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Chapter 3

FAMILY GROUP DECISION MAKING

Does It Engage Indigenous Families in Child Protection?

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CHAPTER FOCUS

Family group decision making (FGDM) is being utilized increasingly by child welfare agencies as a decision making strategy to address child protection care and safety issues. This intervention aligns with policies and practices that encourage collaborative and strength-based decision making. Though FGDM research generally shows positive outcomes for families, we question the unthinking adoption of FGDM for Indigenous families where systemic and colonial operations of power continue. This paper describes an Indigenous couple who underwent both an FGDM and a traditional decision making (TDM) process. A comparative analysis shows the FGDM process was experienced as disempowering, uncaring and unsupportive, while the TDM was experienced as empowering, caring and hopeful. The analysis reveals how power and cultural responsiveness shape the utterly different experiences of this couple. We conclude that child protection workers who engage with Indigenous families and communities should be trained and encouraged to safeguard a more culturally attuned child protection practice that pays close attention to issues of power and Indigenous values.

QUESTIONS ADDRESSED IN THIS CHAPTER

1. Can FGDM, given its alignment with Indigenous values, provide an effective resolution to contemporary conflicts in Indigenous families and ensure appropriate care, safety and protection of the children?
2. How can FGDM ensure sensitivity to particular worldviews without perpetuating acts of colonial violence?

3. How might the unthinking adoption of hybridized decision making strategies, like FGDM, overcome the risk of perpetuating acts of colonial violence?

As child protection agencies make efforts to improve outcomes for families, there is an increasing impetus to restructure systems and adopt policies that encourage collaborative and strengths-based decision making processes, as opposed to those that are enforcement-focused and prosecutorial (Chandler 2013; Merkel-Holguin, Hollinshead, Hahn et al. 2015; Snyder, Lawrence and Dodge 2012). The intent is to improve family engagement in decisions related to child safety and care (Browe Olson 2009; Cahalane and Anderson 2013; Morris and Connolly 2012). Family group decision making (FGDM)¹ is one such collaborative decision making intervention that has seen significant international uptake in child protection since the 1980s, as evidenced, for example, by the emergence and development of the European Network on Family Group Conference (see ENFGC n.d.). Informed by traditional practices from many cultures, FGDM recognizes both individual and collective rights. This decision making process aims to encourage family participation, collaboration and empowerment in decision making; to respect the needs and capacity of families and kinship to care for their children; and to affirm the culture of the family group (see FGDM Guidelines Committee 2013). Encouraged by positive child protection outcomes (Frost, Abram and Burgess 2012), as well as the alignment of the values and goals of the FGDM with Indigenous values (MacDonald, Glode and Wien 2005), some forward-thinking child protection authorities are promoting the use of FGDM in child protection practice to address the disproportionate number of Indigenous² children in government care (Crampton and Jackson 2007; Drywater-Whitekiller 2014; Marcynyszyn, Small Bear, Geary et al. 2012).

Though research is generally supportive of the use of FGDM in child protection, with claims about the effectiveness of interactions related to principles of respect and cultural sensitivity (Waites, MacGowan, Pennell et al. 2004), the promise of FGDM — to more fully engage families and communities in making important and better decisions that affect their lives — is not always realized (Berzin, Cohen, Thomas et al. 2009; Sundell and Vinnerljung 2004). Even though FGDM is seen in the mainstream as “culturally sensitive” (Rauktis, Huefner and Cahalane 2011), its effectiveness in Indigenous child protection practices has come under particularly critical scrutiny (Ney, Stoltz and Maloney 2013). Some researchers have even insisted that FGDM should not be used as an Indigenous child-protection strategy (Blackstock and Trocmé 2005).

To improve these outcomes, some research has developed tools and strategies to align delivery of FGDM with core Indigenous principles and practices (e.g.,

Merkel-Holguin and Marcynyszyn 2015; Ney, Borteletto and Maloney 2013). In this chapter we explore the mis-alignment of FGDM values and practices with experiences of Indigenous families. We question whether FGDM can improve Indigenous families' lives in situations where the structural context of neo-colonialism has not been altered. Through the stories shared by family members, we demonstrate how FGDM may fail to support vulnerable families, particularly Indigenous ones, in caring for their children. We conclude that child protection workers should be encouraged to provide a more culturally attuned child protection practice, where collaborative decision making practices engage and improve the lives of those who enter the child protection system.

We begin from the premise that, although decision making and safety-planning processes are very important in the context of Indigenous work, there are problems associated with adopting FGDM regardless of context. Understanding and implementing these processes effectively involves assessing issues of power and cultural beliefs in families. The experiences of Julie and Rob, a mother and father who participated in an FGDM described in this paper, will illustrate how an FGDM did not fulfill its promise to Indigenous family members. In contrast, the traditional decision making (TDM) process, revived from the Dane Zaa traditional culture, was experienced by this couple as empowering, caring and hopeful. These two decision making processes provide exceptionally different experiences for participants. We recommend that practitioners reflect on issues of power and culture, and ask the question, "How might I respond to power and culture in a meaningful way while facilitating conversations about safety?"

DECISION MAKING IN CHILD PROTECTION

In the context of child protection, decision making interventions that engage parents usually produce better outcomes for the families they serve (Cahalane and Anderson 2013; Pennell et al. 2011). For example, Merkel-Holguin et al. (2014) found that families who were treated in a friendly and supportive manner, and given a benign, family-friendly assessment, had higher levels of positive affect and lower levels of worry and anger compared to families who were dealt with in a more prosecutorial way. These positive feelings facilitated more engagement in the process and contributed to improved service success for families (Schreiber, Fuller and Pacey 2013). Decision making processes also need to be culturally aligned to worldview, values and experiences. For example, Cornell and Kalt (1995) demonstrated that, in Aboriginal communities, decision making processes that were a cultural match for that particular community contributed to economic success and well-being.³ Traditional and culturally attuned decision making strategies also help build capacity and stronger communities, which can deal with crises

more effectively (Ladner 2009; Harvard Project on American Indian Economic Development 2007). These findings highlight the value of culturally attuned decision making. We will say more about cultural attunement later in the paper.

Similarly, Tuso (2011), agreeing that Indigenous systems of decision making are crucial for cultural well-being, makes a connection between "negligence of indigenous processes of conflict resolution [and] ... negative consequences for peoples of traditional societies, [who] have experienced considerable levels of group humiliation, ambivalence toward their own cultures, division, and disorientation" (266). Chandler and Lalonde (1998), in discussing cultural continuity, conclude that Aboriginal community autonomy is linked to positive emotional health and an incrementally reduced number of suicides. In sum, the importance of good decision making processes becomes abundantly clear, and begs the question: "Can FGDM, given its alignment with Indigenous values, be a 'cultural match' that can resolve contemporary conflicts and ensure safety and protection?" (Cornell 2009).⁴

Ney, Borteletto and Maloney (2013) identified some of the challenges and opportunities experienced by a First Nation urban community in the north-east of British Columbia as they began to develop and implement a culturally relevant child and family-centred traditional decision making (TDM) process, parallel to the existing state child protection system. While there were several challenges, including family support and coordinator "neutrality," the two key issues that emerged in the use of FGDM in the context of a culturally relevant child and family-centred decision making process were power and cultural attunement.

Power

When implementing FGDM in the context of a government-regulated child protection system, the issue of power inequity is critical. Sherry (2008) found that participants of FGDM expressed troubling experiences around power imbalances; they stressed that social workers should be aware of and acknowledge authoritative power differentials. In regard to the colonial context of Indigenous work, Richardson and Wade (2008) discuss "the colonial code of relationship" that is often found in the helping professions when the "proficient expert" is given authoritative power to decide what is best for the so-called "deficient client." This dynamic is detrimental to Indigenous participants; it clearly undermines their confidence in dealings with state-mandated social workers. Elsewhere, parents have described these power-based interactions with child protection workers as judgmental, fear-inducing, inhumane, difficult, humiliating, intimidating, shaming and adversarial (Merkel-Holguin et al. 2015). Experiences shaped by power imbalances between social workers and families, in turn, contribute to mitigation of family engagement and unsuccessful utilization of services (Cahalane and Anderson 2013; Schreiber et al. 2013; Yatchmenoff 2005; Maiter, Palmer and Manji 2006).

Connolly and McKenzie (1999) turn their attention from “authoritative power” to the dynamics of systems, and caution that “a sure way of undermining effective participatory practice is to neglect the significance of power dynamics within and across systems” (83). The FGDM Guidelines (FGDM Guidelines Committee 2013) also address systemic power concerns and warn that, “without agencies’ determined efforts to avoid such imbalances, racial and ethnic minority families and families that are poor or socially disadvantaged are at high risk of disproportionate agency responses to their situations” (6). Similarly, Healy and Darlington (2009) highlight the challenges of negotiating the tensions between the conventional child protection system and the FGDM principles of family empowerment, participation and collaborative decision making. They conclude that reconciling how power is played out in this system may be “one of the most complex and sensitive aspects of social work practice” (420).

The notion of discursive power is useful in understanding the complexity of system tension (Foucault 1972). Ney, Stoltz and Maloney (2013) show how (invisible) power — the power that exists in the dominant institutional and structural discourses—can override the ability of an FGDM intervention to be inclusive, collaborative and empowering. For example, they illustrate how the legal system, with its insistence on providing evidence to establish truth, overrides the voice of a mother who, with no evidence but the support of her family members, pleads in vain to explain that she has been drug-free. Their research demonstrates repeatedly how legal, bureaucratic and neo-liberal logic shape the attempts of the workers of the FGDM to co-opt a mother’s emotional concerns and desire to care. This research deepens our understanding of how discursive power operates: in these colluding discourses, power is wielded to create a “truth” that naturalizes oppression of already marginalized participants. Additionally, professionals—even those fully aligned with the values of FGDM—are not always aware of the way power imbalances may undermine the FGDM goals (Ney, Stoltz and Maloney 2013; Rauktis et al. 2011).

In sum, two forms of power can be considered: authoritative power that upholds White/settler/colonial privilege (McIntosh 1988; Richardson 2008), and discursive power that operates from hegemonized systems; together they will collude to perpetrate colonial oppression. It is this combination of authoritative and discursive power that is troubling for vulnerable Indigenous participants who undergo an FGC (family group conference) while trying to retain their dignity and care for their children. In the case of Julie and Rob, we will demonstrate how the values of the FGDM process may be usurped by the authoritative power inherent in a particular colonial relationship, as well as co-opted by powerful enforcement-focused child protection systems and discourses. In the context of issues around power, we ask: “Can the goals and values of FGDMs be realized in a government-regulated child protection system?”

Cultural Attunement

In this discussion, cultural attunement refers to meaningful and respectful attention to the worldview, values and experiences of the Indigenous family. There are three issues that may assist in coming to terms with the cultural limitations of an FGDM: worldview, bottom-up approaches and historical violence and trauma.

Worldview

Cameron (2006: 18) explains how alternative dispute resolution mechanisms, such as FGDM and mediation, while potentially compatible with Indigenous values, are nevertheless “imports from other areas of the world.” “Cookie-cutter” application of these strategies thwarts the possibility of eliciting culturally embedded decision making values that will more effectively engage and support Indigenous communities. Napoleon (2013) reminds us that, since time immemorial, Aboriginal communities have had and continue to have laws and practices that address disharmony and conflict in the community. Walker (2004: 530) suggests that legitimizing non-dominant worldviews is critical to creating a sustainable and supportive space for Indigenous families to make decisions about their lives, and insists that “to act otherwise is to marginalize people’s abilities to function within their worldviews.” So, for example, employing interventions like FGDM or even circle processes, that are ostensibly aligned with Indigenous values, but at the same time entrenched in, or co-opted by a western, individualist worldview, may marginalize Indigenous populations who adhere to a collectivist orientation. Acknowledging the significance of clashing and unacknowledged worldview differences, Ermine (2007) insists that we need an “ethical space” where different worldviews can engage one another. In this context, we ask: Can the FGDM ensure sensitivity to particular worldviews without perpetuating acts of colonial violence? And, perhaps more challenging, we pose the question: How does the collective good get upheld within a child-centred child protection mandate?

Bottom-Up Approaches

Second, if we acknowledge worldview as central to decision making, then we must be careful not to colonize Indigenous communities with western-invented decision making strategies. Instead, grassroots processes are required to elicit local values, customs and practices of decision making (Avruch and Black 1991; Cameron 2006; Connolly and McKenzie 1999; Napoleon 2013; Ney et al. 2014; Walker 2004). The value of a bottom-up approach in this regard has long been understood in the conflict resolution field. For example, John Paul Lederach (1997), a renowned practitioner and researcher, proposes an “elicitive,” as opposed to “prescriptive,” strategy that respects local understandings and meanings of events and interactions as they play out in specific contexts. More practically, cultural mapping and

community consultations are strategies that have been used to elicit the process by which Indigenous communities traditionally address disharmony and to design effective community-based, decision making processes (Avruch and Black 1991; Cameron 2006; Harder 2013; Napoleon 2013; Ney et al. 2014). This kind of local consultation and bottom-up development supports meaningful attention to worldview when processing conflict (Goldberg 2009). Given these insights about worldview and bottom up approaches, one might ask: "How does the down-loading of hybridized strategies, like FGDM, run the risk of perpetuating colonial policies and practices?" (Blackstock and Trocmé 2005).

Historical Violence and Trauma

Finally, where communities have experienced colonial violence, deliberate attacks on the family and cultural devastation, decision making policies and practices must consider historical trauma seriously. Alfred (2009) reasons that there is "a direct relationship between government laws and policies applied to Indigenous peoples and the myriad [of] mental and physical health problems and economic deprivations [including] ... complexes of behavior and mental attitudes that reflect their colonial situation" (42). Richardson and Wade (2008) describe how negative social responses to the disclosure of violence decrease the likelihood of future disclosure and inhibits trust in authority figures. In Canada, unresolved psychophysical harms have been caused by a host of colonialist acts, often administered by the helping and legal professions; these acts include legislation that displaced traditional forms of First Nations governance, forced relocation of First Nations communities, required attendance at residential schools, criminalized and suppressed First Nations languages and cultural practices, took Indian lands and denied treaty and Aboriginal rights and generally under-funded First Nation communities and programs (Kirmayer and Valaskakis 2009). These colonial acts leave Indigenous peoples with complexes of harm and grief, struggling to recover in an ongoing context of racism and lack of resources.

The trauma from historical violence is not easily erased, especially when child welfare lenses focus on intergenerational deficit rather than intergenerational resistance or healing. And though Indigenous people may attempt to retain their dignity by responding to these colonial acts with acumen (by becoming silent or withdrawing), resistance is not typically characterized as an indicator of (dwindling) capacity, (subjugated) knowledge and (fading) culture. Instead, families are characterized as dysfunctional and symptomatic, even though acts of resistance can connect to family strengths, passions, accomplishments and accounts of deep caring for one another across many settings (Richardson 2008). The partial solution to this form of social oppression is to ensure that decision making interventions that aim to improve the lives of Indigenous people and their children

clear space for both healing and capacity building (Quinn 2007). Here we ask a number of related questions: Can FGDM be sensitive to intergenerational trauma and provide a platform for healing and capacity building? Will social workers adopt collaborative approaches that align with Indigenous aspirations, such as social justice and sovereignty, as part of the community strengthening process? and Can we recognize anti-oppressive and decolonizing social work that is embedded into the FGDM practice?

AN INDIGENOUS DECISION MAKING EXPERIENCE

In a recent demonstration project with the Dane Zaa people in Fort St. John, the community wanted to address the impacts of colonialism and structural violence, as well as the resultant suffering. For example, in this community as many as 70 percent of the children in the regional foster care system are Indigenous (Ney et al. 2013).⁵ Drastic action was required. We supported them to revive their own traditional decision making processes in the context of child protection work (Ney et al. 2014). Initially, we were not clear about how, or if, to adapt an FGDM with this community. Therefore, keeping in mind the issues described above, we decided to conduct a bottom-up, community-driven process, asking Dane Zaa youth, families, Elders and community workers: What is important for a decision making model to work for you? They shared many cultural traditions, but the essence of this decision making process was that it would need to ensure that they felt safe, trusting, cared for, not judged and hopeful (Ney et al. 2013: 30–31). We used these aspirations to guide the analysis below, and asked: To what extent is the FGDM process able to help the family feel safe, trusting, cared for, not judged and hopeful?

Two Dane Zaa family members, Julie and Rob, underwent, first, an FGDM, but then, later, had the opportunity to participate in a traditional decision making (TDM) process.

In order for the FGDM intervention to fulfill its goals to be inclusive, participatory and empowering, best practice principles would suggest that the process needs to ensure at minimum: coordinator independence, meaningful extended family involvement, private family time, thorough preparation and appropriate follow-up and support (Kempe 2013). We would add that management of institutional and family power, and cultural sensitivity also be included. In exploring the experiences of these family members, we will show how the goals of FGDM were not realized and will expose the dynamics that influenced this outcome most pronouncedly. We will also suggest reasons why many best practices may have been overlooked, and show the consequences of this neglect. You will begin to see how the challenges of managing power and culture drastically shape the oppressive experiences of these family members who underwent the FGDM. You may also wish to consider what

you would do to ensure that an FGDM decision making process is collaborative, engaging and empowering.

Julie and Rob

Julie, who is of Dane Zaa heritage, went into foster care at age three. Before the age of nine she was in five different foster care homes. At age thirteen she ran away with her three brothers (who were also in the foster care home) to find her mother, whom she had never seen while in foster care. One of her brothers committed suicide shortly after leaving the foster care home. She told us that her own mother was taken into a residential school at age seven. Julie understood that the Ministry⁶ told her parents to split up so that her mother could get her children back. But they never split up, and her mother never got her children back. Julie was finally able to reunite with her biological mother when she was twenty, but said, with regret, that her mother was "too much into alcohol." She was with her mother when she took her last breath, three years after she finally reunited with her. It was clear that this family was living with immeasurable grief.

Julie has three children. She had her first child when she was sixteen. She admits that both she and the father of her child were using drugs at the time; consequently, their child was immediately taken into Ministry care. Recently, Julie tried to have contact with her first daughter but said, "She does not want to come back to me." This must have had a haunting resonance with her experience with her own mother. She and her current husband, Rob, of Gitxsan heritage, have two children, age twelve and nine.

Rob grew up in Halfway House, a reserve in the north-east of B.C. He has three siblings. When he was seven years old one of his neighbours on the reserve killed his father. In his memory, the killing was witnessed by several community members. He recalls this incident vividly and resents the fact that the murderer has never been held accountable for killing his father. He is cynical about the legal system that failed to bring justice for his family, and feels unable to reconcile the loss of his father. He recounted that, after his father was killed, his family fell into chaos and extreme poverty, as his mother struggled to care for the family. Rob has grappled with substance abuse since his early teens.

Julie and Rob's children were taken into care for the third time in the spring of 2012, due to excessive drinking and alleged neglect of the children. Subsequently, both Julie and Rob went into detox treatment for three months. After Julie had completed treatment, but before the children were returned to her, the Ministry held an FGDM to assist her in creating a plan for the future care of her children, who would soon be returned to her. When we asked Julie if other family members were invited to the conference, she said that the Ministry worker believed it would take too long to get her family to the conference (her supports lived in another city

500 kilometers away). Rob also attended the conference; he said he wasn't asked whether his family would attend.

Experiences with FGDM

Rob said he felt hopeless and disempowered. According to Rob, he was not encouraged to bring a support person to the FGDM, though he said he really felt he needed somebody there for him. Nevertheless, he showed up, but alone. He told us that, throughout the conference, he was not asked to speak or give his opinion about the future care of his children. Rob said:

To tell you the truth, I didn't really get it. I didn't have any backup, so it was pretty much me sitting there and listening ... [Not having a support person was] not nice. Helpless. So helpless. I could have had support but, um ... [So] I just said nothing.

We were told later that Rob was not invited to bring a support person because he had no legal rights to the children within the child protection legal framework (the mother had legal responsibility for the children). Rob is familiar with legal provisions that do not support him (recall the injustice of his father's death), and he revealed his hopelessness during this process, as the legal provisions worked to disconnect him from his children. In this way, we can see the connection between government laws and health problems. We also appreciate how child welfare policy (you have no rights to your children) and the practice (non-authorization of supports at the FGDM) are synchronized and function to replicate the violent acts of the residential school and the (perceived ineffective) justice system: he is in the process of being separated and isolated from his children, while important decisions about his family are being made. This is the most nefarious aspect of colonialism: isolation and separation. Rob probably felt it was not safe for him to insist on support, even though FGDM is intended to bring people together in a context of support. The risk of protesting would have been grave: he might then surely risk losing his children. Thus he could not be "engaged" in this decision making process in the way that is so critical. Colonialism is about taking things from people: although his response may be futile, Rob was completely focused on his fear that his children may be stolen from him. His strategy to resist losing his children was to remain silent. This should not be confused with compliance. Silence was his act of power.

Julie was silenced and became disempowered. Julie was asked to share her experience of the same FGC:

I felt really pressured, like I felt 'cause I didn't say a word at that ... the only time I said a word was, like, "Is all of this what you want?" The only one that was talking was [the agency staff person] and the Ministry, while me and my

kids' dad were sitting there listening and not having a say in this, I guess. The only say that we had was when we had a "yes" or a "no" answer ... I felt really frustrated about it ... When the Ministry had pressure on me there were a million things going on in my head and I didn't know where to start.

Julie was also bothered by the lack of family support at the FGDM, and she too felt "frustrated" at having no voice. The combination of a "million things going on in [her] head," and the closed questions leading to yes/no responses did not give her a chance to fully share her concerns with the social workers. She was "frustrated," but appeared mostly mystified by this process that did not give her space to share the issues she was contemplating. Julie was interested in a decision making process that would permit her to clarify her thoughts and experiences. But this process was not authentic and supportive; there seemed to be another agenda, and she sensed a foregone conclusion. Colonial psychiatrist, Franz Fanon (1961: 140), noted that, in a colonial context, the "great undifferentiated thirst for light is continually threatened by mystification." Like Rob, her sense of agency was also drastically diminished. Indeed, with no voice Julie could feel safe and began to lose trust in what was taking place.

An Uncaring Process

Julie felt uncared for in the process. Just before having her children returned, Julie visited her social worker. Understandably, a requirement for the return of the children was that she fulfill a number of conditions to ensure the children would be safe and well cared for. But Julie felt this plan was a standardized check-box list of things, derived from a regulated government form, rather than genuine help or support that related to her situation. To her, the worker was most focused on the bureaucratic, administrative agenda, and not attending to the needs of her family. As Julie said:

They were just filling in the check boxes, that's all that mattered to them ... They don't care, they're just doing the job ... they just want the money.

Julie was also asked to get a job, enroll the children in after-school care and register for a communication class at the local community centre. She completed these tasks, but, as she had predicted, there was no follow-up by the social worker. Nevertheless the children were returned.

In the FGDM people are supposed to be treated with respect; there is an implied caring in respect. But here, Julie was left with the impression that the tasks she was given to complete were done to fulfill a bureaucratic need, not hers. As she saw it, the Ministry worker was insincere and self-serving, most concerned with fulfilling a bureaucratic agenda and personally motivated by "the money." Thinly disguised as "we care about you and the children, and we want to ensure their safety," these

discursive acts (to fill in the check boxes for the report) were constituted by a bureaucratic discourse and met bureaucratic requirements, but they certainly did not feel like caring gestures. We see how authoritative and discursive power combined to leave Julie distrustful of the Ministry worker and their intentions.

At another point Julie described how her own childhood history and previous experiences with the Ministry shaped how she perceives worker intentions:

The Ministry, they just put it out there, they don't really care about anybody's feelings. I guess it's just their process of them going through that they have to follow by ... I just know because I dealt with them all my life, I was a ward of the Ministry until I was nineteen or so.

Julie understandably drew on her early experience of being a ward of the state (five different foster homes before the age of nine), and the more recent experience described above as the "safety plan," to confirm, in her experience, that "they don't care." We see how intergenerational trauma slithers through generations, entrenched in policy and practice: Julie's mother was taken from her family; Julie was taken from her mother; Julie's first daughter was taken from her, and now, Julie's other children were at risk of being taken from her. Julie was understandably frightened and cynical. The political agenda of putting Indigenous children in care is being replicated in this FGDM. Julie was insightful about this connection.

Distrust and a Lack of Transparency

Julie experienced distrust and a lack of transparency. In an FGDM, trust is not taken for granted: it is negotiated (FGDM 2013). The family may experience increased trust if the process is described in advance with clarity and transparency in relation to the law, their rights, court timelines, administrative fairness and the limitations placed on the workers by their organization. But here, the child protection workers did not demonstrate to the family that they were worthy of trust. Both Julie and Rob expressed the same frustration that they experienced when they attempted to contact the government workers for information about the anticipated return of their children. Rob explained that he kept phoning the government office to arrange to see his children, but they never phoned him back. We asked what that was like for him.

Come back next week, come back next week ... the Ministry said that whenever I wanted visits with the kids ... They told me later to get a visit to come to the office and we'll set it up and then they never ... they told me to come back ... In the six weeks, it happened probably four or five times.

[This was] kind of frustrating a lot ... trying to keep busy, a way to cope with everything, it was tough ... they keep saying, "We'll call you and let you

know." We call and we call ... they didn't tell us and that was the hardest part ... It didn't matter to them that my children missed me ... when they said they would call and they never did. I don't know whether it makes me want to fight or just give up.

Julie's experience was similar:

They wouldn't return my calls.

They were heartless ... they weren't thinking of the kids' feelings I guess, it's all about them, right? They weren't thinking about us. I'm thinking that they just pushed the road too far to do what they did. At some point I think they could have been more on the sensitive side.

[So] I went to Prince George [a city 300 miles away] because I got overwhelmed, because I wanted my kids back at home ... the Ministry told me you can have your kids back when you're back from treatment and I thought they would keep their word, but I didn't get them back 'til the following month after that.

Julie went on to describe her experience of the unreturned phone calls:

It makes me think they are just cold-hearted people, and they are probably testing me to see if I would fall off, start drinking again. [But I didn't because I had] a lot of friends and family to support me.

Julie felt ignored; this reinforced the impression that the "workers don't really care," but she imagines an even more malevolent agenda: "not returning phone calls" are deliberate acts — ways to "test" her — much in the way she believed her own mother was tested, when she was told to stop all contact with Julie's father. In any event, both Rob and Julie felt downhearted by this administrative failure on the part of the Ministry to return calls. Rob considers either "fighting or giving up" as a way to resist. As it turns out, he resorted to drinking, rather than "fighting," which he probably felt could make things worse for his children. Julie, on the other hand, though similarly dispirited, sought out support this time from family and friends; she resisted drinking, and, in so doing, built her confidence. Paradoxically, Julie built strength not because of the agency's support, but due to their ineptitude; "not returning phone calls" deepened her distrust but built her determination: she would not to be "tested" like her own mother, who was unsuccessful in understanding the Ministry agenda. She has figured out how to reach out for support, move forward, and care for her children. Rob, on the other hand, could not find this path, and responded by drinking more heavily as his isolation and separation from his family intensified. His distrust was possibly exacerbated

by a previous treatment experience where his private files were passed to another agency without his permission. He speaks of that incident with utter distrust of the agency professionals. His sense of personal power is diminished, reinforced by his past experience of administrative betrayal and injustice.

Feeling Unsupported

A key component of the FGDM is to find a way to ensure that family members feel supported (FGDM 2013). But Julie's experience with the Ministry was less about support and care, and much more about control and being "policed." She commented:

The pressure. They will never change it ... they will always pressure you into telling you to do this and that, pressure you, not ask you how you feel about it and like, they basically told me, "Julie, you need help, you need to go to treatment or if you don't go to treatment you can't get back your kids." That's what they basically told me. So, yeah I was so upset at them, they didn't ... ask me how I felt about it or anything and I'm sure that's what they told my mom. Knowing what I went through, I know my mom has probably gone through the same thing ... They never think about anybody else's feelings ... I'm thinking they're just in it for the money, I guess.

Authoritative power gives social licence for the child protection worker to "tell her what to do" and "not ask her about how she feels." The worker executes the "colonial code of relationship" (Richardson 2008) where the proficient expert can decide what is best for the so-called "deficient" client. But the colonial relationship is not an authentic relationship, and Julie experienced a ramping up of insincerity about care. This experience was intensified as she reflected on her own mother's experience with the government agency. She did not feel supported, and she certainly didn't feel love! For her, the command and its expression of control was disempowering, and did not convey a sense of support and care.

We see here many of the failings that have been reported in the FGDM literature: lack of extended family involvement in pre-conference, conference and/or follow-up plans; causing clients to feel left out and disempowered (Berzin, Cohen, Thomas et al. 2009; Ney, Stoltz and Maloney 2013; Sundell and Vinnerljung 2004). Recall what the Dane Zaa people said was important in any decision making process: They told us that they would need to feel safe, trusting, cared for, not judged and hopeful. Yet the family members described ways that authoritative and discursive power exacerbated the experience of disempowerment and distrust, causing them to feel uncared for, unsupported and hopeless. We also see how the violence of the colonial past is replicated in the decision making process that was intended to be collaborative and engaging.

Julie and Rob were also involved in a traditional decision making (TDM) process where their experiences (described below) were more positive. The fact that they had a better experience does not mean that the TDM must replace the FGDM; however, it does suggest that Indigenous people may be better served by a process that takes into account their culture as well as the history of collective harm inflicted on them by colonization. The issue of power dynamics (both authoritative and discursive) may also be better addressed in a TDM process.

Traditional Decision Making

About a year after the FGC, Julie and Rob had an opportunity to participate in a traditional decision making (TDM) process called "The Circle" (see Ney et al. 2014). The Circle took place over three days; the children were always present; and there was time for drumming, dancing, singing, and preparing and sharing traditional foods. Members of Julie and Rob's immediate and extended families (aunts, numerous cousins) as well as Elders attended the TDM Circle.

We talked to Julie and Rob separately, both before and after the TDM. When Julie was asked what she was hoping to get from the process, she said, "I want to have a supportive and caring person to speak to and reach out to when things get too much. I also hope that Rob will get some help, but I don't know that he will." Rob was less sure about what he wanted.

Finding Voice

As a result of participating in the TDM, Julie found her voice. Julie told us how she felt heard and supported in the TDM:

I think this way's the better way of dealing with the matters ... I guess it's just basically a positive way of bringing out the situation. It's better for us because we get to be heard ... as well, not so much like the Ministry putting, I guess, [words] into our mouths and demanding stuff and they don't ask us how we feel about it.

Julie expressed how positive it was for her to be heard: she compared it to the experience with the Ministry, where she felt they were putting words "into our mouths and demanding stuff." She also described a more complete emotional experience, saying, "It's not just about making decisions; it's about connecting and developing relationships." Julie expanded on how being heard "eases the pressure," creating a more "relaxed" emotional experience:

This is a lot better than what I dealt with the Ministry. I felt really like, I don't know... unease? I felt really pressured with the Ministry and this time ... I felt at ease, I felt, like, more relaxed, and knowing that it will be okay, and just

knowing that I will be heard and my kids will be heard. It's a lot healthier for a family like us going through this kind of situation. It doesn't put pressure on my kids and me like the Ministry has.

She told us that The Circle left her more relaxed, the pressure was lifted, and she felt hopeful that it's going to be okay. She was engaged. Julie trusted those who attended The Circle and did not feel threatened that her children might be taken from her.

Feeling Empowered

As a result of feeling heard, Julie began to feel more empowered. She began to make better decisions:

[In The Circle] ... I can concentrate more. I know I could say, "I'm being heard." I know what I want for myself and my kids ... When the Ministry had pressure on me there were a million things going on in my head and I didn't know where to start ... I was 100 percent clear about this whole situation. I felt a big relief.

For Julie, The Circle gave her space to talk and to clarify her thoughts; this gave her huge emotional relief. Together, the support and the space gave her confidence to "know what [she] wants for [herself] and [her] kids." She knows that her supporters understood and connected with her. Being listened to created an opening where she was able to voice her concerns, increase her engagement and experience more empowerment in the process — and in the care of her children.

Feeling Support

Julie now feels supported: at this decision making process, immediate family, extended family, and community supports attended The Circle. They were able to offer reassurance to Julie, as she conveyed below. This feeling of support allowed Julie to continue looking for solutions; she was able to share unexpressed thoughts and feelings. This aspect of the process gave her a chance to be acknowledged for what she has endured in her life, thus making healing possible. Julie reflected on what was helpful about The Circle:

Having the resources there, being offered and the family being there is more comforting as well ... Just knowing that people out there really do care about — they came for two whole days, just for us ... knowing that there is a lot of help out there, you just have to ask for it, and that's why I'm here today, like I've got everything for me and my kids, and a job.

In contrast to the FGDM, the TDM gave Julie the feeling that she has a community around her, as does Rob. They were not being "bossed about" and did not have to get approval from authority figures or members of the state for her community to

attend. There were no “power games” at work, where the government agency is trying to maximize a particular outcome for their benefit. Julie was not silenced: on the contrary, her experiences as a mother were valued. She was respected as a person and compassion was given for her circumstances. The community was aware of the context of life and parenting for many Indigenous mothers and families dealing with grief. Julie expressed her sense of comfort, care and support. She told us that she asked for help and she received it. These practices resonated with the teachings and the values of the community. She experienced the healing power of dignity, which allowed her to find a place of belonging in the room and potentially participate more fully, perhaps even with joy.

For Julie, the supporters who attended The Circle sent a message that they really cared. The support and care were genuine, and left Julie feeling confident, hopeful and trusting. When asked what support looks like for her, she said:

They'll be there ... or I can phone my auntie and she'll be there as well ... not feeling that loneliness, like how the Ministry made me feel. Like I was all alone and I won't get nowhere ... they thought I was alone, but I'm not. They can think twice, again, if they want to get involved.

Julie articulated how the experiences at the TDM affected her confidence in her future. At the Ministry FGDM, where supporters were not invited, she saw that the Ministry believed she was alone, and she then came to feel alone. At The Circle, because the supporters were present and active, she built confidence and strength. She knew that she could take this support into her future; she knows they care about her and her children. As Richardson (2005) illustrates, state-enforced isolation and separation from loved ones is an aspect of colonial violence, incongruent with Indigenous values. It was a strategy used to break down Indigenous culture and community: in the experience of Julie and Rob, it was clearly detrimental to a child safety planning process. Because isolation makes one vulnerable to humiliation, accusations and other indignities, it impedes the progress of the process. In essence, it goes against a central tenet of the helping professions, that the dignity of the participants should be supported at all times (Richardson and Wade 2008).

Feeling Trust

In the end, The Circle experience restored the trust that supports can be relied upon: it allowed Julie to create a “Trail” (the Dane Zaa path to the future) where she and her family will continue to be supported. People who have experienced violence will not begin to trust others until others demonstrate trustworthiness. The trust she felt in the TDM processes seemed to enhance her sense of confidence and well-being. She no longer fears the Ministry. Although she still does not trust

the Ministry, she trusts herself and her supports. The fact that she judges Ministry practice and representatives as untrustworthy is evidence that she has a “safety radar” and knows how to assess power and make decisions accordingly in the interests of safety and protection. She has a sense of clarity of how this works for her:

They have so much power ... 'cause they're the government right? But not any more ... Just knowing that Nenan [the Indigenous support agency] is there, I'm not alone. Knowing that I'm not alone and that if I need any help or need something I'll go to Nenan and they'll be there for me.

Here Julie described how she has abandoned her reliance (dependency) on the Ministry, which for her previously had the power and control, and now is able to turn to Nenan, an Indigenous agency that she can trust for support. They “showed up” for her and now she can rely on them. Julie’s experience shows her that it was not safe to rely on the Ministry. She felt her concerns were silenced, her requests were ignored and she witnessed the disrespect shown to both her and her husband. The Ministry did not attend to the needs of the father, even though he is the children’s father. According to the FGDM philosophy, his views should be considered even if he is not the legal custodial parent. In fact, that is the point of FGDM, to base family-crafted safety plans on the shared wisdom of the family. Clearly the intended spirit of FGDM was not alive in this particular process. In terms of power, during the TDM, she did not feel that Nenan was imposing its will on her as she felt the Ministry did during the FGDM process. Once again the respect and autonomy she experienced helped her to feel like a valued, dignified person who is part of a larger circle of care.

Feeling Hopeful

After the TDM, Julie feels hopeful. When Rob tried to come home again after drinking, Julie refused to let him in the house. This was difficult for her, as even her children thought she was being unreasonable. Nonetheless, she did not change her mind, stating, “I’m not losing my children again. I’m focusing on my work and raising my children. If he gets sober, that would be great, but if not, he’s not coming home.” This is new for Julie and she finds strength in the support of the group to ensure her children are kept safe. She sets this boundary herself now, not so much because she has to, but because she knows this is best for her children, at least for now.

Rob did not respond to the support that was offered at The Circle. He made it clear that he did not trust addiction programs. And no matter how much others at The Circle reached out and encouraged him to enter treatment again, he resisted. It was noted though, that the day after the The Circle, Rob showed up at Nenan and connected with one of the workers; the next week he began day treatments.

In our final conversation with Julie, about two months after The Circle, we asked what things had been like for her since the TDM.

I know I feel a lot, I feel at peace now, I don't ... the feeling I have right now is unexplainable. Like I feel really good about it.

Knowing that I did it, like I went through everything, the Ministry couldn't break me. They couldn't, 'cause I went through, just because my mom did, they broke my mom, my mom just gave up.

[I started to feel at peace] when they told me that my file was closed.

For Julie, there is tremendous relief in having a separation from the Ministry, and she has found the kind of support that gives her strength to care for her children. Julie seems to feel confident and hopeful about her future path. This sense of peace can be linked to aspects of healing, where worry is replaced by calm, and abusive parties are no longer in her life. She senses she has "back up" and will not have to stand alone: this strengthens her footing in the world.

CONCLUSION

The wholesale, uncritical adoption of FGDM in an Indigenous context is problematic mostly because factors of power and cultural difference limit the degree of engagement possible for the participants. We are not suggesting that the FGDM that Julie and Rob experienced is in any way characteristic of the way that FGDM is typically implemented. It appears there was no pre-planning, other family members were not invited, there was no private family time, and the family was not given on-going support. It is even unclear whether this process qualifies as an FGDM because the meeting embodies neither the philosophy nor the practices of the FGDM process. Nonetheless, the family came to the meeting believing this to be a "collaborative" intervention.

Theoretically, the FGDM is a collaborative process that is intended to elicit family strengths and create space for collaboration. As a decision making process, the FGDM has potential to restore and mend broken relationships, reunite family who have been separated and elicit stories of strength, capacity and resistance. It can also create space for people to make their own decisions to care for their children with community and state support. In this way, the FGDM can engage families in decisions related to child safety and care.

However, in the experience of Julie and Rob we saw that the FGDM process may harm the family in ways that resonate with the colonial past. We saw that this includes taking or threatening to take children, removing or not providing family resources, lying, ignoring, misrepresenting, telling families what to do and not following up on plans. It also includes humiliating, silencing, instilling

fear and isolating family members from each other. One of the most devastating acts of colonization perpetuated in the residential school setting was the isolation inflicted by forbidding family members to see each other. Siblings were separated and children were taken from parents without permission, and sometimes without even telling parents where the children were being taken. Many times during the FGDM decision making process, Julie and Rob experienced isolation, threats and orders that replicated these colonial experiences, shaping and entrenching their experiences of feeling unsupported, uncared for, disempowered, distrustful and not hopeful. In turn, the family did not feel engaged in this decision making process.

When a decision making process becomes infested with the acts of historic child removal, it is unlikely that family participants will be able to participate equally. It cannot be assumed that decision making processes like the FGDM can ensure equality of resources, opportunity, power and emotional presence between all participants. The state, and those who administer the state agenda (social workers), benefit from this faulty thinking. Vulnerable populations, like Indigenous peoples, do not.

But these experiences are not fixed; they can undergo radical transformation when the right circumstances exist. While the goals of both the FGDM and TDM decision making processes may be similar, the TDM worked better to represent the practices and values that lead to successful planning and commitments to child safety and well-being. Julie underwent the TDM when she was much more settled with her children, but, even then, Julie clearly described her experiences during the TDM as empowering and engaging. She rediscovered what trust meant for her, and she learned to recognize meaningful support. It was clear that the TDM process, at least for Julie, elicited a sense of respect, belonging and esteem that assisted her in the safety-planning task. She felt connected to others, supported and valued. Above all, at least for Julie, she felt hopeful for her family's future.

The experiences of these family members informs us that it is imperative that social workers and helping professionals take care to consider how power and cultural attunement shape the Indigenous experience. Collaborative interventions (like an FGDM) do not by themselves make a collaborative practice. Even though FGDM can attend to the dignity of families, to cultural attunement and to the redistribution of power in the creation of safety solutions that are sustainable, we believe engagement will improve if child protection workers practise within a framework of decolonization and Aboriginal sovereignty. It is possible that the context and bureaucratic structures of state child welfare organizations cannot effectively offer the appropriate support for values and practices that uplift, nurture and support Indigenous disempowered families, thus impeding them from making strong and lasting safety plans for their children. This does not mean it is impossible, but it does mean that unceasing attention must be paid to how respect, dignity and

opportunity are highlighted throughout the process. Power differentials must be levelled, and child protection workers must strive to use their institutional power to ensure culturally sensitive, family-generated child safety plans.

It may be that the implementation of FGDM has been one step forward in the evolution of child welfare. As the relationship between Indigenous families and the state evolves towards increased respect for Indigenous community sovereignty, we hope that family and community-collaborative processes that engage family members will be the way of the future in the planning for Indigenous children. We encourage you, as a worker, to consider how your practice may ensure that families might have the dignified experience that Julie and Rob had at the TDM.

NOTES

We would like to honour Julie, Rob (pseudo names) and their families, who participated in the piloting of the traditional decision making (TDM) model, and for their openness, honesty and courage to develop a better way to support Dane-Zaa children and families. The authors would also like to acknowledge the Dane-Zaa Elders and community members who so wholeheartedly contributed to the development of the TDM. Finally, we would like to acknowledge the dedicated and hard working staff at Nenan for their tireless efforts to make the TDM model come to life.

1. This process has also been called Family Group Conferencing and the Family Unity Model but in 1996 the American Humane Association recommended Family Group Decision making (FGDM) as the preferred term (Kempe 2013). In this paper we use the term FGDM.
2. We use the terms Indigenous and Aboriginal interchangeably to include First Nations, Métis and Inuit individuals.
3. The other key factors were practical sovereignty, strategic orientation and leadership.
4. According to Mowbray (2006), such local solutions may be used to offload responsibility for service provisions to already overburdened Aboriginal communities, that may restrict Aboriginal peoples' access to adequate economic resources. This consequence may be true, but in any case, culturally attuned decision making may be a necessary but not sufficient condition for rebuilding citizenship (Napoleon 2013).
5. This is so, even though Indigenous people only make up 22 percent of the population in this region (Ney et al. 2013).
6. The term "Ministry" is used throughout, by us and by the clients, to refer to the government child protection agency, which at the time was Ministry of Child and Family Development (MCFD).

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Chapter 4

RACE MATTERS

Social Justice, not Assimilation or Cultural Competence

Sarah Maiter

CHAPTER FOCUS

Child welfare practice with members of diverse ethno-racial backgrounds (often referred to as "visible minorities") poses particular challenges for social workers. Stereotypical and generalized thinking and a lack of understanding of the lived experiences of these families can result in racist practice. Worker fears of appearing biased, however, can also leave children in harmful situations without needed services provided to families. This chapter draws on the author's child welfare practice experience, research with clients, theoretical explorations of racism, and experience as a child welfare trainer and social work educator to explore the complexities involved in services for members of diverse ethno-racial backgrounds. The imbalance of power between child welfare institutions and service recipients is considered, and suggestions for practice are made that include ways to develop worker-client relationships that emphasize certain core values, such as a commitment to social justice and anti-oppressive approaches to practice; attention to colonization and the perspectives of critical race theory that can contribute to decolonization; assessment of agency policies and procedures; advocacy for clients; accessing services that address the unique needs of immigrant and refugee families; and working with clients to help them to build supportive networks.

QUESTIONS ADDRESSED IN THIS CHAPTER

1. What are the stereotypical and generalized thinking in child welfare practice with members of diverse ethno-racial backgrounds?