and standards for customary and extended family care can encourage the extension of these models of care to more communities. Blanket insurance coverage should be provided without charge to all foster parents to cover third party liability and damages caused by foster children. As well, increased attention to outreach in the recruitment of foster family providers is required. These developments must be matched by flexibility in funding and policy arrangements to allow application of voluntary agreements to a variety of arrangements where these are justified by the needs of the child and family. Externally imposed payment schedules for extended foster family care which are lower than general foster care rates should be eliminated, and the option to establish differential payment schedules should rest with the Aboriginal political authority or agency with specific jurisdiction for service delivery.

3. The use of extended, customary and other foster care must be supported by culturally appropriate standards and assessment processes which specify both minimum expectations for placement approval and more idealized goals for the care of children within a traditional cultural framework. Traditional values associated with the definition of family and methods of providing service influence the way services can be offered to strengthen identity and change existing patterns of behavior in communities. Minimum standards reflect the growing realization that abuse and poor quality care can occur within alternate care arrangements and that there is a need to protect children in care from these situations. The development of culturally-appropriate standards must be based on a community-based strategy in order to incorporate community diversity and reinforce community ownership and responsibility for implementation.

4. Increased attention to the development and provision of training programs for extended and foster family providers is required. These programs must incorporate relevant cultural content along with information on parenting, attachment and the special needs of children taken into care. Special content concerning the particular needs of extended family care providers, and dealing with sexual abuse and FAS/FAE is important.

5. Services to children must include the recognition of connections to birth and extended families. The availability of therapeutic services, parenting programs, child care programs, and holistic methods of intervention at the community level are essential.

6. The goal of family preservation and reunification must be supported by increased family-based services and community healing and prevention. This requires a service orientation in child welfare which places less emphasis on adversarial services related to investigation and apprehension and more emphasis on early intervention, support, and the provision of both concrete and treatment oriented services.

7. Increased financial support for new programs, the evaluation of results and the dissemination of information within Aboriginal communities and among Aboriginal service providers is essential in encouraging the development of effective, culturally appropriate service models to meet the needs of Aboriginal families and children. To be effective, planning and evaluation must occur within a participatory framework which involves community residents, service providers and senior policy and program decision makers.

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APPENDIX A  
Statement of Work

APPENDIX B  
Organizational Respondents to Survey

Organizational Respondents

1. Native Child and Family Services of Toronto
2. Ma Mawi Wi Chi Itata Centre, Inc., Winnipeg
3. Metis Child and Family Services, Edmonton
4. Inuit Women's Organization
5. Southeast Child and Family Services, Manitoba
6. West Region Child and Family Services, Manitoba
7. Dakota Ojibway Child and Family Services, Manitoba
8. Awasis Child and Family Services, Manitoba
9. Winnipeg Child and Family Services
10. Yellowhead Child and Family Services, Alberta
11. Nuu-Chah-Nulth Community and Human Services, British Columbia
12. Akwesasne Child and Family Services, Ontario
13. MicMac First Nation, Restigouche, Quebec
14. First Nations Family and Child Workers' Society, British Columbia
15. Mi'Kmaq Family and Children's Services of Nova Scotia
16. Former Chief, Spallumcheen First Nation
17. Kahnawake Shakotiia'Takehnhas Community Services, Quebec
18. National Indian Child Welfare Association, United States
19. Child Welfare League of America, United States
20. Ontario Ministry of Community and Social Services
21. Manitoba Ministry of Family Services
22. British Columbia Ministry of Social Services
23. Northwest Training Centre, University of Washington, United States
24. Alberta Ministry of Family and Social Services
25. Canadian Council on Social Development
26. Canadian Foster Family Association
27. Nak Nu We Sha (Yakima Indian Nation), United States
28. Child Welfare League of Canada