

**ABORIGINAL CHILD WELFARE PREVENTION
PRACTICES PROJECT**

Executive Summary

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INTRODUCTION

This project resulted from the government of Ontario's recent commitment to reshape social services to meet the needs of all children and families. It builds on several initiatives and policy reports: "Making Services Work for People"; "Reinvestment Strategy for Children and Youth", and the review of the Aboriginal child welfare system.

The project is an inquiry into the state of the art of prevention and support practices in rural and urban Aboriginal communities. Specifically, our goals are (i) to review existing practices for prevention, support or intervention which reduce the need for intrusive, expensive child welfare services, and which protect children (ii) to surface new or promising prevention practices, and (iii) to make recommendations concerning best practices.

The historical background, present socio-economic conditions and cultural differences warranted a separate review of prevention practices in Aboriginal communities. For example, residential school placements and the loss of Aboriginal children to the child welfare system have been highly disruptive to later generations of families and communities. These historical realities, coupled with high unemployment, poverty, and incarceration have negatively affected child-rearing.

The "Reinvestment Strategy..." identified effective supports, services and system features for child welfare development in mainstream communities. However, the limited research or consultation in Aboriginal communities introduced uncertainty concerning the generalizability of these findings and recommendations. This report attempts to reduce that uncertainty.

Information for this work is based on (i) literature reviews of published and unpublished evaluation and descriptive documents on Aboriginal prevention practice (ii) consultation with a learning circle - individuals who are familiar with prevention programs for Aboriginal families and children (iii) consultation with an Advisory Group of MCSS and Aboriginal service community representatives.

PREVENTIVE PRACTICES: A FRAMEWORK

The organizing framework for this study has three components:

1. **Prevention orientation:** do interventions reduce risk or promote wellness?
2. **Focus of intervention:** ~~do practices affect whole populations?~~ Do they target those at risk only? Or do they try to minimize problems after they have begun?
3. **Level of intervention:** do practices target individuals? families? or communities?

FINDINGS

This review found several consistencies with the recommendations of the "Reinvestment Strategy ...". However, it also found that effective prevention for Aboriginal communities were unique in some ways, requiring policy and planning which recognize this uniqueness.

In terms of consistency, we find that the earlier mainstream recommendations concerning the importance of home visitations, child care, early child development and preparation for school, family support, education, community development and recreation, support groups, and clinical practice - all hold true for Aboriginal communities and families. We also find support within Aboriginal communities for the system principles of holism, client accessibility, involvement of parents and community members, integration of supports and services, and program linkages and partnerships.

The "Reinvestment Strategy ..." emphasizes the principle of tailoring services to the local community. This report goes one step further than the suggestion for "joint examination" with community members. We find that effective practices for Aboriginal communities are delivered in programs which are **controlled** by the community. Only then is there assurance for the appropriate understanding of issues, selection of services, addressing implementation problems and quality service delivery.

1. Prevention Orientation

Aboriginal child maltreatment prevention is distinctive in its orientation to prevention. Effective practices are generally comprehensive, involving holistic learning and traditional healing strategies. They fight against child maltreatment by striving for a consistently balanced approach of (i) reducing the risks, *and* (ii) strengthening the protective characteristics of Aboriginal individuals, families and whole communities.

Risk reduction involves changing the socio-economic, community, family and personal conditions, or their consequences, which contribute to the maltreatment of children. Such factors include: unemployment; substance abuse; family and community violence; parental previous history of maltreatment; involvement by parents in residential schools, training schools, foster care; social isolation; adolescent and single parenthood; and multi-problem family life.

Protective qualities are conditions, characteristics and circumstances that assist children, parents, families and communities to deal effectively with challenges, stresses and hazards that potentially lead to child maltreatment. This orientation is consistent with the Aboriginal goal of building "wellness". Much like maltreatment, protective qualities are multidimensional. In Aboriginal communities, protective characteristics include: parenting skills and knowledge; cultural pride; self-esteem and dignity; personal and family supports; strong family relationships; personal health and well-being; problem-solving and self-protection; and accessibility to helping resources.

Beyond this general difference in orientation to prevention, we also find that Aboriginal prevention practices are distinctive in their emphasis on **cultural revitalization** as both a healing and protective process. Cultural revitalization takes place through the (i) holistic thinking about child maltreatment and solutions (ii) the content of intervention (eg. cultural education, traditional healing and ceremonies) and (iii) the organization of practice (eg. Elder involvement, community openness).

Aboriginal prevention also features (i) comprehensive rather than piece-meal planning and interventions (ii) help for this generation and many generations to come (iii) the inclusion of teaching and learning and (iv) greater opportunities for empowerment and (v) community interaction. These are elaborated in the main report.

2. Focus of intervention

Some Aboriginal prevention practices (eg. Parent education for teens and single parents, customary care) target high risk individuals and families. Others, such as day care, recreation and some children's programs, are available to the community at large, and not only those with problems or high risk. Still others (eg. Family treatment, counseling) target families or parents with problems which manifest themselves in early stages of poor parenting.

Although Aboriginal interventions may officially target certain categories of individuals or families, the way they are organized and implemented have value-added primary prevention benefits to the community at large. This benefits future generations.

3. Levels of Intervention

This section organizes the various prevention practices according to the level or primary target for change.

(i) Preventive Practices for Children and Youth

Preventive practices for children and youth serve short- and long-range goals. They (i) provide children and youth the opportunities to become resilient and self-protective. (ii) provide learning experiences for healthy personal growth and the capacity to live healthy, non-abusive adult lives (iii) provide opportunities which reinforce the (a) development of character and social relationships (b) integration into the Aboriginal community and (c) healthy options to drugs, alcohol and promiscuity, and (iv) provide relief for adolescent parents who are over-burdened with stress, or need time to seek health care, training or employment.

Effective interventions and supports include:

- **Early child development practices** (eg. Aboriginal Head Start; Better Beginnings, Better Futures), such as preparation for school, healthy life-style learning, peer socialization and cultural education and practices.
- **Practices to empower and heal children**, such as cultural and language learning, circles, self-help, play groups, self-esteem building, and community involvement.
- **Day care**, involving practices promoting cultural and language teachings, peer socialization, community involvement, health and safety, school readiness
- **Preventive practices for youth** which encourage sex education, healthy life-styles, healing, parent education, cultural learning, peer interaction, social and recreational activities, and Aboriginal community interaction, particularly with Elders.

Family involvement in children's programs, and the linkage of programs with other social services add value to the core program practices by (i) strengthening the protective family and parenting environments for children and youth, and by (ii) reducing the risks associated with social isolation, family problems, and stress. At the community level, value is added through the reinforcement of local service integration.

By targeting the early life cycle stages, Aboriginal prevention programs add value by helping to minimize later remedial or corrective costs (eg. incarceration)

(ii) Practices for Parents and Families

Preventive practices for parents and whole families strive to both (a) reduce the risks or risk consequences which may lead to child maltreatment, and (b) contribute to strong protective family environments. As added value, a number of these practices provide immediate help through risk-reduction, as well as promoting strengths within the enduring family and the family network.

The result is that parents are better able to raise and care for their children, while minimizing disruptions and stress. Specifically, such practices (i) strengthen the emotional lives of parents (ii) help them solve problems in all life domains (iii) develop parenting skills and knowledge (iv) change dysfunctional and unhealthy life-styles (v) heal family relationships, and (vi) help families cope with stress.

These changes are effectively accomplished through a variety of interventions and practices including:

- **Home visitations** in which family support activities are provided in the home.
- **Customary care:** temporary co-parenting arrangements by Aboriginal families, in conjunction with the healing or strengthening of parents. This is used as both pure prevention, and the reduction of more expensive and intrusive intervention.
- **Individual or family counseling and healing** through traditional or contemporary methods such as professional and lay counseling, healing circles, spiritual consultation, healing lodges and family networking.
- **Parent education:** development of values, roles, skills and knowledge for parenting
- **Family support:** provision of material aid; physical assistance; emotionally supportive interaction; guidance, advice and information; feedback; facilitation of community participation, and advocacy.
- **Advocacy** in which Aboriginal staff support families by pleading causes, speaking or writing in response to issues affecting the family, defend a client, or seek changes in unhelpful or discriminatory systems.

(iii) **Community Practice and Prevention**

Preventive practices targeting whole communities create healthier environments for family life and child-rearing. Specifically, our review suggests that such practices strive to (i) provide social and recreational opportunities (ii) strengthen community capacity to identify and respond to family\parenting problems (iii) increase community members' mutual sensitivity, sense of community, sharing and caring (iv) enhance the sharing of intergenerational wisdom, cultural values and standards supporting quality community relationships, family life and child-rearing (v) heal the emotional pain experienced by many community members (vi) restore strong community relationships between individuals, families and programs (vii) facilitate understanding and reduction of problems affecting family life and child maltreatment.

These outcomes are pursued through three sets of preventive interventions: community development, community healing, and social and recreational programming.

- **Community development** practices reviewed include: community action research, community education, self-help networking, and practices for strengthening community controls.

- Practices for building **social and recreational opportunities** provide opportunities for healthy life-styles, stronger internal community bonds, natural helping and community problem-solving, positive identity and esteem, and strong sense of community.
- **Community healing** practices are based on holistic world-view principles of interdependence and balance in life. They build physical, emotional, mental and spiritual strengths, and restore fractured relationships in the community. Such practices include traditional ceremonies, community healing circles, mediation and peace-making.

The Hollow Water Community Holistic Healing Model, and its adaptation in Biidaaban (Rama), illustrate how community healing practices are used in alternative dispute approaches in child abuse cases. Both put in place a community process of confronting perpetrators, consensually developing healing arrangements, restoring damaged community relationships, and monitoring changes - all outside, but linked with, the Provincial child protection system.

SYSTEM SUPPORTS

Following the review of concrete interventions and practices, several necessary system supports were identified.

Aboriginal preventive practices are most effective when developed and supported in ways that recognize their unique culture base, and when their services are provided in developed organizations and communities. Specifically, they are effective when they are ...

- Controlled, designed, developed and delivered by Aboriginal communities
- Adequately supported during developmental and start-up phases
- Developed according to the local culture of the community
- Accessible to cultural resources
- Linked to other Aboriginal community resources
- Accessible to clients
- Taking place within a learning organization

LINKAGES WITH OTHER COMMUNITY SERVICES

Many interacting community, family and individual factors associated with maltreatment necessitate a comprehensive, integrated approach. Aboriginal preventive services are broadly linked with other Aboriginal and non-Aboriginal community resources. Thus, the prevention of child maltreatment is diffused throughout a service system.

Working relationships exist with child protection authorities, health services, substance abuse programs, schools, police, women's and children's shelters, and local volunteers. Preventive services look to other programs for specialized help, teaching and consulting, space, and shared resources. Sometimes, they collaborate in program and case planning and monitoring, community healing circles, case reviews and training.

Accessibility to resources is uneven across the Province, particularly in the north, because many rural communities do not have access to resources such as clinics or practitioners. In addition, local programs may not be fully integrated, partly due to funding structures, lower local political priority or underdeveloped service infrastructures.

COST IMPLICATIONS

This study addressed the general cost implications of these prevention principles and practices. This was difficult because cost effectiveness analysis was not part of most program evaluations, or program reviews were unavailable. However, generally it seems that the development and delivery of service practices will be less costly if value-added processes are created, by changing multiple risk and protective factors, enhancing other support services, creating a positive implementation environment, and considering long-term consequences. Specifically:

1. Prevention policies which address the root causes of child maltreatment, and develop wellness or protective strengths, will be less expensive in the long run.
2. Adequate funding for development, early implementation and on-going evaluation will avoid later costs related to lack of community support, staff turnover and re-training, inefficiency and other symptoms.
3. Cancellation of large programs, and the unwillingness to fund the extended development phase required to address the challenges of implementation in Aboriginal communities - will be more costly in the long run. Because inadequate development or program cancellation weakens the optimism and trust in local services, such actions themselves may contribute to child maltreatment.
4. Cost savings will result from funding (i) preventive services with multiple level benefits (ii) service coordination arrangements (iii) volunteer training, and (iv) a "training the trainers" program for Aboriginal consultants.

RECOMMENDATIONS

General

1. Aboriginal communities should be responsible for the control, design, development and delivery of their own prevention and support services.
2. To avoid costly and intrusive interventions, Aboriginal communities should receive policy and funding support for strategies which...
 - reduce the risks of child maltreatment in communities and families, while building wellness and protective environments for now and the future
 - provide services to high-risk families at all stages of the family life-cycle, from pre-natal services to adolescence
 - while keeping families intact, provide help to troubled families where early signs of maltreatment are evident. Temporary placements of children should be carried out as a preventive action towards family healing
3. The planning and development of preventive services should be holistic and comprehensive, in which ...
 - Aboriginal communities identify high-risk and protective factors in relation to child maltreatment, and new or existing services are integrated around risk (eg. Alcohol and drug abuse) and protective themes (eg. community cohesiveness)
 - Prevention programs which target specific family members (example: parent education, day-care, children services) have strong linkages with family support and other specialized services
 - Standards of prevention service and accountability are developed and documented.
4. Flexible funding models should be used which ...
 - recognize differences in Aboriginal cultures and community readiness, thereby supporting quality planning, design and implementation
 - recognize that child maltreatment and family well-being are affected by many interdependent factors
 - recognize the value-added benefits of adequate funding for program development, the needs of current and future generations, holistic comprehensive prevention models, and service integration

5. Consistent evaluation of Aboriginal prevention programs should
 - include cost-effectiveness measures which recognize that Aboriginal communities, organizations, and programs, are culturally different than mainstream, and are at different stages of development.
 - contribute to training, development, and cross-community learning
6. We recommend that explorations should be made concerning the development of a human services training program for Aboriginal communities across Ontario. Such a program would develop a pool of Aboriginal trainers and consultants with skills in research, program and organizational development, evaluation, training and consultation.

Children and Youth Services

1. Early child development programs are important interventions for the prevention of child maltreatment, the promotion of family well-being, and the empowerment of children.

To accomplish prevention goals, these should continue to be developed in ways which are consistent with the family support and community development program principles of the "Li'l Beavers Program", "Better Beginnings, Better Futures" and "Aboriginal Head Start".

2. Future policy-making, and program development should recognize recreational programming as a prevention tool for children, youth and families. High quality programs with trained personnel should incorporate creative program models which advance the concept of "family recreation", thereby integrating whole families into recreational activities.
3. Aboriginal youth are future parents. Attention to their needs is an important prevention focus for avoiding potential child maltreatment. Minimally, prevention practices should provide opportunities for social and recreational activities, the development of positive identity and sexuality, parenting education, relationships with Elders and other community supports and healing.

Services for Parents and Families

1. Home visitation programs and services should be financially supported in First Nations, urban and Metis communities. Beginning at the prenatal stage, they should integrate families into the community, offer intensive and long-term contacts, provide referrals, and have qualified staff.
2. Family support services should be available to provide follow-up support for families completing intensive treatment.
3. Day-care should be provided as a preventive service. Day care services, either home- or centre-based, would be particularly effective as prevention if (i) they are organized to provide the appropriate family support and other ancillary services (ii) adequate time and funding are available for careful development for community-wide benefits.
4. Intensive individual and family treatment, including medical care, is important for child maltreatment prevention. Steps should be taken to make high-quality, culture-based treatment easily accessible to isolated Aboriginal communities.
5. Unemployment, substance abuse, and inadequate housing are widely regarded as serious stressors contributing to child maltreatment. For this reason, we recommend that employment, substance abuse and housing services should be essential components of an Aboriginal child maltreatment prevention strategy.
6. We support the continued development of integrated family support and child protection models. However, we recommend that these should be designed, developed and implemented so that (i) the placement of children with other families is regarded as a co-parenting arrangement towards total family wellness and intactness, and that (ii) all child protection activities contribute, and are seen to contribute, to the vision of family wellness.
7. Parent education programs should strive to include mothers' partners and other family members in the program, and other members of the extended family. Parent education through home visits should build in opportunities for community contacts.
8. Customary care should be regarded as both (i) early intervention and (ii) prevention tools. As such, it should have funding support for appropriate community planning, preparation, and assurance of supportive ancillary services for family healing. An important part of future development work should be the development of customary care standards and accountability.
9. The principles and practices of family networking should be encouraged in Aboriginal communities, and given the appropriate funding and policy support. Appropriate family networking models can be developed from the evaluation experiences of "Family Group Decision-making", and "Wraparound".

Community Practice

1. Community development should be supported as an important tool for the development of family well-being, and the prevention of child abuse and neglect. Aboriginal communities should receive the policy, funding, and technical support for assessing and responding to local child maltreatment risks, and building protective qualities.
2. Attention should be given to community-wide needs for...
 - education and awareness of issues concerning child maltreatment, family life and children.
 - building and fostering community cohesiveness
 - developing extended family and other natural helping resources, volunteers, and a strong sense of community
 - social and recreational opportunities
 - strengthening the material base of community life, including employment, housing, medical care, and the facilities to enhance family well-being.