Disrupting the Continuities Among Residential Schools, the Sixties Scoop, and Child Welfare: An Analysis of Colonial and Neocolonial Discourses

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Abstract
In Canada, it is estimated that 3 times as many Indigenous children are currently in the care of the state compared to when the residential schools' populations were at their peak. It is imperative that action be taken. This article explores the continuities among residential schools, the Sixties Scoop, and child welfare in Canada today. In particular, we examine how colonial and neocolonial discourses operate through and justify these policies and practices. We propose nine policy recommendations, which aim to transform child welfare and support Indigenous families to care for their children. Although transformative policy change is unlikely within this neocolonial and neoliberal climate, the recent change in federal leadership has made it more possible to move these policy recommendations forward.

Keywords
Indigenous, Aboriginal, First Nations, Canada, child welfare, Sixties Scoop, residential schools

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Disrupting the Continuities Among Residential Schools, the Sixties Scoop, and Child Welfare: An Analysis of Colonial and Neocolonial Discourses

Over the last 30 years, over-involvement of the Canadian child welfare system in Indigenous (First Nations, Métis, and Inuit) children’s and families’ lives has been the subject of a number of research and policy reports (e.g., Auditor General of Canada, 2008, 2011; Blackstock, Trocmé, & Bennett, 2004; First Nations Child and Family Caring Society of Canada, 2005b; Johnston, 1983; Mandell, Carlson, Fine, & Blackstock, 2007; McKenzie & Hudson, 1985; Sinha, Trocmé, Blackstock, MacLaurin, & Fallon, 2011). Although as of 2006 only 3.8% of people living in Canada identified as Indigenous (Statistics Canada, 2008), in the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), 22% of substantiated investigations involved Indigenous children (Trocmé et al., 2010). In other settler–colonial states, such as Australia, New Zealand, and the United States, Indigenous children are more likely to be involved in investigations of maltreatment and placed in out-of-home care. Euro-Canadian public and government discourses are increasingly focusing on residential schools and their well-documented harmful effects on Indigenous communities (Bombay, Matheson, & Anisman, 2011; Furniss, 1995; Ing, 1991; Kirmayer, Gone, & Moses, 2014; Smith, Varcoe, & Edwards, 2005; Truth and Reconciliation Commission of Canada, 2015; Warren, 2008). However, in 2004, Blackstock et al. (2004) estimated that 3 times as many Indigenous children were currently in the care of the state as were in residential schools during the peak enrolment period in the 1940s, and more recent studies show that this trend persists (Sinha et al., 2011; Sinha, Trocmé, Fallon, & MacLaurin, 2013; Trocmé et al., 2010). Indeed, Maxwell (2014) argued that a singular focus on residential schools obscures “the myriad contemporary manifestations of colonial dominance and inequities which have profound implications for parenting and family relations” (p. 426). This article analyzes colonial and neocolonial discourses that contribute to the over-involvement of the child welfare system in Indigenous families’ lives today.

We analyze how colonial and neocolonial discourses position Indigenous peoples and communities as inherently sick and damaged and naturalize Euro-Canadian notions of family. Further, we examine neoliberal discourses of risk and how these colonial, neocolonial, and neoliberal discourses operate within society, policy, and practice to contribute to the number of Indigenous children in the care of the child welfare system today. Throughout, we provide examples from British Columbia (B.C.), as a unique case in point, to show how they are informed by the province’s colonial history and present day context. We show the continuities among residential schools, the Sixties Scoop, and contemporary forms of the state’s over-involvement in Indigenous families, and propose nine policy recommendations that aim to disrupt these continuities by (a) transforming child welfare legislation and practice, and (b) supporting Indigenous families and communities to care for their children. We conclude by discussing strategies to move these recommendations forward.

Residential Schools, the Sixties Scoop, and the Colonial Project

Colonial interventions have purposely undermined Indigenous political, economic, and family formations. The forced relocation of Indigenous children to residential schools, for example, is largely accepted as one of the most devastating policies to Indigenous communities, affecting not only survivors of the schools, but also survivors’ families and communities across multiple generations (Bombay et al., 2011; Castellano, Archibald, & DeGagné, 2008; Furniss, 1995; Haskell & Randall, 2009; Ing, 1991; Smith
et al., 2005; Truth and Reconciliation Commission of Canada, 2015). As the federal government began to phase out residential schools after the Second World War, the state-led apprehension of Indigenous children did not end, but rather shifted and took a new form—the widespread practice from the 1960s into the 1980s of child welfare workers removing Indigenous children from their homes and placing them with non-Indigenous foster and adoptive parents. Johnston (1983) has coined the term Sixties Scoop to describe this process.

Residential schools and the Sixties Scoop emerged within the ongoing project of colonization. As such, these policies, practices, and the identities that they (re)produced emerged, and have to be understood, in relation to Britain and other colonies, particularly settler-colonial states (Armitage, 1995; Stoler, 1995). Although colonial disruption of Indigenous families predated the late nineteenth and early twentieth century, this was a critical time in the formation of Canadian state sovereignty and identity—what would later become the Canadian body politic. Through cultural practices, media representations, and government policy and practice, the imagined community of Canada proper, along with the identity of the patriarchal bourgeois state citizen and family unit, were established and (re)produced. Indeed, government, frontier media outlets, and members of the clergy framed the assimilation of Indigenous children through residential schooling as a process that was in their best interest (Carter, 1997; Davin, 1879; de Leeuw, Greenwood, & Cameron, 2010). Kelm (1998), referenced the June 1903 Department of Indian Affairs report, to point out:

The assimilative intent of this education was apparent, and Frank Pedley, deputy superintendent of Indian Affairs, praised the schools in 1902 for ensuring “the removal of pupils from the retrogressive influence of home life.” Central to this view was the notion that Aboriginal parents were negligent parents and especially that unassimilated Native women made poor mothers. (p. 61)

Importantly, the project to eliminate Indigenous people served and continues to serve those who benefit from the appropriation and exploitation of Indigenous lands. To gain access to Indigenous lands, the Canadian government signed numbered treaties with First Nations people living in (what is now) the Prairie Provinces (Alberta, Saskatchewan, and Manitoba), northeastern B.C., and some of the Territories during the late nineteenth and early twentieth centuries. During the mid-nineteenth century, the governor of B.C., James Douglas, also negotiated treaties with some First Nations living on (what is now) Vancouver Island (Fisher, 1971). The Canadian government viewed the numbered treaties as real estate deals in which First Nations people exchanged their rights to the land for the use of specific reserve lands and other provisions (i.e., education and annual payments of five dollars per person)—and, indeed, the Canadian state still holds this belief. However, according to First Nations’ oral histories, the Crown agreed to share the land with First Nations people and made additional promises unrecorded in written accounts. While the Canadian government has not upheld the written (much less the oral) treaty agreements (Egan, 2012; Office of the Treaty Commissioner, 1998; Royal Commission on Aboriginal Peoples, 1996; Truth and Reconciliation Commission of Canada, 2015; Waldrum, Herring, & Young, 2006), the lack of historical treaties in B.C. made it more possible for government officials to reduce and reallocate reserve lands (Kelm, 1998). As a result, First Nations people’s access to trapping, hunting, and fishing territories was severely constrained and reserve lands “were insufficient to sustain food production through agriculture or ranching” by the late nineteenth century (Kelm, 1998,
First Nations in B.C. met these conditions with survival and resistance strategies, such as protesting the reallocation of reserve lands and housing conditions and engaging in paid labour at canneries, on railroads, and on farms (Fisher, 1971; Kelm, 1998). Following the colonial logic invested in appropriating Indigenous lands, assimilating Indigenous people into the Canadian body politic through residential schools and other policies is revealed as part of Canada’s ongoing project to assert sovereignty over these lands (Thielen-Wilson, 2014).

**Colonial Education and Indigenous Resistance**

Although colonial education of Indigenous children was a practice present as early as the seventeenth century, the residential school system did not become an instrument of official government policy until the latter part of the nineteenth century. In 1879, the Canadian government-funded *Report on Industrial Schools for Indians and Halfbreeds* described the U.S. boarding school system and recommended Canada take a similar approach by entering into partnerships with Churches to fund existing schools and to open new ones (Davin, 1879). The government quickly implemented the report’s recommendations (Milloy, 1999). Davin (1879), the government, and Churches argued that Indigenous children should be removed from their parents and communities to facilitate their assimilation into Euro-Western society (Milloy, 1999). Therefore, while some day schools were created near First Nations communities, most children lived away from their communities at industrial or residential schools for at least 10 months per year (Milloy, 1999). The 1920 Indian Act made attendance mandatory for status Indian children aged 7 to 15 (Canada), and in some cases Métis, Inuit, and non-Status First Nations children were also recruited in order to bring additional funding (under the per capita formula) and able-bodied workers to these schools (Indian Act, 1920, see also Chartrand, Logan, & Daniels, 2006; Dion Stout & Kipling, 2003).

Importantly, the colonial enterprise equated health and development with Christianity and Whiteness (Kelm, 1998). At residential schools, children were forced to attend Christian sermons, practice Christianity, and follow other Euro-Western cultural protocols concerning education and behaviour. For instance, when first arriving, children had their hair cut short, and they were often required to exchange their homemade clothing for school uniforms. At most schools either only English or both English and French was spoken, and educational practices were also shockingly different than Indigenous practices such as observation and storytelling (Furniss, 1995; Kelm, 1998; Miller, 2003; Milloy, 1999; Truth and Reconciliation Commission of Canada, 2015). Even though many children arrived at residential schools speaking only their own languages and having been schooled primarily, if not solely, in their own cultural protocols, they were often severely punished when they breached the established Euro-Western protocols (Kelm, 1998; Miller, 2003; Milloy, 1999; Truth and Reconciliation Commission of Canada, 2015).

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1 In Canada, First Nations people’s actions and identity continue to be regulated through *Indian Act* legislation. The *Indian Act* first came into effect in 1876 and continues to define who is and who is not a Status Indian and therefore who can access certain programs and funding and who is subject to the Act.
Informed by colonial assumptions about Indigenous peoples’ cognitive (in)capabilities, the schools provided only basic mathematic and literary education (Fiske, 1996; Milloy, 1999; Truth and Reconciliation Commission of Canada, 2015). These assumptions are evident within the writing of residential school employees, administrators, and advocates at the time. For instance, Davin (1879) quoted Colonel Brown, “one of the Seminoles,” as stating: “They never could, in his opinion, cope with the White man in either cunning or industry” (p. 6). Many residential school educational interventions and educators focused on shaping Indigenous children’s morality to fit Euro-Western Christian standards (Fiske, 1996; Kelm, 1998; Milloy, 1999). In addition, many schools kept children occupied with performing manual labour for long hours, which further compromised their education (Fiske, 1996; Kelm, 1998; Milloy, 1999).

Racist and gendered myths about Indigenous women’s lasciviousness also informed residential school employees’ attitudes and practices. For instance, an Oblate priest stated:

I also consider a school for the Indian girls a far greater benefit here than a school for the boys. Both would be required . . . but the girl’s [sic] is undoubtedly the most required. In vain would we teach the boys so long as the girls are ignorant and wicked. (Oblate Fathers Records, James McGuckin cited in Fiske, 1996, p. 171)

Indeed, Fiske (1996) stated that at Lejac Residential School, female students faced more rules and demands of modest behaviour than male students; girls “wore unbecoming uniforms, were denied personal adornment and were subjected to standard hair styles” (p. 172). Further, this particular school enforced gender segregation in every possible activity. Gendered segregation was common at residential schools, and even brothers and sisters were forbidden from speaking (Fournier & Crey, 1997; Furniss, 1995; Milloy, 1999).

Many Indigenous communities supported and even advocated for Euro-Canadian education for their children, envisioning increased economic opportunities and understanding of Euro-Canadian culture for their children (Miller, 1996). However, at the same time, community members were critical of the inadequate meals children received, the severe discipline and abuse of children, the relocation of children to residential and industrial schools far from home, and other practices (Fiske, 1996; Furniss, 1995; Kelm, 1998; Milloy, 1999). As such, parents and children engaged diverse strategies of resistance. For example, parents hid children from authorities despite threats of imprisonment and fines, and they advocated for day schools on or near First Nations (Armitage, 1995; Kelm, 1998; Milloy, 1999). Children ran away from school, stole food, engaged in distancing techniques, and sometimes simultaneously accommodated the demands of priests, nuns, and teachers (Dion Stout & Kipling, 2003; Fiske, 1996; Kelm, 1998; Milloy, 1999).

Colonialist narratives framed residential schools as saving Indigenous children from unhealthy communities as well as operating as vehicles for transforming these communities (Kelm, 1998). Analyzing archival sources, Kelm (1998) revealed that these schools were sites of public health educational interventions. For instance, some schools had public health clubs and taught public health nursing to some students. Newsletters were sent home that persuaded parents to learn proper health practices from their children, to seek Euro-Western medical doctors to treat illness, and to bring...
students back to school in good health after holidays. However, most the conditions in most of the schools significantly harmed children’s health. The federal government’s per capita funding formula “was inadequate particularly in relation to the funding available to other residential child-care facilities” (Milloy, 1999, p. 103). As a result, the schools were chronically underfunded, contributing to overcrowding and inadequate diets, thereby rendering children vulnerable to tuberculosis and other infections as well as contributing to high death rates (Fournier & Crey, 1997; Furniss, 1995; Kelm, 1998; Milloy, 1999; Truth and Reconciliation Commission of Canada, 2015). In the 1940s, scientists conducted nutritional experiments, which were informed by colonial-scientific “views of Aboriginal bodies as ‘experimental materials,’” at six residential schools (Mosby, 2013, p. 148). Mosby (2013) showed that the “schools had become, through decades of neglect by Indian Affairs, a possible laboratory for studying human requirements for a range of nutrients as well as the effects of dietary interventions on a group of malnourished children” (p. 160). These experiments were conducted without informed consent from the Indigenous children or their parents, and included control groups of children who received (what researchers already knew to be) nutritionally inadequate diets.

In addition to spiritual, cultural, and emotional abuse and neglect, many children were subjected to physical and sexual abuse and exploitation. Milloy’s (1999) analysis revealed a “dearth of explicit recorded information” within official government files about the widespread sexual abuse of students (p. 296). The Truth and Reconciliation Commission of Canada (2015) draws on archival sources to demonstrate that both the government and Churches were aware of the risk that staff might sexually abuse students. However, into the late twentieth century, Indigenous reports of abuse were dismissed and “[i]n some cases, staff members were not fired, even after being convicted of assaulting students” (pp. 109-110). The federal government, influenced by the power invested in Churches, also often overlooked (or used colonial myths to explain) complaints of severe physical punishment, overcrowding, and malnourishment at the schools (Furniss, 1995; Milloy, 1999). These factors produced conditions of extreme vulnerability for Indigenous students, conditions that students and communities resisted and challenged (Furniss, 1995; Kelm, 1998; Miller, 2003). For example, in 1922, members of the Haisla Nation withdrew their children from the Elizabeth Long Home after several Haisla girls attending the school died.

Despite the violence inflicted on Indigenous children and families through residential schools, Indigenous people and various scholars concur that the Churches and governments failed in their attempts to assimilate Indigenous peoples. Fiske (1996) argued that many Dakelh (or Carrier) women who attended the Lejac Residential School—in spite of the harsh treatment and limited curriculum—employed skills and knowledge they acquired in school to advance their social, economic, and political roles and opportunities within and outside their communities, “including social roles once abhorred by Oblate missionaries” (Fiske, 1996, p. 176). For these women, residential school paradoxically and unintentionally provided a foundation upon which they could build their own structures of resistance to ongoing colonization.

**Continuing the Violence of the Residential School System: The Sixties Scoop**
Although popular discourses in Canada often position residential schools as an artefact of the past, the last government-run school did not close until 1996 (Castellano et al., 2008). As part of a shift from segregating Indigenous communities to integrating them into the body politic after the Second World War, the federal government took over the administration of residential schools and moved towards ending the system; however, this movement was slow (Castellano et al., 2008; Milloy, 1999; Truth and Reconciliation Commission of Canada, 2015). Up to this point, residential schools had provided only rudimentary scholastic training, but following this move the schools began to function even less as schools and more as child welfare institutions for First Nations children whose families the federal government deemed unable to care for them (Fournier & Crey, 1997; Milloy, 1999; Truth and Reconciliation Commission of Canada, 2015). Simultaneously, government-funded social services proliferated across Canada and Euro-Canadian society expressed increasing concern about the disparity between services on- and off-reserve. In particular, the Canadian Welfare Council and the Canadian Association of Social Workers submitted a joint presentation to the Senate and House of Commons in 1947 recommending changes to the Indian Act that would ensure that provincial health, welfare, and education departments could provide their services to Indigenous people living on-reserve. Johnston (1983) recognized that the “best of intentions” lay behind this recommendation, however, “little attention was paid to the effect that extending provincial services would have on Indian families and communities” (p. 3). Indeed, the 1951 revisions to the Indian Act made Status Indians subject to provincial laws that did not contradict the Act, including child welfare laws (Indian Act, 1951; Johnston, 1983), setting the stage for widespread provincial intervention.

During the next several years, provincial governments signed various agreements regarding how child welfare services on-reserve would be provided and funded. These agreements differed among provinces and territories (Johnston, 1983; Sinha & Kozlowki, 2013). For instance, from 1962 until the early 1980s, B.C. had an informal agreement with the federal government to provide certain federally funded services (specifically child protection and child-in-care services) to First Nations children living on-reserve. However, preventative services that supported families staying together (e.g., daycare) were not included in any agreements and were largely unavailable to First Nations families across the province (Fournier & Crey, 1997; Johnston, 1983).

Euro-Western ideals embedded within Canadian policy, the justice system, and the child welfare system were (re)produced by social workers, administrators, lawyers, and judges who viewed their everyday practices to be in the best interest of all children (Kimelman, 1985). Indigenous children often were apprehended because of the incongruence between Euro-Western notions and cultural practices and realities of Indigenous communities. A social worker with the Ministry in B.C. conceded that

Provincial social workers would, quite literally, scoop children from reserves on the slightest pretext ... [and] she and her colleagues sincerely believed that what they were doing was in the best interests of the children. They felt that the apprehension of Indian children from reserves would save them from the effects of crushing poverty, unsanitary health conditions, poor housing and malnutrition, which were facts of life on many reserves. (cited in Johnston, 1983, p. 47)
Further, Johnston (1983) related that these social workers did not take into account the long-term effects of child apprehension on children, their families, and their communities.

Often, children were placed in non-Indigenous foster or adoptive homes (in Canada and other countries) where they received inferior care and were subjected to abuse and neglect (Badgely, 1991; Fournier & Crey, 1997). Some foster parents took children in because of the modest stipend accompanying each child, as well as for the opportunity to put children to work in the household or farm. Some Indigenous children were sold to adoptive parents in the United States—many of whom were seeking a source of labour (Fournier & Crey, 1997). Accompanying this shift in responsibility for child welfare from the federal residential schools to provincial child welfare services, some residential schools closed in the 1960s and 1970s.

From the mid-twentieth century, the practice of child protection workers apprehending and placing Indigenous children in non-Indigenous foster and adopted homes bourgeoined (Johnston, 1983; Hamilton, & Sinclair, 1991). In 1955, less than 1% of children in the care of B.C.’s child welfare branch were of First Nations ancestry; by 1964, the proportion had increased to 32.2% (Johnston, 1983). These practices continued the harms inflicted by the residential school system, whereby children faced numerous losses as they were removed from their families and communities while being immersed in Euro-Canadian cultural practices and norms, usually without access to Indigenous cultural practices or gatherings (Badgely, 1991; Fournier & Crey, 1997; Johnston, 1983; Hamilton & Sinclair, 1991; Sinclair, 2007). Many survivors of the Sixties Scoop reported being subjected to spiritual, emotional, physical, and sexual abuse and neglect in the very homes in which the child welfare authorities placed them, reflecting the colonialist and racist dynamics that continue to shape adoptive family relations (Fournier & Crey, 1997; Johnston, 1983; Royal Commission on Aboriginal Peoples, 1996; Sinclair, 2007).

Even when placed in non-Indigenous homes with loving, kind people and environments, Indigenous children were (and continue to be) often affected by these multiple losses and racialized power dynamics. Today, many adopted Indigenous people experience intense struggles as they try to come to terms with their Indigenous identities in a society that discriminates against Indigenous peoples, particularly when they are separated from family and communities who share these experiences (Sinclair, 2007; Tait et al., 2013). Although generations of families and communities have resisted and flourished despite colonial forces, the consequences of these practices are extensive (Bombay et al., 2011; Bracken, Deane, & Morrissette, 2009; Fast & Collin-Vézina, 2010; Haskell & Randall, 2009; Jacobs & Gill, 2002). The effects shape all aspects of life, including access to education, employment, parenting, and mental and physical health of those apprehended, members of families from whom children were taken, and subsequent generations (Bombay et al., 2011; Smith et al., 2005). These dynamics continue as part of Indigenous communities “lived histories,” perpetuated by neocolonial and neoliberal practices and discourses.


Past colonial discourses resonate today through popular, medical, and scientific discourses that continue to pathologize Indigenous peoples (Browne, 2007; Browne & Fiske, 2001; Browne & Smye, 2002; Browne, Smye, et al., 2011; Fiske & Browne, 2006; Tait, 2009; Varcoe, Brown, Calam, Harvey, & Tallio,
Much epidemiological and biomedical research, health policies, and media coverage frame Indigenous people as a homogenous group with higher rates of health and social problems requiring individualized biomedical or psychiatric treatment. These discourses both overlook the diversity of Indigenous communities and render invisible the relationship between Indigenous people’s social and health conditions and historical and present-day colonial processes, a relationship Indigenous people and allies have repeatedly highlighted (e.g., Ing, 1991; Kelm, 1998, 2010; Kirmayer & Valaskakis, 2009). When epidemiological, biomedical, media, government, and broader public discourses acknowledge the relationship between colonialism and Indigenous people’s social and health conditions today, colonialism is often constructed as something that occurred only in years past, and solely embodied by the residential school system (and less often, by the Sixties Scoop). For example, recent epidemiological research exploring the relationship between Indigenous people’s health conditions and colonialism uses “residential school attendance” and “removal from biological parent” as the primary indicators of colonial violence and trauma (see for instance Cedar Project et al., 2008; Lemstra, Rogers, Thompson, Moraros, & Buckingham, 2012; Mehrabadi et al., 2008; Spittal et al., 2007). While these indicators are important, given their intergenerational effects, it is equally important to recognize that there is an extensive system of colonial policies, practices, and discourses influencing Indigenous people’s lives and their profound material and social impacts (Kirmayer et al., 2014; Maxwell, 2014; Tait, 2009). For instance, Maxwell (2014) revealed that mental health and child development discourses often discursively mobilize historical trauma to justify state-sanctioned interventions into Indigenous families “on the grounds of children’s needs for ‘protection’ and parents’ needs for clinical intervention” (p. 426).

Past and present colonial violence directly contributes to the intersecting issues of poverty, unstable and unsafe housing, systemic discrimination, substance misuse, and other individual, family, and community health concerns for Indigenous people (Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair [Manitoba] & Hughes, 2013; First Nations Information Governance Centre [FNIGC], 2012; Kashaninia & B.C. Stats, 2011; Mitchel & Maracle, 2005). Indigenous families continue to be treated differentially than other, non-Indigenous children by child welfare services in Canada, and other White-settler states, namely New Zealand, Australia, and the United States (Tilbury & Thoburn, 2011). In Australia, 5% of children aged 0 to 17 are Indigenous, while 24% of the children in care are Indigenous; Indigenous children are both more likely to be involved in maltreatment investigations and placed in out-of-home care in comparison with non-Indigenous children (Tilbury, 2009). Similarly, Sinha, Trocmé, Fallon, and MacLaurin’s (2013) analysis of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) revealed that, consistent with 2003 and 1998 findings, First Nations families were investigated on average 4.2 times more often by child welfare than non-Indigenous families (140.6 per 1000 compared to 33.5 per 1000). Cases involving First Nations children were more likely to be substantiated (Sinha et al., 2011), more likely to remain open, and children were more likely to be placed in out-of-home care (Sinha et al., 2011) than children and families who were not First Nations. Further, among those households investigated, First Nations households were more often dealing with poverty, substance misuse, domestic violence, and “caregiving resource strain” than non-Indigenous households (p. 828), and were most often investigated for neglect (41.0 per 1000 households) or risk of maltreatment (37.8 per 1000 households) (Sinha, Trocmé, et al., 2013). These rates require some context, however: Research shows that child maltreatment, particularly neglect, is strongly linked to
poverty (Drake, Lee, & Jonson-Reid, 2009; Trocmé, Knoke, & Blackstock, 2004). Yet, in Canada, dominant discourses continue to frame poverty as an individual failing, meanwhile the social safety net continues to erode (Redden, 2014; Swift & Callahan, 2009).

Persistent discourses framing Indigenous peoples as inherently prone to substance use problems and violence shape many service providers’ assumptions about and practices with Indigenous mothers and families, often with deleterious effects (Browne, 2005; Browne & Fiske, 2001; Browne, Smye, et al., 2011; Landertinger, 2011; Tang & Browne, 2008). These effects include stereotyping, discrimination, and erroneous judgments by service providers, leading to avoidance of healthcare (Browne, Smye, et al., 2011; Browne, Varcoe, & Fridkin, 2011; Denison, Varcoe, & Browne, 2014). Browne and Fiske (2001) related one First Nations woman’s experiences seeking care as follows:

I went into the emergency . . . I had my daughter, screaming, fever. Her bum was just really red and raw, and they took her away from me. They apprehended her from me right there . . . And I couldn’t believe it. And it just shows you, I said, just because I’m a Native person that came in with a black eye, that looked like I wasn’t, you know, because my child had a really bad, severe rash, they just assumed the worse. And I said, “You didn’t even know who I was” . . . It was just because of how I looked, eh? (p. 136)

Mainstream media, government policy, and some ethnographic research have reified the colonial image of “the drunken Indian,” whose drinking is distinct from other groups and inherently problematic (Anderson & Robertson, 2011; Carter, 1997; Waldram, 2004). For instance, until the late twentieth century, Indian Act regulations around First Nations people’s alcohol use were much stricter than laws applying to non-First Nations people. In 1874, a First Nations person’s intoxication was made an offence punishable by jail under legislation incorporated into the 1876 Indian Act (Royal Commission on Aboriginal Peoples, 1996). The 1876 Act also prohibited First Nations people’s possession of alcohol on-reserve. In 1951, these regulations were loosened, but it was not until the 1970 R v. Drybones case that this section of the Indian Act was eliminated because it conflicted with the Canadian Bill of Rights (Royal Commission on Aboriginal Peoples, 1996). Colonial myths of Indigenous people’s genetic vulnerability to the effects of alcohol are perhaps some of the most enduring colonial images, which continue to permeate Canadian public consciousness (Furniss, 1999). Furniss (1999) described the extent to which Euro-Canadians subscribe to misinformed assumptions about Indigenous people and alcohol use, and illustrated that people assume that alcohol abuse is an “inherent part of Indian culture and/or that Aboriginal people are biologically predisposed to alcoholism” (p. 109). These discourses stand in contrast to actual, lived patterns of Indigenous peoples. According to the First Nations Regional Longitudinal Health Survey (RHS), completed between 2008 and 2010, 35.3% of First Nations people living on-reserve had not consumed alcohol in the last year in comparison to 23% of the overall Canadian population (FNIGC, 2012; Health Canada, 2010). This is not to diminish the issue of substance misuse for Indigenous peoples; 82.6% of First Nations people completing this same survey reported alcohol and drug use were challenges that their communities were currently facing. Rather, our intention is to draw attention to the ways in which colonial myths reverberate through current discourses and underpin assumptions held by many Canadians, as well as to consider the implications for human service delivery and interpretation of reports such as the CIS.
Risk Assessment: The Intersection of Neocolonial and Neoliberal Discourses

The shift from overt civilizing discourses to more neutralized language concerning Indigenous peoples’ higher rates of health conditions and social problems converged with the increasing focus on risk in the late nineteenth century (Douglas, 1992). Indeed, risk and risk management have become predominant within child welfare practice since the 1990s (Rutman, Callahan, & Swift, 2007; Strega, 2009; Swift & Callahan, 2009). Child welfare workers measure children’s risk of maltreatment using two types of risk assessment tools: actuarial risk assessment tools based on statistical research, which correlate families’ characteristics and history with risk for child abuse and neglect; and consensus-based models, which are based on practitioners’ experience and knowledge. These tools suggest that child welfare workers make standardized, objective judgments of children’s risk of being abused or neglected, even though research indicates otherwise (Munroe, 1999; Swift & Callahan, 2009). Indeed, risk assessment tools are founded on Eurocentric norms that fail to account for socio-cultural, historical, or local community contexts (Gerlach, Browne, & Suto, 2014; Rutman et al., 2007), and like any method, measure, or tool, risk assessments serve as a prism through which particular aspects of children and families come into focus (Haraway, 2004). In this case, social and environmental factors that place families at risk are transformed into individual family risks (Rutman et al., 2007; Strega, 2009; Swift & Callahan, 2009). In particular, such tools do not recognize how historical and current colonial processes place Indigenous families at risk of violence, poverty, substance abuse, and ill-health (Yee cited in Sparrow, 2013). For instance, because of colonial policies, Indigenous families are more likely to have low incomes and live in unstable and insecure housing (Aboriginal Affairs and Northern Development Canada, 2013; Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair [Manitoba] & Hughes, 2013; Kashaninia & B.C. Stats, 2011; Royal Commission on Aboriginal Peoples, 1996), two factors that are statistically linked to child neglect; therefore, Indigenous children are more likely to be deemed at higher risk from their parents than non-Indigenous children (Drake, Lee, & Jonson-Reid, 2009; Strega, 2009; Trocmé et al., 2004). Further, colonial stereotypes of Indigenous communities as spaces of dysfunction, binge drinking, and sickness continue to circulate in Euro-Canadian society; as such, Indigenous children are more likely to be flagged as “at risk” by child welfare workers than Euro-Canadian children whose families are dealing with the same or similar conditions. In Sinha, Ellenbogen, and Trocmé’s (2013) analysis of the 2008 CIS data, among investigations of households in which only neglect was suspected (not maltreatment), if child welfare workers confirmed that one of the parents was problematically using substances, the workers were much more likely to substantiate neglect in First Nations households (odds ratio of 19.97) than they were in non-Indigenous households (odds ratio of 3.38).

This focus on risk within child welfare practice conflicts with holistic Indigenous views of wellness, childrearing, family, and community, and many Indigenous organizations resist this narrow view of risk, grounding their policies and practices in Indigenous community values and realities (McKenzie & Shangreaux, 2011; Thomas, Hummerstey, Rutman, Hume, & Van Bibber, 2009; Walmsley, 2005b). Similarly, Indigenous and non-Indigenous organizations are also using (and adapting) the strength-based Signs of Safety assessment approach (Caslor, 2011; Skrypek, Otteson, & Owen, 2010; Turnell, 2012). This Australian-developed, collaborative approach emphasizes critical thinking, a spirit of inquiry, and practicality. The tools and techniques have been developed with on-the-ground service providers and
are constantly being refined and redeveloped in response to practice realities in different locations (Turnell, 2012). As such, it is more consistent with Indigenous worldviews than other non-Indigenous developed assessment models.

**Universalizing Euro-Canadian Notions of Family and Children’s “Best Interests”**

Legislation governing child welfare in B.C. and other locations in Canada furthers the over-involvement of child welfare authorities in Indigenous families. In B.C., most Indigenous child welfare service agencies and provincial agencies must adhere to B.C.’s Child, Family and Community Services Act, embedded with Euro-Western notions of families and liberal, individualistic discourse. Two exceptions to this trend are the Splats’in First Nation, which asserted control over their child welfare services in 1980 through a provision of the Indian Act that decrees bands can make their own by-laws (Indian Act, 1970; Johnston, 1983), and the Nisga’a Nation, whose members signed a treaty in 1999 with the B.C. and Canadian governments asserting the Nisga’a’s authority to pass laws concerning child and family welfare on their lands as long as these laws are “comparable” to provincial standards (Sinha & Kozlowki, 2013, p. 8). Within B.C.’s Act and legislation from some other provinces, the importance of maintaining children’s cultural identity and kinship ties to extended family are recognized as part of determining what is in Indigenous children’s best interest, and provisions are made for the involvement of Indigenous communities in decisions (Government of British Columbia, 1996; Sinha & Kozlowki, 2013). In practice, judges’ considerations of Indigenous children’s culture, identity, and community connections remain limited (Walkem, 2015). Further, Walkem (2015) related that lawyers’ arguments and judges’ decisions often employ essentialized notions of Indigenous identity to represent only some Indigenous families as authentic, thereby dismissing the importance of certain children’s cultural identities and kinship ties. Similarly, Indigenous communities’ interests are often constructed as separable from and as conflicting with their children’s interests (Walkem, 2015). This contrasts with Indigenous relational understandings of family and community (Mandell et al., 2007; Walkem, 2015). Further, legislation and many court cases do not consider past and present colonial violence (de Leeuw et al., 2010; Walkem, 2015).

The consequences of this legislation are extensive. Since the early 1980s, Indigenous organizations in B.C. and other areas of Canada have increasingly taken responsibility for providing child and welfare services for Indigenous children on- and off-reserve. However, with the exceptions of Splats’in First Nation and Nisga’a Nation, B.C. Indigenous organizations provide child and welfare services through authorities that are delegated by the province (Sinha & Kozlowki, 2013). As of 2013, 31 Indigenous agencies in B.C. were providing some level of child and family services, and 18 agencies were providing comprehensive child and family services, including child welfare investigations (Sinha & Kozlowski, 2013). During Walmsley’s (2005a, 2005b) interviews, some child welfare workers with Indigenous organizations described how Indigenous values inform their organizations and practices. However, as Mandell et al. (2007) pointed out, while the increasing number of Indigenous child and family service agencies provide more families with culturally-relevant options, the requirement to follow provincial legislation has produced a “lack of cultural fit between child welfare ideology, law, and services delivered” (p. 152) to Indigenous peoples. For instance, a non-Indigenous employee working with an Indigenous child welfare organization stated that people in the organization:
Do perceive this as a branch of the Ministry because we are mandated under the Family and Children Services Act and so although we try and maybe incorporate some of the Native teachings into it, when it comes right down to it, that’s what we’re living by and that . . . [is a] . . . very White piece of legislation. (Walmsley, 2005a, p. 105)

**Neo-Colonial Resentment and the Underfunding of Indigenous Child Welfare**

The colonial relations of the child welfare system are further perpetuated by inadequate funding provided to on-reserve child welfare services, in tandem with colonial myths that distract public consciousness from this underfunding. For example, it is common for Euro-Canadian people to express resentments about Indigenous people’s relationship with the federal government, claiming that Indigenous peoples receive free housing and university education, do not pay taxes, and are provided with an abundance of government payments on-reserve (Furniss, 1999). These “common criticisms” reveal how discourses of egalitarianism operate simultaneously with settler-colonial denial of Indigenous presence, history, and rights in order to construct Euro-Canadian society and governments as the victims of Indigenous people’s entitlements and “special treatment.” At the same time that Euro-Canadian resentment towards Indigenous peoples’ “special treatment” permeates public discourse (Browne, 2005; Fiske & Browne, 2006; Furniss, 1999), research continues to document the underfunding of First Nations child welfare services, housing, education, and other social services on-reserve (First Nations Child and Family Caring Society of Canada, 2005a, 2005b; McDonald & Ladd, 2000).

In the First Nations Child and Family Services Joint National Policy Review Final Report, MacDonald and Ladd (2000) stated that as of March 31, 1999, the federal government spent $34,600 annually for each First Nations child in care on-reserve (through the Directive 20-1 funding formula)\(^2\) while B.C. provided $54,331 for each child in care (including First Nations children living off-reserve, Métis, and non-Indigenous children). In response, a National Advisory Committee was formed in 2004 and a three-phase research project was commissioned to investigate how to improve the funding of First Nations Child and Family Service Agencies (First Nations Child and Family Caring Society of Canada, 2005a, 2005b). The First Nations Child and Family Caring Society (FNCFCS) recommended immediately revising the Directive 20-1 formula so it could more effectively take into account inflation and remoteness and increase resources for preventative services. FNCFCS (2005b) also recommended developing a new funding formula grounded in First Nations communities’ needs and realities. In 2007, the federal government started signing agreements with some provinces to implement a new funding model, the Enhanced-Prevention-Focused-Approach, which addressed some of Directive 20-1’s shortcomings and perpetuates others (Auditor General of Canada, 2011; First Nations Child and Family Caring Society of Canada et. al. v. Attorney General of Canada [for the Minister of Indian and Northern Affairs Canada], 2016).

\(^{2}\) Directive 20-1 was established in 1988 and is based on the number of children living on-reserve. It assumes that 6% of the children from each community are in care and 20% of families are receiving services of some kind. It has not been changed in response to legislation and practice standards revisions, nor does it take into account differences between communities (such as support services available) (Auditor General of Canada, 2008; First Nations Child and Family Caring Society of Canada et. al. v. Attorney General of Canada [for the Minister of Indian and Northern Affairs Canada], 2016).
Further, as of 2014, B.C., New Brunswick, Newfoundland and Labrador, and the Yukon still received funding through the out-of-date and much-criticized Directive 20-1 formula.

The underfunding of First Nations child welfare services has been challenged repeatedly. For instance, in the Canadian Human Rights Tribunal Case, First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada) (2016), Aboriginal Affairs and Northern Development Canada was ordered “to cease its discriminatory practices” and reform the First Nations Child and Family Services program (p. 168). With this decision in mind, we propose the following nine recommendations.

**Transforming Euro-Centric Policy to Support Indigenous Families:**

*Recommended Policy Approaches*

These recommendations take into account the impacts of colonial relations and processes on Indigenous communities, accountability to Indigenous communities, and Indigenous peoples’ rights to self-determination. These recommendations involve significant upstream investments, but would contribute to downstream savings for the child welfare system. First, we make five recommendations addressing child welfare, social service, and health care practice. Then, we make four recommendations to increase resources for Indigenous families, communities, and child welfare agencies as well as to support Indigenous communities’ self-determination. These recommendations will work most effectively together. For instance, providing equitable funding for First Nations child and family services will facilitate the transformation of practice standards and foster culturally safe practices, as defined below. Furthermore, if governments increase resources for First Nations child welfare services but colonial discourses continue to shape child welfare legislation and practice, the overrepresentation of Indigenous children in the care of the state is bound to continue. The recommendations are as follows:

a. Transform child and welfare legislation and practice standards across the provinces so they reflect Indigenous values and are responsive to community contexts (Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair [Manitoba] & Hughes, 2013).

b. Improve training to foster culturally safe practice by social workers and other providers. Cultural safety engages a complex understanding of culture (as shaped by historical and socio-political factors, ethnicity, socio-economic conditions, gender, sexuality, etc.) and emphasizes critical self-reflexivity by providers. It also recognizes and addresses power inequalities between care providers and clients (Gerlach, 2012; Gerlach, Sullivan, Valavaara, & McNeil, 2014; Harding, 2013; Health Council of Canada, 2012; Josewski, 2012; Papps & Ramsden, 1996; Varcoe & Browne, 2015). Cultural safety requires attention to the impacts of colonial processes and practices. As such, enhanced training that fosters culturally safe practices will enable social workers and others, such as health care providers, to better support Indigenous families.
c. Increase the availability of culturally safe early childhood support services and programs that are grounded in Indigenous communities’ contexts and draw on Indigenous knowledges.

d. Increase culturally safe primary health care services for Indigenous peoples, particularly women-centred, family-centred, and child-centred services. These services require organizational support (Browne, Varcoe, Ford-Gilboe, Wathen, & EQUIP Research Team, 2015; Browne et al., 2012).

e. Move from the current models of risk assessment to holistic strength-based assessment models, which emphasize collaboration and are consistent with Indigenous worldviews, particularly Indigenous community models and the Signs of Safety approach (Caslor, 2011; Skrypek et al., 2010; Turnell, 2012).

f. Fund community development initiatives and provide everyone with a minimum income comparable to a living wage so people have more resources to provide for themselves and their families.

g. Increase affordable, safe housing and reduce barriers to affordable housing.

h. Provide equitable funding for First Nations children on-reserve and children living off-reserve. A new, flexible funding formula that emphasizes improving family support services should be developed in consultation with organizations providing services to First Nations children on- and off-reserve (Blackstock, 2007; First Nations Child and Family Caring Society of Canada, 2005b; Mandell et al., 2007).

i. Support Indigenous communities’ right to self-determination (particularly regarding child welfare services).

Although these policy recommendations may seem unrealistic in the neoliberal, neocolonial context we are working in, with a new Liberal government and a Prime Minister who speaks to renewing a nation-to-nation relationship between Canada and Indigenous peoples, transformative policy change is more possible now than in recent public memory. It is critical to use creative and multiple actions to move these recommendations forward, ranging from public education and advocacy to public protests and direct action resisting colonial systems. Whatever strategies engaged and whether governments implement these policy changes, Indigenous people and allies will continue to resist neocolonial and neoliberal violence and build decolonized futures through numerous practices, including: destabilizing Eurocentric health and social service practices, revising standards of practice and policies to take into account Indigenous contexts, familial relations, and knowledges, and working together to envision what decolonized relationships and structures might look like on Turtle Island/the land (now) called Canada.
References


