



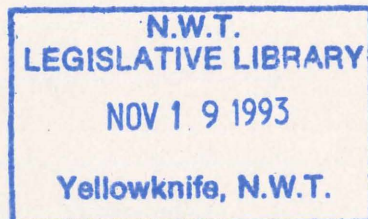
Community Control

Technical Report and Case Studies

Talking & Working Together

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Special Committee on Health and Social Services

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This background paper is one of several prepared for the Special Committee on Health and Social Services. It is intended to be widely circulated and discussed.

The conclusions in this report are the personal responsibility of the authors and do not necessarily reflect the views of the Special Committee on Health and Social Services.

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PART TWO: TECHNICAL APPENDIX AND CASE STUDY PROFILES

Description of Contents

This part of the report conveys detailed information from the literature review and from individuals. It contains an account of the rationale for aboriginal and community control of social policy; models of aboriginal and northern community controlled service delivery; the experiences implementing local control of health or social services; the actual results and achievements; and factors contributing to the success of community control efforts. This section also includes 14 case study profiles describing community controlled efforts in six Canadian jurisdictions.

The literature and case studies reviewed in this report come from four sources.

1. The prime source includes published studies, usually by academics in social work, sociology or public administration, in journal articles such as in Inuit Studies, The Northern Review, and The Canadian Journal of Native Studies as well as book chapters.
2. A second major source is program evaluations of specific pilot projects or agreements dealing with some aspect of health or social services in northern and aboriginal communities.
3. The third source is documents from aboriginal/northern organizations themselves which often provide information about their philosophy, service activities and delivery structures.
4. The fourth source is individuals with some involvement in particular community-based health and social services.

All published sources are listed in the bibliography at the end of this report. Most of the literature reviewed is empirical in nature, that is, it describes the actual experiences of aboriginal and northern communities in Canada with various forms of community controlled health and social services. A small body of theoretical literature on the subject was also examined and found to be useful in suggesting a logic (reasons, goals, benefits) for community control and in

providing a conceptual framework or set of models for thinking about local service delivery.

The Rationale, Benefits and Motives for Community Control

This section looks at the reasons that aboriginal and/or northern communities (where aboriginal people are frequently a majority) throughout Canada have been seeking control of various services and programs.

Dr. John H. Hylton, executive director of the Canadian Mental Health Association in Saskatchewan, has observed recently that the program evaluation literature indicates social programs designed and delivered by non-aboriginal people for aboriginal peoples achieve "*only limited success*" (Hylton 1993:25). Hylton notes that whether it be correctional programs, family service programs, foster care and adoption placements, employment training, substance-abuse programs, income security, social housing, educational programs or health programs, studies show that mainstream programs are not as effective, relative to the non-aboriginal population, in ameliorating the social problems experienced by aboriginal peoples. "*The literature also provides a good deal of information about the reasons for the general inability of non-aboriginal programs to meet the needs of the aboriginal peoples*" (Hylton 1993:25. See also Castellano 1971).

The reasons Hylton gives are frequently echoed by Dene/Metis and Inuit in N.W.T. communities. These reasons are:

- Because programs have not been designed with the specific needs and circumstances of aboriginal peoples in mind, they frequently provide services that are not relevant or, alternatively, fail to provide needed services.
- Policies, procedures and expectations associated with non-aboriginal programs often fail to take into account the language, culture, traditions and current life situation of aboriginal clients.
- Because non-aboriginal programs typically employ non-aboriginal staff, there is often a knowledge gap, and a corresponding lack of trust, between the service providers and the clients.
- Because aboriginal communities have had limited or no involvement in designing and delivering the programs, there is typically limited community ownership or support.

- Because non-aboriginal programs are seldom "resident" in aboriginal communities, aboriginal people usually have limited access to them.
- There is typically a high turnover rate among the non-aboriginal, non-resident staff, and therefore services are not consistently or sensitively provided and there is usually an absence of meaningful follow-up.

Studies of the experiences of aboriginal clients served by non-aboriginal social programs and personnel indicate that relations are often characterized by "*Inappropriate expectations, inadequate communication, fear and mistrust*" (Hylton 1991:26). (See, for example, Johnston 1983).

In recent years, various reforms have been introduced to sensitize non-aboriginal health and social services to the needs of aboriginal peoples. The common types of reforms are shown in Table 2-1.

TABLE 2-1
Types of Reforms to Sensitize Mainstream Social Programs to the Needs of Aboriginal Peoples

- The adoption of affirmative-action hiring policies.
- The establishment of specialized aboriginal units, staffed by aboriginal employees, within larger non-aboriginal programs and agencies.
- The promotion of greater awareness among non-aboriginal staff about the needs and circumstances of their aboriginal clients.
- The incorporation of aboriginal input into decision making in non-aboriginal programs.
- The introduction of traditional aboriginal practices into non-aboriginal programs.

Source: Hylton 1993:26

While some results from these reform efforts are encouraging, in general, the reforms described in Table 2-1 have produced limited success (see, for example, Whittington 1986:8-9). Hylton explains why the gains have been modest with these initiatives:

... the programs and policies developed by the non-aboriginal authorities are usually taken as a given they are viewed by the dominant system as the best possible approach to meeting the needs of both aboriginal and non-aboriginal clients. Various reform efforts are then instituted to assist the aboriginal peoples to fit in, accept or adjust to the non-aboriginal system. This ethnocentrism means that non-aboriginal program administrators and policy makers are often not truly committed to reform, they are only willing to make some changes so long as they are not too inconvenient and so long as they can be accommodated within existing policy. Obviously, this approach produces only limited results (Hylton 1993:26).

Because of the limitations of non-aboriginal social programs, considerable interest and action has occurred in establishing what Hylton calls "*parallel programs run by and for the aboriginal peoples*" (1993:26). Such parallel social programs are examples of community control by aboriginal communities and are steps toward aboriginal self-government.

The literature contains numerous assertions about the virtues of community control, be it control over social programs, economic development or political matters. Many of the arguments for and asserted benefits of community control are (Cassidy 1991:18):

- People are more sensitive to their own needs.

- Community organizations have more access to local information; they frequently "have the advantage of a long memory and of the collective family histories of those most deeply involved" in various activities.

- Commitment to and the chance of success are greatly strengthened when those who have to live with the outcomes of governmental activities are involved in decisive ways in such activities.

- The need for transactions between external and local parties is reduced, and, as a result, programs and services tend to be more appropriate, efficient and effective.
- More integration between government strategies, programs and services takes place, as citizens rather than bureaucracies assert their needs.
- Involved publics are more aware of community problems and the resources which might be available to address them.

"These arguments can be particularly compelling in the North, especially in small, rural communities where aboriginal peoples form a good part of the population and place a high emphasis on self-determination" (Cassidy 1991:18). Cassidy emphasizes that those engaged in organizing for community control need to be aware of the motives and aspirations of those with whom they participate, and "realize that people participate in public settings for a variety of reasons" (1991:24).

We can identify three fundamental reasons why aboriginal peoples and northern communities are seeking community control of health and social services. The three motivations are basic survival, service quality, and self-realization. Expressed another way, the objectives are the preservation of cultural identity, the provision of appropriate services, and the pursuit of self-government. With respect to basic survival as a motive of aboriginal peoples for pursuing community control, Sharon Taylor-Henley and Peter Hudson have observed:

"It is no coincidence that Indian people have given priority to child welfare services along with land claims, economic development, health care and education as the leading edge of the process. Without the ability to stem the flow of children from Indian communities and families into non-Indian environments which has occurred during the past 30 years, and without control over the socialization of children, nothing else seems likely to follow" (1992:14).

Elsewhere, Hudson has stated:

"The special significance of child welfare in this context is that, unless the assimilative effects of hundreds of Indian children being raised in non-Indian

environments were arrested, Indian nations would cease to exist as a distinct identity and there would be no basis for self-government" (1987:254).

In a similar vein, Andrew Armitage has noted that a major objective of First Nations peoples in assuming responsibility for child welfare, *"has been to take control of provincial practices which had disrupted many communities and families through the apprehension and removal of children. Many of the children had returned very confused as to their heritage and identity, and some did not return at all"* (1991:72).

The second reason, service quality, relates to a desire to develop and implement programs that are more sensitive to the needs of aboriginal communities. Essentially this argument for community control of services is *"that a different and better quality service would be delivered by local residents familiar with the fabric of the community, its families and networks, language and culture"* (Hudson 1987:254). For example, one of the principles the Ontario Confederacy of First Nations has identified for developing social and community services is that these services must be First Nation-specific, reflecting their culture in form and content. In calling for community control, aboriginal peoples want to have the capacity to design and deliver culturally appropriate health and social services. In the area of child welfare, Armitage notes that the *"objective [of First Nations peoples] has been to ensure that Native children are raised in their own cultural tradition in accord with the advice and direction of elders"* (1991:72).

The third motive of aboriginal peoples in seeking community control of health and social services is to promote the self-realization of their community and to advance, however gradually, toward self-government. Wharf suggests that community control efforts by aboriginal peoples can help a community enhance shared interests, acquire knowledge, and gain valuable experience in problem solving and service delivery (1991:135). Cassidy notes that those seeking community control through participation, *"may contribute to a sense of satisfaction and increased community solidarity,"* and that, *"Indian communities have found ... that limited initiatives with reference to education or child welfare have led to the generation of the skills and experience which have led to more comprehensive efforts to achieve self-government"* (1991:24). *"Politically,"* says Hudson, these community initiatives *"must be seen within the context of reaffirmation of Indian self-government, and as part and parcel of the movement towards decolonization"* (1987:254).

Two points about these motives can be made. One is that the literature on community control in non-aboriginal settings tends to emphasize the service quality objective, ignore the survival imperative and perhaps refer to self-realization but not, of course, in terms of the larger political goal of self-government. Thus, the literature on aboriginal and northern community control suggests a richer and more complex range of aspirations and motivations. This leads to the second point which is that communities and Canadian governments engaged in efforts of community control should *"attempt to clarify their real goals in relation to the control of governmental services, programs and functions"* (Cassidy 1991:31), and to recognize that their motives may differ from those of other parties in the process. For example, Taylor-Henley and Hudson have noted with respect to the Canada-Manitoba-Northern Indian Child Welfare Agreement of 1983, that while:

the province saw itself as merely relating to the Indian agencies around service issuesthe Indian organizations and their agencies, on the other hand, had always seen the Child Welfare Agreements as interim steps towards the autonomous model of delivery [a form of self-government]. Indian objectives are political as much as they are service, whereas the province's objectives are almost purely service-oriented. These two agendas are largely incompatible and it is little wonder that tensions and misunderstandings have arisen with the delegated authority model (1992:20).

Meanings and Models of Community Control

There are many different definitions of "community" and "community control" and, various models of community-based service provision appear in the literature. Those directly relevant to the topic are briefly described here.

Noting that the concept of community control can signify many things, Cassidy identifies four meanings, ranging from less to more extensive local power and authority. The four meanings of community control are:

1. Self-management. *Community control can be an exercise in self-management, as communities administer and, to some extent, design their own programs and services. Opportunities for such self-management may arise only within the parameters set by central governing authorities. Cassidy notes that this may not be sufficient for many communities who seek more control.*

2. Self-government. *Communities have an authoritative role in determining the policy parameters within which programs and services are implemented. Communities come to control their own authoritative decision-making units.*

3. Self-sufficiency. *Community control here is a manifestation of self-reliance, as communities grow to depend upon themselves to provide what they need.*

4. Self-determination. *As an exercise in self-determination, Cassidy sees community control as the power to control cultural, social, political, and economic conditions that characterize a community (1991:31).*

Building on the work of McKenzie and Hudson (1985), Taylor-Henley and Hudson (1992) examine recent changes in the locus of control of social welfare services to Indian people in Northern Manitoba. They identify four models of control or jurisdiction respecting social services to Indian people, each having different implications for the relationships between Indian government and provincial governments. The four models are the assimilation model, the integrated model, the delegated authority model, and the autonomous model. The models can be located at different points along a spectrum in terms of the degree of control maintained by the provincial government, ranging from total provincial control under the assimilation model to little or no provincial authority under the autonomous model.

Taylor-Henley and Hudson describe the four models in relation to Indian child welfare service delivery.

1. The assimilation model existed in Canada pre-1980 and represented full provincial authority over Indian child welfare. "*Arrangements and agreements between Canada and the provinces provided for the extension of provincial services, financed by the federal government, to Indian reserves. These services were rendered by external, non-Indian caseworkers employed by provincial agencies. Child placements were provided by non-Indian families outside the reserve communities*" (Taylor-Henley and Hudson 1992:14). This model had "*disastrous effects*" and is no longer acceptable as an approach to health or social service provision since it rejects out of hand the Indian leadership and Indian service delivery agencies.

2. The integrated model uses existing social service delivery agencies, usually the provincial department or ministry, where legal authority is retained. This

model corresponds to Cassidy's self-management meaning of community control and may include reforms to sensitize mainstream social programs to the needs of aboriginal peoples, outlined in Table 2-1. The integrated model typically involves *"the creation of some kind of advisory structure at the local community level, along with the hiring of indigenous workers acting in the capacity of case-aides supervised by itinerant workers from a district or regional office. A variation on the model is found in the urban areas with the funding of Native agencies to provide some range of support services, such as homemaker, family counselling or advocacy, but without executive powers."* Taylor-Henley and Hudson note that the degree of autonomous action in both the rural and urban versions of this model, *"is dependent solely upon the ability of the Native agency, or local workers and committees, to maintain ongoing credibility with the host system"* (1992:14).

Three of the southern Canadian case studies are examples of community-based delivery of non-statutory services in an urban centre: the Ma Mawi Wi Chi Itata Centre for Native family services in Winnipeg, Native Literacy programs in Toronto, and Anishnawbe Health Services also in Toronto. Other examples of this model can be seen in the N.W.T. in justice and health advisory committees which have been established in some N.W.T. communities. This model was also actively pursued in the development of the N.W.T.'s education system in the 1970s and 1980s as evidenced by the inclusion of local people as Classroom Assistants, the development of the Teachers Education Program for northern people, and the establishment of local education authorities.

3. *The delegated authority model* is currently in place between aboriginal communities and governments in several parts of Canada. David Hawkes has noted that the term *"delegation of powers"* is seen to be offensive to aboriginal people because, *"it places them in the position of supplicant before federal and provincial governments. Second, the term implies that aboriginal people have no right to self-government"* (1985:76-77). Nonetheless, Taylor-Henley and Hudson use the similar term *"delegated authority"* as they believe it accurately describes existing circumstance. The main features of this model are as follows:

It authorizes Indian agencies to administer the laws and procedures for the protection of children and the promotion of family well-being on behalf of the provincial authority. The province retains ultimate authority over the provisions of the law, regulations and policies pursuant to it, and where required in law, the agencies are accountable to the provincial court system. The province, if not satisfied with standards of service, is empowered to rescind the mandate and

either assume responsibility for delivery of service or delegate it to another agency. Thus the Indian agencies in this model have executive powers, but not the legislative or judicial powers usually associated with self-government (1992:15).

Four of the case studies in southern Canada and four of the case studies from the N.W.T. represent elements of the delegated authority model in action: the child welfare project of the McLeod Lake Band in British Columbia, the Dakota Ojibway Tribal Council's child and family services in Manitoba, the Champagne/Aishihik Band's child welfare project in the Yukon, the Kativik Regional Government in northern Québec as an exercise in regional native autonomy for Québec Inuit, the Mianiqsijit Group in Baker Lake N.W.T., Iqaluit Social Services, the Peel River Alcohol Society in Fort McPherson, N.W.T., and Transition Houses in a number of N.W.T. communities.

4. The autonomous model is the term used by Taylor-Henley and Hudson "to represent the fullest possible degree of Indian control over services to Indian families and children. It parallels the broader discussion on possibilities for Indian self-government" (1992:24). The term "autonomous model" is similar to McKenzie and Hudson's model of "full community control of all ...services" (1985:135), Hawkes' notion of "constitutional entrenchment" (1985:70-71), the idea of "inherent authority" discussed by Cassidy and Bish (1989), and Cassidy's "self-government" meaning of community control noted earlier. As Taylor-Henley and Hudson describe it:

This model is very much blurred at the edges because it does not exist anywhere known to the authors. Its essential characteristic, however, entails the acknowledgement by the provinces that they have no jurisdiction over child welfare services insofar as Indian children, families and communities are concerned (1992:15).

Fully recognizing Indian government jurisdiction over the service domain, under this model all laws, policies and procedures are created and implemented by Indian organizations. *"When the well-being of an Indian child is in question, provincial laws, courts or agencies have no more application than they would in another sovereign state" (1992:15). Three of the case studies profiled in this report more or less reflect examples of this autonomous model: the Spallumcheen Band in British Columbia (see MacDonald 1985), the Mohawk Indian community of Kahnawake in Southern Québec (Ponting 1986), and Fort Norman's approach to child development.*

Of the 14 case studies in aboriginal community control reviewed, only three approximate the autonomous model of service delivery, the self-government meaning of community control. As already indicated, three case studies reflect the integrated model while the other eight correspond to the delegated authority model; these studies are more illustrative of self-management and self-help than of self-government. To dismiss them as unworthy of examination because they are something less than "total" community control would be shortsighted. As Cassidy has argued:

Some who seek actual community control might argue that efforts which fall short of actual and full control are not of any real worth and may indeed be dangerous because they might mislead community members into thinking they have significant power when they do not. From an organizing perspective, however, various forms of participation which fall short of actual control may be useful in building toward such control, if these involvements increase available information, building solidarity on the part of community members, generate needed expertise, and, generally, lay the basis for further, fuller participation. (1991:24).

Community control efforts in the N.W.T. need to consider the evolution of northern government, the development of territorial and national constitutions, the settlement of aboriginal land claims, and the aspirations and resources of individual communities. As the Government of the NWT (GNWT) noted in a statement of principles on its community government transfer initiative: *"The level of authority, autonomy and program responsibility exercised by a community government may vary from community to community, depending on local priorities, willingness and capability."* The GNWT went on to say that it *"will entertain a range of models which may not be consistent with one another,"* and that *"a transfer may be delegation, devolution or transfer of legislative authority."* (GNWT, 1992:3).

Approaches to Implementing Aboriginal/Northern Community Control

From the recent experience of Canadian aboriginal/northern communities, several transfer processes or approaches are apparent for moving policy making and service delivery control closer to the people. These approaches to community control, along with examples of each, are listed in Table 2-2.

TABLE 2-2
Alternative Approaches to Transferring Control Over Services in
Aboriginal/Northern Communities

Approach	Examples
Informal Negotiation	.St. Mary's Band .Transition Houses in the N.W.T.
Urban Based Agencies	.Ma Mawi-Wi-Chi-Itata Centre .Anishnawbe Health Toronto
Band Bylaw	.Spallumcheen Band
Bilateral Agreements	
. Single	.McLeod Lake Band .Champagne/Aishihik Band .Iqaluit Social Services
. Dual	.Nuu Chah Nulth Tribal Council .Mianiqsijit Group
Tripartite Agreements	
. Specific	.Blackfoot Nation .Lesser Slave Lake Indian Regional Council
. Comprehensive	.Canada-Manitoba-Indian Child Welfare Agreement .Kativik Regional Government
Legislative Reform	.Ontario, Yukon, Manitoba
Self-Government Arrangements	.Kahnawke Community .Sechelt Band

The first approach involves what Armitage calls local provincial ministry office-Indian band negotiation. *"As First Nation people have become more aware of the effects of the child welfare system on their families and communities they have asserted greater control over their relationship with the local offices of the Ministry of Social Services"* (Armitage 1992:22). This first step in the transfer of control over social policies to aboriginal/ northern communities can also entail the more flexible interpretation of provincial and federal legislation. In a study of child welfare practice by First Nation communities in B.C., Wharf refers to this approach as muddling through: *"possibly the most immediately acceptable solution is to continue with business as usual. Muddling through typically becomes the compromise solution when more far reaching reforms are not possible."* With respect to B.C., Wharf notes, *"The muddling through approach may well be the dominant policy in child welfare for some time, and it does allow for specific initiatives with particular bands"* (1987:15). Indeed, in the early 1990s in B.C., most child welfare program arrangements between tribal councils or bands and the provincial ministry continue to be made at an informal and local level. As Armitage reports, these local arrangements are not recognized in the **B.C. Family and Child Service Act**, *"beyond a provision requiring that bands be notified of court hearings affecting children who are band members. However, the Indian bands and tribal councils are, de facto, in control of child welfare on most provincial reserves"* (1992:23). This first approach, therefore, is an example of actual practice ahead of official policy. Transition houses in the N.W.T. are good examples of this first approach to community control.

The second approach involves urban-based aboriginal agencies that provide one or more health or social services. In the N.W.T., the Tree of Peace Friendship Centre in Yellowknife and Ingamo Hall in Inuvik are examples of this approach. In a few cases, such as the Indian Child and Family Service Agencies in Toronto and Thunder Bay, these agencies exercise statutory powers. In most cases, however, the agencies have not been transferred any statutory authority, but frequently do receive provincial and/or federal government funding. For example, the Ontario government and some municipal governments are funding an aboriginal controlled health centre, Anishnawbe Health Services, in Toronto. Even though it is possible for the Ontario government under its child and family legislation to designate Indian communities off reserve for the purposes of delivering services, to date the province has been *"unprepared to recognize that urban based agencies represent a particular Native community and are acting on their behalf in providing such services"* (Warry, 1989:32). The largest aboriginal urban agency in Canada, the Ma Mawi, was established in 1984 to serve Winnipeg's aboriginal community. Armitage refers to it as a good example of First Nations' understanding, policy making and practice.

Ma Mawi does not have any statutory authority. The responsibility for initiating court action and maintaining formal guardianship remains with provincial agencies. Instead of exercising control authority Ma Mawi derives its authority from a philosophy of mutual support and empowerment based on a common recognition of oppression (1992:21).

The third approach that aboriginal communities have used to gain more control over services provided to their members is the Indian by-law approach used by the Spallumcheen Band in B.C. This approach has also been used by Hamlet Councils in N.W.T. communities. This approach represents a declaration by a band that they control a social service responsibility, in this case child welfare, under the provisions of the **Indian Act**. While such action is entirely appropriate in the view of many First Nations, by-laws can and have been disallowed by the federal Minister of Indian Affairs. The Minister took this position with respect to by-laws passed by the Tobacco Plains Band in B.C. and the Paul Band in Alberta. The Spallumcheen by-law was not rejected apparently because the Minister believed that it would be challenged in the courts by the provincial government. The Indian by-law approach has the *"distinct advantage in that bands convinced of the need to control child welfare services can act in a unilateral fashion in a relatively short space of time"* (Wharf 1987:14). A key disadvantage of this approach is *"its vulnerability to legal attack on constitutional grounds"* (MacDonald 1985:260).

A fourth approach to transferring control to communities is the use of bilateral agreements. Many child welfare agreements established in the 1980s were on the basis of bilateral agreements. *"The services provided under the agreements vary. Some cover only preventive and support services, leaving all statutory authority with the province while others provide for the band or tribal council to exercise statutory authority, pursuant to a provincial-band or tribal council agreement"* (Armitage 1992:19). In the N.W.T., the Town of Iqaluit's agreement with the GNWT Dept. of Social Services is an example of a bilateral agreement, giving the Town both statutory and non-statutory authority over social services. Bilateral agreements with the federal government generally provide that the Department of Indian Affairs and Northern Development *"will pay the cost of services to be provided by the provinces or by Indian bands, to Indian people"* (Sinclair, Phillips and Bala 1991:186). A variation of the bilateral approach is where two separate agreements are negotiated. An example is the Nuuchahnulth Tribal Council in B.C. which has *"two separate but complementary agreements with the Ministry of Social Services... and Indian and Northern Affairs. The first transfers responsibility for child welfare from the Superintendent of Child Welfare in B.C. to the tribal council. The second agreement outlines the*

range of services the council provides to families and children and specifies the financial contribution of Indian and Northern Affairs" (Wharf 1987:14).

A fifth approach involves tripartite agreements between the federal and provincial governments and aboriginal governments (usually bands or tribal councils). Tripartite agreements are the most common method of transferring child welfare powers to Indian bands. Judge Murray Sinclair and his associates describe the elements of tripartite agreements in the area of aboriginal child and family services.

Most tripartite agreements between the Indian, provincial and federal governments are established under existing provincial child welfare legislation. Under these agreements the province usually agrees to address the needs of aboriginal children and communities by assisting in the establishment and mandating of aboriginal child welfare agencies under provincial legislation. The federal government provides full or partial financial assistance for these agencies.

Under a tripartite agreement, the provincial laws governing child welfare services are followed both on and off the reserves. Aboriginal people may be given authority to administer the laws, but do not have the jurisdiction to enforce their own laws or customs. However, they are at least able to put their own interpretation on the provincial laws, thereby incorporating aboriginal values, beliefs and customs in the provision of child welfare services to aboriginal children (1991:186).

There are two kinds of tripartite agreements in Canada - specific agreements between a particular band or tribal council and the federal and provincial governments, and master agreements between aboriginal organizations and the federal and provincial governments. Examples of specific tripartite agreements are those with the Lesser Slave Lake Indian Regional Council, and the Blackfoot Indian Band in Alberta. *"The Blackfoot Social Services Agreement is thought to be the oldest tripartite child care agreement in Canada, since it was negotiated in the early 1970s between the Band, the provincial Department of Family and Social Services and the federal Department of Indian and Northern Affairs"* (Sinclair 1991:187). The best examples of master tripartite agreements are those in Manitoba signed by the provincial and federal governments and aboriginal organizations; namely, the Four Nations Confederacy, the Manitoba Keewatinowi Okimakinak Inc., and the Brotherhood of Indian Nations. By 1984 all rural and reserve areas of the province were covered by comprehensive agreements for

child welfare services (Armitage 1992:20, McKenzie and Hudson 1985). An example of an Inuit self-government arrangement, is the Kativik regional government (Rostaing 1984) created through the James Bay and Northern Québec Agreement.

Tripartite agreements require services to be delivered by Indian agencies in keeping with provincial laws while all or most funding comes from the federal government. These features have important limitations for enhancing control by aboriginal communities. As Sinclair and others point out:

Although bilateral and trilateral agreements address the jurisdictional difficulties and help alleviate some of the problems, they do not permit aboriginal people to define how their lives and the lives of their children are to be governed and controlled. For tripartite agreements to be successful they need to be accepted by the people they are intended to govern. Although it is possible for the federal and provincial governments to delegate their respective jurisdictions and powers to the Indian bands, without financial control such measures are seen by some as a temporary approach.

Tripartite agreements seem to be only an interim solution. With the requirement that provincial legislation govern the administration of aboriginal child welfare matters, there is little or no recognition of customary law. Indian bands which have signed such agreements have generally done so because they felt it was the quickest way to obtain needed services for their children (1991:186).

Another feature of these agreements noted by Wharf is that "*the tripartite approach can be implemented without altering either federal or provincial legislation*" (1987:14).

A sixth approach does involve altering legislation. The **Ontario Child and Family Services Act** was changed in 1984, allowing:

for an agency to be designated by a band or a native community as a native child and family service authority, with responsibility for providing child welfare services to that community. There are now three native-run child welfare agencies in northern Ontario, with responsibility for some or all aspects of child welfare for the Indian populations within the geographical areas they serve. In areas where non-native agencies are still providing services to native communities, the agencies must regularly consult with these communities about

services provided, including the apprehension and placement of children in residential care, and in some localities native groups are providing some services on a contract basis to the non-aboriginal child protection agencies (Sinclair 1991:190).

Likewise, the **Manitoba Child and Family Services Act** was amended in 1986, "to provide an explicit legal base for recognizing Indian communities and for transferring to them authority to act as agents of the province," and the **Yukon Children's Act** was revised in 1984, providing "for the delegation of the Director of Child Welfare's powers to a society serving as the child welfare authority for an Indian Band" (Armitage 1992:20 and 24). In the Yukon, this approach was implemented in 1986 between the Champagne/Aishihik Band and the Yukon Government, with the band appointing a child welfare committee and employing a native social worker to provide services to native families (see Armitage, et al, 1988, Hume 1991, and Armitage 1991). A notable aspect of this agreement is that it "did not accord with the minimum size policies for child welfare agreements contained in the Department of Indian Affairs and Northern Development discussion paper. Nevertheless, without approval or support from DIAND the Yukon Territorial Government has continued to fund the Champagne/Aishihik child welfare agreement" (Armitage 1992:25).

The seventh approach in existence which allows for aboriginal community control, involves self-government arrangements for Indian communities and the Inuit. Examples of Indian community self-government arrangements are the **Cree-Naskapi** (of Québec) **Act** of 1984 which provide self-government for eight James Bay Cree bands and the Naskapi band of Québec, and the **Sechelt Indian Band Self-Government Act** of 1986 which established the Sechelt Band in B.C. as a self-governing community (Etkin 1988). "These communities can now virtually operate independently of the Indian Act in that the basic scheme of the Act has been replaced by the new legislation specifically designed for them. These communities exercise authority over such areas as disposition of lands and resources, access and residence, health, education, and taxation for local purposes" (Canada, 1991:11). In policy areas where provincial legislation or regulations apply, the involvement of the relevant provincial government was required in concluding these arrangements. With the creation of Nunavut from a division of the NWT, a new Inuit self-government will be formed with powers similar to those of the NWT government (Jull 1988).

Actual Results and Benefits

Evidence in the literature on the actual results from aboriginal/ northern community-based and controlled social programs points to a number of positive outcomes: in training and research (Jackson and McCaskill 1982), native literacy projects (Henson 1982), child welfare services (McKenzie and Hudson 1985), an urban health centre (AHT 1992), a reduction in substance abuse (Lutra 1987) and education, policing and justice programs (Pointing 1986). In an assessment of the child welfare program of the Spallumcheen Band after four years in operation, MacDonald identified several achievements. Specifically, the program:

- includes the integration of child welfare functions with other health and social services of both a remedial and preventive nature;
- provides foster home or group home placements on the reserve for all children admitted to care;
- supports some full and part-time employment for band members; and
- offers "*placement resources for the temporary or long-term care of band children apprehended in off-reserve communities*" (1985:260).

A bilateral agreement between the Town of Iqaluit, N.W.T. and the GNWT Department of Social Services shows less than positive results. An evaluation (RPM Planning Associates Ltd. 1990) found that as a result of almost a decade of social service delivery by the Town of Iqaluit that "*the people of Iqaluit remain passive recipients of social services' and, that the Service Delivery Agreement has done little to enhance the values that stand behind community self-government - native people taking responsibility for their own self-determination*" (p. i).

In a survey of developments in B.C. First Nation communities, Wharf concluded that "*First Nation control of child welfare is not only consistent with the emerging trend toward self-government of Native communities, it is effective in terms of outcome*" (1987:5). The bands and tribal councils reviewed by Wharf achieved striking results.

Prior to the assumption of full or partial responsibility for child welfare the provincial Ministry... apprehended some children from all bands each year because of child neglect and abuse. [The bands estimated the number averaged about seven or eight each year].

All of the above bands [St. Mary's, Heiltsuk, Spallumcheen, Stoney Creek, and Squamish] have eliminated or reduced apprehension by the Ministry.... Where children have been apprehended this has occurred as a consequence of band and ministry cooperation. In other words, these apprehensions represent requests from the band to the ministry at the point when bands have exhausted all alternatives available to them (1987:32).

In addition to reducing or eliminating the apprehension of aboriginal children, Wharf notes that these First Nation community-based initiatives have redefined the role of child care work, making the services and care givers culturally appropriate, and have increased the residents' sense of community and control over their lives by gaining ownership over important social problems and dealing with them. These latter two results have also been achieved through informal and bilateral agreements between the Gov't of the N.W.T. and such community-based agencies as the Peel River Alcohol Centre and the Mianiqsijit Group. In a similar fashion, the tripartite child welfare agreements negotiated in some provinces in the 1980s have resulted in more culturally appropriate services and a reduction of Indian children in care, although the number in care remains five times higher than in the non-native community and costs have grown rapidly (Armitage 1992:26).

An evaluation of the Champagne/Aishihik child welfare project concluded that the project had been successful (Armitage, et al, 1988). A number of indicators taken together demonstrated the effectiveness of the project: there had not been any serious cases of child neglect and abuse in the two year life span of the project. All those interviewed (clients, members of the band council, staff of the Yukon government, a RCMP officer and public health nurse) agreed that the project had been effective and should continue. Protective services to children and families in the Band had been expanded, and preventive services were provided to families where there was not an immediate issue of child protection. According to the Chief, the incidence of alcohol abuse in the community was declining (p. 18-19). The evaluation found that "*the Champagne/Aishihik approach is consistent with emerging theory in child welfare*" and that "*it is not only a defensible approach to practice but one which is in the very forefront of reforms which are leading child welfare away from a crisis ridden response to child protection to a focus on family support and community development*" (p. 29).

In a subsequent review of the Champagne/Aishihik child welfare project, Hume concludes "*there is no question of the benefits of the project.*" She suggests the project has:

- provided invaluable experience for the Government and Yukon First Nations as final land claims negotiations begin, by demonstrating some of the jurisdictional, policy and membership issues.
- led to more comprehensive and integrated social services at the community level.
- granted the Band sufficient authority to determine their own direction and to permit "*learning by mistakes.*"
- fostered a new relationship of growing trust and understanding between the Band and the Government "welfare" officials.
- allowed the Champagne/Aishihik Band to express its commitment to its children, its families and its future (1991:71).

As this literature review shows, there are many cases of social programs run by and for aboriginal/northern communities in Canada. "*While much more needs to be known about the effectiveness and potential of these programs,*" Hylton notes, "*some evaluative studies have been completed. The results are encouraging and some common findings are beginning to emerge*" (1993:26). These common findings of positive results are summarized in Table 2-3. Hylton observes that aboriginal based programs are more successful in producing these results than corresponding non-aboriginal programs.

TABLE 2-3
Ten Positive Results from Social Programs
Designed and Implemented by Aboriginal Communities

-
- Incorporating principles, beliefs and traditions that are a part of aboriginal culture.
 - Attracting and retaining aboriginal staff.
 - Involving the aboriginal community in the design and delivery of programs.
 - Fostering greater acceptance of the program by the individual client and the aboriginal community.
 - Creating economic benefits for aboriginal communities.
 - Extending services that were previously unavailable through the non-aboriginal program.
 - Drawing attention to social issues in aboriginal communities and generating interest, involvement and support in aboriginal communities for solving social problems.
 - Providing levels of service that approach or equal levels of service available to non-aboriginal communities.
 - Reducing the need for the intervention of the state in the lives of aboriginal peoples and communities.
 - Providing services at a cost that is no more, and sometimes less, than the cost of corresponding non-aboriginal programs.

Source: Hylton 1993:26-27

Factors that Hinder and Help Aboriginal/Northern Community Control

"Despite the many positive accomplishments of parallel aboriginal social programs," Hylton acknowledges that, "the literature also suggests there are a number of common problems" (1993:27). Indeed, the studies reviewed here reveal that aboriginal community controlled programs are "not without problems" (MacDonald 1985:260), that they contain "inherent limitations and contradictions" (Henson 1982:78-83), still have "hurdles to overcome" (Hume 1991:70-71), face "unresolved issues of implementation" (Armitage 1992:29-30),

experience "*implementation problems*" (Etkin 1982: 222-26) or suffer "*failure*" in the policy implementation stage (Taylor-Henley and Hudson 1992:22-23).

The cases in the literature suggest that the following factors hinder the success of the control of health and social services by aboriginal and northern communities:

1. *Inadequate Financial Resources.*

As Hylton reports, "*Financial resources provided to these programs are typically inadequate when compared with the resources made available to corresponding non-aboriginal programs*" (1993:27). At the time of his study, Wharf found that the resources available for family and child welfare in B.C. First Nation communities were "*slim indeed.*" "*Typically, Indian and Northern Affairs Canada has allocated funds for bands to hire one or two social workers,*" effectively making the band social workers one person multi-purpose social service centres (1987:28). "*Some bands have acquired funds for social services from Employment and Immigration Canada, from Indian and Northern Affairs, and from band councils. Typically these funds are for short term, specific projects, and not for continuing preventive programs*" (Wharf 1987:28). Consequences of this type and level of funding are that: "*The future of these programs is often in doubt: budgets are subject to review as the programs are often viewed by funders as "experimental" in nature. An absence of resources forces many agencies to focus all their energies on crisis management; prevention and community development activities are not properly recognized or funded*" (Hylton 1993:27). (See also Wharf 1987:28, Etkin 1982:224 and Henson 1982:79-82).

In the N.W.T. few if any social programs are funded through multi-year agreements. Most community based or controlled programs must prepare annual funding proposals and negotiate with one or more funding agencies. Frequently, negotiations are protracted; there are delays in funding; or financial resources provided are inadequate. These factors can disrupt both the continuity and credibility of services and staff. Individuals involved with community social service agencies are often ill-equipped to undertake fund raising activities. This often translates into a perception that senior governments pose unnecessary barriers to social funding programs. Where social or health services are funded by more than one agency, community personnel may be overwhelmed by reporting and accounting requirements, spending more time managing financial resources and adhering to funding guidelines/criteria than

providing human services. Finally, community social agencies providing non-statutory services such as alcohol and drug or family violence programs, frequently work from inadequate facilities. These programs have traditionally experienced tremendous difficulty securing the necessary financial resources to ensure that facilities meet basic health and safety standards and are clean and appropriate to the needs of their clientel.

2. Insufficient Staffing.

Usually because of inadequate financing, aboriginal/northern community controlled social programs *"frequently have to operate without a proper infrastructure of personnel and program policies and procedures, and funders seldom recognize the importance of developing this infrastructure"* (Hylton 1993:27). With their child welfare program, the Spallumcheen Band *"experienced difficulty in attracting and retaining professionally qualified people to serve as programme director"* (MacDonald 1985:260). Two aboriginal organizations in Toronto that had initiated literacy programs found that most people who responded to the call for volunteer tutors were non-aboriginal women. *"There has been an on-going marketing effort to try to recruit more Native tutors, but one of the key problems is that those members of the Native community who have the training and education to undertake this type of volunteer work are usually already working to capacity on various other projects. The need for trained, educated individuals with time to contribute is critical and the resources few"* (Etkin 1982:222). (Also see Hume 1991:70-71, Cassidy 1991:19).

Staffing issues experienced by aboriginal organizations in southern Canada are mirrored in N.W.T. communities. *"Even though it would take longer to train them, I think in the long run the people from the communities are dedicated to their communities. When we hire transients you never know how long they are going to stay. For our project we hired someone from the south, we spent a lot of money bringing them into the community, finding them housing, and in a year or two they are gone, and you have to start from square one again"* (Mianiqsijit presentation 1992).

Community social agencies in the N.W.T. offer among the lowest wages and benefits in the north. Frequently low wages, lack of housing and no travel assistance are reasons that employees of these agencies seek jobs with the territorial or federal government. This causes high staff turn over and the perception that service agencies such as alcohol and drug or family violence programs are a "training ground" for future government employees.

Another major issue faced by community based social staff is "burn-out". The Mianiqsijit Group noted that "... *in small communities when you have to deal with it on a day to day basis, plus never get away, you are never able to distance yourself emotionally and physically from the issues of sexual abuse*" (Mianiqsijit 1992). The Peel River Alcohol Society has dealt with the issue of burn-out by rotating staff. Yet by doing so it has been criticized by non-local agencies as disrupting staff development and training, planning, the flow of information and the consistency of alcohol and drug programming (Lutra 1987).

3. Tackling Intractable Community Problems.

Taylor-Henley and Hudson properly remind us that "*the difficulty of the task voluntarily undertaken by the Indian agencies should not be forgotten*" (1992:22). Some of the most serious problems facing aboriginal child welfare programs are noted by MacDonald: "*Alcohol abuse and unplanned pregnancies among teenage band members continue to place many children at risk. Moreover, young persons returning to reside on the reserve following lengthy periods in foster care often display serious behaviour problems which are predictive of future instability in family relationships*" (1985:260). Hume points out that one of the hurdles for both the Yukon Government and the Champagne/Aishihik Band to overcome is the need to create "*a cooperative approach to provision of specialized services to deal with a very few disturbed children and families*" (1991:70). Further improvement in communication and the level of trust within the Band and between the Band and other groups could be aided, Hume suggests, by "*an acceptance by both the Band and Government staff and officials that there are some situations which none of us can 'fix'*" (p.71). *On a more fundamental level,*

Studies by First Nations communities of the extent of sexual and physical abuse have shown that in some communities most of the children are victims and most of the adults were victims too as children. Problems of this scale are a different order of magnitude to those usually encountered by child welfare agencies. The established models of intervention and the resources which support them are not able to address problems of this scale. When the situation of the individual child is considered a conclusion of service failure is diagnosed but the strategies of intervention and the resources to provide services are not, nor ever have been, adequate to the problem (Armitage 1992:30).

The personal troubles and public issues faced by aboriginal/northern communities are complex and multi-faceted, and often hard to address and work

at (for example, Etkin 1982:223-24, Henson 1982:83). In some N.W.T. communities these problems are considered to be insurmountable. The birthrate in the N.W.T. is twice the national average and is the reason that over one-third of the population is under 15 years of age. Only 20% of all N.W.T. students and 5% of aboriginal students graduate from Grade 12. 45% of the total working age population and 72% of the aboriginal working age population are functionally illiterate. Among people unemployed in the N.W.T., 67% have Grade 9 or less education. The average monthly social assistance caseload has grown by 50% in the last five years (Lutra 1992). *"Health and social problems, such as alcohol abuse, family violence and suicide, are higher in the N.W.T. than in Canada as a whole. The suicide rate in the N.W.T. is 40.0 per 100,000 compared to the Canadian figure of 13.5 per 100,000"* (Department of Education 1992).

4. Organizational Problems.

"Relationships between aboriginal programs and the dominant non-aboriginal programs are often characterized by uncertainty about respective roles and responsibilities" (Hylton 1993:27). A general example is provided by Armitage:

The establishment of independent First Nations family and child welfare organizations has the effect of dividing authority for family and child welfare between mainstream provincial agencies and independent First Nations organizations. The result is a diminished accountability in the child welfare system as a whole. At a practical level single accountability for the welfare of individual children and advocacy for them as individuals is lost because of the fragmentation of authority (1992:30).

A specific example comes from Taylor-Henley and Hudson, whose research on the tripartite agreement in northern Manitoba identified serious difficulties in two areas of implementing the agreement: (1) commitment of all three parties to the tripartite process, and (2) the relationship between the Indian government and the provincial governments which developed during the life of the agreement (1992:16). Findings with respect to the three parties shows that the tripartite coordinating committee established by the agreement was never constituted, that annual subsidiary agreements to detail service trends and new initiatives were not concluded, and that three-party discussions of potential provincial funding for certain services were never conducted. *"Findings with respect to Indian-provincial relations demonstrate initial confusion, a difficult transition and changing positions and relationships during the life of the Agreement"* (p. 17).

"The effectiveness of Iqaluit Social Services in responsibly carrying out its role, to some degree is based on the present partnership which exists between the Town, the Regional Office, and Community and Family Support Services (HQ).....Competition is a major factor inhibiting a good working relationship between Iqaluit Social Services and the Regional Office... Lack of attention to the relationship is also a critical factor inhibiting a good working relationship between Iqaluit Social Services, the Regional Office and Community and Family Support Services" (RPM Planning Associates Ltd. 1990). An evaluation of the Peel River Alcohol Society showed that the group was unclear about "what was expected". Over its history the Society has questioned whether its primary responsibility is to meet the needs of the funding agency or those of the community (Lutra 1987). On the other hand the Fort Norman Child Development Centre has clearly focused on the needs of the community and by doing so, has been able to maintain virtually no relationships with external agencies, mainly because it "doesn't fit with anyone's mandate".

5. Internal Community Dynamics.

Internal dynamics refer to characteristics such as family relationships, the role of elders, the status of women, and the organization and administration of the community. Roles and relationships within aboriginal communities and organizations which are often viewed by outsiders as being homogeneous may be characterized by not only uncertainty but also substantial differences and political struggles (Wenzel 1979, O'Neil 1981, Etkin 1982, Ponting 1986, Whittington 1986). This view is supported in documentation in the N.W.T. *"Sometimes, I think, even in the native community, for example, we are harder on our own people than we are on an outsider....Often times they (staff) have to deal with their own family or extended family, and there are all those small political issues that go on in the communities that the local workers have to deal with" (Mianiqsijit 1992). As Cassidy states:*

Small rural communities are not as simple as some might suggest. They can be very complicated, requiring intricate and precise organizational responses to their unique characteristics. Many small communities in the North, for example, contain Indian, Metis and non-aboriginal people all within their boundaries. Such demographic characteristics can defy the efforts of the most skilled organizers (1991:19).

Cassidy adds that a definition of "community" which refers to a group of people who share a common territory and base of cultural identify, *"corresponds to the*

conditions in some localities in the North, but it does not describe many others, where there is not a common cultural identity, continuity or affiliation. There are some critical obstacles to community control in communities with diverse patterns" (1991:31-32). "Overlapping roles and relationships in a small population can present difficulties when those in authority must deal with immediate and extended family members," writes Hume who suggests that "training, developing strong generalist skills and consensus decision-making can provide a structure to deal with these circumstances" (1991:71).

6. Jurisdictional Issues.

Another common problem facing aboriginal controlled social programs is that they *"typically are confined to a particular geographic area and it is often uncertain how members of the aboriginal community who are outside the geographic boundaries of the program ought to be served by aboriginal and on-aboriginal agencies (e.g. off-reserve Indians)" (Hylton 1993:27).* There are issues here about how aboriginal communities can be effectively served, and even if it is possible, in remote settings (Hedican 1990) and in major urban centres (Henson 1982:78, MacDonald 1985:263, Reeves 1986, Warry 1989). As N.W.T. residents become more mobile and move to urban centres for employment and education opportunities and aboriginal land claim structures are established regionally, these issues will have greater significance north of 60. Already Iqaluit Social Services has dealt with this matter by way of residency clauses in the service agreement with the Gov't of the N.W.T. (RPM Planning Associates Ltd. 1990).

There is also the fundamental issue of the political status or citizenship of First Nations peoples (Whittington 1986:12). As Armitage expresses it:

There is now a well established view that First Nations peoples hold a separate and distinct form of membership in Canadian society. However, the form which this citizenship takes is by no means clear and there is a continuing debate concerning the self-government of First Nations communities. The result is that the rights of individuals, including children, to equal protection under provincial law is weakened by the wider debate as to whether provincial law should apply to First Nations peoples (1992:29-30).

Commenting on Manitoba's tripartite agreements which require services provided by Indian agencies (and funded by the federal government) to be in accordance with provincial legislation, Sinclair, Phillips and Bala note:

The situation in Manitoba's child welfare system has become increasingly complex as aboriginal and non-aboriginal agencies must determine which agency has jurisdiction over a particular child. This sometimes results in the need for a court appearance to transfer jurisdiction to the appropriate agency (1991:189).

In a footnote, these authors report a May 1990 court decision "*which attempted to answer the jurisdictional question of Manitoba's Indian child welfare agencies,*" in this case specifically the Northwest Child and Family Services Agency. The court "*held that an Indian child welfare agency in Manitoba is legally restricted to provide services within the geographical boundaries of those reserves listed in the Regulation establishing the agency*" (p. 189).

In contrast with these problems, the experiences of aboriginal community controlled health and social services reported in the literature show that several factors facilitate its success. Essentially, the contributors to effective community control are the opposites of the hurdles already presented. Thus, the factors contributing to success are:

- securing adequate and stable funding;
- investing in the recruitment and training of local staff;
- tackling social problems in holistic and culturally sensitive ways;
- developing institutions and maintaining positive relations with public governments and other organizations;
- having skilled leadership in the community; and
- addressing the needs of community members living elsewhere and being politically active in the democratic process.

Community social agencies in the N.W.T. stress the importance of wide-spread participation in, understanding and ownership of community issues. Thus, the most significant factors contributing to the success of community controlled social programs in the N.W.T. is understanding of community need(s); the development of "homegrown" strategies to address these needs; a strong sense of community ownership and responsibility; and the willingness and determination of community residents to make their community a better, safer, happier and healthier place.

These factors are recognized as important reasons for the success of aboriginal community programs in various studies (e.g. Cassidy 1991, Wharf 1987 and 1991, Ponting 1986, Taylor-Henley and Hudson 1992). Interestingly, the child welfare program of the B.C. Spallumcheen Indian Band, *"which reflects a high degree of native self-determination"* and *"has much in common with progressive child welfare programmes in other settings"* (MacDonald 1985:253-54 and 260) is anchored in all of these facilitating factors.

First, *"the band has been able to negotiate annual renewals of the funding arrangements with the federal government which have permitted consolidation and expansion of the programme,"* including *"loans with the Central [sic] Mortgage and Housing Corporation to enlarge and modernize the housing stock on the reserve"* (p. 260). Second, the Chief *"has facilitated an extensive programme of in-service training for staff and band members, focused both on practical service skills and cultural awareness."* Moreover, *"the observer is stuck by the level of commitment and energy displayed by the staff members, most of whom are women. They also have a high degree of pride in the work accomplished"* (p. 260). Third, *"traditional child welfare functions are integrated with other services aimed at promoting the collective well-being of the community, its families, and its children"* (p. 259). These other services include child and youth care, protection, foster care, family planning and home-making skills, counselling services, special therapeutic services, and cultural and recreational activities. The band has also provided necessary foster home or group home placements on the reserve for children admitted to care. Fourth, the band council enacted their by-law after *"intensive consultation with the staff and legal advisers of the B.C. Union of Indian Chiefs"* (p. 255), and since then the Chief *"has maintained positive contacts with social work professional throughout the province, thereby contributing to continuing professional support for the band's programme"* (p. 260). Fifth, *"this programme would not have come about were it not for the organizational skills and vigorous activism of the leaders and members of the Spallumcheen band"* (p. 263), especially those contributed by the Chief. Sixth, the band's by-law for the care of their children

assigns "to the band exclusive jurisdiction over any custody proceeding involving a band child, whether located on or off the reserve" (p. 255). Therefore, "the concern for the families of the band extends beyond the boundaries of the reserve to families in crisis elsewhere in the province. Thus an important service rendered by the band consists of offering placement resources for the temporary or long-term care of band children apprehended in off-reserve communities" (p. 260).

MacDonald concludes that the Spallumcheen program "was successful in linking child welfare concerns with much broader objectives aimed at promoting the general social, cultural, and economic well-being of the band members." The experience also demonstrates "that even a small band [of approximately 400 members, of whom over 100 live off the reserve] may have within its membership the talent, dedication, energy and imagination to develop a child welfare programme of potentially excellent quality" (1985:263). The Spallumcheen experience along with other approaches reviewed here firmly support the proposition that "when the aboriginal peoples have an opportunity to design and implement their own programs, the results are promising" (Hylton 1993:27). Communities in the N.W.T. would undoubtedly agree.

Case Study Profiles

This section of the report contains 14 case studies describing community-controlled efforts. The profiles contain, to the extent possible:

- name of community
- publishing details of reference material and reference people
- location and profile
- intent of the community initiative
- method or approach
- key participants
- timing and process
- costs and benchmarks
- resolved and outstanding issues.

Communities, governments and agencies profiled by name and jurisdiction are:

1. Spallumcheen Indian Band, British Columbia
2. Two Native urban organizations, Ontario
3. Ma Mawi Wi Chi Itata Centre, Inc., Manitoba
4. Anishnawbe Health Toronto, Ontario
5. Kativik Regional Government, Northern Québec
6. McLeod Lake Indian Band, British Columbia

7. Kahnawake Community, Québec
8. Canada-Manitoba-Indian Child Welfare Agreement 1982, South Manitoba
9. Champagne/Aishihik Indian Band, Yukon
10. Mianiqsijit Group, NWT
11. Town of Iqaluit Service Delivery Agreement, NWT
12. Fort Norman Child Development Centre, NWT
13. Peel River Alcohol Society, NWT
14. Transition Houses, NWT

Each case profile does not contain absolutely uniform information on the community initiatives examined. The treatment of the location and profile, intent, method/approach, key participants and the other dimensions are dealt with in various ways over the profiles. There are four reasons for this variable coverage. First, each community and each initiative is different whether by size of the community, the type of health or social service concerned, the number of clients or the scale of financial and personnel resources involved. Second, some of the case studies are more thoroughly documented in the literature than others; as well, authors often have different purposes and audiences. Third, some of the ideas and issues keep reappearing, and do not need to be repeated in each profile. Finally, the framework used in this part of the report has a particular focus and therefore does not encompass all the specific characteristics of each case.

When reading the profiles, it is necessary to understand the rationale and motives for community control, particularly in aboriginal communities, and the notion of what "community control" means. The case profiles can be located at different points along a spectrum in terms of the degree of authority maintained by a public government (federal, provincial, territorial) and the amount of autonomy and control exercised by the community. The reader is referred to the discussion earlier in this report which relates the case studies to a range of approaches to moving policy making and service delivery closer to the people.

Case profiles from southern Canada are mostly about events in the 1970s and 1980s where groups were learning and applying various lessons about self-determination and its political, cultural, economic and social meanings. While particular community control initiatives may have discrete beginnings to which dates can be attached (e.g. when an agreement was signed), there is an underlying cumulative memory that is more continuous. This cumulative memory or shared history forms a link across the experience of most if not all of the communities profiled, each interacting in various ways with federal, provincial/territorial and municipal interests as well as with aboriginal interests.

PROFILE #1

Case: Spallumcheen Indian Band, British Columbia

Reference:

John A. MacDonald, (1985) "The Child Welfare Programme of the Spallumcheen Indian Band in British Columbia," in K. Levitt and B. Wharf (eds.) The Challenge of Child Welfare, Vancouver: University of British Columbia: 253-65.

Community Control Initiative:

1. Location and Profile.

The Spallumcheen Indian Band is located on a reserve which straddles both sides of the Shuswap River near Enderby at the northern end of B.C.'s Okanagan Valley. The Band consists of about 400 members, over 100 of whom reside off the reserve, principally in adjoining communities. The Band shares with many others, high rates of unemployment and welfare dependency among its members. In the 1970s, 80 children were apprehended and admitted to the care of the province's child welfare system.

2. Intent.

For the Spallumcheen Band to reclaim control over the decisions affecting the well-being of their children. With this initiative, the Band stressed the right of Treaty Indians to self-determination and emphasized the right of the Band to care for its children.

3. Method/Approach.

The Band Council enacted a by-law entitled "A by-law for the Care of our Indian Children," which assigned to the Band exclusive jurisdiction over any custody proceeding involving a Band child, whether located on or off the reserve.

4. Key Participants.

- the Chief
- the Band council
- the Band social worker
- the staff and legal advisers of the B.C. Union of Indian Chiefs
- the federal Minister of Indian Affairs and regional officials of the Department
- the provincial Minister of Human Resources

5. Timing and Process.

Late in 1978 the Band hired a social worker to assist band

members to develop child care resources on the reserve. Early in 1980 the Band enacted their by-law which came into effect June 1980. In the early fall of 1980, after much lobbying, reached an agreement with the province to respect the authority of the Band as conferred in the by-law. In April 1981 a formal agreement was signed between the Band and federal Department of Indian and Northern Affairs officials.

6. Costs and Benchmarks.

Under the agreement, the federal government agreed to contribute \$263,000 to the Band's child welfare program for the 1981-82 fiscal year. The agreement was for a five-year period, with the amounts of federal contributions negotiated annually. By 1984-85 the budget was \$404,000. The Band agreed to provide regional officials of Indian Affairs with annual audited financial statements as well as monthly reports on program activities. For each child, written care plans were formulated and approved by the band social workers, a provincial Ministry social worker, the foster parents and, in some cases, the natural parents and children.

7. Resolved and Outstanding Issues.

Over the life of the program the Band was able to provide foster home or group home placements on the reserve for all children admitted to care. A group home was opened in 1982. A wide range of both preventive and remedial social services are provided to children, youths and their families. The outstanding issue of the Spallumcheen Band's by-law approach is its vulnerability to legal attack on constitutional grounds as infringing on the general legislative powers of the province in this field. Other continuing issues concern dealing with serious behavioural and social problems of some Band members.

PROFILE #2

Case: Two Native Urban Organizations, Ontario

Reference:

Carol E. Etkin, (1991) "Native Literacy Programmes: Two Case Studies in Implementation," The Canadian Journal of Native Studies, Vol. 11, No. 2:207-227.

Community Control Initiative:

1. Location and Profile.

Two aboriginal organizations in Toronto, Ontario, initiated literacy programs for urban aboriginal residents. Each organization had a different client base, one dealing largely with newcomers from rural areas, the other with aboriginal women. The one organization had over a decade of experience in dealing with the most disadvantaged of Toronto's aboriginal population. It is located in the heart of "skid row." The other organization has offices in the inner city area known as Cabbagetown. The location is in the hub of an area commonly used by the city's aboriginal population.

The one organization is headed by an elected board of directors, drawn primarily from the aboriginal community. The members of the board are unpaid volunteers. As financial resources are extremely limited, there are only a few paid staff members. Most of the work done at the organization's centre is by volunteers from both the aboriginal and non-aboriginal community. While the organization has been in operation for over ten years, it is politically unstable. The second organization is small; the only paid employees are the director of the literacy program and her assistant. The other six employees are trainees covered under a government grant. Most work at this organization is also done by volunteers, who are aboriginal and non-aboriginal women. Although in operation for less than three years, this organization seems to have stable leadership.

2. Intent.

For both organizations the aim was to work with learners at all stages of development from basic literacy skills to college and university preparation. More specific goals were to help aboriginal newcomers to the city, including those recently released from the correctional system, adjust to the problems of urban living. For the second organization the intent was to respond to the needs of young aboriginal women who required assistance in job searching and in skills development.

3.Method/Approach.

Both organizations represent the urban-based agency approach to transferring control or responsibility over services in "aboriginal communities." Both organizations were funded under the Ontario Community Literacy (OCL) Grants Program, developed by the Ministry of Citizenship and Culture. Aboriginal organizations or communities seeking funding under this program turn to the Ministry of Skills Development. In order to qualify for this program the organization must be community-based, not-for-profit, and operating under a board of directors.

4.Key Participants.

- the Ministry of Skills Development
- the two aboriginal organizations: their Directors, Boards, and staff (paid and volunteer)
- Canada Employment Centres in Toronto
- other major aboriginal organizations in Toronto
- the clientele (learners)

5.Timing and Process.

The Ontario government began the OCL grants program in 1986. The two aboriginal organizations in the City of Toronto examined here began their programs in the spring of 1987, both with a grant of \$40,000 from the provincial Ministry of Skills Development. The directors of the program in the two aboriginal organizations began processes of curricula development, program design, recruitment and tutor training, recruitment of learners, and networking with other organizations, offering literacy programs.

6.Costs and Benchmarks.

The program implementation for both organizations was totally dependent upon the OCL grants program as a funding source. While the province considers most literacy programs funded as ongoing, funding is discretionary and organizations must apply on an annual basis. The application process is complex, requiring extensive documentation. Complete evaluations of the year's work are also required.

7.Resolved and Outstanding Issues.

This study shows how two urban-based aboriginal organizations successfully put into operation literacy programs to serve a real need in their community. The factors which help are the determination, hard work and faith they have in their programs. The factors which may hinder success are the problems of funding, staffing and the chronic political instability of some aboriginal organizations over time.

PROFILE #3

Case: Ma Mawi Wi Chi Itata Centre, Inc., Manitoba

References:

Annual Meeting Report 1984-85, 1985-86, Ma Mawi Wi Chi Itata, 2nd Floor, 531 Notre Dame, Winnipeg, Manitoba, R3B 1S2

Andrew Armitage (1992) "Family and Child Welfare in First Nation Communities," in B. Wharf, M. Callahan and A. Armitage, Rethinking Child Welfare in Canada. Manuscript.

Community Control Initiative:

1. Location and Profile.

The Ma Mawi Wi Chi Itata Centre (Ma Mawi) was established in 1984 in Winnipeg Manitoba. In Winnipeg (650,000 people) the aboriginal population is approximately 50,000, a complex urban community of status and non-status Indians and Metis. Ma Mawi is the largest aboriginal urban social agency in Canada, and engages actively in advocacy, exchange and collaboration work with other Winnipeg and Manitoba agencies.

2. Intent.

The name of the agency in English means that we all work together to help one another. This concept of reciprocity reflects the fact that we all, at some point in our lives, need help in dealing with the many problems that arise in living and raising children in an urban environment, and that we all have the capacity to help others in turn. The Centre has the following goals and objectives:

1. To establish and maintain a resource centre in the city of Winnipeg which provides support programs to aboriginal families that are designed to encourage and promote the maintenance of the family unit in the community.
2. To promote aboriginal culture as a basis for developing and providing programs and services as well as providing opportunities for developing aboriginal cultural awareness within the community as a whole.
3. To promote and facilitate aboriginal community involvement in the development and provision of services to families.
4. To develop and maintain preventative services for aboriginal children and families.
5. To act as an advocate on behalf of aboriginal children and families involved with or receiving services from child welfare agencies.

6. To work cooperatively with all Family Service Agencies in Manitoba in the development of programs and the delivery of services that are in keeping with these goals and objectives.
7. To develop and maintain a standard of service that protects the rights of the individual to self-determination.

3.Method/Approach.

Ma Mawi was formed with the election of a 12 member Board. This election was facilitated by the Winnipeg Coalition on Native Child Welfare and the Indian and Metis Friendship Centre. Ma Mawi is incorporated under the Corporation Act of Manitoba. All board members and staff of the agency are aboriginal peoples. Ma Mawi does not have any statutory authority regarding child welfare (or any other health or social services). Thus, the responsibility for initiating court action and maintaining formal guardianship remains with provincial agencies. Instead of exercising control and authority, Ma Mawi, like other urban-based agencies, derives its authority from a philosophy of mutual support and empowerment.

4.Key Participants.

- Indian Child and Family Service Agencies
- Metis Child and Family Support Committees
- Winnipeg Child and Family Service Agencies
- extended family systems
- many networks within the urban aboriginal community (e.g. Manitoba Metis Economic Development workers, Aboriginal Women's Justice Committee)

5.Timing and Process.

The establishment of the Ma Mawi Centre was the result of a process that began in the aboriginal community of Winnipeg in the spring of 1982 following the tragic death of an aboriginal child in the care of the Children's Aid Society of Winnipeg. The Centre was incorporated in 1984 and began operations in September of that year.

6.Costs and Benchmarks.

Initially, the Centre began in 1984-85 with a grant from the province of Manitoba of \$200,000 for operating costs and \$50,000 for capital requirements. A core Area Initiative grant provided a further \$25,000 for capital needs. According to Armitage (1992:21) Ma Mawi now has an annual budget of over \$2 million and serves about 550 families each year. The approach to services is holistic and is based on the supports provided to aboriginal families through their extended family networks. Ma Mawi has a computer which is used to provide an extended family tracing system. This ensures that connections to appropriate relatives

are made wherever possible and that where this is not possible, service is provided by a person who fills the role that a relative would have filled. Mainstream values and practices - for example, the social work code of ethics - have a prominent place in the work of Ma Mawi, but they are used alongside declarations of aboriginal family teaching.

7. Resolved and Outstanding Issues.

Ma Mawi's strength to undertake this work comes from a clear understanding of aboriginal values which provides the agency with a recognized independent identity. Ongoing challenges or "dreams for the future" include planning, funding and providing services that meet with the expectations and approval of the urban aboriginal community, and having more intensive, ongoing participation of Elders and grandparents in the planning and delivery of programs and services to children, families and community.

PROFILE #4

Case: Anishnawbe Health Toronto, Ontario

Reference:

AHT (1992) "Anishnawbe Health Toronto: A Brief History," Canadian Woman Studies, Vol. 12, no. 4:84-85

Community Control Initiative:

1. Location and Profile.

Anishnawbe Health Toronto (AHT) is located in Toronto and addresses the urgent requirements of aboriginal peoples living in conditions of chronically poor health.

2. Intent.

Initially, the central purpose was threefold: to analyze urban aboriginal health concerns, to provide information, and to establish a network to meet health needs. The organization's mandate now is to advocate for, and provide culturally appropriate health programs and services to aboriginal people living in Toronto.

3. Method/Approach.

AHT is an example of the urban-based agency approach to aboriginal community control of services. The organization addresses the need for an aboriginal cultural component in any strategy or activity of health services.

4. Key Participants.

AHT is managed by an aboriginal and non-aboriginal volunteer Board of Directors. There are about 150 volunteers that help provide services and perform tasks. An Advisory Board, whose membership consists of professional representatives from various fields, advises the Board on matters pertaining to legal procedures, health policies, and progress development. AHT also has a Street Patrol Resources Group, made up of governmental (provincial and municipal) and non-aboriginal as well as aboriginal inter-agency representatives. Other groups that have provided resources and assistance include: church organizations, social service agencies, medical institutions, hostels, and the city department of Parks and Recreation.

5. Timing and Process.

AHT was originally incorporated in 1984 as a non-profit organization. It was reorganized in 1986 to better meet Toronto's need for an aboriginal people's multi-service centre. The deaths of four aboriginal men within a span of four months in

1989 prompted a series of meetings between aboriginal and non-aboriginal agencies, and which eventually led to the creation of a Street Patrol Program, designed and modelled after the one in Kenora, Ontario. Over the next few years, this program expanded into spiritual and mental health in order to assist clients to deal with the deaths of friends and others who had lived on the street.

6. Costs and Benchmarks.

Little information is available from the reference on these items. AHT does receive funds, supplies and the use of facilities from church organizations, medical institutions, social service agencies, municipal government, and hostels. Through the Street Patrol Program AHT monitors the health needs and medical status of the group in the area.

7. Resolved and Outstanding Issues.

After about two years in operation, the Street Patrol Program had accomplished a number of things: Street people had begun to have more pride. Many completed alcohol/drug rehabilitation programs and were abstaining. Some clients continued in recovery programs, some found employment, while others returned to their families or sought further education and training.

AHT plans to establish an Elders' Advisory Committee, recognizing the traditional role of elders in aboriginal communities, to guide management and staff on AHT activities and program development.

A continuing job is the review and updating of AHT program goals and objectives in the light of changing circumstances and new information.

PROFILE #5

Case: Kativik Regional Government, Northern Québec

Reference:

Jean-Pierre Rostaing (1984) "Native Regional Autonomy: the Initial Experience of the Kativik Regional Government," Inuit Studies, Vol. 8, no. 2:3-39.

Community Control Initiative:

1. Location and Profile.

The Kativik Regional Government (KRG) is one of the more innovative institutions to have come from the James Bay and Northern Québec (land claim) Agreement of 1975. The KRG is a non-ethnic, although at present de facto Inuit-controlled, public administration that has jurisdiction over the northern third of the province of Québec, a territory larger than France. In this territory situated north of the fifty-fifth parallel, there are less than 6,000 people living in 13 small communities. Before the Agreement, the communities were administered by the federal Department of Indian and Northern Affairs.

2. Intent.

The Agreement had two pillars: the extinction of traditional aboriginal rights; and the legally guaranteed measures of autonomy, both in financial and administrative terms, that the aboriginal peoples obtained in return for such extinction. The later aim was to give the Inuit of northern Québec legal and administrative powers to manage their own collective life and to determine the nature and direction of the future development of their society. The KRG was therefore viewed as an instrument of self-administration for the Inuit.

3. Method/Approach.

The KRG was created as a result of the James Bay and Northern Québec Agreement, which settled the land claims of the James Bay Crees of Québec and of the Northern Québec Inuit. This Agreement has the distinction of being the first comprehensive settlement of aboriginal land claims in Canada. While some observers described it as a breakthrough for aboriginal peoples seeking greater control over their lives, others have severely criticized the Agreement mainly because the accord was conditional upon the extinguishment of aboriginal rights.

A complex document, the Agreement has resulted in nine pieces of implementing legislation for the Inuit part of the Agreement alone and at least as many Orders-in-Council and regulations. One of these pieces of legislation is the Kativik Act which created the KRG. In that Act, the KRG is described as a

corporation constituted by the inhabitants of the territory and by the municipal corporations situated there.

4.Key Participants.

The participants in negotiating the Agreement included:

- the James Bay Cree
- the Northern Québec Inuit Association
- the Government of Canada (including Indian Affairs)
- the Government of Québec (including James Bay Energy Corporation, James Bay Development Corporation, Hydro Québec).

The main participants in implementing the Agreement include:

- the Government of Québec
- the northern village municipalities
- Inuit handholding Corporations
- the KRG
- regional health board, regional development council, school board
- various joint and advisory committees
- the Makivik Corporation

The structures created by the Agreement were modelled on existing provincial structures and produced a fragmented, over-specialized and expensive system to administer to a series of small communities.

5.Timing and Process.

In April 1971, the Québec government announced its intention to launch a massive hydro-electric project in the James Bay area. The Crees, joined by the Inuit, challenged the government's actions in court, obtaining in November 1973 an injunction that affirmed the existence of aboriginal rights in the territory affected by the project. Shortly after the court injunction that halted work on the project, the Québec government announced its decision to negotiate a comprehensive settlement of aboriginal claims in northern Québec.

With financial support from the federal government, the Inuit formed the Northern Québec Inuit Association (NQIA) to represent their interests and negotiate the settlement of their claims. The NQIA entered the negotiations with the Québec and federal governments, and signed the Agreement two years later, in November 1975. The KRG was established in 1978.

6.Costs and Benchmarks.

The Makivik Corporation, an aboriginal entity and successor to the NQIA, was entrusted with the management of the Agreement's compensation fund (granted in return for the extinguishment of

their aboriginal rights) and mandated generally to represent the Inuit of Québec. With respect to sources of funding, there is no tax base to speak of in any of the communities of northern Québec. These communities continue to be massively subsidized and the provincial government retains the ultimate power inherent to that situation, that is, the power to determine the amount of public funds that are expended in the territory and the conditions, in the form of policies and programs, under which such expenditures are made.

7. Resolved and Continuing Issues.

The author concludes (1984:35) that, "the present situation in northern Québec shows a considerable improvement over that which preceded the signing of the Agreement. Although the KRG's powers and jurisdiction do not amount to any real degree of formal autonomy, the Inuit of northern Québec now have an instrument through which they can control certain areas of collective life. ... This may help forge a stronger sense of commonality of interests within the territory."

Continuing issues include the KRG's want of a secure financial base, the need to develop a relationship of trust with the provincial government, the legacy of dependence sustained by a welfare mentality in the villages, and a relatively high staff turnover rate in the KRG's administration.

PROFILE #6

Case: McLeod Lake Indian Band, British Columbia

Reference:

Patricia Nelson (1989) Evaluation of McLeod Lake Child Welfare Project, Vancouver: Social Planning and Research Council of British Columbia, #106-2182 West 12th Avenue, Vancouver, B.C. V6K 2N4

Community Control Initiative:

1. Local and Profile.

The McLeod Lake Reserve is situated approximately 150 kilometres north of the city of Prince George, just off the Hart Highway, the major transportation route north to Dawson Creek and the beginning of the Alaska Highway. The Reserve, located on the northwest tip of McLeod Lake, is an amalgam of old and new housing and features a new Community Hall and Band office/administration building that was completed in February, 1988. The closest commercial centre to McLeod Lake is the community of Mackenzie (population, 5,542), a one-half hour drive away.

The 43 children living on the McLeod Lake reserve must travel off-reserve for their education. Elementary students attend a school located several kilometres north on the Hart Highway, and secondary students are bussed to the high school in Mackenzie. The McLeod Lake Band had 293 members as of 1988. Of that number, 109 were living on-reserve, 4 on crown land, and 180 living off-reserve. In terms of age distribution, 87 percent of the Band membership was under 40 years old. "The general Native tradition of relying on Elders for guidance, support, direction, leadership, caregiving, and continuity with the past is seriously compromised when their actual numbers [only 4 per cent are aged 60 or over] are so few" (p. 4). The McLeod Lake community is made up of fewer than ten extended family networks, many of which are young families. The McLeod Lake Band suffers problems of alcoholism, family violence, poverty, and unemployment.

2. Intent.

The basic goal of the Child Welfare Agreement between the province and the Band is to "facilitate increased Band participation in and responsibility for a wide range of child welfare services for all members of the McLeod Lake Indian Band," and to "recognize the McLeod Lake Indian Band's desire to rebuild and strengthen McLeod Lake families, their way of life, and their language."

In particular, the Agreement identified five goals as the primary activities of the Project. The goals were:

1. to assist the Band in developing resources and support services that would eventually eliminate the need for apprehension of McLeod Lake children by the Ministry;
2. to establish a means of linking McLeod Lake children currently in the care of the Ministry to the Indian community;
3. to re-establish contact with former permanent wards or adoptees of McLeod Lake ancestry who have been lost to the community;
4. to assist in developing and providing programs which would enhance the management and coping skills of McLeod Lake parents;
5. to assist in developing child welfare policies and procedures that are consistent with McLeod Lake community needs while meeting needs of existing provincial legislation.

The Agreement further stipulated that both the Ministry and the Band would share responsibility for orientation and training of their respective staff, including orientation toward Ministry policies and procedures as well as to McLeod Lake culture, traditions, and aspirations.

This project was conceived as a transitional activity designed to improve cooperation between the parties and to enhance the delivery of child welfare services to members of the McLeod Lake Band. The underlying assumption is that the Ministry is interested, as are First Nations, in aboriginal groups' eventually achieving greater autonomy and control over their own affairs.

3. Method/Approach.

The approach in this case is by single bilateral agreement. The Band took the initiative in pursuing greater authority over child welfare matters. The provincial Minister and Ministry of Social Services agreed to fund a Project when the Band was unable to negotiate with the federal government.

The Project is small, essentially based on one part-time child care worker position plus the involvement of the Band social worker.

4. Key Participants.

- local Ministry of Social Services offices located in Mackenzie and in Prince George
- regional federal Department of Indian Affairs personnel
- Chief of the McLeod Lake Band
- Social Planning and Research Council of B.C. (did the

- evaluation of the Project)
- McLeod Lake Child Welfare Coordinating Committee (comprised of Band members and Ministry representatives)

5. Timing and Process.

The B.C. Minister of Social Services recognized First Nations' efforts to develop systems in keeping with their traditions when in January 1988 he signed an Adoption Moratorium. The Moratorium precludes any further adoptions of aboriginal children-in-care of the McLeod Lake Band (or of the member bands of the Carrier-Sekani and Nuu-chah-nulth Tribal Councils) without aboriginal support and consent. The McLeod Lake Child Welfare Agreement was signed by the Minister and the Chief of the Band in June 1988. The Agreement stipulated a joint venture of these parties concerning a wide range of child welfare services for all Band members. The Agreement also designated coordination of these services and activities to a Coordinating Committee with representatives from the two parties. These are the Band Social Worker, the Project Child Care Worker, the Ministry's District Supervisor from Mackenzie, and an Area Manager from Prince George.

6. Costs and Benchmarks.

The McLeod Lake Child Welfare Project relies on Ministry of Social Services funding. These funds are tied to activities related to child protection services which are the primary mandate of the provincial system. The Project was undertaken through the use of a \$15,000 discretionary federal community based budget fund and a \$20,000 commitment from the provincial Social Services Ministry. The federal funds were rescinded a few months after the Project started and the Project is now totally reliant on provincial funding. An increase was negotiated, effective April 1989, to \$25,000 which increased the child care position to three-fifths time.

The activities provided by the Project include counselling children, helping to find foster homes, working with the Ministry and the court system, and home visits.

7. Resolved and Outstanding Issues.

The work that has occurred so far has provided a solid foundation and optimistic climate to move toward greater autonomy and development of services by the Band. There is satisfaction with the cooperative working relationship with the Ministry; with the ways in which the child care worker has enhanced the informal support network in the community; and with the liaison work done on individual family cases.

In terms of outstanding issues, two major actions are identified. The first is to engage the community in any future development of the Project, including a specific effort to inform and education

Band members about relevant child welfare issues and to establish a local and active child welfare committee. The second major focus must be for Project staff to concentrate their efforts to develop their resources and support services on-reserve; to re-establish regular home visits and a more active presence in the community; and to promote the building of a holistic health and social services team.

Finally, in terms of assuming greater responsibility in child welfare matters, the McLeod Lake Band forwarded, in October, 1988, a proposal to the B.C. Superintendent of Child Welfare requesting delegation of authority under section 3(4) of the Family and Child Services Act. The Superintendent responded in December, 1988 suggesting that a further review of funding options as well as evaluation of the current Project would be necessary before she could commit a time frame concerning delegation of authority to the McLeod Lake Band.

PROFILE #7

Case: Kahnawake Community, Québec

Reference:

J. Rick Ponting (1986) "Institution-Building in an Indian Community: A Case Study of Kahnawake (Caughnawaga)," in J.R. Ponting (ed.) Arduous Journey: Canadian Indians and Decolonization, Toronto: McClelland and Stewart:151:178.

Community Control Initiative:

1. Location and Profile.

The Mohawk Indian community of Kahnawake is situated at the foot of the Mercier Bridge on the south shore of the St. Lawrence River, across from the suburbs at the west end of the Montreal metropolitan area. The community includes about 5,400 Mohawks, about 90 per cent of whom at any given time reside on the reserve/territory of 13,283 acres (5,900 hectares or about twenty-three square miles). It has by far the largest population of any Indian community in Quebec and is one of the largest in Canada. It also is reputed to possess one of the most developed or diverse institutional structures of any Indian community in Canada.

The main social problems appear to be a housing shortage and drug and alcohol abuse, all three of which are being combatted with locally devised programs. Child abuse and neglect are at low levels and only two or three children per year are taken into the protective custody of child welfare officials. Unemployment rates are lower than on many reserves.

Ponting notes that "Kahnawake is not a typical Indian community, if indeed such an entity exists at all. Kahnawake is unusually large, unusually well located, has a large proportion of its labour force employed in a highly skilled occupation, and its leaders to a substantial and increasing degree, are in touch with their Indian heritage" (p. 177).

2. Intent.

The principles of self-help, with accompanying local control, and the active participation of members of the community are well established at Kahnawake. The overall goal is greater self-determination by the community.

3. Method/Approach.

The community has a complex structure of locally staffed and locally controlled institutions, although these are heavily reliant on outside funding. Kahnawake is full of voluntary organizations and volunteered labour. In the Kahnawake case,

greater self-determination and jurisdictional expansion has sometimes occurred through intergovernmental negotiation and sometimes through unilateral assertion of sovereignty.

4. Key Participants.

"Kahnawake is clearly a community. Its kinship, service, cultural, economic, and mutual aid networks are extensive and overlapping. Organizations created by the Kahnawakeronon are abundant and persisting, and the shared Kahnawake identity is conspicuous..."(p. 155). "Most institutions in the community have been formed at local initiative and are staffed by local residents. Often, volunteers play a prominent and demanding role [a school board, volunteer fire brigade, radio station and peacekeeping force]" (p. 156).

Other participants are the Council, the 11 elected Chiefs, the administrators and elders, regional social service centres of the province, and the federal Department of Indian Affairs.

5. Timing and Process.

Traditional Mohawk government at the community level is based on the matrilineal family unit and attends to the social, spiritual, and political needs of the community. There are three clans - Bear, Wolf, and Turtle - each of which is led by several clan mothers who have the responsibility of appointing a male to enact the directives and convey the need of that family unit to the chiefs. Each clan has three chiefs and each chief is accountable to his clan mother. Much emphasis is placed on reaching a consensus in debate and on collective consultation with the community members at public meetings, which are akin to a referendum. The community-level government is linked to a more encompassing level of government, that of the Mohawk Nation, which in turn is linked to the still more encompassing government of the Iroquois Six Nations Confederacy. The Confederacy is governed according to the Great Law, which is a lengthy and sophisticated unwritten constitution recited every few years in a ceremony extending over a few days.

6. Costs and Benchmarks.

About 150 persons are employed full-time directly by the Council, another fifty by the hospital, over fifty in education, and twenty-five in social services. Council expenditures amount to approximately \$10 million annually, with about 85 per cent of the revenue coming from the federal Department of Indian Affairs. Over half of the men work in high steel, according to one estimate, and those women employed outside the home tend to work either in the community as teachers or nurses or in Montreal in clerical and stenographic jobs. The social services programs still operate under a Indian Affairs policy manual, and there are two federally funded and controlled elementary schools. Under a federally funded program, the Kahnawake social services

department employs two community health representatives trained in community development, proposal writing and other more explicitly health-related areas such as suicide prevention and first aid.

7. Resolved and Outstanding Issues.

A major success of the Kahnawake experience is the growth in the "organizational density" or institutional completeness of the community. Moreover, the community has been prepared to pursue aggressively the expansion of the jurisdictional domain of those institutions.

The justice system at Kahnawake is controversial within the community because of its sensitivities to local personalities, traditions, and vulnerability to political interference. Finally, the community's overall record of economic development is at best a checkered one. The Kahnawake experience, however, reveals that economic development on-reserve is not a prerequisite to community development. The formation of many community-based and controlled organizations has happened in the absence of major economic development successes. As Ponting notes, "The entrepreneurial skills of community members have surfaced not so much in the collective commercial ventures of the Band as in very small businesses and in grantsmanship, political lobbying, and construction of viable community organizations of a non-commercial nature" (p. 174).

PROFILE #8

Case: Canada-Manitoba-Indian Child Welfare Agreement, 1982

Reference:

Peter Hudson (1987) "Manitoba's Indian Child Welfare Services: In the Balance," in Jacqueline S. Ismael and Ray J. Thomlison (eds.) Perspectives on Social Services and Social Issues, Ottawa: Canadian Council on Social Development:251-65.

Community Control Initiative:

1. Location and Profile.

This case deals with the experience of Manitoba's Indian people with the child welfare system. The term Indian is used to denote those having the status of Registered Indian within the meaning of the Indian Act. Non-status Indian people, Metis and Inuit people have experienced a similar history with the child welfare system, but, lacking certain kinds of political institutions, have not yet been able to respond in the same way as status/treaty Indians. From the 1960s to 1980, the overwhelming tendency was to use non-Indian substitute care for Indian children. Of particular concern was the practice of placing Indian and other aboriginal children for adoption in the United States. This practice was more common in Manitoba than in other provinces. The author of this case analysis portrays the child welfare system as "a latter-day part of the apparatus of colonialism in this period (p. 253). This Agreement dealt with the southern part of Manitoba as the northern chiefs objected to the tripartite approach in child welfare on the grounds that it eroded the special relationship between the Indian nations and the federal government.

2. Intent.

From the perspective of Indian communities, the basic intent of the Canada-Manitoba-Indian Child Welfare Agreement, 1982, was to devolve child welfare services to Indian people. The inspiration was to reaffirm Indian self-government and to provide a better quality service to members. At a practice level, the objective was to prevent the removal of Indian children from their local community.

3. Method/Approach.

The approach to transferring child welfare service activities to Indian communities was a tripartite agreement among the federal government, the Manitoba government, and, in most instances, representatives of child and family service agencies established by the Tribal Councils. The Canada-Manitoba-Indian Agreement set out the general principles, process and financial arrangements for the provision of on-reserve child welfare and related family

services. As an enabling document, for it to come into effect, subsidiary agreements had to be signed by any band or group of bands. Through the Master and Subsidiary Agreements, the federal government agreed to fund services, the province agreed to empower them, and the Indian signatories agreed to design and deliver them.

4. Key Participants.

- Four Nations Confederacy (representing registered Indian people of Manitoba)
- Tribal Councils
- Indian child and family service agencies
- the federal Department of Indian Affairs
- Manitoba government
- child welfare consultant (hired by the Four Nations Confederacy to help develop a province-wide plan)
- paid caregivers in the communities
- nuclear and extended families
- other residents who have an interest (often elders)

5. Timing and Process.

Before the signing of the Agreement in February 1982, other significant events had occurred. The Dakota Ojibway Child and Family Service (DOCFS) was established by the Dakota Ojibway Tribal Council on its own initiative. It was established under two separate bilateral agreements, for funds from the federal Department of Indian Affairs and for the mandate from the province (except for adoption Services which were phased in two years later). DOCFS began operations in July 1981, the Manitoba Keewatinowi Okimakanak (MKO) was formed. MKO acts as the political representative of the 24 northern bands. A year later, MKO signed its own tripartite agreement on behalf of its member bands and the AWASIS Child and Family Services was established as the delivery agency.

Earlier, in 1979, the Four Nations Confederacy, representing registered Indian people in Manitoba, hired a child welfare consultant to help develop a province-wide strategy and action plan for the devolution of child welfare services. This move shifted activity from a few ad hoc local initiatives, under which bands had entered into agreements with the Department of Indian Affairs to hire workers to provide non-statutory services, to a coordinated province-wide initiative to lead an Indian-planned and controlled child welfare service delivery system.

By early 1983, six Indian child and family service agencies had been established in Manitoba, involving the transfer of delivery responsibilities from provincial offices and the Children's Aid Societies to Indian Bands in the province. The mandate passes through a regional board or committee to a child welfare committee, the centrepiece of the devolved system, at the community level.

6. Costs and Benchmarks.

No funding information is provided in the case study, although some statistics on children in care are given. For example, of all placements made by one Indian agency over a 2 1/2 year period, 57 per cent were made in the child's community of origin. Another 17 per cent were made on other reserves within the tribal council area. Only 25 per cent were made outside of the area or off-reserve, and many of these involved extended family or other Indian families (p. 256).

7. Resolved and Outstanding Issues.

The new Indian child and family service agencies operating in Manitoba accomplished a great deal in a very short time. Agreements were signed, structures designed, staff and training programs, and policies and programs for service delivery were put into place. Indian children and families enjoy a level of advocacy not available under the previous system.

"Yet," as Hudson concludes, "the agencies remain fragile and have much yet to do. Funding remains uncertain. Considerable limits remaining on the degree of control will have to be resolved. Political and service objectives which ought to be united have become temporarily separated and the rhetoric of political aspiration has outstripped some of the realities and difficulties of service delivery" (p. 263).

Lastly, Hudson stresses that workers and agencies in the non-Indian system need to appreciate "the enormity of the task undertaken by their Indian counterparts, and of the history on which their task is based. Agencies have to understand the anger and distrust of the Indian leadership and agencies for what it is, and resist responding in kind" (p. 263).

PROFILE #9

Case: Champagne/Aishihik Indian Band, Yukon

Reference:

Andrew Armitage, Elizabeth Lane, Frances Ricks and Brian Wharf (1988), Champagne/Aishihik Child Welfare Pilot Project, Evaluation and Recommendations. University of Victoria, Faculty of Human and Social Development.

Community Control Initiative:

1. Location and Profile.

The Champagne/Aishihik Indian Band lives primarily in and around Haines Junction and in Whitehorse. With a wide range of commercial and economic development activities, the Band has the reputation of being one of the more progressive in the Yukon. Of the Band's estimated 700 members, approximately 500 live in the Yukon, including 200 children under 18 years of age. The Band has a general council of all Band members which meets once a year, an elders council, comprised of at least 10 Band members aged over 55 years, and the Band council, comprised of a chief, six councillors, one elder and a youth representative. Elections for chief and councillor are held every four years. Band social services include community health, alcohol and drug abuse, social assistance for status Indians, school liaison and services for elders. These Band services are overseen by a supervisor of social services.

2. Intent.

The objectives of the Child Welfare Pilot Project were:

- a) to reduce the incidence of child neglect and abuse.
- b) to support and strengthen families by providing services that promote the welfare of children.
- c) to reduce the number of children removed from the custody of parents or persons entitled to the care and custody, pursuant to the Children's Act.
- d) to facilitate the placement of children who are in need of protection with Indian families, preferably with other members of the child's extended family.
- e) to facilitate, where appropriate, the return of children to the community and their extended family.

In short, the aim was to transfer or delegate authority to the Indian Band for providing child welfare services as a pilot project which could be evaluated after a specified time period.

Services are not restricted to "reserve" lands and they are available to status and non-status Band members.

3. Method/Approach.

The child welfare pilot project was created through a bipartite agreement between the Band and the territorial government. The federal Department of Indian Affairs is not party to the agreement, did not participate in any negotiations, and has not paid any of the direct costs. The agreement required that responsibility held by the Director of Child Welfare under the Children's Act be delegated, through an Order-in-Council to the Champagne/Aishihik Social Service Society. While the right to legal custody and guardianship for children remained with the Director, supervision and care and custody services were delegated.

4. Key Participants.

In the formation and negotiation stages of the Agreement the participants included:

- Champagne/Aishihik Band, Chief, Band Council, elders and the lawyer for the Band
- Council for Yukon Indians
- Kluane Tribal Council (initial stages only)
- Minister of Health and Human Resources
- Government House Leader
- Cabinet and Management Board of Cabinet

In the implementation stage of the Agreement the key participants were:

- the Chief
- the Champagne/Aishihik Social Service Society (established under the Territorial Societies Act)
- band supervision of social services
- coordinator of social services for families and children
- join committee of two departmental representatives and two band representatives to provide accountability, oversee the administration and undertake the evaluation
- departmental project coordinator and departmental steering committee

5. Timing and Process.

In May 1986, a three year agreement was signed. This followed 14 months of community consultation and negotiation. "Unlike the agreements of other bands in Canada, the Champagne/Aishihik Band's agreement was negotiated and signed before all the policies and procedures were developed. There was some feeling after the agreement was in place that training, policies and procedures should have been developed first" (p. 78). During an initial nine month implementation period, problems were

identified including lack of communication and a lack of definition of the role of the joint committee resulting in confusion about who was to do what. The roles of all the committees were later clarified in the Policy and Procedure Manual and amended agreement in late October 1986. In April 1987, the chief requested that the department coordinator take a lesser role in the running of the program, and that full responsibility be taken by the band. In May 1987, the department expressed concerns about the unclear role of the board of directors of the Society.

6. Costs and Benchmarks.

The budget for the first year of operation, 1986-87, included:

Project management	\$69,000
Training	24,000
Special projects	15,000
Child in-care costs	20,000
Total	\$128,000

That budget was amended at the end of the year to include an additional \$22,721 for start-up costs, resulting in a total for the year of \$150,721.

The budgets for 1987-88 and 1988-89 were estimated to be \$151,000.

In terms of benchmarks, the Society provides the government with monthly reports of activities and quarterly case summaries. These reports provide information on the status of children in care, type of home and community. Quarterly summaries are also prepared on each client for maintenance on client files.

In terms of staffing levels, there are two staff- the child welfare coordinator and the child welfare supervisor. Clerical services are supplied by the Band under contract.

7. Resolved and Outstanding Issues.

A formal evaluation of the project was completed in 1988 by a team from the University of Victoria (see A. Armitage et al, 1988). That evaluation concluded that the project had been successful and recommended, among many other things, that the assumption of responsibility for child welfare by the Social Service Society should continue. In April 1989, the Yukon Government and the Band signed another three year agreement, continuing the project as a social services program receiving core funding.

Outstanding issues for the Band and the Government, according to Hume (1991:70-71), relate to: providing specialized services for a few very disturbed children and families, learning the art of program evaluation, building the level of trust and communication

among various groups and agencies, and clarifying overlapping roles and responsibilities.

PROFILE #10

Case: Mianiqsijit Group

References:

Wurmann, Egan and Associates (June 1991), Mianiqsijit Group's Funding Proposal, Mianiqsijit Group, Baker Lake

Presentation on Mianiqsijit Group to the Special Committee on Health and Social Services (September 4, 1992), Yellowknife, NT (unpublished)

Personal Interview with Becky Kudloo, Chairperson of Mianiqsijit

Personal Interview with Debbie Tynes, Regional Superintendent of Social Services and Mianiqsijit Director

Informal Discussions with Cheryl Walker and Barbara O'Neill, Department of Social Services, GNWT, Yellowknife

Community Control Initiative:

1. Location and Profile.

The Mianiqsijit Group is located in Baker Lake, the only inland Inuit community in the Northwest Territories. The community has a population of 1,186.

"In the spring of 1988 social services staff in Baker Lake became involved in a multiple victim case of child sexual abuse in the daycare involving approximately 20 children. The offender was an adolescent female who was an Inuk. Wurmann, Egan and Associates, a private agency, was contracted to come to the community on a short-term basis. They provided intervention which included the assessment of the children, (developing) a support group for the parents, and consultation with the Child Welfare staff, the R.C.M.P., and the Health centre staff regarding coordination of their response and direct involvement in education and community awareness. Consultation around the treatment needs of the offender was also provided.

In the fall of 1989 the offender of the daycare disclosed that she had been abused by the Roman Catholic priest in Baker Lake, and that she had seen him abuse other children in the community. Social Services in Baker Lake began a plan of intervention and, once again, requested Wurmann, Egan and Associates' involvement for assessment and consultation. In the spring of 1990 Wurmann, Egan and Associates prepared a proposal for treatment of the Roman Catholic clergy's victims, and their families. A goal of community involvement was also established, and to that end a community advisory committee was set up." (Excerpts from a presentation to the Special Committee on Health and Social Services, Yellowknife, September 4, 1992)

2.Intent, Method and Approach.

Mianiqsijit (meaning the shepherd or caretakers) provides community-based treatment services to sexual abusers and the sexually abused. Mianiqsijit functions as a community healing centre. It operates under a five year plan and evaluates its goals and objectives annually. The program consists of small group and individual counselling, and support services. Evening small group sessions are run for men, women, children and survivors. Day time one to one counselling sessions are also offered. Mianiqsijit has no residential capacity and only serves community residents. More than three-quarters of the clients are referred by Social Services or by court order. All children are referred by Social Services.

3.Key Participants.

Mianiqsijit brought together two advisory groups - the Baker Lake Project, a committee for the treatment of victims of sexual abuse and Tasiuqtit, a concerned group advocating for therapy for offenders. Mianiqsijit is incorporated as a non-profit society and has a volunteer Board of Directors. Four of the six Board members are Inuit. The Board is comprised of professionals and lay members of the community who are elected annually by the general public. The Mianiqsijit Board is autonomous, makes its own decisions, and raises its own money. All program planning and policy decisions are made by the Board.

Originally, the Mianiqsijit board was made up of the following members - three from the Baker Lake Project, three from Tasiuqtit, the Community Health Representative, the Sexual Abuse Therapist and the Sexual Abuse Therapist Trainee. Virtually all of the original and current members are women. Historically, the Hamlet Council selected the members of the Baker Lake Project advisory committee, and Tasiuqtit was basically an interagency committee. While interagency liaison and involvement have been maintained, the Hamlet Council of Baker Lake is no longer directly involved in Mianiqsijit. The group continues to receive much of its "moral, ethical and community" support through an inter-agency network rather than from the community as a whole.

The work of Mianiqsijit is not easily accepted or understood in the community. Some reasons for this are - 1) sexual abuse is a difficult and culturally sensitive subject to deal with; 2) there is no history of local people formally responding to the needs of offenders and the victims of sexual abuse; and 3) sexual abuse has been seen as a women's/individual" issue rather than a community issue.

4. Timing.

As a community, Baker Lake began dealing with sexual abuse in 1988. Mianiqsijit was formed in 1990 after two groups in the community worked somewhat independently to deal with the issue. The group continues to perate and hopes to do so as long as the need exists in the community.

5. Costs and Benchmarks.

Prior to the formation of Mianiqsijit, the major costs for the Baker Lake Project were borne by the Oblates. The GNWT contributed by providing housing for therapists. Since 1990, funding has been secured annually, based on proposals submitted by Mianiqsijit. The total costs for a three year program including ongoing training, is estimated at about \$1 million. The GNWT contributes about 38% of the budget, mainly for o&m and training; the Federal Government contributes 44%; the Oblates 17% mainly for wages; and victims contribute 1% mainly through contributions such as furniture.

Mianiqsijit has had difficulty accessing funding. It took 18 months to access Federal funding largely because Health and Welfare Canada preferred to fund Mianiqsijit as a regional group that would serve all Keewatin communities. Energies required to seek and account for multiple sources of funding have been an onerous burden for both directors and staff.

Staffing has also consumed a significant amount of time and effort. Time was spent orienting a non-resident therapist to the community, its culture and lifestyles only to have this person leave soon after joining the group. Disappointed, the Board of Directors turned to a long term local resident with a medical background, to coordinate the work of Mianiqsijit and that of two community workers. This experience has shown Mianiqsijit that it will be cheaper in the longer term, given retention and commitment, to employ and train local staff.

Professional development and ongoing support are fundamental to Mianiqsijit's programming. Intensive and ongoing training together with bi-weekly case planning support by professional child sexual abuse counsellors (Wurmmman, Egan and Associates) are regular components of the program. Training is provided to project staff as well as to Board members. While training is ongoing, is recognized as critical to the development of staff, and as necessary to meeting the needs of clients, it has been difficult to convince funding agencies of this need. Significant effort must be spent annually to lobby and convince funding agencies of the need for ongoing professional support and training.

6. Resolved and Outstanding Issues.

Initially the Department of Social Services lead the community's response to child sexual abuse in the community. Then it was the Oblates that responded to the needs of those abused by the priest. Over the course of dealing with these concerns two community advisory groups emerged - one to deal with the victims of abuse and one to deal with offenders. The process of bringing these groups together under Mianiqsijit is probably the real grassroots movement toward the community dealing with sexual abuse. This has established Mianiqsijit as a community owned and controlled group.

Mianiqsijit is for all intents and purposes, a special purpose/interest body with no direct ties to any publically elected governing body. It receives funding and is incorporated to deliver a treatment program to sexual abusers and abused. The group's existence depends on a program, policy and/or legislative base within the territorial and federal governments. Mianiqsijit is viewed as being community controlled by those involved. This view is held because the group has the freedom to design a program, seek funding for it, and control the delivery of it so that it meets client/community needs. These decisions rest in the hands of Mianiqsijit's Board of Directors.

Those involved with Mianiqsijit speculate that if the group was more broadly based within the community that referrals would likely be through the Hamlet Council administration. While there is opinion that the Hamlet should have greater involvement in addressing all social issues in the community, Hamlet Councillors and staff must develop a "broader vision" and receive specific training/education. Currently, the Hamlet administers alcohol and drug funds but there is no linkage between that program and Mianiqsijit.

Community members say that the demands on social service agencies are increasing ... "more people want help"... especially counselling, anger management training and matters related to child welfare. Mianiqsijit is experiencing increased demand for counselling and family-based support services. While there are co-operative working relationships among related agencies such as day care, the alcohol and drug program, the community educational council, and the health committee, services are not linked or blended in a way to address this demand. With all agencies dealing separately with the growing demand.

Volunteer time and effort is fundamental to all grassroots movements and to a community taking responsibility for addressing needs. Frequently, these volunteers are women. Mianiqsijit has had difficulty getting men involved in the work of the group and getting more broadly based community support. Establishing more broadly based community ownership of sexual abuse issues remains a significant challenge for Mianiqsijit.

Mianiqsijit has hired and trained local people because non-resident staff turn-over too frequently and require as much (although a different type) training as local people. In a small community where people are not able to distance themselves from critical human issues, ongoing training and support is needed by both the staff and the directors to enable peer/colleague and community support, and to prevent burn out. Mianiqsijit has had difficulty securing funding for ongoing training and professional development.

The Board of Directors has found that programs such as Mianiqsijit must be staffed by strong, skilled staff who are able to deliver programs but can also advance and defend the program to people who don't understand and to those who are cutting funds to programs in the face of fiscal restraint. Clearly, individuals working in human services must be multi-talented. Directors stress a need to ensure that program staff and board members themselves are developed as multi-talented individuals, otherwise community-based programs of this type will not survive.

PROFILE #11

Case: Town of Iqaluit Service Delivery Agreement

References:

RPM Planning Associates Ltd. (June 28, 1990) Evaluation of the Town of Iqaluit Service Delivery Agreement - Final Report, for the Community and Family Support Services, Department of Social Services, GNWT

Department of Social Services, (April 1986) Review of Town Social Services Frobisher Bay/Devolution Agreement, GNWT

Informal Discussion with Barbara O'Neill, Community Transfer, Dept. of Social Services

Informal Discussion with Ron MacLellan, Department of Social Services, GNWT

Community Control Initiative.

1. Location and Profile.

Iqaluit is Baffin Island's regional centre and largest community. The Town's population is 3,552.

"In the summer of 1977 after a request from the town council of Frobisher Bay, work began on the process of devolution of the Social Services Area Office to the Town of Frobisher Bay. The Government of the Northwest Territories was then actively pursuing a direction of devolution of programs, services and authority.

A working group was established which led to a trial agreement in 1980 and the current agreement signed in July of 1981. The agreement identifies the roles and responsibilities of the Town of Frobisher and the Government of the Northwest Territories, the programs and services to be delivered through the Town Office, the levels of expected financial and resource support and the program restraints." (excerpts from the Review of Town Social Services Frobisher Bay/Devolution Agreement, 1986)

The Agreement was evaluated in 1990 to determine if it should continue functioning or change in scope, content or administration to better meet the needs of the clients in Iqaluit. The evaluation assessed the extent to which the Service Delivery Agreement is in keeping with the GNWT Transfer Policy and if changes were required to make the Agreement fit the Policy.

2.Intent, Method and Approach.

The Iqaluit Service Delivery Agreement is also referred to as a devolution agreement. The Agreement is a contract for services between the GNWT and the Town of Iqaluit, to deliver GNWT social programs according to GNWT policies and directives.

"The agreement as it stands is one between the Government of the Northwest Territories and the Town of Frobisher Bay for the delivery of the programs and services of the Department of Social Services of the Government of the Northwest Territories by a local agency, the Town of Frobisher Bay. Statutory programs, Financial Assistance, Child Welfare and Young Offenders are by virtue of Territorial Acts bound by regulations that cannot be altered at the local level. The agreement also allows for total funding of the delivery of programs and services by the Government of the Northwest Territories within a negotiated budget, but does not call for financial contributions from the Town of Frobisher." (excerpts from the Review of Town Social Services Frobisher Bay/Devolution Agreement, 1986)

3.Key Participants.

The delivery of social services in Iqaluit involves the Town of Iqaluit Social Services, Baffin Regional Social Services and Community and Family Support Services (GNWT Department of Social Services). The delivery of social services is a responsibility of a Director of Social Services who reports to the Town's Secretary Manager. The Iqaluit Social Services Agreement specifies distinct roles for each party. These roles were described in the 1990 evaluation as:

*Community and Family Support Services, Dept. of Social Services) provides the Town with free and ready access to any and all support consultative and specialized services including all legislation, guidelines, and regulations.

*Baffin Regional Social Services provides consultative services to the Town. (Subsequent to the 1990 evaluation, the contracting authority was transferred from headquarters to the region.)

*Iqaluit Social Services provides both statutory and non-statutory services to residents of Iqaluit. Statutory services include financial assistance, child welfare services, probation services, young offenders program and vocational rehabilitation program. Non-statutory services include services to the aged and handicapped, institutional placements, and support services to individual families and groups.

Nine full-time equivalent positions exist in the Iqaluit Social Services office - a director, assistant director, 3.5 community social workers, a youth worker, a receptionist/interpreter, and two administrative clerks.

The agencies and individuals involved in the Agreement have historically experienced significant confusion in roles and responsibilities. It seems among parties involved, there is no shared or common vision for the direction of social service programs, and no partnership in planning for changing social service needs. Poorly understood roles and responsibilities and territorial, regional and municipal social service offices has had negative consequences for social services clients and program staff. For example, the responsibility for servicing people from outlying communities was unclear. As a result many people in need of services "fell through the cracks" and Town staff lost credibility. A residency clause was included in the 1988 agreement and was revised and updated again in 1990.

4. Timing.

The Service Agreement between the Town of Iqaluit and the Department of Social Services has been in place since 1981.

5. Costs and Benchmarks.

Annually, Baffin Regional Social Services negotiates the Service Delivery Agreement with the Town of Iqaluit. Negotiations focus on funding rather than on social issues. Between 1986 and 1989 the total expenditures of Iqaluit Social Services increased from \$1,225,861. to \$1,494,821. and the total budgeted expenditures increased by 38% from \$1,270,233 to \$1,754,309.

An analysis of social assistance cases and trends between 1986 and 1989 showed:

- a decline of 11% in cases,
 - a decline of 13% in the SA caseload per staff, and
 - an increase in court-ordered work and general paper work.
- (In comparison, Inuvik had an increase in cases by 43% and an increase of 51% in expenditures due mainly to higher per person expenditures over the same period.)

Between 1986 and 1988, actual expenditures by Iqaluit Social Services had increased by 22% while total budgeted expenditures increased by 38%. 60% of the variance was in program costs and 40% was in administrative costs.

These data were reported in the 1990 evaluation to illustrate a lack of planning and linkage between budgeting, program planning and program delivery.

Staff have been trained to fulfill the specific terms of the Agreement. However lack the counselling and assessment skills, and heavy workloads continue as impediments to broadening the social service base in Iqaluit. Ongoing staff training and development is not a provision of the Service Delivery Agreement although it has frequently been a point of discussion in reviews of the Agreement and the effectiveness of the Iqaluit Social Services.

Throughout the life of the Agreement, clarity of roles and responsibilities has been a major issue. As part of the 1986 review, efforts were made to improve inter-office working relationships, linkages with other social agencies and staff skills.

6. Resolved and Outstanding Issues.

The 1990 evaluation found that "the people of Iqaluit remain 'passive recipients of social services' and that the Service Delivery Agreement has done little to enhance the values that stand behind community self government - native people taking responsibility for their own self-determination. (pg.i) " Both the GNWT and the Town would argue that this was not the intent of the Agreement.

The Town of Iqaluit is interested in achieving greater control of the social services and is seeking greater flexibility within the Service Agreement to respond to the needs of the community. It is expected that the GNWT's Community Transfer Initiative will provide the framework to pursue this direction.

The Town has over a decade of experience delivering social services and has made many mistakes and had many achievements. The Town has succeeded in gaining greater consistency in social service staff. Leadership, skilled human resources, agency coordination, blending of human services, community input, clearer authorities and accountability, and greater flexibility in the Agreement have been the main factors that have influenced both the successes and the failures.

PROFILE #12

Case: Fort Norman Child Development Centre

References:

Program Proposal submitted by the Fort Norman Child Development Centre in 1991 (unpublished)

Informal discussions with Joan Heyland and Helen Balanoff, Department of Education, Culture and Employment, GNWT

Informal discussions with Theresa Wilson and John Campbell, Department of Social Services, GNWT

Informal discussion with Sister Celeste, Early Childhood Educator, Fort Norman Child Development Centre

Community Control Initiative:

1. Location and Profile.

Fort Norman is a Slavey community located on the Mackenzie River south of Norman Wells. The population of the community is 375.

In 1979/80, Sister Celeste Goulet moved to Fort Norman and spent a year working with the community to identify child development needs. She found that a half day pre-school rather than full time day care was a high priority. (Community members wished to see children remain with the family but also spend time in a social and learning environment with their peers under the guidance of a trained Early Childhood Educator.)

In September 1980, for the sum of \$1.00, the local Housing Authority provided a house for the future pre-school program. Funds were sought from the National Native Alcohol and Drug Abuse Program (NADAPP). Between January 1981 and 1984, the average number of children attending the program rose from 7-8 to 15-18. This resulted in the need for a larger facility. The Fort Norman Dene Band gave the Centre \$1,000 and paid the wages of three men for three months to renovate the warehouse behind the church for the new, larger pre-school. The pre-school moved into these facilities in November 1984. By 1988, there were over 20 children attending the pre-school. Today virtually every child in primary school in Fort Norman has attended the Centre.

2. Intent, Method and Approach.

The Fort Norman Child Development Centre helps young children aged 2 to 5 years of age, to problem solve and to seek out and rely on positive supports to address their problems rather than on alcohol, drugs or solvents. Many of the children are troubled by alcohol abuse problems in the home and the Centre offers them an alternative lifestyle at an early age. The Centre builds on

the philosophy that the first five years of life can shape an individual's future growth. The Fort Norman Child Development Centre is seeks to enrich this most sensitive period of growth.

The Centre helps children develop cognitive, physical, social, spiritual, and emotional skills by developing self-concept, self awareness and positive self-image; increasing independence in solving problems; learning to assume greater responsibility in sharing and caring for themselves; learning word concepts; learning to use tools such as pencils and books; recognizing names and numbers; and developing social skills such as cooperating in play, sharing and interacting with other children and adults.

Most recently 20-26 children were attending the Centre on a daily basis. The program enables children to feel safe and secure, know routines, solve problems, and receive positive feedback for accomplishments. Children work in groups and activities take place in the Centre as well as at various locations in the community.

3.Key Participants.

The community of Fort Norman is actively involved in the Child Development Centre. Parents, elders, community/regional leaders and professionals regularly participate in activities and give direction to the Centre. The ten month program operates five afternoons a week and employs three local part-time teachers.

The Fort Norman Dene Band sponsors the Centre and is the legal entity receiving and accounting for funds. Decisions are made formally through the Band and informally through special meetings and one to one discussions in the community. An informally structured Concerned Parents Group also meets to support the Centre and the Band (eg. to write funding proposals and letters, organize community fund raising activities, undertake repairs to the Centre, etc.).

4.Timing.

After a developmental period of about a year and a half, the Centre was established in 1981. At the time of writing the Centre has been continuing to operate on funds raised by the community and one of three teachers has not taken a wage for at least five months.

5.Costs and Benchmarks.

For the first 10 years, the Centre was financially supported by NNADAP. In the last two years of funding from this source (1986/87 and 1988/87), the budget for the centre was \$51,000 and \$54,000 respectively. NNADAP funds were terminated when the responsibility for alcohol and drugs was transferred to the GNWT from H&W Canada. While a formal evaluation of the Centre was not

conducted, funding was terminated because Centre did not meet GNWT alcohol and drug funding criteria. Since the termination of NNADAP funding, the Department of Education, Culture and Employment has provided funding through the Sahtu Divisional Board of Education, contributing \$10,000 (1989/90), \$11,000 (1990/91) and \$40,000 (1991/92). The Centre is ineligible for further assistance from the Department as it does not qualify under the current GNWT Interim Day Care Policy because the program does not operate as a full time day care facility. The shortfall in contributions has been made up by the community of Fort Norman pulling together to help the pre-school to continue to operate or through special project funding as the Aboriginal Languages Agreement (eg. funding was secured to hire an aboriginal language teacher). The most recent operating budget for the Centre was estimated at \$61,417.00.

6. Resolved and Outstanding Issues.

The Centre is unique in the Northwest Territories in that Fort Norman has identified the importance of early intervention in countering the social ills facing many northern communities. "Parents see the difference in their children and they want to see the Centre continue. The Centre strengthens Dene values and hope for future generations."

The Fort Norman Child Development Centre developed from identified community needs and continues to respond to these needs. There is a strong sense of community ownership in the Fort Norman Child Development Centre. It is part of the community and part of an established structure - the Fort Norman Dene Band Council. The Centre is extremely well supported by the community and participation in it is high. For example, when the Centre needs help whether it be financial, moral or program related, a community meeting is called and as many as 50 people attend to figure out how to help the Centre. Currently the Centre is supported solely by the community.

A key to the success of the Centre has been the ability of the community to utilize local human resources (eg. a trained Early Childhood Educator) to their best advantage. Secondly, the consistency of this resource (eg. Sister Celeste has been in Fort Norman since 1979) has contributed significantly to the success of the Centre. Sister Celeste has also been a strong role model and has inspired residents employed at the Centre to seek formal Early Childhood Education. (Sister Celeste has canvassed other Sahtu Region communities to identify interest in early childhood education and has approached Arctic College to deliver such a program in the region. At least two individuals from Fort Norman will participate in the program.)

A main stumbling block for the Fort Norman Child Development Centre has been the lack of support rendered by other governments. While a classic example of a community controlled human service, the Centre is also a classic example of a service that may "fall through the cracks". In a community of 375, where 80% of adults may be unemployed, it is unrealistic to expect the Centre to be self-supporting. However while this program fits the needs of the community, it doesn't fit funding criteria of government programs.

PROFILE #13

Case: Peel River Alcohol Society

References:

Lutra Associates Ltd (March 1987) Evaluation Study: The Peel River Alcohol Society, for the Department of Social Services, GNWT

Lutra Associates Ltd., (October 1987) A Discussion Paper on the Future of Community Based Alcohol and Drug Projects, for the Alcohol and Drug Board of Management, GNWT

Review files of the Peel River Alcohol Society, Alcohol, Drugs and Community Mental Health, Dept. of Social Services, GNWT

Informal Discussions with John Campbell, Alcohol, Drugs and Community Mental Health, Dept. of Social Services, GNWT

Community Control Initiative:

1. Location and Profile.

The Peel River Alcohol Society is located in Fort McPherson in the Mackenzie Delta. Fort McPherson is the largest Gwichin community in the N.W.T. and has a population of 759.

In 1974, an alcohol project was founded in Fort McPherson by a local couple who had completed an alcohol treatment program at Henwood. For a number of years, the informal group was supported by community volunteers. In 1979, the Peel River Alcohol Society was incorporated as a non-profit society. The Society is supported financially under a contribution agreement with the GNWT's alcohol and drug program.

2. Intent, Method and Approach.

The Peel River Alcohol Society seeks to change the social circumstances in Fort McPherson. The aims of the Society are to provide alcohol counselling services, and to promote the awareness of the dangerous effects of alcohol on the people of the community. These aims have not changed substantially over the years. Annual objectives and workplans build on these overall aims depending on particular issues and needs in the community, the work of other agencies, and the skills/expertise of staff. For example, the Society has focused on youth development, suicide prevention, mental health, spousal assault, and family violence within the context of substance abuse. Currently the Society along with other community agencies has retained a therapist to deal with suicide and family violence in the community. Weaknesses in the work of the Society have been identified as poorly planned community awareness activities, inadequate professional direction for pre and post-treatment counselling, and a lack of innovation in programming.

3. Key Participants.

The Peel River Alcohol Society is directed by seven volunteer directors. The Board is responsible for setting policy and overall direction for alcohol and drug programs and services in the community in so far as the Society has delegated responsibility for these services. For example, the Board has responsibility for making referrals for treatment but has no authority to authorize the spending of funds for treatment.

Criteria for membership in the Society is "anyone 19 years of age and over and who has a desire to lead a sober life and is interested in promoting sobriety in Fort McPherson". This is considered the "first rule of the Society and indicates the responsibility of its members to the community.

The Committee for Concerned Citizens plays a key role in the Peel River Alcohol Society. This Committee is a well-respected local network of community resource people. The Committee is made up of local volunteer and representatives from social agencies and interested members of the public. Society Board and staff are active participants on the Committee and the Committee itself provides a strong support structure to the Society. Through this Committee, the Peel River Alcohol Society has been able to foster strong working relationships with most community agencies.

The Peel River Alcohol Society is supported by the Hamlet and Band Councils. These Councils are not however active in guiding, developing or working with the Society.

4. Timing.

The Peel River Alcohol Society has existed informally since 1974 and formally since 1979. The Peel River Alcohol Society is one of the longest running alcohol prevention and education programs in the N.W.T.

5. Costs and Benchmarks.

The Peel River Alcohol Society is in effect, contracted to deliver a non-statutory social service/program of the Department of Social Services, to the people of Fort McPherson. The contracting vehicle is a contribution agreement. Alcohol and drug program contributions to the Society have ranged from \$65,000 in 1980 to \$124,400 in 1983 to 152,263 in 1986 to \$165,048. in 1992.

While financial requirements have continued to increase, the Society has not added staff or significantly altered program expenditures. (Alcohol and drug staff continue to be among the poorest paid para-professionals in the NWT even though wages for treatment and community workers increased by 17.01% in 1992.) The Society employs a coordinator, two Level 1 alcohol and drug workers, and a clerk. Traditionally, the Society's staff have experienced high levels of burn-out due to the intensity of

community expectations, the availability of staff skills, and client dependencies. Ongoing training has long been advocated by the Society to reduce burn-out. Recently the Society was instrumental in bringing about certifiable training for alcohol and drug workers in the NWT, a program that is now offered at Arctic College.

For almost a decade the Society worked from a condemned facility rented from the Band Council. While better facilities have been secured, the Society still struggles to maintain low o&m costs and to provide a comfortable, secure and confidential environment for clients and staff.

6. Resolved and Outstanding Issues.

In 1987 the Peel River Alcohol Society was formally evaluated. The evaluation describes a Society that was developed in response to local needs and traditions, and in accordance with the participation and commitment of local people. For these reasons, the Society is seen as a community-based organization.

While the Society is well respected in the community, it does not enjoy a broad base of community participation. The organization depends heavily on a small number of people who are willing to sit as volunteer Board members, and four paid staff. To some extent, community expectations and demands on staff and board members are inordinately high. This places a tremendous burden on a few people, and suggests fragility as a community-based organization.

The Society has often felt confused about its focus and authority and how or if it should conform to broader goals/objectives (eg. those of the funding agency). This underlies the heart of some discussion as to whether the Peel River Alcohol Society is community controlled, a project that is controlled by a few individuals, or a delivery agent of the government.

Increasing sobriety in the community has led to a new set of social problems in the form of stress, prescription drug abuse and family violence. To cope with changing circumstances and community needs, the staff of the Peel River Alcohol Society requires ongoing training and professional development support to provide appropriate, innovative and consistent programming. Securing financial support for ongoing training continues to be a challenged faced by the Society.

Fort McPherson has a number of groups concerned for the social welfare of the community and there is excellent networking among these groups. There is no community social development plan that focuses the work of all groups.

PROFILE #14

Case: Transition Houses

References:

Informal discussions with Anne Enge and Carolyn Mandrusiak,
Department of Social Services, GNWT

Department of Social Services (1989) Evaluation of Transition
Houses in the N.W.T., Family and Children's Services, GNWT

Community Control Initiative:

1. Location and Profile.

Transition houses are located in 9 communities across the N.W.T. Houses are located in Yellowknife, Fort Smith, Iqaluit, Tuktoyaktuk, Rankin, Cambridge Bay, Taloyoak, Hay River and Inuvik. Transition houses serve neighbouring communities.

2. Intent.

Transition houses or shelters are facilities which provide accommodation, safety, counselling and rehabilitation services, on a 24 hour basis to victims of spousal assault and their children. The Family Violence Prevention Program of the Department of Social Services currently provides funding for the operation of these houses.

Transition houses were created in response to Task Force on Spousal Assault recommendations. **Choice: A three year action plan for the Government of the Northwest Territories in response to the recommendations of the Task Force on Spousal Assault, 1986** suggested the following responsibilities be taken up by the Department of Social Services:

*There should be temporary shelters for spousal assault victims and their families, preferably run by community-based groups to ensure that the shelter meets the community's needs.

*Ensure that counselling services are provided.

*Develop departmental policy and procedures with regard to spousal assault to ensure that victims and families receive a consistent level of assistance across the Northwest Territories, including being aware of and coordinating with other agencies in the community.

*Establish and get the participation of the RCMP, Health and Welfare Canada, and the GNWT Departments of Social Services and Health in an Interagency Referral System.

*Solutions to the spousal assault problem must be community-

based. Social Services will act in an advisory capacity and will take the initiative in forming community-based groups.

Transition houses in the N.W.T. generally share similar objectives. These are to provide:

- *physical accommodation and safety;
- *appropriate and effective counselling and referrals;
- *rehabilitation and follow-up services; and
- *a service which responds to community needs and is community supported.

McAteer House is a transitional house located in Yellowknife. It operates under the auspices of the YWCA. The facility has a capacity for 8, with 2 persons/bedroom. However the usual occupancy of the facility is 12-15, with 4 people/bedroom. The YWCA can accommodate up to 3 families in overflow but does not usually accept more than 2 families in order to reserve space for emergencies. McAteer House is staffed from 8 a.m. to midnight every day and security is provided by the front desk after midnight. Housekeeping staff help women with lifeskills, and cooking and cleaning chores. A child care worker is in charge of children's programming and helps clients with parenting skills. Three counselling staff provide one to one counselling, resource material, referrals, advocacy services, escort and administrative services. Counselling staff make referrals to Family Counselling through the Department of Social Services. McAteer provides no follow-up support to clients after they leave the house.

3.Method/Approach and Key Participants.

Transition houses function under similar structures as other agencies which have delegated or contracted responsibility for delivering social services. All are independent, non-profit societies and are not formally linked to other bodies in the community or to a local government structure. Transition houses are supported by community groups and governments. As a result of community effort and support, at least four of the transition houses operate out of houses owned by their Society.

Board members are elected by the interested public at annual general meetings. The Board is accountable to the Department of Social Services for funding received and to the Department and members of the general public for providing services for victims of spousal assault and their children. How this latter function is performed varies among transition houses. In some cases, transition houses are accountable to the community through ongoing interagency contact and community work and in other cases, it is through reporting at an annual general meeting. For example, the McAteer House in Yellowknife has no formal protocol for dealing with agencies and the general public but informally stays in contact with all related service agencies in the city. Similarly, Nutaraq's Place in Iqaluit is viewed as having limited contact with and involvement in the community.

4. Timing.

Most transition houses came into existence in after 1986. The most recent house was established in Inuvik.

5. Costs and Benchmarks.

The total contract amount of services purchased from McAteer House in Yellowknife is \$350,800 annually. Approximately 69% of this amount is spent on wages and benefits, 17% for rent, 14% for groceries and other items. Nutaraq's Place annual contract with the Department of Social Services is estimated at \$315,000. of which 82% is for wages and benefits. The annual contract value of services provided by Sutherland House in Fort Smith is \$192,000. of which 76% is wages and benefits. The 1989 evaluation of transition houses, suggests that the average Director wage is between \$35,000-\$38,000. per year while counsellors are paid between \$25,000-\$30,000. annually. Staff are not provided with housing allowances. Transition house staff are among the lowest paid para-professionals in the NWT and are most frequently women.

Human resources available to transition houses in the N.W.T. vary considerably depending on the size of the community and of the transition facility itself. For example, McAteer House in Yellowknife is staffed by an Executive Director, 3 Counsellors, a Child Care Worker, a Housekeeper Supervisor, a trainee and 3 casuals. Nutaraq's Place in Iqaluit also has 7 full time staff. These two facilities each have space for 8-10 women and children who are in a crisis situation due to family violence.

Increasingly transition houses are facing a demand for more counselling and support related to child sexual abuse, and for more sophisticated counselling. These institutions are expected to advocate on behalf of women and children who are victims of abuse. The 1989 evaluation identified the need for ongoing and specialized training in counselling and spousal assault, and the development of training plans for staff. Directors of NWT transition houses collectively developed a training program to meet the needs of their staff. Securing training dollars to support the development of transition house staff and securing certification for this training continue to be major challenges facing these groups.

6. Resolved and Outstanding Issues.

The Societies which run transition houses are autonomous groups which respond to family violence within the community/region. The impetus to establish these houses has not always come from the community, therefore the sense of ownership and independence varies from one group to another. In the interest of standards and consistency of service, communities question the level of power and influence the funding agency has over the affairs of transition houses and the societies that operate them.

Transition houses like other social services face a variety of ongoing and difficult issues, the most difficult of which is funding for human resource development and more sophisticated counselling and support services. Like other social agencies, transition houses are having difficulty developing acceptance of family violence issues in the community, and difficulty securing broad based support, understanding and commitment to effectively deal with the degree of violence that is actually occurring.

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COMMUNITY CONTROL OF HEALTH AND SOCIAL SERVICES IN NORTHERN AND ABORIGINAL COMMUNITIES:

**A LITERATURE REVIEW AND ANALYSIS OF
CANADIAN EXPERIENCES**

Summary Report

**A Background Paper for the Special Committee on Health and Social Services,
Legislative Assembly of the Northwest Territories.**

October 1993

by

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This background paper is one of several prepared for the Special Committee on Health and Social Services. It is intended to be widely circulated and discussed.

The conclusions in this report are the personal responsibility of the authors and do not necessarily reflect the views of the Special Committee on Health and Social Services.