

CHILD WELFARE: A SOCIAL DETERMINANT OF HEALTH FOR CANADIAN FIRST NATIONS AND MÉTIS CHILDREN

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ABSTRACT

This article argues for child welfare to be named a social determinant of health for First Nations and Métis peoples. For decades, First Nations and Métis children have been overrepresented in child welfare (CW) systems across Canada. Despite governmental and public awareness of the devastating impacts on Indigenous children and families from CW policies and practices, CW systems across Canada apprehend Indigenous children at alarming rates, and a significant number of Indigenous children are raised outside of their families, culture, and communities in non-Indigenous foster and adoption placements. This paper examines whether the state is fulfilling its mandate to be a “wise and compassionate parent” based upon a social determinants of health perspective. We consider specifically the impacts of foster home overcrowding, multiple foster placements, and the micro-level “day to day” experiences of Indigenous children and parents.

Key words: social determinant of health; Indigenous children; child welfare; foster home overcrowding; transitioning out of care

The language is lovely. The language in child welfare is that the duty of care of a child welfare authority is to act in the capacity of a wise and compassionate parent. A wise and compassionate parent doesn't do all the things that happen to these kids. (Joan Glode, Former Executive Director – Mi'kmaw Family and Children's Services in Tait and Cutland, 2011)

INTRODUCTION

In 2010, the Saskatchewan Child Welfare Review Panel (SCWRP) conducted a comprehensive assessment of the child welfare system (CWS) in Saskatchewan. The final report, *For the Good of Our Children: A New Vision, A New Direction*, documents severe deficiencies in Saskatchewan's CWS pointing specifically towards the overrepresentation of First Nations and Métis¹ children in care (SCWRP, 2010, p. 5). Although the findings are alarming, they tell a decades-old story that is similarly documented in a number of Saskatchewan CWS reports (see Children's Advocate Office [CAO], 2000, 1998; Gally, 2010; Saskatchewan Ombudsman, 1986; SCWRP, 2010).

Problems with CWS are not unique to Saskatchewan. Across Canada, parallel issues have been documented and the plight of Indigenous children has raised specific concerns, including Indigenous children lingering longer in care and experiencing on average, more foster placements than

* Thank you to Ellen Whiteman and Lisa Worobec for their assistance in completing the paper. Reference in the paper to research currently underway by Tait or Henry is based upon three qualitative research studies that are currently being conducted with First Nations and Métis participants who are former foster care children and/or parents with children who are in foster care. A full analysis of the studies' findings is forthcoming.

¹ We limit our argument to First Nations and Métis children because of the scope of our primary and secondary research for this paper. When we use the term “Indigenous” we are referring to these two groups specifically. However, many aspects of our argument are, in our opinion and based on the literature, applicable to Inuit groups as well.

non-Indigenous children (see, for example, Office of the Auditor General of British Columbia, 2008; Office of the Ombudsman, 2010; Blackstock et al., 2006); British Columbia Human Rights Commission, 2001; Johnston, 1983; Sinha et al., 2011; Blackstock, 2007; Monture-Angus, 1989; Clarke, 2007; Elliott and Fleras, 1992; Hogan, 1988; Morrissette, 2005; Palmer and Cooke, 1996; Timpson, 1993; and Zylberberg, 1991). Colonial policies and actions have left an intergenerational legacy of poverty, addictions, and family dysfunction, and have typically shaped the family histories of Indigenous children who end up in foster care. Family involvement with the residential school system, and later with CWS during what is referred to as the “sixties scoop,” has centrally contributed to the contemporary struggles that many impoverished Indigenous families face today (Blackstock, 2007; Monture-Angus, 1989). Despite governmental and public awareness of the devastating impacts caused by residential school and CWS policies, CW systems across Canada continue to apprehend Indigenous children at alarming rates, and a significant number of Indigenous children are still being raised outside of their families, culture, and communities in non-Indigenous foster and adoption placements (Gally, 2010).

Drawing on the example of Saskatchewan, this paper questions whether in, and of itself, involvement with CWS meets the criteria to be named a social determinant of health for Canadian Indigenous peoples. We argue this position because of the decades-long correlation between elevated rates of Indigenous children being in foster care, and the resulting poor health and social outcomes experienced by them as children, adolescents, adults, and across subsequent generations. We question, “Is the State fulfilling its mandate to be a ‘wise and compassionate parent’ as stated (or implied) in CWS legislation across Canada, or does CWS involvement for Indigenous children and their families (presently or for past generations) uniquely contribute to health and social disparities?” To address these questions, we look specifically at CWS policies and practices, considering some of the ways in which CWS involvement contributes to the burden of illness

experienced by Indigenous peoples.² Foster home overcrowding, multiple foster placements, and the disregard of policy, standards, and guidelines intended to safeguard children, have been cited as key areas where CWS policies fail to safeguard children and ensure they receive appropriate and effective care (CAO, 2000; Gally, 2010; Sinha et al., 2011). We also consider the persistent lack of preventive policies and interventions to assist Indigenous families prior to problems escalating within the home.

In this paper we delve also into what we believe are very serious but unaddressed risks posed to Indigenous children by the everyday practices of CWS. By naming CWS as a social determinant of health, we draw attention to the complex and detrimental role that child protection has historically played in the lives of Indigenous peoples, including how this legacy is perpetuated by inadequate policies and interventions that are known to fail Indigenous children and families. We believe that the inability (or unwillingness) of governments to create effective poverty-reduction strategies and the continued focus of CWS on crisis situations rather than preventative measures, compounds the risk that vulnerable Indigenous families face, permanently losing their children to the CWS.

CHILD WELFARE AS A SOCIAL DETERMINANT OF FIRST NATIONS AND MÉTIS HEALTH

Individuals and groups are socially located in complex global systems that are shaped by historical, economic, and social forces that permeate national and local contexts. The World Health Organization defines social determinants of health as:

the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.³

2 This paper focuses mainly on issues of risk that are generally applicable to both First Nations and Métis children, unless otherwise stated. In follow up papers we will examine the challenges from a social determinants of health perspective that are specific to each group and to subgroups (e.g. on-reserve First Nations, urban First Nations and Métis) within these categories.

3 Accessed online at http://www.who.int/social_determinants/en/, 27 December 2012.

The Public Health Agency of Canada (PHAC) (2003) identifies the following social determinants of health:

income and social status; social support networks; education and literacy; employment and working conditions; social environments; physical environments; personal health practices, and coping skills; healthy childhood development; biology and genetic endowment; health services; and, gender; and culture. (National Collaborating Centres for Public Health, 2008)

Diverging somewhat from those named by PHAC, Mikkonen and Raphael (2010) name 14 social determinants of health including, Aboriginal status; race; social exclusion; disability; food insecurity; education; early life; gender; employment and working conditions; health services; housing; income and income distribution; social safety net; and, unemployment and job security. Compared to PHAC, Mikkonen and Raphael's model draws greater attention to drivers of economic and social disparities and the impact that government policies have on health and wellbeing, specifically for Indigenous peoples.

For Indigenous peoples in Canada, colonization is also considered a social determinant of health (Czyzewski, 2011; Reading and Wien, 2009) and, in fact, more current documentation from the National Collaborating Centres for Public Health includes "First Nations status" as a social determinant of health (2012). However, while Canada has entered into what is considered a "postcolonial" era, it is government policies and the actions/inactions associated with them, that continue to negatively mark the health and wellbeing of Indigenous peoples, with CWS being a particularly devastating example. Rather than viewing "Indigenous status" (Mikkonen and Raephe 2010) as a determinant of health, it is the impact of government policies upon Indigenous peoples that perpetuates health and social disparities by way of designated "Indigenous statuses" and associated harmful legislation, policies, and actions imposed by governments (e.g., the federal government allocating approximately 22% less funding for on-reserve CWS than given by the provinces who are responsible for off-reserve CWS; see, Blackstock, 2007, 2011). By specifically recogniz-

ing the impact of government legislation and policies across the spectrum of social determinants of Indigenous peoples' health, specific areas, including those unique to First Nations, Métis, and Inuit, can be identified and studied as determinants of health (e.g., legislation and policies determining CWS practices, jurisdictional responsibility, and, funding allocation and dissemination practices). These can then be linked to the other named determinants of health to fully capture the unique circumstances of different Indigenous groups.

Involvement with CWS undoubtedly overlaps in a person's life with other social determinants of health. However, the strong correlation, particularly for Indigenous peoples, of health and social disparities with intergenerational CWS involvement, necessitates an investigation into CWS legislation, policies, and practices, in and of themselves as a determinant of health. This includes an examination of the health and social outcomes across the lifespan, and across generations, that are characteristic of individuals and families who have a history of involvement with CWS.

HOW DID THE CHILD WELFARE SYSTEM BECOME A DETERMINANT OF HEALTH FOR SASKATCHEWAN FIRST NATIONS AND MÉTIS PEOPLES?

Child welfare, as it applies to Indigenous and non-Indigenous children in Canada, has historically relied on a "threshold" model, focused on rescuing children from harmful circumstances that generally fall under the two broad categories of "abuse" and "neglect" (Saskatchewan Child Welfare Review Panel, 2010, p. 11). However, child protection services in Canada have focused significantly more attention on First Nations and Métis groups, with CWS evolving into a powerful tool for governments to justify increased surveillance and control over Indigenous families, specifically parents, whom they consider "inferior" and "lacking in morals" in comparison to their European counterparts (Francis, 1997; LaRocque, 2010). Colonial policies

of forced residential schooling and large-scale fostering and adoption of Indigenous children to non-Indigenous families during the 1950s–1980s were based upon the idea that First Nations and Métis families not only inadequately cared for their children, but that their cultures and ways of life were detrimental to their children’s social and moral development (Timpson, 1993, Fournier and Crey, 1997, Tait, 2003a, 2003b.). In the early stages of children’s aid services in Canada, Indigenous children were removed from their homes for little more reason than that their families were “poor” and Indigenous (Fournier and Crey, 1997). The continued “scoop” of Indigenous children from their homes, following the closure of most residential schools, maintained this presumption: in order to be properly cared for, Indigenous children needed to be protected from their own families and the circumstances that they lived in, with adoption into non-Indigenous families being an optimal and morally sanctioned outcome (Saskatchewan Child Welfare Review Panel, 2010, p. 11; Fournier and Crey, 1997). Despite decades of recommendations to the contrary (Saskatchewan Child Welfare Review Panel, 2010), a morally driven crisis management style of “rescue” and “protection” still drives the provision of CWS across Canada, with Indigenous children and families experiencing the greatest collective effects.

In 1983, Patrick Johnson’s report, *Native Children and the Welfare System* sounded alarm bells when he reported that during the 1970s, First Nations children were nearly 4.5 times more likely to be in care than non-Indigenous children, and that in Saskatchewan, First Nations children made up 60–70% of the children in care. In 1989, Patricia Monture-Angus documented this ongoing overrepresentation, adding that

not only are they more likely to be apprehended, but once they are taken into care, First Nations children are less likely to be either returned to their parents or placed up for adoption. (1989, p. 3)

Now, almost 30 years later, the overrepresentation of Indigenous children has not only persisted, but increased. First Nations and Métis children presently make up 80% of the children in care in

Saskatchewan, a factor enormously compounded by the fact that Indigenous people only make up 15% of Saskatchewan’s total population. As Table 1 illustrates, Saskatchewan’s experience is similar to other Western provinces and territories, where Indigenous children are considerably overrepresented across the West.

Table 1: Percentage of Aboriginal Children in Care Compared to Percentage of Aboriginal People in Total Population, by Province.

Province/Territory	Aboriginal Children in Care	Aboriginal People in Population
Northwest Territories (2010)	95%	53%
Alberta (2010)	62%	6%
British Columbia (2010)	54%	7%
Saskatchewan (2009)*	80%	15%

(Source: Galley, 2010, *data modified according to Saskatchewan Child Welfare Review Panel, 2010)

The present set of guidelines, legislations, and policies governing Saskatchewan’s CWS practices derive from the *Child and Family Services Act* (CFSA), created in 1989. The Ministry of Social Services (MSS) primarily carries out implementation of the policies.⁴ Alongside the governance of the MSS, CWS in Saskatchewan is governed through the First Nations Child and Family Services Agencies (FNCFSAs), developed in 1990. A third party, the Children’s Advocate Office (CAO) monitors the activities of both the MSS and FNCFSAs, ensuring that the rights and best interests of Saskatchewan children involved with CWS agencies are protected.

Numerous reports and publications reviewing CWS policies in Saskatchewan, including the aforementioned, *For the Good of our Children* (Saskatchewan Child Welfare Review Panel, 2010), along with the Child Advocate Office’s, *Children and Youth in Care Review: LISTEN to Their Voices* (2000) and *A Breach of Trust* (2009a), document policy and procedural problems with the CWS. Prior to the development of the Children’s Advocate Office, critical evaluations of the Department of Social Services (DSS) were less visible, taking the form of academic

⁴ The Ministry of Social Services was previously known as the Department of Community Resources and Employment (DCRE) and before that it was the Department of Social Services (DSS).

or public interest publications (see, Johnston, 1983; Monture-Angus, 1989; Timpson, 1993; Zylberberg, 1991). With the creation of the Children's Advocate Office, extensive reviews of service delivery through annual reports on the state of the CWS, along with specific reports documenting the areas where the system has severely failed children in care, has drawn attention to the problems that exist within the system (Children's Advocate Office, 1998, 2006, 2009b). Highlighted in these documents is the failure of successive governments to shift CWS resources towards effective prevention initiatives targeting families who are at risk, and inadequate support and mentoring of youth who are at risk of repeating the same cycle of family dysfunction as their parents. Unfortunately, it is often the Indigenous youth who "age out" of the foster system who are most at risk for repeating the cycle of CWS involvement.

In 2010 the Saskatchewan Child Welfare Review Panel outlined a range of endemic problems within the CWS that had gone unaddressed despite decades of credible critiques. Criticisms such as foster home overcrowding; rapid growth in out-of-home caseloads; an overrepresentation of First Nations and Métis children, youth and families; inequality in the Ministry's spending between children in care and children at risk who remain at home; and a disregard for policy, standards, and guidelines, are cited as policies and practices that place children and youth at undue risk of harm (Saskatchewan Child Welfare Review Panel, 2010, p. 12). These policies and practices fail to meet ethical standards of care for vulnerable peoples, strongly suggesting that the Saskatchewan government is failing legislatively, and possibly legally, to meet its obligation to vulnerable children. Surprisingly, and despite compelling research evidence (and public acknowledgement) that the changes called for have not been made, CWS reform in Saskatchewan and elsewhere tends to be piecemeal and inadequate, with minimal positive change recorded for Indigenous families over the past fifty years (Saskatchewan Child Welfare Review Panel, 2010). While there are enclaves where positive reform has occurred in Saskatchewan and other parts of the country, in general, CWS even when

under the control of Indigenous groups remains a strong social determinant of Indigenous health.⁵

A BENEVOLENT CULTURE OF CARE

A "benevolent culture of care," or what is commonly referred to as "acting in the best interests of the child" (The *Child and Family Services Act*, 2006; Saskatchewan Child Welfare Review Panel, 2010) assumes that the State takes children into foster care and places them in nurturing, stable, and supportive foster home environments where they are able to thrive as children. However, existing CWS environments in Saskatchewan (and in other areas of Canada) continually fail to accomplish this goal. Tait and Henry's respective life history research with former First Nations and Métis foster care children, has produced multiple narratives over at least two generations of abuse and neglect at the hands of foster parents leading to a range of negative health and social outcomes for these individuals. Even in cases where the children were placed in "optimal" foster home environments, they were vulnerable to experiencing psychological and emotional problems that negatively affect their life stages (see also, Tait and Cuthand, 2011).

Some of the vulnerabilities experienced by children in foster care are masked by CWS policies that assume children are highly resilient and malleable. For example, once a child is placed in a foster home and provided a foster "mom" and "dad," it is anticipated that they will naturally adjust to the new family and begin to thrive. The risk of psychological, emotional, and physical risk to the child is, in theory, no longer an issue. However, it is common knowledge among the adults who are involved with Indigenous children in foster placements (foster parents, child protection workers, teachers) that a number of factors can contribute to some children doing better than others during, and after, the place-

5 Indigenous agencies adhere to provincial legislation and they are reliant upon government funding formulas. For example, the federal government funds on-reserve CWS agencies at approximately 22% less per child than the provinces fund off-reserve agencies. Beginning in February 2013, the Human Rights Tribunal of Canada will hear a case brought to it by Cindy Blackstock, Executive Director of First Nations Child and Family Caring Society of Canada and the Assembly of First Nations who are arguing that the discrepancy in funding constitutes a human rights violation towards First Nations children living on reserve (see further Blackstock, 2009; Gally, 2010)

ment. The typical focus on crisis-driven intervention presents a powerful image to the broader society (and we would argue also to government employed front-line child protection and other workers involved with children in care) that governments have no other alternative but to take Indigenous children into care at the current levels of apprehensions. This effectively draws attention away from the need for governments to allocate adequate resources to prevention strategies for vulnerable families, and for being accountable for acute *and* enduring problems that Indigenous children experience as the result of the apprehension and foster care experience itself.

To date, little research has been conducted to determine the degree of short and long-term psychological and emotional distress that Indigenous children experience as they are brought into and move through the CWS. In Saskatchewan, the majority of child apprehensions involve child neglect rather than abuse, with risk being associated with social factors beyond the control of parents and manifested as physical neglect, failure to supervise, and parental substance abuse (Saskatchewan Child Welfare Review Panel, 2010). In most cases, placement of children in care, regardless of the circumstances, is very difficult for families and is made even more difficult when children witness emotional responses by their parent(s) and siblings, including arguments between their parent(s) and child protection workers and police. Despite apprehension being a central event in child protection, there is virtually no research documenting the impact of this experience on childhood development. Determining, for example, the psychological impact on children if they experience multiple apprehensions over their childhood, if the apprehension(s) is emotionally charged and confrontational, and the psychological and emotional impact on children taken into care who have unresolved trauma and fears from previous foster placements (e.g., abuse by a foster parent or other foster children, loss and grief from being separated from their parents and siblings), are important questions in understanding the impact of CWS involvement upon children.

A further unexamined risk identified in Tait's current research is the strong emotional con-

flict that children experience when they feel that they love both their biological and foster parents. While the children may be "thriving" in the foster home, children can struggle with a range of emotions generated by feeling torn between wanting to be with their biological parent(s) but, not wanting to leave foster care. Leaving the stability and benefits of a middle class life provided by the foster parents can be extremely difficult for children who are aware that they are being returned to impoverished parents, often a single mother, who is eking out a living on social welfare. Because the majority of Indigenous children in Saskatchewan and in most regions of Canada, are fostered by Euro-Canadian families, there is significant risk of them associating their Indigenous identity with the "failures" of their parents and contrasting these to the stability and comforts provided by their "white" foster "mom" and "dad." If children have witnessed or experienced violence in their biological home, this can add to their anxiety and the conflicted feeling that they have about their parent(s) and Indigenous identity, even if they know the threat of violence has been removed. However, unless the child is exhibiting severe behavioural problems, the foster parent(s), rather than a professional therapist, will most likely be the person(s) responsible for addressing the child's anxiety and conflict. This can be especially challenging if the foster parent(s) lacks experience and education about how best to support Indigenous children in this context, and even more problematic if the foster parent(s) has strong negative feelings about Indigenous peoples and specifically towards the biological parent(s) (most often the mother).

In Tait's current study, a non-Indigenous foster mother confronted a First Nations mother in front of her eight-year-old daughter at a scheduled visit, claiming that the daughter was afraid of her mother, did not want to ever go back home with her, and that she was "acting up" at the visit because of these feelings. The biological mother, who was extremely hurt and embarrassed by the accusations, not only because her daughter heard them, but also because the girl confirmed that they were true, felt that the foster mother was spoiling her daughter. By sulking and being angry at the visit, she felt her daughter

was able to get what she wanted from both the foster and biological mothers (e.g., the mother gave her daughter five dollars because the daughter did not like the gift her mother gave her at the visit). The incident added greatly to the anxiety of the mother who was a few months into addiction recovery and also fighting to stop a permanent order by CWS on her four children. She concluded her recounting of the visit in tears, stating, “It doesn’t even feel like they are my kids anymore. I can’t compete with what they have, I can’t give them all that.”⁶ Unfortunately, although incidents like this do occur, they are rarely, if ever, reported to CWS workers because Indigenous mothers who have children in care feel disempowered to successfully express their concerns, and they fear drawing more negative attention to their situation. The racialized power imbalance between, in this case, the biological and the foster mother, further adds to the confusion felt by the child who witnesses and is asked to participate in the confrontation. The impact of this type of confrontation on a child who is struggling to reconcile conflicted and anxious feelings, goes virtually unexamined in this context, and therefore is rarely, if ever, considered at a policy level within discussions of CWS reform.

Indigenous children are at greater risk than other children of facing multiple moves while involved with CWS, sometimes between foster homes, and at other times between their parents’ home and foster placements (Saskatchewan Child Welfare Review Panel, 2010). Frequent moves create high levels of instability for the children, not only in their home environment, but also in school and other social environments (Coy, 2009; Blackstock et al., 2007; Connell et al., 2006). It is not uncommon for children who have been “bounced around” from home

to home to experience an inability to develop trusting and long-term bonds with those around them (Coy, 2009, p. 255; Tait and Cuthand, 2011), and the current systems in Saskatchewan, and in many other areas of Canada, offer children few, if any, therapeutic supports to deal with the many transitions and related experiences they undergo within the system. As they age, this group of children are at significant risk of looking elsewhere for a sense of identity and belonging, often finding deviant street peers and groups as their support (Tait, 2000, 2003b; Tait and Cuthand, 2011).

The current practices of CWS add to the stigmatization and alienation of Indigenous children and youth, particularly in provinces like Saskatchewan where there is a high ratio of Indigenous children in care. The Ministry of Social Service’s propensity to respond to “crisis” situations, rather than to develop preventive interventions for families, has led to elevated apprehension rates of Indigenous children. This fuels entrenched opinions within governments and the public that Indigenous peoples are failing to participate in Canadian society as responsible citizens. Public opinion in Saskatchewan (and we would argue in many parts of Canada) which directly influences governments to take action or not, largely adopts the belief that Indigenous peoples as a group are irresponsibly having too many babies for whom they cannot properly care. This outmoded colonial perception is maintained in Canada in part by media reporting about Indigenous families and social issues (two illustrative examples are Wenthe, 2000; Dophin, 2002). Coupled with this, the overrepresentation of Indigenous children in foster care systems stands as a powerful symbol for the general public that Indigenous peoples are “morally” and “socially” failing at a most basic human level, that of being able to raise and provide for their own children.

It is not well understood by the CWS how Indigenous children experience the label of “foster child.” In interviews with First Nations and Métis adults who are former foster care children, Tait found that experiences of being labeled in home, school, and other social contexts as a “foster child,” “a child with bad parents,” or “a child without par-

⁶ During a follow up visit the daughter asked her mother when she could go home with her, confirming for the mother that her daughter was not afraid of her and wanted to leave foster care. Unfortunately, the mother and the daughter were never offered additional visitation time alone without the other three children. This additional time would give the mother an opportunity to understand her daughter’s feelings and strengthen their relationship. Instead the child protection worker and the foster mother reduced visitation time by making excuses that the children were too busy with sports and other activities for the foster mother to bring them to see their mother. The mother felt there was nothing she could do to get more time with her children despite the court order giving her visitation with the children and the Ministry telling her that more visitation time would strengthen her case for having her children returned to her care.

ents," were very painful, and a source of significant emotional and psychological distress (Tait 2000, 2003b, Tait and Cuthand, 2011). This negative social status is compounded for Indigenous children by knowledge that their biological parents, unlike other parents, have "failed" to morally fulfill their role as "good parents." In some instances, participants talked about rejecting their biological parents, while at the same time embracing their "white" foster family because they were ashamed of their parents. In extreme cases, some former foster children described how they came to hate their Indigenous identity because they associated it with the "failures" of their parents and "Indian people" in general. As adults this shame and hatred was turned inward, as they struggled in ways similar to their parents, including losing their children to the CWS.

For CWS policy purposes, the conflict and shame felt by Indigenous foster children must be acknowledged and understood in the broader historical context, specifically as a byproduct of colonization of Indigenous peoples, and the continued mental residue of assimilation (Lawrence and Dua, 2011). Drawing upon anti/decolonial perspectives to work through CWS policies will advance the discussion beyond simply issues of "race" and "class," elevating the understanding of the reasons behind the persistent overrepresentation of Indigenous children, youth, and families involved with child protection services. A focus on the intergenerational legacy of colonization encourages government policy makers to work with Indigenous CWS leaders and advocates to identify the specific needs of Indigenous children and families that are dissimilar, for example, from those of other racialized ethnic groups. To improve CWS policies the unique historical impact of colonization on Indigenous peoples must be considered in every aspect of child protection, including the short and long term health and social impacts of being raised outside of their biological family and culture (SCWRP, 2010).

In interviews with children, their families, and service workers, the Saskatchewan Children's Advocate Office found that, "The effects of long stays in foster care are not dissimilar to those of resi-

dential school stays" (2000, p. 12).⁷ Alienation from familial and cultural/community ties not only sever relationships that children have with their families and communities, but also commonly reinforce feelings of shame and stigma. Cindy Blackstock, Executive Director of First Nations Child and Family Caring Society of Canada (FNCFCSC), explains that the ideologies and racism of the residential school system and the "sixties scoop" continue to affect the thousands of Indigenous children within Canada's CWS (Blackstock, 2007). In fact, Monture-Angus (1989, p. 3) charges that "removing children from their homes weakens the entire community" and "removing First Nations children from their culture and placing them in a foreign culture is an act of genocide."

There are also extensive impacts on the biological family and their place within the community, brought on by the apprehension of their children. These include, mothers seeking to become pregnant in hopes of CWS allowing them to parent at least one of their children; an increase in parental substance abuse and mental distress; and internalized feelings of shame, failure, and self-hatred (Tait, 2000, 2003b). The loss of income and other benefits received from CWS once the child(ren) is taken into care (the large majority of parents are on social assistance with CWS benefits being a major contributor to household income and housing subsidies) means that parents, generally the mother, have even fewer financial resources to pay for housing or to meet their daily needs. In Saskatchewan apprehensions are most often linked to neglect (56%) due to parental substance abuse, mental illness, and inadequate housing and income, rather than due to child abuse (Saskatchewan Child Welfare Review Panel, 2010). As a result, the removal of the children from their parents' care, while deemed necessary, commonly fuels a further downward spiral for the parents and the family unit from which some parents do not recover (Tait, 2000, 2003b).

7 Where these effects include low self-esteem, alcoholism, family breakdown and family violence, loss of language, cultural traditions and knowledge of cultural values, experiences of marginalization from the mainstream community, suicide, homicide, a lack of parenting skills from having been raised in institutional settings (CAO, 2000, p. 12).

The elevated numbers of Indigenous peoples in Canada's foster care, youth detention, and adult jail and prison systems reveal the intergenerational legacy of the residential school and CWS systems across several generations of Indigenous families (Gally, 2010, Blackstock, 2007, Tait 2003a). The movement of Indigenous children in and through the foster care and adoption system has not diminished family cycles of poverty, addictions, unemployment, and violence. Rather, we argue that CWS practices have effectively perpetuated family dysfunction, poor health, and social ills in a fashion similar to earlier colonial policies that targeted Indigenous children. Our research and review of the literature documenting high-risk scenarios within CWS concludes that it is difficult in the present day context to argue that the "best interests" of Indigenous children are truly being served in Saskatchewan or elsewhere by current systems of CWS care for vulnerable Indigenous children.

LOCATING RISK: THE PRACTICE OF MULTIPLE FOSTER PLACEMENTS

In *A Breach of Trust* (CAO, 2009), the authors correlate multiple foster placements with a diminished ability of some children to form healthy attachments. Citing the *Diagnostic and Statistical Manual of Mental Disorders*, the authors note that in children, Reactive Attachment Disorder is associated with

grossly pathological care that may take the form of persistent disregard of the child's basic needs for comfort, stimulation and affection; persistent disregard for the child's basic physical needs; or repeated changes of primary caregivers that prevent formation of stable attachments (i.e., frequent placements in foster care or between foster care and the biological parent(s)). (CAO, 2009, p. 39)

Consequently, psychologists who investigated foster homes in Saskatchewan found that a number of children exhibited signs of attachment disorder, including head banging, hoarding, eating nonstop, extreme apathy, developmental delay, speech delay, motor delay, increased aggression, decreased

impulse control, and attention deficit disorder (Children's Advocate Office, 2009, p. 40).

Though not specific to Indigenous children in care, in interviews with 14 young women with histories of being in foster care and experiences of being sexually exploited, Coy (2009, p. 259) found that being moved through multiple placements in care was described as a catalyst for their entrance into sex trade work. One of Coy's respondents spoke about having been moved from place to place, without acknowledgement of her own interests. When she finally ran away from her foster home, she met an older man who steered her towards drugs and selling sex. The young women framed her entrance into the sex trade within the quest for belonging and stability, stating, "I went out looking for love, that's how I got with X [the older man]" (as quoted in Coy, 2009, p. 261).

Following in-depth interviews with 100 youth who had been out of the foster care system for at least six months, Reilly (2003) found that multiple foster care placements had a direct correlation with increased rates of incarceration and homelessness, higher rates of pregnancy, and increased experiences of violence in dating relationships. In addition, Reilly (2003) found that youth who were moved through multiple homes had trouble with school and education, as well as with later abilities to find and maintain employment. The National Youth in Care Network (2001) found that unstable foster placements compounded by movements from school to school negatively affect children's ability to feel safe and secure in their environments. This resulted in children being unable to invest fully in academic and later in employment ventures. A report by the Foster Care Alumni Studies (2005) found that when foster home stability was achieved during a child's experience within the CWS, they exhibited a 22% decrease in mental health issues. Durr and Osborne (2000) make the valuable claim that

stability of placement was the single most important factor in influencing a child's progress in all aspects of their lives. (as quoted in Mitic and Rimer, 2002, p. 408)

LOCATING RISK: TRANSITIONING OUT OF THE CARE OF CHILD WELFARE

An information gap exists in the documentation of where youth end up after they transition out of Saskatchewan's CWS. However, a recent report by the Ontario Provincial Advocate for Children and Youth reviewed national and international reports about the experience of youth transitioning out of care (Provincial Advocate for Children and Youth, 2012). The report highlights the significant challenges youth face when leaving foster care including: lower education levels, unemployment or underemployment, economic hardship, reliance on social assistance, involvement with the criminal justice system, homelessness, mental health issues and early or unplanned pregnancies (2012, pp. 17–22). Specifically, 21% of crown wards in Ontario under the age of 18 were not enrolled in school, and only 44% of youth in care are expected to graduate high school compared to 81% graduate rates for all Ontario students (Provincial Advocate for Children and Youth, 2012). While involvement with CWS may not be the only factor influencing the circumstances of this group, research evidence clearly shows that youth transitioning out of CWS are struggling in comparison to their peers and are made even more vulnerable to social ills when the State relinquishes legal guardianship and leaves these young people to make their own way in life.

Current research by both Tait and Henry, indicates that "aging out" of the care of CWS is not a single event marked by the youth's transition to the legal age of "adulthood." Indigenous children in Saskatchewan who linger in the foster care system and/or experience multiple placements (within the system or back and forth from their biological parents/family into the system), commonly run away from their placement (in some instances even when they like the foster family or group home), in order to find a sense of identity and belonging (see also, Tait, 2003b). This can begin in early adolescence and continue over a number of years. However, as children grow older, the urgency by the MSS to find adoles-

cents who run away (particularly chronic runners) diminishes and fewer resources are invested by CWS to find out where they are. This increases the periods when they are "on the run." For a youth such as this, "aging out of the system" typically means one, or a combination of, the following outcomes: full integration into "street" or "gang" life, a return to a dysfunctional biological family that is ill-equipped to offer them positive supports, involvement with the criminal justice system, homelessness, unplanned pregnancy, prostitution, alcohol/drug abuse, unemployment, or social welfare dependency. It is at this point, after youth have "transitioned out of care" that CWS relinquishes all of their responsibility to the person, and predictably, the cycle of family dysfunction and CWS involvement commonly repeats itself in the next generation.

"THE BEST INTEREST OF THE CHILD": CULTURE AND IDENTITY

As indicated above, there is no shortage of literature identifying the overrepresentation of Indigenous children and youth within the CWS, both in Saskatchewan and across Canada. Much of this literature correctly links the overrepresentation of Indigenous families in CWS with the deep-seated emotional, spiritual, economic, social, and physical effects of colonization including, loss of land, language, and traditional ways of life, the residential schools system, the "sixties scoop," and systemic racism (see, Sinha et al., 2011; Blackstock, 2007; Monture-Angus, 1989, Fournier and Crey 1997). In discussing CWS, Fournier and Crey (1997, p. 81) write:

Residential schools incarcerated children for ten months of the year, but at least the children stayed in an aboriginal peer group: they always knew their First Nation of origin and who their parents were, and they knew that eventually they would be going home. In the foster and adoptive care system, aboriginal children typically vanished with scarcely a trace, the vast majority of them placed until they were adults in non-aboriginal homes where their cultural identity, their legal Indian status, their knowledge of their own First Nations and even their birth names were erased, often forever.

In an interview with Tait, Dr. Sharon Acoose talks about the impact that removing children from their cultures and communities has on identity formation:

Well you take these children and you place them in homes where the kids grows up, they grow up lost and not knowing who they are, a lot of the families don't tell them about who they are, and even for a white child that's going into a home, everyday these children have to be taught where they come from and why they're in the system.⁸

Dr. Acoose goes on to talk about her own family experience when she was younger and the recent reunion with her adult son who was apprehended by child protection services when he was a baby:

My son was taken away from me when he was 9 months old and they sent him back to BC, that's where his father was from and he grew up in a total white world not knowing who he was, and he came back to me so screwed up its not even funny. He didn't even want to be an Indian. You know I had to really talk to him and explain to him and he was really angry with me, and I don't blame him. You know he found me, but it was just ... and the foster parents were wonderful, don't get me wrong, they were wonderful, but they still didn't teach him, they were afraid to tell him anything and he showed me his pictures and all the pictures he showed me, he was the only little brown face in a sea full of white students. So he grew up totally in a non-traditional environment and they never told him anything. They knew who I was, the foster mom knew who I was, but they were just too afraid to tell him and then he got all screwed up and messed up himself and he's an addict.

Describing ethnocentrism as the “uncompromising allegiance by people to their own culture and consequent devaluing of other cultures,” Palmer and Cooke (1996, p. 710) argue that

First Nations children in out-of-home care are at risk of oppression arising from ethnocentrism, if agencies and social workers ignore the beliefs and practices of the First Nations' culture and its importance to the children.

Elliott and Fleras (1992, p. 44) further point out that the very practice of placing Indigenous children

within non-Indigenous foster homes exposes them to “subtle forms of discrimination [that] continue to interfere with [their] lives and life chances.”

In light of these and many more similar experiences, the practice of predominantly placing Indigenous children within non-Indigenous foster homes has come under intense scrutiny by Indigenous leaders and child welfare advocates (Blackstock, 2007, 2010). In fact, CWS across Canada generally include policies directing caseworkers to place First Nations and Métis children first within Indigenous foster homes and residential facilities before exploring other options. However, practice does not always meet policy. In an interview with the Standing Senate Committee on Human Rights, Dexter Kinequon, Executive Director of Lac La Ronge Indian Band stated:

... three out of four First Nations children in care are placed in non-First Nations resources.... The best interests of the child is the usual reason given to justify the placement of the children away from their families and alternate resources.... Rarely, however, does the continuity of the child's culture influence the placement of the children in care. (as quoted in Andreychuck and Fraser, 2007, p. 178)

CONCLUSION

Most of our clients — probably 90 percent of them — are, in fact victims themselves of the child welfare system. Most of our clients are young, sole support mothers who very often were removed as children themselves. So we are dealing with perhaps the end product of the child welfare system that was apparent in the sixties scoop. Actually the sixties scoop lasted well into the '70s and we are seeing the reality of that on our case loads.... We take the approach in our agency that it is time to break the cycle. The other interesting note is that while the mother may have been in foster care the grandmother — I think we all know where she was. She was in residential school. So we are into a third generation. Kenn Richard, Executive Director Native Child & Family Services of Toronto⁹

Métis and First Nations children and youth who are placed in foster care are among the most vulnerable children in Canada. Prior to foster placement, they are more likely than other Canadian children to live in poverty characterized by overcrowded and unsafe housing conditions, frequent household moves, and food insecurity (Public Health Agency of Canada,

⁸ From the documentary, *Child Welfare: The State As Parent*. (Tait and Cuthand, 2011). <https://ethicaltoolkit.ca/content/documentaries>.

⁹ Testimony given to the Royal Commission on Aboriginal People (RCAP, 1996, pp. 34–35).

2010). A First Nations or Métis child is more likely than a non-Indigenous child to live with a single mother who is receiving social assistance; caring for more than one child; has low levels of education, employment skills, and experience; and has few positive social supports (Saskatchewan Child Welfare Review Panel, 2010). While taking children who are neglected or abused into foster care is at times necessary, the larger framing of Canada's CWS fails to question the assumption that the foster care system, as it presently exists, is always in the best interests of the child. It is assumed that apprehension occurs so that a child is removed from a harmful situation and placed in a nurturing and supportive home where they can thrive. However, a historical analysis of CWS in Canada points toward a system that has relentlessly targeted Indigenous families and taken their children into foster care and adoption systems because of circumstances beyond the parents' abilities to address (Blackstock 2009). Given the strong correlation between elevated rates of Indigenous children in care, and the vast and generational effects of resulting poor health and social outcomes for these children, it is clear that a stronger stance is necessary.

In arguing that involvement within Canada's CWS is a social determinant of health for Canadian Indigenous peoples, we are aware that this undoubtedly overlaps with other social determinants of health. However, we draw attention to the intersecting social determinants of colonialism, culture, social and economic status, and others as they form barriers for Indigenous families, and as they contribute to even greater disparities in the health of those children involved in the system. Questions focusing on the life long impact of CW involvement such as: "What is the impact upon healthy childhood development for Indigenous children who experience long-term foster placement outside of their culture, foster home overcrowding, and, multiple foster placements?" often go unanswered. Instead, focus by governments, their critics, and the media tends to be on high-profile investigations where a foster child is abused or neglected resulting in severe injury or the death of the child. Consequently, reforms that seek to improve prevention supports within fam-

ilies so that Indigenous children are taken into care only on rare occasions are significantly underdeveloped and resourced. CWS policy makers, including those within Indigenous CWS agencies, would do well to consider these outcomes from an ethical standpoint, asking what effects current policies and practices have upon the mental, emotional, physical, and spiritual well being of Indigenous children across the life span. Furthermore, we argue that governments allow for open and transparent research to be conducted by Indigenous led research groups into the specific experiences of First Nations, Métis, and Inuit children, youth and families involved with CWS across the country. Through such processes, we hope to engender a greater understanding of the policies needed to protect Indigenous children (and other children) involved with CWS from experiencing undue risk and harm to their health and well-being; for it is clear that the "wise and compassionate parent" embodied in CWS policies and practices across Canada has left many more of our Indigenous children vulnerable.

REFERENCES

- Andreychuk, R. and Fraser, J. (2007). *Children: The Silenced Citizens. Effective Implementation of Canada's International Obligations with Respect to the Rights of Children*. Final Report of the Standing Senate Committee on Human Rights.
- Blackstock, Cindy. (2007). Residential schools: Did they really close or just morph into child welfare? *Indigenous Law Journal*, 6(1), 71-78.
- Blackstock, C. (2010). *Why the World Needs to Watch: The Canadian Government Held to Account for Racial Discrimination against Indigenous Children before the Canadian Human Rights Tribunal*. Vancouver, BC: First Nations Child and Family Caring Society of Canada.
- (2011). The Canadian human rights tribunal on First Nations child welfare: Why if Canada wins, equality and justice lose. *Children and Youth Services Review*, 33(1), 187-194.
- Blackstock, C., Cross, T., George, J., Brown, I., and Formsma, J. (2006). *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth, and Families*. Ottawa, ON: First Nations Child &

- Family Caring Society of Canada and Portland, OR: National Indian Welfare Association.
- Blackstock, C., Brown, I., and Bennett, M. (2007). Reconciliation: Rebuilding the Canadian child welfare system to better serve Aboriginal children and youth. In I. Brown, F. Chase, D. Fuchs, J. LaFrance, S. McKay, and S. Proikop-Thomas, eds., *Putting a Human Face on Child Welfare: Voices from the Prairies*. Toronto, ON: Centre of Excellence for Child Welfare and Prairie Child Welfare Consortium, pp. 59-89.
- British Columbia Human Rights Commission (2001). *Removal of Aboriginal Children from their Families by the Ministry of Children and Families*. Vancouver, BC: BC Human Rights Commission.
- Clarke, S. (2007). Ending discrimination and protecting equality: A challenge to the INAC funding formula of First Nations child and family service agencies. *Indigenous Law Journal*, 6(1), 79-100.
- Children's Advocate Office. (1998). *Child Death Review: Karen Rose Quill*. Saskatoon, SK: Children's Advocate Office.
- (2000). *Children and Youth in Care Review: LISTEN to Their Voices*. Saskatoon, SK: Children's Advocate Office.
- (2006). *Investigative Report of the Oyate ataya Wakanyeja OwicaKiyapi Inc.: (Oyate) Safe House*. Saskatoon, SK: Children's Advocate Office.
- (2009a). *A Breach of Trust: An Investigation into Foster Home Overcrowding in the Saskatoon Service Centre*. Saskatoon, SK: Children's Advocate Office.
- (2009b). *Children and Youth First Principles*. www.saskcao.ca/children-youth-first/children-youth-first-principles.
- Connell, C.M., Vanderploeg, J.T., Flaspohler, P., Katz, K.H., Saunders, L., and Tebes, J.K. (2006). Changes in placement among children in foster care: A longitudinal study of child and case influences. *Social Service Review*, 80(3), 398-418.
- Coy, M. (2009). 'Moved around like bags of rubbish nobody wants': How multiple placement moves can make young women vulnerable to sexual exploitation. *Child Abuse Review*, 18(4), 254-266.
- Czyzewski, K. (2011). Colonialism as a broader social determinant of health. *The International Indigenous Policy Journal*, 2(1). Retrieved from: <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>.
- Dophon, R. (2002). No simple solutions to Native problems. *Calgary Herald*. June 11.
- Durr, P. and Osborne, C. (2000). *Raising the Educational Attainment of Children in Care. The Children's Society Response*. Social Exclusion Unit, UK.
- Elliott, J.L. and Fleras, A. (1992). *Unequal Relations: An Introduction to Race and Ethnic Dynamics in Canada*. Scarborough, ON: Prentice-Hall.
- Foster Care Alumni Studies. (2005). *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Foster Care Alumni Studies.
- Fournier, S. and Crey, E. (1997). *Stolen from our Embrace*. Vancouver, B.C.: Douglas & McIntyre.
- Francis, D. (1997). *National Dreams: Myth, Memory, Canadian History*. Vancouver, BC: Arsenal Pulp Press.
- Gally, V.J. (2010). *Summary Review of Aboriginal Over-Representation in the Child Welfare System*. Prepared for the Child Welfare Review Panel. Regina, SK.
- Hogan, P.T.S.S. (1988). Minority Children and the Child Welfare System: An Historical Perspective. *Social Work*, 33, 493-498.
- Johnston, P. (1983). *Native Children and the Child Welfare System*. Ottawa, ON: Canadian Council on Social Development.
- LaRoque, E. (2010). *When the Other is Me: Native Resistance Discourse, 1850-1990*. Winnipeg: University of Manitoba Press.
- Lawrence, B. and Dua, E. (2011). Decolonizing antiracism. In Martin J. Cannon and Lina Sunseri, eds., *Racism, Colonialism, and Indigeneity in Canada*. New York: Oxford University Press, pp. 19-27.
- Mikkonen, J. and Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy Management.
- Mitic, W. and Rimer, M. (2002). The educational attainment of children in care in British Columbia. *Child & Youth Care Forum*, 31, 397-414.
- Monture Angus, P. (1989). A vicious circle: Child welfare and the First Nations. *Canadian Journal of Women and Law*, 3, 1-17.
- Morrisette, P.J. (2005). The therapeutic dilemma with Canadian Native youth in residential care. *Child and Adolescent Social Work*, 8, 89-99.

- National Collaborating Centres for Public Health. (2008). *Social Determinants of Health Fact Sheet*. Retrieved 23 May 2012 from http://nccph.ca/docs/DoH_eng_PRESS_M.pdf.
- (2012). *What are the Social Determinants of Health?* Retrieved 7 Dec. 2012 from http://nccph.ca/docs/NCCPHSDOHFactsheet_EN_May2012.pdf.
- National Youth in Care Network. (2001). *Who Will Teach Me to Learn? Creating Positive School Experiences for Youth in Care*. Ottawa, ON: National Youth in Care Network.
- Office of the Auditor General of British Columbia. (2008). *Management of Aboriginal Child Protection Services*. Victoria, BC: Ministry of Children and Family Development.
- Office of the Ombudsman. (2010). *Hand-in-Hand: A Review of First Nations Child Welfare in New Brunswick*. Fredericton, NB: Office of the Ombudsman.
- Palmer, S. and Cooke, W. (1996). Understanding and countering racism with First Nations children in out-of-home care. *Child Welfare*, 75, 709–725.
- Provincial Advocate for Children and Youth. (2012). *25 is the New 21: The Costs and Benefits of Providing Extended Care and Maintenance to Ontario Youth in Care until Age 24*.
- Public Health Agency of Canada. (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings*. Ottawa, ON: Public Health Agency of Canada.
- (2003). *What Determines Health?* Retrieved 23 May 2012 from <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants>.
- Reading, C.L. and Wien, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Ottawa, ON: National Collaborating Centre for Aboriginal Health. Retrieved 23 May 2012 from http://keptobaccosacred.org/yahoo_site_admin/assets/docs/NCCAH-Loppie-Wien_Report.306133340.pdf.
- Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare*, 82(6), 727–746.
- Royal Commission on Aboriginal Peoples. (1996). *Report of the Royal Commission on Aboriginal Peoples*. Ottawa: Canadian Communications Group – Publishing.
- Saskatchewan Child Welfare Review Panel. (2010). *For the Good of our Children and Youth: A New Vision, a New Direction*.
- Saskatchewan Ombudsman. (1986). *The Protection of Children: The Rights of Children: The Urgent Need to Improve a System in Crisis*. Regina, SK: Saskatchewan Ombudsman.
- Sinha, V., Trocmé, N., Fallon, B., MacLaurin, B., Fast, E., and Prokop, S.T. (2011). *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System*. Ontario: Assembly of First Nations.
- Tait, Caroline L. (2009). Is Canada failing Métis children? An examination of the challenges and barriers to improved health. *Canadian Supplement to The State of the World's Children 2009: Aboriginal Children's Health: Leaving no Child behind*. Ottawa: Unicef Canada, pp. 30–36.
- (2003a). *Fetal Alcohol Syndrome Among Canadian Aboriginal People in Canada: Review and Analysis of the Intergenerational Links to Residential Schools*. Ottawa: Aboriginal Healing Foundation.
- (2003b). *The Tip of the Iceberg: The 'Making' of Fetal Alcohol Syndrome in Canada*. Doctoral Dissertation. Montreal: McGill University.
- (2000). *A Study of the Service Needs of Pregnant Addicted Women in Manitoba*. A policy research project report funded by Manitoba Health and conducted in cooperation with the Prairie Women's Health Centre of Excellence.
- Tait, Caroline L. and Cuthand, Doug. (2011). *Child Welfare: The State As Parent*. Documentary Film. <https://ethicaltoolkit.ca/content/documentaries>. Saskatoon, Saskatchewan: Blue Hills Production.
- The Child and Family Services Act, Statutes of Saskatchewan (1989-90, c. C-7.2). Retrieved from <http://www.qp.gov.sk.ca/documents/english/statutes/statutes/C7-2.PDF>.
- Timpson, J.B. (1993). *Four Decades of Child Welfare Services to Native Indians in Ontario: A Contemporary Attempt to Understand the "Sixties Scoop" in Historical, Socioeconomic and Political Perspectives*. D.S.W. Dissertation, Faculty of Social Work, Wilfrid Laurier University, Ontario.
- Wente, M. (2000). Our poor ruined babies: the hidden epidemic. *The Globe and Mail*. Toronto. October.

Zylberberg, P. (1991). Who should make child protection decisions for the Native community? *Windsor Yearbook for Access to Justice*, 11, 74–103.

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