Indigenous mothers’ experiences of power and control in child welfare: Families being heard

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Abstract

• Summary: There are upward of 11,000 Indigenous children and families in the Manitoba Child and Family Services (CFSs). Many factors coalesce as contributors to these high rates of care, including oppressive histories of Canadian settler colonialism, governmental policies and the Indian Residential Schools, and mass apprehensions of Indigenous children through “the 60’s scoop.” Although a process of “Devolution” began in Manitoba in 1999 to address Indigenous overrepresentation and improve cultural safety for children and families, the voices of women whose children are in care often remain silenced and marginal.

• Findings: Utilizing an Indigenous Research lens, this qualitative study explored the stories and experiences of 12 Indigenous mothers involved with Manitoba CFS. The mothers’ stories revealed dynamics of power and control outlined in five core themes: (1) Being “set up to fail”; (2) Confronting “normalcy” and navigating case plans;
(3) Dealing with tactics of intimidation; (4) Experiencing judgment and being labelled; and (5) Emotional politics. The mothers’ stories suggest that the CFS system continues to reflect colonial structures of oppression and that the “Devolution” did not fully have the intended impact on daily practice.

Applications: The women’s shared experiences highlight several areas for change, such as: enhanced family supports and worker relationships; utilization of capacity building frameworks; better institutional collaborations; increased efforts to maintain family relationships and units; and greater access to and quality of Indigenous cultural supports for mothers and children, including ceremony, healing, and access to Elders. Suggestions for more efficient and family-centered service provision are also offered.

Keywords
Social work, Indigenous, child and family welfare, family support, power, social control

Introduction

Historical context

The forced breakdown of Indigenous—including First Nations, Métis, and Inuit—family units began with colonization as Indigenous peoples in Canada were forced to separate from languages, cultures, social roles, land, and identity. Indigenous persons were treated lesser than the colonizers and the developing Canadian governmental systems that instituted systematic forms of assimilation, like the Residential Schools as a systemic form of educating Indigenous children via the State and Church (Hatala et al., 2016). The creation of the Indian Act that mandated the Indian Residential School system was explained in 1883 that “in order to educate the children properly we must separate them from their families” and “if we want to civilize them we must do that” (The Truth and Reconciliation Commission of Canada [TRC], 2012, p. 1). The TRC highlighted the impact that this school system had on Indigenous peoples in Canada, which is still felt today among many individuals and families.

Colonization in Canada continued through what is referred to as the “60’s scoop” (Helgason, 2009), where Indigenous families were disrupted once again by governing agencies through the removal of Indigenous children from their natural and community-based families. Children were removed by government agencies and placed with non-Indigenous families all over Canada, the United States, and the world. As a result, “between 1971 and 1981 alone, over 3,400 Aboriginal children were shipped away to adoptive parents in other societies, and sometimes in other countries” (Aboriginal Justice Inquiry, 1991, Chapter 14, Final Report). This was done in an attempt to further abolish Indigenous persons, families, cultures, and parenting practices. Children were placed with families in which their native tongue was not spoken, their family roles were not respected, and their cultural traditions and spirituality were for the most part not honoured or upheld (Aboriginal Justice Inquiry, 2000; TRC, 2012).
Due to the significant disruption of Indigenous family structures, parenting roles, and cultural attachments, there is today an overrepresentation of Indigenous families and children in the Canadian child and family services (CFSs) system (Muir & Bohr, 2019). According to the CFS statistics in the Canadian province of Manitoba in 2012/2013, 64.5% of families receiving services were Indigenous families and 86.9% of the children in care of the state and under guardianship of CFSs were Indigenous children (Milne et al., 2014, p. 3). This unjust situation has not gone unnoticed, however, and there have been attempts to address the numbers of Indigenous families and children within the system. One proposal includes a major restructuring or “Devolution” of the service delivery model of the Manitoba child welfare system (Blackstock, 2019; Helgason, 2009).

“Devolution” of child welfare system

In 1988, the Aboriginal Justice Inquiry completed in Manitoba was undertaken to interrogate the relationships between Indigenous persons and the Justice department. From the inquiry came recommendations in 1991 for an Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI) with a proposed change of the model and service delivery of CFSs. The current CFS system is the result of a restructuring process, which is commonly referred to as the “Devolution,” and was completed in order to achieve two major goals. The first was the decentralization of power and control of the service delivery of child welfare from one centralized governing body to four distinct authorities (The Northern, Southern, Metis, and General Authority). Each of these authorities are “empowered by the Child and Family Services Authorities Act to mandate agencies to exercise the powers and duties of the Child and Family Services Act” (Milne et al., 2014, p. 1). It is the authorities that are responsible for “oversee(ing) services, dispersing funds and ensuring culturally appropriate services are delivered to their respective agencies” (Milne et al., 2014, p. 1). This supports the second goal of the restructuring which was to provide culturally relevant and inclusive services to Indigenous families.

The relevance of the culturally specific amendments to service delivery is important due to the aforementioned impacts that colonial governing bodies inflicted on Indigenous families and cultural ways of life. According to Blackstock and Trocmé (2005), it is a component that requires strong, focussed attention in an attempt to rectify its destruction. The cultural impacts on Indigenous families have transformed the way familial structures and their respective roles are enacted within the family unit (Muir & Bohr, 2019). In earlier years, for example, it is noted that, “children learned through story-telling, through example, and by participation in rituals, festivals and individual coming of age ceremonies . . . this teaching method was strong enough to assure the survival of identity, history, traditions and beliefs” (TRC, 2012, p. 8). It is the restoration of this crucial aspect of cultural identity and continuity that is important in order to begin to heal from the harms inflicted on Indigenous families and children throughout Canadian settler history.
Current model of service provision in Manitoba

In Manitoba, each of the four main child welfare authorities have several subservice delivery agencies totaling 23 different agencies, 17 of which are Indigenous CFS agencies. There are several appointed intake agencies, one of which is the Designated Intake Agency for the city of Winnipeg, the largest urban center in the province of Manitoba. This agency “All Nations Coordinated Response” currently operates under the Southern Authority (Milne et al., 2014, pp. 2–3). The intake agencies are the entry point into service provision for families and encompass intake assessments as well as emergency and crisis response for all the other authorities during non-“operational times.”

Once families have completed the intake assessment phase, which includes the Structured Decision Making (SDM) tools (strengths and needs assessments, probability of future harm risk assessments), the files are then determined to be closed or forwarded on for additional services. The determination is made based on the assessment tools outcomes, and once decided that there will be a continuation of services, the family is able to complete an Authority Determination Process (ADP) with their assigned worker to determine which of the four authorities they would like to receive services from. This decision is based on a family’s cultural and geographical location. However, families can choose to receive services from another authority outside of their cultural and geographical location. Once an authority has been determined, then agency selection will be determined by the authority, a process that is unique to Manitoba (Varley, 2016).

All child welfare authorities and agencies in Manitoba operate in accordance with the Manitoba Child and Family Services Act (1985) and the Authorities Act. Critics of the current model argue that despite the “Devolution,” the model continues to operate as a colonial system upholding colonial values and conduct through service provision for families resulting all too often in separation of children from their parents, language loss, role and identification loss, and tradition and culture loss (Milne et al., 2014). Even though several Indigenous agencies are now operating to support children and families in Manitoba, they are also at times limited and bound by the legislation, standards, regulations, and procedures of Manitoba laws that are predicated on non-Indigenous ways of being and doing when working with Indigenous women, children, and families, and concurrent jurisdiction to provide services off reserve did not come about until the AJICWI. As women are the primary holders of the case reference title, it is imperative that their voices and experiences pertaining to CFS are heard to learn from them about what works and what does not within this service delivery model (Hughes et al., 2016).

Perspectives on power and control

Many have argued that the CFS model in Manitoba can be understood as a form of power and control over Indigenous peoples, families, and children who are receiving
services (Bennett et al., 2012; Blackstock & Trocmé, 2005; Hughes et al., 2016; Nixon et al., 2013). Foucault describes power to include “the various forms of dominance and subordination that operate whenever and where ever social relations exist” (Garland, 1986, p. 852). Power and control are thus structured as one group asserting dominance over another, thereby rendering one group in a subservient position (Foucault, 1982, 2008). Foucault asserts that the justice system, for example, functions in order to deter people from committing a crime or a deviance in the first place, rather than to rectify the social conditions that produce deviant behaviors. Arguably, this is reflective of the child welfare system in that families can be punished for their behaviors of “deviance” from a norm by having their children removed from their homes and their care. Foucault speaks about this kind of punishment as a “political tactic” and that power is not only obtained but rather situated in the interpersonal field of power relations (Garland, 1986, p. 851). Indeed, these are themes that were not only present throughout the colonization of Indigenous people of Canada and through the Indian Residential School system but continue to inform and penetrate, whether implicitly or explicitly, the current model of the CFSs system in Manitoba. Although the bridge between Indigenous scholars, families, and a French philosopher’s theory of power and control is vast, they are both relevant and highly applicable to this particular research and inform the ways in which we can see and hear the stories of Indigenous women involved with Manitoba CFS.

Research questions

The purpose of this research was to explore the “Devolution” process as operating through power structures that shape the experiences of Indigenous mothers who are accessing and receiving services provided through the Manitoba CFS. The research to date in this area has not been exclusively related to Indigenous women’s experiences and has been primarily focused on those women who have been victimized through intimate partner violence (Nixon et al., 2013, p.173). As such, women’s stories and voices become central here as well as exploring the power structures of the service delivery model through two related questions: (1) What are the experiences of women and mothers involved with Manitoba CFSs? (2) And do women feel as though their needs, their children’s needs, and their family’s needs are being met through the CFS sector in Manitoba? In addressing these questions, this research provides a platform for women’s voices and experiences to be heard in an attempt to support the broader goals of reconciliation, system change, and individual or community healing.

Methods

An Indigenous research lens

Due to the nature of the research questions and the women whose experience and voices we wanted to learn from, this research was situated within and conducted
through an Indigenous research methodology (Absolon, 2011; Kovach, 2009, 2019; Weber-Pillwax, 1999; Wilson, 2008) while simultaneously being combined with a view of postcolonial feminism (Lugones, 2010) and Foucault’s concepts of power and control (Foucault, 1982, 2008). Throughout the course of the study, three critical components of Indigenous Methodologies—Respect, Reciprocity, and Relationality (Weber-Pillwax, 1999)—were in the forefront of this work. Relationality occurred on many levels throughout this process as relationships were built between the lead researcher and Knowledge Keeper, Carey Sinclair (second author), that extended far beyond the scope of the project. As well, a relationship between the mothers and the researcher and Knowledge Keeper also developed. As Wilson (2008) commented, sacred relationships become rooted in what grows as a person tells their story and another hears it. Thus, a space was created for a trusting and open conversation and a communication bond to grow that allowed for vulnerabilities, hope, and strength to emerge—all central components of Indigenous research methodologies (Absolon, 2011; Kovach, 2009; Wilson, 2008).

As our Knowledge Keeper suggested, we also began this project with ceremony to begin in a good way and call on the ancestors for support. Carey advised that in order to have a deep-rooted spiritual purpose and guidance for the project, it would be important to have an Elder facilitate a naming ceremony. Elder Sheldon Cote facilitated the naming ceremony, and the project was given the English-translated spirit name of “Families Being Heard.” Sheldon suggested that after the completed written collection of experiences we return to ceremony in order to receive blessing from the spirit word. It is this spiritual perspective of ceremony, as well as views from a critical postcolonial feminism (Lugones, 2010), that inform our perspectives of “voice” and “being heard” as connected with aspects of empowerment, healing, broader aspects of social service system change, and broader steps toward Canadian reconciliation.

**Recruitment of women**

A poster for recruitment was shared with the Knowledge Keeper for the project and posted on Facebook where it was immediately viewed, liked, and reposted to many other pages, both community and personal. Interested participants responded to these messages and were informed about the project via text message and/or by email depending on their preference. Times and dates that best suited the mothers’ schedule were arranged. From an initial posting on Facebook on Carey’s page, the project had five prospective participants. After a few meetings, the group of women grew quickly to 12 through further snowball sampling.

**Participants**

The 12 women in this research all self-identified as Indigenous, were mothers, and were involved with the CFSs system in Manitoba. The women were as young as
early 20s through to their late 50s. Some of the women identified that they were mothers as well as grandmothers and were now in a different role of care provision for children. Some informed us that their involvement was historical and some disclosed that it is current. Many shared that the relationship of involvement with the CFSs system was ongoing throughout the years, and some expressed that it was intermittent. Many of the mothers expressed that they have had their children apprehended from their care. Some had been returned to their care and their family of origin, while others remained in the foster care system under the guardianship of the Manitoba Ministry of Child and Family Services. In our interviews with the mothers, they were not asked to disclose or share with us which agency they specifically were referring to in their dealings with CFSs (Indigenous or non-Indigenous). Some of the women, however, touched on the fact that they had or were working with both Indigenous and non-Indigenous agencies and that they found that the service was similar or comparable. Some of the women also commented that they preferred not to work with the assigned Indigenous agency as per confidentiality in relation to knowing community members or relatives who were working in the agency. Pseudonyms are used when referencing specific quotes and stories of the women.

**Conversational interview process**

Semi-structured “conversational” interviews occurred with the 12 Indigenous women who participated in this research (Kovach, 2019). The interviews were conducted individually with a mother, the Knowledge Keeper, and the first author. At the start of the conversation, the women were verbally relayed the content of the project and ethics agreement where their rights as a participant were explained, they were encouraged to ask questions, and invited to sign a consent form if they wished to participate. All 12 women signed the consent agreement without hesitation. Upon completion of the ethics protocol, each mother was offered the chance to have a small smudge ceremony (i.e. burning of the sacred medicine sage). The cleansing of the room and of the energy of the women and interviewers with sage was a first step in creating a safe space that brought participant, interviewer, and the project together in good relations. The shared ceremony was also a step to build relationships in which any fears, anxieties, or sense of vulnerability were soothed and comforted (Wilson, 2008). Some women declined the opportunity to smudge and stated that they had done so prior to arrival or that they do not partake in this type of ceremony. The mothers were also informed that the project was taken to ceremony and that it was given a spirit name of “Families Being Heard.” Most of the women were excited to hear that the project was grounded in Indigenous cultural values and spirituality, which also eased any speculation of the intentions of the researchers. The conversational interviews were open, without structure and left up to the women to guide the experience, yet were centered around the women’s experiences of the Manitoba child welfare system (Kovach, 2019). All women agreed to be audio recorded and
preferred anonymity when sharing their individual stories. Each interview lasted roughly 2 hours and was held at a local community space. Each woman also received a $40.00 stipend for their time and the words they shared. All aspects of this research were approved through the University of Manitoba Bannatyne Research Ethics Board (HS21660 – H2018:120).

**Data analysis**

According to Kovach (2009), the story “is a means to give voice to the marginalized and assists in creating outcomes from research that are in line with the needs of the community” (p. 100). As such, the analysis was completed by the researchers with the utmost respect of the Indigenous research methodologies and knowledge. To support this process, the Knowledge Keeper and the first author had regular debriefing sessions after each interview where some of the emerging themes were discussed. Recorded copies of the interviews were sent to a third party to be transcribed and then coded and reviewed several times by the first author for overarching themes that emerged from the stories (Kovach, 2009). Many of the themes emerged naturally as the women who were interviewed used similar language and shared similar experiences. As the second author, the Knowledge Keeper Carey Sinclair checked and assisted with deeper analysis and thematic coding of the interviews followed by further consultations (Kovach, 2009). As the academic supervisor on the project, the third author also reviewed the coding and major themes that emerged.

**Results**

The results presented here focus on five core themes discussed by all women to some extent about their experiences with the Manitoba CFS system: (1) Being “set up to fail”; (2) Confronting “normalcy” and navigating case plans; (3) Dealing with tactics of intimidation; (4) Experiencing judgment and being labelled; and (5) Emotional politics.

**Being “set up to fail”**

All of the woman shared a commonality in which notions of “support” or “help” were identified as crucial components of their experiences. For these women, support and help included physical provisions, such as housing assistance and transportation, as well as help securing personal psychological or social supports, such as access to counseling therapy and treatment programs. Some more basic supports were also mentioned, like assistance in securing food for their families and guidance in the right direction for parenting and wellness programming. Regardless of the definition that was used, when dealing with the CFS system all women stated that they did not feel that they received adequate support or help from their CFS agency or worker.
Due to this lack of support, many of the mothers stated that they felt they were “set up to fail” and that this was the reason that their requests for help were not answered. All of the women detailed instances in which they felt that they had requested help from their workers and that they were not adequately provided what they felt they or their family needed at that time. As Janice explained, “I think there has to be a lot more supports in place, so it doesn’t get to that point.” The women also shared that if the help and support were readily available, and accessible for families in the first place, that families becoming separated and broken would not occur to the same extent. It appears that the child welfare workers are aware that there needs to be more supports in place for families to succeed as some of the women spoke of being promised assistance in their family home that was later removed or not implemented in the first place. As Nikki outlined,

But I was assured by them [CFS] that they were going to help me and they didn’t. They said, “Oh no, we’re going to make sure that you have someone coming to see you at least twice a week and help you look after your kids.” They never even followed through with that and I was left alone.

Ultimately, because of this lack of support and help, women felt alone, abandoned, isolated, and “set up to fail,” or left on their own to secure the necessary requirements needed to have their families reunified.

Confronting “normalcy” and navigating case plans

The mothers also shared about their assigned “case plan,” which outlined the goals and steps that they must comply with in order to have their children back in their care, or terminate their involvement with CFS. In many ways, these case plans became the standards of “normalcy” that Foucault speaks of when he described the standards that persons in control set in order to have a measurement or reference point (Foucault, 1982, 2008). Those women who were “non-compliant” with the case plans and guidelines outlined by their workers and agencies—of which they did not have input—were “punished” via separation from their children and continued supervision and surveillance from CFS.

Women described case plans to include domestic violence counseling, parenting classes, substance use treatment programs, and various other components of involvement with social systems, such as housing and school registration. As women shared, they must agree with and comply with all outlined goals in the case plans, and then they are reevaluated to see whether or not further programming is necessary to deem them as suitable to “safely” parent their children. Related to the lack of supports mentioned previously, women often felt that they were not supported or helped through the completion of such tasks presented in the case plans. Randi commented that, “the way that they do it is they don’t support people, they want you to do the work to see if you can figure out
all the things on your own.” The mothers repeatedly expressed that they felt left to their own, alone to have to complete the tasks of their “plan” outlined by the CFS worker.

The requirements listed on many of the case plans were difficult and required an abundance of emotional support but also physical or material resources in the form of transportation and appointment scheduling. Tamera referred to her case plan requirement treatment program as “a two-year fucking sentence (treatment center) on me” and “it was just like what the fuck. I was just like oh my God, I didn’t even last like three fucking months.” Tamera compared her child welfare case plan to a justice system sentence, reflective of the processes of control and power involved in imprisonment. She went on to explain that “it gets really frustrating, because they want you to do all this stuff, but they don’t want to help you or even point you in the right direction, so it gets pretty overwhelming and difficult for us parents.” Other women similarly described feelings of defeat and frustration that ultimately resulted in their noncompliance with case plans, and thus not adhering to agency requirements for reunification with children. Such standards of “normalcy” set by the CFS system, and without consultation or adequate “buy-in” from the mothers themselves, were often felt and experienced as unattainable and all too often difficult to adhere to when left on their own and without adequate supports.

**Dealing with “tactics of intimidation”**

To reinforce and maintain power imbalances, whether consciously or otherwise, the women identified several “tactics” through which CFS workers used to keep the women fearful, intimidated, and disempowered. These “tactics of intimidation” were used as tools to control and ensure a continued power imbalance between mothers and the CFS system. One of the major tactics identified by mothers was that they felt that their children were used as “pawns” to manipulate and threaten women into lifestyle changes, such as sobriety, the termination of “unhealthy” relationships, or stability of mental health and resource connection, and addictions treatment and programming. The threat of removal of their children and placement outside of the home was identified as being done, or a constant threat on the horizon, if women did not comply.

Another tactic of intimidation expressed by the mothers was that workers blatantly exhibited behaviors which displayed their control over the situations of families. Randi shared that all of the appointments, visitations, and paperwork was to be completed when it suited the worker rather than in the best interest of the family or the children involved. She stated that often the worker would cancel meetings or appointments for families or children if it did not meet her availability despite asking the parent to set things up in the first place. Mothers often expressed that these tactics of intimidation felt like an assertion from workers to remind them who was “in control” or “in power” of the relationship dynamic. As Michelle articulated, “she [case worker] was pulling how she’s in charge” reminding me
how “she’s the guardian of the kids and all this” and that “she would cancel meetings randomly and say I have to reschedule for when she can make it.”

All of the women who were interviewed spoke of the development of mistrust for workers and CFS that grew from these intimidation tactics. This lack of trust created barriers to services provided and services received. These mothers characterized the relationship between themselves and workers to be riddled with lies and as Randi stated, “false hope.” They described lies being told to children, mothers, and to families about things, such as visits, reunification, progress made, and case planning. Indeed, Nikki also stated that she became aware that the worker was speaking lies to her children about her:

She’d (worker) tell my kids that I didn’t come to the visits because, I was drinking and, I was with my ex-husband at the time. It just kind of made me look like, I, you know, didn’t give a shit. Sometimes I’d go to the meetings, I mean, on scheduled visits and, nobody was there. And, my kids, the same thing. Going different days and, I wasn’t there.

Janice also shared that when she confronted her workers, the response was “Oh we lied to you.” Just straight out, “I lied to you. We’re not giving him back to you. You’re never getting him back.” Lying and this presentation of “false hope” thus became another powerful tactic of intimidation negatively impacting the mothers’ experiences in significant ways.

Most of the women who were interviewed also cited a lack of communication as one of their biggest issues with the current service delivery model. They repeatedly noted that they were not provided with sufficient information, communication, or even knowledge about their own children and families. Foucault asserts that the withholding of information and knowledge is another form of institutional control or “persuasion tactic” (Garland, 1986). It is a way in which those with the authority and control continue to hold the power by not allowing those with less power privy to the information—reflective of tactics employed by the CFS system to retain control over families. River articulated this feeling by saying, “I always saw CFS as like – as very scary people” and that “they had me as a number, I was a number to them so that didn’t make me feel really good and I couldn’t talk to the workers about how this really hurt me.” This cold, distant service delivery that was experienced by the mothers was bluntly described as a “business-like” relationship rather than a supportive social service: “They (CFS) don’t want anything to do with me, because it’s money, my children are money,” Nikki stated. Mothers described situations in which they would wait months to hear back from workers when they had questions about their children, visitation rights, or reunification. Some of the women indicated that they had calls that went unanswered. As Michelle shared, “The director wouldn’t call me back. Nobody would call me back.” As a result, these women were repeatedly left wondering, guessing, and unaware of the status of their own children and families. Without the access to information and knowledge about their own families and children, women were
not empowered or given voice through the CFS system to make their own informed decisions for their families.

**Experiencing judgment and being labelled**

Women often mentioned that they felt negatively judged on their ability to parent, their lifestyle choices, or their history of personal traumas. They expressed that the judgment often felt like criticism by CFS workers. The nature of the work that CFS workers do is to examine closely the parenting and lifestyles of mothers in order to complete safety assessment for the children. From the mothers’ views, they often felt attacked, put down, and minimized as parents. As Tamera explained, “It almost kind of felt like, she had something personal against me” and that, “I felt I was being attacked in my own home by these workers. Because they came in like hawks. And right away I got defensive.”

The women also expressed that they felt that “deficits” in their lives were used against them to classify them as “unfit” parents. They touched on areas such as mental health, substance use, and judicial court involvement as areas that workers would identify as reasons to prevent the children from returning to their homes. Identifying these acts as deviance from “normality” allows justification for women to be categorized and overpowered by those who do align with the social constructs of normality, and in this case a normality of motherhood defined by the CFS system. Deloria shared that she was identified as “abnormal” by her worker based on her mental health instability: “my social worker used it against me saying I was unstable and that I needed to get my mental health in check and that normal people don’t act like that.” Similarly, Janice spoke about her struggle with addictions being used against her as a deviance from social norm and that she was subsequently defined as instable. Indeed, many of the mothers mentioned that they felt as though they had been given labels by their workers or agencies. River also stated that, “they labelled me as a fuckin’ gang member, a prostitute.” As a result of her labels, she stated that she felt I had no power. Like, I felt that it was, it was awful. Like, I got sick and I went to the hospital and they asked me if I was a drinker or an addict and tell me about my involvement with CFS.

The women commented on these relationship dynamics to indicate that workers neglected to take the time to get to know them and their families and children and to understand the needs and goals of the family. Rather, the judgmental oppositional dynamics too often precipitated the nature of the relationship which resulted in workers acting according to what they felt was the best interest of the family. Unfortunately, most times this was the opposite of what the mothers’ felt their needs were and as such rendered them disempowered in their own family unit.
Emotional politics

The nature of the work that social workers do with families, mothers and children, is sensitive. It is work that is intrusive and appears to breed resentment and hopelessness among families and mothers. Many women commented how they felt that the CFS workers’ case management was not culturally sensitive and was mostly cold and insensitive. The women described that workers were disconnected from them and their families and that they were not invested in the best interest of the family or the children, but more so in the best interest of the agency that they work for. As a result, Deloria commented that she was “walking on eggshells, because they come and put us in jail.” She was reflecting on the way she was expected to behave in front of workers who were aware that she had outstanding warrants and court ordered conditions in which they were supposed to comply with.

In response, many women expressed the need to remain “strong,” show “no weakness to workers,” and to not allow them to see your emotions. Laura shared advice to other mothers that “if you’re having a hard time, have a smudge but don’t cry in front of these workers because they’ll say you’re weak, you cry after when you get home” and “that’s what I do a lot, go to my room, close the door and cry.” It was a general sentiment that if workers were aware of the emotional side that women experienced in relation to their children, that workers would use this against them to exhibit further power and control over them and their families. Nikki shared that she struggled with anger and emotional outbursts in relation to her frustration with the CFS system. Michelle similarly said that she had to be extremely cautious of this type of emotional behavior as her worker would quickly use it against her in order to prevent further visitation and access to the children and possibly have her breached on her conditions of probation. As she commented, “When I get upset and, raise my voice, I’d be slammed with anger management (further programming) that I’d have to take. (Parents are) not allowed to get mad. You have to be humble and avoid those feelings somehow.”

Every woman interviewed expressed that the removal of a child from her care was one of the lowest and most difficult times in their lives and that, as a result, it was a time when addictions, unhealthy relationship patterns, or self-destructive cycles became the most tempting. Arguably, comparable to the sentiments of inmates described in Foucault’s frameworks of power (Garland, 1986), women felt defeated, disempowered, and ultimately rendered in a continued role of subservience to the dominating system. The mothers also identified an overall feeling that if they did not have their children in their care, then there was nothing to live for, nothing to hope for, and nothing to motivate them to get healthy. Painful experiences resulted in similar cycles of coping strategies of substance use for most of the mothers who shared their stories. But again, instead of getting help with their troubling emotions, they were being forced to hide or control these displays of emotion for fear that more punishment from the CFS system would result.
Discussion

Reflections on the CFS system

The impact of involvement with CFS for Indigenous families and children involved several distressing experiences infused with dynamics of power and control. Through an Indigenous Research lens (Absolon, 2011; Kovach, 2019), the women discussed power imbalances between themselves and CFS and indicated that this ultimately resulted in disempowerment of families, mothers, and children (Garland, 1986). Furthermore, the women also revealed that these negative experiences perpetuate destructive coping cycles that often resulted in further and continued involvement with CFS. As Foucault observed, these forms of power imbalance, control, and oppression are more about structural relationships, institutions, and strategies or tactics than they are about the individuals involved and, in our case, the particular CFS workers. In many ways, some overt and some more covert, CFS operate as a system in which families can be “punished” for their behaviors of “deviance” from a norm by having their children removed from their homes and their care (Garland, 1986). These themes of power and control were not only present throughout the colonization of Indigenous people in general, and through the Indian Residential School system in particular, but continue to pervade and penetrate the current model of the CFS system in Manitoba. Indeed, many of the women who shared their experiences outright compared the current model to that of the Indian Residential School system and the “60’s Scoop,” stating that CFS is a mere replication of similar tactics used historically to oppress Indigenous people in Manitoba and Canada. Thus, although the mandate for the CFS system may appear helpful, and the intentions behind the “Devolution” may be presented as an attempt for positive change, the day-to-day tactics in which service delivery is impressed upon Indigenous women in this research unfortunately still remains reflective of historical abuses of power and control.

The main objectives in “Devolution” were identified as remodeling the structure in which the child welfare system operates. Yet, the standards of safe parenting practice by which Indigenous families are measured against models of White superiority remain Eurocentric, and “safe parenting” is primarily interpreted in accordance with this standard. Traditional Indigenous family practices are not seriously taken into consideration and thus not utilized as a basis of or tool for measurement (Muir & Bohr, 2019). The Western, White, or Eurocentric policy and procedures of CFS systems and the Child and Family Services Act create a situation where many of the women in the study report they are “set up for them to fail.” In turn, this often creates and perpetuates harmful and distorted racialized stereotypes by agencies, workers, and society in general that Indigenous families are unable to parent their children safely and that they need child welfare intervention in order to do so. What is not often acknowledged, however, is that the standards by which these families are measured are colonial, historically dated, based on systems of White supremacy, and ultimately racist. The social suffering, pain, and daily
persistent struggle of women, children, and families must be understood as directly linked to centuries of forced colonization, racism, and oppression (Blackstock, 2019). Empathy and consideration for the traumas that have been committed on Indigenous people and communities in Canada have not always been adequately taken into consideration. Thus, much still needs to change in this regard.

A further problem remains in that even Indigenous child welfare agencies are primarily bound by the legislation, standards, regulations, and procedures that are predicated on colonial or non-Indigenous (i.e. White settlers) values and ways of being. Thus, a word of caution is offered lest Indigenous agencies are seen as complicit in practicing similar tactics of power and control as non-Indigenous agencies. Rather, it must be recognized that there has been a deliberate and critical push by Indigenous agencies to disengage from the mainstream settler colonial child welfare system and practices that have been forced upon them, and this was one of the primary reasons behind the “Devolution” process (Blackstock & Trocmé, 2005). Importantly, efforts toward self-determination and Indigenous sovereignty in laws, policy, and practice continue today. The Southern Chiefs’ Organization (SCO) of Manitoba, for example, has recently issued a directive that will see all social workers verbally inform parents of their rights when child protection matters are carried out, which has not been a practice by either Indigenous or non-Indigenous agencies and the social workers they employ. Although not perfect, this directive will move Indigenous CFS agencies away from a Foucaultian way of engaging with Indigenous families and could also arguably be extended to all families of diverse backgrounds in Manitoba.

Overall, if Manitoba CFS systems—whether Indigenous or non-Indigenous, on reserve, rural, or in urban centers—incorporated more Indigenous cultural practices and values, worldviews, and holistic, trauma informed theory, were based on the self-determination and sovereignty of Indigenous laws, cultural teachings, and family practices, and were more open and adept at applying such concepts as relationality, reciprocity, and cultural safety, then the service provision for families, children, and women would likely look significantly different and be more empowering and supportive for all those involved (Absolon, 2019).

Suggestions for systems change

There were several suggestions offered by the mothers on ways to minimize the feelings of oppressive power over, control, helplessness, and hopelessness. They inferred that a collaborative relationship between workers and families was one way in which the interest for both parties could be served. The mothers acknowledged the presence of unhealthy coping strategies and practices in many Indigenous families due to historical circumstances and suggested that the role of CFS should be to help families receive the supports, healing, treatments, and programming that they need in order to heal and prevent further cycles of abuse and destruction among Indigenous families and communities. Their proposed ways of doing so were primarily situated around prevention models, involving
education, role modeling, mentorship, and assistance in developing healthy life patterns. It was also discussed that the role of the child welfare worker should be focused on “capacity building” and as a support alongside the family in order to assist in helping with the healing process and keeping families together.

The preservation of the family was identified as crucially important. The mothers suggested that it is the breakdown of the family unit that has historically been destructive in Indigenous communities and acknowledged that this continues to be problematic today. They also suggested that workers should be less inclined to separate children from their biological home environments, and, should they do so, make more of an effort to preserve the relationships between the children and their parents, extended family, and community. It was also identified by the mothers that should workers and child welfare agencies be taking these first initial steps when providing services to families, then it is believed that there will be less disruption, diminished cycles of systemic involvement, and a lesser presence of harmful coping strategies among Indigenous women, families, and communities. Ongoing research in these areas also supports these assertions (Bennett et al., 2012; Blackstock, 2019; Blackstock & Trocmé, 2005; Hughes et al., 2016; Nixon et al., 2013).

The women also indicated that they were disappointed by the unavailability of cultural supports, including ceremony and spiritual traditions offered to them during hardships. The primary suggestion for culturally relevant service was to place Indigenous children with Indigenous families should there be time in which they are required to be placed outside of their biological home environment. Based on the testimony of the mothers, there was acknowledgement that the resources of Indigenous families willing and able to care for other peoples’ children may not be a reality and further suggestions were made that the families in which they will be placed would receive intensive training on Indigenous cultures, community, and family structure. Women expressed that they became aware that their children were attending religious services and ceremonies of the families that were caring for them which were based on different faiths than that practiced in the child’s family of origin. The women expressed great concern for a continued loss of Indigenous cultures and traditions within their families and communities as a result of their children not being offered teachings, ceremony, or traditional practice exposure as they may have had in their own homes.

Some of the mothers also suggested that in addition to cultural support and exposure for their children, some of the ways in which CFSs could preserve Indigenous culture, tradition, and practices would be to have extended the offer to engage in traditional healing practices when the women were in need (Blackstock, 2019). Randi, for example, cited that she would have preferred to be offered the right to smudge with workers at times of meetings or discussions about her children and family. Michelle also mentioned that when her child was removed, she did not need the pamphlet of resources that was offered in the hospital, she needed to go to ceremony. Indeed, models of these kinds of interprofessional partnerships are proving effective for other modes of care across Canada.
(Allen et al., 2020). Yet, Michelle, and many other mothers, shared that cultural ceremonies, traditional healers, and Elder support were not offered to her by her agency, despite working with an Indigenous child welfare agency. The intention of cultural awareness was initially central to the “Devolution” service delivery plan; however, in many ways, it seems the gap between intention and practice remains.

**Limitations of the study and future directions**

This study was open to Indigenous mothers who had systemic involvement with the child welfare system. Therefore, women receiving services from various authorities, agencies, rural and urban, were invited to share their stories and experiences. Although there were many similarities, it was difficult to identify what agencies were practicing service provision that the mothers felt were beneficial, and which agencies needed reevaluation of their programming based on explicit or implicit tactics of intimidation, racism, or abuse. It is our opinion that further exploration of the experiences of women needs to be completed in which there is an identification of which authority and agency—including Indigenous or non-Indigenous-based organizations—the family is receiving services from, in positive and negative ways, and then an evaluation of the service model of that individual agency. Learning from agencies that are identified as more supportive or beneficial may be a particularly fruitful future area of strength-based inquiry.

Future research may also find it helpful to specifically ask women to begin their story at the beginning of involvement and continue on through their journey of involvement in chronological order until their files were closed. This would help to identify key leverage points or places where certain interventions and cultural supports were most useful and why. Indeed, this would further help identify certain strength-based community supports and illustrate how those can support women and families in times of need.

The voices of Indigenous women are important. These voices are too often silenced and are not present in the discussion of child welfare systems, especially considering a critical postcolonial feminist perspective grounded in notions of empowerment, healing, and systems change (Lugones, 2010). It was interesting to note that the women in this study also shared that the experiences of men are also important and that Indigenous men in Manitoba are a population that can lack resources, help, and parental guidance or support. In this particular study, there was no representation of Indigenous male voices and their experiences with the child welfare system. Future research, informed by Indigenous Methodologies, could further explore what male stories highlight and what their suggestions may be for areas in need of change (Kovach, 2019).

**Conclusion**

Historically, the child welfare system has had tremendous impact on Indigenous people of Canada. There is documented historical evidence that there is an
overrepresentation of Indigenous children involved in the child welfare system and that this number has continued to rise over the years. Upward of 85% of the children in CFSs care in Manitoba are Indigenous (Milne et al., 2014). According to the voices of the Indigenous women who shared their stories as a part of this study, the impact of involvement with CFSs for Indigenous families and children is similar to the experiences of colonization historically. It is the belief that with additional community interest and experiences shared, that the quantity of suggestions for change would increase and strengthen, and that this in turn could be shared with others in an attempt to change the systems involved. The intention is that through sharing the stories there has been a platform created to hear a voice that is often silenced, a voice that should be included when it comes to input on the systemic problems and suggestions for change toward women and family healing and wellness.

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