

Connecting Research,
Policy, and Practice

Child Welfare

Second Edition



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preventative and supportive services that help keep First Nations children at home. Second, increased levels of funding are needed to cover preventative and supportive services, work mandated by provincial legislation, actual operations costs for agencies, cost adjustments for remoteness, costs of implementing and maintaining appropriate information management systems, and inflationary increases. Third, a solution to service delays caused by jurisdictional disputes is essential. In the short term, this means adopting Jordan's Principle of caring for children first and settling disputes afterwards. In the longer term, it means revising and refining agreements between provinces, federal agencies, and First Nations communities, placing a particular emphasis on increasing First Nations autonomy and their abilities to design and deliver child welfare services for all First Nations children. Fourth, child protection services must account for, and respond to, structural factors that place children at risk and may be beyond the control of families to address on their own.

There is also an urgent need for additional research which facilitates understanding of, and alternative approaches to addressing, the needs of First Nations children in the child welfare system. Further research is needed to understand the overrepresentation of First Nations children that has been explored in this paper. In particular, more research that follows child welfare cases beyond the investigation stage is required to understand the in-care trajectories and needs of First Nations children. In order to effectively address these needs, research which facilitates the development of culturally based programs/policies, and evaluates them according to appropriate standards, is also required. First Nations peoples have an increasing capacity to conduct their own research, and resources which support additional development of First Nations research capacity are essential to the emergence of a more comprehensive body of research on First Nations child welfare.

Notes

1. First Nations people can be divided into two categories: "status First Nations (status Indians)," who are entitled to certain rights and benefits because their First Nations identity is recognized by the Canadian government under the *Indian Act* (1985), and "non-status First Nations," whose First Nations identity is not recognized under the *Indian Act*.
2. In 2006, 46% of First Nations children (aged 0-14) lived off-reserve and 54% lived on-reserve (Statistics Canada, 2006c).
3. One notable exception is the Spallumcheen First Nation of British Columbia, which maintains sole jurisdiction over child welfare services to its members by means of a by-law that has been recognized by government (MacDonald, 1983).

From Child Protection to Community Caring in First Nations Child and Family Services

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The negative effects of colonization on the well-being of Aboriginal children and families have been well documented both in this book and elsewhere (see among other sources Blackstock, 2003; McKenzie & Morrisette, 2003; Sinclair, Bala, Lilles, & Blackstock, 2004). These effects include parenting problems, addictions, and the overrepresentation of Aboriginal children in care. Although abuse, including sexual abuse, is a serious problem, most Aboriginal children are placed in care as a result of neglect (Blackstock, Prakash, Loxley, & Wien, 2005; Trocmé et al., 2005). Parental neglect, while not something to be condoned, is also related to structural factors in Aboriginal communities, such as inadequate housing, unemployment, and social exclusion (Assembly of First Nations, 2008a; Trocmé, Knoke, & Blackstock, 2004), or what is referred to here as "structural neglect."

Colonization has contributed to this pattern in two important ways. First, it is a causal factor in the prevailing pattern of inequality in social conditions that persists in Aboriginal communities. Second, institutional interventions—the residential school system, the "sixties scoop," and jurisdictional disagreements over responsibility (see Chapter 21; Fournier & Crey, 1997; McKenzie & Hudson, 1985)—have played a major role in contributing to the overrepresentation of Aboriginal children in care. There is no recent evidence that this pattern of overrepresentation is being reversed, even with the transfer of service delivery responsibility to First Nations child and family service agencies.

Although it is difficult to determine an accurate national count of Aboriginal children in care, among First Nations communities in Canada the number

of First Nations children in out-of-home care at year-end increased by over 70% between 1995 and 2001 (McKenzie, 2002). Farris-Manning and Zandstra (2003) have estimated that between 30% and 40% of the 76,000 children in care in Canada in 2002 were Aboriginal. However, there has also been a national increase in child welfare service activity; between 1998 and 2003 the number of investigated children in Canada increased by 83%, and the number of children who experienced some type of alternative care placement increased by 56% (see Chapter 1). A more recent snapshot of one province (i.e., Manitoba) indicates that the number of children in care as of March 31, 2009, was 10.1% higher than the figure recorded a year earlier on that date (Rabson, 2009b, p. A4).

Policy and legislative changes that have placed more emphasis on child protection may explain some of these trends. The impetus for these changes has come from increasing evidence of the long-term negative effects of chronic neglect, recognition of the harm caused to children by interspousal violence, and growing recognition of the limitations of the family preservation movement. These changes have also been affected by public and political reaction to the deaths of children who had received service from or were in the care of the child welfare system. In turn, the shortcomings of an increasingly intrusive child welfare system have given rise to a more recent interest in differential response (see Chapter 6).

Alternative models of service delivery in Aboriginal child welfare which meet criteria associated with child well-being, keep children closer to home, reinforce their cultural identity, and reduce the number of children in care remain a continuing challenge in Canada. It is also self-evident that the ability of child welfare agencies to address the structural factors leading to child neglect is seriously restricted by current funding models and related legislative mandates. However, new models of service delivery can make a difference. Central to this goal is a shift in focus from a service model preoccupied with the child protection function to one that incorporates increased emphasis on prevention and family service and builds capacity for community caring.

Following a brief summary of relevant background, this chapter examines conceptual frameworks for child welfare service delivery, with special emphasis on a community caring orientation that has particular application in Indigenous communities. The model is then illustrated by a case study of one community with data collected at three intervals over a 14-year period of time. Implications are highlighted in the final section.

Background

The historical effects of colonization on Indigenous people are not limited to Canada. Similar processes and related effects are found in other countries, including Australia, the United States, and New Zealand (Armitage, 1995; Horejsi, Craig, & Pablo, 1992; Love, 2006; Stanley, Tomison, & Pocock, 2003). In Canada, child welfare services were not provided on reserves in any comprehensive fashion until the 1980s (Ontario was the exception); intervention, when this occurred, was characterized by the removal and placement of First Nations children in non-Aboriginal resources. By the mid-1980s, First Nations resistance to the colonizing effects of these services, notably the loss of children from their families, communities, and culture, led to agreements to transfer jurisdictional control to First Nations communities. The service model that has evolved includes federal funding for First Nations children and families deemed to be a federal responsibility (i.e., living on reserves), recognition of provincial legislation and standards as the framework for service provision, and the delegation of responsibility, including agency governance, to First Nations communities. As noted in the previous chapter, by 2008 there were 108 agencies providing at least partial services under the delegated model to 442 of the 606 First Nations communities served by Indian and Northern Affairs Canada (INAC).

The transfer of jurisdictional control to Aboriginal authorities or agencies serving Aboriginal people living off-reserve has been a more recent development, but there are now such agencies in a number of major urban centres, including Toronto and Vancouver, with a mandate to provide a full range of child welfare services to Aboriginal children and families living in those cities. As well, a number of provinces have established Aboriginal agencies which provide child welfare services to Aboriginal children and families living off-reserve.

One of the more complex models is the provincial initiative launched in Manitoba in 1999 after the election of a New Democratic Party (NDP) government. This model, which evolved after extensive consultation with Aboriginal stakeholders, led to the establishment of four distinct authorities under provincial legislation. The *Child and Family Services Authorities Act* (2002) granted the right of Aboriginal people to receive services from agencies established under an authority governance structure composed of persons nominated by respective Aboriginal political organizations. Three of the new authorities are Aboriginal: First Nations North, First Nations South, and First Nations East. The other authority is known as the General Authority. Although the

General Child and Family Services Authority has primary responsibility for providing child welfare services to non-Aboriginal people, it also serves some Aboriginal people who express a preference to receive services from this authority. Each authority has a province-wide mandate (i.e., concurrent jurisdiction) to provide services to families and children from its cultural group anywhere in the province, and designated intake units are responsible for providing initial investigation services and determining the appropriate agency for ongoing services if such services are required.

Aboriginal jurisdictional control over child welfare services has potential advantages. First, it enables the development of more responsive community-based services that allow for incorporation of Aboriginal values, beliefs, and traditions, including more culturally appropriate practices. Second, it is more likely to lead to capacity-building initiatives at the community level. These can offer alternatives to conventional service models which have too often focused primarily on the continuing removal of Aboriginal children from their families, communities, and culture.

There are also limitations associated with current approaches to the transfer of jurisdictional control. Of particular significance are resource gaps in Aboriginal communities that have not been addressed by the transfer of jurisdictional control. For example, there are deficiencies in the funding formula for on-reserve services, including the lack of a designated allocation for prevention and family support services (First Nations Child and Family Caring Society of Canada, 2005). In Manitoba in 2008, the federal government spent only about 78 cents for on-reserve child welfare services for every dollar spent by the provincial government for services to children and families living off-reserve (Rabson, 2009b, p. A4). There have been recent efforts by the federal government in a number of regions to address this disparity by allocating additional funding for prevention and family support, but it is unclear whether these funds will be enough to make a difference.

Two related issues complicate the resource picture in Aboriginal communities. One is that these communities do not have the range of voluntary services available in more urban communities that can supplement government sponsored and funded therapeutic or support services for families. A second is the general lack of flexibility in funding that exists throughout the child welfare system, whereby funding is largely restricted to the support of children once they are admitted to care; thus it cannot be diverted to front-end services for families to allow children to remain at home.

Requirements to comply with provincial legislation and standards for child protection services are often defined as another limitation. This emphasis on

compliance with child welfare standards is regarded as inconsistent with other legislative provisions that at least permit less disruptive family support services as a first step in intervention.

Finally, as noted in the introduction, it is apparent that the transfer of jurisdictional control has not reduced the overall numbers of Aboriginal children coming into care.

Despite these limitations, there are a number of innovations occurring in Aboriginal child and family services across the country. Many of these innovations are agency-based initiatives, and one of the reasons sometimes given for the absence of a more transformative paradigm of services in Aboriginal communities is that the transfer of jurisdictional authority has often led to the replication of the service orientation associated with child protection within dominant society. This orientation, and two other general frameworks for service delivery in child welfare, are considered next.

Frameworks for Service Delivery in Child Welfare

Two general frameworks which depict the organization of child welfare services in different countries are the child protection orientation and the family support or family services orientation. Characteristics of these two frameworks are summarized in Table 1. These orientations emerge from a comparative review of child welfare practice approaches in nine countries by Gilbert (1997). Gilbert concluded that countries with a "child protection" focus (e.g., England, Canada, and the United States) were legalistic in their approach, and applied most of their resources at the investigative end of the child protection process. Alternatively, western European countries, including Germany, Sweden, and Belgium, placed greater emphasis on the provision of family support services. A number of other authors (Connolly, 2004; Hill, Stafford, & Lister, 2002; Spratt, 2001) have elaborated on these orientations.

Such frameworks are helpful in describing general service orientations; however, it is important to note that the nature and scope of policy and practice in many jurisdictions often reflects some combination of these characteristics. In addition, differential response is evolving among many of those countries with a strong child protection orientation; its emergence has been driven by increased referrals for investigation of alleged abuse and neglect, higher numbers of children in care, and higher costs, resulting in some shift to a more family support orientation.

The community caring framework is a less well-recognized orientation, although its value is reinforced by research on community-building, the use of

Table 1 *Child Protection and Family Support Orientations in Child Welfare*

Child Protection	Family Support
<p>Associated with child protection systems in the United Kingdom, Canada, the United States, and Australia, reflecting the following characteristics:</p> <ul style="list-style-type: none"> • Primary focus on investigation and placement, with extensive reliance on risk assessment instruments. • Family support services are poorly resourced, located largely outside the child welfare system, and poorly integrated with child protection functions. • Focus is on children's rights and protecting children from harm. • A more legalistic, bureaucratic, and adversarial response to child protection. • Concentration of state resources on families identified as high risk. 	<p>Associated with child protection systems in Belgium, France, Germany, and the Nordic countries, reflecting the following characteristics:</p> <ul style="list-style-type: none"> • Child protection services embedded within broader family support provisions where family services and supports are a first response. • Increased resources devoted to early intervention and support, with these services linked to child protection services by an emphasis on partnerships and collaboration between services. • Emphasis on family connections and flexible family-based service responses to address children's needs. • Less emphasis on coercive authority; state and families viewed as having shared responsibilities for child-rearing; more emphasis on partnerships with families. • Assistance is not restricted to those who reach a "threshold of risk"; services available to families at an early stage.

Source: Adapted from Connolly, 2004.

more community-oriented approaches, or a "whole of community" approach (Austin, 2005; McKenzie & Flette, 2003), and the old adage that "it takes a village to raise a child." The community caring model is particularly relevant to Indigenous communities that adopt a more holistic model of caring with an emphasis on connections to family, community, and culture. Professional knowledge and skills are required, but these must be linked to methods designed to engage and support formal and informal systems within communities in a partnership approach to service provision (see Table 2).

Although the community caring orientation builds on many of the perceived strengths of the family support framework, it also incorporates an emphasis on building community capacity where some of these traditional community supports have been lost. Examples of this orientation include the development of a healing circle approach to dealing with child sexual abuse on the Hollow Water reserve in Manitoba (Aboriginal Corrections Policy Unit, 1997), the approach to service provision developed by Lalum'utal'Smun'eem Child and Family Services in British Columbia (Brown, Haddock, & Kovach, 2002), the evolution of services in Tikinagan Child and Family Services (Brubacher, 2006), and the integration of child protection services within a public health model found in some maraes in New Zealand.

Table 2 *Community Caring Orientation*

Community Caring
<p>Associated with smaller Indigenous communities, including Maori maraes in New Zealand/Aotearoa and Indigenous communities in Canada, reflecting the following characteristics:</p> <ul style="list-style-type: none"> • Includes family support responses, but sees whole community as a "kind of family"; thus intervention builds on family support and child protection responses to emphasize community responsibility and strengths. • In Indigenous communities, the approach often represents a form of resistance to the loss of Indigenous children, and the need to build local capacity and traditions as a form of "self-preservation." • Uses conceptual models such as the "circle" and medicine wheel, along with a return to tradition, as a means of asserting strengths for "self-preservation." • Jurisdictional control over child welfare services is an essential component in building community caring responses. • Methods include family group conferencing, an increased role for local child and family services committees, more collaborative service responses, and a community-oriented practice approach.

There are strengths and weaknesses to each orientation that need to be considered in shaping a service model. Cameron (2006) has identified differences in the emphasis given to several service design characteristics. These differences are found in:

- the core values that are stressed;
- the boundaries that are placed around the service delivery system;
- the frequency and use of coercive authority; and
- the balance between relationship building and formal control mechanisms in carrying out child welfare functions.

To illustrate, core values may emphasize the rights of the child within a more individual context (i.e., child protection orientation) or the rights of the child in a more communal context (i.e., community caring orientation). Perception of the state's role in supporting families is somewhat different in each of these orientations. In addition, the boundaries of the child welfare system expand as one moves from a child protection to a family support or community caring orientation. The use of coercive authority is most prominent in the child protection orientation, although there is increasing agreement across all perspectives that the use of such authority should not be the primary method for engaging families. Indeed, the relative emphasis placed on investigation and the gathering of information for court-related actions influences the extent to which relationships between service providers and service users can be transformed from interactions clouded by power and control to those based on trust and mutual respect.

Although it may be difficult to find an appropriate balance among service activities across orientations, a community caring orientation, which

incorporates a major emphasis on family support services without sacrificing the rights of children to protection from maltreatment, best represents the aspirations of Aboriginal communities that assume responsibility for the provision of child and family services. The next section summarizes the experiences of one agency in trying to develop a model based on these principles.

Integrating Community Caring Principles within an Aboriginal Child and Family Services Agency Background

West Region Child and Family Services (CFS) was established as a regional agency serving nine First Nations communities in western Manitoba in 1982. In 1985 it was approved as a fully delegated child and family services agency under the Manitoba *Child and Family Services Act*. The agency's governance structure includes a Board of Chiefs and local child and family services committees on each of its nine reserves. There are some centralized services, including a specialized child abuse unit and staff team responsible for the development of alternative care resources for children. However, most services are delivered by community-based teams, which include staff responsible for services pertaining to child protection and staff responsible for prevention and resource development activities. Each service delivery team works very closely with its local child and family services committee in the planning and delivery of services. The agency is guided by a vision statement which defines the agency as an extension of the kinship systems in the communities it serves, where families and communities live daily according to the teachings of the medicine wheel and where there is a "circle of care" around every child. The medicine wheel serves as a framework for conceptualizing programs and services, and in 1998 the agency received the Peter F. Drucker Award for Canadian Nonprofit Innovation for its work in early intervention and family support based on medicine wheel teachings.

Between 1985 and 1990, increased expenditures required to support children in out-of-home care, particularly in off-reserve residential care facilities, and the questionable outcomes of some of these placements led the agency to search for an alternative service model. A major priority was to secure increased control over the financial resources required to support children in out-of-home care in order to keep these children "closer to home" and to invest in a range of early intervention services that might prevent children from coming into care. In 1992, the agency negotiated the first such funding arrangement with the federal Department of Indian Affairs, which was defined as "block funding" at the time, the agreement guaranteed the

negotiated amount for child maintenance, including the ability to carry forward surpluses, but required the agency to provide for children who needed out-of-home care within the annual allocated amount. In turn, the agency could spend anticipated or accumulated savings on new prevention, early intervention, and resource development initiatives that would have been impossible to fund without this arrangement. The flexible funding option for child maintenance pioneered by this agency is now more widely available to First Nations CFS agencies. However, it may not be appropriate for agencies in which it is difficult to predict ongoing child maintenance requirements, or for smaller agencies in which the amount of the grant provides limited flexibility in funding new programs or services.

The agency's experiences with flexible funding have been extensively evaluated. Reviews were completed in 1994 and 1999 (see McKenzie & Flette, 2003, for a summary of these results). Results summarized next are based primarily on a review of agency programs completed in 2005–6 (Shangreux & McKenzie, 2006) and a follow-up report completed by Shangreux (2008).

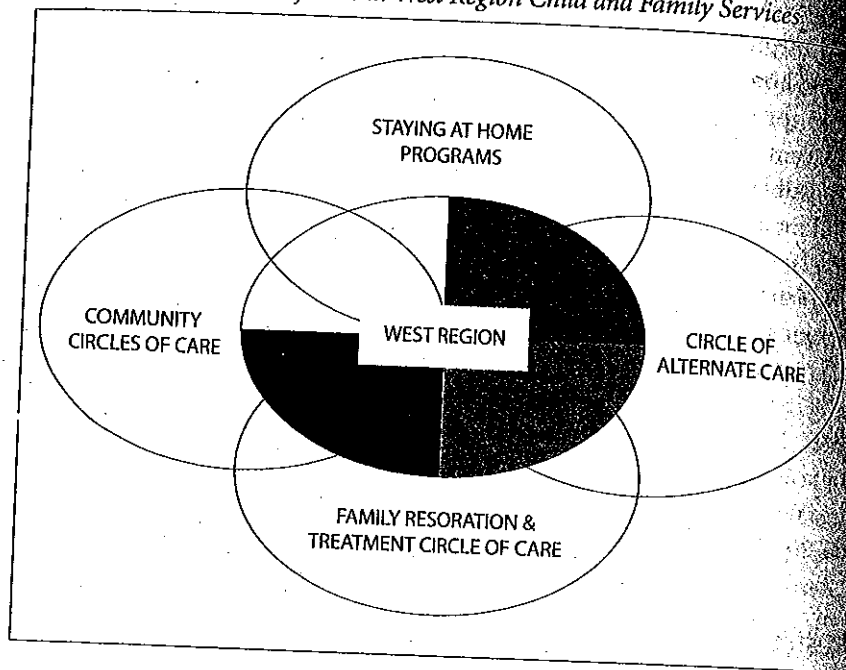
Results

Programs and Services

In fiscal year 2004–5, close to 40% of the agency's \$5 million child maintenance allocation from the federal government was being used by the agency to establish and maintain alternative programs within the region and within member communities. These expenditures were allocated to three broad program initiatives: family support and preservation, alternative care, and community prevention. Agency programs are conceptualized as four circles of care: the *Staying at Home Circle of Care*, the *Circle of Alternate Care*, *Community Circles of Care*, and the *Family Restoration and Treatment Circle of Care* (see Figure 1).

The *Staying at Home Circle of Care* focuses on maintaining children in their own homes. It also reflects the overall orientation of the agency, which is to develop responses that minimize the level of intrusion of child welfare services on families and communities. This is operationalized by building programs and services that strengthen family networks, support children in their own homes, and provide a continuum of family support and preservation services. From the inception of the pilot project, the overall rate of on-reserve children in agency care declined from 10% in 1992–93 to 5.2% in 2003–4. This circle of care reflects the philosophical underpinnings of the family service orientation of the agency, and its service delivery, also informs the work within other caring circles or programs of the agency.

Figure 1 Four Circles of Care at West Region Child and Family Services



The *Family Restoration and Treatment Circle of Care* is an alternative service unit with specialized staff, established as a result of the flexible funding option, where the focus is on providing both practical and therapeutic support services to families in which children have special needs or in which children are at risk of being taken into care. Based on a 2004 survey, it was estimated that 212 children at medium to high risk were prevented from coming into care as a result of services provided by this unit and other community-based staff. Although the methodology used in this survey relies primarily on professional judgments about whether or not children would have entered care, the levels of risk attributed to the children served by the program were confirmed by more than one rater.

The *Circle of Alternate Care* has focused on developing foster, kinship, and residential care resources closer to home. In addition, a therapeutic foster care program (*Gai Gii Kweng*) was established. Training and support services for care providers emphasize the important role of culture and family connections in the provision of alternative care. "Closer to home" placements for children have been developed, and in 2004, 52% of the children in out-of-home care were placed with extended family, 47% were placed in homes within West

Region's communities, and 74% were in placement resources with at least one Aboriginal caregiver. In 2003-4, the *Gai Gii Kweng Program* provided services to 25 high-needs children.

It is the emphasis on *Community Circles of Care* that most reflects a community-building focus. This program includes an emphasis on early intervention and community prevention. However, building community capacity also involves the active engagement of community members in strengthening local networks of care.

Three general strategies are used within this circle of care. First, there is a major emphasis on engaging community volunteers. This includes the recruitment of community members, including Elders, as members on local child and family services committees, the provision of training, and the empowerment of these committees to play a role in child welfare decision-making at the community level. The community-building approach is also illustrated by the agency's efforts to regularly engage each community in operational planning and accountability workshops, which help to focus attention on emerging issues and service responses that can help support community efforts to address these issues.

A second and related strategy has been to fund positions for community prevention and special resource development initiatives. Community prevention workers have a wide range of responsibilities to promote educational workshops and to develop prevention-oriented programs targeted at families where children may be at risk. These activities are carefully planned with the local child and family services committee at the beginning of each year, and a budget is developed to support implementation. Funding for these activities is then provided to local communities to support these community-based prevention programs. In other circumstances, individuals have been hired to launch regionally-based initiatives. For example, a Special Needs Coordinator has worked to develop a community-based response to fetal alcohol spectrum disorder (FASD).

A third strategy has been the initiation of special projects, often as part of a coordinated community response with other community or regional partners. One example is the *Vision Seekers Program* offered in conjunction with other sponsors. This program incorporates life skills, occupational training, and wrap-around services such as child care. Most adult students who enrol in the program are on social assistance, and many have had children who are at risk of future placement. Program outcomes have been positive. Most graduates have secured employment, and improved parenting outcomes, reducing the likelihood of future out-of-home placement, have been documented. Another example of a regional initiative is *Reclaiming Our Voices*. This is a special retreat program, available to individuals or families with addictions problems, where traditional

and conventional intervention methods are combined to address the interrelated problems of addictions and inadequate parenting.

At the local level, more and more community members see the agency as a resource for supporting family wellness, family preservation, and family reunification, and less and less as a child protection agency to be feared.

Assessing Costs and Benefits

The alternative program model established by West Region CFS, which is based on principles associated with family connections and the use of a flexible funding option for resource development, gives rise to questions about the overall effects on children who are in care or may be at risk in the community. For example, it may be argued that a flexible funding option can lead to a reduction in services for these children because funds are diverted to alternative programs. There was no evidence that children in out-of-home care were being shortchanged in any way, or that risk factors for children remaining at home had increased (Shangreux & McKenzie, 2006). In addition, the active engagement of parents and community members in agency programs, including the provision of alternative care homes, suggests a growing capacity to care for the most vulnerable members of these communities. This is not to suggest that persistent problems have been eradicated. The incidence of reported child abuse and neglect has declined over the years, but child protection concerns, often exacerbated by addictions issues, remain. And although the number of permanent wards has declined, the growing child population within communities presents programming challenges due to the gaps between local needs and the availability of both formal and informal community resources.

Assessing benefits in financial terms should not be the only yardstick used to evaluate program performance, but a general cost-benefit study of the alternative programs provided by this agency was completed in 2005 (Loxley and Deriviere, 2005b). Calculations may have overestimated the benefits from some programs in that future outcomes that might have occurred in the absence of alternative programs established by the agency cannot be substantiated empirically in the absence of a control group. For example, the rate of children in out-of-home care declined from 10% in 1992 to 5.2% in 2004, and based on the assumption that the 10% rate would have continued in the absence of alternative programs, the authors projected net cost savings of approximately \$2.1 million over this 13-year period of time. Although it cannot be demonstrated that 10% of the children in these communities would have continued to come into care in the absence of alternative programming, it is of interest to note the differences in trends between West Region CFS and other First Nations CFS

agencies in the province. These comparisons demonstrate significant cost savings from the alternative program model adopted by West Region CFS. For example, among all First Nations CFS agencies in Manitoba, there was a 26% increase in the number of paid days care and a 133% increase in child maintenance costs over a 10-year period to 2004. In West Region CFS there was a 17% increase in paid days care and a 66% increase in child maintenance costs over the same time period (Shangreux & McKenzie, 2006).

Other cost-benefit projections calculated by Loxley and Deriviere (2005b) are based on annualized calculations. For example, the net benefits from working with high-risk children in their homes and diverting an estimated 212 from out-of-home placement was estimated at \$2.9 million in 2004, and cost savings from the use of the *Gai Gii Kweng* program rather than higher cost residential care options in Winnipeg were estimated at \$900,000 over a one-year period.

McKenzie and Shangreux (2006) adopted a somewhat cautious approach in compiling projected cost savings (i.e., benefits) and then subtracting the costs of alternative care programming for the agency in 2004. Based on these calculations, it was estimated that the service model established by the agency produced a savings of approximately \$1.5 million that would have been required to support children in care in the absence of the alternative programs established under the flexible funding arrangement.

Discussion

Case study results presented in the previous section demonstrate one First Nations CFS agency's efforts to integrate a more community caring orientation to its programs and services in ways that include an increased emphasis on family support and more community-based empowerment strategies. However, child protection functions are not neglected, and both the regionally-based child abuse team and community-based child protection workers help to ensure that this end of the service continuum receives adequate attention.

Although the flexible funding option provided resources for enabling the transition from a service model preoccupied by a child protection orientation, several other factors identified by Shangreux and McKenzie (2006) have contributed to the agency's success. The community caring orientation has been influenced by the adoption of Ojibway teachings and the medicine wheel approach as guidelines for practice and service development. These guidelines are reflected in core values, the mission statement, and operating principles which are reinforced and applied to service planning in an ongoing manner. In

turn, these attributes help to build an agency identity based on differences from conventional practice that are regarded as strengths by both the staff and the communities they serve.

Traditional teachings have been combined with a number of other qualities of well-functioning organizations that apply across cultures. First, there is a strong commitment to professional education and development; for example, the agency has played a leadership role in supporting staff to obtain professional social work degrees, and it also supports other forms of training and development. Second, it has developed a strong leadership team, which has remained relatively stable over time. Managers have promoted a common vision of services, fostered a team-oriented approach to program development and improvement, and advocated for changes to conventional practices, where necessary, to promote more culturally oriented service responses. For example, the agency was one of the first in the province to pay kinship carers the same payment rates as foster carers, and it has provided direct financial support to families when this was needed in order to facilitate family preservation or reunification plans. Third, the use of technology and management information systems to generate data, including cost analysis, for planning and program development has enabled the agency to become more proactive than reactive in anticipating needs or responding to current issues. The development of the *Gai Gii Kweng* program as an alternative to high-cost residential care in Winnipeg, and the development of the *Vision Seekers* program, are but two examples of the application of this approach to planning. Finally, one should not underestimate the importance of adequate resources. Although the data reviewed does indicate that cost savings can be realized over time, there must be sufficient resources to invest in community programs and services in the early stages, and agencies must have the flexibility to carry forward surpluses and use these resources to fund locally based initiatives. Of particular importance is the ongoing cost of alternative programs, and this has been a problem for West Region CFS. Operational costs for alternative programs increase over time, and it has been difficult to convince funders that allocations must keep pace with these inflationary factors in the same manner that child maintenance and other agency operating expenditures need to be adjusted for inflation, rate increases, or the increased costs for children with special needs.

Conclusion and Implications

Child protection services are important in child welfare, but this chapter demonstrates the value of integrating family support and community caring

orientations as a means to altering the conventional role that child welfare can play in Indigenous communities. That role, heavily influenced by colonization and its preoccupation with child protection functions, is being challenged in many communities. Ongoing research can make a contribution to this transition, perhaps initially by focusing on examples of best practice and an analysis of the strengths and limitations of these innovations, both nationally and internationally. This is particularly important, because it reframes the role that child welfare services can play in these communities. Historically, that role has been associated with objectives related to assimilation and colonization; as it realizes objectives more clearly associated with family support and community-building, child welfare services can become more clearly associated with decolonization.

Certain limitations need to be recognized. First, this transformation will be ineffective without adequate attention to the need for high-quality child protection services, and the related agency supports, including adequate resources and well-trained staff. However, the current interest in differential response and the willingness of government to invest in alternative service models may help to support this transformation. Second, the introduction of alternative programs and models in child and family services is a limited response to the structural issues associated with poverty, poor housing, and related social problems that contribute to child neglect, and these gaps will remain until there is greater public policy attention to these factors in Aboriginal communities.

An important element in a more transformative paradigm for child welfare in Aboriginal communities is culture, and Shangreux (2006) highlights the importance of traditions in promoting this transition. The use of the medicine wheel or other relevant cultural models can become frameworks for enhancing and operationalizing the core principles of the community caring orientation and the developmental planning and evaluation that must accompany this orientation to ensure its success. In the case of West Region CFS, the medicine wheel made an important contribution to new thinking about the role of child and family services, and provided guidance in balancing the requirements of provincial legislation and policies with a deep respect for culture. As noted by Shangreux (2006),

[t]he medicine wheel is widely used to describe humanity as interconnected and interdependent with one's family, community, tribe, nation and all creation. It emphasises the importance of balance among all aspects of one's life, beginning with a spiritual core and expanding outward to the physical, emotional, intellectual, and social realms. (p. 5)

Using this framework, principles relevant to First Nations and Aboriginal child and family services are identified. Among these principles are the importance of the holistic approach, a balanced approach to intervention which emphasizes strengths and spirituality as well as problems, the need to strengthen kinship networks and interconnections between services and programs within communities, and the importance of hearing the voices of all community members including children, young people, parents, and Elders in the development of community-based services. It is also noted that intervention programs must address issues related to the past, including historical trauma related to the residential schools. As an intervention method, the "sharing circle," which recognizes the strengths and gifts of individuals, can be incorporated, as appropriate, into decision-making and case planning processes.