

**Child Welfare Practice Comparison: Early Intervention and Prevention
for Aboriginal Children and Families**

A Report for the Ministry of Children and Family Development

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Executive Summary

Context

The Ministry of Children and Family Development (MCFD) envisions “Aboriginal & non-Aboriginal children and youth in British Columbia live in safe, healthy and nurturing families and are strongly connected to their communities” (MCFD, 2017, pg. 9). To make this vision a reality, the overrepresentation of Aboriginal children in care needs to decrease, while proactive measures become mobilized in the child welfare system.

Research Question

This literature review and cross-jurisdictional scan aims to discuss the following question: “What promising early intervention and prevention (EIP) practices can be provided for Aboriginal children and families to reduce the risk for child removal?”. This topic area is broad and complex in nature, requiring urgent attention in the contemporary context. The scope of this project establishes a foundational knowledge base to inspire further research to be conducted using a critical, inequity lens.

Findings and Discussion

Investigation of programming within British Columbia (BC) and other jurisdictions (United States and New South Wales) presented many promising early intervention and prevention practices. Although this seems like a positive report, it questions why there is a continuous trend of negative outcomes occurring for Aboriginal children and families.

Future Recommendations

Future recommendations for MCFD and other key stakeholders focus on a strength-based approach and acknowledging inherent inequities for Aboriginal children and families. These can hopefully stimulate implementation of effective EIP programming.

Literature Review

Introduction

Progressive, positive outcomes for the population are created through effective research and knowledge translation. Through the collaboration between The University of Victoria and MCFD, this project includes information from research databases and interviews with key informants. The information is presented in the form of a literature review and cross-jurisdictional scan. The mission is to inform and make future recommendations for EIP practices, which can hopefully stimulate an impetus for change in the child welfare system. Specifically, these practices will aim to reduce the risk of Aboriginal child removal before any types of disruptive measures are taken. Across-jurisdictional scan of other programming was conducted to supplement, confirm, or contraindicate the effectiveness of programming occurring within BC. Future recommendations aim to stimulate a change in the knowledge, attitude, and practice within MCFD and other key stakeholders having an influence on positive outcomes for Aboriginal families. A logic model outlining the guiding methodology of this project can be found in Appendix A.

Three leading documents based on Aboriginal peoples voices and beliefs were used as a guide: (1) Indigenous Resilience, Connectedness and Reunification-from Root Causes to Root Solutions: A Report on Indigenous Child Welfare in British Columbia (John, 2016); (2) Canadian Human Rights Tribunal, specifically, Jordan's Principle (*Canadian Human Rights Tribunal 2*, 2016) and; (3) Aboriginal Policy and Practice Framework in British Columbia (MCFD, 2015).

Aboriginal Children and Families.

For the purpose of this paper, the term Aboriginal is used to include individuals who identify as Métis, Inuit, or First Nations. This terminology is referenced in legislation, policies and programs (MCFD, 2017). The overrepresentation of Aboriginal children in the welfare system is an issue spanning globally, nationally, provincially, and locally. McCalman et al. (2016) report, “exclusionary social policies have to varying degrees disrupted family relations, continuity and functioning” (pg. 2). Within BC specifically, Aboriginal children and youth are over 15 times more likely to be in care than non-Aboriginal children and youth, representing around 68% of the total amount (John, 2016). From the past to the present, inequity continues to dominate the lives of this demographic. The known and told experiences from residential schooling, the “60’s scoop”, disputes with child welfare, and continuous adversity present within communities leaves children and families to suffer with significant intergenerational trauma. Chief Ed John (2016) paints a picture of the relationship between intergenerational trauma, abuse, and neglect; abuse poses immediate threat, while neglect builds up over time to create risks of negative outcomes on close (family) and more broad (community) levels. Both can be directly attributed to previous trauma-mental, emotional, spiritual, physical, and sexual. These experiences fostered a fear of unfair treatment, lack of connectedness, and abandonment. Many other negative outcomes embedded with inequity also transpired, manifesting in poor socio-economic statuses (SES) and social determinants of health (SDOH). To understand this subject area, using both an inequity lens (considering social, economic, cultural, and environmental determinants) and population lens (targeting populations who are more vulnerable or at a higher risk) is necessary (MOH, 2017).

Risk of Removal.

The legislation for child protection is outlined in s. 13 of the *Child, Family, and Community Service Act (CFCSA) 1996 (BC)*. For this review, children and parents “at risk” range from having no risk at all to those showing the need for support surrounding any aspect outlined in s.13 of the *CFCSA 1996 (BC)*, but do not require disruptive measures.

It is worthy to note the legislation was not specifically written to resonate with the cultural contexts aligning with the needs and inequitable situations of many Aboriginal peoples. Aboriginal families voiced their worries regarding removal, mainly about social workers lacking cultural sensitivity with assessment (John, 2016). Although social workers are equipped with the experience, competency, and supporting guiding frameworks, issues seem to persist. There is a lack of a concrete definition for neglect, which also questions to what extent the power of normative standards of wellness, development, and family influence the assessment process. This is especially relevant when working with children and families with subjective cultural demographics (de Finney, Dean, Loiselle, & Saraceno, 2011). The existence of the likelihood clause also holds the potential for wrongful assessment. Critical assessment of these matters is needed since neglect is the reason 73.9% of Aboriginal children are going into care (64.4% reported for non-Aboriginal) (John, 2016).

MCFD makes great efforts to ensure the safety of children. Child permanency, for example, utilizes a holistic and interconnected *Circle* model, which considers a child's ecology, universal developmental needs, and four dimensions of permanence (physical, relational, cultural, and legal) (Brendtro, Brokenleg, & Van Bockern, 2012). Although it is necessary to keep physical safety as a primary concern, the other areas of need require attention for holistic

well-being. To learn from this model, EIP programs can provide families with the support to strengthen and build upon all the dimensions before the need for familial disruption arises.

Early Intervention and Prevention.

Jane Philpott, the Indigenous Services Minister of Canada, stated “shifting the programming focus to prevention and early intervention” is a necessary part of the 6-point plan to improve the First Nations Child Welfare System (CBC, 2018). The scope of EIP measures requires proper description. This review is informed by the eloquent definitions of primary and secondary prevention by Chief Ed John: (1) primary prevention refers to “services that are aimed at the community as a whole and promote a public awareness on what makes a healthy family and how to prevent and respond to child maltreatment” and; (2) secondary prevention refers to “services initiated when concerns come forward and a need for early intervention arises in order to avoid a crisis” (p. 121, 2016). The underlying component of both is the timing of their implementation, which is before any sort of disruptive measure towards child removal are initiated. For Aboriginal peoples, primary and secondary prevention is heavily focused on whole-of-community perspective.

Positive Outcomes and Promising Practices.

An objective definition of positive outcomes may not produce optimal results for everyone. This review hopes to create awareness of a meaningful definition through the perspectives and desires of the Aboriginal community. Commonly occurring themes of importance include:

- Support for everyday needs and services
- Community (children are gifts, elders are wisdom keepers, strong extended family)
- Values of respect, inclusion, truth telling, wisdom, and belonging

- Language, culture, and tradition translation
- Healing, wellness, and restorative practice
- Holism
- Safety
- Self-determination and autonomy
- Equitable and integrated intersectoral collaboration

Thus, for the overarching goal of achieving more positive outcomes for Aboriginal children and families, these concepts need to be embedded in EIP programming. Of most importance, utilizing the spirit of hope and willingness to do what it takes to heal and rebuild should be a main focus (John, 2016). This perspective is powerful and opens the opportunity for a united strength-based approach rather than a deficit focused approach. How can we foster healing from within a community? How can we foster indispensable resiliency?

Brief Consideration of Barriers.

From a financial standpoint, generating the necessary capacity and resources for comprehensive programming is challenging. A critical analysis of inequities for program service delivery between MCFD and Delegated Aboriginal Agencies (DAA) across the province is needed (John, 2016). There is a gap in the research for Aboriginal populations and this topic area, which makes any type of knowledge translation from paper to practice even more difficult. The current lack of monitoring and reporting on programs with appropriate evaluation tools also impedes effectiveness and potential for improvement.

Embedded historical trauma from racist, colonial practices perpetuated the negative outcomes Aboriginal communities face today and strengthening this foundation takes significant reconciliation. Frontline workers need to feel empowered and competent to use a culturally safe

lens in their work. Without feelings of confidence in this area, poor articulation within the system can continue to produce negative, inequitable outcomes. There may be difficulty in reframing systemic thinking away from the status quo towards the progression of a more preventative, equitable model.

Programming in British Columbia

As a general overview of program service delivery, BC seems to present a favourable base for EIP. This review will describe three sample programs running in three different DAAs and two programs running in various locations within the province. The current capacity of service delivery in BC rests between: (1) 13 MCFD Service Delivery Areas; (2) 23 DAAs; (3) approximately 60 Children and Family Service Agencies (First Nations and Urban Aboriginal) and; (4) various contracted organizations (Ministry of Children and Family Development, 2018). Although it is beyond the scope of this project, legislation, logistics, and several other factors need to be considered when reporting on program delivery.

A brief look into one area of resource allocation is funding dedicated specifically for EIP programs. The amount of funding given to each DAA from MCFD varies. In relative terms, the funding breakdown reports approximately 20% of the total allocation going towards programming that could be considered as EIP (S. Payne, personal communication, March 12, 2018). For example, Nuu-Chah-Nulth Tribal Council is one of the bigger DAAs in BC receiving approximately five million dollars, designates approximately one million dollars towards prevention, and distributes this to programs such as the one described below (costing approximately 25,000 dollars annually) (S. Payne, personal communication, March 12, 2018).

Nuu-Chah-Nulth Tribal Council.

The Nuu-Chah-Nulth Tribal Council is considered a part of a rather larger sized, urban DAA serving around 14 communities with services provided both on and off reserve. Grouped under the service area of Care of Children and/or Youth, the Healthy Babies or Family Ties (MCFD name and DAA name, respectively) program is committed to supporting new families. Amongst others, an outcome of this contracted program is parents receiving the knowledge, resources, and support needed to help their children thrive during the first three years of life. Examples of activities contributing to this outcome include both one on one and group counselling sessions, food and vitamin vouchers, and guest speakers educating on special topics (ex. child safety). An essential component of EIP, which can foster more promising future outcomes, is providing support from the earliest time possible (S. Payne, personal communication, March 12, 2018).

Nil/Tu;O Child And Family Services Society.

The Nil/Tu;O Child And Family Services Society is considered a part of an intermediate, urban DAA serving seven communities. The Family Violence Program is a unique contracted program under the service area of Family Development and Services to Strengthen Families. The outcome goal is to keep children free from abuse and neglect, while enhancing parental self-awareness. Building up self-awareness and various coping mechanisms strengthens recognition of situations leading to violence. The program provides safe environments to discuss the impact of Aboriginal history, acknowledge substance abuse, and consider the cause of underlying aggressive behaviours. Through both individual and group-based intervention, parents can confide, relate, and feel connected to other community members. As a collective, there is an opportunity to learn effective ways of regulating behaviour in ways aligned with cultural values.

A key factor of this program is the Service Reporting Clause, which integrates a much needed evaluation component addressing the effectiveness of the program (S. Payne, personal communication, March 12, 2018).

Namgis Child and Family Services.

The Namgis DAA serves a smaller population of only two communities in a rural setting. A Family Support Program serves Aboriginal children and their families, on and off reserve, to provide tailored, yet flexible, programming based on local cultural traditions. There is an explicit emphasis on provision of preventative and restorative intervention services in this program. This includes: (1) community healing practices and cultural traditions; (2) promoting a healthier community, which encourages cultural ways of child rearing, elder wisdom, and spiritual activities and; (3) providing “at risk” families with the skills, support, and resources to care for their children. Inherently, convenience and accessibility are also important to service delivery. The Family Support Program provides alternatives for families who may face barriers such as transportation, for example, by providing the option of in home training. A unique aspect of this program is special attention to enriching children’s physical, emotional, and social functioning, which moves closer towards a ‘holism’ model approach (S. Payne, personal communication, March 12, 2018).

BC First Nations Head Start On-Reserve Program.

Head Start (HS) is a holistic program for Aboriginal children (birth to six), their parents, families, and communities. The program is delivered on reserve and attempts to mobilize funding from many sources, mainly that of the First Nations Health Authority. Operations are driven by six main components: (1) culture and language; (2) education; (3) health promotion; (4) nutrition; (5) parent involvement and; (6) social support. HS operations are subjective as they

are creatively implemented based on the needs of the community, reassessed on a regular basis, and maintain a safe environment for all members. Upon speaking with a key informant overseeing the operation of HS, the program brings back into the community what was taken away-healing pieces for the elder and promising initiatives for the young. The key informant shared a unique example of activities being tailored to the needs of a particular community. The men of the group were asked why their engagement in much of the programming was low and what would increase their participation. Their response created a follow-up action of creating informal “men groups”, where they got together to talk and support one another while also sharing their love of horse back riding. The benefits are doubled, since as the needs of the men were met, they could work harder to better meet the needs of their children (B.Labonte, personal communication, March 26, 2018).

Bringing Tradition Home: Aboriginal Parenting in Today's World.

The BC Aboriginal Child Care Society (BCACCS) facilitates training for the parental program, Bringing Tradition Home: Aboriginal Parenting in Today's World (BTH). This program was created and funded by the Public Health Association of Canada, meaning it also runs on a national level. The BCACCS itself does not run the program, but rather disseminates it provincially to organizations through a trained facilitator and community elder. Structurally, the program has nine gatherings with an elder delivering a weekly teaching for each of the core values (respect, belonging, love, honouring, humility, courage, wisdom, and generosity) (BCACCS, 2010). It concludes on the ninth week with a group celebration, planned by the participants themselves to empower recognition of their successes. The program is adaptable, collaboratively delivered through a well-informed facilitator understanding the subjective values, knowledge, needs, and culture of that specific community. The Lower Fraser Valley Aboriginal

Society has seen positive, family strengthening outcomes with BTH and gained enough momentum to run this program on a consistent basis. A key informant shared insight on the practical application of the program in the community (G. Robinson, personal communication, March 1, 2018). It is open to all parents willing to share ideas, experiences, and feel like they are contributing to empowering their family-strengthening process. Reflections on traditional familial roles and relationships, bonding, attachment, and the rights and responsibilities of children are discussed in the context of contemporary living. The presence of an elder creates the opportunity for traditional activities such as blessings, circles, cleanses, and even seating arrangements reflecting upon traditional values. Keeping it light-hearted, informal, and within smaller groups creates a sense of comfort and safety. Provision of convenience factors such as schedule consideration, transport, and snacks enables more access for families. Overall, parents are given an opportunity to talk, open up about their hardships, and mutually build one another up during their self-discovery.

The scope of this review provides a glimpse into the services offered and how they incorporate both certain aspects of EIP and the previously stated areas of importance for Aboriginal peoples. However, there is a call for further critical analysis of areas like program capacity, competency of staff, participant eligibility, program distribution, financial resources, and potential methods of evaluation. There are also a few lingering questions to consider. If there is a degree of evidence for such programming, why is there still an overrepresentation of children in the welfare system? More importantly, to what degree are they translating into positive outcomes for Aboriginal communities? Is this a matter of quantity? Quality? Is there a need to acknowledge of the deeper, underlying factors that necessitate the implementation of such

programs in the first place? EIP programs need to work to their best capacity and recognition of other important factors such as inherent inequity is essential to this process.

Cross-Jurisdictional Scan

The premise of this scan is to learn more about effective EIP practices and how they can inform those currently in BC. Recently, Macvean, Shlonsky, Mildon, & Devine (2017) conducted a review to report a major gap in research for Aboriginal parents and children. Therefore, jurisdictions should share information on promising practices and empower one another to bridge this gap. To maintain generalizability, higher income, developed countries with a history of colonialism were chosen for appraisal for the BC context. The scope allowed for appraisal of ZERO TO THREE from the United States and Targeted Early Intervention (TEI) from New South Wales. A comment will be made on the Positive Parenting Program (Triple P), which now operates on an international basis.

International Programs

ZERO TO THREE.

ZERO TO THREE is a national organization specializing in ensuring children and families have appropriate support to thrive and maintain strong connections from birth to age three. The foundation of ensuring success is between the collaborative work done by parents, policymakers, and professionals. Upon speaking with a key informant, they preached the importance of addressing the risk of potential negative outcomes as early as possible (even pre-pregnancy if the means allow for it) (M. Gehl, personal communication, March 16, 2018). One of the most effective practices is in helping parents understand themselves, while also understanding the comprehensive needs of their child. When parents are able to reflect, they are able to learn about stress management, strengthen coping mechanisms (specifically trauma-

related), and accustom to more self-regulatory behaviours for positive child/parent relationships. These include nurturing actions such as full engagement, attuned presence, awareness of needs, keeping their babies experience in mind, and creating a safe holding safe (M. Gehl, personal communication, March 16, 2018).

Stemming from areas of parenting and early development, ZERO TO THREE contributes to the dissemination of several different program models. Taking on a more health-centred perspective, one example is the Family Spirit (FS) program, which was developed in association with Johns Hopkins University. With a preventative lens for mainly mothers and their children, FS is based on a home visiting model starting during pregnancy to provide enriching lessons that leave room for specific adaptation. Modules range from Prenatal Care to Healthy Living, which target coping mechanisms for difficult situations, goal setting, substance abuse prevention, and family planning. Research and evaluation of these programs showed the following promising data outcomes, both upon program completion and 36 month follow-up: (1) increased parent self efficacy, reduced parent stress, fewer depressive symptoms and externalizing problems (2) decreased maternal substance use; (3) less externalizing and dysregulation behavioural issues in children (Barlow et al., 2015).

New South Wales: Targeted Early Intervention (TEI).

TEI in New South Wales presents the importance of practicing constant monitoring, evaluation, and improvement of programming. Family and Community Services in this jurisdiction noticed a continual growth of children at risk of harm and embarked on a three-year strategic reform process (NSW Family and Community Services, 2017). The Australian Research Alliance for Children and Youth (2015) released a comprehensive research review advocating for the effectiveness of EIP, which further stimulated an impetus in shifting the focus

to these practices. TEI is focused on taking a strength-based approach, building upon the existing work being conducted, and addressing inequity through delivering additional support to more vulnerable populations as needed. One of the three main focus areas is increasing positive outcomes for Aboriginal peoples. Reformation of the Aboriginal Child Youth and Family Strategy ensures the following actions are taken: (1) establishment and commitment to meaningful partnerships; (2) increased input of Aboriginal voices in the system as well as the design and delivery of programming; (3) acknowledgment of historical impact; (4) increasing the evidence base relevant to subjective needs and; (5) on going consultation and promotion of self determination (NSW Family and Community Services, 2017, pg. 7).

Triple P- Positive Parenting Program (Indigenous).

Triple P is internationally recognized and implemented in over 25 countries worldwide. The goal of the program is to prevent problems in the family through relationship development, conflict management, child behaviour management, and parental self-care (P.Govers, personal communication, March 20, 2018). Among EIP programs, Triple-P has one of the most developed evidence foundations, yielding promising outcomes for Aboriginal families such as decreased behavioural issues in children and decreased dysfunctional parental strategies (Turner, Richards, & Sanders, 2007). Through their research on Triple-P in Canada, Houlding, Schmidt, Stern, Jamieson, & Borg (2012) recommend continuing program examination to better adapt the design for more complex Aboriginal familial situations. Since the program is already delivered within several areas in BC, it is an opportunity for more contextual research to be conducted on the effectiveness of the program. Arim, Guèvremont, Dahinten, & Kohen (2017) recently conducted the first Canadian population-based evaluation of Triple P. However, Aboriginal peoples made up a small part of their sample and the study concluded that the need for future research persists.

Triple P is a part of the TEI reform in NSW. Therefore, there is an opportunity for a similar evaluation and reform to occur in the context of BC Aboriginal communities.

Discussion

In terms of generalizability, Canada, the United States, and Australia have the potential for effective knowledge translation of promising EIP practices. As high-income countries with a history of colonization, the three countries consistently reveal a multitude of inequitable outcomes in their Aboriginal communities (Macvean, Shlonsky, Mildon, & Devine, 2017).

Overall, the review of programs between BC and other jurisdictions confirms there are promising practices, which also reveal themes identified as positive outcomes from the Aboriginal peoples perspective. However, there are always areas of improvement and an on-going need to acknowledge the deeper, underlying factors that necessitate the implementation of these programs in the first place.

Community Voice.

The voice of the communities, especially those of children and their parents, must be heard. The dissemination of the Chief Ed John Report (2016) was a foundational beginning to allow for expression of perspectives, concerns, and hopes for outcomes in various communities within BC. Bringing Tradition Home resonates this idea by having an Elder facilitate their program and translate wisdom of language, culture, and tradition to families. This type of momentum needs to continue and increase through practices seen with TEI in New South Wales. The reform strives to empower all Aboriginal peoples to design, lead, and evaluate the programs serving their communities. Empowering members to become key stakeholders in the decision-making process at all levels will manifest the most beneficial outcomes for each community, especially through fostering more self-determination. It can also be a key stepping-stone to

filling the gap of a needed research base addressing best practices of EIP for Aboriginal child and families at risk.

Understanding Community Needs.

By hearing the voice of the community, there is an opportunity to understand the specific needs of children and families. These should be the main drivers of how to deliver a program to achieve the wanted outcomes. Adaptability and flexibility are common themes across the programs. Needs assessment that begins before program dissemination and continues through to when the program ends is imperative. Triple-P exemplifies this by predetermining a general structure (based on the population demographic), tailoring intensity of intervention according to the reflections of the participants, and encouraging fidelity to the program after completion (P.Govers, personal communication, March 20, 2018). As previously stated, studies suggest further research for better methods of adaptability to create the best supportive, safe, and healing spaces for children and families.

The Earlier the Better.

This theme is based on both addressing aspects of historical nature and intervening at the earliest possible time to ensure positive future outcomes. The consequences of intergenerational trauma continue to manifest into situations of neglect and abuse within Aboriginal families. However, addressing the roots of neglect being from social injustice and systemic inequities is what can guide the necessary interventions. Specifically, there needs to be mobilization of support for improving everyday needs and services. Improving social determinants of health in the whole of the community provides a promising ground for wholesome child and family development. This enables Aboriginal peoples to live in a healthy environment, have the opportunity to heal, and build resiliency even before they begin having a family. This type of

supportive setting should continue through to early childhood development (0-3) and well beyond those years.

There is a danger in ignoring the link between social inequities and the realities of children and their families. The inherent difference between societal and social norms between Aboriginal and non-Aboriginal populations creates a risk of solely “helping colonized populations cope with colonialism, rather than challenging its very premise” (de Finney, Dean, Loiselle, & Saraceno, 2011, pg. 377). The status of being “at risk” becomes integral within individuals, or a family, rather than being understood as a byproduct of social inequity. Therefore, challenging modern day social and structural determinants can be an impetus for improved outcomes for Aboriginal children and families. In collaboration with improving social determinants of health, the following section also addresses a key piece of this puzzle.

Relationships with Legislative Bodies.

Many Aboriginal community members express the inability to cultivate meaningful relationships built on trust and mutual understanding with legislative bodies. Specific to the child welfare system, children and their parents deserve an equitable, culturally sensitive system to properly respond to any problems that arise. BC aims to promote cultural sensitivity and safety in the workforce to strengthen feelings of competency for engaging with Aboriginal peoples through participatory and interactive learning opportunities such as the ‘Building Bridges through Understanding the Village’ workshop. While the acknowledgment of cultural histories and values is essential for connection, cultural sensitivity and safety must go beyond to address systemic and structural inequities (de Finney, Dean, Loiselle, & Saraceno, 2011). It is often uncomfortable to challenge status quo thoughts and practices within governing jurisdictions, but

so is witnessing a problematic cycle of inequitable treatment for Aboriginal children and their families.

Future Recommendations

In conclusion, this is a summary of future recommendations for MCFD and all involved stakeholders. Rather than being seen individually, they should be understood as being integrated and building upon one another.

Contemporary designs and deliveries of interventions for Aboriginal peoples are still yielding overrepresentation of children in care. Firstly, an overall systemic shift in traditional thinking can lead to decreased misconceptions of risk for abuse and neglect in Aboriginal families. This includes the need for a critical analysis of the current legislation. One could argue it does not resonate with the context of Aboriginal populations who experience negative consequences stemming from colonial history. The legislation needs to act as a guiding foundation for frontline staff to implement a more population-based, culturally sensitive lens to their work. This enhances opportunities for more autonomy and voice for Aboriginal peoples. If they can be involved in social change strategies, trust can be fostered to build meaningful relationships and partnerships with both MCFD and key stakeholders. Furthermore, social and structural changes need to address the inequitable living situations many Aboriginal families face. Utilizing a strength-based approach, heavily foundational on cultural community values, can empower more positive familial, sociocultural, economic, political, and health outcomes. Adherence and accountability on all fronts is a must. The gap in research needs to be filled and continuous evaluation, monitoring, and improvement of EIP programs needs to be put in place. Through effective collaboration, effective mobilization and allocation of resources can make all of these recommendations turn into a reality.

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Appendix A

Logic Model Graduate Studies (GS) 505 Project

Mission:

My mission is to meaningfully present findings and offer future recommendations to the Ministry of Children and Family Development (MCFD) on my project topic of Child Welfare Practice Comparison: Early Intervention and Prevention for Aboriginal Children and Families.

Assumptions	Inputs	Activities	Outputs	Outcomes
<p>MCFD aims to keep all children safe. Years of compounding intergenerational trauma led to prevalent abuse, neglect, and overall poor social outcomes for Aboriginal peoples.</p> <p>Children are at a higher risk of being removed and in turn, there is overrepresentation of Aboriginal children in the child welfare system.</p> <p>This calls upon a need for early intervention and prevention services for children and parents so they can remain and thrive with their family.</p>	<p>As a Master of Public Health student at the University of Victoria, enrolment in the GS 505 established a partnership with MCFD.</p> <p>The semester was dedicated to researching the literature and engaging with key informants, students, and professors.</p> <p>Investments in time, effort, collaboration, facilities, and travel were made to yield high quality information.</p>	<p>A Scope of Work created an outline of the activities to take place during participation in GS 505.</p> <p>The process included selecting a research question, creating a realistic plan of action, establishing a context, conducting the appropriate research, and disseminating a final output (literature review and cross-jurisdictional scan).</p> <p>Active communication between Lauralee, my sponsor from MCFD, and myself was essential.</p>	<p>To properly inform and suggest future recommendations to MCFD, a presentation guided by a literature review and cross-jurisdictional scan will be provided.</p> <p>This information creates a contextual foundation for the need of early intervention and prevention services for Aboriginal children and families.</p> <p>Action occurring in other jurisdictions can confirm, contraindicate, or supplement the effectiveness of programming occurring within British Columbia (BC).</p> <p>Future recommendations were made to stimulate knowledge, attitude, and practice changes across all influential sectors to manifest positive outcomes for Aboriginal families.</p>	<p>This project aims to stimulate an impetus in change of knowledge, attitudes, and practice. Specifically, increased cultural sensitivity and awareness of inequity.</p> <p>It will ultimately result in a larger focus on early intervention and prevention services, which will enable more early intervention and prevention services to be available.</p> <p>Addressing the root causes of poor, inequitable living outcomes will promote improved social determinants that can positively contribute to decreasing risk of removal.</p> <p>A strength-based approach and on-going engagement with Aboriginal peoples will be implemented.</p> <p>Accountability through research, evaluation, and monitoring will ensure continuous promising EIP.</p>