A PATHWAY TO RESTORATION: FROM CHILD PROTECTION TO COMMUNITY WELLNESS

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INTRODUCTION

The administrative devolution of provincial child welfare jurisdiction to Aboriginal authorities, dating back to the early 1980s, has resulted in a number of improvements for Aboriginal families that experience child protection services (Bellefeuille, Ricks and Garrooch, 1997; Hamilton, 2001). The larger political objective, however, of Aboriginal Peoples to govern and self-determine their own culturally distinct, integrative and holistic community healing approach to social wellness and tackling the pressing concerns of child maltreatment, family break down, and vanishing sense of community, has failed to come about under the prevailing deficit oriented child protection paradigm.¹

Our experiences for over thirty years as a front line social work practitioner and past director of the largest First Nation child welfare agency in the country, and as a researcher, academic, and organizational consultant to several First Nation agencies leads us to conclude that the realization of the Aboriginal vision for an alternative child welfare model is untenable under the force of the imposing protection paradigm.

In this article, we share both our thoughts about the devolution process, the traditional protection paradigm under which Aboriginal agencies are required to operate, and our experience in helping to shape the alternative paradigm which we believe must be built upon new themes that emphasize “community” and “wellness.”
THE PROTECTION PARADIGM

Founded upon the traditions of Western Eurocentric reason intent on creating a rational social world, the protection paradigm is entrenched within the traditional Western scientific notion of an objective universe. As such, the protection paradigm is based upon scientifically constructed risk identification and assessment frameworks, highly structured investigative processes, a case management model that constructs decision making as a series of prescribed steps, and a practice orientation based on individual deficit. The incongruity of the protection paradigm is profound in light of the holistic nature of the Aboriginal world-view (Cross, 1997; Fournier and Crey, 1997; Bourgeois, 1998; Hart, 2001).

The Power-Over Paradigm

The Aboriginal leadership painfully conscious of the oppressive and racist nature of the provincial child protection system, is justifiably ambivalent over their decision to assume control of a model that has caused so much damage to Aboriginal families and communities. Nonetheless, for over two decades, Aboriginal leadership has cautiously taken on the responsibility of establishing Aboriginal child welfare agencies as an interim step to gain some measure of control over the decision making processes, intervention options, and fiscal resources that come with the administrative control of the provincial mandate.

In spite of the many innovative developments resulting from the devolution process, the present scenario is all too familiar (Bellefeuille, Ricks and Garrioche, 1997; Hamilton, 2001; Warf, 2002). Despite the fact that most First Nations fall under the jurisdiction and authority of an Aboriginal agency: (a) the removal of Aboriginal children from their homes and communities has not decreased, (b) Aboriginal staff are increasingly frustrated by their inability to respond differently are burning out and choosing to leave child welfare practice, and (c) the community is becoming less tolerant, as the protection emphasis embraced by many of the Aboriginal agencies is utilizing the failed paternalistic approach exhibited by the non-Aboriginal agencies over the past half century.
Structure of Oppression

The search for answers does not rest, as many senior policy analysts believe, in compliance reviews. The assumption that by maintaining a high level of compliance with the provincial policies, practice standards, and operational procedures all would work better, fails to recognize the cultural, socio-economic, and political context in which Aboriginal agencies operate. Rather, it involves an appreciation of the impacts oppressive structures have on a subordinate group, this case, Aboriginal people.

Among critical theorists, oppression is typically identified as an expression of domination of a subordinate group by a dominant group in society (Freire, 1994; Mullaly, 1997; Gil, 1998). It entails political, economical, social, cultural, educational, and religious forms of domination and the structural arrangements of these institutions in favour of the dominant group (Lerner, 1986; Carniol, 1992). As explained by Mullaly (2002), however, oppressive forms do not necessarily embrace “evil” intent on the part of the dominant group, but rather can be integrated into society’s institutional structures.

For the purpose of this article, consider for instance the notion of “best interest,” the main guiding principle found in every Canadian statute governing child welfare services of the day. The term is linked to the legal concept of “pares patriae” which in Latin literally means “father of the country or government as parent” and refers to a rule, derived from the English common law, empowering the monarch to act as guardian and protector of persons. Under the authority of this legal doctrine the court has the power to act as a substitute benevolent parent on behalf of the state. And, as such has the right, in the “best interest” of the child and for the child’s protection, to remove some authority from the parents through its legislative and court systems and to establish services on behalf of children in need of state intervention (Wharf, 1993).

The values and assumptions on which the “best interest” principle is based, namely the assumption that culture is less important than bonding, and its historical application in child
welfare proceedings, has been injurious to Aboriginal Peoples. The principle is largely responsible for the abnormally high removal rate of Aboriginal children from their families and communities to be raised in non-Aboriginal foster homes or placed for adoption (Manitoba, 1991; Wharf, 1993; Canada, 1996).

Over the past decade, children of Aboriginal ancestry constitute, on averaging between 70 to 80 per cent of the total number of children in the care of provincial child welfare jurisdictions (British Columbia, 2000, Manitoba, 2000; Alberta, 2002). Notwithstanding the need to protect children from sexual, physical, and emotional abuse, the “best interest” principle also provided questionable justification for the removal of Aboriginal children on the grounds of “neglect.” This occurs without consideration of the structural disadvantage and poverty that many Aboriginal families experience.

A recent example of the oppressive and racist overtones of the “best interest principle can be seen in the February 17, 1999, the Supreme Court of Canada (SCC) decision citing the “best interest” principle in awarding the custody of an Aboriginal child to his white adoptive grandparents. The decision was based upon the argument that the child had bonded with his white adoptive grandparents and this bonding superseded the importance of culture, the wishes of his Aboriginal mother, and the fact the child was living with his Aboriginal grandfather in Canada at the time. The SCC held that the transfer of the child was to be done in an orderly fashion in the “best interest” of the child.

At the time, Viola Thomas President of the British Columbia United Native Nations asserted that the “best interest” principle is best suited for white, middle class notions of what is in tile best interest of a child:

How does the best interest deal with our culture? It does not. There is no way to incorporate our traditions and customs, our stories, songs and dances that honour our children. There is no way to incorporate extended family roles and the community, especially considering that poverty remains rampant in our communities.³
THE POWER OF THE DOMINANT CULTURE

It is our view that the child welfare devolution process is only an administrative transfer of authority to maintain the dominant social policy and practice of child welfare. The provincial child welfare system seems unaware of its use of oppressive measures in its effort to protect children from harm. To fully understand this, we turn to Bishop (1994) who details a number of myths created in response to what she explains as the “rationalization of oppression” by the dominant society. Specifically, she reports on the “myth of objective information,” which takes as fact by the dominant group’s perception of reality, thus placing the dominant group in the position of authoritative knower.

The myth of objective information points out that under the devolution process, the privilege of constructing the rules in the form of legislation, operational policies, and practice standards, as well as compliance enforcement through its quality assurance mechanisms is a dominant group privilege. In other words, the creation of how things will be fails to recognize the hierarchal dominant-subordinate relationship inherent within the devolution process.

The fact that devolution transfers administrative control over child welfare services to Aboriginal authorities does not mean that the practice orientation will change, as it is still guided by the dominant protection paradigm. While some agreements contain a small degree of recognition of the importance of culturally appropriate services, any serious effort to overcome the devastating impacts of the traditional child welfare system clearly needs to address the oppressive, racist, and destructive nature of the dominant protection paradigm. This is the point made in the following Royal Commission on Aboriginal Peoples (RCAP) statement:

The process by which Aboriginal peoples were systematically dispossessed of their lands and their livelihood, their cultures and languages, and their social and political institutions. ... This was done through government policies based on the false assumptions that Aboriginal ways of life were at a primitive level of evolutionary development, and that the high point of
human development was to be achieved by adopting the culture of European colonists (Canada 1996b, p.2).

INSTITUTIONAL RACISM AND THE MODERN DAY CHILD WELFARE SYSTEM

In 1997, the Minister of Justice of Canada asked the Law Commission of Canada to examine the institutional abuse of children in government operated, funded and sponsored institutions. The Commission looked at cases of abuse that occurred in residential schools for Aboriginal children, special needs schools for children with disabilities, child welfare facilities and youth detention facilities (Law Commission of Canada, 2000). In a preliminary discussion paper, the Commission asserted:

In attempting to understand the effects of abuse suffered in institutions, it is equally important to consider as a preliminary issue who are the children most likely to find themselves in institutions, and most vulnerable to abuse in those institutions. This raises questions about attitudes to race, class, ability and gender in our society. It is against this backdrop that the impact of the abuse itself must be assessed (Law Commission of Canada, 1998).

The Commission’s study panel concluded that the institutionalization of children subjected them to the following conditions in varying degrees: disconnection, powerlessness, and degradation. Although the policy of institutionalizing children in care is no longer followed, these conditions arguably still exist for the Aboriginal child in the present child welfare system. Consider for instance, the disconnection of being placed in a non-Aboriginal foster home or the sense of powerlessness that emerges as decisions are made by judges and social workers who operate from a Eurocentric world view, and last but not least the degradation of having one’s culture devalued by not sharing in the language and traditions.

On the surface, the child welfare system may seem non-institutional. However, the oppressive power of institutions can be experienced in institutions without walls (Foucault, 1965). For many Aboriginal people the current child welfare system is viewed as the modern day residential school system, less the
brick and mortar. As Dorothy Smith (1990) explains in *The Conceptual Practices of Power*, power is socially organized through institutions that she refers to as the “ruling apparatus,” which are taken for granted and seen as “normal” by society, thereby becoming invisible. Foster care may not appear in large institutions, but the underlying premise of protection is similar and no less damaging in its effects.

Our central premise of the article is that it is not enough to devolve the current child protection model and expect better results. While it is one thing to extend administrative control over the existing system, it is quite another to generate alternatives. It is important to distinguish between reforms within the current residual child welfare policy framework and real transformational change. In the words of Mother Sister Marie Claire of the Sisters of the Love of God, an Anglican Order in England:

We live in a time when things are unraveling. And if you know anything about weaving you know things which are unraveled cannot be patched. Our task, in this period of unraveling, is not to patch the old patterns but to build the loom on which the new patterns will be woven (Recounted by David Dodson in Pew Partnership for Civic Change, 1996).

**THE REDEFINITION OF CHILD WELFARE**

In our opinion the lack of progress being made by Aboriginal agencies is not a question of commitment and effort, but rather a matter of intention. The devolution process can be understood as a structural reform initiative designed to relocate administrative authority over to a parallel system operated by Aboriginal Peoples, or it can be viewed as a transformational process extending beyond the current notion of protection.

We submit that a shift from the prevailing deeply-rooted protection focus to an emphasis on healing and wellness, requires a critical discussion of paradigms. Our belief is that we are currently conceptually trapped, both by the poverty of our imagination and by the culturally well-honed ideas of “best interest” and “child protection,” within a Westernized worldview: a view that is not necessarily shared by other cultures or
alternative world-views, or may be simply out of date for any
culture.

THE COMMUNITY WELLNESS PARADIGM

In Science, Research and Social Work, Karger (1983) writes:

Those who define the questions to be asked define the
parameters of the answers, and it is the parameters of the
questions and the ensuing answers that function as the lens by
which people view reality (p.203).

Karger cleverly reminds us that by claiming the privilege of
knowing, we fail to see the limitations of our current world-
views. One of the most influential social constructionist books
of the century is Thomas Kuhn’s The Structure of Scientific
Revolutions (1962). Kuhn suggests that our propositions about
the world are in fact deeply embedded within paradigms which
constitute our mental blueprint of the world. The intent here is
to shift this discussion to an examination of dominant
paradigms which are open to question.

Child protection like any other dominant idea can be
understood as a paradigm. As American psychologist Donald
Campbell (1969) pointed out some forty years ago, whatever is,
is not necessarily right, and is not inevitable; evolution is, or
ought to be, continuous. A more contemporary view is
expressed by McGilly (1998) in his explanation of the power of
institutional frameworks in limiting our collective ability to
think outside the “box”:

Members of a society operate within its institutional framework
much as fishes swim in water-------barely aware that it is there,
but unlikely to survive if pulled out of it. Our social institutions
lead us to take for granted certain things as relevant, and certain
things as good. It is important for the student of social affairs to
challenge the conventional wisdom as to both relevance and
goodness. Real understanding requires that one step back and
take a careful look at the standards of right and wrong, of
important and unimportant, that underpin the society in which
one has grown up. Some will see the need for such change,
some for little. What matters is that one exercise the
responsibility to look critically (p. 28).
The child welfare protection paradigm, like other paradigms, is tied to the education and socialization of child protection workers and becomes integrated in practice consciousness as a general truth. In The Paradigm Conspiracy, Bretton and Largent (1996) explain how paradigms typically follow two kinds of developments, within and outside of the existing paradigm’s framework. Bretton and Largent point out that revolutionary shifts only occur when the dominating paradigm fails to solve the problems it was designed to address, but also state that paradigm shifts are not easily made:

The more the paradigm fails to do its job, the more old-paradigm scientist try to make it work. The paradigm is ripe for a revolution, but because they’ve forgotten that they even have a paradigm, scientist conclude that their world is falling apart. Solutions-----alternatives ways of doing science-----don’t exist.....they’re too paradigm bound to notice that they’re stumbling over the limits of their own models (p.7).

Breton and Largent’s point is that as long as a paradigm remains invisible, we essentially remain stuck within the existing paradigm. Thus, the biggest mistake child welfare authorities can make is to view devolution as a process within the prevailing child protection paradigm. Even though the Aboriginal leadership clearly expressed what they wanted in relation to the devolution process, their wishes have not been taken seriously and, at best, have been ignored completely.

This critique of the traditional protection paradigm was undertaken to help demonstrate the different assumptions and world-view underpinning the Nisichawayasihk Cree Nation (CNC) Family and Community Wellness Centre.

**A PATHWAY TO RESTORATION**

In 1983, Nisichawayasihk Cree Nation was one of twenty-five First Nation communities that agreed to form the Awasis Agency of Northern Manitoba, a fully mandated First Nation child welfare agency. Awasis Agency, like other First Nation agencies in Manitoba, endured several turbulent years as it struggled to operate within the provincial framework. Beset with escalating demands for services, critical shortages of
resources and high public dissatisfaction, the agency set out in 1991 to construct an approach more in line with the original vision upon which it was founded.

Beginning with the premise that the provincial child welfare approach and its central protection paradigm was responsible for the agency's lack of success to date, Awasis Agency embraced a totally new governance model framed as the Awasis Learning Model of Governance (Bellefeuille, Ricks and Garrioche, 1997). This approach represented everything that traditional patriarchal systems of thought were not, including: decentralized community-based services, a policy orientation of difference where policies were formulated according to the unique needs and experiences of each community; inter-sectoral integrated of community-based services; a health promotion policy approach to decision-making; a capacity building perspective on leadership development; and the integration of practice and theory.

Figure 1.1 presents the broader governance framework that guided the Awasis transformation following 1991. It illustrates the implicit assumptions inherent within the different 'mental models' (Senge, 1990) or 'worldviews' that underpin the traditional Western bureaucratic system of governance and alternative learning governance paradigm. It also shows how governance structures, (i.e., centralized versus decentralized community-based structures) and practice orientations (i.e., crisis need-based versus health promotion early intervention approaches) emerge from the dominant mental models and worldviews in which the governance paradigm is founded upon.
### Figure 1.1 Learning Governance Paradigm Shift

<table>
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<tr>
<th>Traditional Administrative Bureaucratic Governance Paradigm</th>
<th>Learning Governance Paradigm</th>
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<tr>
<td><strong>Mental Models or World-Views</strong></td>
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<tr>
<td>Reductionist (one objective reality)</td>
<td>Holistic (multiple realities)</td>
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<tr>
<td>Competitive</td>
<td>Partnership</td>
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<tr>
<td>Rule-Based Decision Making</td>
<td>Value-Based Decision Making</td>
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<td>Hierarchical systems of domination</td>
<td>Hierarchical systems of actualization</td>
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<tr>
<td>Independence</td>
<td>Interdependence</td>
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<tr>
<td>Power-Over</td>
<td>Power-With</td>
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<tr>
<td>Adaptive Learning (what you need to know)</td>
<td>Generative Learning (what we need to understand)</td>
</tr>
<tr>
<td>Individualism</td>
<td>Relationships</td>
</tr>
<tr>
<td><strong>Structures</strong></td>
<td><strong>Structures</strong></td>
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<td>Bureaucratic Departmentalization</td>
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<td>Fragmented</td>
<td>Integrated</td>
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<td>Strategic Planning (within current paradigm)</td>
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<td>Management (control oriented)</td>
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<tr>
<td>Dichotomy of Theory and Practice</td>
<td>Integration of Theory and Practice</td>
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<tr>
<td><strong>Practice Orientation</strong></td>
<td><strong>Practice Orientation</strong></td>
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<tr>
<td>Crisis Oriented (needs-based)</td>
<td>Health Promotion Focus (capacity building)</td>
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<tr>
<td>Child Focus</td>
<td>Child, Family, and Community Focused</td>
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<tr>
<td>Rationality (a bureaucratic principle of governance that remove all claims of difference)</td>
<td>Participatory Consciousness (recognition of cultural diversity and expression of difference)</td>
</tr>
<tr>
<td>Protection Focus</td>
<td>Community Wellness Focus</td>
</tr>
<tr>
<td>Organizationally-Based</td>
<td>Community-Based</td>
</tr>
<tr>
<td>System Accountability</td>
<td>Consumer accountability</td>
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In 1991, Awasis’ maintenance budget exceeded 9 million dollars. The per capita and overall maintenance expenditures dropped dramatically over four years due to the shift from a protection focus to an emphasis on community wellness.

There are many factors that can be attributed to the reduction of children in care during this period of time. However, the number of children in care and related maintenance cost progressively increased in each of the previous years prior to 1991.

THE NICHİWAYASIHK CREE NATION FAMILY AND COMMUNITY WELLNESS CENTRE

Building upon the achievements and developments of Awasis Agency, on November 13, 1998, Nichiwayasihk Cree Nation (NCN) passed a Band Council Resolution setting in motion the further decentralization of child welfare services by seeking local jurisdiction through the establishment of a single Band-based child welfare agency. Rather than engage in a planning process that would result in a standard single mandated First Nation child welfare agency under the traditional child protection paradigm, NCN broke with tradition by authorizing the creation of a single Family and Community Wellness Centre.

The central objective of the Centre entailed the bringing together of all of the community’s human services and expanding child welfare jurisdiction under one community-based governance structure with a shared health promotion perspective. Never before did the child welfare devolution process involve the integration of all community-based human services into one combined community wellness mandate.

In June of 1999, following a six month strategic visioning process to map out the organizational structure and integrated service delivery model of the newly proposed combined mandate, a community wellness strategic implementation plan was completed (A Pathway to Restoration, NCH, 1999). A central
strategy of the plan involved the construction of a thirteen thousand square foot Wellness Centre to strengthen the integration of existing services, to support the development of new health promotion services, and to create a central focal point of services to enhance community participation. In his public address to the community upon the opening of the Centre, Chief Jerry Primrose asserted that:

Managing the transition to greater self-government presents many challenges and opportunities that cannot be addressed by simply adjusting existing policies and procedures. New innovative approaches are required to meet the needs of our community that are more integrated and holistic in nature and acknowledge the value of community responsibility and self-determination. Adopting this new pathway will pose many challenges. Traditional government programming historically has been designed around the resolution of problems or specific issues, rather than focussing on building individual and community health and wellness. Shifting to a more holistic “wellness orientation” will require a change in the mind-sets of our existing local organizations.

The NCN Family and Community Wellness Centre’s health promotion emphasis resulted in the radical restructuring of the existing array of services into a cultural adaptation of the life span service model. Components of the new service design as illustrated in Figure 1.3 include:
Figure 1.3 Nisichawayasihk Cree Nation Family and Community Wellness Centre
• **A Family and Justice Conferencing Centre:** The Family and Justice Conferencing Centre was designed to provide an environment in which both child and family services and the community justice program can have a supportive setting to conduct family and justice related conferences. The circular room has a large fireplace and log furniture intended to establish a relax atmosphere and to build trust by reducing the professional barriers that exist in very formalized environments.

• **A Child and Family Resource Centre:** Prior to the development of the Wellness Centre, there were several separately funded early intervention and maternal health related programs such as Brighter Futures (child development), Building Healthier Communities (substance abuse prevention), Public Health (prenatal/postnatal support and child development education), and Child Welfare (family support services) all operating from separate locations throughout the community. The Child and Family Resource Centre brought these resources together under one integrated program setting resulting in a more effective early intervention program.

• **An Arts and Cultural Centre:** One of the more innovative additions of the new services continuum, the Arts and Cultural Centre was realized through the pooling of financial resources from all of the services under the Wellness Centre’s mandate. Taking into consideration that healthy societies protect and nurture their cultural heritage, the Arts and Cultural Centre was established to promote the restoration of traditional languages and cultural ways of life by offering a range of interactive programs in the evenings and weekends. It also serves as a central hosting center for community visitors, as the walls of the Center our covered with historical photographs.

• **Elder Centre:** The continuity of Aboriginal culture including language retention is grounded in the traditions of family and community life. These traditions are passed-on from generation to generation by the community’s Elders possessing the greatest command of the culture. The Elder Centre provides a gathering place for Elders to maintain social connections and engage in a variety of healthy activities. In light of the integrative nature of the Wellness Centre, the Elder Centre has a large teaching kitchen that is used to support the community’s prenatal program. Young expecting mothers assemble weekly at the
Elder Centre and are taught proper nutrition and cooking skills by the community’s Elders.

- **Youth Leadership Centre**: By providing youth with a place at the Wellness Centre, a critical link is forged between the youth, adults, and Elders of the community. The Centre’s activities are governed by the youth.

- **Health and Fitness Centre**: Consist of a large exercise room equipped with all the contemporary fitness equipment including therapeutic hot tubs and saunas. Once again the integrative nature of the Wellness Centre allows the other program components to enhance their services by making use of the Health and Fitness Centre.

- **Video Room**: A multi-media room used for workshop presentations, meetings, and the showing of videos.

- **Day Care Centre/Head Start Program**: A modern day care center connected to the community’s head start program. By working together resources are shared strengthening both programs.

- **Mental Health/Child and Family Services Program**: The centre also houses the community’s mental health program and child and family services program. However, by integrating these traditional services within the Wellness Centre, they become less threatening and can interact with their clientele in a less crisis oriented manner.

THE VALUES UNDERLYING THE COMMUNITY WELLNESS PARADIGM

Although the community wellness paradigm in child welfare is not yet as clearly defined as the traditional protection paradigm, based on our experience, we believe that there are at least three basic values that underpin the community wellness paradigm: (a) the capacity of communities to identify their own needs, practice community governance, and construct unique community-based interventions, (b) the capacity of individuals for self-care, and change, and (c) the focus on health versus need.
A community wellness approach involves challenging the assumptions that underlie existing child protection practice. In contrast to the individual needs-based child protection approach, the community wellness paradigm implies a need to broaden traditional child protection policy to respond to the well-being of children generally, not just to those children at immediate "risk," but rather a health promotion approach. Acknowledging the institutional oppression of Aboriginal Peoples involves recognizing that it is the very structure of society and our institutions that makes Aboriginal children vulnerable. From this perspective, all problems and causes are held as a problem of the larger social structures.

Reconceptualizing child welfare in a way that takes into account the oppressive nature of society, requires developing community empowering health promotion strategies that acknowledge and reinforce the capacity of communities for self-care and change. As such, child protection practice would be about joining with community to increase their capacity to transform the social and political structures that impact their wellness. They can be changed. People can make those changes.

As practitioners and academics we have witness several waves of reform over the past three decades, unfortunately all within the prevailing child protection paradigm. Much of our work today is based on the promising developments we experience over this past decade with Awasis Agency and Nisichawayasihk Cree Nation. As we have come to understand it, the community wellness paradigm is built upon a politic of hope. It is built upon an understanding and recognition that people have the capacity, changes can be made, and that empowerment and hope is more relevant than protection for true reform.
FOOTNOTES

1 For the purpose of this article, the term “Aboriginal authority” is used to describe both urban and First Nation entities (including single Band-based mandates and mandated agencies serving multiple First Nation communities).

2 The protection paradigm views abuse and neglect in terms of individual pathology and is primarily an investigation driven system that offers very little in terms of prevention and remediation resources (Wharf, 1993).

3 The colonialist and assimilist attitudes of the “Sixties Scoop” (the RCAP (1996), Manitoba Aboriginal justice Inquiry (1991) and Kimelman Report (1985) on adoptions and placements of First Nations and Métis children from Manitoba) that saw thousands of Canadian Aboriginal children put into the child welfare system - with many shipped south to the United States.

4 Unknown source, retrieved from personal notes concerning the restructuring of Manitoba’s child welfare system.

5 Critical theorist and feminist Iris Marion Young (1990) in Justice and the Politics of Difference rejects as illusory the notion of the current welfare state as a construct designed to benefit all members of society. According to Young, if the recognition of cultural diversity is to be achieved, the institutional order of social welfare must furnish space for the expression of difference.

6 Adapted from Breaking the Rules: Transforming Governance in Social Services (Bellefeuille, Garrioch, and Ricks, 1997).


8 Speaking notes of the Opening Ceremony, delivered by Chief Jerry Primrose.

9 “Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the
environment. Health is therefore, seen as a resource for everyday life, not the objective of living. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being” (Ottawa, 1986).

REFERENCES


