

A Formative Evaluation of the Customary Care Program: Native Child and Family Services of Toronto

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Across Canada, the percentage of First Nations children in care of child welfare authorities is estimated to be six times that of the general population (*Royal Commission on Aboriginal Peoples, Volume 3: Gathering Strength*, 1996). Research into the impact of removing children from their homes due to child welfare issues has contributed to our understanding of the significant negative consequences on both the child and family (Bowlby, 1982; Johnson, 1983; Olsen, 1982). Further studies into the impact of government policies on Native people have clearly demonstrated that Native children face additional trauma; not only is the child removed from their home, they are removed from their community and culture (Andres, 1981; Bagley, 1985; Hudson, 1981; Johnston, 1983; Richard, 1989).

Since the 1950's, Canadian provincial governments have had jurisdiction for child welfare matters concerning Aboriginal children. In Ontario, *Section 10 of the Child and Family Services Act* (1984) makes specific reference to protecting the rights of Aboriginal people. The legislation describes the unique relationship Native child and family service agencies have with provincial child welfare authorities. Included in the Act is provision for care of Indian or Native children, "according to the custom of the child's band or native community" (Ontario Ministry of Community and Social Services, 1984, C.55.s.191). Based on the assumption that members of the native community are more suited to provide interim care of their own children, the customary care environment is intended to ensure Native children receive a continuum of culturally appropriate support from their extended family or community. This support is designed to prevent estrangement from their cultural roots and ensure continuity of spirituality, education, language and culture (Native Child and Family Services of Toronto, 1990, September).

Unfortunately, while the concept of customary care has existed for many years, there is no definition in Native social work literature of customary care. A description of the types of programs and activities provided by Native social work agencies that make up customary care is also unavailable. Providing anything more than a general definition may prove difficult since every First Nation has their own traditions and their own definition of customary care. Nevertheless, while a specific definition

may not be possible, there may be enough commonalities among different First Nations that a broad description may still be useful.

The intent of this formative evaluation therefore, is to fill the gap that exists in Native social work literature about customary care and to document how the Customary Care Home Program, operated by Native Child and Family Services of Toronto (NCFST), provides support to Native children in a manner that reflects Native values and beliefs. This evaluation is not meant to demonstrate the effectiveness of customary care arrangements in resolving cultural issues for the child or to assess the quality of care provided in the home: rather, the focus is on understanding how the Customary Care Program reinstates and reinforces Native values, customs, traditions and lifestyles to Native children under the care of the child welfare system. The findings of this study will, hopefully, assist not only program staff from Native Child and Family Services of Toronto, but Native child welfare staff generally, in enhancing and strengthening the delivery of services to children in care, the Customary Care Providers and the Native community.

Background to the Problem

Over the last three decades, studies from across Canada illustrate that there are a disproportionate number of Aboriginal children taken into care by child welfare authorities. In *Admittance Restricted* (1978), Douglas Sanders first alerted the public to this situation in his report on behalf of the Canadian Council on Children and Youth. In 1980, Philip Hepworth completed a study on behalf of the Canadian Council on Social Development regarding foster care and adoption, which detailed the extent to which Native children were being removed from their homes in disproportionate numbers to non-Native children, in every province across Canada. Patrick Johnson's 1983 analysis, *Native Children and the Child Welfare System*, used census data from provincial child welfare ministries to document the devastating impact child welfare practices have had on Aboriginal communities across Canada. Justice Edwin C. Kimelman's 1985 Manitoba inquiry into adoptions and placement of First Nations and Metis children confirmed the claims of First Nations people of that province that their communities were being destroyed by a child welfare system operating under the guise of providing for 'best interest' of the children. More recent studies by Kendrick (1990) and Warry (1991) provide disturbing evidence to demonstrate that a high proportion of Aboriginal children continue to be apprehended by child welfare authorities. To further compound this situation, the *Royal Commission on Aboriginal Peoples* found that placement of children in non-Native foster care homes has been as high as 90% in some provinces (*Royal Commission on Aboriginal Peoples*,

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The range of social, economic, and political problems, which contribute to the apprehension of Aboriginal children from their biological families is perhaps best articulated in the nine volumes of findings by the 1996 *Royal Commission on Aboriginal Peoples*. The impact of four hundred years of colonialism and cultural assimilation identified by the Royal Commission cannot be readily undone by compensation to victims, adding cultural components to existing services, or by changing existing legislation. Instead, the importance of developing culturally congruent services has been advocated by a number of Canadian researchers, social workers as well as Native leaders.

To address the significance of cultural differences in the effectiveness of program delivery, Cross (1986), McKenzie & Hudson (1985), Brant (1990), and Patrick Morrisette (1991) are joined by Warry (1991) and van de Sande (1995) in calling for culturally congruent child welfare service delivery to Native families in Canada. With the help of researchers and social scientists, Aboriginal people are increasingly finding their own way to reach out and claim ownership over social programs, services and political processes. The goal of this effort is to help communities heal from the impact of four hundred years of policy and legislation imposed on them by people with little or no understanding of the uniqueness of Aboriginal culture and the importance of community to Aboriginal people. In the delivery of child welfare services, this means ensuring children who are unable to remain in their own homes have access and support from extended family or community members, and thus retain ties to their cultural heritage.

Design of the Research

A formative evaluation process was selected to document how the program reinstates and reinforces Native values, customs, traditions and lifestyles to Native children participating in the Customary Care Program offered by NCFST. This methodology was chosen because it could provide information to Native Child and Family Services of Toronto and to other Native child welfare agencies by identifying the program's strengths and making recommendations for service improvements.

Research Questions

Through personal interviews with NCFST staff, Customary Care Providers, and children in care, as well as a review of the Customary Care Program documents, data was collected in order to answer the following questions:

1. How are core Native values transmitted by the Customary Care Providers to the children who are in their care?
2. How does the home support the child in exploring/understanding their cultural heritage?
3. How do the agency support families in developing a child's sense of cultural identity?

Sampling Procedure

At the time of this study, NCFST had eleven homes providing Customary Care to Native children on a full time basis. Three additional homes provided respite care on an emergency or relief basis. Thirteen Customary Care Providers, representing 78% of the homes involved with NCFST, participated in the Provider interviews. Since the focus of the evaluation understanding the interaction of the Customary Care Providers with children in their care, two of the respite homes were excluded as they only recently joined the program and had not yet provided care to children (N = 13).

Twenty-two children were involved in the program. However, only eight school-aged children were interviewed (N=8). This age group was selected because the evaluation tool required the children to have some language and comprehension abilities. The ages ranged from 8 years to 15 years with a mean age of 11.6 years. Of the eight children in this study, six were Crown wards. The other two children were temporary Children's Aid Society wards.

The remaining interview sample included the Customary Care staff team (N=3) and four of the five agency Family Services Workers (N=4) who act as the main referral source for the program. The study's principal author was the fifth Family Services Worker. In total twenty-eight (N=28) interviews were conducted from five different groups of participants in the Customary Care Program at Native Child and Family Services of Toronto.

Description of the Qualitative Interview Instruments

With sensitivity to issues of culture in the design of research tools, the principal author decided to conduct personal interviews with program participants rather than asking them to complete a written survey. The use of open-ended questions and interview schedules he was able to collect information in a manner that was as non-intrusive as possible, thereby respecting the Native value of listening and learning from others, gathering information in non-direct ways (Brant, 1990).

Five interview schedules were developed to draw out information from respondents in each of the cohort groups (children, Providers, Program Manager, Program staff, and Agency staff) on how the program supported and/or strengthened a child's cultural identity while in the Customary Care Program. The interview schedule allows for systemic and comprehensive data collection. Using a 'schedule' or 'interview guide' ensures that the same questions are asked of all the interviewees. This was more in line with Native values which respect a person's right to speak until they have fully explained their thoughts, thus allowing the interviews to proceed more as conversations than as probing interviews. The schedules for program and agency staff were designed to draw on their observations about how the Customary Care Providers promoted Native culture with the children. This data could then be triangulated with the Provider's and children's data regarding the type of cultural support offered to the children in the Customary Care homes.

Ethical Considerations

The small sample frame made the issue of confidentiality critical to the Customary Care Providers. The principal author spent some time during the initial contact with the Providers reviewing the purpose of the interview, explaining how the information would be used for improving services and reinforcing the fact that their specific responses would remain anonymous. He assured the families that the purpose of visit was not to "assess" the home, but to gather information for this study. He also explained the purpose of recording their responses would be for his own learning and to ensure details of the conversation were captured. They were advised that any identifying information would be removed from the final report. Permission to interview the children was obtained from the Program Manager responsible for their care, as well as the Customary Care Providers with whom they reside.

Data Collection Strategy

After receiving approval from the agency's Executive Director, interviews were scheduled with the study participants (N= 28) over a four-week period. The interviews with the children were arranged through their Customary Care Providers. It is believed none of the participants contacted one another to share the questions prior to the interview dates. All the interviews were audio-recorded. In addition to notes made about the participant's tone and affect, observations were made about Customary Care home environment including the interactions between the Customary Care Providers and the children in their care. This information was incorporated in the data analysis.

Analysis

The recorded interviews were transcribed verbatim by a bonded agency specializing in court recordings. Through an inductive process, a copy of each of the interview transcripts was reviewed for key statements. Using a chart, the key statements made in each interview were plotted to allow for comparison of responses between the five cohort groups. Interview notes were incorporated into the chart to assist in the comparison of responses. From these charts, the principal author created a series of "analyst-constructed typologies" (Patton, 1990) as a way of describing the patterns that emerged from the data. The arrangement of the data was reviewed several times to ensure appropriate categorization and analysis.

Key Results

Does the program meet the goal of reinstating and reinforcing Native values, customs, traditions and lifestyles to Native children under care of the child welfare system? Based on the interviews with staff, children, and the Customary Care Providers, we can see that Native children have the opportunity to experience a range of cultural support through their participation in the Customary Care Program offered by Native Child and Family Services of Toronto. It should be noted that it is impossible to include all the results from the study within the scope of this article. Only the highlights are included and the reader is encouraged to contact the principal author for a full account of the results and the discussion.

Exploring How Core Native Values are transmitted to Children in Care

The values of wisdom, love, respect, bravery, honesty, humility and truth form the basis of traditional Native life. NCFST emphasizes these values in its mission statement and program principles. Although the *Customary Care Homes Program - Policy and Procedures Manual* (Native Child and Family Services, 1997) does not provide specific directions to Providers on how to share these values, many of the Providers referred to traditional methods either directly or indirectly, as a way of imparting values. The elements of how the Providers impart values are further detailed below.

Parenting Techniques

When describing the parenting techniques they use, all of the Providers indicated that they deal with behaviour issues by talking to the children, drawing their attention to their behaviour in question and giving them an opportunity to learn from mistakes. Discipline was restricted to variations of a 'time out', withdrawing privileges, or sitting quietly with the child, reflecting on what was happening to them:

"With the non-Natives, it's easier to spank your child and just to be done with it. Here, it's not physical. A lot of it's talking - realizing that there's something going on for every behaviour and trying to find out what that is."

"A lot of [non-Native] parents don't talk to their children. They just, you know, yell at them and tell them to go to their room instead of asking them in a calm, respectful way."

To support the Providers' claims of using traditional methods, the staff of NCFST were able to provide illustrations of how the Customary Care Providers used traditional parenting methods to support the children: admonishing behaviour by joking or teasing; not interfering with their exploration of their environment; supporting the child's discovery of how they were connected to their environment and to the Native community:

"There's more questioning done, it seems, and that's just like, rather than immediately saying, 'No, don't touch that', it's more likely there might be a question, you know, 'What are you doing? Do you know you're not supposed

to touch that?' It's more solicitous as opposed to immediate intervention... and sometimes it's done in a joking way... kind of like tease."

"One of the methods that [a Provider] used, is just sitting down and just talking... Not telling them exactly what they did, but teaching them by giving them a story. They're not saying, 'You did this.' They tell them a story... And there is a moral meaning at the end, and they see if they catch on."

Developing Self Esteem.

An important element of the Customary Care program is the development of the child's identity as a Native person. Staff indicated that this could be a challenge for some children:

"The kids who did not grow up engaging in cultural activities sometimes rebel and say they don't like it [attending Pow Wows], but they do it because it's [a day] off of school or because all of the other family is attending. But they don't like it. They hate who they are."

Without exception, the Customary Care Providers emphasized the importance of helping the children develop their self-esteem and respect for their cultural heritage, preparing them to take their place in the broader society:

"I want them to learn self-respect, self-esteem, know when to participate in something and not to... I want her [customary care child] to think on her own..., to know what is right and what is wrong. To respect their heritage, you know, like their background."

"I try to teach them the things that mean a lot to me, but it's not..., enforcing them to do it. I try to tell them between the non-Native and the Native people, there's a combination."

Staff also noted the role of the home in helping the children achieve a more positive self-image as Native people:

"One of the wonderful things that our home was able to do was to be able to say, to explain to him, slowly, but to

explain to him that he is who he is. His colouring will always be his colouring. And she [Provider] was able to instill within him a sense of pride, a sense of self-esteem, acceptance as to who he was."

Positive Role Models

Providing the children with healthy lifestyle role models was cited by staff as a significant way of contributing to the child's cultural development.

"[The children] get a sense of what it means to be Native and proud of it and feel strong and healthy – self-esteem wise ... be able to say 'Hey, I'm Native' and be proud of it. So they [Customary Care Providers] definitely have a big influence on them and a big role which is probably not thought of too much in the day-to-day kind of stuff - how important they are in forming the Native identity in children, they definitely do have a big, big role and responsibility."

The homes also transmit Native values by emphasizing the interconnectedness of the children with their biological family, customary care family, extended family members and the broader Native community. This is an important aspect of the program. NCFST staff identified how having a family that shares similar physical traits with the children is an important way of helping the children adjust to being away from their biological family.

"I know that the children are comfortable in these homes, with these people, especially when they see somebody their own skin colour who are aware of what they've gone through and want to make their lives better."

"When we were taking them [Customary Care children] to the placement, they were very relieved that it was a Native family they were going to. That made all the difference to them."

How the Home Supports the Child in Exploring Their Cultural Heritage

During the interviews with the children and Providers, some insight was gained into the cultural lives of the children prior to living with the Customary Care family. Without exception, the children indicated that they participated in more Native activities while in the Customary Care home, than they did prior to coming into care.

"We do more here because we go, like, camping and stuff and do ceremonies and things, and at that other foster home... I first did a sweat."

"She [birth mother] tried to teach me some words but I think we do more here because we do, like, more things like make drums and stuff."

Providers indicated that they offer a range of experiences in the home that reflected their own level of cultural knowledge. This was validated by the NCFST childcare workers.

"Because each foster parent's level of cultural awareness is different, they all do it, but the level is different."

"Everybody, I think, within our whole system, are [sic] at a different levels of culture identity or acceptance, that kind of thing. But - and it merely depends on the individual homes - how they introduce it [Native culture], how quickly they go."

Creating a Native Home Environment

For many Providers, daily rituals strengthen the children's understanding of their culture. In some homes the Providers introduce the children to smudging as a way of starting the day or to help deal with stressful situations. The children are taught about the significance of tobacco in Native culture and its importance to thanking the Creator. Natural remedies may be used, like cedar baths or cedar tea to reduce fevers or upset stomachs.

"We smudged our dog one time because he was sick".

"We talk about the four medicines."

"If someone's feeling not so good... we smudge."

In the homes where the Provider indicated less cultural practices took place, there was interest in having an Elder come to their home and assist them in establishing some cultural traditions.

Developing Native Spirituality

In some homes Native spirituality may be introduced through discussions about the Creator, storytelling, songs or lullabies. Spending time in a sweat lodge with an Elder was also identified by the children as ways in which they developed their spirituality.

"A lot of Natives believe, when they go to a sweat lodge, it is a very sacred place. And it's where you think about all your relations, you think about the grandfathers, and it's where you think about stuff like that."

In a few homes the families indicated that they have older relatives or Elders who they visit regularly and share teachings.

"We like to take them to Native campgrounds, not the one that Native Child runs, but up North. The Elder there explains the teepee and the firs, the carvings in the pole and stuff."

"The building my mom lives in is all Native work and it's real traditional so it's good for them to see that... all you smell is sweet grass. And to talk to the Elders there, which is good for them."

In other homes the Customary Care Providers described an active role in providing children with information about the spiritual aspects of Native life and the differences between Native and mainstream religion:

"We do a prayer every night but we do it ... we try to do as many Ojibway words and they thank the Creator"

"I have told them about beliefs... I do not use spirituality. I compare a lot. We will say, for instance, it's Christmas [and child asks] 'What do we do, do we have this Grandma?' Well, I say, 'That's the non-Native way. Our way is, at the end of the season we all gathered and we all

celebrated and we all gave things that were precious to us'."

Food as a Cultural Tool

Diet was often cited as an important source of cultural identity. For some children, the homes provide them with their first taste of bannock, wild meat, fish, wild rice or berries. In other homes, the Providers indicated the children have developed a preference for non-Native foods.

"They all look at this food. I mean, with strange eyes they look at this food in front of them, and every time I give somebody, and it's not chicken nuggets and french fries, they look. 'Are we supposed to be eating this?' And then they find out that it's not bad at all."

"A lot of the Native kids that I have that are old enough and can understand, have never had it (wild game) but I would break it to them after they ate it and say, 'Well, how do you like this?'"

How NCFST Supports the Development of the Customary Care Child's

Cultural Identity

Two of the program goals cited in the NCFST *Customary Care Proposal* (1990) refer to supporting Customary Care Providers with training in issues of culture, as well as providing both the child and the Providers with options for cultural experiences within the Native community. The data provided by Providers, children and staff, indicate that the agency has made significant efforts towards achieving these goals by offering children and Providers access to the following three programs.

In-house Services

The pre-school program, Aboriginal Headstart, is available to members of Toronto's Aboriginal community. Hosted by NCFST, children aged two and a half years to six years old participate in a half-day program emphasizing cultural awareness and development of social skills to prepare them for primary school programs. Transportation is provided through the program. Providers indicated that children in their care have had the opportunity to experience this learning environment.

The NCFST summer camp program appears to be a significant cultural event in the lives of the children. The program runs during July and August out of Grundy Lake Provincial Park, south of Sudbury, Ontario. Over the eight weeks, one hundred children, ranging in age from seven years to sixteen years, participate in a one-week, over-night camp experience. All of the children in this study indicated that the camp program teaches them about Native traditions, gives them an opportunity to attend a sweat, speak with an Elder, do Native crafts, experience Native foods and learn more about their culture in general.

"I do some ceremonies, I go into the sweat lodge. I help set up for some of the ceremonies."

"I made a drum ... We made dream catchers."

A third important program is provided by Mooka'am, Native Child and Family Services' counselling program. Children and Customary Care Providers are offered the opportunity to participate in Healing Circles. The Providers identified the program as a source of peer support for the children and a critical component in helping the children adjust to their current family life. Although none of the children commented on the Circles, other agency staff noted the support it offered both children and Providers.

"With the Children's Circle that we had last year for the first time, the customary care workers found that children in care had been, unbeknownst to themselves, feeling very isolated. They thought that they were the only kids in care. They were the only Native kids in care and didn't understand that there were other kids similar to them. That was the reason for the Circle coming about."

"One of the kids stood up and said, you know, he didn't want to come initially to the Circle to begin with, ended up standing up and saying 'Who here - raise your hand - who here is Native?' Well of course, all the little hands went up. 'Who here is in care?' The hands went up again. It [the Circle] was primarily [about] identification."

The agency also sponsors community events like Pow Wows, cultural celebrations, holiday events, and promotes community activities around the Toronto area. Through external program information and financial assistance to access various recreation programs and social

activities, children are supported in developing their sense of belonging to a 'community'.

Discussion and Recommendations

This section summarizes the findings and identifies program enhancements and other recommendations that emerged from the data. The limitations of the study are identified in the final section of this article.

Customary Care Provider Support

Many of the Providers indicated they joined the program as a way to help support and strengthen the Aboriginal community. Their participation reflected a desire to help both parents and children in crisis. To a few of them, their role in the program was simply an extension of support that they had been providing informally to their family or friends. In particular, they saw their role as part of the traditional role of extended family - offering support to another family member who was in temporary need. For other participants, the program offered them an opportunity to 'give back' support to the Native community. Three of the Providers indicated a history in foster care or residential schools. For these individuals, it was important to provide love and comfort to children who were separated from their biological family or away from a familiar environment. As one mother poignantly indicated, becoming a Customary Care Provider offered her a chance to, "give the love I missed growing up".

Although staff indicated that all Providers received cultural training before assuming their role, Customary Care Providers had a range of responses to the question about how NCFST prepared them for their responsibilities under this program. Many of the families identified that there regular contact with Customary Care and Family Services staff, either by phone or during home visits, as both welcomed and helpful. They looked to the staff for expert knowledge, advice and support in dealing with particularly difficult situations. As one single parent noted:

"Sometimes I just need another person to talk to, to bounce off my concerns [about the child] or just to know I'm doing the right thing".

However, Providers expressed a need for on going training in order to meet the changing needs of the children in their care. Opportunities to learn about child development issues or some of the challenging psychological or behavioural issues they face with the children they provide care to, are not widely available. In particular, workshops dealing with

Attention Deficit Hyperactivity Disorder (ADHD), Pervasive Development Disorders (PDD), Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Affect (FAA) were cited as essential training that many Providers did not have. Citing the prevalence of substance abuse in the Native community one staff member remarked "chances are that they're going to wind up with a child with that predicament (FAA/FAS)." Another support issue identified by Providers was how to cope with teens that were going through identity issues. As one mother acknowledged:

"Even with my ECE [Early Childhood Education] Diploma, there's a lot of stuff to cope with".

Providing a resource list of people to call if they have questions about a particular issue was mentioned. Having the opportunity to visit with an Elder for guidance in parenting was also suggested as a possible support for Customary Care Providers.

The ability to help both the child and family deal with separation issues was also identified as a required skill by both Providers requested more support in helping children deal with their with separation issues – either from having just left the care of their biological family or having left another care home environment. The Providers also noted their need for support after children attended supervised visits with their biological family. Many of the Providers described the children as being confused, angry, or emotionally labile after these visits - challenging the coping strategies of the Customary Care family. The Customary Care Providers also indicated they also needed emotional support when the child left the home or relocated to another home for whatever reason. As one Customary Care Provider reflected, "I didn't think you would cry when a child left."

Staff also acknowledged the support that Providers required. They indicated that some participants were still finding their own path back to their cultural roots and needed to be encouraged and supported in this effort.

"Because these parents [Customary Care Provider] grew up in a certain generation... You cannot help but expect for that particular parent to have flashbacks and memories of their own feelings."

To support the on-going cultural development of Customary Care Providers, the agency should be viewing them as part of the NCFST care team. This means including them in the training and cultural teaching opportunities that other staff have access to, including sweats, meeting with an Elder, workshops on drum making or beadwork, as well as opportunities

to attend seminars and conferences related to Native issues. Offering a Support Circle for Customary Care families was suggested as a possible vehicle for Providers to learn gain a better understanding of their own cultural heritage, assist them in learning parenting strategies from one another. It would also be a way of obtaining the support required to deal with the emotional toll their responsibilities place on them.

Agency Support

Support from the agency was needed in clarifying the goals of the Customary Care Program. Providers described confusion over whether the agency wanted the children assimilating into their family or remaining at distance to prevent bonding. In one case, a Provider related the story of how the child in there care for a long period of time, questioned why she had to go to a different dentist than the rest of the family. Another Provider indicated confusion over whether agency activities were open to his biological children. This issue was of special concern to Providers who had children living with them for several years, some from infancy.

The relationship between the Customary Care Provider and the child's parent was also a source of concern. In some cases, the Customary Care Provider had close contact with the natural parent through telephone calls or family visits. In some cases, this provided continuity in parenting patterns with each learning about the child from the other. Some Customary Care Providers intrinsically understood their role as supporting the parents, while others found contact with the parent uncomfortable and a source of confusion for the child(ren). Many of the Providers requested clarification about the relationship between the Customary Care Provider and biological parents. As one parent explained:

"This one mother really resented me giving the kids
Native culture teachings - so who do I listen to - Native
Child or the parent?"

From the data collected, it appears the agency also needs to work through communication issues with the service partners, external to and within the agency. One parent explained that because NCFST does not have its child welfare mandate and operates in conjunction with mainstream Children's Aid (CAS) authorities, the children in her home were visited by four workers in one week: a child care worker from NCFST, one from the mainstream child welfare agency, the NCFST Family Worker and the CAS caseworker - all in the same week. This lack of co-ordination can lead to miscommunication between the various agencies and workers, leaving Customary Care Providers and parents confused over arrangements.

Formal procedures and policies within NCFST and with external agency partners need to be established to avoid confusion and to clarify role responsibilities.

The agency can also assist with transportation assistance to out-of-town events as a way of expanding the cultural experience of children participating in the Program. A quarterly newsletter highlighting community events, parenting resources, cultural learning opportunities, language classes, and even recipes, was suggested as a way of keeping the Providers connected to Native Child and Family Services of Toronto as well as the broader Native community.

Although the families acknowledged that they were providing care for other than financial reasons, the increased costs of caring for children were identified as an issue. The agency does provide funds for the children to participate in community or sports activities, but some Providers were not aware that they could request assistance from the agency for other additional activities the children may be involved in.

Community Support

The focus of recommendations concerning the Aboriginal community was on prevention. Concern was expressed that little was being done in the Native community to promote understanding of the reasons why children were being taken into care. It was acknowledged that, although many members of the community were aware of the problems within their immediate community, the high rate of abuse within the Native community needs to be profiled. An increase public education within the Native community on the issues of child welfare was suggested as an area that NCFST could help promote.

Other suggestions for improving program service delivery included promoting the use of other Native services in the community - including Anishnawbe Health, the Native Women's Resource Centre, and the Native Canadian Centre. These agencies can assist Providers in ensuring the children are exposed to the full range of cultural support the Native community has available to families.

In addition, new ways of caring for the whole family was presented as a way of helping some parents cope in stressful times. One Provider suggested that if funding were available to expand a program like the Ninoshe (Homemaker) Program, parents would have the support they needed in their own homes, reducing the trauma to children who might otherwise be removed. Other Providers indicated that having a grandparent figure in the home to assist new mothers would make a significant contribution to the family's well being. Another suggested that if the parent

and child remained together in a supervised residential setting, the family could continue to bond while the parent was supported through their crisis or participated in a treatment program.

Other ways the community could support the families is by allowing information to be shared with the Customary Care Providers when children are no longer in care. Post-placement information about children who left their care was identified by many of the Providers. The emotional engagement of the Customary Care family members in supporting a child in this program cannot be understated. As one mother indicated:

"They're here with you one day, then they're not... You don't see them out there in the community. You always wonder what happened to them."

While many of the Providers enjoyed the challenge of providing a home environment to the children in their care, it is apparent that these families need on-going support in helping them manage the issues and concerns that come with a child whose parent is not currently capable of caring for them.

Limitations of the Study

As indicated, this was a qualitative evaluation, which captured the voices of the program participants. There was some effort to ensure validity of the responses through triangulation of sources by looking for consistencies in the responses by NCFST staff, Customary Care Providers, and the children. Quantitative measurement tools, such as checking the agency files for information to support the data regarding the activities of the children inside and outside the home were not used. Other methods of triangulation such as utilizing cultural sensitivity questionnaires or requesting children/Providers to keep a log of their activities over a period of time could have validated the information related to the amount of cultural support children receive both inside of and external to the home, by Customary Care Providers and Native Child and Family Services staff. This limits the significance of the results to some degree.

Another weakness of the study is the fact that the questions related to culture did not distinguish between the unique cultural nuances within the Aboriginal community. The fact that there are a variety of distinct communities within First Nations, who express themselves in diverse ways, was ignored. The tools used in this study did not ascertain this difference. In particular, how the children's specific cultural were met through this program, was not questioned.

Another limitation of the study is the relationship of the principal author with the study participants. As a staff member and Aboriginal person, it was difficult to guarantee that the material collected was without a 'social desirability bias.' The respondents' professional and working relationship with him may have influenced the manner in which they responded to the questions. Although having a prior relationship with the study participants may have contributed to a relatively large sample size, the quality and accuracy of data may have been sacrificed.

The brevity of the children's responses indicated that the interview tool used with the children was flawed. If a less formal tool was used more in tune with their cognitive abilities, interests and social development, more detailed data may have been gathered. Their usual rapport with the principal author was stilted by the use of the tape recorder and by the artificial format of the interview schedule. In retrospect, the interviews with the children would have probably been more informative and less stressful on them if he had used a different methodology. Finally, the findings of the study would have been enhanced by developing and using a cultural continuum scale, grouping the homes in terms of their cultural identity and awareness, and comparing responses by staff, children and Providers.

Conclusion

In spite of these limitations, it is believed that the current study goes a long way to filling the gap in Native social work literature identified earlier in this article. It is hoped that the current study and this article will help clarify what is involved in providing a customary care program. No doubt the issue raised by participants in this study are shared by many others. What is still missing are studies on the effectiveness of customary care programs in helping Native children develop and maintain their cultural identity. The authors hope that some readers will take up the challenge to build on the knowledge gained through this study.

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