Decolonizing First Nations Child Welfare

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For Colonialism to Succeed

- Take territory – land
- Take natural resources – energy/food
- Take sovereignty – disrupt leadership and governance
- Take away the legitimacy of thought – worldview, language, spirituality, healing
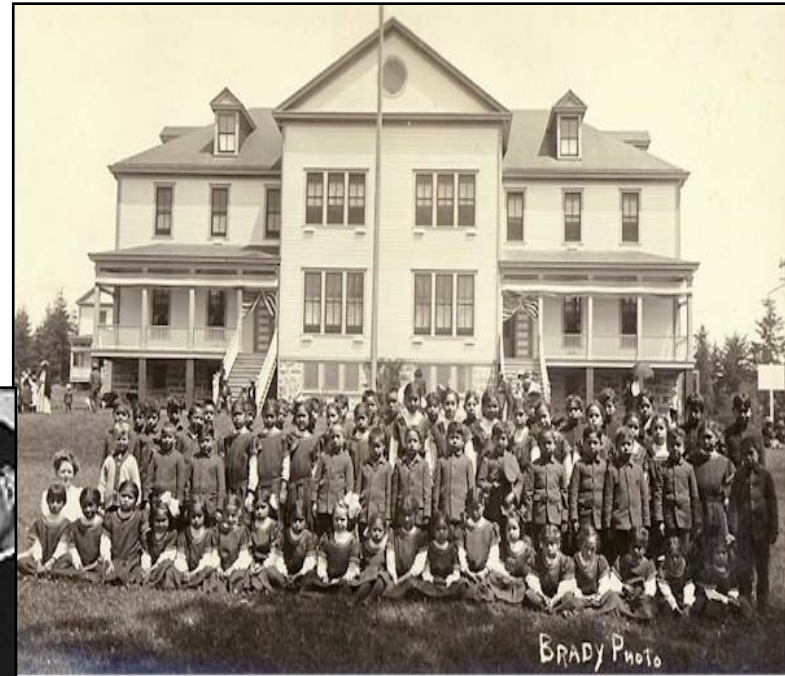- Take the children

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Residential Schools

Church and Government

Symptoms of Post-Colonialism

- Intergenerational trauma
- Lateral oppression and violence
- Internalized racism—self-blame
- Identity politics
- Dismembered social norms
- Adverse childhood experiences and related health outcomes
- Blaming the victim

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Decolonization

"Colonization dismembered our culture, our people, and our families. Our job is Re-membering."

Theda Newbreast
Blackfeet

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Post-Colonial Reality

- Disparities – racial inequity in economic security, health, education, social conditions
- Disproportionate representation in systems (over and under)
- Poor outcomes for AI/AN children in state/federal services
- Barriers to self-determination – funding
- Complex and chronic trauma!

What culture means to me

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Over Representation in Child Welfare

Overrepresentation of Indigenous children in care is related to **poverty**, poor housing, poor education, untreated mental health issues, and caregiver substance misuse.

Set Up for Failure?

Are these problems that families can solve by themselves?

Basic Principles of State/Provincial Child Protection

Assumes the family has the tools to ensure safety and well-being

Safety and well-being paramount

Family

Child

State steps in when family fails to ensure safety and well-being
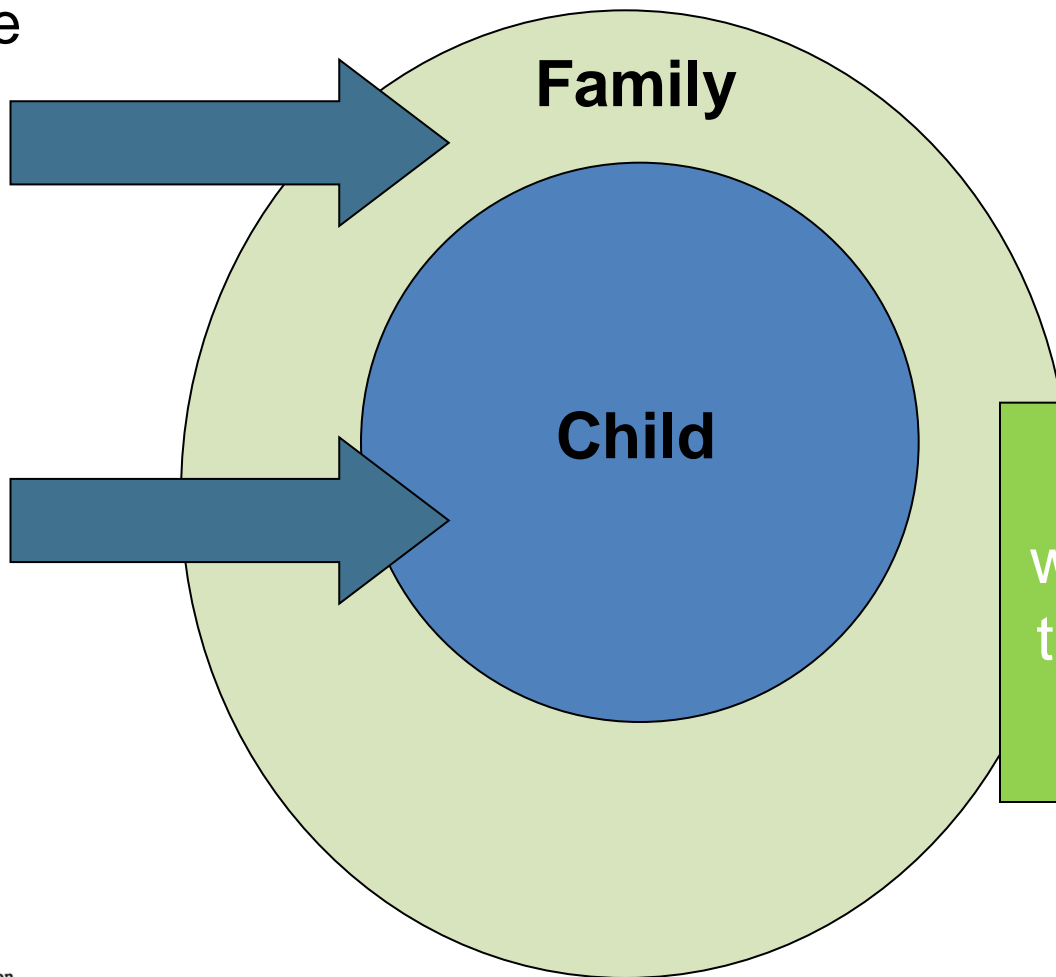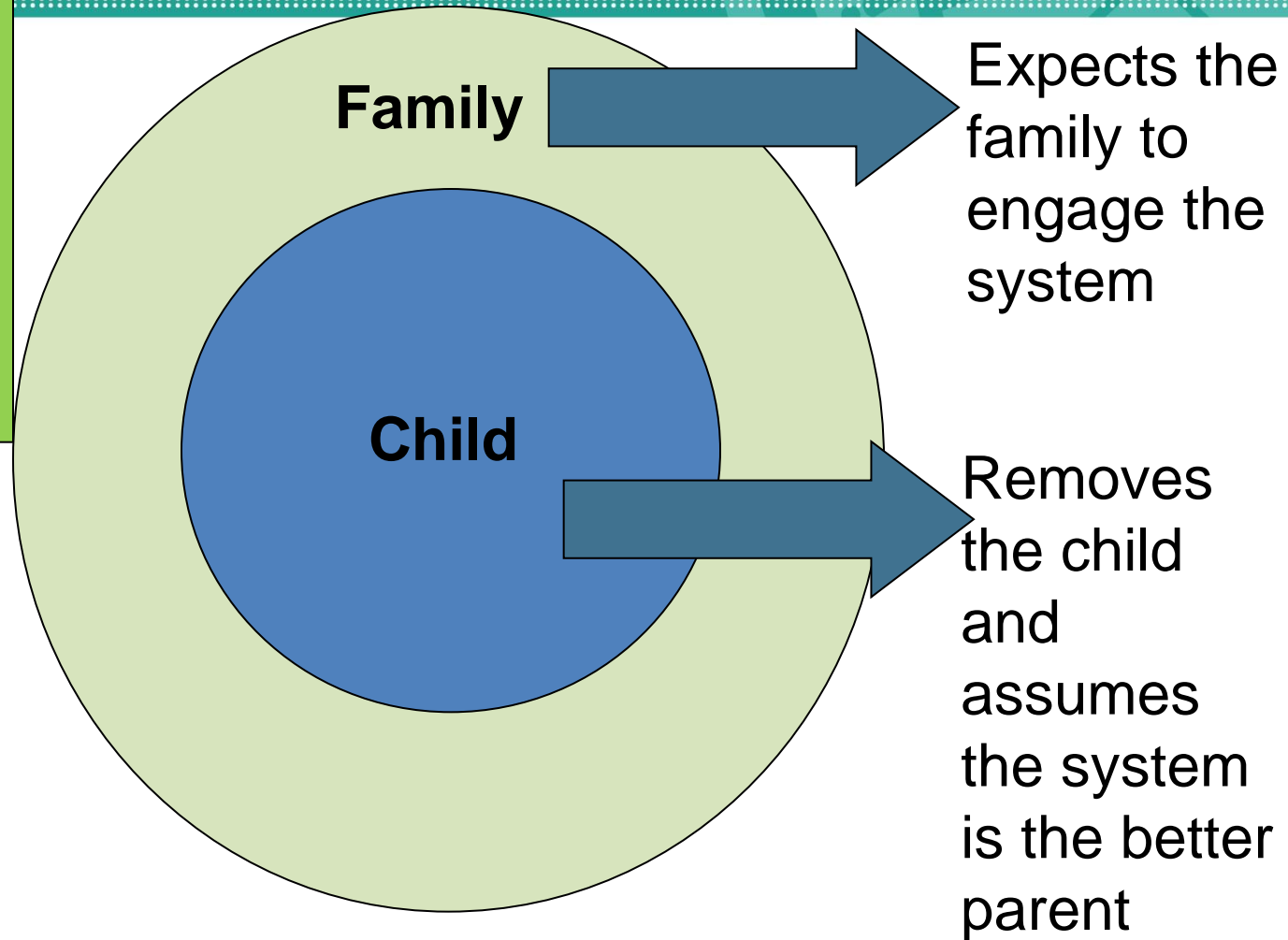
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Linear Protection/Rescue Model

System steps in when family fails to ensure safety and well-being

Family

Child

Expects the family to engage the system

Removes the child and assumes the system is the better parent

Blackstock & Trocme, 2004

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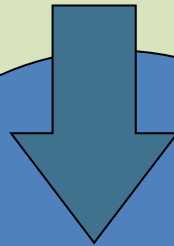*Protecting Our Children • Preserving Our Culture*

Touchstones (RWV) Model

System engages the family

Family

Tribe steps in when family fails to ensure safety and well-being

Child

Assumes the family (with support) is the better parent

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Touchstones of Hope

- Self-determination
- Culture and language
- Holistic approach
- Structural interventions
- Non-discrimination

Self-Determination

- Development of community visions of child safety
- Embracing what hurts – taking ownership
- Linking economic development/lands to child safety
- Reconciliation in child welfare program for leaders

Culture and Language

- Clarity of what community child-caring knowledge is
- Acknowledging mainstream child welfare is culturally loaded
- Caution around adapting mainstream programs—center community knowledge and values

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Holistic Approach

- Do community planning with child well-being playing a central role
- Engage children/youth in community visioning exercises
- Be cautious about the risk of doing community development based on what government will fund versus on community need
- Engage the nonprofit sector

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Structural Interventions

- Ensuring Indigenous children have equal access to resources
- Child welfare addressing poverty, substance abuse, mental health, and housing

Non-discrimination

- Ensuring Indigenous children have equal access to resources
- Ensuring Indigenous knowledge is on equal footing with non-Aboriginal knowledge in child welfare
- Promoting respectful relationship building across cultures

Village of Kwigillingok, Alaska

"Is Everyone All Right?"

Andrew Beaver, Elder and Child Protection Team Leader

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Example: The WPIC Project

- 16 Alaska Native tribal partners
- Developed in response to the disproportionate rate of out-of-home placement of Alaska Native children in Alaska
- Increase tribal capacity in several areas
- Approaching systems change in tribal-state relationships through knowledge and education of historical trauma

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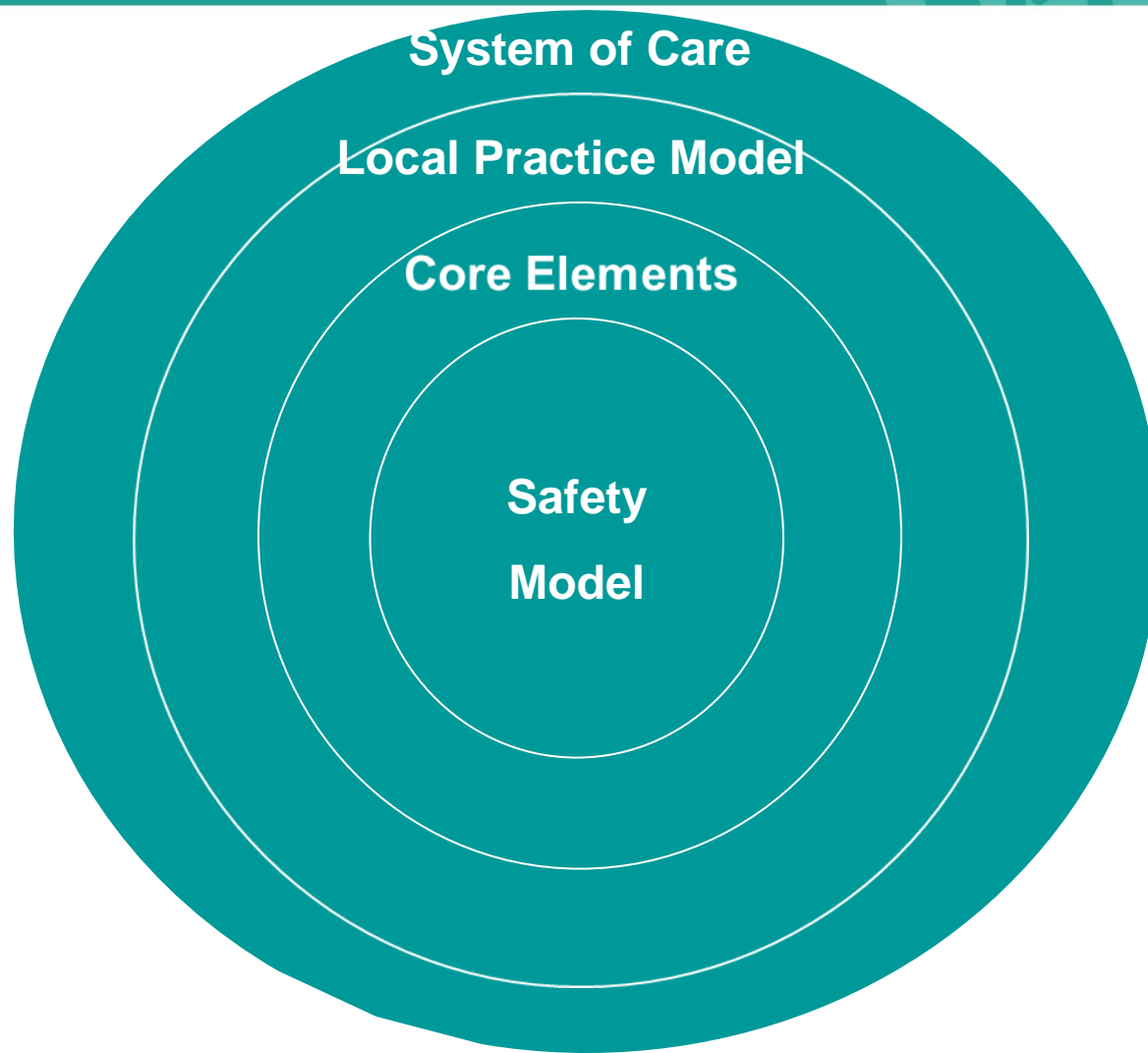
Setting Tribal Service Standards

- Standards based on a safety model
- Development and implementation of 8 core elements
- System of Care model
- Cross-system collaboration

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Tribal In-Home Services

System of Care

Local Practice Model
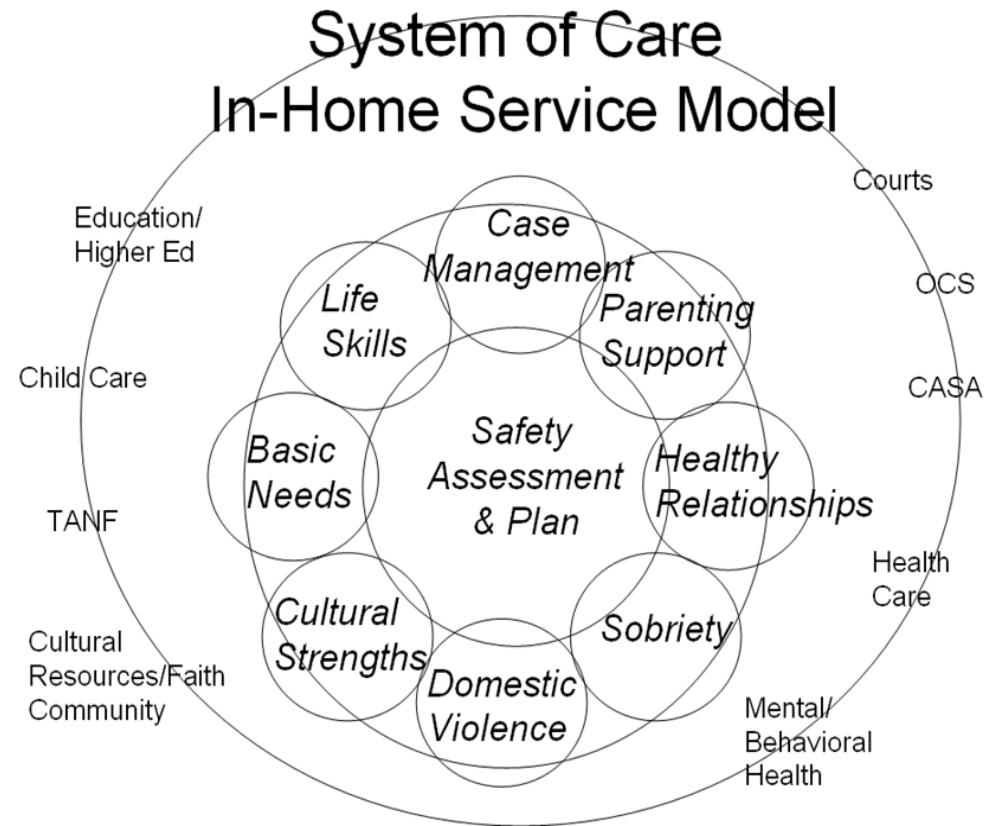
Core Elements

Safety

Model

Tribally Determined Services

- Standards based on a safety model
- Development and implementation of 8 core elements
- System of Care model
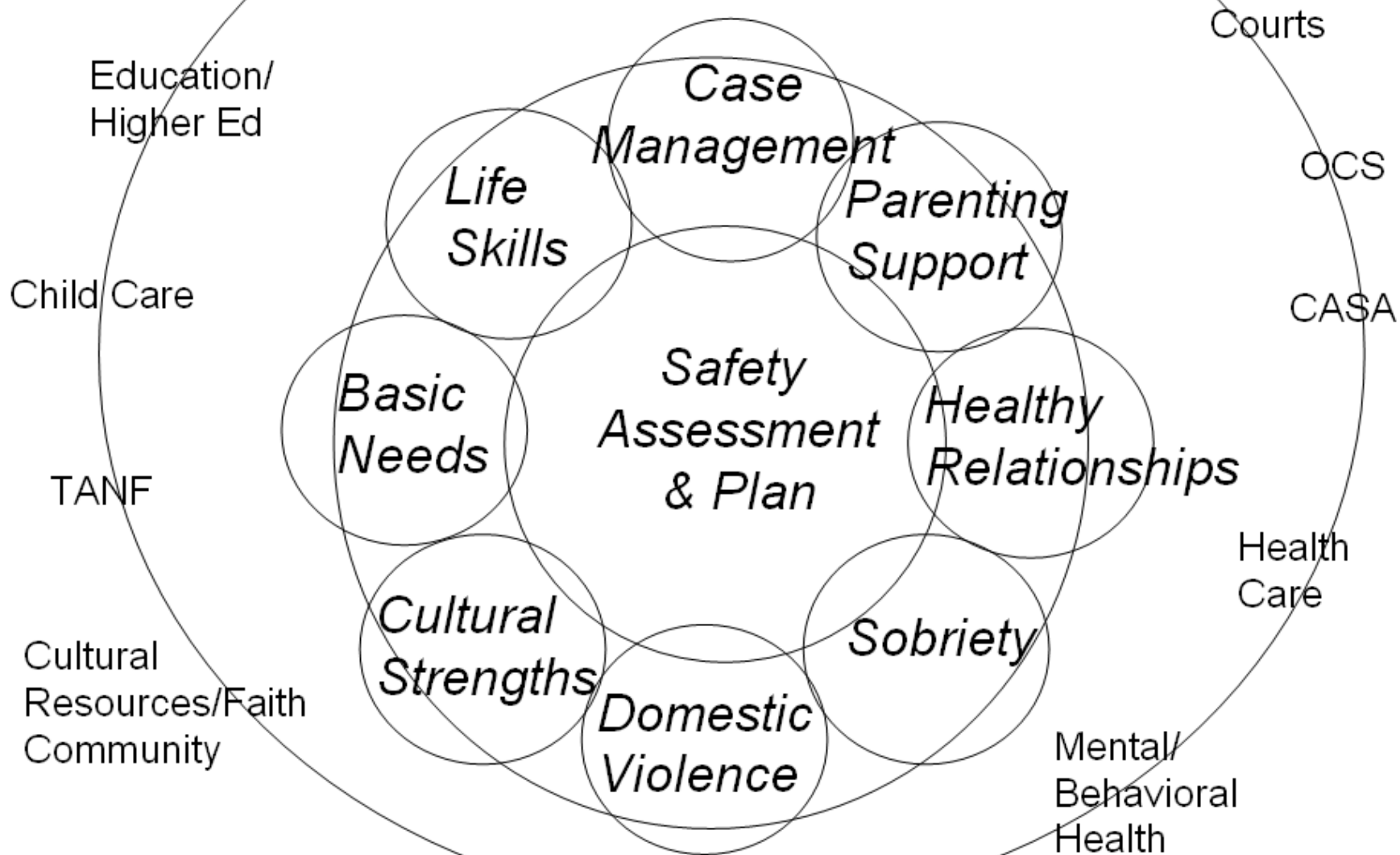- Cross-system collaboration

System of Care In-Home Service Model

Courts

OCS

CASA

Health Care

Mental/ Behavioral Health

Education/ Higher Ed

Child Care

TANF

Cultural Resources/Faith Community

Case Management

Life Skills

Parenting Support

Basic Needs

Safety Assessment & Plan

Healthy Relationships

Cultural Strengths

Domestic Violence

Sobriety

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System of Care
In-Home Service Model

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Violence

Development of TIHSM On-Site

Step 1: Providing a foundation, overview, materials to discuss the TIHSM
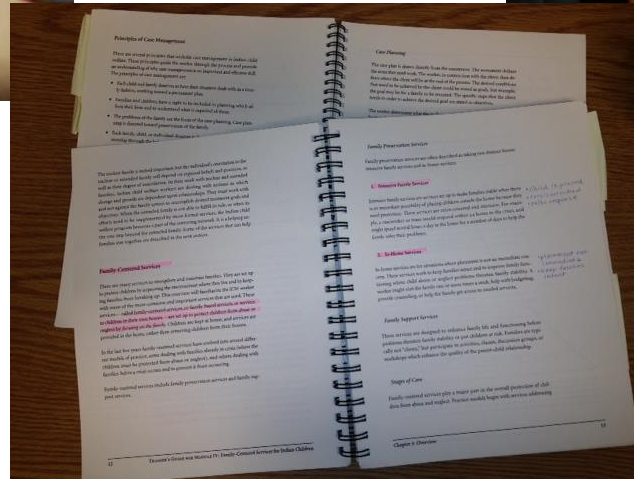
Development of TIHSM On-Site

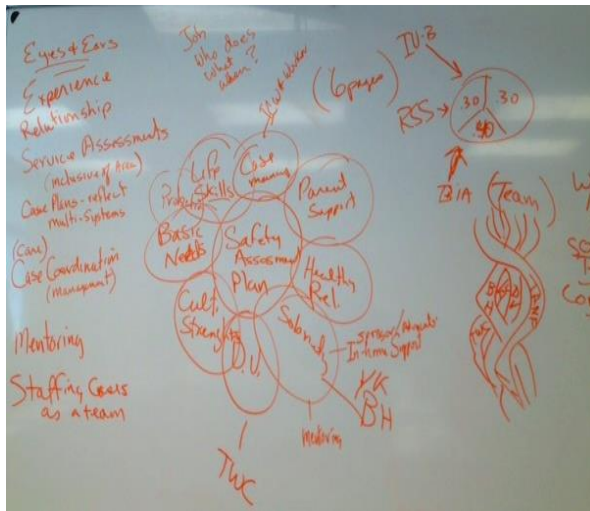**Step 2: Discussion, brainstorming, group dialogue**

What is a "safe child" in your Community?

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Development of TIHSM On-Site

**Step 3:
Case staffing to
reveal services**

**Step 4:
Incorporation of tribal principles and values on safety**

Kawerak, Inc. Definition of a Safe Child

A safe child is:

- A happy and thriving individual who is valued and protected through traditional knowledge and values;

- Provided a supportive environment through education and advocacy of the community;

- Valued and protected by each community through the building and bonding of trusting relationships.

What is a SAFE CHILD?

ONC	AVCP
Family Support	Child that has been well taken care of at home and in the community
Attending school regularly	
Sober parents	Basic Needs are met
Protected healthy	Not harmed by substance use
Being nurtured	In the villages there is always a perpetrator
Basic needs met (food shelter clothing)	
Being secure	Not playing with sharp objects/harmful foreign objects
Being loved	
Not suffering-	Happy child
Good self esteem	Child looking after siblings
Participates in family activities	Protected (i.e. for school bullies)
Berries, fishing, cultural activities	Well fed and well clothed
Healthy relationships between parents	Child who is bonded to parents (and grandparents)
Elder support/mentors	
Cultural pride and strength	Not harmed by those who are abusing substances
Ability to say no.	
Having trust	

Additional Maniilaq Guiding Principles:

- Responsibility to self and caring for self and own well being. (How are you going to do this for others if you can't do it for yourself.)
- Strengths should always be a basis of our work.
- Utilizing elders to provide cultural supports to strengthen families.
- Helping our families to recognize that change is good.
- Couples and families can be self reliant. We were taught this traditionally through parents, elders, community, teachers, etc.
- Use values to help them become self sufficient, learn family roles.

Safety and Protection of Child through Inupiat Values

1. Love for Children- Our job is to ensure the well being of your family, whether it is yours or not. Help do that by proving ones self worth and family; through this you can identify if the child is ok or not.
2. Responsibility to Tribe- How you should handle those issues within your tribe first ; handle locally, and taking ownership.
3. Cooperation- with family, community, who ever sees the kid and they work together.
4. Respect for others- when you see problems and try to help out.
5. Knowledge of Family Tree
6. Domestic Skills
7. Avoidance of Conflict
8. Family Roles

Other Uses of the TIHSM

- To develop an assessment
- To staff and problem solve
- To document services provided to families and children
- To develop court reports

Institute participants using the WPIC In-Home Services model to develop a case plan and court report during small group session.

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What is the System of Care Approach?

System of Care Defined

A system of care is not a program — it is a philosophy of how care should be delivered.

- Systems of Care is an approach to services that recognizes the importance of family, school, and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural, and social needs.

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System of Care Defined

Child Welfare Definition

"A **spectrum** of **effective**, **community-based services and supports** for children and youth with or **at risk** for child maltreatment and their families, that is organized into a **coordinated network**, builds meaningful **partnerships with families and youth**, and addresses their **cultural and linguistic needs**, in order to help them to **function better** at home, in school, in the community, and throughout life."

◉ Adapted from SAMHSA

System of Care Principles

- Family driven
- Youth guided
- <u>Culturally competent</u>
- Community based
- Comprehensive
  - Accessible
  - Individualized
  - Coordinated and collaborative

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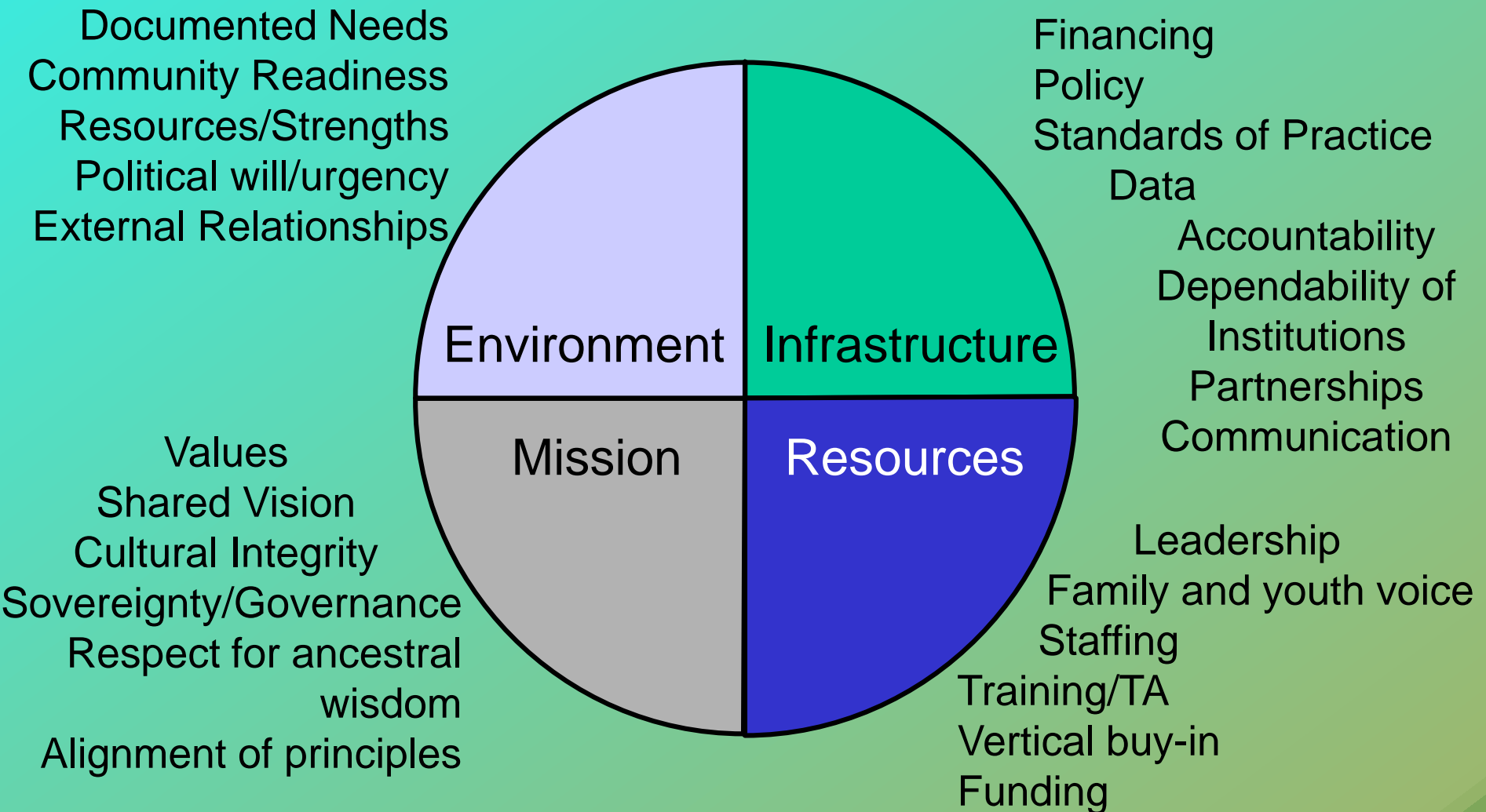
Fit with Indigenous Thought
Relational Worldview

Essential Elements for Systems Change

Documented Needs
Community Readiness
Resources/Strengths
Political will/urgency
External Relationships

Financing
Policy
Standards of Practice
Data
Accountability
Dependability of
Institutions
Partnerships
Communication

Environment

Infrastructure

Mission

Resources

Values
Shared Vision
Cultural Integrity
Sovereignty/Governance
Respect for ancestral
wisdom
Alignment of principles

Leadership
Family and youth voice
Staffing
Training/TA
Vertical buy-in
Funding

Theory of Change

Key Elements for Implementing Sustainable Systems Change

Leadership

- Leaders are committed to establishing a vision for change, creating a sense of urgency, and authorizing the core leadership team to carry out the vision.

- There is buy in, leadership and champions for change at all levels of the system (within the agency and among stakeholders, consumers, and the community).

- Results and feedback on progress is communicated and there is shared accountability to outcomes.

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Vision and Values

- There is consensus on the vision for change among leaders and stakeholders.

- There is a shared understanding of the values and principles that will provide a framework for the systems change.

- A plan for strategically aligning values, practices, policies, and resources to achieve identified outcomes is developed and continuously monitored through ongoing evaluation.

Environment

- There is political will, community readiness, and acceptance for the identified change.

- An organizational culture is fostered that promotes open communication and creative problem solving so that the identification of barriers, resistance, and conflict can be constructively addressed.

Capacity Building

- Interagency agreements are in place to support collaboration and shared accountability.

- Standards for effective practice are supported by policies, procedures, contracts, technology and adequate funding.

- There is a cross functional team to manage the implementation and adequate staffing to perform functions in carrying out goals.

- There are appropriate funding resources allocated to support training, technical assistance and expertise needed to support implementation.

- Data is accessible and resources are available to support continuous quality improvement.

Stakeholder Engagement

- Internal stakeholders (managers, supervisors and direct service staff) and external stakeholders (service providers, schools, courts, mental health, juvenile justice, universities, family and youth organizations) are actively involved in planning, implementation, evaluation, and decision making.

- Caregivers, families and young people are actively involved in ensuring the system change effort meets their real needs and is culturally responsive.

Strategies for Building Leadership & Commitment

- Involve leaders from all levels of the system to support implementation process.
- Strategies for building capacity:
  - Create buy-in among internal and external stakeholders
  - Identify and solicit new leaders early on who will be strong champions for the project
- Foster system-wide collaboration around project goals.
- Strengthen tribal leadership capacity so that there is a stronger voice to advance proposed solutions.
- Ensure involvement of state and tribal authority so that the work is connected to executive level decision makers.

Building Leadership Capacity: Courageous Conversations

"Courageous Conversations helped to shine the light on where we are not being culturally competent."

- Seeking to understand each other and to work together to bring a solution:
  - Gain wisdom by seeing a bigger perspective
  - Gain an understanding that will establish trust
  - Shift energy from struggling with each other to solving a common problem.
  - Gain knowledge to take the next step

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Table Discussion Questions

- What is a safe child in your community?
- Who is responsible for the safety of children?
- Who is accountable for safety?
- Prior to colonization, how were children kept safe?
- What behavior regarding children is not acceptable in your community? (make a list)
- Can you imagine a map of service providers, community members, who watch and help?

Outcomes

- Reclaiming child safety as a cultural value.

- Community and culturally based standards for child safety and well-being.

- A community based collective of eyes and ears that hold children safe.

- A plan that doesn't need the government but that can be enhanced by government partnership.

Sovereignty and Safe Children!

Connecting Child Welfare and Health Social Determinants of Health

- Poverty
- Poor housing
- Poor education,
- Untreated mental health issues (particularly trauma)
- Caregiver substance misuse
- Adverse Childhood Experiences (ACEs)

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Risk Factors
What is an Adverse Childhood Experience (ACE)?

The experience of "significant abuse or household dysfunction during childhood"

Specific Indicators:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member

- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal in the household
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

(Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC, 2010)

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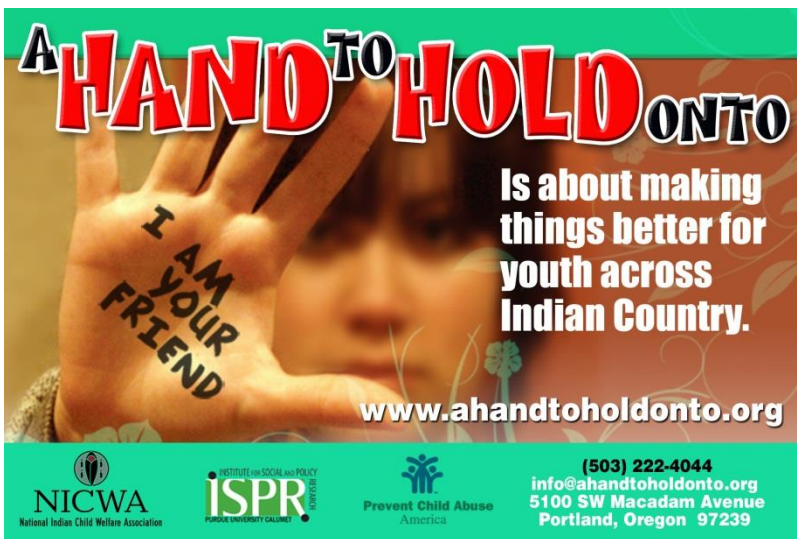Protecting Our Children • Preserving Our Culture

The ACE Study

- The ACE Score is a count of the total number of ACE indicators for an individual.
- The score ranges from 1 (low trauma) to 9 (high trauma).
- In the mainstream population, as an ACE score increases, the risk for numerous health problems increases.

ACE Study Model

(Division of Adult and Community Health,
National Center for Chronic Disease
Prevention and Health Promotion, CDC, 2010)
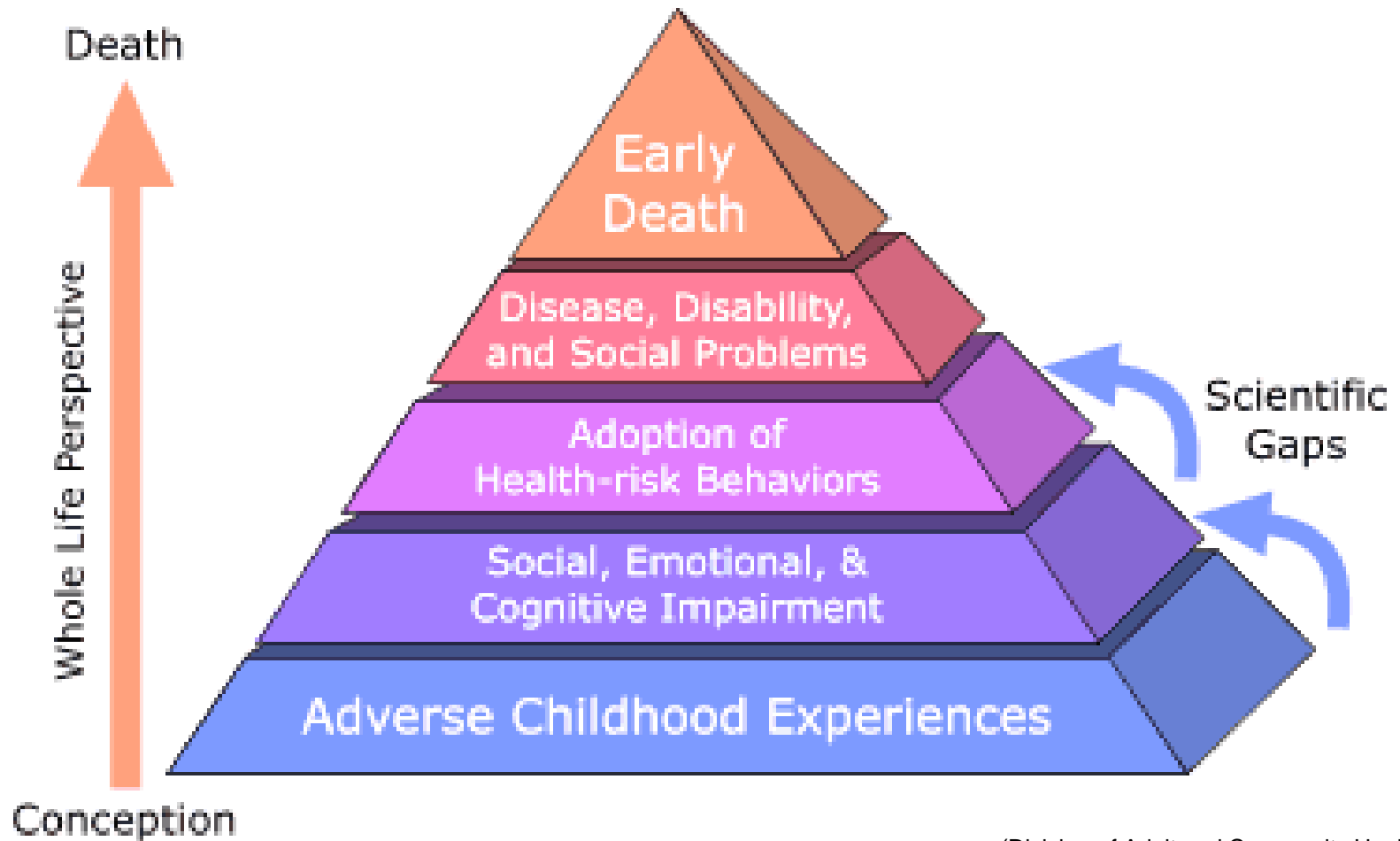
American Indian Youth Victimization and Delinquency Outcomes Study (AIYVDOS)

- Used a participatory research model:
  - Culturally sensitive and scientifically sound
  - Involving community members as partners and owners throughout the research process

Final Sample

- 110 young adults, aged 18–25
- 82% Enrolled Tribal members
- 58% Female, 42% Male
- Grew up:
  - On the reservation: 46%
  - Rural: 5%
  - Small town: 21%
  - Suburbs: 10%
  - Urban: 18%
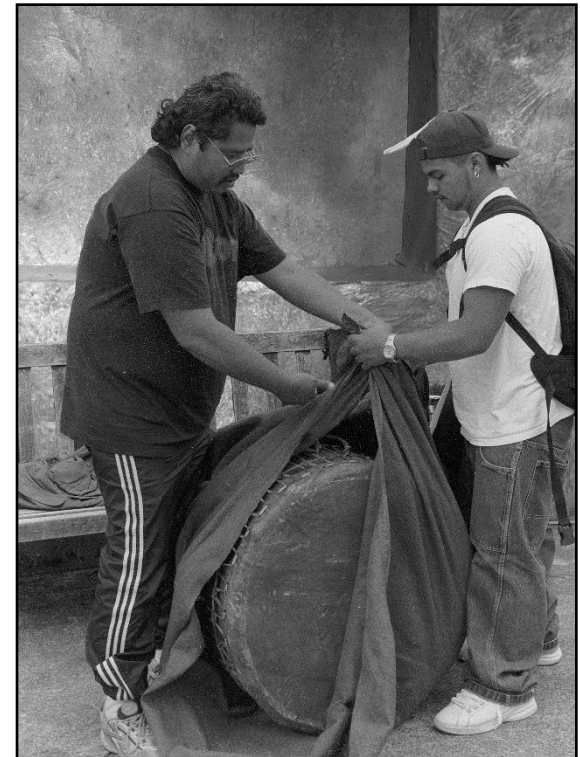
AIYVDOS and ACEs

# of ACEs	% of AIYVDOS Participants	% ACEs study (CDC, 2010)
0	30%	36%
4+	25%	13%

The percent of youth in our study with four or more ACEs is almost TWICE the rate in the mainstream population.

In mainstream culture, adults who had experienced four or more ACEs compared to those who had experienced none had at least four times higher risk of
– Alcoholism/drug use
– Depression
– Suicide attempts

The good news…

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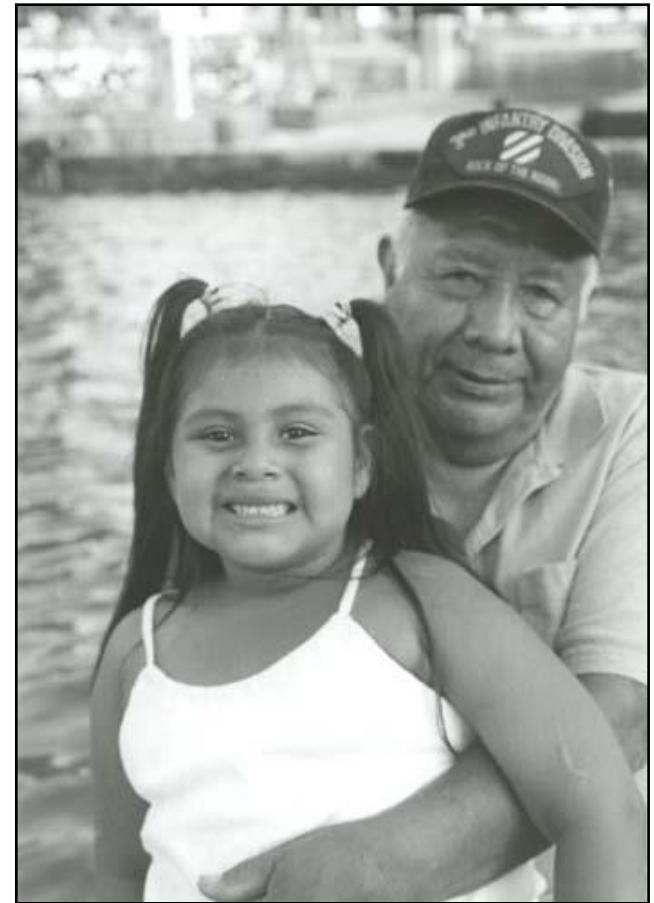
Protective Factors
What is a Protective Childhood Experience (PCE)?

Positive relationships and experiences while growing up that protect young people from negative influences and behaviors.

Specific indicators:

- Supportive adults
- Positive peer groups
- School activities
- Family resources

- Spiritual/Religious connection
- Connection with Tribal elders, learning a Tribal language
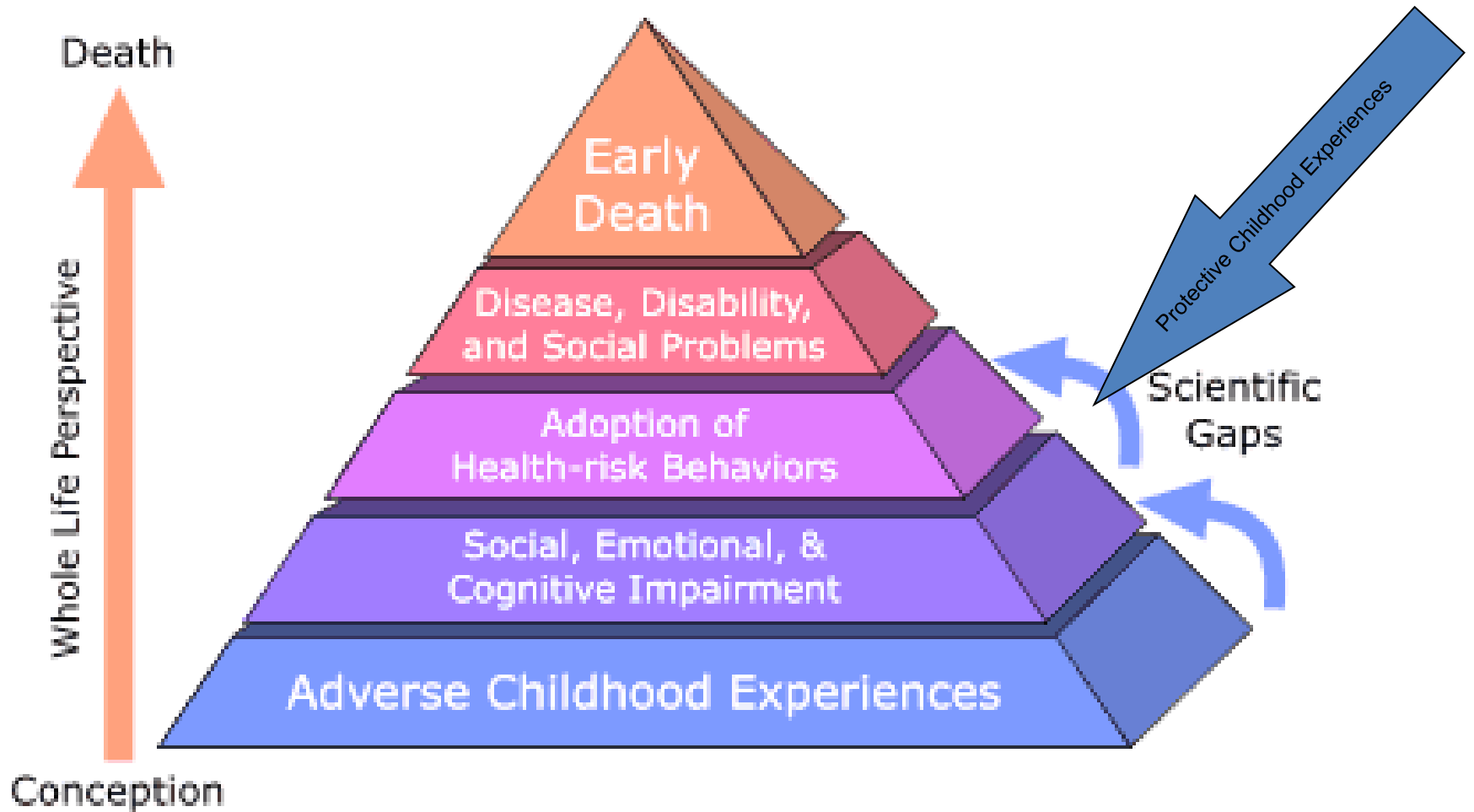- Safe and strong community

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Grandmas Matter

ACE Study Model

ACE Scores, PCE Scores, and Juvenile Delinquency

We examined how ACEs and PCEs relate to delinquency by grouping people according to both ACEs and PCEs

- The group with **low** ACEs and **high** PCEs had the lowest delinquency (14%)

- The group with **high** ACEs and **low** PCEs had the highest delinquency (67%)

- Even when ACEs were high, the group with high PCEs had lower delinquency (39%) than the group with low ACEs and low PCEs (46%)

Culture Matters

Culture Matters

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ACE scores, PCE scores, and Depression

We also examined how ACEs and PCEs relate to depression.
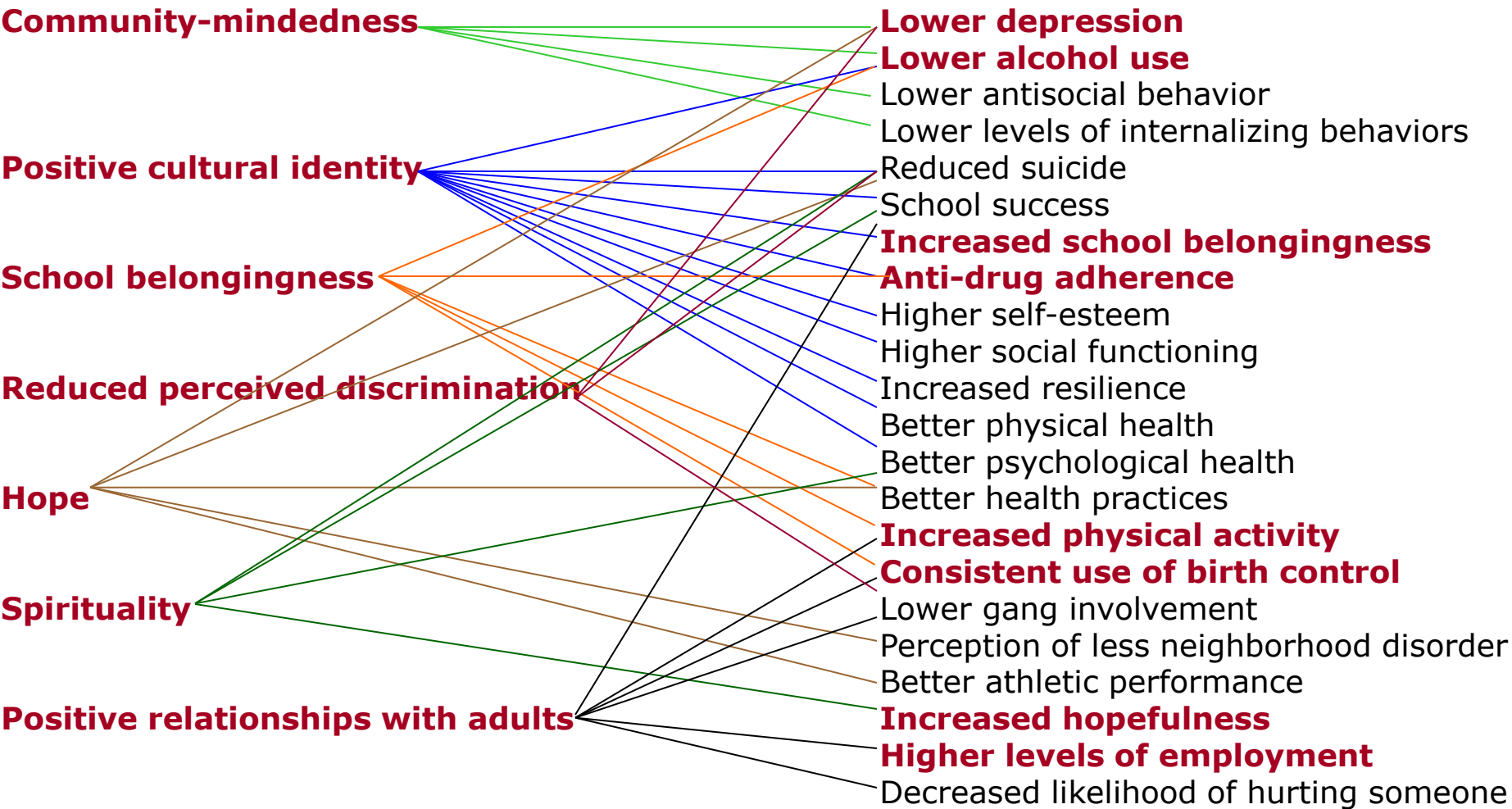
Depression was related to the following:
- Gender (female)
- Higher sexual abuse (ACE)
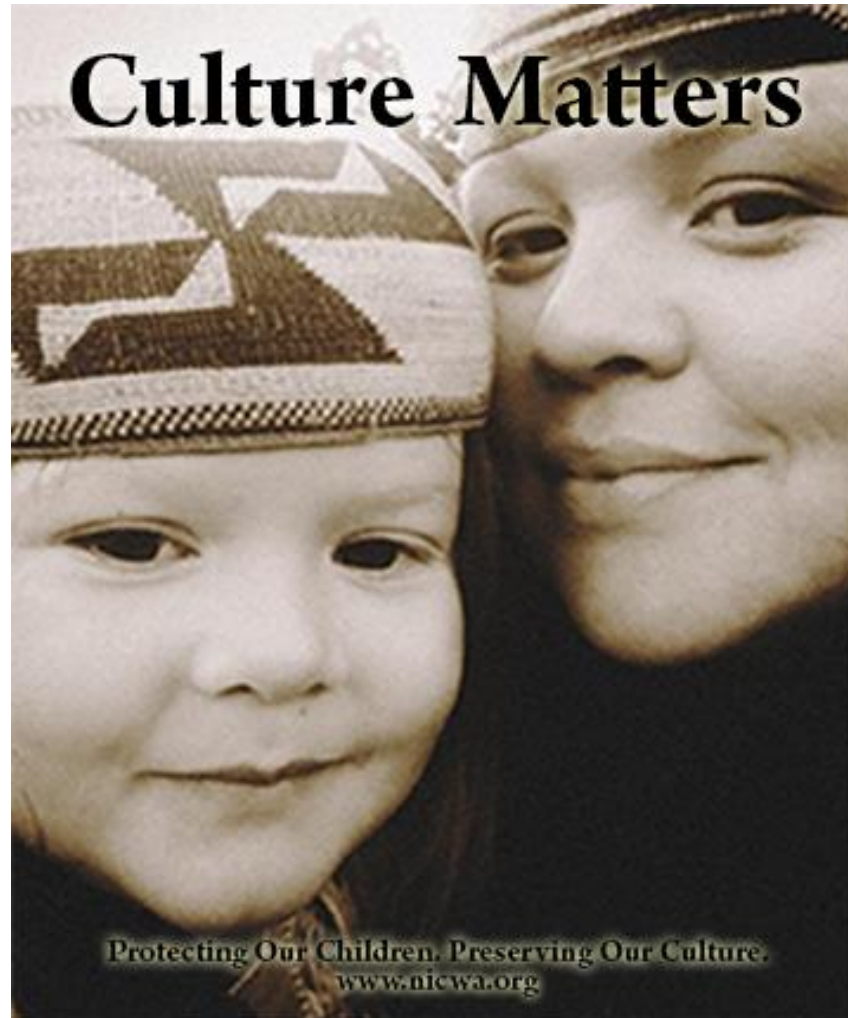- Lower safe and strong community (PCE)
- Lower spirituality (PCE)

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Relationship of NAYA-identified outcomes to existing evidence

Outcomes in red are NAYA-identified outcomes; all items in right column are outcomes from the research literature.

Culture Matters

Great Grandmas Matter!

My Mom and Grandson

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