“JUMPING THROUGH HOOPS”

A MANITOBA STUDY EXAMINING THE EXPERIENCES AND REFLECTIONS OF ABORIGINAL MOTHERS INVOLVED WITH CHILD WELFARE AND LEGAL SYSTEMS RESPECTING CHILD PROTECTION MATTERS

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WELCOME!!
Overview Presentation Contents

- Introduction and background;
- Objectives of study, methodology and ethics;
- Project team members;
- Targeted participants and recruitment of participants;
- Research instruments;
- Overview the literature: (1) forms of ADR in child welfare; (2) what the literature says about Aboriginal mothers and child welfare; (3) literature on access to legal counsel;
- Overview of statistics on Aboriginal women in Canada;
- Demographic Profile of Aboriginal Mothers/Grandmothers;
- Themes – sharing mother’s voices/stories;
- Aboriginal mothers’ recommendations;
- Next steps and Closing Reflections; and
- Collage of Images and live performance by Little Hawk
- Acknowledgements, questions, and contact information
Study Rationale

• In recent years increasing move toward the implementation of alternative responses such as mediation, diversion, restorative practices and sentencing circles for non-violent crimes before the justice system.

• Same initiatives not instituted in the area of child protection law where Aboriginal women and their children are overrepresented but where few have been diverted from experiencing the adversarial nature inherent in child protection cases before the courts.

• Alternative, non-adversarial approaches (like Family Group Conferencing for example) have been promoted within the area of family law and child welfare in other parts of the world including within Canada (For instance, the Province of British Columbia does have statutory family conferencing and mediations, see Section 22 of its Child & Family Services Act).
Intro / Background Cont’d

• Such alternatives unfortunately are not mandated or enshrined in Manitoba’s child welfare legislation.
• very little research exists regarding the experiences of Aboriginal mothers with the child welfare and court systems in regard to child protection matters, specifically in Manitoba.
• Ka Ni Kanichihk Inc. undertook to examine the experiences of Aboriginal mothers involved in child welfare and with the intent of eventually implementing alternative dispute resolutions for Aboriginal mothers involved in child welfare within the province of Manitoba.
• This research seeks to fill a research gap in the research on the experiences of Aboriginal mothers regarding experiences dealing with child welfare and the family courts within Manitoba on the issue of child protection.
Objectives of the Study

• Very little research exists regarding the experiences of Aboriginal mothers with the child welfare and court systems in regard to child protection matters. The Objectives for undertaking this Project were:
  – To examine and understand the experiences of Métis, First Nations, Inuit and other Aboriginal women who are or have been involved in child welfare/protection cases before the courts in Manitoba.
  – To examine the experience and understanding of supports and other advocates working with Métis, First Nations, Inuit and other Aboriginal women involved in child welfare/protection cases in the courts in Manitoba.
  – To examine the experience of lawyers tasked with representing Métis, First Nations, Inuit and other Aboriginal women involved in child welfare/protection case before the courts in Manitoba.
  – To seek ideas and suggested solutions on changes needed around less adversarial and intrusive approaches when dealing with Métis, First Nations, Inuit and other Aboriginal women and children involved in child welfare/protection cases before the courts in Manitoba.
Study Design / Methodology

• Phenomenological theoretical approach to understanding the lived experienced and perceptions about child welfare and family court systems experiences through the personal lens of Aboriginal women;

• Phenomenology is about the essential meanings individuals give to their experiences. To gather such data, one must undertake in-depth interviews with people who have directly experienced the phenomenon of interest; that is, they have a “lived experience” as opposed to second hand experience.
• Qualitative data collection processes involved
  – Literature Review;
  – Open ended Interviews (with mothers/ grandmothers; lawyers who represent Aboriginal mothers in child protection cases; CFS workers and advocates);
  – 3 Sharing Circles (including evaluation of circle’s effectiveness);
  – Results analyzed using NVivo software
Ethics

• Ethical guidelines developed to ensure the respectful treatment and human dignity of mothers/grandmothers involved in this study;
• Based on implementation of OCAP principles (Ownership, Control, Access and Possession) (Schnarch, 2004);
• Ethical Review vetted through Prairie Women’s Health Centre of Excellence in Manitoba (PWHCE) utilizing the expertise of Aboriginal women scholars from across Canada, in addition to staff at PWHCE;
• Ownership of the data gathered for this study remains with the individual participants, however Ka Ni Kanichihk Inc. and the First Nations Child & Family Caring Society hold that data and act as stewards of the information and knowledge shared by the Aboriginal mothers and other participants consulted for this study.
Project Team

• Is compromised of three groups:
  – Project Host: Ka Ni Kanichihk
  – Steering Committee
  – Research Team
  – Elders
Project Host

- Ka Ni Kanichihk, Inc. - “Those who Lead”
- Ka Ni Kanichihk Inc. is mandated to provide a range of culturally based education, training and employment, leadership and community development, and healing and wellness programs and services that are rooted in the restoration and reclamation of cultures. The vision for Ka Ni Kanichihk came from the Aboriginal community - women, men, elders and youth who recognized the critical need to develop greater human and capital capacity within the rapidly growing urban Aboriginal community of Winnipeg.
- Ka Ni Kanichihk is committed to developing and delivering a range of programs and services that focus on wholesomeness and wellness and that builds on each individual's assets (gifts) and resilience.
Governance of Ka Ni Kanichihk

• Ka Ni Kanichihk is a registered, non-profit, community based Aboriginal human services organization. Ka Ni Kanichihk is governed by a council inclusive of First Nation and Metis peoples in Manitoba.

Council Members
– Gwen Cook, Co-Chairperson
– Louis Sorin, Co-chairperson
– Christa Chester, Treasurer / Secretary
– Elizabeth Brass
– Stella Blackbird, Elder
– Jessie Howell, Elder
Research Steering Committee

- Leslie Spillett, Executive Director, Ka Ni Kanichihk Inc.
- Cathy Rocke – University of Manitoba, Aboriginal Focus Programs
- Catherine L. Dunn, Lawyer – Catharine L. Dunn Law Office
- Dr. Kathy Buddle Crowe – Professor, University of Manitoba
- Margaret Haworth-Brockman – Executive Director, Prairie Women’s Health Centre of Excellence
- Ron Bewski – Province of Manitoba, Family Conciliation
- Tracy Booth, Elizabeth Fry Society of Manitoba
- Margaret Bartlette, Métis CFS Authority
- Rhonda Cameron, Mother and Student
Research Team

- Project Manager/Lead Investigator –
  - Marlyn Bennett (Winnipeg), Director of Research with the First Nations Child & Family Caring Society of Canada

- Research Assistants:
  - (1) Linda Lamirande (Winnipeg) and
  - (2) Adrienne Reason (The Pas)
Targeted Participants

• Aboriginal women (mothers/grandmothers) *
• Child Welfare Workers**
• Advocates for Women
• Lawyers (who represent mothers in child protection matters)
• Judges ***

* This presentation addresses some of the findings from the interviews and Talking Circles conducted with Aboriginal women
** Child welfare workers did not unfortunately participate in this study
*** The steering committee felt that judges would not likely participate given their schedules so this targeted population was dropped. They are however targeted for knowledge dissemination around research findings.
Recruitment

Criteria:
• Aboriginal women 18+ years (First Nations, Metis, Inuit and non-status Aboriginal women) who have had or have been at risk of having their children removed (apprehended) from their care by either an Aboriginal / First Nations Child Welfare service agency and/or a non-Aboriginal Child Welfare service agency within the Province of Manitoba (total number = 32);
• Lawyers representing Métis, First Nations, Inuit and other Aboriginal women involved in child welfare / protection cases within the Province of Manitoba (but not necessary representing the women have participated in this study) (total number = 6); and
• Community/women’s advocates and supporters assisting Métis, First Nations, Inuit and other Aboriginal women deal with child welfare / protection cases within the Province of Manitoba (this includes child welfare agency staff) (total number = 5).
Research Instruments

- Poster inviting Aboriginal women to Participate in Research Project
- Recruitment Script When Inviting Aboriginal Mothers to Participate In Interviews and Talking Circles Discussions
- Interview Questions / Guidelines for Interviews with Aboriginal Mothers
- Consent Form for Interviews with Aboriginal Mothers
- Recruitment letter to Request Interview with Legal Counsel Representing Aboriginal Mothers in Child Protection Matters
- Interview Questions / Guidelines for Interviews with Legal Counsel Representing Aboriginal Mothers
- Consent Form for Interview with Legal Counsel Representing Aboriginal Mothers
- Recruitment letter to Request Interview with Service Providers / Advocates and/or Other Supporters
- Interview Questions / Guidelines for Service Providers and Advocates/Supporters
- Consent Form for Interviews with Service Providers / Advocates and other Supporters
- Recruitment Script When Inviting Aboriginal Mothers to Participate In Talking Circles Discussions
- Talking Circle Questions for Aboriginal Mothers
- Consent Form for Aboriginal Mothers Participating in Talking Circles Discussion
- Talking Circles Evaluation Form
- Personal Information Form (to be completed by Aboriginal Mothers Participating in Both the Interviews and Talking Circles Discussions)
- CECW Fact Sheet on “Child Welfare in Manitoba” (to be given to Aboriginal Mothers Participating in Interviews and the Talking Circles Discussions)
- Background Information and Research Outline to be given to All Participants
- Glossary of Terms (to be given to Aboriginal mothers participating either through interviews or Talking Circle discussions)
- Data Management Form for Research Team Members in tracking information about Interview and Talking Circle Participants
Literature Review

Covers 4 specific areas:

1. Understanding the current statistics and context of Aboriginal women including:
   - Impact of colonization, culture loss and marginalization of Aboriginal Women;
   - Higher rates of Aboriginal mother led families;
   - Poverty;
   - Drug and alcohol misuse/abuse;
   - Domestic violence; and
   - Housing/mobility issues.

2. Specific literature on Aboriginal mothers’ involvement with child welfare systems;

3. Alternative forms of dispute resolution being used in the Child welfare context;

4. Aboriginal mothers’ experience with and access to legal counsel; and
Statistics on Aboriginal Women in Canada

• Under half a million Aboriginal women in Canada;
• Aboriginal women make up 3% of the total population of women in Canada;
• Aboriginal female gender growing more rapidly than the rest of Canadian female population;
• Aboriginal women make up a slight majority of the Aboriginal population in Canada (51%); 
• Majority of Aboriginal women live in off-reserve communities (rural and urban);
• 72% of Aboriginal women live off-reserve, while 28% live on reserve;
• 30% of Aboriginal women live in Metropolitan areas (in cities with more than 100,000 residents);
• Métis women (69%) are more urbanized compared to First Nations women (45%) and Inuit women (29%);
• The Aboriginal female population is relatively young – in 2001, 32% of Aboriginal females were under 15 years;
• Of the 3 recognized groups (First Nations, Métis and Inuit), Inuit women are the youngest;
• Relatively few Aboriginal women are seniors;
• 87% of Aboriginal women live with other family members compared to 83% of non-Aboriginal women and Aboriginal men;
• Aboriginal women are less likely than non-Aboriginal women to be living in husband-wife families – they are, however, twice as likely to be living in common law relationships;

• In 2001, of Aboriginal women, 15 years and older, 19% were heading families of their own compared to only 8% of non-Aboriginal women;

• Aboriginal women have the highest fertility rates compared to other Canadian women;

• From 1996-2001 the fertility rate for Aboriginal women as 2.6 children (that is, Aboriginal women could expect to have this many children over the course of their lifetime), compared to 1.5 for all other Canadian women;
• Largest concentration of Aboriginal women are found in Saskatoon, Winnipeg, Regina and Thunder Bay.
• Winnipeg is the urban centre with the largest actual number of Aboriginal women;
• In 2001, there were almost 30,000 Aboriginal women living in Winnipeg;
• Over 60% of Aboriginal women are single parents, a factor which increases their likelihood of being involved with the child welfare system in Manitoba;
• Aboriginal women experience higher rates of substance misuse, poverty, domestic violence, lack access to adequate housing and tend to move more often because of their poverty. This factors also predisposes them to become involved with child welfare.
Personal Information Forms

• The next set of slides set out the data from the PIF forms (n=32)
• primarily for statistical and demographic background information about the women who agreed to participate in the study
• Completed by both women involved in both the Interviews and Talking Circles;
• 8 pages, 41 multiple choice questions;
• Women learned about the project from friends, social workers, by email, or they were personally recruited by one of the research members and from reading community bulletin boards.
Demographic Profile of the Mothers

- Number of participants = 32 Mothers/Grandmothers
  - All participants in study were Mothers
  - At least 5 indicated that they also Grandmothers

- Aboriginal status:
  - First Nations = 20 (63%)
  - Métis = 10 (31%)
  - Non-status Aboriginal = 2 (6%)
Demographics Cont’d …

• Age Groups
  – 1 (18-25 years) (2%)
  – 2 (26-30 years) (5%)
  – 14 were in the 31-40 age range (33%)
  – 25 were in the 41-50 age range (58%)
  – 1 (51-60 years) (or 2%)
• Between these 32 mothers/grandmothers, collectively they had 106 children/ grandchildren (but not all were involved in child welfare):
  – 4 mothers had only 1 child (13%)
  – 8 mothers had 2 children (27%)
  – 4 mothers had 3 children (13%)
  – 4 mothers had 4 children (14%)
  – 5 mothers had 5 children (17%)
  – 2 mothers had 6 children (7%)
  – 3 mothers had 7 children (10%)
Demographics Cont’d …

- 25 mothers had Legal Aid lawyers representing them in court; 4 indicated that they hired a private lawyer; 1 did not answer the question and 2 felt it was not applicable.
- Of the 25 mothers with Legal Aid lawyers, 9 indicated that they encountered difficulties finding a lawyer to represent them.
- 14 of the 32 mothers still had children in care at the time they completed the PIF;
- 15 of the mothers, their children were eventually returned but for many, only after significant treatment and program attendance;
- 8 of the mothers had children over 18 years of age still living with them;
- Of the 32 mothers, 17 mothers had themselves been involved with child welfare when they were children/youth.
• 20 of the 32 mothers had moved more than once over a 2 year span – some as few as once and for one woman, as many as 6 times;

• Reasons why mothers moved so often include: rent too expensive, crowded conditions, domestic violence, or moved for education and employment reasons, and/or unsafe neighborhoods.

• 16 of the 32 mothers indicated that they have had difficulty securing housing at one point in their lives.
Strength of their Aboriginal Identity:

- **Fully** = I feel very connected to my Aboriginal culture and feel it shapes my identity as a person.
- **Moderate** = My personal identity is somewhat shaped by my Aboriginal heritage.
- **Low** = A small portion of my identity is shaped by my Aboriginal heritage.
- **None** = None of my personal identity is shaped by my Aboriginal heritage.

- 4 did not answer the question.
- 18 said their identity was Fully informed by their Aboriginal heritage.
- 7 said it was moderately informed by their heritage.
- 3 indicated that it was low.
Languages spoken amongst the 32 mothers

– Majority speak English
– 2 indicated that their first language (Cree) is most often spoken at home
– 12 of the 32 mothers speak an Aboriginal language in addition to English
– Of the 12 mothers that speak an Aboriginal language, 7 speak Cree and 5 speak Ojibway
– 1 of the mothers indicated that she spoke both Cree and Ojibway
Demographics Cont’d …

• Highest level of education among the 32 mothers
  – 2 women had grade 8 or less
  – 9 indicated that they had less than grade 12
  – 8 women had Grade 12
  – 11 stated that they had a university education
    (no specifics on degrees, completion or whether education still in progress)
  – 1 indicated she had a college education
  – 1 did not answer
At the time of completing the PIF, 9 (30%) of the mothers were unemployed;
9 (31%) worked full time;
1 (3%) worked full time and was also a student;
1 (3%) worked part time;
3 (10%) indicated that they worked casually;
1 (3%) worked both part time and casually;
6 (19%) indicated they were students, and
1 (3%) was on a disability income.
The majority of mothers (25 or 83%) had annual incomes that did not exceed $20,000.

17% or 7 women had annual incomes that ranged from $21-58,000.
Demographics Cont’d …

• The majority (18 or 56%) described themselves as having longstanding health problems;

• The types of health conditions identified by the mothers include: Arthritis, Endometriosis, Diabetes, Depression, Pulmonary Fibrosis, HIV positive, Thyroid conditions, anxiety and one had a visual impairment;

• Some women indicated having to deal with more than one health condition.
Demographics Cont’d ...

- Types of additions described by the mothers includes alcohol, drugs (cocaine, marijuana, crack), solvents, prescription medication (i.e. Tylenol 3s).
Opened Ended Interviews

Overview of Select Themes From Mothers’ Stories/Voices/ Narratives
Collectively the mothers’ narratives about their experiences with the child welfare and legal profession revealed six predominant themes. These included:

a. How Aboriginal mothers came into contact with child welfare;

b. Understanding the background context of Aboriginal mothers’ lives;

c. Treatment by staff within the child welfare system (i.e. treatment by child welfare staff and supervisors, racism, visitation, etc.);

d. The mothers’ insight into their experiences (acknowledging their own mistakes, emotions, coping, etc.);

e. Aboriginal mothers’ experiences with lawyers; and

f. Aboriginal mothers’ knowledge of alternative dispute resolutions used in the child welfare context.
Themes – Sharing mothers’ Narratives

• Initial Court Observations
• The increasing role of Grandmothers
• Unnatural Alienation
• Success as a Mother
• Suppression of Emotions
• Quality and Experience of Legal Assistance;
Mothers’ Narratives Cont’d…

- For many of these mothers, involvement with the child welfare system began when they were children or youth and then again when they grew into adulthood and had children of their own. The majority of the women we interviewed were in the 41-50 year old age range and were single mothers. Some of the mothers’ stories relate to experiences they had many years ago so the details of their experiences were a bit hazy while for other mothers the experience with child welfare was still very fresh for them. Their stories reflect collective and common perceptions about how the child welfare system functions and operates against Aboriginal mothers who, because of their poverty and substance misuse, need assistance accessing services to support them in their roles as parents.
• The mothers involved in this study reported child welfare contact through one of three means:
  – (1) through self-referrals,
  – (2) through reports made by others, and
  – (3) through other system referrals.
Contact through Self-Referrals

I volunteered myself to get help. It was the first time in my life that I really wanted to become straight and not be a dysfunctional person on drugs. Which was hard for me to do coming from a dysfunctional family where drugs were sold and used in the family, only marijuana at that point in time. So, I heard that CFS would do certain things to help out a person like that. Get you into a program and pay for it and help you get your kids to preschool or give them free passes to go swimming things that I couldn’t afford … So, I went to Social Services and asked for help through CFS. My councilor [social worker] was telling me that, she was a very nice person, but it was her supervisor was more like the “Attila the Hun” kind of… stereotype…like they came in and took the kids out right away. Ya and when they were telling me what was going to happen they didn’t tell me that that was going to happen? …
Contact – Reports made by others

So, the worker came in one day and ... she goes, we got a call last night, after hours ... we got a call. I guess, when you’re already involved with CFS, if a call comes through after hours, it just gets put through to the worker. I think that is how it works because after hours never came to my house and she said “you went out last night to the bar and you’ve smoked crack and you left your kids home alone.” And I said, you’re serious? And she says, yah. I went, this is ridiculous and I knew exactly who and I told her the story about my cousin. And then right there an then I says, is there any way that you can put on my file or ... after hours, if you guys get another call that I’m out or I’m partying, send after hours to my house. I’m proving this is wrong. I said this woman is nuts and she’s gonna keep doing it. What had happened the next week is ... after hours got three calls? And the same thing – [the social worker] would come the next day ... I said why isn’t after hours coming out so they were basically taking her word whatever she called. Now I can call after hours and I can start ratting on someone, one person even if they are not doing anything wrong. And they listen and this is what makes me so angry... So, I was really upset about that ... so anyways that’s what started ... a supervisory order on me.
Contact through other system referrals

I had cesarean cause they didn’t know … how … HIV is transmitted to the baby. I didn’t go on medication … that’s why it’s amazing that she’s okay. But then I had a worker come to me, maybe about a month before I was going to have my baby and she told me they were going to be taking her away. I wasn’t angry but I knew it was probably the right thing because I wasn’t doing anything right for myself. … I never talked to anyone about this for a long time. Only thing now, is that back then, I was really messed. I think that’s why I was so numbed out. And now that I’ve been through treatment and I went through all these problems and I’ve seen how a mother can be, I think I gave up on parenting because of what I have (HIV positive) … I felt that CFS was using that against me too … not that I’m not going to be here like forever. But the treatments and everything I’ve learnt … to my nurses and my doctors and look at how long I’ve had this since the very first time I had sex, I was 12 years old, I first found out in the Knowledges Centre. And my doctor even told me “geez” he goes “I don’t understand why you’re still kicking” cause usually people go after about 10 years … and the way I was living … it was a big amazing thing for me. Now it just gives me more hope that I can be around for at least another 10 more years at least to see my daughter grow and tell her that I was around … cause I really don’t like where she is right now. And that bothers me.
Background Context of Aboriginal mothers’ lives

- Early parenthood is a common experience reported by the mothers and grandmothers in this study. Many mothers raised their children alone or through the help of their own mothers. Due to the history of alcohol addiction, family violence, poverty, and becoming mothers at an early age, many mothers reported having very little parenting skills to draw upon to help them in their roles as mothers. The onset of motherhood at such an early age meant mothers felt unprepared to parent and for some, early motherhood meant child welfare involvement. In fact many of the mothers stated that they lacked the skills to parent and although many grew up caring for other siblings when they were young, the mothers indicated that they still lacked the skills to parent their own children. Some mothers noted that their lack of parenting skills was as a result of their own parents’ involvement with residential schools. One mother in particular noted that her parents’ experience in residential school impacted the way her parents showed affection and ultimately how that was carried over to her family:
The mothers’ narratives reveal a history of child welfare involvement because of family dysfunctions brought on by alcohol and drugs addictions. Mothers interviewed for this study indicated that exposure to alcohol and drugs often started in their childhood through their parents. Some mothers indicated that leaving their First Nations communities to live in Winnipeg often precipitated addictions because of the racism and culture shock they experienced in the new environment. Some of the mothers in this study stated they started drinking as early as 12 years of age. Grandmothers indicated that they are still involved with the child welfare system. Because of their adult children’s addictions they’ve had to step in and take over parenting their grandchildren.
Mothers explained that they were often neglected as young children. They stated that their parents’ alcoholism exposed them to other risks when they were young. Some mothers candidly reported being sexually abused and/or raped when they were young. These experiences in some instances precipitated early onset of addiction to alcohol.

I did some really intense therapy, dealing with all kinds of issues that I had from growing up like being raped when I was 12; being gang raped when I was about 15; being in all these abusive relationships; and being treated, you know, from your own mother, like somebody, like she didn’t love you – like all this abuse that I had endured, you know. I had to deal with it. That’s the opportunity that I had when I really opened up and decided to be honest about things and start talking to people about it.
Experiences with the Child Welfare (CW) System

Fear of child welfare intervention. Many indicate they are afraid to seek treatment for fear of losing children:

- ... I was scared to ask for help because I knew if I asked for help, they’d take my kids away and they did. They did!
- I was even scared to go for treatment because I figured ... if I’m gonna go for treatment then it means I got a problem and they’re gonna find a reason to take my kids away and that’s what happened, right. I ... tried to do that anyway and then they wound up taking my kids away so ... so either way, I just kinda ... had this feeling that ... I had to stop what I was doing but I didn’t know how and I didn’t know where to go. I didn’t know who to trust cause I was alone.
Experiences with CW Cont’d...

Jumping through hoops:

• Mothers reported feeling that they had to “play the game to satisfy child welfare”, whether that meant taking more programming or just satisfying the whim of social workers to prove they were doing what needed to be done in order to get their children returned or to ensure visits with children currently in care.

• This was a comment made so often by the mothers interviewed that it became the central title of the report:
Experiences with CW Cont’d…

• You’re a person whose trying to live your life and then you’re going to try and jump through hoops…this jumping through hoops business was getting me mad.

• He wanted me to jump through hoops and I didn’t like it … You have to try and prove to them that you’re trying to get them back and you’re trying to do everything they want you to do. In order to do that you’ve got to … I felt like I was always kissing their ass…

• I have never, ever once had a good experience with Child and Family, never with anything. If the kids are taken it takes so much to even try to get to see them and put it this way … you’ve got to jump through hoops to even try and get a visit with your kids.

• It’s just one frustration after another. It’s like you have to jump through hoops … they don’t tell you exactly what it is that they want…
Experiences with CW Cont’d…

• Being left out of the loop (perception there was no communication):
  – …when they took my children away, they should have had a sit down with me, whether it be by myself or with a support worker or a family member and say “these are our concerns but we’re willing to work with you but we need you to do this and then we’ll have a meeting and then … … a plan.” That has never been given to me.
Experiences with CW Cont’d...

• The number of social workers that mothers had to deal with was also discussed by the mothers as being a source of frustration:
  – Did I maintain any relationships, No! I had 8 social workers during the course of my involvement before we got transferred to an Aboriginal agency.
  – The social workers always change and they don’t keep up with the files or whatever and they don’t contact me until the kids contact them and say, “I want to see my mom.” And then they contact me, you know what I mean? But they can’t be bothered, it’s just the reality, eh, that’s just the way it is.
Experiences with CW Cont’d...

- Treated like children or as if they were simple minded by the child welfare social workers:
  - *They treat me like I’m some stupid young girl.*
  - *She made me feel like I was so stupid.*
Experiences with CW Cont’d…

Many of the mothers felt that they were being forced to assimilate and parent in a specific way that was alien to how they were brought up:

• They want you to adopt a different way of life … I found that the Aboriginal agencies are starting to do that too … your life has to be done a certain way to their expectations not the way you’ve lived or how you’ve grown up … it’s just their perception and that’s it. It’s their way … they’re forcing you to live the way they want to see you, not the way you’ve been living … obviously if your kids have been apprehended you’re not doing it right … assimilation, isn’t that what it’s called … to assimilate me to be the perfect parent?
The Importance of Culture

The importance of culture in the lives of the women who participated in this study is very evident in the stories they shared with us. Some mother indicated concern that when their children are taken from them and placed in non-Aboriginal homes, their children are not getting enough exposure to culture and that is it difficult for them to convince social workers and foster parents to take their concerns seriously about ensuring their children are exposed to their culture while they are in care. It is not enough for foster parents to take children to cultural events as this mother articulated:

• Yah. And there’s some things they don’t allow. They don’t allow my children to go to any Pow Wows or anything like that. … That’s what the foster mom told that worker, the worker told her that, the children can’t be at any kinds of things like that. Yah. Yah. Because my boys, they know everything about Pow Wows. Like they want their spirit names. I told them I’m going to get their spirit names but I have to go through CFS and everything and … they will probably say no to that.
Being Monitored by CW

- Subjected to numerous drug and alcohol testing by the child welfare agencies staff:
  - They were always ... it was like they were trying to catch me and there was no catching to be caught. Yet, I did everything ... they wanted and they still didn’t believe me. Then they started going for hair samples to blood and urine ... like how more can you not ... but I was still not believed. I knew already the whole scenario and what to do and [the social worker] was trying to catch me off guard all the time. She’d be reading my drug test and at the end of that session she’d ask me to go and do another one as if she’s trying to surprise me. That’s what I always felt from her and it really broke down my morale and everything. Not believing me about drug tests even though...my own physician said, “what the hell are these people on, why are they making you go through so many drug tests?” So, was my lawyer ... he couldn’t believe it either. He said, S. you don’t have to give hair samples, we can fight this.
Being Watched by CW

- Closely related to drug and alcohol testing was the feeling of being watched by child welfare (perceptions of invasion of privacy):
  - ... and they always managed to get me to the point because they knew I had company, they would get somebody to spy on my home, they knew people were coming in there, they had specific names. They had people watching my home and I’m going to try to make a court case saying that’s invasion of my privacy and movement. A bunch of people that are watching my home that are watching what is going on, coming in and out of my house.
Mothers noted that it appeared to them that the social workers deliberately try to make them mad or get them angry. Social workers did everything in their power to trigger the mothers’ anger as this mother reflected:

– They want to set you up. There are key words and there’s key things they try to throw at you to make you fly off the handle. I’m not stupid, I know their game.
Many of the mothers shared with us that they attended numerous programs at the request of the child welfare worker and agency. There is a sense that there is no rhyme and reason to the types and/or number of programs that mothers are required to attend. For many of the mothers it seemed that they were over-programmed and the child welfare expectations seemed to change from month to month.

- I had to jump through hoops ... going through parenting programs ... I don’t even know how many programs ... I went for treatment. ... I got so many certificates it’s unreal. Everything was done here, the four years I lived here, I was always doing this and doing that ... 

- I’ve been through so many programs in last three months. Sometimes I barely ate. I’ve even barely slept. I went from 8, 9 o’clock in the morning right to 9:30 at night. Sometimes all day long from 3 programs a day. Then I get up and have to go to another one. But I did it! I’m glad I did it. And I told [my worker] I’m just so programmed out.
Needing Additional Programs

• Mothers need for additional support services to help prepare them for the return of their children once the temporary order of children ended.

• Mothers felt unprepared for return of their children. There appears to be an abundance of programs for mothers involved with child welfare, but little by way of support services after children return home:
  – *I didn’t have enough support services brought into my home. These kids I never parented ever when they were growing up and then all of sudden it’s... here’s your kids, enjoy have fun, we’re out of your life...*
Visitation Rights

• Problems and difficulties around visitation rights
• Visits appear to be inconsistent and at the whim of social workers:
  – I still see them but it’s like once every 6 months now. It used to be once every month. The social workers always change and they don’t keep up with the files or whatever and they don’t contact me until the kids contact them and say, “I want to see my mom.” And then they contact me, you know what I mean? But they can’t be bothered (laughing), it’s just the reality, eh, that’s just the way it is. They can’t be bothered to go out of their way to help me see my kids, you know, they’re just another file.
Harm to Children in Care

• concern over the impact of the removal on their children
• The most frequently cited concern that mothers brought to our attention was the possibility their children may have been or were sexually abused while in care
• Children were threatened by the foster parents not to tell anyone including their mothers about what was happening in the foster home. In some instances; mothers reported that their children were threatened that they would never see their parents again if they told of the abuse:
  – My son talks about the foster home yelling, swearing at him, telling him to shut up. But then when the social workers come by oh the foster parent “oh he’s lying …” Phony. And I wonder if that is happening to my twins and to my son S. If they are being abused but when the social workers come around, they’re so scared they won’t want to speak up. And that’s what my daughter, my twin shared with me. She shared that from … that … that foster mom that smacked her in the back of the head said “go and tell the social workers – you’ll never see your mom, they’ll never put you back with you mom – they’ll just transfer you to a different foster home. They won’t buy you nice clothes and they won’t give you what I give you.” It’s like manipulating my kids.
• Some mothers indicated their children attempted suicide
Harm to Children Cont’d...

• Feeling powerless about how to bring their children’s concerns to the child welfare agency’s attention for fear they will make things worse for their children

  – At the beginning when my children were first apprehended, they used to complain about being hit in that foster care. When I said that I was going to go in and report it to go and say that my children were being abused in this home. My baby at the time, I think she was only six or seven at the time; she started crying and said no mommy you’re going to get us into trouble. She said it’d just make it worse on us. My thirteen year old, at the time a little older than my seven year old, I think she was nine or ten at the time. I was so angry and so frustrated because there was nothing I could do if I reported and said anything that this foster parent was being this way to my children then my children would suffer for it. I was caught in between. I wanted to report, but I didn’t want to make it worse for them because there would be no way I could protect them. No, I was too scared to. I didn’t want to hurt them. I didn’t want them to get hurt. They’re still in that home. It’s improved though since…

• Mothers say the biggest impact on children as a result of being removed is the loss of the development of deeper relationships with their children as this mother lamented:

  – My 18 year old son grew up in this child and welfare system. My son…has a lot of anger and abandonment issues…. But he always has a safe home to come home to. I still love him and I’ll always be here and ah, he has trust issues. He does come home but when he does come home, all he does is he showers, packs clothes and then he leaves. I have not had a relationship with my son and I blame the child welfare system for that.
Mothers’ Emotion

- Reported feeling a range of emotions (positive and negative)
- Negative emotions identified included feeling pain, hurt, depressed, stressed, angry, weak, feeling alone, powerless, unheard, unprotected, not believed, isolating themselves, feeling like they should give up, feeling they were judged, low self-esteem, shame and guilt, stigma, fear, lifelong emotional scars and suppressing all emotions and thoughts.
- The positive emotions encapsulated throughout the mothers’ narratives included acknowledging their mistakes, feelings of empowerment, finding their voice, empowering others, not feeling sorry for themselves, moving away from dysfunction, acknowledging their accomplishments and understanding how they were coping with intervention. They expressed emotions related to the love for their children and emotions around missing their children while they were away in care.
- The pain is still fresh …
The experience and memory of having had their children apprehended by child welfare was painful. For many mothers, the pain was still as fresh as if it just happened yesterday:

- I can’t stand to feel this pain … See I don’t know if that … if the pain will ever go away, that it will ever leave.
- To start this interview … it was painful at first but at least now I worked my way through it – and all what I can remember, you know, what I’ve been through.
- I could see like when … Aboriginal women lose their kids … like how painful it is … and what else are they supposed to do? A lot of them just turn right back to the alcohol right? Cause that’s all they know and I did that too but then … I thought, you know what? I got to straighten out because my kids aren’t gonna be there forever.
- Like I still go … to [name of organization removed]and I talk to people, like counselors or whatever … to get everything out of me so I won’t like feel like I need alcohol, weed, to take me away from that pain, you know?
How Mothers’ Coped with Intervention

• Reported a number of healthy and unhealthy strategies and coping methods for dealing with the stress of living without their children.

• Negative:
  – *I guess instead of going to AA meeting…* I started to feel sorry for myself and I started to drink

• Positive:
  – Relying upon aspects of their culture (attending ceremonies and praying);
  – Relied upon Educational pursuits;
  – Keeping themselves busy;
  – Looking forward to the visits with their children;
  – Sharing their stories;
  – Isolating themselves from bad influences/people;
  – Crying.
How Mothers’ Coped Cont’d…

• Just keeping myself busy working. I was working two jobs and enrolled myself in treatment and tried to stay away from everybody. I didn’t really have much family support. No, I kept to myself because I didn’t have any clean friends … the friends that I knew were all into something. So, I stayed away from everybody. Everybody that drank booze and everybody that smoked weed, everything, I didn’t touch nothing. I isolated myself and I just worked.

• I coped by … uh, by going to ceremonies, being around other women, sharing my story. Uh, knowing that I wasn’t going to let them win and that you know I have a voice and that my story needed to be heard.

• And I even went to support groups and other support groups. I did a lot of my own personal stuff like Sweats and reading.

• Ah, I went to support group … I spoke to crisis lines. I think um … I … for the first time in my life, I actually dealt with a whole lot of loss, like there’s just nothing but loss, like minute after minute. And um … I just allowed myself to heal, I guess crying. That was the only thing I could do was cry and cry and cry and that was it.
Mothers’ Hope and Persistence

The mothers involved in this study exhibited great faith, hope and persistence that one day their children will return home. They want to be ready for when that day arrives, as these mothers expressed in their own way:

• *I don’t sit there and feel sorry for myself ...* Those are my children and one day they’ll come home like my son did. Never mind if it takes them a long time to come home, I know eventually they’ll come home. And when they do, I want to be strong and I want to be happier and I want to be educated and I don’t want to rely on the welfare system. I don’t want to rely on “poor me, I was sexually abused.” Well poor me, well I got physically abused in care and yes it has happened to us and to our Elders through the boarding school system. But we have to ... we have to rise up, you know. We just have to ... to look at each day as a new day and to keep going and um ... if you have anger issues like I do, get some counselling. Don’t do it for the workers or your kids, do it for yourself. So you know how to use life skills to better cope with life and the everyday little challenges. That’s all the advice I can give.

• *I didn’t trust anybody ...* while in shelter I was trying to get funding for school, so I was still going, still trying to keep going – yet I was like ... you know? I forced myself to get up and go ... oh, suck it up and go, hi! And put the masks back on that I needed to wear and try to get back on my feet.
Mothers’ Experience with Lawyers

• Lack of knowledge about rights:
  – Basically, I have no rights they didn’t tell me to get a lawyer or anything or what are my rights to get my kids … we’re taking your kids and we have to do an investigation and in the meantime you can’t see your kids at all. It was up to them there was no … nothing legal … nothing written …
  – Yah your rights … you don’t have any rights when you’re dealing with CFS, none! It’s everything they say and who cares what you’re saying. A sound proof room and that’s you in the sound proof room and you could be … like they are there around you and they just can’t hear you. That’s how I felt is that you know, they just totally ignore you like you’re in a sound proof room, that’s what I meant to say.

• Perception that lawyers colluded with CFS:
  – I had a lawyer here in The Pas and they made me sign the Permanent forms. They told me it would be a lot easier if I signed the Permanent form and that was the biggest mistake I ever made. I tried to avoid Legal Aid because I found out through someone that’s been going through the same thing I am is that Legal Aid is in cahoots with Child and Family Services to get as many children as they possibly can in their care through Legal Aid. That’s what I was told and I know that now, but I found out too late.
Courtroom Experiences

• Not allowed family or advocate supports in the court:
  – The Advocate…wasn’t allowed in the courtroom. Well … that’s what I said, oh, you guys are allowed all your people but I’m not allowed to have mine? I think it is important for these women to have someone there with them because you become emotional, you know, you’ve got these people bashing you, your character and your parenting. No you need someone there! They need to change that definitely. You should be allowed whoever you want in court with you and maybe you’re not allowed 10 people, or 5 people, but at least 2 peoples should be allowed, or 3 even, your lawyer and 2 other people.
Mothers’ Recommendations

• Solutions and suggestions for change made by the participants:
  • Development of Aboriginal Mothers’ Advocate;
  • Training for Aboriginal Mothers’ Advocates to assist Aboriginal mothers who become involved with child and family services;
  • Development of a manual, video outlining sequential steps on what to expect, time lines, simplistic terms and definitions, information on the legal process and access to resources for Aboriginal mothers involved with the child welfare system;
  • Development of support groups;
  • Supporters allowed into courtrooms (other than lawyers); and
  • Above information and knowledge posted to a Manitoba specific website
  • Anthology of Aboriginal mothers’ stories
Comment on Recommendations

- Recommendations appear to advocate “tinkering” with the system – this is partly to do with the fact that Aboriginal mothers lack knowledge about alternative dispute resolution mechanisms and the power to change the child welfare system to engage meaningful change;
- There is a need to move the child welfare and legal systems toward utilization and implementation of alternative dispute strategies for working with Aboriginal mothers/families;
- Fundamental and meaningful change can only happen when room for collaborative dialogue is made by those who have the courage to change system structures that continue to oppress.
“… maybe this bundle of voices is all it takes … maybe that is all it takes and that’s why I wanted to share my story so you can do research and change the system … and if the women in the system want to change it, then at least I gave my input and I feel good about that. And maybe I heal a little more from it …”
“I have never shared my story before. It mattered that you wanted to hear about what I experienced ... that you wanted to hear my story. It’s part of my healing process.”
Conclusions

Why this research is important?

– A just society is measured by the way it treats its citizens.
– The voices of these women and documentation about their experiences with the child welfare system within Manitoba is missing from the literature – these findings provide evidentiary research that can help child welfare assess and tailor their services towards developing more conscientious services involving Aboriginal mothers and children and the need to develop ADR types of responses;
– Child welfare, especially in the context of Aboriginal child welfare, cannot be complicit in continuing to ignore the rights of Aboriginal parents because to do so, they are ignoring the rights of Aboriginal children. We only have to look at the experiences of children who went through the Residential School system to understand the gravity of importance of Aboriginal mothers to the wellbeing of their children and successive generations.
– It is clear that there are gaps in services to parents.
Next Steps

• How we plan to share research results and findings with participants and the community;
  – Produce plain language report and share research findings
  – Publication of literature review and research findings
  – Report posed online through Ka Ni Kanichihk and Caring Society’s websites
  – Engage Aboriginal mothers/grandmothers in developing work plan to develop recommendations
  – Explore funding options and opportunities
  – Facilitate discussions with child welfare and legal systems on how to incorporate more ADR process with families involved with child protection issues
Closing Reflections

• This information is not new – but documenting the voices and perspectives about this experience is new – until now there is virtually nothing, beyond that reflected earlier in the AJI-CWI, that captures the experiences/perspectives of Aboriginal mothers involved with child welfare systems in Manitoba;

• The need is great – women want to share their stories but due to limitations we have had to turn down other women interested in participating;

• Length of Talking Circles was inadequate and funding limitations restricted how many circles we could hold and where

• Feeling responsible for opening wounds and leaving women to deal with their own memories – not having enough supports and/or programs to refer women to;
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• This research was supported by a research grant from Status of Women Canada. We gratefully acknowledge this contribution, without which, this work would not have been possible.
• Dedicated to my mother – my passion
Collage of Images

• **Disclaimer:** Most of the images in the following slides are of Aboriginal mothers, Grandmothers and children from Manitoba … the fact that they are being used in connection to this study does not imply that they are involved with the child welfare system!

• It is hoped that the images leave you with sense of the enormous beauty, strength, love and resilience of Aboriginal motherhood that exists in Manitoba whether mothers are involved with child welfare or not!

• **Troy Westwood – Little Hawk** will perform his song “Where Are You God” as we transition through these images … sit back and enjoy!!!