Working Collaboratively

Three Perspectives

Developing collaboration between pregnant/parenting Aboriginal women with substance misuse problems, substance misuse treatment counsellors, and child welfare workers

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Executive Summary

We conducted a research project to examine how the relationships between pregnant and/or parenting Aboriginal women with substance misuse problems, drug treatment counsellors, and child welfare workers can be improved. For this project, we used group techniques such as storytelling circles and focus group discussions to gather data about the experiences of mothers experiences of mothers with drug and alcohol problems and with child welfare involvement, substance misuse treatment counsellors and child protection workers. We spoke with 38 mothers who self-identified as Aboriginal (i.e., First Nations, Inuit, or Métis) and having had in the last five years involvement with a child protection agency and an addiction treatment facility in Toronto. As well, we spoke with 11 drug and alcohol counsellors and 12 child welfare workers who had worked with an Aboriginal pregnant or parenting woman in Toronto in the last five years. To understand the stories we were told, we were guided by the Seven Sacred Teachings of Wisdom, Love, Respect, Humility, Bravery, Honesty, and Truth to examine and explain factors (e.g., personal, interpersonal, and institutional) that influence how mothers, counsellors, and workers understand and interact with each other.

Summary of Findings

Wisdom: Many of the workers and counsellors acknowledged the need for their relationships with mothers to be collaborative in nature. Collaborative relationships encompass the larger family who is seen as a valuable resource to support mothers. Customary care is important for making the process more successful. Wisdom was demonstrated by the women when they critically reflected on how the cycle of addiction within their families was repeating itself. Both child protection workers and treatment counsellors were able to look at the system they worked within and see how women's situations were worsened by existing barriers. Women commonly discussed their frustration with time limits and waiting lists. Workers who acknowledged the historical and cultural context of Aboriginal women with whom they work spoke about using Aboriginal traditional ways of knowing in their practice alone or in conjunction with Western ways of helping.

Love: In the area of mothering and substance misuse, the complexities of Love were the most challenging to discuss and to understand. The mothers who were a part of this research project desperately wanted child protection workers to understand that loving their children and using substances are not exclusive of each other. For some mothers, the decision to let their children go, whether temporarily or permanently,

came with great emotional pain, but also with deep unselfish love. Women able to turn self-hatred around expressed that, to them, Love is built on relationships that are safe, caring, consistent, and respectful. Therefore, from a place of safety and respect, women can begin to experience self-respect, self-care, and responsibility.

Respect: Substance misuse counsellors and child protection workers acknowledged the value of each other's role in the process of helping mothers and their children. However, we heard how women often felt helpless to stop inappropriate behaviour from their workers because they were too fearful of the power the worker had over them. Because of this, it was difficult for a woman to honour herself and her healing. Women shared with us their experiences of being in non-Aboriginal foster homes, as children. The conditions for them were not always safe and healthy and they felt this was disrespectful to them. Workers expressed support for the process of customary care. But more than that, they confirmed that extended families, including aunties, uncles, and grandparents and, in some cases, close friends and community members, oftentimes could consider the needs of the family better than workers.

Humility: Most mothers shared stories that were deeply troubling to them. Through their stories, women tried to locate what had happened within their own experiences of childhood trauma, in relation to a community struggling with the after-effects of colonization, such as the residential school system, over representation in the child welfare system and poverty. Women spoke about a multitude of complicated feelings – anger, shame, and humiliation – that flooded over them when their children were apprehended by child welfare. Instead of understanding the women's circumstances and the supports they might need, they were blamed for their lack of knowledge and understanding and labeled bad mothers. We heard many stories about the need for the "system" to be humble, to acknowledge its faults and to be redesigned to address the particular needs of Aboriginal peoples. Workers spoke about the need for a system designed to address a wider "picture" or understand the more distant factors that contribute to the immediate circumstances. Descriptions of intergenerational apprehensions were common. Implicit in these stories is a belief that the "system" failed them as children and their current involvement with child welfare was no better. Counsellors spoke about the power of Aboriginal traditional ways in the design of treatment programs.

Bravery: For many mothers, substance misuse was a common feature of their day to provide refuge or safety from unwanted feelings but also came with poverty, housing insecurity, homelessness, interpersonal problems, violence, sex work, arrests, incarceration, and having their children apprehended by the child welfare system. For mothers, participating in the circles involved the Bravery to disclose in a public

forum that they had had or currently were experiencing problems with drug and/or alcohol and had child welfare involvement. For the workers and counsellors, their participation in the project demonstrated Bravery to talk about the shortcomings of their own practice, and the practices of their colleagues and agencies. Some talked about a process of recognising over time the need to change how they interacted with women and their families. Many mothers said that they did not ask for help because they feared losing their children to child welfare.

Honesty: The mothers, counsellors, and workers all stressed the necessity of clear communication amongst them so that everyone involved knows exactly what is expected of a family in order to keep children at home or have them returned from foster/customary care. Many women spoke about how they distrusted workers. To be reunited with their children, women spoke about being referred to a seemingly endless number of programs. This process of referrals without end led many to distrust workers. Workers often stated that at times they did not fully understand the role of a counsellor nor did they think counsellors understood their role. They believed that this lack of understanding could be alleviated by stronger communication amongst the two groups.

Truth: Aboriginal mothers in this project identified the cyclical relationship of their families' involvement with child welfare. Many told stories of how their grandparents grew up in residential schools, their mothers and they themselves grew up in foster care and, now as parents, their children are involved in the child welfare system. Many of the mothers and the counsellors who participated in this project agreed that if child welfare involvement was necessary, it was done best when the mother and the counsellor arrived at this truth together. When it comes to an expression of the seventh Sacred Teaching, perhaps coming to Truth was best explained by the Aboriginal mother who stated, "I just celebrated five years [of being free from alcohol and drugs]. Did it on my own. It was my children that made me quit."

Summary of Recommendations

- Development of mutual respect between parents/caregivers and their workers.
- Counsellors and workers engage in reflexive practice to develop collaborative relationships, not only with mothers, but with one another.
- Understand and implement Aboriginal worldviews particularly regarding the importance of families and communities in the raising of children.
- Address the whole woman and the whole family as the recipient of services.
- Connect mothers to an Aboriginal community in ways that help them feel they belong.
- Do not deny women's identity as *mothers.* Women's identity as a mother is crucial to their sense of self despite their challenges to parent.
- Respect the complexity of the healing journey and the context from which women begin and travel along this journey.
- Provide space for mothers to learn healthy parenting according to Aboriginal worldviews and values which will minimise the risk for apprehension.
- Explore challenges women have, such as mental health concerns and addictions, the barriers that create difficulty for them to be well, and ways in which mothers can parent within their particular circumstances.
- Educate about and implement anti-oppressive, anti-racist and anti-colonial ways of assisting families.
- Create treatment centres that address the whole family, negating a need for mothers to make "tough" decisions.
- Respect the primary role of family and customary care/kinship network in working with families.
- Clearly define roles of all service providers such as how each member will help.
- Work collaboratively with women early in the process to assess their circumstances and define a clear set of expectations.
- Acknowledge systemic policies which are unjust and make structural changes that are meaningful.
- Ensure that mothers know and understand their rights and all they are entitled to within social services.
- Involve Aboriginal mothers in the development and evaluation of programs and services within child welfare and substance misuse treatment.
- Acknowledge historic trauma and the intergenerational impacts caused by colonization upon women and families involved with child protection.
- Be supportive of, advocate for, and assist in the creation of an Aboriginal Child and Family Services Act.

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Introduction

Improving the well-being of Aboriginal families experiencing drug and alcohol problems and with child welfare involvement is challenging. Towards this goal, our team tried to learn how to promote collaboration between pregnant and/or parenting Aboriginal women, substance misuse treatment counsellors, and child welfare workers.

A team comprised of counsellors, workers, mothers and researchers worked together to design and conduct a research project to collect information from mothers, counsellors and workers about how to improve the well-being of Aboriginal families experiencing drug and alcohol problems and with child welfare involvement.

Our goal was to answer three questions:

1. What is the nature of the relationship between pregnant and/or parenting Aboriginal women with substance misuse problems, substance misuse counsellors, and child welfare workers?
2. How are the spiritual, physical, emotional and mental aspects of life impacted and recognised, if at all, during involvement with child welfare and drug treatment agencies?
3. How can the relationships between pregnant and/or parenting Aboriginal women with substance misuse problems, substance misuse counsellors, and child welfare workers be improved?

Connection to the community

For the project, we implemented two important research frameworks: anti-colonial and community-based. The focus of an anti-colonial framework is locally produced knowledge that arises from a particular cultural and historical context. This framework promotes Aboriginal peoples' oral traditions as a celebration of their knowledges and cultures. It provided a guide to embed Aboriginal concepts and cultural frames of references within the project. In particular, we employed storytelling circles and the Medicine Wheel directly within our project. The Medicine Wheel, a symbol of holistic healing, embodies the four elements of whole health: spiritual, mental, physical and emotional.

In keeping with Aboriginal values of community involvement in research projects, we also adopted a community-based research (CBR) framework for our project. CBR frameworks ensure that research is conducted with, rather than on, communities and is directed towards issues that have relevance to the community. Our project was

based on CBR principles and conducted with the Ownership, Control, Access and Possession (OCAP) framework (Snarch, 2004). Specifically, all team members worked collaboratively to define and answer the research questions. At all team meetings, we observed Aboriginal protocols including, for example, opening and closing prayers and use of medicines (e.g., smudging with sage).

Our team included:

- Alita Sauve, Native Child and Family Services of Toronto
- Bela McPherson, formerly of the Centre for Addiction and Mental Health (CAMH) and University of Toronto
- Carol Strike, formerly of CAMH and now with University of Toronto
- Cyndy Baskin, Ryerson University
- Diane Smylie, Jean Tweed Centre
- Diane McKay, Jean Tweed Centre
- JoAnn Kakekayash, Anishnawbe Grandmother and Elder
- Liz Archer, CAMH
- Lori Ross, CAMH
- Trudy Angeconeb, Native Child and Family Services of Toronto
- Wanda Kimewon, Jean Tweed Centre

Context, collaboration and inclusion

An overarching theme that cuts across the disciplines of child welfare and substance misuse treatment is the need for an understanding and sensitivity to the historical legacy and ongoing impacts of colonialism on Aboriginal people's lives (Benoit et al., 2003; Chansonneuve, 2008; de Leeuw et al., 2010; Horejsi et al., 1992; Ordolis, 2007; Shepard et al., 2006; Thibodeau & Peigan, 2007). The documented experiences of Aboriginal women too often include histories of violence, sexual and physical abuse, mental health challenges, incarceration, lower socio-economic status, involvement with the child welfare system, stigma, racism, and struggles with identity (BCCEWH, 2010; Bombay et al., 2009; Chansonneuve, 2008; de Leeuw et al., 2010; Elizabeth Fry, 2010; Horejsi et al., 1992; Niccols et al., 2010a; NWAC, 2007; Ordolis, 2007; Pacey, 2009; Salmon, 2007; Smith et al., 2006; Shepard et al., 2006).

The need for culturally specific programs and services is highlighted as a need for Aboriginal mothers who struggle with substance misuse (Chansonneuve, 2008; NWAC, 2007; Rutman et al., 2005). Healing through "cultural renewal" or "culture as healing" is described in the literature as reconnecting Aboriginal women with their heritages which may be facilitated by attending an Aboriginal-specific residential substance misuse treatment centre and/or participation in Aboriginal ceremonies and teachings

(Chansonneuve, 2008; Rutman et al., 2005, p. 246). Niccols and colleagues (2010) encourage the incorporation of an Aboriginal holistic view of health and wellness into substance misuse treatment programming. Currently available programs for Aboriginal women tend to be modeled after "conventional" treatment approaches which do not focus on gender and family/child focused care (Niccol et al., 2010, p. 327).

To increase positive and supportive interaction, the literature recommends collaborative communication and partnerships between child welfare workers, substance misuse treatment counsellors, and Aboriginal women who misuse substances (CAMH, 2005; Chansonneuve, 2008; Crowe-Salazar, 2009; Weaver, 2007). Collaborative interactions between workers, counsellors, and women include: integrated treatment planning; clear communication regarding the limits and breadth of service delivery; increased alcohol and drug education for child protection workers; and adoption of a woman-centred framework rather than a dichotomous paradigm where systems work in opposition (CAMH, 2005; Carter, 2002; Chansonneuve, 2008; Rutman et al., 2005; Weaver, 2007).

Studies that reviewed the relationships between service professionals and women from a general context noted the following qualities that contribute to positive helping relationships: judicious use of power, non-judgmental attitudes, being supportive to disclosures of relapse (de Boer & Coady, 2007), genuineness, empathy, and acceptance (Maiter et al., 2006). On the other hand, negative attributes were noted as: use of threats and intimidation (Rutman et al., 2005), being judgmental, uncaring, critical, and insincere (Maiter et al., 2006).

From an Aboriginal context, studies that examined Aboriginal parent and family experiences of the child welfare system describe the need for workers to develop a better understanding of the historical relationships between Aboriginal peoples with child welfare authorities (Horejsi et al.,1992). Other studies emphasise the need for understanding the "loss of trust" that can occur on numerous levels for some Aboriginal peoples, including loss of trust in self, family, community, government, and in those viewed as 'outsiders' (Thibodeau & Peigan, 2007).

Treatment centre workers find the following skills and attitudes of counsellors as helpful to Aboriginal women: recognising the impacts of trauma, empathetic care, open communication, supporting links to Aboriginal spirituality, accepting, role modeling, and acknowledging women's pasts while assisting them on their path to a healthier future (Rutman et al., 2005). Smith and colleagues (2006) recommend health care based on a holistic, client-centred, respectful, strengths-based, safe, and responsive approach.

What is absent in the literature is a context-specific focus on Aboriginal women in relation to integrated treatment approaches and the relationship dynamics between child welfare workers, substance misuse treatment counsellors, and women who misuse substances while pregnant and/or parenting. The literature is fragmented in the sense that a majority of the sources address non-Aboriginal populations of women who misuse substances while pregnant and/or parenting. Literature that does speak from an Aboriginal context often does not include a gendered analysis. Aboriginal specific sources also tend to focus more on child welfare issues rather than substance misuse among pregnant and/or parenting Aboriginal women.

Overall, there is a lack of literature specific to the experiences, treatment needs, outcomes, and/or prevalence of Aboriginal women who misuse substances while pregnant and/or parenting (Niccols et al., 2010; Rutman et al., 2005; Salmon, 2010). Only a handful of sources focus on the issues of Aboriginal women's substance misuse and mothering (see Niccols et al., 2010, 2010; Rutman et al., 2005; Salmon, 2007, 2010). When piecing the literature together, it becomes evident that the need is great for supportive care and treatment for Aboriginal women's health and well-being when dealing with substance misuse while pregnant and/or parenting. What is missing from the literature are a contextual analysis and research that is specific to the relationship dynamics between Aboriginal women and the various systems of care they become engaged with along their journeys of substance misuse, mothering, and wellness.

Connecting with mothers, counsellors, and workers using storytelling circles

We invited mothers, substance misuse treatment counsellors, and child welfare workers to tell us about their experiences. Group techniques such as storytelling circles and focus group discussions were used to collect information. We invited mothers experiencing drug and alcohol problems and with child welfare involvement to attend one of five storytelling circles. Nine agencies assisted with the recruitment of Aboriginal mothers, including: CAMH (Aboriginal Services), Jean Tweed Centre, Toronto Council Fire, Anishnawbe Health Toronto, South Riverdale Community Health Centre, New Heights Community Centre, Aboriginal Head Start, The Meeting Place and the Scarborough Storefront.

Our Elder, JoAnn Kakekayash, opened each circle traditionally with a prayer, smudge and teaching. Women were asked to discuss their experiences, attitudes, opinions, and recommendations using open-ended questions. A 4x4 foot artistic rendition of some of the Anishnawbe Medicine Wheel teachings was used to help women structure what they wanted to say (Please see title page for a representation of the Medicine Wheel). At the end of each circle, a traditional closing was facilitated by our Elder. The women were provided with a feast, an honorarium, and compensation for child care and transportation.

We also conducted four focus groups with service providers: one with substance misuse treatment workers; one with child protection workers; another with both service providers together; and one with members of the research team who also work with Aboriginal women with women with child welfare involvement and addictions issues. Four agencies assisted in the recruitment of substance misuse counsellors and child welfare workers: CAMH, Jean Tweed, Native Child and Family Services of Toronto, and Metro Toronto Children's Aid Society.

Participants in the project

For the storytelling circles, 38 mothers who self-identified as Aboriginal (i.e., First Nations, Inuit, or Métis) and having had in the last five years involvement with a child protection agency and an addiction treatment facility in Toronto attended one of five circles. As well, 11 drug and alcohol counsellors and 12 child welfare workers who had worked with an Aboriginal pregnant or parenting woman in Toronto in the last five years attended one of four focus group discussions.

Capturing and analysing the stories

We audio-recorded all of the storytelling circles and focus group discussions and later typed the content of the recordings. To ensure the confidentiality of the participants, only a few members of our team had access to the stories. These members are researchers and not counsellors or workers. Other team members, including those working for child welfare agencies and substance misuse treatment programs, only had access to excerpts and never knew who participated or what particular people said.

To understand the stories we were told, we were guided by the Seven Sacred Teachings of Wisdom, Love, Respect, Humility, Bravery, Honesty, and Truth to examine and explain factors (e.g., personal, interpersonal, and institutional) that influence how mothers, counsellors, and workers understand and interact with each other. We read, discussed, and condensed the transcripts to understand the key ideas that participants spoke about. Below we present our understanding of these keys ideas using the structure of the Seven Sacred Teachings.

Seven Sacred Teachings

Wisdom

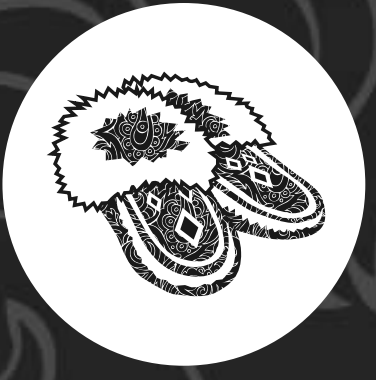
truth

Love

Honesty

Respect

Bravery



Humility

Wisdom

Wisdom is the practice of balance, inner vision, and clarity. Wisdom teaches that there are many ways of knowing and doing which allow us to reach goals differently, but effectively. The teaching of Wisdom showed itself when members of the triad relationship of mothers, child welfare workers, and substance misuse counsellors (herein referred to as "workers" and "counsellors") were able to understand and willingly explore another way of seeing or doing. For example, we often heard workers giving credit to women for the strength and tenacity it takes to overcome substance misuse and work toward providing a balanced home for their children. Mothers in the research project often recognised workers' efforts to share their ways of knowing with them, while both workers and counsellors held respect for the challenges and barriers the other faced.

Workers who acknowledged the historical and cultural context of Aboriginal women with whom they work spoke about using Aboriginal traditional ways of knowing in their practice alone or in conjunction with Western ways of helping. A counsellor discussed how a historical context relates to her work with Aboriginal women, "[Within] First Nations peoples' histories… a lot of people don't understand the incredible amount of family forced separation, the effect of residential schools and all of that and how that's affected parenting over the generations." Furthermore, a child welfare worker stated that many workers do not realise that using outsider approaches can cause difficulty when working with Aboriginal women:

> **Their mandates might be philosophically different in that maybe we're using mainstream services for psychological assessment, as opposed to assessments from a more traditional community approach…So there is a bit of a struggle with what we use, and why don't we use those.**

The mothers who took part in this project had a lot to say when it came to how their traditional ways of knowing and doing should be valued. One mother shared with us an example of how, within Aboriginal worldviews, everyone is valued and that no one is better than another despite there being a need for help:

I think that they [child protection workers] really need to listen to the people that they're working with, whether it's a child or a parent. They need to stop automatically taking the stance that if they've been called on or if there is involvement that they [mothers] are automatically not to be trusted and they're automatically below the worker. That's wrong and it's completely against Native traditional values. Nobody is supposed to be better than anyone else right?

Many of the workers and counsellors acknowledged the need for their relationships with mothers to be collaborative in nature. A counsellor discussed collaboration by saying:

It really helps; it builds communication amongst everybody, and everybody who's working for this one client. The client feels it's a team, rather than a separation of workers. Although like [removed name of another worker] said, we have different perspectives in terms of protection of the client and the child, whereas for me, mom is my client. And so we have that separation, different perspectives. But we can still work together, because ultimately, it's the family's well-being, that's what we're looking at, the family as a unit. So how are we going to better that communication, how are we going to better that strength? And I think that it's just to empower the client too, to take ownership for what they're doing.

Collaborative relationships also encompass the larger family who can be seen as a valuable resource to support mothers. This is known as "customary care" within Aboriginal worldviews and "customary care" within the child welfare system. Traditionally, Aboriginal families and community members helped women with their children; the removal of children into non-Aboriginal homes by child welfare disrupted this practice. We heard from participants, both mothers and workers, that customary care is important for making the process more successful. One child welfare worker stated, "Success is getting the child in a place, and look to kinship first. I think the system is the last place. I bring them [children] into the system, but it's the last resort."

This sentiment was echoed by one of the counsellors: "I think too that we need to really look at whose needs are we addressing and are we asking women about how they feel about where they want their children to be?" We also learned collaboration goes beyond the extended family and workers, and can include other members of a woman's community in supporting her. As another counsellor added:

I think if there's going to be any really positive change, there has to be much more collaboration between the community and with the different facets of it, but in such a way that it's not just falling on one Elder and two Native workers.

Following the need for collaboration, counsellors discussed how judgment experienced by Aboriginal mothers impacts relationships. As one treatment counsellor stated:

The system is very, very biased, but it's biased in terms of it doesn't even understand, I think, the healing process very much as [removed name] was referring to. So they're [mothers] mandated to do certain programs at total disrespect for where the woman's at in her life and her issues and her readiness.

One counsellor explained to us what a woman goes through when she is being judged by a child welfare worker.

How many times have I had a Children's Aid worker say, "I'm sure she's using," and the client is looking at me saying, "I'm not, I'll do a urine for you" and I'm like "No you don't have to do a urine"…and then I realise she's [the woman] dissociating while she's in a meeting with Children's Aid because this person has so much power and authority, she's scared shitless.

Wisdom was demonstrated by the women when they could critically reflect on how the cycle of addiction within their families was repeating itself. Many women were able to see the impacts addiction had on their lives, including its effects on their parenting. It was this Wisdom that allowed many of the women to make choices to work on overcoming their addictions and move toward reuniting with their children or, in some cases, letting them stay in healthier home environments.

One woman talked about how once she was able to understand violence and its cycle, she was able to understand her own removal from her family as a child:

…but I don't hold a lot of anger towards my mother. I understand where she's coming from… She grew up with an abusive mother. She grew up being abused in every way possible…I can understand where they're [child protection workers] coming from in regards to taking me away from that situation, my brothers and I.

Wisdom is demonstrated when a person is able to look beyond an individual-focused lens to the cause of problems and to understand how oppressive systems impact individuals. Both child protection workers and treatment counsellors were able to look at the system they worked within and see how women's situations were worsened by existing barriers. Some of the problems workers cited were unrealistic time constraints externally imposed, lack of funding and its impacts, and screening processes for services being too exclusionary. One counsellor told us how a racist system makes it impossible for some families to have customary care as an option:

> **If women say, "Well I want my children to go to my brother," so then child welfare has this big screening process. Get the brother's criminal [records] check; get the brother's this, get the brother's that. When we look at Native populations and we look at the racist criminal justice system and who might have a criminal justice record…Oh well, he has a criminal record, and then he can't take on the children. So then the children are removed from their family, that's not acceptable to me. I think we need to go a bit further and really work that through. Because he has a criminal record doesn't mean he can't parent right?**

Child protection workers were also outspoken about the system's flaws and failures. One worker shared how external time constraints are incredibly challenging when it comes to healing:

> **I mean women are in incredible pain. The kids are in incredible pain. I'm talking to my supervisor about this all the time, the grief and loss aspects to the work and that takes its own time. You can't mandate that time. You can't force that time.**

The workers who participated in this project were able to critically reflect on their mandate. They spoke about how life is always in constant movement and change; it is not static and legislation needs to reflect these changes. As one noted, "…there are aspects of the child welfare mandate and other mandates of other agencies and services, that need to be re-addressed and need to evolve with the evolution of the healing path that First Nations, Métis, and Inuit people are on."

Women commonly discussed their frustration with time limits and waiting lists. The woman in the following quote is referring to calling child protection workers because her son had mental health challenges and she was struggling to access supports for him and he could not safely be in her home. Time was against her:

I didn't know how to change it [son's challenges], how to help… So I called them [child protection workers]. Well, once they're in care for two years you have to sign them over or take them back and he was by no means ready to come home. He still was on the waiting list for most of these programs. So I had to sign him over.

Time is also necessary in order for women to learn how to be parents with their children. Mothers, who are not involved with child protection workers, are afforded time to grow and learn about parenting with their children. However, this is not always the case for women who are involved in the child welfare system. One woman shared with us her perspective on what would work to eliminate some of the barriers that women face, "I think that what the City of Toronto needs really is a family treatment centre. I had the opportunity to go into a treatment centre in the States a number of years ago that addressed the whole person but also the whole family…"

Another woman elaborated on making residential treatment centres more accessible so that women can get the help they need when they are ready for it, rather than when the system can fit them in:

You know you need somebody there right away to help you because if we don't have help we're going to give up, so maybe if there was an Aboriginal [crisis phone] line for women that need a place to go right away, get taken in right away. That's what I am suggesting.

Many of the mothers who participated in this research project expressed Wisdom through their actions. As one shared:

I mean sometimes things get hard and I've called Native [Child and] Family Services of Toronto. I'm new here and so I've had to. I called them when I first got here and, like I said, it was for me. I feel like a big kid that I still need their help which is kind of true, so I'm just glad that they're non-judgmental and understand my history. I used to feel bad about asking for help and I always did things by myself and I would never reach out for help, [but] that didn't work. It just made things worse, so I'm glad that I'm smart enough, I guess, to reach out for help for my own well-being.

Love

Love, a Sacred Teaching, means treating people with special care and kindness because they mean so much to us. Love is treating others the way you would like them to treat you – with respect. To know Love is to know peace.

There are many different types of Love. The participants of this research project referred to Love in the context of their families of origin, their cultures, and their children and as the flip side of self-hate. Because of the many complexities of Love, perhaps this Sacred Teaching is the most challenging one to understand in the area of mothering and substance misuse.

There is little doubt that the questions almost everyone initially has when it comes to the issue of mothering and substance misuse are, "If you love your children, then why don't you stop using?" or "What do you love more – your children or drugs?" The women who participated in this project have been directly asked such questions. In discussing the impact such questions have on them, the pain that comes through in their voices, eyes, body language, and tears is clearly immersed in their love for their children. These mothers struggle to explain the power of substances over their lives as expressed by one of them:

> **My child means more to me than any breath of air that I take in my own self, in my own system, and for people to ask me that question made me sick. It made me think am I really out for the drugs more than my kid?.... It wasn't like that. Those drugs are so powerful, so powerful....Being sober, I look back… oh shame. I can't believe I did those things, but you know it's the drug. It's a powerful thing.**

For some mothers, the decision to let their children go, whether temporarily or permanently, came with great emotional pain, but also with deep unselfish love. One of the mothers spoke about her decision to call the Children's Aid Society for help:

> **I've had to come to a place and say to myself you were unselfish to give him up in the first place because the hardest thing I ever did was to admit that I couldn't help my son. The hardest thing I ever did was to hand my son over to another woman who could do a better job than me.**

The mothers who were a part of this research project desperately want child protection workers to understand that loving their children and using substances are not exclusive of each other.

Many mothers in our research project emphasised that they are often put in conflicting situations in terms of their children and treatment. Love for their children makes them want to be with them. Fear of where their children will go and if they will be returned to them should the women go into residential treatment, or even day programs for their addictions, keeps them from getting help. This love and this justifiable fear add significant support to the research participants' request for family residential treatment programs:

> **The disease of addiction affects everyone in our family. It touches the lives of everyone that we love.... I think that we really need to have a place... where our children could come in with us so that we don't have to worry about where they are....**

Women also spoke, both directly and indirectly, about the love they have for their family members. One, who shared about being removed from her own mother, stated that when she and her siblings "were all together in one home at one time", the situation was okay for them, "but then we all got separated and that's when things kind of got really out of hand." This can be understood to mean that this woman was able to survive being taken from her mother because she had her siblings, whom she loved, with her. However, when this love was taken away from her, she was not able to cope. Another woman who grew up in the child welfare system built on this lack of love, saying:

> **I never had a childhood. I went from a baby to an adult. I had to do things on my own. If I did anything wrong, I was beaten... I was no good at school. I can't read or write. I try, but I can't do it and that's because of being in and out of foster homes – 17 different foster homes, 14 different schools. Where's the love? There's no love there. The Children's Aid never cared because if they did, they would've done something about it.**

A further idea that arose throughout this research project in terms of the Sacred Teaching of Love was women being able to turn self-hatred around. These women expressed that, to them, Love is built on relationships that are safe, caring, consistent, and respectful. Therefore, from a place of safety and respect, women can begin to experience self-respect, self-care, and responsibility. Through this project, we heard stories of women recognising the need to change, to learn and to love themselves enough to stop misusing substances. As one counsellor shared:

Women usually tell me, "You know what? This time I wanted to do it. This time it was about me. No one told me to do it. Yeah, I got my kids on my mind and I have my family and whoever else on my mind, but like this time it was about I want to live and so I made the decision about me and took control over what I want for my life."

As complicated and difficult as turning self-hatred into self-love is, it is quite possible that love for their children, communities, and cultures is the driving spiritual force that motivates these women to do the nearly impossible. It seems that self-love as learned and experienced through traditional Aboriginal teachings can create healing and growth for both women and their children. Such teachings could also be of assistance to workers and counsellors as well if, as suggested by one of the research participants, "they're doing traditional things together, people from different agencies, doing the ceremonies together, spending time together and getting to know each other."

Perhaps the most profound, but ironic, statement about how self-love can be transmitted through the values and teachings of Aboriginal worldviews comes from the following story of one of the women in this project:

...in jail, they've got this thing called Native Sisters and the lady that runs it was like a blessing for me. She helped me to remember the Creator who's the only thing that I could look towards. She helped me to remember that my heritage and my background were more important than anything else right now because it was the only thing that I could rely on because it would not leave me. Dope was done.

Respect

The Sacred Teaching of Respect teaches us to show honour to all parts of creation; to treat someone or things with deference. Respect includes behaving in a way that makes life more peaceful and orderly for everyone. When we began looking at the stories participants shared with us, we came to understand that the act of being respectful is important, but we also heard many examples of how disrespect hindered the collaborative process and made it difficult for relationships to be successful. Therefore, it was important to acknowledge how the three parties show Respect to one another as well as disrespect to one another. Acknowledging disrespect assists us in understanding how to create collaborations that work.

Participants in our project were clear in how to show Respect to one another. They began with acknowledging the value of each other's role in the process of helping mothers and their children. Workers and counsellors discussed the importance of acknowledging the parents' families' role in creating a plan for the future. One counsellor explained how women know what they need and it is important to respect that, "…well the program doesn't fit her needs. We need to get a program that fits her needs. This is what she wants and I'm trying to figure that out for her in the community…" As one worker shared with us, "the challenge is being able to sit at the table and come to a common understanding or goal with the family because we can't have a discussion without the family's presence. It doesn't work that way."

As part of their healing, it is important for mothers to be able to acknowledge their current and past experiences with disrespect, name it, and then be able to advocate for themselves in a positive way. We heard how women often felt helpless to stop inappropriate behaviour from their workers because they were too fearful of the power the worker had over them. Because of this, it is difficult for a woman to honour herself and her healing and stand up to those who minimise her efforts. In the following example, a mother told us about when she was being disrespected by her child protection worker, but she found the ability to advocate for herself in a positive way and take ownership of her accomplishments:

> **I've been with this worker…and now I'm starting to speak up to him….He says, "You know if it wasn't for me you wouldn't have your child." I looked at him and I said, "Pardon me? I'm the one who's healing. I'm the one**

who's doing the work to keep my child. I'm the one, not you"…[He was] trying to make me feel guilty for having [my child], like he did all the work to keep my child all these years.

Despite being disrespected and treated unfairly, some women maintained respect for themselves and were able to use that to cope with others' unacceptable behaviours.

Often women spoke about experiencing the misuse of power and cited child protection workers as the instruments of it. One mother spoke about the demands for her "good" behaviour, but not of the workers, "They [child protection workers] don't ever take it back when they're wrong. They don't tell you they're wrong or they don't apologise, but they expect you to do all this stuff." Some treatment counsellors also recognised this power differential and explained how they see it as frustrating. One stated:

If the women that we work with are using and the children get apprehended, they're kind of forced in the situation. We say, "Okay you got to be in court in five days and then you have to be able to pick up and go to a program, then you can come out and see your kids." It's very resource astronomical and doesn't even make sense. I think in situations like that, women are spinning, but yet they're expected to complete these challenges that I think are not realistic.

The women shared their thoughts on how substance misuse treatment could be more respectful and a better help to them and their families. Many of the women used terminology like inclusive, family-centred, and holistic when they were explaining what could work. We heard many women explain that with the mandating of Native Child and Family Services of Toronto as a child protection agency, issues were beginning to be addressed systemically. One of the mothers had this to say, "Native Children's Aid, they don't make you do that stuff so it's a lot better. You don't lie to them or anything; they don't make you do a urine test every time you want to see your kids." Furthermore, another woman spoke about how she was not able to have access to her granddaughter until her daughter changed to Native Child and Family Services of Toronto:

We weren't getting no results and my daughter switched to Native Children's Aid. So now I'm getting visits and they're coming for the weekends and I went to Christmas parties and we're just doing days out and stuff with them and they involve us with their [child protection workers] meetings and talks… and they [the children in care] got a Big Brother and all… and they're [the children] really improving from all of this.

Respect is shown when traditional ways are honoured and women are not forced into mainstream ways of healing. One former child protection worker explains why understanding a family's historical context is important, "You can't just judge them, okay, like judge a book by its cover, there's a reason why they're reacting the way they do." One mother explained the benefits of a worker believing in their clients:

> **I wasn't allowed to leave the hospital until Native Child and Family Services [of Toronto] came and that was fine. I spoke with the woman there [removed worker name]. She's a very nice woman about my age and I told her, "You know, I've been clean and sober and I'm ready. I'm ready to take care of my [child]. This is what I want and I have major family support. I have community members that are very supportive of me having this baby and have faith in me and I have faith in myself." I went on to explain and explain and explain to her while we're still in the hospital and she said, "Okay [removed name] I believe you" and I am really grateful that she believed me because I have been doing good ever since.**

We also heard it was important to understand the significance of Aboriginal worldviews with the context of substance misuse treatment. One counsellor talked about how confusing it can be for a mother to understand her own needs because she is also dealing with disconnection from her heritage, "Well we may think we're doing well by offering this woman a treatment program and sometimes they're mixed about whether or not they even want to be there, but in fact, she still has been separated from her environment, from her roots." Another counsellor shared with us how, in her experience, women having access to Aboriginal specific services were more successful:

> **You know after going to Native Horizons [an Aboriginal specific treatment centre] they're [Aboriginal women] often kind of saying to me, "This is the one that fits with me the most. This is the one that resonated with me the most. I connected with women, I connected with the workers and the content was often shared in a way that was different"…and the women were so excited to share some of the work they did and it just seemed to validate a lot of who they were, where they come from.**

As mentioned before, customary care, as it is called in Aboriginal communities, and referred to as kinship care in mainstream society, is very important when addressing Aboriginal families' involvement with the child protection system. Customary care is perceived as a traditional way of supporting families who are struggling and can be crucial in re-aligning Aboriginal families. One woman talked about how her family being allowed to take on a customary care role allowed things to "work out good"

for her family. She stated that her "…sister is being their [her children's] foster parent so that they are in the family and they're not kicked around so everything worked out good for us in the end…"

Women shared with us their experiences of being in non-Aboriginal foster homes, as children, as a reason that customary care is needed. The conditions for them were not always safe and healthy and they felt this was disrespectful to them. One mother describes her experience with the foster care system:

> **You don't know whose house you're going to, but when we got there she'd [foster mother] just pretend she was so nice and she was like the wickedest witch on earth. I don't know where she came from, but you know she must've come from hell itself. I still don't feel like justice was served with that lady, but all I feel is that, you know, God will deal with the lady in the end. God will deal with those people who were like that. I just hope child protection workers monitor the kids while they're in their care because some of those places are worse than the people's [parents'] homes.**

There were also mixed emotions about the system because of its inconsistencies. While conditions could be very bad in some homes, some proved to be beneficial and helpful to women while growing up, making them feel thankful. As one mother put it:

> **I've been through many, many, many, many, many, homes, it's ridiculous, but I am lucky because I've been in some really good homes that taught me good morals, just taught me good things. They taught me how to respect myself and then in the other homes [they] taught me the opposite.**

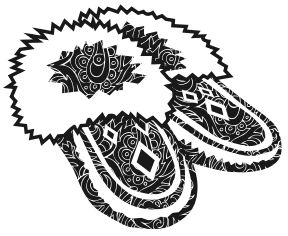
Workers also expressed support for the process of customary care. They acknowledged that in the long run, it is better for the children. But more than that, they confirmed that extended families, including aunties, uncles, and grandparents and, in some cases, close friends and community members, oftentimes could consider the needs of the family better than workers. They discussed the need to assess the situation in a different way when deciding whether or not to keep a child within a family. One worker had this to say about assessment:

> **There may be a person in the home who has an addiction problem, however [the child] is being cared for by extended family: grandma, or dad, or mom. Just anybody in the home who has primary care of the children [without addiction issues]….**

Other times, mothers do not even know there are any family members available or willing to assist them in the process of caring for their children. A former child welfare worker explained how these workers are assisting mothers in finding family options, even when the mother thinks there are none:

> **Native Child [and Family Services of Toronto] making that connection with their family, they found out they actually had family who would help them. When they originally came and said, "I have no one. Nope. There's nobody you can call." All of a sudden, within a few weeks, they had quite a few family members. In one case, I had one auntie come all the way down from up north, to live here in Toronto.**

A former child welfare worker discussed a complex issue related to the terminology used within the child protection system, "I have family members, who are part of Children's Aid, and it matters to me how they are treated. Are they clients or are they family and community members?" The message we gain here is that family is community and that we cannot separate them from other community members when we are discussing the needs of their children.



Humility

The Sacred Teaching of Humility asks us to place the needs of others first; to avoid criticism of others. It directs us to serve and help others. To be humble is to admit and learn from mistakes. Humility is a process about learning and improving the self.

Mothers in our research project spoke about Humility as a process, sometimes forced and dramatic and, at other times, learned through effort and engagement. Counsellors spoke with Humility about the limits on what they could achieve and how much they needed to learn to better serve the women who come to them for assistance. Workers spoke about their need to serve children, but to create a system with a broader perspective.

Most mothers shared stories that were deeply troubling to them. Prior behaviour, fuelled by drugs and alcohol, and personal histories of childhood trauma, were described with intense emotion and often profound regret. With the feather in her hand, a woman told the circle this story:

> **I'll tell you guys, my daughter was [a toddler] when I started using and my most vivid memory of that time was... I would stay up all night long and go on chat lines and find men who wanted to give me free drugs for sex and so that's how it went and then in the morning time, I would sleep and I remember my daughter coming to my bed with [some food] and telling me she was hungry and I didn't feed her because I was so tired … [the landlord] who lived in the front of the house ended up calling child protection workers on me and they came and they said, "You know this isn't going to work for your daughter. You need to help yourself and help her" and so they said, "Is there anywhere she can go?" and I called my mom because I knew my mom would do it and she took her and they said to me, "Now this is the time where you're supposed to get yourself clean and get yourself help."**

The reasons why women came to our circles is complex. The story above is an example of a woman's desire to talk about her past, to try to take responsibility for her behaviours and move forward. For some, the storytelling circle was a chance to voice their concerns, to be heard, to try to stand up for themselves and to be in the

company of others who had similar experiences, "I grew up in care. I grew up with a lot of family members going into child protection workers and I can relate." Through their stories, women tried to add perspective to their troubled pasts. They tried to locate what had happened within their own experiences of childhood trauma, in relation to a community struggling with the after-effects of colonization, such as the residential school system, over representation in the child welfare system and poverty.

For many of us, the Sacred Teaching of Humility is not easy to live by. As the women told their stories, they revealed their emotional turmoil and agony in their attempts to achieve Humility. Many sobbed as they told their stories:

> **I was drinking back then and partying hard and the person I was back then, I never tried. I guess I just gave up, let my children go. My youngest one was the one that opened my eyes... and I am still working on myself to turn that cycle back to where I was and it's been a lot of programs.**

Humility requires practice and reflection. For women with addiction problems and a troubled past as a parent, the path to Humility is made more difficult when they are humiliated and made to feel small, bad, and ashamed. To feel powerless is to feel humiliated at the hands of another:

> **...the biggest problem in Children's Aid for me has been… they power trip. They come to your home and because they have the power in a situation, they completely take advantage of it. They make you feel small. They question everything you do. They seem to think that they have the right to tell you exactly what you have to do. You know, they don't realise that this is your family. This is not some game, some joke…**

To be humiliated is a destructive experience common to many mothers in our project. To be humiliated is not to be trusted. A multitude of complicated feelings – anger, shame, and humiliation – flooded over these women when their children were apprehended by child welfare. To be denied the identity of being a mother is further devastating for women because of multi-generational experiences of family separation:

> **I've met a few of my brothers and sisters…we all have alcohol drug-related problems, all of us, and I guess it [goes] back to my real mother who also went from being taken from her real parents into a home. So history has been going on for so long, but what they did is without talking to me and, like [name deleted] said, they treat [you] as if you're not the mother anymore. It doesn't matter; they [our children] still come from us.**

Humility is usually discussed in relation to individuals; however, we heard many stories about the need for the "system" to be humble, to acknowledge its faults and to be re-designed to address the particular needs of Aboriginal peoples. Workers spoke about the need for a system designed to address a wider "picture" or understand the more distant factors that contribute to the immediate circumstances:

> **You don't just want to be meeting their immediate needs, although that's what child welfare primarily focuses on. It's having a good analysis of the overall picture, and what is impacting, what are the environmental factors that are affecting that client, or that are affecting the children.**

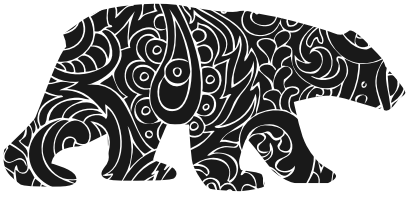
The need for a wider perspective on the part of child welfare was echoed in this woman's remarks, "They're always trying to fit people into boxes. [They] don't really understand the complexities of the women's lives and don't really understand the whole healing process."

Most mothers who came to our circles talked about involvement with child welfare when they had been children. Descriptions of intergenerational apprehensions were common. Implicit in these stories is a belief that the "system" failed them as children and their current involvement with child welfare was no better. Across the circles, women spoke about the need for a child welfare system designed to address its historical failings and remodelled to incorporate Aboriginal worldviews and values.

A humble system is cognizant of the distance that many women must travel to develop healthy ways of parenting according to Aboriginal worldviews. We heard several accounts of women who had been apprehended as children and later moved through a series of foster homes. Women were said to lack an experience of being parented and of having parenting models from which to guide their own behaviour once they became mothers. Instead of understanding the women's circumstances and the supports they might need, they were blamed for their lack of knowledge and understanding and labelled and labeled bad mothers. A humble system is designed to address these issues and to assist mothers in learning and experiencing Aboriginal ways of parenting.

Counsellors spoke about the power of Aboriginal traditional ways in the design of treatment programs. Inclusion of Elders and Aboriginal therapists were noted as crucial components. Stories of the success of this type of model were offered, as one counsellor stated:

They're estranged from their culture… a lot of times for them it's a reconnect with their culture and it's a time for them to find out and start to feel [a sense of] belonging and get answers of who they are, where they come from, who their ancestors were, all of the beliefs and it's [a] very important part.



Bravery

The Sacred Teaching of Bravery explains this as personal bravery in the face of fear. Bravery is doing what needs to be done even when it is hard or scary. Bravery is needed to try new things, to face new situations and to pick oneself up after a mistake and try again.

For many mothers who participated in our research project, substance misuse is a common feature of their day as it can provide refuge or safety from unwanted feelings. substance misuse is familiar and often something they share with their friends and family. However, substance misuse can come with many consequences including poverty, housing insecurity, homelessness, interpersonal problems, violence, sex work, arrests, incarceration, and having their children apprehended by the child welfare system. For those with multiple pregnancies and children, apprehensions can occur more than once, and sometimes for all children. As well, many of the women we spoke with had a personal experience of being apprehended from their parents by child welfare. Aboriginal women and their families have a long history of intervention and apprehension of children by the state. The fear of child welfare is real and embedded deeply within their communities.

All of the participants in our research demonstrated Bravery when they spoke about their experiences and struggles. For mothers, participating in the circles involved the Bravery to disclose in a public forum that they had had or currently were experiencing problems with drug and/or alcohol and had child welfare involvement. Many were hesitant at first to talk about their situations, but gradually told deeply personal and troubling stories about themselves, such as this mother, "When he was born, they apprehended my child because I was using, because I had a record with them. My other children were with child protection workers so that's why they came and apprehended my youngest one."

Some of the women revealed little about their past and offered remarks to show their agreement or understanding with what others had said. After the circles, some said that they were glad they had come forward to talk about these issues and to contribute to an effort to improve services for Aboriginal women. For the workers and counsellors, their participation in the project demonstrated Bravery to talk about the successes and shortcomings of their own practice, and the practices of their colleagues and agencies.

Some talked about a process of recognising over time the need to change how they interacted with women and their families. Acknowledging the need to change requires Bravery.

Apprehensions are most often a devastating experience for mothers. Many mothers said that they did not ask for help because they feared losing their children to child welfare. Many women reported a long history of involvement with child welfare as a parent or earlier as a child. Prior experiences led women to fear child welfare. Loss of their children and damage to their identities are profound. For workers, removing a child from a home or soon after birth is emotionally draining. Entering a home or proceeding to a hospital to remove a child requires Bravery -- Bravery to make the decision to do so and Bravery to complete the act.

To end an addiction and to be healthy, often requires women to make big changes in their lives. Giving up the known for the unknown is challenging and requires Bravery as one of the participants shared, "I did all the things to try to stay off drugs, including leaving my neighbourhood and going to a town where I didn't know anybody and I started over."

Asking for help is often an explicit attempt to end an intergenerational cycle of not knowing how to parent in healthy ways:

> **I'm just trying to better my parenting so I can be a better parent to my child today and not keep that cycle going because I was in foster care as well as a child. I see my grandchild and I look at her and I don't want her going through things that we all went through.**

Fear of child welfare agencies extended beyond parents to grandparents. A history of substance misuse and child welfare involvement creates an often insurmountable barrier for women to get access to their grandchildren. However, a desire to put things "right" and to begin or resume a relationship with grandchildren instils Bravery to face child welfare and to ask for access:

> **… I had my one daughter taken away and they took her children away and …they wouldn't allow me to see them or anything because of my drugs. I went to see what I could [do] about it. I went through Catholic Children's Aid, to a Protestant Children's Aid, finally I went to Native Children's Aid [Native Child and Family Services of Toronto] and now that I'm in Native Children's Aid, I don't have all that problem anymore over having a drug problem and they don't ask me all this crap. They see how I am with the**

children and we're allowed to have visits now. So I'm glad that I went back to my own people, back to Natives because I didn't know there was Native Children's Aid.

Healing is often a long journey that requires several attempts and many years. Many women embark on this journey more than once. The Bravery needed for each journey is both a challenge and an achievement because it signifies an inner strength that can be used to propel women forward on their path.

Bravery is also necessary to try to parent again after having one's children removed. Some never try again fearing a cycle of apprehensions that cannot be changed. But for others, Bravery is the foundation from which trying to parent again grows.

Honesty

The Sacred Teaching of Honesty is about being sincere, open and trustworthy. It teaches us that we must always tell the truth, admit our mistakes and do what we said we would do. In this way, our actions consistently match our words. We "walk our talk."

The mothers, counsellors, and workers who participated in this research project all stressed the necessity of clear communication amongst them so that everyone involved knows exactly what is expected of a family in order to keep children at home or have them returned from foster/customary care. A relationship based on Honesty between one of the mothers and her counsellor was described in this way:

> **[What] made my counsellor really good [was that] it wasn't only the substance abuse that was the issue, but she listened to me about everything. She wasn't judgemental. She was honest with me, you know if something concerned her.... She would tell me the truth.... She was completely open and honest and she was fair with me.... She didn't seem to be on a higher level than I was.**

One of the workers spoke of how she experienced trust as a gateway to Honesty for many of the Aboriginal mothers she worked with:

> **It was hard to develop the relationship at first.... There was mistrust along the way, but eventually they did come to call me and tell me when they'd had a slip [an occasion when they used alcohol or drugs].... And it was me who said, "Don't worry about that, it's a little thing." So I found [myself in] more of a coach or mentor [role in] the relationship when a little trust was established.**

Transparency by involving mothers in the needed steps of communicating information between workers and counsellors is seen as part of being honest, as explained by one of the counsellors:

> **The worst thing that can happen is [a mother making] me feel like I betrayed the trust, saying, "You told my protection worker without my**

knowledge, without me knowing." So I personally like to make the calls in the office, with them [the mothers] there, on speaker phone so that the protection worker, myself, and the client are all there, and there's no miscommunication....

Another counsellor, who works with women who are often homeless, expressed a similar process that she engages in with those who are pregnant:

They're usually very actively using, they're usually very pregnant, they're working [on the street], there's a lot of things going on. So when I talk to women about, "How do you feel about this pregnancy, how do you feel about parenting, is it something you want to do?" and we talk about it, exploring that and usually women say, "I know that we need to call child welfare right?" So we talk about that and what that will look like and what is the process after we call child welfare and how might that go and I kind of map out the whole system for her, so she understands. We will make this call together; this is what it will look like....

Aboriginal mothers who participated in the research project stressed how they saw "honesty as the best thing," the importance of "open communication" and "involving the whole family and whoever wants to be involved" in discussions about their children. Such openness on the part of mothers was also expressed as leading to a positive relationship with their workers. According to one worker:

If the woman is ready to take a look at perhaps some of the mistakes that she's made and the worker isn't judgemental, but rather supportive, I've seen amazing things happen to the woman['s] sense of self-esteem in terms of her sense of hopefulness to have a healthier family.

However, fear of the consequences of being honest can thwart attempts to heal. Fear often led women to hide from child welfare and prevented them from coming forward when they needed help. Women worry that if they disclose their problems, their children will be apprehended. Several workers acknowledged the concerns of the mothers in the project, stating that their reporting responsibilities can be at odds with their goal of developing a trusting relationship with women. (As one worker wondered, "It's when they start hiding then I want to know, what else are they hiding, what else are they not telling me?") Once a woman has involvement with child welfare, she fears, rightly, that she will be under their scrutiny in the future. This fear leads some women to regret their honesty:

I made the worst mistake and I think you should be able to be honest with the Children's Aid but you can't though because they hold it against you. I told them about my addiction to drugs. So after that, once I got them [the children] back, and they found out about the drugs, they came and got my kids.

Both workers and counsellors viewed co-operation with them by mothers as positive. As one child welfare worker stated, "If a client accepts that [child welfare services] and is accepting of other services, then the prognosis is far better than someone [who] tells us to get lost." Such views on the part of workers need to be communicated to mothers at the beginning of contact, however, so that they are aware of this assessment about co-operation.

Workers often stated that at times they did not fully understand the role of a counsellor nor did they think counsellors understood their role. They believed that this lack of understanding could be alleviated by stronger communication amongst the two groups. Educating each other about their respective roles and responsibilities is crucial if workers and counsellors wish to work as a team. Coming together to discuss their roles as workers and counsellors would help educate each other about the work they do. A better understanding of roles helps to foster working relationships and to develop co-ordinated, clear, and transparent responses to the struggles of mothers and their children. Such communication could also lead to the development of "best practices" in how the two groups could deliver services. Sharing information and learning from one another could occur more formally as well through, for example, a yearly conference where members of the two groups present on working relationships that have proven to be helpful in their involvement with mothers and their children.

The timing of when a mother becomes involved in child protection services is also taken into consideration by workers. Referring to pregnant women, one worker reported:

Has she been [involved in] pre-natal [activities]? Has she been dealing with substance abuse? When did she last use? Someone who is pregnant and comes at five months and says, "I want to change, but I've used cocaine for five months" and now all of a sudden wants to change, I'd be a little sceptical. But if someone comes and she says, "I'm going into treatment because I found out I'm pregnant," there's a big difference in terms of our response. We would be more inclined to work with [the latter woman].

Some workers, such as those quoted above, were honest enough to state that they make "judgements in terms of her [a mother] ability to change and her commitment to

treatment." This is clearly one of the areas that could be discussed between workers and counsellors regarding the struggles that go along with addictions and how this can best be addressed with mothers.

Many women spoke about how they distrusted workers. To be reunited with their children, women spoke about being referred to a seemingly endless number of programs. The need for the programs was not always clear nor articulated to the mothers. This process of referrals without end led many to distrust workers. Women interpreted being asked to jump through one hoop after another to get their children back as disrespectful. Goals were unclear and women were frustrated. As one mother stated, "I've been working really hard at getting my son back and they [workers] just keep throwing something else at me." Another agreed, saying, "I've done everything and it's like every time I'm supposed to get them [children] back, they add something else." These beliefs come from not being told or from not understanding why they are to continue programming when it appears that they have fulfilled all the requirements for having their children returned to them.

Some workers spoke about mothers who do not want them to be completely honest in sharing information to their counsellors. As one worker explained:

> **They're [mothers] saying to you, "I don't want to sign a consent form for you to share everything. They [other service providers] don't need to know anything." And they pick and choose [who they want to have information] .... We want to work with the other agencies [but] how do we do that in a way where we're going to be able to grow with the client, when already we know there's trust issues, where we already know that there are ongoing child protection issues that they are really having a hard time moving to the forefront with the other service providers.**

The workers who participated in this project are aware that withholding information may also occur with other service providers since at times "counsellors are aware of certain things [but] are afraid to tell us." Counsellors agreed that making decisions about what information to share is sometimes a dilemma for them. Despite this dilemma, most counsellors prefer to have child welfare involved with the women they are working with. As one counsellor put it:

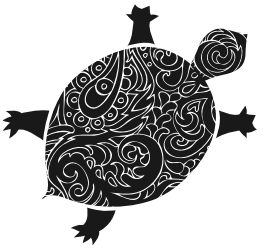
> **Having child welfare involved is extremely important from our perspective as case managers because we can have [a] clear understanding of what is expected of this family. And then we can help the family to look at how they're going to meet those needs when it comes to the substance misuse and related issues.**

Clearly, workers and counsellors view working together as best for assisting mothers and their children. However, they sometimes are caught between holding the trust of mothers and sharing information with one another. It appears that fear is one of the reasons why all three groups are faced with this conflicting situation. Both mothers and counsellors are sometimes afraid to report certain situations, such as woman abuse, to child welfare for fear of the negative repercussions this may have on how their parenting is viewed. Workers are afraid to share information with counsellors when mothers do not want them to because they fear losing the trust mothers have given them.

Some workers and mothers also distrusted Toronto's Aboriginal community. For mothers, this tended to be the case when members of the Aboriginal community reported them to child welfare – with or without reason – for neglecting their children or using substances. As one worker stated, mothers may, "feel angry by what is happening in their community, within their own circle." One of the mothers in the project explained how, for her, this mistrust of the community has an impact on several areas related to being Aboriginal:

> **I still struggle...with my spirituality. I don't know which way to go because I was feeling angry at Native Child [and Family Services of Toronto], not only Native Child, but our community and so I'm not doing [anything spiritual]. All I'm trying to do is parent my child and whenever you [child welfare] get a call [from] people in the community saying they [saw] me at Queen and Sherbourne doing a transaction or...things like that, they leave your file open...because of the allegations. It gets frustrating....**

It is disheartening to hear that there are members of Toronto's Aboriginal community who would make false allegations about some of the mothers who are a part of this community. Making such allegations tends to occur out of jealousy, anger or a desire for revenge or retribution towards a mother. Reporting an Aboriginal person to child welfare for such reasons is particularly concerning since child welfare has historically been an arm of colonization, responsible for the abduction and abuse of thousands of Aboriginal children. The root of such behaviour lies within internalized oppression and suggests where community education and healing is needed.



Truth

The seventh Sacred Teaching, Truth, is about coming to know, trying to understand and putting into action the teachings of the previous six Sacred Teachings. Each of us is responsible for practicing Truth in our own way which can mean, for example, investigating or looking into situations for ourselves rather than assuming that what we are told by others is best for us or is accurate information.

Truth is based on one's perspective and/or perceptions. Therefore, Truth is based on our worldviews or how we see the world. Our worldview is dependent upon concepts such as values, ethics, experiences, learning, education, and training. Thus, one person's Truth, based on how they see the world and then taking action on this view, will not be the same as that of others who do not have a similar worldview. Does this mean that someone's Truth or way of practicing the Teaching is better or more "right" than another's?

One area of discussion that arose with the mothers, workers and counsellors in this research project was who is the service user? Is it the mother? The child? Both? The entire family? According to one of the counsellors:

> **I've actually had [child protection workers] say to them, [Aboriginal mothers] "You're not my client; I'm worried about your child." Cutting her off, all kind of abruptly... and that's happened unfortunately more than one time and that's just a clear illustration of saying, "You're not important to me, it's about your child"...[child protection workers] are not understanding. We're talking about families and communities and people. They're not separated right?**

One former child welfare worker who is now in the area of substance abuse treatment put it this way:

> **I think that we're looking at who's the client, and I find therein lies one of the biggest issues for all of us... this one sees the woman as the client, this one sees the child as the client. But again, isn't that creating the silos that we're saying that we don't think are helpful? The clients, if you want to call them that, are the family. And why aren't all agencies looking at the family as the unit that they're trying to assist?**

Approaches to services depend on which perspective one takes or is mandated to take. Perspectives arise out of one's worldview. Indigenous worldviews tend to focus on the whole family and community with an emphasis on collective rights. Eurocentric worldviews, which shape mainstream Canadian society and institutions, are more likely to focus on the individual and highlight individual human rights. Conflict may arise when people with these two different perspectives become involved in a situation as both parties believe they are "right." In such cases, views can become polarized with a group versus individual, parent versus child, or safety plan versus foster care scenarios developing.

In practice, narrow views such as what a family looks like (heterosexist) and who raises children (parents) may lead to discounting many people, such as grandparents and other family members, in the care of children. As one of the counsellors emphasised, "I think too that we really need to look at whose needs are we addressing here and are we asking women how they feel about where they want their children to be if the children are not going to be with them."

Narrow views can also be a barrier when it comes to whether or not a child should remain with his/her mother. As one of the mothers in this research project stressed, "Somebody decided that they didn't like the way they [Aboriginal mothers] parented. There's many ways of parenting. Not everybody parents the same." Such practices which ignore Aboriginal worldviews (customary care) may set up conflicting relationships between Aboriginal mothers, workers, and counsellors right from the beginning. As many of the participants in this research project emphasised, when it comes to what is best for children and families, "one size does not fit all."

Conflict between Indigenous and Eurocentric worldviews can also be explored through questions such as: What is knowledge and where does it come from; Who creates knowledge and who gets to decide what is included or left out?; Why are some knowledges given more weight than others and why are some taught while others are not?; and, What knowledges are the basis of approaches to child welfare and substance misuse treatment? These questions are part of the larger discussion on the history of colonization in Canada and its current impacts on Aboriginal peoples. For the most part, this truth continues to remain out of the Canadian consciousness and lies at the heart of the problematic Aboriginal–Canadian relationship. In many cases, it may even be that those working within systems, such as workers, are not aware of Canada's true history. People cannot be expected to consider what they are not aware of. Nevertheless, as one of the mothers in this project stated, "If you want to work with Native people, you have to know and understand…the history of the people."

One's worldview or knowledge base can also be instrumental when it comes to the area of trauma. For example, Aboriginal mothers in this project identified the cyclical relationship of their families' involvement with child welfare. Many told stories of how their grandparents grew up in residential schools, their mothers and they themselves grew up in foster care and, now as parents, their children are involved in the child welfare system. No doubt, these mothers are not only living with the truth of their own trauma, but they carry that of their parents and grandparents as well.

A research participant who used to work in the area of child welfare, and then moved into various areas of social work, had the following to contribute to this discussion:

> **Is it true that a woman struggling with challenges to her mental health can't parent her children? Is it true that a woman struggling with substance misuse can't parent her children? Who said that? Who made that rule? Because there's an awful lot of us out there with these struggles and I think we're doing okay. So it's about looking at when really does child protection need to come into the picture. That's it; does the child need to be protected?**

Research participants also raised the issue of individual perspectives when working in both child welfare and substance misuse treatment. As one worker noted, "Every family service worker responds differently because we're all different people. We all have different perspectives." This was reinforced by a counsellor who added:

> **One person might find a certain thing as a risk and another person might say, "No that's a cultural practice, that's not a risk." I think that's what happens when workers don't understand culture and they don't have a... holistic view of a woman, her kids and her family. They end up missing a big piece of it [the whole situation]. So they make these decisions that are really uninformed.**

Many of the mothers and the counsellors who participated in this project agreed that if child welfare involvement was necessary, it was done best when the mother and the counsellor arrived at this truth together. They then contact child welfare together. Such a process hinges on the importance of relationships between the two parties.

Unfortunately, Aboriginal mothers and counsellors also shared stories of how when there is no relationship, there can be no truth. Perhaps one of the most disturbing examples of this is the following example from a counsellor:

Some workers play a lot of mind games where they like to get them [Aboriginal mothers] worked up and angry just before they go and see the judge [at family court]. [One child welfare] worker said to a client, "You're still not getting your child back no matter what you do. You're not getting him back." So that is what the judge sees. He doesn't see who the person [Aboriginal mother] is. He just sees a very angry person sitting there and doesn't understand why.

Some counsellors discussed how their services can fail Aboriginal mothers:

A First Nations woman, she's got [multiple] oppressions [based on, for example, racism, sexism, and classism]. If she's coming into a treatment centre where all the counsellors [are] white middle-class, her life experiences could not possibly be understood. No one has ever walked in her shoes or even stood beside her long enough to know what her experiences would be like. If she's experienced failure throughout parts of her life and goes into something that's supposed to be beneficial, [but] there's nothing there to meet those needs then...in my view, [this] could be termed another failure. [But] it's not the woman that's failed; it's the system that's failed her.

Another counsellor offered an example of how racism can occur in a substance misuse treatment centre and how this can be addressed:

All the women [in the program] have child welfare involvement and it came out that she [an Aboriginal mother] was accessing services from Native Child [and Family Services of Toronto]. Twice [during a group session] one of the moms said, "Oh I wish I was Native," the implication being that it was easier at Native Child then what she was experiencing at her child welfare organisation...I addressed [this] right away. We started talking about First Nations peoples' history...and I let the [Aboriginal] client lead it as much as she wanted to. Afterwards, she came back and said that she felt so empowered, that she actually had a group setting where she felt safe to speak from her experiences and challenge her peers.

Part of the difficulties expressed by counsellors may come from the "one size fits all" notion. As one counsellor remarked, "We're always trying to make her [Aboriginal woman] fit into existing... programs. [When this does not work for her] then we say, 'Oh she's not ready yet.' But really, she's just not ready for our idea of the program." Another counsellor added that it is crucial for treatment programs to include how the impacts of colonization, including the residential school and the child welfare systems,

as well as poverty, have negatively affected Aboriginal mothers' abilities to parent. She noted such "programming that particularly addresses" these impacts can be "incredibly valuable, of value for healing and finding your [Aboriginal women's] place."

When it comes to an expression of the seventh Sacred Teaching, perhaps coming to one's Truth is best explained by the Aboriginal mother who stated, "I just celebrated five years [of being free from alcohol and drugs]. Did it on my own. It was my children that made me quit."

Recommendations

Thanks to the wonderful contributions of our participants, we are able to provide some important recommendations which allow child welfare workers, substance misuse treatment counsellors, policy makers, and those in positions of power with regards to child protection legislation and practice implementation to make changes to how Aboriginal women and their families are worked with. We are also able to provide recommendations that mothers can use in order to make their experiences with child protection and treatment facilities more meaningful for themselves and their families. Changes need to be made not only on a personal level, but also at the systemic level.

Personal transformation for mothers

During our discussions, within the Seven Sacred Teachings we learned that there are specific recommendations for Aboriginal mothers, which came out of Respect and Honesty:

- Need to be able to respect themselves even when misused power and authority are being exercised over them.
- There needs to be mutual respect between parents/caregivers and their workers.

Personal transformation for workers

The following are recommendations for all helpers including child welfare workers and substance misuse treatment counsellors that came out of the Teachings of Wisdom, Respect, Honesty, and Humility. It is important to acknowledge that some of the counsellors and workers we spoke to are already practicing many of the following recommendations.

- Need to engage in reflexive practice to develop collaborative relationships, not only with mothers, but with one another.
- Understand and implement Aboriginal worldviews particularly regarding the importance of families and communities in the raising of children.
- Address the whole woman and the whole family as the recipient of services.
- Connect mothers to an Aboriginal community in ways that help them feel they belong.
- Help mothers to understand the impact of their substance misuse upon their children.
- Mutual review of roles, obligations, and legislation. Identify and address inconsistencies that lead to negative impacts on women and their families.

- Create clear, simple, and immediate access to services without judgment for mothers when they ask for them.
- Do not deny women's identity as mothers. Women's identity as a mother is crucial to their sense of self despite their challenges to parent.
- Acknowledge the hard work of mothers to have their children returned to them.
- Respect the complexity of the healing journey and the context from which women begin and travel along this journey.
- Engage in clear and transparent communication with mothers.
- Acknowledge the trauma that the entire family goes through when a child is removed.
- Support mothers in making the best decision for their children and families.

Systemic Change: Agency

Personal changes are not always possible without systemic changes. Below, we recommend changes at three levels: agency, Aboriginal community, and policy.

- Provide space for mothers to learn healthy parenting according to Aboriginal worldviews and values which will minimise the risk for apprehension.
- All services need to be holistic in nature thereby addressing the entire family.
- Place greater value on Aboriginal worldviews within services but allow mothers to make the choice of whether or not they wish to implement such practices.
- Explore challenges women have, such as mental health concerns and addictions, the barriers that create difficulty for them to be well, and ways in which mothers can parent within their particular circumstances.
- Educate about and implement anti-oppressive, anti-racist and anti-colonial ways of assisting families.
- Support and encourage reflexivity amongst helpers.
- Service providers educate one another on the processes and policies that are necessary for the work they do within healing processes and the needs of children and families.
- Create treatment centres that address the whole family, negating a need for mothers to make "tough" decisions.
- Respect the primary role of family and customary care/kinship network in working with families.
- Clearly define roles of all service providers such as how each member will help.
- Ensure that all service providers know exactly what needs to be reported to child protection workers.
- Inform mothers exactly what they need to do in order to have their children returned to them from foster/customary care.

- Work collaboratively with women early in the process to assess their circumstances and define a clear set of expectations. Later on, reassessments may be necessary but also need to follow a collaborative process with women.
- Acknowledge systemic policies which are unjust and make structural changes that are meaningful.
- Ensure that mothers know and understand their rights and all they are entitled to within social services.
- Involve Aboriginal mothers, who have experiences with child welfare and substance misuse treatment services, in the design of intake and assessment processes, such as forms and interviews.
- Involve Aboriginal mothers in the development and evaluation of programs and services within child welfare and substance misuse treatment.
- Encourage and support employees in learning about the history of colonization, its current impacts on Aboriginal peoples, and Aboriginal worldviews, values, and strengths.

Systemic Change: Aboriginal Community

It is very important for the Aboriginal community within Toronto to be stakeholders in the child protection system. This will ensure that Aboriginal women and children will have the support and strength necessary to be successful in having healthy families and children. Our research project is also able to make some recommendations for the community as a whole.

- Be supportive of, advocate for, and assist in the creation of an Aboriginal Family and Child Services Act.
- Be respectful of the work child protection workers and addiction treatment counsellors are doing, when it is done in ways that appropriately foster the health and well-being of Aboriginal children and families.
- Educate workers in ways of keeping children and families safe and healthy according to Aboriginal worldviews.
- Support Aboriginal mothers and their children by providing safe and appropriate living choices
- Acknowledge historic trauma and the intergenerational impacts caused by colonization upon women and families involved with child protection.

Structural Policy Affecting Agency

It is one thing to suggest that agencies take a primary role in accounting for the past and developing new ways of working with Aboriginal families; however, when racist policy contributes to their inability to work effectively with families, there is an even larger problem. Again, we were able to gather information from participants which allow us to make some recommendations for inclusive next steps to make the healing journey a healthy and productive one.

- Legislated time limits need to be aligned with a realistic understanding of healing processes.
- Legislation, which governs the mandate of child protection agencies, needs to reflect Aboriginal worldviews and knowledges.
- Create an Aboriginal Family and Child Services Act.

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