

Aboriginal Grandmothers caring for grandchildren: Located in a Policy Gap

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Abstract

This article argues that the Saskatchewan child welfare system is providing fragmented, inconsistent, and insufficient support to Aboriginal Grandmothers caring for grandchildren. This article is based on a Participatory Action Research project grounded in Indigenous epistemologies, which involved Aboriginal Grandmothers caring for grandchildren. Traditionally, child rearing was an expected and well-supported role of Aboriginal Grandmothers. Today the situation is very different. The Aboriginal Grandmothers involved in this project are carrying the responsibility rearing their grandchildren because the parents' cannot. As a result of colonial policies and practices, in particular the Residential School policy and the "Sixties Scoop," many Aboriginal families are facing situations of crisis and ill health, such as drug or alcohol abuse, domestic abuse, and incarceration. Further, these Aboriginal Grandmothers are not provided with sufficient and consistent financial support from the child welfare system. Community services and supports for Aboriginal Grandmothers are also lacking and those available are often difficult to access. Also, many Grandmothers expressed fear and distrust of the child welfare system and some related experiences where they felt judged or bullied. On November 9th of 2009, the Saskatchewan government announced that they would be conducting an extensive review of the province's child welfare system. As a part of this review, the Grandmothers caring for grandchildren Support Network took their concerns to the committee. While the report has not been released to the public yet, we hope that this report will lead to policies that better support Aboriginal Grandmothers so that they and their children can access what they need to live a healthy life.

Introduction

Rights of grandmothers are becoming an international concern. In 2001, Jan Hammill writing for the Society for International Development describes a situation among the Indigenous people of Australia that parallels that of the Aboriginal peoples of Canada, namely that "Indigenous Australians have been systematically denied their rights leading to community social and economic breakdown, ill health, violence and drug abuse" (Hammill 2001, 69). Hammill also identifies this erosion of roles and values places great stress on those, mostly the grandmothers, who are left literally "holding the baby" (Hammill 2001, 72). Hammill posits that "the rights of indigenous communities are closely linked to maintaining the health of the grandmothers" and that working with grannies who are the central caregivers of children might also buy time for communities to find ways to regenerate" (Hammill 2001, 69).

Grandmothers are not similarly defined by every culture. In Canada, Grandmothers have a special meaning among Aboriginal peoples. In a special issue of Canadian Woman Studies devoted to honouring their grandmothers, Aboriginal women paid a dedication to Aboriginal grandmothers this way.

*These women we call grandmother wouldn't always be our blood
relatives. Some of them wouldn't necessarily even be biological*

grandmothers. They were nonetheless traditional teachers who had a great impact on all our lives. (O’Conner et al. 1989)

Child rearing is well documented as an expected role of Canadian Aboriginal Grandmothers (Ahenakew and Wolfard 2000, 209, 241 & 243; Anderson 2000, 120-121 & 205). As the quote above implies, Grandmothers are the older First Nations and Métis women who have managed, often with great hardship, to hold onto the old values, traditions, language and skills. It is their role to teach these traditions to the next generation.

Aboriginal grandmothers are few in numbers, but carrying a lot of responsibility. According to the Saskatchewan Women’s Secretariat, “Aboriginal women over the age of 65 represent a very small proportion of the Aboriginal female population – a mere three percent” (Saskatchewan Women’s Secretariat 1999, 15). At the same time, more and more Aboriginal Grandmothers are caring for their grandchildren full-time. Between 1991 and 2001, the number of Canadian children living in a grandparent-headed home increased by 20% (Fuller-Thomson 2005, 332). Statistics Canada 1996 data reveals that 17% of grandparent co-resident caregivers were of Aboriginal descent, even though in 1996, Aboriginal peoples comprised less than 3% of the Canadian population (Fuller-Thomson 2005, 332). Further, Aboriginal grandparent caregivers were more likely than non-Aboriginal caregivers to be single and female (Fuller-Thomson 2005, 336). Since Aboriginal Grandmothers are carrying a disproportionate burden of child rearing responsibilities, there are concerns over how caregiving is impacting Grandmothers and how these negative impacts can be mediated.

This article explores the experiences of twelve Aboriginal Grandmothers and two non-Aboriginal Grandmothers caring for Aboriginal grandchildren in the urban centre of Regina, Saskatchewan. These Grandmothers are participants/co-researchers in the Participatory Action Research (PAR) Project *Exploring the Health of Aboriginal Grandmothers caring for grandchildren* (Saskatchewan Health Research Foundation). Particular attention is paid to how these Grandmothers’ experiences are shaped by past and current governmental policies. It examines the current gaps in child welfare policy as well as how policy could change to better support First Nations and Métis Grandmothers who have taken on the care of their grandchildren.

Assimilation Policies: Residential School and “Sixties Scoop”

As Julia V. Emberly argues, Canadian colonial policies and practices have sought to dismantle Indigenous kinship relations and forms of governance, in turn, replacing them with European (and later white-settler) forms of political governance (Emberly 2007, 5; Bourassa *et al.* 2004). This was done largely through the regulatory government legislation of the *Indian Act*, which shifted the private sphere of First Nations families “into a significant site for colonization” of First Nations women and children (Emberly 2007, 5). One of the policies essential to the project of dismantling Indigenous kinship relations was the Residential School.

Integral to the introduction of the Residential School Policy was *The Report on Industrial Schools for Indians and Halfbreeds* or the Davin Report. This report was developed after Nicolas Flood Davin studied the industrial schools in the United States. Davin conducted a visit to an industrial school in Minnesota, interviewed the Commissioner and some “prominent men” from what Davin refers to as “the five ‘civilized’ nations, the Cherokees, the Chickasaws, the Chocktaws, the Creeks and

Seminoles” (Davin 1879, 5). Within his report, Davin cited these men in order to argue, “the chief thing to attend to in dealing with the less civilized or wholly barbarous tribes was to separate the children from the parents” (Davin 1879, 7). However, it’s important to note that the Davin Report viewed the Residential School workers as replacement parents, who would socialize Aboriginal children with white bourgeois values. Indeed, Davin quoted Mr. Meeker as saying “The plan now is to take young children, give them the care of a mother, and have them consistently in hand” (Davin 1879, 12). The “mother” that Meeker is talking about here is the white bourgeois mother. Davin argued that through this separation and the care of the white bourgeois mother (and undoubtedly, the guidance of the white bourgeois father), Aboriginal people would become “civilized” Christian farmers (Davin 1879, 12). Davin’s report along with other colonial writings and policies understood the project of civilization as the replacement of Indigenous kinship systems, spirituality, and social and economic orders with white bourgeois nuclear families, Christianity, patriarchal government structures and agriculture life.

The Davin Report made thirteen recommendations about the administration of industrial boarding schools (Davin 1879, 13-15). In 1892, the federal government and several churches entered into a formal agreement concerning the operation of Residential Schools based largely on this report and its recommendations (Aboriginal Healing Foundation 2008,64). One of these recommendations which stated, “as Bands become more amenable to the restraints of civilization education should be made compulsory” was actualized in 1920, when Deputy Superintendent General of Indian Affairs, Duncan Campbell Scott amended the *Indian Act* to make attendance of Residential School mandatory for all First Nations children between the ages of seven and fifteen (Kelly 2008, 23).

As the Royal Commission Report on Aboriginal Peoples (RCAP) states, Residential Schools had the single greatest impact on Aboriginal peoples and continue to this day to affect inter-generational individuals, families and communities (Canada RCAP 1996, 35). Residential Schools were a site of cultural genocide; where Aboriginal children were forbidden to speak their traditional languages, as well as practice their spirituality and cultural traditions.¹ Further, it was a site of abuse and violence, where Aboriginal children were victims of not just spiritual and cultural abuses, but physical and sexual violations as well (Aboriginal Healing Foundation 2008, i-2; Annett 2002, 12; Emberly 2007, 5; Kelly 2008, 24; Canada RCAP 1996). In addition, Aboriginal children were often malnourished, living in poor, overcrowded conditions, and did not receive the proper medical care rendering them vulnerable

¹ Article 7 of the 1994 draft of the United Nations Declaration on the Rights of Indigenous peoples states that Indigenous Peoples have a right “not to be subjected to ethnocide and cultural genocide” including:

- (a) Any action which has the aim or effect of depriving them of their integrity as distinct peoples, or of their cultural values or ethnic identities;
- (b) Any action which has the aim or effect of dispossessing them of their lands, territories or resources;
- (c) Any form of population transfer which has the aim or effect of violating or undermining any of their rights;
- (d) Any form of assimilation or integration by other cultures or ways of life imposed on them by legislative, administrative or other measures;
- (e) Any form of propaganda directed against them.

The Residential School policies and practices were acts of cultural genocide as they had the “aim or effect of depriving [First Nations people] of their integrity as distinct peoples, or of their cultural values or ethnic identities” and were a “form of assimilation or integration by other cultures” as well as a way of life that was “imposed on them” legislatively.

to illness and disease (Aboriginal Healing Foundation 2008, 9; Canada RCAP 1996). Approximately 100,000 Aboriginal children attended Residential Schools in Canada and Kevin Annett estimates that 50% of these children died from various illnesses, diseases, and forms of abuse (Annett 2002, 11-12). In 1958, Indian Affairs Regional Inspectors recommended that Residential Schools be abolished (Aboriginal Healing Foundation 2008, 65). In 1969, over ten years later, the Federal government took over the Residential School system from the various churches and began to transfer control of the schools to First Nations, with the last Residential School closing in 1998 (Aboriginal Healing Foundation 2008, 65). These abuses have had intergenerational impacts, affecting not only the survivors (and those who did not survive), but also their children, grandchildren, and great-grandchildren. “These effects may include, and are not limited to, family violence, drug, alcohol, and substance abuse, physical and sexual abuse, loss of parenting skills, and self-destructive behaviour” (Aboriginal Healing Foundation 2006).

At the same time that various churches were still operating Residential Schools, changes to the *Indian Act* in the 1960s provided social workers with a legal mandate to enter reserves (Richardson and Nelson 2007, 76). Once again, this policy change made First Nations homes the site of colonial intervention. During the 1960s and 70s, social workers apprehended children “by the thousands, in questionable circumstances, with economic incentive rather than neglect or abuse emerging as the motive for removing children from their homes” (Sinclair 2007, 67). Patrick Johnson was the first to use the term “Sixties Scoop” to describe “the mass redirection of Aboriginal children into European-Canadian residences and communities” and adoptive homes in other countries (Richardson and Nelson 2007, 76; Johnston 1983, 23). By 1983, status First Nations children comprised approximately 70% of children in care of the Saskatchewan child welfare system (Bennett *et al.* 2005, 19). While the “Sixties Scoop” was not an official policy of the government, it did not make it any less traumatic to Aboriginal people. Indeed, RCAP states that:

The removal of Aboriginal children from their own communities through cross-cultural foster placement and adoption is a second major cause of family disruption. Children removed from their families are severed from their roots and grow up not knowing what it is to be Inuit, Métis, or a First Nation member. Yet, they are set apart from their families and communities by visible difference and often made to feel ashamed of their origins. At the same time, their home communities and extended families are robbed of part of the next generation (Canada RCAP 1996, 79)

As the RCAP points out, the impacts of the “Sixties Scoop” on individuals, families and communities are numerous. Christopher Badgely, Loretta Young, and Ann Scully revealed that while most families involved in transracial adoptions have excellent outcomes, Aboriginal and Native American adoptees in North America have extremely poor experiences (Badgely *et al.* 1993, 86). They suggest that this discrepancy is due to the widespread discrimination and prejudice that Aboriginal children face, which makes it difficult for adoptive parents to foster a positive sense of self, or identity, in their adoptive children (Badgely *et al.* 1993, 86). Sinclair points out that Badgely’s results are in line with what is

“common knowledge among Aboriginal people” noting that “[i]nformally, those involved in the adoption field know that the levels of substance abuse, homelessness, and suicide among adoptees in the last thirty years have been alarming” (Sinclair 2007, 71). Further, in the aftermath of Residential Schools, the continued mass removal of children from their communities further weakened families and communities. (Manitoba, 1991, chapter 14.)

By the mid-1980s there was a growing awareness of the negative impacts transracial adoptions were having on Aboriginal children (Kimelman *et al.* 2007, 68). The Manitoba Indian Child Welfare Sub-Committee, Johnston’s report, and Manitoba’s judicial review of Aboriginal adoption raised awareness of the negative impacts the “scoop” was having on individuals, families and communities (Manitoba 1991; Kimelman *et al.* 2007; Johnston 1983). Policy changes were introduced which further involved First Nations in the child welfare process as stakeholders and First Nations Child and Family Services agencies were established. In 1989, the first tripartite agreement was signed between Federal, Provincial and First Nations governments through which First Nations Child and Family Service Agencies became responsible for child welfare services on First Nations (Domstauder and Macknack 2009, 19). As well, Manitoba introduced a moratorium on Aboriginal cross-cultural adoptions. Other provinces soon followed their example (Sinclair 2007, 68). Sinclair argues that the most negative impact of this moratorium is that it has left the majority of Aboriginal children in care living in long-term foster-home arrangements and institutions (Sinclair 2007, 68).

However, the involvement of the child welfare system in Aboriginal families did not end with the moratorium on Aboriginal cross-cultural adoptions. As a result of colonial policies and practices, in particular the Residential School Policy and the “Sixties Scoop,” there are still more Aboriginal children in care today in Canada than there was during the height of Residential Schools (Blackstock 2008, 165). Indeed, during the 2007-2008 year, Aboriginal children comprised 80% of the Saskatchewan children in care (Saskatchewan MSS 2008, 22).

In order to try to prevent children, particularly Aboriginal children, from entering foster or institutional care Saskatchewan and other provinces require that an extended family or other significant person in the child’s life must be considered first (Alberta Children and Youth Services 2009, 3; Saskatchewan MSS 2010b, Chapters 1 and 4). In 2008-2009, 26.5% of the Saskatchewan children in care were living in an extended-family placement or kinship care arrangement (Saskatchewan MSS 2009, 16). In other cases, if possible, children are placed with a foster family from their cultural background. Similarly, if members of First Nations are taken into care, members of their community play a significant role in the decision-making (Saskatchewan MSS 2010b, 12). Further, eighteen First Nations Child and Family Services agencies now serve seventy-one out of the seventy-four First Nations in Saskatchewan and the Ministry of Social Services serves the other three First Nations (Saskatchewan MSS 2010a). Considering the extremely high number of Aboriginal children in care, these changes to policy and structures are a movement towards decolonizing the child welfare system through the recognition and revaluation of traditional kinship relations, Indigenous culture, and community. However, there is still more work to be done.

Many provinces provide a similar level of support to formal kinship caregivers and foster families as well as provide some level of support to informal kinship caregivers (Alberta 2009, 12). However, in

Saskatchewan, formal and some informal kinship caregivers “requiring” maintenance payments receive between \$417-470 per month per child and are eligible for the Child Tax Benefit (CTB) and National Child Benefit Supplement (NCBS). This means if the child welfare system deems that the caregivers’ income is high enough that they do not “require” maintenance payments, they don’t receive them. Further, some informal caregivers are not eligible for these maintenance payments. In contrast, *all* Saskatchewan foster families are provided with between \$613-937 per month, but are not eligible for CTB and NCBS (Saskatchewan MSS 2010b, chap. 6, 19; chap 4, 15 & 16B). In Saskatchewan, there are four types of extended-care placements: private arrangement, place of safety, Alternative Care Provider (Saskatchewan’s formal kinship caregiver program), and Persons of Sufficient Interest (PSI) (Saskatchewan MSS 2010b, chap. 4, 5). However, only Alternative Provider, PSI, and place of safety placements are eligible for maintenance payments “if required” (Saskatchewan MSS 2010b, chap. 4, 12, 15 & 16b). Further, special needs of children living in Alternative care, PSI or place of safety households “may be considered” and babysitting and respite care “may also be provided” to Alternative care and PSI households (Saskatchewan MSS 2010b, chap. 12, 15, 16). Due to the recent changes to child welfare policies discussed above, many Aboriginal children who would otherwise be living in foster families are instead living with extended-family members, often Grandmothers. However, Grandmothers and other extended-family caregivers are still not receiving consistent and sufficient levels of support. Indeed, even though they are caring for children who would otherwise be living with foster families, they are not receiving the same financial support.

Grandmothers caring for grandchildren project

The Grandmothers caring for grandchildren research project is an Indigenous research project. That is, Indigenous epistemologies inform and guide the methodology and methods. This involves the recognition that research has been used as a colonial tool against Indigenous peoples globally and in Canada (Smith 1999). One way that research emerged as a part of colonial projects was through policies imposed onto Indigenous peoples lives. According to Linda Tuhiwai Smith, these policies were “legitimated by research,” but “informed more often by ideology” (Smith 1999, 3) Indigenous research has formed in resistance to this colonial history, based in Indigenous peoples “attempts to escape the penetration and surveillance of the [Euro-Western] gaze, while simultaneously reordering, reconstituting, and redefining” Indigenous peoples as peoples and communities (Smith 2005, p. 87, 89). According to Kathy Absolon and Cam Willet, an important part of research with Aboriginal peoples is locating oneself in relation to the community and the research project. They argue that research is never unbiased or value free. Rather, research that claims neutrality or objectivity “is Eurocentric and therefore, unethical” (Absolon and Willet 2005, 107) Location is one part of ensuring that researchers working with Aboriginal peoples are “accountable to the Aboriginal community” (Absolon and Willet 2005, 118). Throughout the research process, we, the researchers, located ourselves in relation to the Grandmothers, as Aboriginal and non-Aboriginal researchers, and as members of different institutions with different life and community roles. Further, we explained that we wanted to do research with the Grandmothers in order to determine the Grandmothers’ needs and advocate for the policy changes and services that would better support them and their families. Locating ourselves was an important part of

establishing our relationship with them and with this relationship we, the researchers became accountable to them.

Indigenous research's focus on disrupting the power relations that are normalized within mainstream research makes it compatible with Participatory Action Research (PAR) methodology. PAR is a research approach interested in social transformation, "shared ownership of research projects, community-based analysis of social problems, and orientation towards community action" (Kemmis and McTaggart 2000, 568). In contrast to the power dynamics of "traditional" academic research, Verna St. Denis argues that "participatory research must attempt to shift the balance of power by involving" the disempowered in generating their own knowledge (St Denis 1992, 55). As such, in PAR, individuals who are often considered "subjects" are instead co-researchers. This PAR project involved Grandmothers, an Anishnabe Elder, academics from First Nations University, the Lifelong Learning Centre, and the University of Regina, along with Aboriginal and non-Aboriginal student research assistants as co-researchers. At the same time, the student and academic researchers did not ignore the power relations that colonial research has imbued all research with. Rather, it was a part of the ongoing dialogue with the Grandmothers and Elder.

Recently, Indigenous researchers have developed (and reclaimed) methodologies, approaches, and methods that "privilege [I]ndigenous knowledges, voices, experiences, reflections, and analyses" (Smith 2005, 87). Similarly, Kovach suggests that Indigenous research will "further broaden the range of methods in research." (Kovach 2005, 31). Indeed, the methods used to collect and further understand these Grandmothers' stories were carefully considered. Grandmothers involved were/are members of the Grandmothers Caring for Grandchildren Support Network of Regina, which meets for a talking circle once a month at Four Directions Health Centre in Regina, Saskatchewan. These talking circles provide both support for the grandmothers and a space where they can share their concerns and successes. Rather than holding focus groups during the initial stages of this project, an Elder facilitated Talking Circles in order to gather data about Grandmother's experiences raising grandchildren. Talking circles were used since it is culturally acceptable for First Nations women. First Nations women traditionally used talking circles to exchange information. In a traditional talking circle, participants typically sit in a circle, pass a sacred object around (such as a stone or feather) and the holder of the sacred object is the one who speaks without any interruptions.

In order to develop a deeper understanding of the Grandmothers' experiences raising their grandchildren, the student researchers also conducted one-on-one interviews with the Grandmother co-researchers. The interviews explored the Grandmothers' life situations, their health and stress, as well as the support that is available to them through formal and informal networks (see Appendix).

The interviews were transcribed and analyzed using grounded theory, an intuitive, inductive process (Strauss and Corbin 1998). Three levels of coding, open, axial, and selective, were used. During each stage of coding, how to stay true to the ideas of the Grandmothers co-researchers was considered. During the first part of the coding process, *open coding*, concepts were identified and properties were recognized using a line-by-line analysis. Following open coding was *axial coding* when categories were compared to sub-categories with categories providing the axis around which to work (Strauss and Corbin 1998, 101-121). During the third and final step of coding, *selective coding* analyzed the central

categories in order to explore how these categories were related and interconnected as a result, incorporating and refining the emerging theory (Strauss and Corbin 1998, 123-142). Then, the student co-researcher who coded the results met with Grandmothers in order to validate the results and recommendations (Strauss and Corbin 1998, 143-161). This process of validation allowed the Grandmothers to ensure that their experiences were reflected in the results and recommendations of this project. (Mc Taggart 1997, 277) During the coding and validation process, the Grandmothers experiences with the child welfare system emerged as an important theme.

Results: Grandmothers' experiences with the child welfare system

Unlike traditional Aboriginal communities, where child rearing was an expected and well-supported role of Grandmothers, the Grandmother co-researchers took on caring for their grandchildren because the parents were unable to care for them; due largely to reasons such as a parents' death, incarceration, drug or alcohol abuse, domestic abuse, child abuse, or neglect. Indeed, as discussed above, Canadian colonial policies and practices, particularly the Residential School policy and the "Sixties Scoop" have had traumatic effects on Aboriginal individuals, families, and communities. These policies and practices have led to the loss of cultural identity, high levels of drug and alcohol abuse, homelessness, incarceration, suicide, domestic abuse, child abuse, and neglect (Sinclair 2007, 71; Aboriginal Healing Foundation 2006, ii; Canada RCAP 1996, Vol. 1, part 2, chap. 10, doc. 4; Manitoba 1991, Chap 14). Therefore, today Grandmothers are caring for their grandchildren at such high rates *as a result* of colonial policies and practices, in particular, the Residential School Policy and "Sixties Scoop".

In many situations, the child welfare workers asked the Grandmothers to take on the care of their grandchildren. In other situations, the grandchildren or grandchildren's parents approached the Grandmothers about it. Many times, this was due to crises in the parents' and grandchildren's homes. Even though child welfare had not become involved in these situations, it is likely that if the Grandmothers had not intervened, they would have. A few of the grandchildren's parents and grandchildren had asked their Grandmothers to help raise them for other reasons. According to the Saskatchewan child welfare system's terminology, the Grandmothers are providing both formal and informal kinship care arrangements, which includes private arrangements, places of safety, Alternative Care Providers and PSI placements. As discussed above, the child welfare system provides different levels of support to these different types of placements, even though the Grandmothers themselves feel like they are caring for their grandchildren in similar situations.

Frustration and Distrust with the Child Welfare System

Many Grandmothers expressed frustration and distrust with the child welfare system. During the interviews, Grandmothers stated that they were frustrated with or distrusted Social Services for a variety of reasons. For instance: the high turnover rate and burnout of social workers, indeed, some Grandmothers related that social workers had bullied or judged them; the history of abuse and neglect of Aboriginal children in foster homes; the punitive policies towards Grandmothers and their family members; as well as the different treatment of Grandmothers caring for grandchildren as opposed to foster families. During one of the interviews, a Grandmother recalled a talk she gave at a local

Community Based Organization to a group of people, most who were trying to regain custody of their children from the child welfare system:

“These young workers,” I said, “They get out of university and they get a little bit of authority and they let it go straight to their head and they have you down here and they’re way up here.

After the presentation, she met some young social work students who had been in the audience during her presentation and further explained:

But I-I spoke the truth”. I said, “I was being honest. I’ve been there and I know what its all about, and there’s a lot of [Grandparents and parents] that are having so many problems getting their children back. And I was there and I’ve been through it.

Another Grandmother related:

It’s extremely difficult to work with social services, it was extremely difficult.”

For some Grandmothers this frustration and distrust of social workers and the child welfare system contributed to their passion and determination to care for their grandchildren and keep them out of foster homes and adopted homes. One Grandmother described her sons’ experiences to illustrate why she did not want her grandchildren to go into foster care:

[M]y boys were both physically, emotionally, spiritually and sexually abused in the foster homes while they grew up. My boys came home to me scarred up totally.

Difference in how foster families and Grandmother-headed homes are treated: Lack of Financial Support

As discussed above, even though many Grandmothers are caring for children who would otherwise be living with foster families, Grandmother-headed families do not receive the financial support that foster families do. Further, while some Grandmother co-researchers are receiving the maintenance payments discussed above, other Grandmothers are not even receiving their child tax benefit. One Grandmother spoke about her frustrating experience trying to get financial support once the grandchildren were placed in her care:

I had a letter from child protection that the boys were in my care the other two boys... and that wasn’t good enough for them. And this is the government, she is a social worker. She works for the government, you would like that to be sufficient but it isn’t.

This lack of financial support for Grandmothers is of particular concern, since almost all of the Grandmothers interviewed listed financial concerns as their biggest challenge and stress. One Grandmother stated, “What causes me stress? Money problems, financial problems...” Although almost all Grandmothers experienced financial stress, some Grandmothers spoke about their struggle to fulfill their grandchildren’s basic needs: food, shelter, and clothing.

In addition to these basic needs, many grandchildren need supports to help them deal with the trauma that they have experienced (often before coming into the care of their Grandmother). This often manifests itself as emotional, psychological, and behavioural issues or as cognitive limitations. This trauma can include prenatal exposure to alcohol, experiences of abuse or neglect, as well as the loss of their parents or other loved ones. One Grandmother related her concerns about her grandchild:

Then with my [grandson] I had some real concerns about him, we lost his dad in 2003, his dad froze to death, and he goes through some pretty scary depressions and this last time he really scared me because he was thinking suicide.

While special needs services are provided on a case-by-case basis (Government of Saskatchewan 2010), many of the Grandmothers were not able to access the supports their grandchildren need through the child welfare system. This, paired with the financial stress that Grandmothers are under, often leaves Grandmothers trying to help their grandchildren deal with their trauma without proper services or supports. Other concerns that the Grandmothers had, such as living in unsafe neighborhoods, relates to the lack of financial supports that Grandmothers receive. One Grandmother summarized the frustration that Grandmothers commonly feel towards the child welfare system/Social Services:

I can understand when Social Services is saying, let's put them in this family-unit first rather than going out into a stranger's home. Okay, but then help us out as well.

Lack of Access to Services and Supports

Although foster families automatically have access to funding for respite services, transportation services, extracurricular activities, and access to counseling, the same cannot be said for most Grandmothers caring for grandchildren (Government of Saskatchewan 2010). Even though the child welfare policy states that whether respite is funded for Alternate care or PSI caregivers is determined on a case-by-case basis (Government of Saskatchewan 2010), very few Grandmothers were able to access respite or any of the other above services. One Grandmother expressed her frustration at the disparity between foster families and Grandmother-headed homes:

Like foster parents can get respite [childcare] and we can't, because we were dumb enough to take our own [grandchildren] instead of someone else's.

Further, when the fourteen Grandmothers were asked about the services for Aboriginal Grandmothers caring for grandchildren, the answer was consistently that “there's no programming” or services specifically for Grandmothers. In addition, Grandmothers identified their need for a wide range of services including: affordable and safe housing, respite services, counseling services, services for children with behavioural issues and cognitive limitations (depression, anger issues, FASD, ADHD), mentoring programs, social support services, transportation services, parenting skills programming and support. Respite childcare is one service that was consistently brought up by Grandmothers. One

Grandmother spoke to the positive effect she thinks that respite childcare would have on her relationship with her grandchildren:

I guess I would [treasure my moments with my grandchildren] more if I had more moments to myself, [if there was] something in the community where you could have a break.

There are not any respite childcare services in Regina that Grandmothers can access. While some of the services listed above are available in the community, often they have long waiting lists making them difficult for the Grandmothers and grandchildren to access. Similarly, a large barrier to Grandmothers accessing services for themselves and their grandchildren is the fragmentation of services and the lack of information about services. The Grandmothers identified that this was especially a problem when they first took on caring for their grandchild.

Negotiating the System: Grandmothers' Different Experiences

Some Grandmothers approached the Child Welfare System workers asking for more support to meet their needs and their grandchildren's needs. While some of these Grandmothers negotiated the system successfully, others experienced bullying and bureaucratic re-direction. One Grandmother who eventually successfully negotiated the system suggested to other Grandmothers:

[I]f you can't get anything out of that, well then go a little bit higher, talk to the supervisor, talk to somebody else and you don't have to stick with that worker you can ask to be...transferred to somebody else.

However, when Grandmothers experience bullying or bureaucratic re-direction, it can limit their ability to successfully negotiate the system. The intentions of the social workers who are bullying or re-directing the Grandmothers are unclear. However, it's possible that these social workers are trying to create barriers for the Grandmothers. Either way, as a result of these individual social workers' bullying and bureaucratic re-direction, Grandmothers are often unable to access supports. How bullying can be "effective" in this way is illustrated by one Grandmother's story:

I did go to Social Services initially to see if there would be any help, but once the children are in a safe place (or what they consider a safe place), then, their files are closed and there's nothing available and that's what happened [with our family]. And the only way that I understood there would be some [financial] assistance is if we actually turned them over to Social Services and maybe we'll get them back with some help intact.

Discussion and Recommendations

While the Saskatchewan child welfare system has the PSI program, which is designed to support extended family members providing care to children, Grandmothers have varying experiences with the child welfare system, receiving (or not receiving) support for a number of reasons. These include how Grandmothers' households are labeled by the child welfare system (as a private, Alternate care, PSI, or place of safety placement), Grandmothers' income, and how individual social workers negotiate and

interpret the child welfare policies. Even those Grandmother-headed families who are supported by the child welfare system do not receive the same level of support that foster families do. These Aboriginal Grandmothers' experiences illustrates the need for a policy change so that Grandmother-headed families and other kinship-care families are provided with the same level of financial support as foster homes. No matter what the Grandmother or other family members' incomes are, this funding should be provided automatically. This would bring Saskatchewan's policy in line with other provinces, such as Alberta, Manitoba, and Ontario (Government of Alberta 2009). This funding would include allotments for living expenses, child care/respite expenses, special service/program expenses, transportation expenses, school expenses, and recreation expenses.

The Saskatchewan and Canadian governments could support Grandmother-headed families by providing funding for the community services that Grandmothers and grandchildren need to live a good life, including: affordable and safe housing, respite services, counseling services, services for children with behavioural issues and cognitive limitations (depression, anger issues, FASD, ADHD), mentoring programs, social support services, transportation services, parenting skills programming and support. Of particular concern is respite childcare, since Grandmothers consistently listed it as a need. Currently there are no respite care services in Regina. Since Grandmothers identified fragmentation of services and lack of knowledge about services as an important barrier preventing their families from being able to access services, it is suggested that the child welfare system create a package to give Grandmothers and other kinship-caregivers when they begin caring for these children. By including information on various services (community and governmental) that can provide support for Grandmothers caring for grandchildren it would be a great benefit to the Grandmothers. This package could be made available at numerous community organizations as well as government organizations.

While the lack of financial support and services available to Grandmothers and their grandchildren are important issues, also of particular concern is that some social workers' are judging and bullying Grandmothers. This judging and bullying behaviour indicates that some social workers still have racist beliefs, including stereotypes about Aboriginal women and families. These experiences, along with the distrust and frustration that Aboriginal Grandmothers feel towards the child welfare system speaks to need for the child welfare system to become more representative of Aboriginal peoples and for their practitioners to be trained in culturally safety. A representative workforce is defined as a workforce where the community is represented at all levels of the organization in proportion to "their numbers in the working age population" (SAHO/CUPE 2006, 4) In order for the child welfare system to build a representative workforce, it would involve (among other things) the recruitment and retention of Aboriginal people at all levels of the organization.

It is also strongly recommended that the child welfare system adopt a cultural safety policy. Cultural safety emerged during the 1980s in Aotearoa (New Zealand), in order to deal with Maori peoples' distrust and "discontent with nursing care" (NAHO 2006, 1; IPAC 2008, 9). Cultural safety goes beyond cultural sensitivity to analyze "power imbalances, institutional discrimination, colonization, and relationships with colonizers, as they apply to health care" or any other type of human and social service (NAHO 2006, 1). In order to do so, the practitioner engages in self-reflexivity to recognize their own racism, discrimination and biases and how these may affect their provision of care (IPAC 2008,

10). Further, it involves the practitioner recognizing the power that they consciously or unconsciously hold when interacting with a client/patient (ANAC 2009, 10; IPAC 2008, 17; NAHO 2006, 2).

Similarly, the Grandmothers experiences illustrate that many social workers' do not know about or understand the issues facing Grandmothers caring for grandchildren. Educating employees of the child welfare system about the particular challenges faced by Grandmother -headed families and other kinship-care families, as well as the support that they need would eliminate many of the problems faced by Grandmothers. In addition, to ensure more consistent treatment of Grandmothers and other kinship-care families, each office could designate one or two child welfare employees who would consistently working with Grandmother-headed families and kinship-care families. As a result, these families will be able to consistently work with practitioners who understand their issues and how they can best be supported.

Conclusion

This article argues that the Aboriginal Grandmothers caring for grandchildren are receiving fragmented, inconsistent, and insufficient support from the Saskatchewan child welfare system. While traditionally, child rearing was an expected and well-supported role of Aboriginal Grandmothers, the situation today is very different. The Aboriginal Grandmothers who participated in this in this project took on the care of their grandchildren for a number of reasons, for instance, the parents' drug or alcohol abuse, domestic abuse, incarceration, or other situations of crisis or ill-health. As a result of colonial policies and practices, in particular the Residential School policy and the "Sixties Scoop," many Aboriginal families are facing situations of crisis and ill health. Through interviews and Talking Circles, Aboriginal Grandmothers co-researchers suggested a number of changes to child welfare practice and policy in order to better support Grandmothers and their families.

On November 9th of 2009, the Saskatchewan government announced that they would be conducting an extensive review of the province's child welfare system. This process involved examining the entire system including fostering, adoption, child protection, and the prevention of child abuse and neglect (Saskatchewan Child Welfare Review 2010). As a part of this review, the child welfare review committee held in-person consultations with stakeholder groups in the spring and summer of 2010. During this time, stakeholder groups and individuals also submitted online and written submissions for the committee's consideration. Due to the overrepresentation of Aboriginal children in care, stakeholder groups included First Nations and Métis organizations (Saskatchewan Child Welfare Review 2010).

One of the groups consulted was the Grandmothers caring for grandchildren Support Network. Five Grandmothers (the maximum number of group members allowed) were consulted through an in-person stakeholder meeting. The Support Network also presented the committee with a written submission. In the consultation and written submission, the Grandmothers explained the problems they have experienced with the child welfare system. In particular, the Grandmothers spoke about the lack of financial support for Grandmothers caring for grandchildren; the lack of services and supports for them and their grandchildren; and how child welfare workers had bullied and judged some of the Grandmothers who had tried to negotiate the child welfare system. They also made recommendations for how the child welfare system could change to better support Grandmothers and other kinship-care families. Several of these recommendations are outlined above.

The final report has not yet been released to the public. However, according to the child welfare review committee chair, Bob Pringle, “the child welfare system is performing so badly it needs a complete overhaul” (CBC News 2010) This statement gives us hope. As we wait to see the report and the resulting policy changes, we hope that the Grandmother’s Support Group involvement impacted the report. We hope that very soon Grandmother-headed families will receive the support that they need and be treated with the respect they deserve; that Grandmothers and their grandchildren will be able to access what they need to live a healthy life.

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Appendix

Interview Questions

The following questions have been suggested to gather information about the needs of Aboriginal grandmothers caring for grandchildren.

Using your PERSONAL EXPERIENCE, please answer each question:

1. Please describe your SITUATION

How old are you?

Under 40 years

41 to 55

56 to 65

66 to 75

Over 75

1.2. How many children do you care for?

1.3 What are their ages?

1.4 How many of these are grandchildren?

1.5. How long have your grandchildren been with you?

1.6. What are some of the challenges you face every day in looking after your grandchildren?

2. Please describe your HEALTH.

2.1. Do you presently have any health concerns? (if none go onto section 3)

2.2 If yes, What health concerns do you currently have?

2.3. How was your health before you took in your grandchild/grandchildren?

2.4. Has it changed since then?

2.5 If so, how?

3. Please tell me about your STRESS.

3.1. What causes you stress?

3.2. On a scale of 1 to 10 with 1 being low and 10 being high, how high is your stress usually?

3.3. What do you do to relieve your stress?

3.4. Do you participate in any kind of support group or Talking Circle? (If no, go onto section 4)

3.5. If yes, how does that affect your stress level?

4. Please tell me about the SERVICES available to help Aboriginal grandmothers.

4.1. What services are you aware of in your community?

4.2. Do you use any of these services? (If no, go onto section 5)

4.3. If yes, What services do you use?

4.3. Is there anything that prevents you from using these services?

4.4. If yes, What prevents you from using the services that do exist?

4.5. What services would be most helpful to you?

5. Please tell me about your SOCIAL SUPPORT.

Support may come in many forms, and can include financial aid, someone to talk to, spiritual support from Elders or churches, or help with tasks like shopping and cleaning.

5.1. What kind of support do you have?

5.2. What kind of support would you like to have that you don't at the present moment?

6. Do you know about the Talking Circles for Aboriginal Grandmothers Caring for Grandchildren that are held each month at Four Directions Community Health Centre?

No, Would you be interested in learning about these? Why or Why not?

Yes, Have you attended one of the Talking Circles?

No. Why?

Yes How often have you attended the Talking Circles?

Once Why did you not attend others?

Sometimes What prevents you from attending more often?

Most months

(6.1 and 6.2 is only for grandmothers who have attended talking circles.)

6.1 What do you like best about the Talking Circles?

6.2 What do you like least about the Talking Circles?

II. Please tell me what you think of these research questions.

1. With respect to each question, please indicate how the question could be improved to get better information that could be used to improve service delivery and education programs for Aboriginal grandmothers.

2. What other questions should be asked?

3. What advice do you have for how to involve other grandmothers in looking at their health and social support needs and systems?

4. Who else should be involved in this research?