

Centering A Métis Grandmothers' Knowledge: Story of Grandmothers' Teachings and  
Métis Child Welfare in B.C.

by

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Bachelor of Social Work, University of Victoria, 2014

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With acknowledgement and with respect of the Lekwungen peoples on whose traditional  
territory the university stands and the Songhees, Esquimalt and WSÁNEĆ peoples whose  
historical relationships with the land continue to this day.

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## Abstract

Despite decades of evidence in Canada of injustices involving child welfare systems and outstanding recommendations, the overrepresentation and harm to Indigenous children, youth, and families remain (Blackstock, 2011, 2016). The literature reveals a need to build on Métis-focused research related to child welfare systems including noticeable gaps in the voices and knowledge of Métis grandmothers and mothers. This thesis centers on a Métis grandmother's story and my own experiences as a Métis social worker in relation to child welfare experiences within the framework of Métis kinship care and mothering.

Through storytelling and autoethnography, I addressed the following research question: How can the lived experiences and teachings of a Métis grandmother and Métis women enhance social work practices for social workers, community members, as well as organizations and agencies that serve Métis children and families? Significantly the findings in this study reveal the ways that Métis grandmothers and mothers carry inherent knowledge about child, family, and community care, utilize resistance strategies in their experiences with child welfare, and explore the social work implications that can disrupt colonial systems to inform agency and community responses.

## Table of Contents

Supervisory Committee.....	ii
Abstract.....	iii
Table of Contents.....	iv
Acknowledgements.....	v
Dedication.....	vi
<b>Chapter 1</b>	
Introduction.....	p. 1
1. Centering Métis Children, Mothers and Grandmothers.	
2. Researcher Introduction/Starting the Journey.	
3. Overview of Study.	
<b>Chapter 2 Literature Review.....</b>	<b>p.12</b>
1. Knowledge of Métis peoples in BC and Child Welfare Systems.	
2. Colonization: Understandings of Residential Schools and Child Welfare Systems.	
3. Métis Children, Family, Community and Nation: Rights and Identity.	
4. Métis Women’s Connections with Colonial Discourses of Violence.	
<b>Chapter 3 Methodology.....</b>	<b>p.25</b>
1. Guiding Theories: Decolonizing and Anti-oppressive Theories.	
2. The Cree Medicine Wheel.	
3. Ethics.	
4. Research Methods: Storytelling and Autoethnography.	
5. Inviting Participants/Recruitment and Relational Storytelling.	
6. Strengths and Limitations of the Research.	
7. Grandmothers’ Teachings, Lynn’s Story.	
8. Autoethnography.	
<b>Chapter 4 Findings/Meaning-Making: Concepts of the Cree Medicine Wheel.....</b>	<b>p.70</b>
1. Direction of North, Winter, Resistance and Remembering, <i>Wahkootowin</i> .	
2. Direction of East, Spring, Responsibilities, <i>Takaki Awasisiwin</i> .	
3. Direction of South, Summer, Relationships, <i>Miyo-ohpikihawasowin</i> .	
4. Direction of West, Fall, Respect, <i>Mino-pimatisiwin</i> .	
<b>Chapter 5 In Closing</b>	
1. Summary of Findings and Possible Future Research.....	p.87
2. Implications for Social Work Practice & Closing Words	
References and Appendices.....	pp.93-100.

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With gratitude and respect to my supervisor Dr. Jeannine Carrière for your knowledge, care, and patience. To Jennifer Nutton, my committee member, for your guiding knowledge and to you both for taking on this journey with me.

## **Dedication**

I dedicate this thesis to Métis grandmothers and mothers to recognize that your teachings and ways of knowing are surrounded with love and care for children, youth, and family.

This dedication is also to the late Elder Samantha Sansregret. I am always grateful for her gentleness, sense of humor, and guiding ways in my healing and journey.

And finally, but never forgotten, of your lives, gifts, and dreams of all the missing and murdered Métis, First Nations, and Inuit women, girls, and 2SLGBTQQIA people.

## **Introduction**

In setting out on the journey of this thesis, I reflect on the losses and harms of loved ones whose experiences and impacts of colonization are related to historical and contemporary child welfare systems. Despite many decades of research of colonial violence related to these systems, colonial structures and approaches continue to influence these unacceptable and heartbreaking losses and harms where the child welfare system is failing (Blackstock, 2004, 2011, 2016; Hart et al., 2009; Kline, 1993; Maiter, 2015; NIMMIWG, 2019; Sinclair, 2016; Strega et al., 2013; Strega & Carriere, 2015; RCYBC, 2020). These failures in serving children and families are often related to lack of support or access to culturally safe health care or services (Allan & Smylie, 2018, Monchalin et al., 2019). Children should not be losing their parents or parents losing children. These sentiments are stated in the following RCYBC report (2020a): “over a year has passed since the government released the National Inquiry’s Final Report into Missing and Murdered Indigenous Women and Girls (NIMMIWG) without substantive progress on addressing many of the recommendations relevant to child welfare” (p. 4).

My objective of this research through stories and relevant literature is centered in knowledge gathering and meaning making. The concerns are related to issues involving social inequities, social control, racialization, and oppressive structures, as well as revealing ways that families find helpful and is reflective of community guided approaches. This research is centered in sharing truths and knowledge from a grandmother, my observations and in relation to motherhood in their respected knowing of family, wellness, and culture.

The goals of this research are to influence social work practices, leadership, and community roles in the strengthening of the work that dismantles oppressive systems, and marginalized knowledges within child welfare. The intention by contributing to Métis focused research is to influence further research with women and families in roles caring for children. These intentions are for the improvement in the lives of Métis children and families. These goals are also to center ways that inform the ongoing reclamation processes of Metis child and family caring systems. I stand alongside the grandmother centered in this research in the goals and dreams for the needed changes presently and for the generations to come.

In this thesis I refer to the word ‘Indigenous’ or Indigenous Peoples that refers to the First Nations, Métis, and Inuit peoples in what is known as Canada. I also recognize as Allan & Smylie (2018) point out “that globally, no universal definition of Indigenous peoples has been accepted” (p. 1). There is a rich diversity of Indigenous peoples in Canada. and acknowledge ways communities or individuals self-define their own meanings.

Quoted material may also feature the words Aboriginal, Native, or Indian that may represent specific historical or colonial language, and/or preferred use by the author or way of self-identifying. I acknowledge the word Indigenous is inclusive with international communities and individuals as described by Allan & Smylie (2018):

individuals and collectives who consider themselves as being related to and/or having historical continuity with “First Peoples,” whose civilizations in what is now known as Canada, the United States, the Americas, the Pacific Islands, New Zealand, Australia, Asia, and Africa predate those of subsequent invading or colonizing populations (p. 1).

Quoted materials in this research may also refer to Western worldview, Western colonialism or settler colonialism. Kovach (2009) describes how the term Western worldview is a descriptive term for specific ways of “thinking and being as differentiated from Eastern thought, as Indigenous worldview, and so forth. (p. 21) She also shares, and I agree that “the purpose is not to propagate unhelpful binaries, but to point out that Indigenous approaches to knowledge are not of a Western worldview” (Kovach, 2009, p. 21).

#### The Researcher/Starting the Journey, Motivations & Rationale

It is important for me to share about who I am and where I come from and as Shawn Wilson (2008) points out the researcher’s experiences and story cannot be separate from their own life in the research. He also describes how Indigenous research is holistic and involves transmitting knowledge in a role of a storyteller “so that listeners know where the storyteller is coming from and how the story fits into the storyteller’s life” (Wilson, 2008, p. 32).

While I was born on the territories of the Qayqayt First Nations peoples’ in New Westminster, B.C., I moved with my family to Vancouver Island when I was three years old. I live and work on the Lekwungen peoples’ territories of the Songhees and Esquimalt Nations in Victoria B.C. As an uninvited visitor situated on these territories, I express my gratitude and acknowledgement to the Lekwungen peoples to be living and learning on their beautiful traditional territories. This gratitude includes the knowledge keepers, caretakers of the lands, peoples, ancestors, and the teachings connected to these lands and waterways.

I am Métis with Cree and French relations from St. Boniface of the Red River Métis in Manitoba on my father's side. My relatives include the LaFrance, Bruneau and Landry families. My Cree grandmothers come from Green Lake in northern Saskatchewan. I am Irish on my mother's side from the County of Armagh in Ireland and of mixed European descent. I come from the Murphy and Hansen families. I was raised by my loving mother with influences and family care by my maternal grandparents and stepfather since my teen years. I am an auntie, sister, niece, have many cousins, and I am blessed to be a mother of three children who are now in their twenties.

I am very grateful to my ancestors, family and community who have protected culture and knowledge with the hopes this research will serve my community. While my ways of knowing and being as a Métis woman and mother is a journey of rediscovery and reclaiming, this has been greatly influenced by storytelling and teachings from Elders, knowledge keepers, family, and community members. This includes experiences of listening to residential school survivors' stories. The first residential school stories I heard was from the late Delmar Johnnie when I was in my thirties. I was in an Elders teachings class as part of a Child and Youth Care First Nations diploma program. This was a deeply emotional and impactful story of survival of colonial violence and reclaiming that influenced the path of social work education. The experiences of storytelling I have heard from Elders, Indigenous authors and family continued to provide a deeper understanding of my own histories and experiences, supported my ongoing healing journey and greatly influenced the choice for a storytelling methodology.

While I have insider knowledge as a Métis woman, I also recognize ways I have outsider knowledge as a social worker and university student. Post-secondary learning

provided many teachings in my own personal reconnections to protected and stolen knowledge and lands while in relation to social work teachings. This included approaches that address ways traditional knowledge is marginalized, the linkages to power and ways ideologies of colonial supremacy including the control of lands through Indigenous family and community systems.

While I was extremely apprehensive to enter into what is known as child welfare related social work given the damaging histories and contemporary systems of child welfare, I was motivated by the collective changes in Indigenous agencies and the post-secondary learning I received in the Indigenous child welfare specialization. The learning centered approaches and practices that is reflective of Indigenous knowledges and values, and ways that work alongside sovereignty in child and family care. I am also motivated in this work that contributes to addressing racially disproportionate child welfare systems and given the extensive documentation that “research does not affirm disproportionality in the maltreatment of children” (Strega et al, 2013, p. 21)

I am greatly influenced through my employment roles and experiences that have also informed this research topic and choices in a storytelling methodology. I currently work with an urban Indigenous agency, known as a Delegated Aboriginal Agency (DAA). This agency provides services and supports to Indigenous children and youth who are in the foster care system, and supports parent and family reunifications. In my responsibilities alongside families, caregivers and Nations, my current position is what is known as a resource social worker that includes support and service for family and foster caregivers. This includes roles with family and Nations in their legal goals of kinship care.

My observations that influenced the topic of this research include the gaps related to kinship systems in child welfare literature and ongoing needs to build on stable, preventative and cultural support services. My rationale in this research centering a Métis grandmothers' story is how this provides knowledge of child welfare experiences where these stories are often unheard. This choice and my intentions are that this would serve and benefit my people in the Métis community and may have relevance for First Nations, Inuit peoples, Black and other ethnic minority families disproportionately overrepresented in child welfare (Strega et al., 2013, p. 21). My greatest influences include children, youth, mothers and grandmothers in my life both personally and professionally.

While this is a brief self-location to identify how I am situated in this research, as well as my motivations and goals, I will be further describing my relationality to this study using my autoethnography later in this paper that highlights further observations and personal experiences.

### Background for this Research

The following is to provide a brief background of historical and contemporary knowledge and context for this research. Understandings of contemporary and colonial child welfare systems impacting Indigenous children, families and communities connect to colonization dating back hundreds of years (Allan and Smylie, 2018). These include Eurocentric policies such as the Indian Act, residential schools, and sixties scoop to present child welfare systems. Historic understanding involves the first waves of globalisation that began in 1492, initiated by Christopher Columbus in the land dispossession of Indigenous peoples (Jackson, 2007). The intent of colonialism is

founded on greed, domination, misleading myths, deception and lies (Jackson, 2007). Colonial structures continue to manifest today through neo-liberalism and related legislation of Canada's child protection and welfare systems (Strega & Sohki Aski Esquao (Carrière), 2015). These injustices are related to discriminatory policies and experiences connected to myths of race and ways these are connected to child welfare. As Allan & Smylie (2018) cite Reading (2013), that "despite the fact race is a socially constructed category with no biological basis, it has been used for hundreds of years to argue for and promote hierarchies of supposed superiority and civility among "races" of people (p.5). The compounding contemporary concerns related to colonization, include "the obstruction of Indigenous self-determination and failure to recognize treaty and land rights, the lack of access to services and resources, and the over-surveillance by criminal justice and child welfare systems" (Allan & Smylie, 2018, p. 5).

The overrepresentation of First Nations, Métis and Inuit children and youth in child welfare care continues to increase despite decades of extensive proven inequities, as well as recommendations being unaddressed by the Canadian government (Blackstock, 2011, Sinclair, 2016). Data related to Indigenous children in care in a 2016 Census "notes that while nearly eight per cent of the child population in Canada is Indigenous (7.7 per cent), 52.2 per cent of children in foster care are Indigenous (Government of Canada, 2020) (RCYBC, 2020a, p. 4) The dates shows in British Columbia that "although Indigenous children and youth represent only about 10 per cent of children and youth between the ages of birth and 19 years in B.C., they represent 65.1 per cent of children and youth in care as of March 31, 2019." (RCYBC, 2017, p. 42). In May 2020, the RCYBC (2020) reports: "479 Métis children and youth in care in B.C., a decrease since

December 2017 when there were 597 Métis children and youth in care. Including Métis children in out-of-care options, those totals were 764 children and youth in May 2020 and 844 children and youth in December 2017” (p. 8). In 2020 the RCYBC also shared the view of Metis Nation British Columbia and the Métis Commission “that these numbers don’t capture all Métis children and youth in care and receiving services in B.C.” (p. 8).

The number of Métis mothers, children, and families connected to child welfare due to concerns of identity and misrepresentation are unclear; therefore statistics related to Métis people describe an underrepresentation related to complexities of Métis identity (Richardson, 2016). Factors include government exclusions such as if a person identifies as Métis but also First Nations, definitions of Métis citizenship, and political and social influences that relate to definitions of one’s being (Richardson, 2016).

The significance in the lives and well-being of Métis youth have been examined through research by the McCreary Center Society (2019) titles *Ta Saantii Deu/Neso: A Profile of Métis Youth Health in BC* with research in 2013 and 2018. The researchers profile health disparities for youth in government care and describe government care as “youth in the care of the BC government (in a foster home, group home, kith and kin agreement, or custody centre), or on a Youth Agreement (which is considered an alternative to care)” (McCreary Center Society, 2019, p. 9). The reports point out:

Youth who had ever been in government care were less likely to report good or excellent mental health (44% vs. 63% of those who had never been in care). They were more likely to have ever been sexually abused (37% vs. 19% of those who had never been in care); and to have self-harmed (42% vs. 25%), considered suicide (44% vs. 22%), or attempted suicide (21% vs. 7%) in the past year (p.15).

Child welfare systems impacting Métis children and families include intergenerational colonial violence that involve intersecting sites of disadvantage and

oppression for Métis women (Kinewesquao (Richardson) 2015, p. 142). Métis mothers live in the reality of their children being removed in a child-focused system, rather than a collective, family-centered approach (Kinewesquao (Richardson) 2015). Richardson (2015) describes a collective approach as supporting the integrity of the family that addresses poverty, inequalities, and violence. Additionally, child welfare systems have systematically negated to identify Métis children and youth leaving them invisible with their inherent rights of cultural and kinships systems ignored (Carrière & Richardson, 2017). Carrière & Richardson (2017) further point out that concerns related to Métis mothers also involve the lack of considerations and appropriate responses and services in wellness and health in a Métis context.

#### Research Question and Overview of Study

The research question is:

*How can the lived experiences and teachings of Métis grandmothers and Métis women enhance social work practices for social workers, community members, organizations and agencies serving Métis children and families?*

The following is an outline of brief descriptions of the chapters in this thesis. In summary of the first chapter, my motivation and rationale of this research includes my positionality. The intention is to demonstrate how I am situated relationally, and how my accountabilities are related to my worldview and ethics. Additionally, my ethical and relational accountabilities are further explored in Chapter three, Methodologies.

Chapter 2 covers a thorough literature review. There are five topic areas summarizing literature as follows: The first section is a *Knowledge of Métis peoples in BC and child welfare*. The second section is a brief examination of *Colonization: Understandings of*

*Residential schools and child welfare systems.* The third section centers *Métis Children, Family, Community and Nation: Rights and Identity.* The fourth section summarizes *Métis Women's Connections with Colonial Discourses of Violence.*

Chapter 3 is the methodology of this study. There are eight sections. This first four sections are: *Guiding Theories, The Medicine Wheel, Ethics, and Research Methods.* This is followed by two sections: *Inviting Participants/Recruitment and Relational Storytelling* and *Strengths and Limitations* of the research. The final two sections of the methodology are *Métis Grandmother Teachings: Lynn's Story* and *My Lived Experiences/Autoethnography.* In Lynn's story this is not her real name, rather a pseudonym of her choice to protect her confidentiality. Lynn identifies as a Métis grandmother and mother and her child welfare experiences were within the past five years. The final part in the autoethnography involves both my personal and professional lived experiences alongside relevant literature. The literature cited throughout this thesis is primarily by Indigenous researchers.

Chapter 4 is the *Meaning-Making Analysis* where I will be utilizing concepts and teachings of the Cree Medicine Wheel to guide the analysis and presentation of findings. The meaning-making analysis of the knowledge gathered, and findings are interrelated. This includes:

In the direction of the North, representing winter, resistance and remembering, envisioning, and values of care, and *Wahkootowin.*

In the direction of the East represents spring, responsibilities renewal, values of giving, and *Takaki Awasisiwin.*

In the direction of the South represents summer, relationships, self and relation to all, and *miyo-ohpikihawasowin*.

In the direction of the West, represents, fall, respect, dignity, and *mino-pimatisiwin*.

Chapter 6 are the *Implications for Social Work Practice* and implications for future research following by *Closing* words of this research.

This is followed by references and the appendices. The appendix includes the Participant Consent form and Participant Invitation Poster.

## CHAPTER 2 Literature Review

### Knowledge of Métis peoples in BC and Child Welfare

The purpose of the following literature is to provide a brief understanding of colonial impacts connected to child welfare related to Métis peoples through knowledge of our histories. Métis communities and families have existed from the 1600's to establishing as a nation in the 1800's (Gosek, 2017, p. 49). By 1860, Métis people constituted 90% per cent of the population in Manitoba (Richardson, 2016, p. 154). Richardson (2016) points out that "Métis people are a historically, legally, politically, linguistically and culturally distinct Aboriginal people" (Richardson, 2016, p. 11). She includes historic accounts of how in 1885 the Canadian government killed 53 Métis and a First Nations girl in Batoche (Richardson, 2016, p. 154). The soldiers looted the village and disenfranchised Métis communities creating "extreme anti Métis White racism" which marked the end of community safety and belonging (Richardson, 2016, p. 154).

Colonization by Europeans dates back five hundred years and continues today. The strategies are centered in heteropatriarchal systems intended to disempower land-based systems with a focus on disempowering women. (Anderson, 2016). Colonial violence against the Métis includes crucial histories such as the "uprisings of 1869-70", as well as how the Métis were "co-opted by other nationalist projects" such as through multicultural liberal ideologies of outside definitions and misinterpretations of Métis identity and nationhood (Hancock, 2017, p. 11). Jean Teillet (2019) points out the Métis Nations have been insisting "on its existence as an Indigenous people and nation" for over two hundred years (p. XIII). She shares extensive knowledge and history of the social, political, of the Métis nation and people's distinctiveness and collective being.

This includes ways Métis people are visionaries, passionate, and fierce in their aspirations for justice in their rights, freedoms, recognition, resources and land (Teillet, 2019, p. 486).

Understandings of Métis populations in Canada and BC provides understanding of identity, resiliency, and related social, political concerns. Recent statistics reveal the Métis population represent “32.3% of the total Aboriginal population and 1.4% of the total Canadian population” (Richardson, 2016, p. 12). A 2011 statistics Canada survey reveals there are 451,795. self-identified Métis people in Canada (Graham & Davoren, 2015). In BC there are close to 70,000 self-identified Métis people (Graham & Davoren, 2015). “B.C. has the second largest First Nations population in Canada” (RYBC,2020a, p. 10) Additionally in BC “78 per cent of First Nations, Métis and Inuit peoples are living, studying and working in urban and off-reserve areas” (RCYBC, 2020a, p. 10). Graham & Davoren (2015) state “Vancouver is home to the third largest urban Métis population in Canada” (p. 7). Furthermore, “Métis represent one of the youngest and fastest growing populations in Canada” (Graham & Davoren, 2015, p. 7). Barmans & Evans (2009) also point out that the “complexities associated with being, and becoming, Métis in BC goes back two centuries” (p. 59) Historical political decisions regarding Métis rights include the Powley decision of 2003. This involves the Supreme Court of Canada recognizing both Métis communities and rights which marked “a new chapter in Métis-State relations” (Barmans & Evans, 2009, p. 59). Following the Powley decision in 2006 “the British Columbia Ministry of Aboriginal Relations and Reconciliation aligned itself with this nation-based position by signing an accord with MNC’s provincial affiliate, Métis Nation British Columbia” (Barmans & Evans, 2009, p. 65). This accord

pertains to the aspiration of Métis people and “commits the provincial government to support MNBC’s health care, housing, education, and employment initiatives, which are intended to improve the life circumstances of Métis people” (Barmans & Evans, 2009, p. 65).

While this was a very brief profile of some histories to contemporary context of Métis peoples in BC today, I acknowledge there are diverse and rich histories, as well as complexities and knowledge of Métis individuals and communities.

Colonization: Residential schools to child welfare systems.

The following literature involves understandings of colonization related to residential schools and contemporary child welfare systems. This includes research by Gosek (2017), Sohki Aski Esquao (Carrière, J.), (2017), Maiter (2015), Qkwul’sih’yah’maht and Kundoqk (2015), Strega and Sohki Aski Esquao (Carrière, J.) (2015).

Residential school systems resulted in horrendous deaths and harms from forced removal of Indigenous children from their homes and communities into residential and day schools that were in place from 1883-1996 (Gosek, 2017). Metis Nation British Columbia shares some specific Metis residential school histories and harms as follows:

There were schools specifically for Métis that included St. Paul des Métis residential school operated by Father Lacombe, the Ile a La Crosse school in Saskatchewan and the St. Paul residential school in the Yukon. One such school, the Qu’Appelle Indian Residential School (also known as Lebret Indian Residential School), opened in 1884 and closed in 1969. At these schools, Métis children were not allowed to speak the Michif language. Métis children and youth who were forced to attend residential schools were often abused physically, emotionally, and psychologically (MNBC, 2019, p. 6).

Colonizing residential school policy shifted to colonial child welfare policies from the 1960’s to present (Gosek, 2017). The Truth and Reconciliation Report (2015)

confirms the substantial harm from residential school systems for Métis children, family and community which has not been properly addressed or rectified (Sohki Aski Esquao (Carrière), 2017, p. 81). Residential schools have horrendous legacies that are described as “social welfare, at its worst, and its effects (poverty, family disintegration, poor health, high rates of suicide, high incarceration rates) remain with us today” (Maiter, 2015, p. 91). Despite decades of evidence such as the Kimmelman report, and the Truth and Reconciliation Report (2015) the child welfare system continued. This report indicates how the “Métis experience of residential schooling has been overlooked for far too long” (TRC, 2015 p. 55).

While the horrendous impacts of residential schools continued, the extensive harm shifted in shifting child welfare systems included what is known as the sixties scoop. By the 1970’s this was becoming clear. For example, “between 1971 and 1981, 70% to 80% of Manitoba’s First Nations and Métis adoptions were made into non-Native homes” (Sohki Aski Esquao (Carrière), 2017, p. 83). Gosek (2017) points out that “According to the 1996 Royal Commission on Aboriginal Peoples, 11,000 status Aboriginal children as well as countless non-registered (namely Métis and non-status) Aboriginal children were adopted out of their families and communities” (p. 32). Later these estimates were closer to 20,000 that resulted in completely severing connections to family, community and home territories (Gosek, 2017).

Cindy Blackstock (2016) describes reports of health of residential school students to child welfare including in relation to what is known as Jordan’s Principle. She describes how this dates back to the 1907 government report from Dr. Peter Henderson

Byrce who was “a former chief medical health officer for the Department of Indian Affairs” (Blackstock, 2016, p. 287).

In 1907, Dr. Bryce’s internal government report on the health of residential school students was leaked to the Ottawa Evening Citizen, noting that twenty-five per cent of the children were needlessly dying each year because of the Government of Canada’s refusal to provide them with adequate tuberculosis treatment. As Dr. Bryce vigorously pushed for the life-saving reforms, Canada retaliated by cutting his research funding, preventing him from presenting his findings at medical conferences, denying him appointments for which he was eminently qualified, and ultimately pushing him out of the public service (Blackstock, 2016, p. 287).

Jordan’s Principle is a response to jurisdictional funding disputes that put the child first and payment issues can be addressed later (Blackstock, 2016). “The principle is named after Jordan River Anderson, a young boy from Norway House Cree Nation, who spent over two years in a hospital unnecessarily” related to these disputes and being a First Nations child (Blackstock, 2016, p. 294). Jordan tragically died at the hospital at the age of five (Blackstock, 2016, p. 294). A subsequent report confirmed “Jordan’s tragic situation was not an isolated incident. Detailed case studies of 12 of the 108 FNCFS agencies found that 393 children had been denied or delayed receipt of public services available to other children” (Blackstock, 2016, p. 294) The federal government was urged to “implement Jordan’s Principle to ensure that First Nations children access public services on the same terms as other children” (Blackstock, 2016, p. 294). Furthermore Jordan’s principle does not apply to Metis children unless they live on reserve; therefore illustrating another inequity for Metis children and youth in child welfare.

In 2007 in a complaint filed by the “First Nations Child and Family Caring Society of Canada and the Assembly of First Nations” was filed under the Canadian Human Rights Act (Blackstock, 2016). This complaint was made due to the “Government of Canada’s inequitable provision of child welfare services to 163,000 First Nations children, along with its flawed implementation of Jordan’s Principle, was discriminatory on the prohibited grounds of race and national ethnic origin” (Blackstock, 2016, p. 285). This case dragged through the courts until 2014 related to the government of Canada making “eight unsuccessful attempts to get the case dismissed on technical grounds and breached the law on three occasions” (Blackstock, 2016, p. 285). Finally, in 2016 the “Canadian Human Rights Tribunal substantiated the complaint and ordered the Canadian Government to cease its discriminatory conduct” (Blackstock, 2016, p. 285).

The disconnect between the directive and provincial child welfare laws, on the one hand, and the actual needs of First Nations families, on the other, resulted in profound service inequities, particularly in the range of services intended to keep children safely at home (i.e., prevention services and least disruptive measures) (Blackstock, 2016, p. 291).

The Representative for Children and Youth British Columbia (RCYBC) (2020) and Truth and Reconciliation reports also continue to outline these injustices. For example, “The TRC’s findings clearly indicated that while residential schools no longer operate, the child-welfare system continues the assimilation that residential schools started (RCYBC, 2020, p. 9). The RCYBC (2017) also describe how “federal funding models for DAAs are flawed and discriminatory, leading to more children ending up in care” (p. 3). This includes leaving agencies short-staffed, unable to provide services including lack of culturally appropriate prevention services (RCYBC, 2017).

Evidence in the following literature further reveal how failings for Indigenous families continue and structural inequality persists. For example, over 60 percent of Indigenous families' experience in child welfare is related to poverty including housing, food, or medical care (Strega & Sohki Aski Esquao (Carrière, J.), 2015). Colonial policies continue to impact Indigenous lives, land, resources, traditional knowledge, and identity (Qkwul'sih'yah'maht & Kundoqk, 2015). This involves individualized contexts, rather than social, cultural, and historically dominant and neo-liberalism interactions and underpinnings, (Strega & Sohki Aski Esquao (Carrière), 2015). Strega and Sohki Aski Esquao (Carrière), 2015) describe how neoliberal ideology involve Canadian political systems of capitalism that focus on marketable resources, individual wealth, and corporate profits. The significance of this literature is the evidence of the social, economic, and political structures that persist in current child welfare systems impacting Métis mothers, children and families today.

#### Métis Children, Family, Community and Nation: Rights and Identity

This literature includes further evidence in the failings of judicial obligations of Métis rights, issues of identity, including further evidence of discriminations.

While there are supreme court decisions that “affirms the Aboriginal rights of Métis people in this country” as recently as 2017 there were not legal frameworks or infrastructures in these judicial obligations to represent the rights of Métis children (Carrière & Richardson, 2017, p. 50). There were no “systemic identification practices regarding Métis children” (Carrière & Richardson, 2017, p. 51). Issues of identity in child welfare involve the misrepresentation and underrepresentation of Metis children and families including adoptions policy and practices. For example, there continues to be

a lack of clarity in adoption policy including “no concerted effort to fund Métis adoption programs in their entirety and not simply through occasional consultation on cultural safety planning for Métis children who somehow come to attention of the adoption programs” (Carrière & Richardson, 2017, p. 87).

Additionally, Carrière & Richardson (2017) point out that “Until recently, both the federal and provincial governments have denied the existence of Métis rights” (p.105). Métis children’s inherent rights and well-being continue to be ignored and are known as “the hidden children of child welfare” (p. 89). This includes how “MCFD does not track the number of Métis caregivers, only the number of Indigenous caregivers, which is yet another illustration of how Métis children and youth are made invisible” (RCYBC, 2020b, p. 31).

“The Métis Commission also indicated that there is an overall lack of awareness of who the Métis people are throughout the child welfare system” (RCYBC, 2020b, p. 30). Therefore, the Métis Commission indicates a need for increased awareness and knowledge of Metis children and families, as well as policy and approaches that involve community collaboration. In 2019, the Métis Nation of British Columbia (MNBC) stated the “Métis Commission for Children and Families of BC (MCCFBC) is designated under the Child, Family and Community Services Act. As such they are to be notified when a Métis child or youth is taken into the care of the Director of Child Welfare” (MNBC, 2019, p. 15). MNBC makes clear that “the single most important criteria for social workers and others who are working with Métis children, youth, and families is self-identification” (MNBC, 2019, p .9). This includes the extreme importance of professionals to respect "the identity of families, youth, and children in their care. (p. 9).

Following this on January 1, 2020, “An Act Respecting First Nations, Inuit and Métis children, youth and families (formerly Bill C-92) enabled “First Nations, Métis and Inuit governments to resume jurisdiction and exercise their inherent rights to look after their own children, youth and families” (RCYBC, 2020b, p. 5).

The First Nations Leadership Council (FNLC) has been directed by resolution from First Nations to wholly reform the current Indigenous child welfare system in B.C., including working with federal and provincial governments to develop First Nations-supported legislation, policies and practices that recognize and affirm Indigenous child welfare systems (RCYBC, 2020b, p. 5).

### Métis Women’s Connections with Colonial Discourses of Violence.

There are multiple intersecting sites and dominant discourses related to experiences of violence connected to Métis mothers through race, class and dominating myths (Kline, 1993). For example, as Marlee Kline (1993) further explains in her groundbreaking article, *Complicating the Ideology of Motherhood: Child Welfare Law and First Nation Women* how the dominant ideology of motherhood includes cultural and historic phenomena of capitalist western nations (p. 311). Kline (1993) describes how mothers who deviate from these ideologies are labelled ‘bad’ or ‘unfit’ within race and class meanings of motherhood. Kline also (1993) states that “The realities of poverty, racism, heterosexism, and violence that often define the lives of mothers who do not conform to the ideology are effectively erased” (p. 315).

Research twenty years later shows how these concerns and realities for Indigenous mothers experiencing these systems continue. For example, Richardson & Wade (2013) describe how Indigenous families continue to face violence and inequalities through racialized and marginalized experiences (p. 146). This includes the preoccupation of child protection with risk in surveillance and evaluation coupled with

limited resources available in the most severe circumstances leaves poor families, particularly single mothers marginalized where child protection encounters occur the most (Strega et al. 2013). Child welfare systems reflect gendered and racial responses that fail to protect children and their families (Strega et al., 2013). Contributing factors include how dominant discourses in child protection approaches center “non-offending mothers in situations of intimate partner violence and child sexual abuse” (Strega et al., 2013, p. 12). This includes the lack of appropriate supports and expectations on mothers to predict risk, react appropriately and bring an end to neglect and abuse or consequently be viewed as failing to protect (Strega et al., 2013).

Not only does the literature reveal removal of children from parents in relation to a pathologizing and inadequacy of mothers but the authors also point out evidence of the connection to race and class biases (Strega et al, 2013). The misapplication of Western psychological theories has been part of the child welfare machinery used against parents to build a case for removals” (Carrière & Richardson, 2016, p. 102). Discourses of individualism include deficits of historical impacts, and discourses involving victim blaming and inability to parent (Carrière & Richardson, 2017). This deprivation is seen to be at the core of substance abuse, violence and next generation removals” (Carrière & Richardson, 2017, p. 99). Furthermore, formal supports are needed in kinship care including how there is often fewer services than non-kin foster parents (Mann-Johnson, 2017, p. 224). Mann-Johnson also highlights how decisions that are made in isolation from Indigenous communities around kinship care or any assessment of care for Indigenous children and youth is a colonial practice (Mann-Johnson, 2017, p. 229).

Richardson (2016) describes how the structural violent experiences of Métis peoples “alongside their First Nations and Inuit brothers and sisters” includes oppressive social work and documented harms (p. 165). This includes how changes in social policy have resulted in “an over-focus on investigation and withdrawal of prevention services in British Columbia “(Richardson, 2016, p. 167). Richardson describes how “contemporary social work concerns include related ideas of “attachment theory” that “overlook the reality of the state’s responsibility for “broken attachment” through genocidal violence, again looking to mothers as the site of responsibility” (Richardson, 2016, p. 167).

In *The Northwest is our Mother: The Story of Louis Riel’s people, the Métis Nation* (2019), Teillet highlights ways violence against Indigenous women in Canada is just coming to be known. For example, Teillet (2019) refers to a statistics Canada report that states “in 2014 that the rate of homicides for Indigenous women and girls was six times higher than for non-Indigenous females” (p. 467). Teillet further states that overall violent victimization rates are “close to triple that of non-Indigenous females, and visible Indigenous identity in and of itself was a risk factor for violent victimization of Indigenous females” (Teillet, 2019, p. 467). Invisibility for Métis women also persists as shown in this study as Teillet (2019) points out that “no one has teased out the numbers of Métis women victims from this bundle of pan-Indigenous statistics” (p. 467).

The RCYBC (2020a) also describes the relation to violence against Indigenous women and girls to unaddressed child welfare recommendations. In the RCYBC report dated December 2020 titled, *Illuminating Service Experience: A Descriptive Analysis of Injury and Death Reports For First Nations Children and Youth in B.C., 2015-2017*, these proven injustices are outlined. This is consistent with the findings of “the 2015

Truth and Reconciliation Commission confirmed the over-involvement of the child welfare system in the lives of Indigenous children to be at a “crisis level” (RCYBC 2020a, p. 4). Furthermore in 2012, “the United Nations Committee on the Rights of the Child recommended that Canada take urgent measures to address “the discriminatory over-representation” of Indigenous children in “out-of-home” (foster) care.” (RCYBC 2020a, p .4).

Community testimony in the inquiry for Missing and Murdered Indigenous Women and Girls is another critical factor that informs agency and social work responses. Indigenous women’s experiences are deeply connected to child welfare and colonizing experiences related to racism and discrimination (NIMMIWG, 2019). Métis witnessing and testimonies to the National Inquiry for Missing and Murdered Indigenous Women and Girls highlighted the importance of Métis self-determination (NIMMIWG, 2019). These principles included “culturally-specific solutions; respect for human rights; prevention in relation to violence and child welfare, and substantively equal governmental support for Métis children and families; and inclusion of all Métis perspectives in decision making, including 2SLGBTQQA people and youth” (NIMMIWG, 2019, p. 213).

The literature has identified many concerns that inform this research. The failings of Métis rights, concerns connected to identity, and structural and colonial systems that continue to harm Métis mothers, children, families and communities are central to point out as the backdrop to this study. The literature also reveals a gap regarding Métis women’s stories and knowledge that can strengthen understandings related to

grandmother's teachings, motherhood, and child and family wellbeing in a child welfare context in BC.

Métis women's knowledge is vital to the well-being and health of Métis communities, can address gaps in knowledge to social and culturally safe services and provide relevance in an urban context (Monchalin, et al., 2020, p. 148). Elders often voice the importance of mothers in Métis culture including the need for a stronger focus on motherhood in child welfare work that supports their mothering roles, identity and healing processes (Carrière & Richardson, 2017, p. 108).

In the following sections, I present a Métis grandmother's and women's stories that attest to how child welfare has impacted their lives in ways that are related to the literature cited above.

## CHAPTER 3 Methodology

### Guiding Theories

This research is influenced and guided by decolonizing, and anti-oppressive theories. Decolonizing theories support understandings of knowledge through the examination of ways knowledge has been diminished (Battiste, 2011). Forced assimilations, modernization, and globalization (2011) are characteristics of colonization. Decolonizing theory is connected to anti-colonial work. Anti-colonial work rejects colonial powers and works to restore local control, creates space for Indigenous knowledge, traditions, and values in systems, and delegitimizes colonial attacks (Hart et al, 2009b).

Decolonizing theories influence how abuse and resistance need to be understood in a colonial context, as well as the importance in the critique of institutions in deconstructing movements (Battiste, 2011). As Hart et al. (2009) points out, “Colonialism continues to exist, occasionally transforming shape like the tricksters in our traditional stories. We need to continually reflect on our practice to see how it represents the characteristics and goals of Indigenism and anti-colonialism” (p. 41). Sinclair (2009) further describes a decolonizing context in social work that works to address racism and injustices related to child welfare. These contexts are centered in “the intergenerational and current impacts of colonization” (Sinclair, 2009, p. 9). The manifestations through colonial culture, social suppression and intrusive, controlling legislation include “industrial and residential school systems, the child welfare system, and institutional/systemic/individual racism and discrimination” (Sinclair, 2009, p. 23).

Decolonizing practices and theory influences ways this research is framed through understandings of historic and contemporary colonization and in reflecting on my own internalized colonial impacts. For example, this includes use of language and examining my perceptions, biases and understandings of the world around me. Decolonization is about a critical consciousness, and also includes personal reclamation of my own resistance, rediscovery and traditional practices that include simultaneously addressing racism and social injustices (Absolon, 2011). Allan & Smylie (2018) describe how racism manifests in contemporary and intersecting ways with child welfare in the following statement:

Racism not only justified historic colonization but compounds its contemporary effects (Cunningham, 2009), contributing to, for example, the obstruction of Indigenous self-determination and failure to recognize treaty and land rights, the lack of access to services and resources, and the over-surveillance by criminal justice and child welfare systems (p. 5).

Anti-oppression theory guides my research as it supports ways that address and transcend multiple and shifting structural and relational identity positions, as well as interrogates production systems in society (Moosa-Mitha, 2015). Anti-oppressive theories embrace both “difference-centred as well as critical claims of social justice” (p. 65). Social justice visions within anti-oppressive theory seek social justice through equality of shifting collective experiences and in relation to concepts of liberty (Moosa-Mitha, 2015). Anti-oppressive practice also articulates knowledge in terms of how “not everything is knowable”, nor neutral or abstract as it is knowing difference that is fluid (Moosa-Mitha, 2015, p. 89).

Thomas & Green (2007) describe anti-oppressive ways of life and practice through both an analysis of power and way of life that values traditional teachings. They

also point out how anti-oppressive practice includes examination of ones' assumptions and biases connected to our subjective experiences. This is related to the effect of specific relations given the importance "in developing a commitment to overcoming injustice in our practice with clients" (Thomas & Green, 2007, p. 91). Richardson and Wade (2008) describe analysis of oppression in social work includes "minor affronts to dignity to extreme and protracted forms of abuse" (p. 205). Further decolonization and best practices are family centered and center a collectivist vision (Richardson, 2016).

These theories support ways knowledge is understood and gathered in this research, and the connections in the meaning-making of the analysis.

#### The Cree Medicine Wheel

While I am still in my early learning of medicine wheel teachings, these reflect my worldviews in guiding my values and actions through understandings of myself and in relation to the world and all of creation. The medicine wheel quadrants involve relationships between the past, present and future including ways previous journeys can reveal ways that we can be more effective on our next journeys (Thomas & Green, 2015). Medicine wheel teachings offer holistic ways to guide these journeys and visions to address imbalances and seek harmony with all of our relations (Thomas & Green, 2015). This influences my intentions and guides the research in how all stories have relational meaning and how the story is research (Kovach, 2015).

The relational teachings of the medicine wheel will guide this research process and analysis in a holistic way. This involves how the "medicine wheel is an ancient teaching tool. It has no beginning and no end and teaches us that all things are interrelated" (Qwul'sih'yah'maht & Kundoqk, 2015, p. 27). These teachings guide my

relational accountabilities to the participant, the community, and all my relations. The medicine wheel includes values of individual and community respect, sharing and “holds spirituality as a central pillar and has several key concepts: wholeness, balance, relationships, harmony, growth, health and *mino-pimatisiwin* [the good life]” (Hart, 2009, p. 35). I am also guided by relational values such as respect, listening, relationship and openness to change and learning. The medicine wheel also supports self-care and self-in relation to others through a holistic view of being. These include the physical, spiritual, emotional, and mental aspects of being (Lane et al., 2012, p. 33). These center traditional knowledge and spirituality in my ways of knowing and being and relational responsibilities.

The Cree medicine wheel reflects these teachings and has teachings specific for guiding my process including concepts and teachings to guide the analysis and meaning making of the research findings. Simard & Blight (2011) explain how the Cree medicine wheel “is divided into four quadrants representing various teachings. It also includes layers of circles that begin at the centre and move outwards, which represent various levels of being; this is referred to as ‘the hub’” (p. 47). They also share how the “inner most circle represent the person who is part of the creator and all creation” (p. 47).

The Cree medicine wheel is an Indigenous-led framework for this research. Hart (2009) points out how Indigenous led frameworks support the helping relationship, as well as community and familial relationships and commitments (Hart, 2009). An Indigenist framework involves a view in relation to the natural world, requires knowledge of histories and draws upon traditions to uphold the rights of Indigenous people (Hart, 2009). This not only provides a traditional tool for this research but Lavallee (2009)

points out how research frameworks must aim to reflect the beliefs, practices and customs of the group. This framework is also further explored in the following paragraphs related to the ethics of this research.

### Ethics

There are many ethical considerations for this research. This includes the ethical principles that were developed by the National Aboriginal Health Organization (NAHO) Métis Center's, "Principles of Ethical Métis Research". These principles were developed some time ago but remain as culturally relevant Métis research principles that include reciprocal relationships, respectful inclusion of ideas both individually and collectively, inclusive and safe environments and diversity of concepts and ways of knowing (NAHO, n.d.). I am also guided by the First Nations Center principles of OCAP (Ownership, Control, Access and Possession) in the governance of First Nations in the data, knowledge, control and ownership of research (NAHO, 2007).

The Canadian Institutes of Health Research (CIHR) (2010), Tri-Council Policy for ethical conduct for research involving Humans chapter 9, *Research Involving the First Nation, Inuit and Métis Peoples of Canada* also guides my ethical accountabilities in this research. The policies of conduct are "premised on respectful relationships. It also encourages collaboration and engagement between researchers and participants" (CIHR, 2010, p. 105). These also involve respecting community customs," respect for human dignity and the core principles of Respect for Persons, Concern for Welfare, and Justice" (CIHR, 2010, p. 109).

The ethics in this research center my relational accountabilities and values with participants that demonstrate reciprocity and commitments to actions and change (Potts & Brown, 2015 & Wilson, 2008). This involves collaboration and solidarity in the meaning-making and fit between analysis and approaches, and the benefits and relevance for participants and the community (Potts & Brown, 2015). Wilson also describes relational accountability with how we choose the topic, methods in building relationships, the way learning is analyzed and how outcomes are presented (Wilson, 2008). Further how all knowledge is cultural and based in relational contexts, therefore accountable to the “relationships we form in our search for enlightenment” (Wilson, 2009, p. 94). Part of my relational accountability includes ways I came to this research topic. The topic of this research began with conversations with many people; my thesis supervisor Dr. Jeannine Carriere, Elders and community members, colleagues in my workplace and student peers who encouraged and supported this research.

During the research gathering of information, I ensured all information and documents were safeguarded and kept confidential. I assessed the possible risks, and the participant was fully informed of possible risks. This included that the research did not involve any therapeutic interventions or compensation. I shared gratitude of my appreciation for the knowledge, stories and time shared in the form of a gift to the participant. I also connected with my supervisory committee for feedback and ongoing learning in all my accountabilities. I followed the principles of ethical research practices as outlined in the University of Victoria Research Ethics protocols. Given the many harms of research historically, these ethical and relational accountabilities that guide my research are my utmost priority.

I also recognize that I am both an insider as a Métis community member, but also an outsider as a researcher and social worker. Richardson (2016) points out how contrasting positions can include that while having a Métis lens in the analysis involves both “sensitively challenging and problematizing certain aspects in order to lead to a greater understanding” yet also not overdeveloping or repressing (p. 83). Other considerations include “considering alternative and counter-intuitive explanations, through strong explanations of the relationship to field text, participants’ experience and the theoretical literature” (Richardson, 2016, p. 84).

It is also important for me to acknowledge the many ways this research will benefit me personally. This includes not only fulfilling the requirements of the Master of Social Work Program that brings many benefits, but as Lavalée (2009) points out a research journey provides many opportunities for the researcher. She describes how these include personal growth, learning and influencing a spiritual journey from knowledge shared by the community (Lavalée, 2009, p. 26).

I also connected with my employment leaders to discuss how if at any time there is any chance of even a perceived conflict of interest with a participant that I will report this to both my supervisor at my place of employment and my supervisory committee with the university. I did not seek participants that I know or have an influential relationship to avoid any potential conflict, as well to minimize in any way that a participant may feel pressure to participate. In my work roles, I am in a kinship/resource social worker position that involves work with family and foster caregivers.

## Research Methods

### Autoethnography

The autoethnography section of the methodology is my storytelling, experiences and observations. This includes research and literature from primarily Indigenous researchers. Chang (2016) describes data gathering in auto-ethnography includes “personal memory data, self-observational and self-reflective data and external data (p.10) Autoethnography examines the social world through the lens of the researcher's personal experience (Wall, 2016). Kovack (2010) also shares how autoethnography brings together “self (auto) in relation to culture (ethnography)” that can support more of an integral positioning that could enrich the report (p. 33).

As a Métis woman and social worker with Indigenous child welfare agencies and organizations over the past seven years, I have both insider and outside understandings. While my self-reflections include values and beliefs and cultural teachings, there are many influences related to unlearning and relearning. For example, my understandings of the manifestations of colonization related to child welfare structures has been strengthened yet continues to develop. This is related to how colonization is ongoing and presents in different and nuanced ways that is also shared in the stories in this research. This is also related to motherhood through the literature and my observations such as marginalization in urban environments often away from family and community.

While I know I may stumble in this research journey and learning is a lifelong journey, I am committed to being actively responsive in my continuous learning beyond this research and to the lifelong relationships that may come from this research. For

example, this includes when I am messaged for a visit or assistance from Lynn or other community members, I will be actively responding in all the ways I possibly can.

### Storytelling Method

This research is a qualitative study informed by an Indigenous storytelling and narrative methodology. These methodologies have similar approaches that align with an Indigenous methodology. An Indigenous methodology requires being inclusive of Indigenous voices, practices and understandings (Kovach, 2015). Indigenous knowledge and understandings are fluid, relational and non-linear in the wisdom of the storyteller, and community (Kovach, 2015). A storytelling methodology requires the researcher responsibilities in being the learner, listener, and validating the lived experiences of participants in the telling of their story (Qwul'sih'yah'maht, 2015). This involves how meaning-making is together, interconnected and requires values and traditions of storytelling in a reciprocal relationship and process of giving back (2015). Green & Thomas (2005) also point out there is a demand for “Indigenous literature that illustrates best practices that are decolonizing” (p.2).

A narrative approach involves promoting “prominence to human agency and imagination, it is well suited to subjectivity and identity” (Richardson, 2016, p. 73). “Stories contain aspects of the larger culture, including beliefs, experience, values, aspirations and mores” (Richardson, 2016, p. 73). This also encompasses the significance of colonial experiences and cultural stories connected to self, as well as contribute to collective stories (Richardson, 2016). These methods guide ways that I was attentive and responsive to resistance, agency, culture, identity, and power.

### Inviting Participants/Recruitment and Relational Storytelling

The following sections outline the processes of invitation or what is often called recruitment, and the storytelling experience with the participant centered in this research.

#### Connections with Community

My first step in inviting participants began with connecting with a Métis Elder which centers ways that reflect my relational accountabilities (Wilson, 2008). Relational accountabilities as Wilson (2008) points out are centred in values of respect, relationships and responsibilities with community and participants in research. The ways that these values are demonstrated, includes transparency about the research and listening for feedback and protocols. Values of respect center my beliefs in the way the research process is guided by traditional knowledge. Lavallee (2009) points out that Elders hold traditional knowledge and must be included in Indigenous research. For example, teachings of respect that involve listening to our Elders and when someone is speaking, and reciprocity in giving back.

I contacted a Métis Elder that I had known for many years by email. She responded by inviting a phone call. I was not able to meet with her in person due to health safety with regards to the COVID19 pandemic and provincial health recommendations. We talked on the phone and she shared in speaking for herself not the community, she provided her support for the research. This including the Elder offering names of Métis agency and community leaders that she suggested I connect with first. I contacted the Métis Nation of BC and child and family welfare agency leaders throughout the province that she suggested. Through all my conversations with leaders and staff, unanimous support for this research was expressed by all individuals. This

included agency leaders offering to share my invitation poster through social media. This was done through social media only due to families not accessing supports and services in person due to COVID19 health pandemic restrictions at that time. With permission of the leaders, I also contacted agency staff who were willing to share the poster directly to potential participants. I also spoke with my supervisor and Executive Director where I am employed around transparency with the research and agreed that I would not be interviewing any participants that I may know or have worked with through my employment. Leaders within the agency I work were also supportive of the research.

### Inviting Participants

The poster centered an invitation for participants that live in BC, who identify as a Métis mother, and had interactions related to child welfare in BC within the past five years. The rationale for this time frame is to provide a contemporary context of a grandmother's experiences with child welfare. I believe this is important due to changes in policies in recent years. In my first contact with participants my intentions were to share information, invite questions and to discuss consent, the consent form and information for contact with my thesis supervisor and the University of Victoria Ethics Committee. The poster also stated, given COVID19 provincial restrictions, the meetings would be on the phone or video chat.

### Planning together and Consent

The communication with the participant in this research began by email and then she agreed to a phone call. The participant identified as Métis and as a mother and grandmother. She expressed having experiences with the child welfare system in BC within the past five years. The phone call included sharing information that included

understandings about the purpose of the research, possible risks and benefits. I shared how the interview would be grounded in a storytelling and narrative methodology that included some guiding questions that could be shared with her if she would like. I discussed the possible benefits of the research including how the research may influence ways she may view storytelling as a positive experience. While benefits of this research can include the possibilities to influence social justice for changes related to child welfare approaches, yet I stated there was no way to guarantee or predict this. I also acknowledged how this research benefits me personally in my learning and in completing my master of social work degree. The possible risks of emotional distress were also discussed given the highly sensitive nature of the topic and sharing of her story. While I shared that I would offer to debrief with her, I also encouraged having a plan for support or self-care following the interview in the event of any emotional distress this could bring. I also provided information to access support such as the Métis crisis line phone number and encouraged connecting with the closest Métis community support if she chose.

In our conversations, I shared how consent would be addressed with the research being completely voluntary at all stages. I shared how the participant can withdraw at any time and, if so, all information they shared would be destroyed. Additionally, I shared how her information would be stored and protected. I also would not use her real name, rather a pseudonym of her choice. I also discussed consent in the use of video-recording or taking notes. I also confirmed that the research would not be shared publicly without her consent and her real name would not be used. While my hope was that interviews will be offered through a variety of opportunities that would include in-person, I discussed

that option was not possible due to COVID health restrictions; therefore, the options were via telephone or video chat. I also provided her with my supervisor Dr. Jeannine Carrière's contact information, as well as the University of Victoria's research ethics committee if she had any concerns or further questions at any time. In the appendices section at the end of this paper is a copy of the consent form. The participant acknowledged and agreed to understanding the contents of consent form through email confirmation.

I discussed potential needs for additional supports with the participant, Lynn, such as the presence of an Elder, community member or other support person to be invited or present during the interview. I offered ways to begin our opening time together, such as a prayer, smudging or traditional ways she may choose. Due to COVID health pandemic restrictions, an in-person interview was not possible, therefore I offered that we could get together through online video chat or on the phone. In doing so I ensured she was comfortable in moving forward as we could not meet in person.

I invited Lynn to let me know at any stage of the research of what may be preferred in our communication including following up and expressing my openness to what worked best for her. I requested permission to transcribe the interview recording and checked in with her around her willingness to participate in reviewing the transcription for feedback and accuracy of the information. I shared the approximate time this would take up to ninety minutes for the interview and up to an additional ninety minutes to review the transcript and return with her feedback. Lynn shared some brief details and timelines of her experiences within the past five years, and she stated that she wanted to participate. Lynn also confirmed her understanding of the research, and

consent as detailed in the consent form and described above. When I emailed Lynn the consent form to review, I also offered to discuss further any questions she may have. After I received the email with the signed consent form from Lynn stating she understood the consent form and wanted to move forward with the interview, a date and time for the interview was arranged.

#### Potential Barriers & Re-evaluating with Participant

During the participant search, while it is unknown if this was related to the COVID 19 health pandemic or not, I did not receive the originally intended number of participants. I reconnected with Métis agency leaders and staff after the poster had been out for a few months. The feedback I received included potential barriers that families were unable to physically access the offices due to the ongoing office closures related to the covid 19 health protocols as well as related challenges at this time. After a few months within an active health pandemic, there were no further participants, and the path of this research was re-evaluated. In collaboration with my thesis supervisor, it was decided that this research could take a new, rich and meaningful path in focusing on Lynn's story with the addition of an autoethnography alongside further related literature.

I contacted Lynn with this idea and change of direction. She had already completed her interview and transcript feedback and I proposed the idea of focusing the research on her story along with an autoethnography of my story and literature. Lynn agreed to continue with this new change. She expressed feeling happy about this and she reiterated that she wants her story in this research. I followed up with the University of Victoria Ethics staff and sent the required changes to the Ethics Board. The following

section describes the methods of storytelling and autoethnography that unveiled my findings.

### Relational Storytelling

The relational storytelling with Lynn began with reviewing the consent form and confirming her understanding of consent in participating. Lynn's emotional safety throughout the research was always the most significant priority including post research at any time. My intention was to provide the safest, most comfortable, and caring experience for her.

I updated Lynn that I would send her the transcribed information to request her editing and feedback for accuracy of the information. I also reiterated that before we began that at any time she can choose to discontinue and reschedule or withdraw completely. Lynn acknowledged full understanding and agreed to provide the transcribed feedback. I also shared with Lynn my gratitude and how I would provide her with a small gift of appreciation for her participation. This included her preference that she would have this mailed to her or dropped off at her door or if she preferred or meet to give in person at a later time when possible. My intention is open communication, inviting what works for her in being grounded in respect for this journey together in this research. Métis storytelling protocols involve visiting, gifting, sharing of food, and asking permission (Canada, 2017). Through gifting, my intention was to demonstrate the values of respect and reciprocity for the knowledge and gifts that is she was sharing in this research.

I asked Lynn if she was ready to move forward or had any concerns or questions. She said she did not have any questions and she asked if we could begin. Lynn shared

with me in our first interactions and directly before the interview that she wanted to tell her story and wanted to be heard and in the hopes of even a small number of people hearing this one day could make a difference for another family that this was something she really wants to do.

The guiding questions with her storytelling include:

*How does being a Métis grandmother and mother relate to your experiences with the child welfare system?*

*What are some challenges or concerns related to these experiences with the child welfare system? What do they think would be contributing factors to the challenges or concerns?*

*What, if any, were helpful experiences in relation to their interactions with the child welfare system?*

*What are some ways or ideas that you believe could contribute to being more helpful in your experiences with the child welfare system?*

*In conclusion, was there anything that we did not cover that you would like to talk about?*

My goals centered in the storytelling was for Lynn to feel heard, comfortable, and understood with accuracy, respect and caring. While these guiding questions were intended as starting points, and to support the storytelling as needed, the ways Lynn wanted to share was centered. As Thomas (2015) points out, “Storytelling should always be teller-focused and share what the tellers deem important about their experience and should not be about studying what the researcher deems important” (p. 187). This includes how authenticity involves how their words are centered in “storytelling and conversations” rather than questions and answers.” (Thomas, 2015, p. 187).

In closing, I asked Lynn if there was anything further that she wanted to share or talk about. I also asked her how she was feeling. I offered to follow up or if there is someone she could talk to immediately if she was distressed or in the event this occurs in the future as a result of these conversations. Lynn did not express feeling distressed at any time including the numerous times in our follow up conversations and emails. I shared a closing that included my gratitude by thanking her for this time together, sharing her story, courage and knowledge. I also provided a gift of beaded earrings from a local Métis artist and a book from a Métis author with arrangement to deliver this to Lynn. I left the gift at her door within a few days as planned which was the preferred method to receive this by Lynn. While my hope was this storytelling experience together would include visiting in person so this could include offering tea or coffee and food, this was not possible due to the Covid19 pandemic health restrictions. I also planned with Lynn for a date for the data review for accuracy including verifying her preferred communication for this. This review occurred as planned with Lynn. Lynn and I have remained in communication and if she still wanted to connect at a later date when Covid 19 restrictions are not in place, I would offer tea, coffee, food at that time.

#### Strengths and Limitations of this Research

The strengths in this research include the way Métis-focused research contributes to collective stories and builds on existing research towards social justice centered with Métis knowledge related to child welfare systems. Iseke and Desmoulins (2011) share how “Métis women's stories help us understand the important roles of Indigenous women in communities and the ways that their work has and continues to contribute to the well-being of women, their children, and grandchildren, and indeed, to all members of

Communities” (para. 2).

Another strength is how this research centers relational storytelling of a Métis grandmother in her narrative, experiences, and recommendations. This centers ideas and knowledge that may influence collective changes. The strengths include how the creation of knowledge and truths support collective goals. As Espikenew (2009) states that without truth “there can be no reconciliation; without truth there can be no healing; and without a shared narrative of our collective reality (past and present), there is no truth” (p. 7). Another strength is in the hopes that this research could influence future research with Métis grandmothers, mothers, and families whose voices are often marginalized within these structures and systems. These identified strengths are grounded in concepts shared by Shawn Wilson (2009) in how knowledge cannot be discovered or owned, but rather “a set of relationships that may be given a visible form” (p.127).

In reflecting on the limitations, there is no certainty this research would be impactful or viewed as influential, and this would be difficult to assess. The limitations in this study can also be the ways many other voices are excluded, such as Métis fathers or other Métis family members caring for children and youth. Limitations also involve how written form is linear and so there is always some loss or risk of knowledge being missed or misunderstood (Kovach, 2015).

## Métis Grandmother Teachings: Lynn's Story

### Introduction

Lynn identifies as Métis originally from Alberta and generationally from Saskatchewan. Lynn is a mother and grandmother and wants to share her story in the hopes for changes in child welfare system including that other Métis families in the future do not feel alone. Lynn shared she has 35 cousins and has an amazing grandmother.

*My grandmother is Métis, her mother was Cree and her father French. They were generationally from Saskatchewan. When they changed the format, and you could claim your Métis citizenship from the maternal line that's when my cousins and I applied for our citizenship both in Alberta and in British Columbia. My grandson received his citizenship in British Columbia. In the future, my hope is it to be all cohesive but right now with each province separate from each other it can be a little bit frustrating.*

*Our traditions, language and things of this nature were lost and not passed down to my generation, so my cousins and I are trying to bring what we lost back to our children and grandchildren. My grandson is now 7 he knows his flag, some Cree words and French words and as he gets older, he will know more of the history.*

*My grandmother and family were big into gardening and this is what my grandson and I are doing and things of that nature. He will be in the immersion program for French and who knows one day he may want to speak Michif. I know of a Cree Elder that does teach Cree, I would love to do that one day because I think you can learn a lot about your culture and traditions through language. The*

*local Métis Nation is the most helpful. There is good communication from the programmers, and I like they are implementing programs for our nation.*

### Lynn's story

Lynn's story and experiences with the child welfare system in B.C. began in 2014 and her last interactions were in 2018. Lynn's first experiences were with child protection social workers to care for her grandson. She said this was related to police and child protection involvement due to a domestic dispute. Lynn described how over time she learned about her daughter having substance addictions and related issues and she states this is why she now has legal custody of her grandson.

In Lynn's first interaction with social workers, she said there was a safety plan for approximately six months. She described how during this time the social workers changed the plan often and sometimes weekly. For example, the plan started with her daughter and grandson remaining together if her daughter filed a no-contact order against her boyfriend. Lynn said her daughter filed this order. Then the next day the worker said her daughter and son could not remain together, and Lynn's grandson was placed with her. Then Lynn said she received a new set of instructions from the social worker that her daughter could not stay at Lynn's with her son overnight. Then lastly, her daughter could not see her son more than 3 hours a day. Lynn described feeling really upset because she said that no one was giving her any explanation for the constant changes.

*I was really confused and not one of my phone calls were returned. Eventually after a few months I walked into the Ministry office to arrange a meeting with the team lead.*

Lynn described how she had arranged for her lawyer to go with her, but at the very last minute the meeting time was changed by the office. Due to this change Lynn said her lawyer was unable to attend. Lynn attended the meeting with her husband. Lynn shared that the team lead was late and showed up in bare feet, and his hair was not combed.

*This was very upsetting for me at the lack of professionalism I expected from an agency that is responsible for the safety of our children. This team lead was “calling the shots,” without having ever met my daughter, grandson or myself or returning a single message that was left for him or one of the many social workers I had encountered during that time. It was six months of uncertainty, confusion, and underlying threats. I felt like nothing was addressed or any good came from this meeting.*

Lynn stated that despite being told by social workers that she would have support with childcare as she had to leave her job to care for her grandson. She said she used her retirement savings to make ends meet. Lynn shared that she understood that she could not apply for childcare subsidy because she was not her grandson’s legal guardian. Lynn shared feeling a lot of confusion also due to having a constant change of social workers and their file was misplaced for two months. She said that later she was told the missing file was the reason she did not hear from any Ministry workers for about 6 weeks. She said that the newest social worker profusely apologized.

*I was in disbelief and thinking to myself, “your office lost a child for six weeks, what if my grandson had been in foster care? How would I know he was safe when your office had no one keeping his file current? I thought at that time,*

*“Thank god he was with me! “Again, she apologized, and my explanation was sorry about that it's just someone “dropped the ball,” and there was no further explanation regarding our missing file. It also makes me wonder how many of our children are slipping through the cracks and are not keeping safe.*

Lynn also shared concerns about communication including questions she had concerning support for her daughter and issues with housing. Lynn said that her daughter was receiving social assistance income at the time, and the only way her daughter was able to keep her apartment was due to the extra financial support she was receiving for her son. She said she shared her concern with the social worker that her daughter could lose her residence because her son is no longer residing with his mother.

*The social worker said not to worry, they will not inform social services he is with me. I often thought, isn't that illegal? Also, we were given brochures for addictions treatment and these all had years long wait lists. This was not helpful at all for my daughter.*

*It was a scary and confusing time, and I will never forget that one social worker who always had to remind me with this closing comment, “Now Lynn, if you do not adhere to all that we have said to do he will be removed from your care and placed with a foster family.”*

Lynn shared that after 6 months her grandson was returned to her daughter. Lynn described at a meeting with the social worker regarding his return that her daughter was crying at the meeting. She stated her daughter was crying because it was finally over and the social worker said to her daughter, “I don't know why you are crying; it could have been worse.” Lynn shared how her daughter complied with all the social worker requests

from enrollment and completion of all their programs to having a hair strand test for drug testing.

*Watching how roughly she was treated when they took a sample of her hair and seeing her crying because it hurt left me feeling very angry, but I said nothing because there was no point because they held all the cards, I felt if I voiced any concerns at the roughness, I was witnessing he would be taken from me and placed in the system.*

Lynn expressed that perhaps the ministry has seen these situations countless times. She added how the ministry likely knew that her daughter was not being honest in the beginning, but she had very little information about what was happening.

*As her mother and a woman with no experience in addictions or drug related issues I was the only one in the dark, yet I was the one who was taking care of the baby who was responsible for his safety. How can a grandmother truly keep her grandson completely safe when she was kept in the dark from day one to what the real concerns were? It felt like all involved was just giving me one big lie, my daughter included.*

*Waking up every morning with the thought of, "oh my god is this the day the ministry takes my grandson out of my care is debilitating." Not to mention with each new phone call new rules were implemented, and it became very confusing. All I wanted was a brief explanation as to why.*

Lynn described that when she reflected on her first encounter with the ministry, she stated that now she understands the reasons measures were put in place but that the communication was unacceptable.

*With me being the caregiver to my grandson at that time, there should have been explanations as to why they were making the decisions that they were making which would have resulted with me feeling my grandson was safe as the ministry and I should have been a team working for the best interests of my grandson, instead of feeling like I was their adversary.*

Following the return of Lynn's grandson to her daughter, Lynn shared that for the next two years her daughter stayed sober. Lynn stated this changed when she learned the ministry began to receive reports. She said when her daughter reconciled with her boyfriend she had been with before, her daughters' drug use started again. Lynn shared that her daughter spiraled down fast and eventually both her daughter and grandson moved in with her. Lynn expressed that when she suspected her daughter was using drugs, she talked to her. Lynn stated that her daughter insisted she was sober and wanted to do a drug test. However, Lynn said her daughter abruptly left the next day. Lynn shared that very soon after this her grandson was removed from her daughters' custody and placed with Lynn under a temporary custody order. Lynn expressed she had to leave her job again because she had no childcare. While Lynn described that the ministry said that childcare would be provided, that this once again did not happen.

Lynn's story of her next interactions with child welfare workers lasted for nearly two years. This began with Lynn and her husband being asked by the social worker to complete disclosure documents. She said these were completed promptly and returned to the workers which was followed by a request from the social worker for a meeting. She stated she was directed by the social worker into a small room with a window where she

could see her grandson. Lynn said she was told the meeting was to discuss a police report about her daughter.

*I did not want to leave my grandson in the room as he was scared to be left alone but I was not given a choice. Some of the information she was sharing I should not have been privy to, and to hear what she was sharing, watching my grandson alone in that room through the window was becoming too much to handle and I was relieved when I could return to my grandson and leave. That night I just cried for my grandson and daughter.*

Lynn shared that a couple of weeks later her grandson had a supervised visit with his mother at the ministry office.

*My grandson rejected his mother and she cried. When it was time to leave my grandson and I had to leave alone as he was scared that he would not get to leave with me.*

The following month Lynn said she did not hear from the ministry and became very concerned because no one seems to know where the disclosure packages were.

*I am really concerned as well because there is so much private information in those disclosure packages, and they are missing.*

Lynn said her next step was calling the team lead to tell him several concerns. These were that she was unclear as to what order or agreement she was under now, that she was not updated as to why her daughter was unable to spend some time with her son without Lynn's supervision and for only one hour a week. Lynn explained her concern that the disclosure packages she submitted were missing. Further she said she still did not

know about receiving any financial help including the promised daycare and that she still did not have a worker.

*The team leads response was the new computer system is slow and also and I quote, "us being Métis complicates things," with no further explanation.*

*Although he promised to call be back with my concerns, I never heard from him again.*

Lynn described feeling very baffled and ways this created added stress for her regarding his comment on how being Métis complicates things. Lynn said she was aware that her daughter shared with the workers in the beginning that she was Métis, so she described how this comment was very upsetting, confusing and came out of nowhere.

Lynn said she called the ministry a couple weeks later and asked to speak to the same team lead and she was told he was not available, so she asked to speak to the office manager. Then Lynn was told she would have to call an 1-800 number if she had a complaint.

*After 45 minutes of a busy signal, I had enough. It had been close to two months and not one of my concerns had been resolved and I still did not understand what order or agreement I was under.*

*I went online and found the Dispute Resolution Office and I was to call them back after I had to use the complaints line first before they could open a file for me.*

*This office gave me the correct number to the complaints line as the ministry gave me the wrong number.*

Over the next month Lynn said that she left four messages for the social worker and described all these dates specifically. Then she said that she left a message for

another social worker who she had met previously. Then Lynn called the office manager and left two messages over another week. Lynn's call was returned by the office manager and she said she was told that her file was passed to a social worker.

Then the next month, when Lynn still did not hear from the worker, she left a message for the social worker as instructed by the office manager. Nearly two weeks later, Lynn said she still had not heard from anyone, but then she heard from the office manager and was told again that she was under the impression Lynn had been assigned a resource worker and she would follow up on her concerns.

During this time Lynn said her concerns continued to be no contact from the social workers, as well as no speech therapy for her grandson as she was told the information about his medical follow ups would be provided, his visitations with his mother were not extended as promised as he was still only allowed one hour a week, and there was minimal and intermittent financial support at this point. She had received a \$200. voucher. As well Lynn said there was a court file transfer that was not completed and there was no new court date. After nearly two months of messaging, Lynn said she received contact from the social worker and a meeting was arranged.

*She completed the home study and indicated to me she had been trying to access my file for three weeks. I was her last case before retirement, and she felt bad for me and wanted it all done before her retirement time.*

The following month Lynn said that she was now affiliated with a different office due to where her daughter was residing.

*All is on hold for me as now my next social worker is on holidays. Then there was no communication from the ministry for the next three months.*

Lynn shared that another three months went by and then she received a message from a social worker telling her that she is required to sign a custody paper.

*Now I am really confused. My resource worker retired months ago, and I had not been provided with a new one which made it more difficult.*

Then Lynn hears from a worker who tells her that she wants to review arrears payments because Lynn had been paying for the daycare with the promise of reimbursement. Following this Lynn describes a series of phone messaging back and forth but then she said the social worker arrives at her home.

*A social worker showed up. I was told if she could not speak with my grandson privately two more social workers would be at my door and he would be removed from my care. I was forced to sign a safety plan which would expire in 5 days or he would be removed. I tried to explain to the social worker on the phone as I had yet another new social worker although I was not aware that my file had been passed on that I had no court papers or anything of that nature that would tell me what order I am under. That was of no mind or matter to her, and I was told that I would be contacted with a time to meet on a specific date the following week and I better be there, or he would be removed. I guess what happened is they misplaced him and that alarmed the new social worker.*

Lynn said on the date they were to meet she had not heard from anyone so I left a message with the office and told them she would be at the office the next morning at 9:00 am.

*When I showed up the next day the social worker looked confused as to why I was there, I introduced my daughter and myself, nothing was resolved at that meeting.*

Lynn said that this is what happened over the first year and went on to describe the following year. She said the first month she left four messages with the social worker.

*It was the same thing for the rest of the year and then 9 months later I was finally granted legal custody and guardianship of my grandson by the ministry. And that day when I left the courthouse, I finally felt that I could exhale. My grandson was safe in my custody and I could walk away without feeling that underlying threat from the ministry.*

Lynn also wanted to share further concerns she had during her experience. This included how the social worker gave her information about her grandson's father.

*Out of courtesy the social worker provided me with the name of my grandson's father and the correct spelling as they had the incorrect spelling of his name in their file. His biological father has never been in his life, lives in another province and did not comply with a court ordered DNA test. He is not listed on the birth certificate either, so I am not sure why they insisted on knowing his name.*

*The reason I mention this as in court when this file was being transferred to another office due to where my daughter was living, the social worker told the judge that both parents had been contacted and agreed to the file transfer. That was completely false because I knew the worker still had the fathers name misspelled and if Maintenance and Enforcement cannot locate him how could social worker locate him with a misspelled name?*

*The social worker also Facebook-ed the young man my daughter had been in a relationship with in 2014 with personal information regarding my grandson and*

*daughter. I was very upset about this because the young man had no legal rights to my grandson and was not involved with my daughter at that time.*

Lynn shares she had a cousin who worked for a child welfare agency who she talked with about what was happening, and this was helpful to her. This included suggesting calling the team leader and office manager. Lynn also shared that she understood that caseloads are too heavy for one social worker. Lynn described working with a total of four different offices. Two of these she described as Ministry of Children and Family service offices, and the other two she understood were offices that specifically served Indigenous children and families. She said that one of the Indigenous offices runs very differently than the other three offices.

*Messages are returned in a timely manner, very helpful staff including an office manager who made the confusing daycare application less confusing.*

Lynn expressed further the impacts and perspective from her experiences, some office changes during this time and her recommendations.

*From my first encounter to that final court date this was a very stressful and confusing time my common law and myself were put under. I still sometimes feel nervous that he will be taken from me and I believe it is a trauma. When my grandson was needing some additional support in school emotionally the first place I went to is, "oh god the ministry is going to call, and they will be back in my life." Yet, if the same thing would have happened to one of my children when they were young, I would not have given it a second thought. I do not think I will ever lose the feeling entirely.*

*If only a phone call would have been returned, paperwork or court documents provided then that would have allowed me to understand it all better and why things were happening the way they were and the process that I was going to have to endure for the safety of my grandson because at the end of the day you lose a part of your personal life when the ministry “lives in your living room....”*

*There is no need to continually threaten removal that just invokes fear in the recipient of that threat. Sending private information through social media should be regulated and approved by those in charge. A social worker purging herself in court should be addressed by the team lead because if she purged herself telling the judge she did something and didn't then what else could be purged to the judge. And when you say a service will be provided then follow through with what you are offering.*

*My last social worker did say a change was made and they now provide the legal documents to the persons who are under a specific court order so that will definitely have a positive impact on those in these situations going forward and I did have an apology for that not being provided for me. However, that does not change what I experienced and as I mentioned before I am thankful it is all over and would never want to experience those fears again.*

*In summary, I witnessed and experienced a very broken system. I know we can do better. My hope is my story can be one of the many ripples needed to be a voice for our children who end up in the system.*

*Child protective services took from me my decision-making powers and my dignity. When that government agency, that day was in my home telling me I must*

*comply or my grandson would be removed, in that moment I relived the trauma of my ancestors experiencing colonization.*

In transitioning to the next part of the research, it is with gratitude in the witnessing and carrying forward of Lynn's story in this thesis. With respect and care I appreciate that she shared some very personal and tragic details of a story that is sadly common in child welfare and kinship care placements that often end up in limbo due to an unclear process or expectations.

Further reflections of Lynn's story of a Métis Grandmother's experiences and knowledge, and in relation to motherhood, kinship and child welfare will be explored in Chapter 5.

### Autoethnography

As a Métis woman and social worker, my contribution to this thesis stems from lived experiences that are personal and professional. The intention in this autoethnography is to share my observations and experiences, and to gather knowledge. To proceed with sharing my own story I created some guiding questions to help me process this information as follows:

*How have my experiences, knowledge and worldview brought me to social work in Indigenous child welfare agencies and in relation to Métis mothers and grandmothers?*

*What is my knowledge of Métis supports and services?*

*What are my experiences and understandings connected to Métis Grandmothers traditional knowledge that informs practice and approaches?*

*What are my experiences and understandings related to Métis motherhood and kinship care?*

### Ways I Arrived in Social Work: Family, Community and Culture

In beginning this writing, I wish to express that my experiences, and reflections may not represent the larger Métis communities I have lived and worked in; however, they are reflections of relevance for me as a Métis woman.

In sharing more about my family, I am Métis through my late father to his paternal grandmother. My father's grandparents came from St. Boniface, and St. Pierre, Manitoba. My grandparents eventually were known to be living in areas of Saskatchewan, including Semans, Delmas, and North Battleford and may have lived in other areas in Ontario before moving west to B.C. While I am not sure when, eventually my paternal grandparents moved to New Westminster B.C. as this is where my parents met. I was raised primarily by my mother with strong influences by my maternal grandparents, and later with my stepfather. It is also important for me to acknowledge that much of my family are white settlers who benefited and continue to have inequitable advantages connected to colonization that I have as well.

Over the years in my childhood and youth, I did not meet any of my paternal family, and knew little about my family or culture. I did not know my father and he passed to the spirit world when he was just a young man in his early thirties. Later in my twenties, with my mother's help I began finding some of my family and my first meetings with my paternal aunt and uncle was not until my thirties. While I did not meet my paternal grandmother or many other family members who have since passed to the

spirit world, I am influenced by the grandmothers in my life and ways I see grandmothers in community in their important roles and knowledge of family and culture.

### Métis Supports and Services, and Understandings of Colonial Violence

I have observed that when parents do not have access to preventative supports this influences the higher likelihood of child protection encounters. The related harms are linked with issues of power and control, racism, and capitalist discourses. As Allan & Smylie (2018) point out the “lasting effects of land dispossession, exclusion, racism and race-based persecution are reflected in the gross disparities in health status and social determinants of health that the Métis peoples suffer alongside First Nations and Inuit peoples” (p. 6). This is in correlation with “state-imposed definitions of Indigenous identity, particularly via the Indian Act” that exacerbate health disparities (Allan & Smylie, 2018, p. 6). This is due to the exclusions of many health services, benefits, and programs for “Métis peoples and non-Status First Nations people” (Allan & Smylie, 2018, p. 6). Allan & Smylie (2018) describe how the foundational understandings of racist policies both historic and contemporary are the related impacts connected to health care experiences of Indigenous women in their well-being and access to services. They described how it is critical to study the link in contemporary health experiences of Indigenous women and the “historic and ongoing racism evident in the disproportionate rates of child welfare intervention experienced by Indigenous women and their families” (Allan & Smylie, 2018, p. 8).

In the research directly connected specifically to Métis women’s experiences in accessing health related services, Monchalin et al. (2019) research share Métis women’s recommendations with regards to participants from their study in their identified needs.

The recommendations included, “a safe health and social service space with Métis presence within services including culturally relevant design, Métis specific or informed services, welcoming reception, and service providers with an understanding of Indigenous peoples’ histories and complexities” (Monchalin et al., 2019, p. 222).

Further observations in my experiences in child welfare is the lack of relevant and helpful responses in working with children and families related to inadequate or non-existent services. Examples of these failures in the system include how BC child protection legislation fails to respond related to mechanisms such as “Duty to Report” given the lack of relevant services (Richardson, 2016, p. 172). This is when reports of a mother are compelled by professionals such as when a mother leaves a transition house to return home with their children. Richardson explains how this is due to society’s inability to restrain or respond to partner violence. This involves “few culturally relevant services for men who use violence, nor for mothers or their children” (p. 172). While she does note exceptions with Métis-run organizations and I certainly agree, there remains some gaps in services that are related to incongruent policies. For example, there is a significant disconnect with lack of services to child welfare mandates in ways to support and assist families.

In my experiences, I have witnessed the harms and health disparities for Indigenous children and families related to child welfare systems. This has included loss of lives related to mental health and addictions, issues related to housing and poverty, and lack of health services. Tait et al. (2013) “argue for child welfare to be named a social determinant of health for First Nations and Métis peoples” (p. 39). They bring attention to how social determinants intersect involving colonialism, and economic and social

status as barriers contributing to greater disparities in health related to the child welfare system (CWS). They also argue “for open and transparent research to be conducted by Indigenous led research groups into the specific experiences of First Nations, Métis, and Inuit children, youth and families involved with CWS across the country” (Tait et al, 2013, p. 50).

In some of my experiences and awareness related with youth’s access to health services, the health care responses have been at times shocking and unacceptable. This is particularly related to mental health crises such as psychosis and overdose, suicidal ideation, or suicide attempts. This includes health services discharging or attempting to discharge youth to their caregivers without an adequate plan or complete lack of planning, as well refusing to admit youth to the hospital. These are likely preventable losses of the precious lives of young people, and the dire need for changes to health care responses and services.

The disproportionate rates related to mental health and suicide connected to child welfare remains as is well documented. This included the life of Richard Cardinal in Alanis Obomsawin’s (1986) film *Richard Cardinal: Cry from a Diary of a Métis Child*. Words shared in this film from his diary:

I kept telling myself that it was all a bad dream, that I would wake up soon with Charlie and Linda and the rest of my family in Fort Chippewan, but in reality I knew that I wouldn’t wake up, that this was real and that this was not just a bad dream. I spent the rest of the winter there feeling lonely and very depressed and I began to seriously think about suicide (Obomsawin, 1986, 19:02).

This film is noted as “a powerful tribute to his short life” (Obomsawin, 1986) “Richard Cardinal died by his own hand at the age of 17, having spent most of his life in a string of foster homes and shelters across Alberta” (Obomsawin, 1986). Richard Cardinal

needlessly died in care and his life and family continue to teach us that all he wanted was to be loved and be with his family.

The inequalities and disparities relate to health concerns for children and youth, particularly with the justice and health system in their spiritual and mental health are very prevalent in working in child welfare. As explained further in the literature review and my observations in child welfare practices, Jordan's Principle was created as a response to jurisdictional funding disputes and puts the First Nation child first with payment issues addressed later (Blackstock, 2016). As cited earlier, this Principle is named after Jordan River Anderson from Norway House Cree Nation, who tragically died at age five in the hospital after spending two years there unnecessarily. It was also proven this was far from an isolated incident and despite years of the government attempts to dismiss this in court, the government was ordered to stop its discriminatory conduct in 2016 (Blackstock, 2016). Jordan's Principle however does not apply to Metis children and youth.

While a few years ago following the court ruling, the first year or so showed so much promise as many requests for funding were being approved and services for children and youth that had been waitlisted for years were finally happening. However, for the past year or more this has shifted due to barriers that have now increased and funding requests are often denied. This is so unacceptable and given the decades long proven injustices, yet Indigenous children and youth often continue to not fully receive the health care they need.

Knowledge in my work and community includes understandings of recent changes with Métis Nation British Columbia in planning related to child welfare in the

province. This has included a guide for social workers that outline the role of Métis Commission for Children and Families BC (MCCFBC) jurisdictional changes including the noted needs for more staff. For example, while MCCFBC now provides court oversight, cultural planning, along with support and training to all the Métis agencies, as well they indicate the need for more Roots Workers and access to legal council (MNBC, 2020, p. 15). In the agency I am employed, I am aware of issues of unstable funding and particularly for what the province considers as supportive programs, rather than how the agencies view these cultural supports and services as necessary. I am also aware of the ongoing barriers for funding in areas for preventative services.

### Grandmothers' Teachings

My experiences with grandmothers in my life include how they are the center of the family and provide teachings such as respect, love, and generosity. Grandmothers and women's roles carry knowledge of family, wellness, and kin networks. This includes values of respect and guiding traditional approaches in family and community care. Iseke (2009) shares how these stories are necessary as grandmothers are the "foundation of communities" (p. 27). The first book by a Métis author I read in my late twenties was *Halfbreed* by Maria Campbell (1973). This is such a powerful story connected to identity, colonization, and also centered grandmothers' knowledge. In this book Maria Campbell describes the teachings of her Cheechum (grandmother). She shares that she "taught me to see beauty in all things around me; that inside each thing a spirit lived (p. 83)" Iseke (2009) describes how Campbell's discussion of her grandmother's lessons of the beauty and wonder of life are tempered with equally hard lessons for surviving a life as a Métis child and woman. Iseke further shares how Campbell describes how her lived

experiences with her grandmother included understandings of oppression and its operation in the lives of Métis and Aboriginal peoples:

My Cheechum used to tell me that when the government gives you something, they take all that you have in return—your pride, your dignity, all the things that make you a living soul. When they are sure they have everything, they give you a blanket to cover your shame. ... When I tried to explain to her that our teacher said governments were made by the people, she told me, “It only looks like that from the outside, my girl.” She used to say that all our people wore blankets, each in his own way. She said that other people wore them too, not just Halfbreeds and Indians, and as I grew up I would see them and understand. Someday though, people would throw them away and the whole world would change. I understand about the blanket now—I wore one too. I didn’t know when I started to wear it, but it was there and I didn’t know how to throw it away (p. 159).” (Iseke, 2009, p. 31).

Maria Campbell (2016) describes how she grew into her traditional grandmother roles over the years but with some changes “from the days of her grandmother’s decision-making authority” (in Anderson, 2016, p. 187). Campbell further shares how “now they will make their own decisions, but they will come and talk them out with me”(p. 187). Anderson (2016) describes that this visit with Maria Campbell were inspirational and that, “like her grandmother before her, Campbell’s decisions are trusted because they are based on what will be best for the nieces, nephews, and grandchildren, the future generations of her family” (p. 187).

Iseke (2009) describes how disrupting oppression involves throwing away of these colonial blankets, understanding ourselves with pride and the return of states of dignity (p. 32). Throwing away of colonial blankets and values of dignity speak to healing and cultural being. Grandmothers’ ways of telling stories guide us back to traditional caring systems in restoring ways of being and caring for one another. Another example as pointed out by Dorion (2010) is that while “historically the state has demonstrated a lack of collaboration with the Métis on social child welfare issues” (p.41),

Elders speak to ways of restoring family and community structures. “According to the Elders a solution to these problems is to restore the original cultural parenting teachings and traditional child and family structures so everyone can contribute to our family and community life in a more meaningful way” (Dorion, 2010, p. 41).

### Métis motherhood, women and Kinship Care

Given the ways my experiences and knowledge are carried into social work approaches, I recognize how family and culture continue to guide teachings of respect, dignity, and belonging. These include stories from Métis women, mothers and scholars including my experiences in ceremony. These teachings are centered in family and community care. This includes understanding of a Métis informed approach as described by Catherine Richardson (2016). This involved approaches that center Métis perspectives of well-being, advocacy as an ally in addressing barriers in systems, and concepts of human dignity in the foundations of social work (Richardson, 2016). Furthermore, the promise of “do no harm” is to challenge inequalities by creating social justice and equity and respecting living and working on Indigenous land (Richardson, 2016, pp. 165-166). Richardson (2016) describes how mother-blaming experiences related to partner violence for Métis families weakens bonds, where children are set up to form bonds with adoptive or foster parents (Richardson, 2016). Additionally, while social work can emphasize clinical counseling but must have a focus “on working with Indigenous individuals and families in ways that are holistic and family or community centered” (Richardson, 2016, p. 171). This includes the sacred concerns in upholding Métis values of identity, family integrity and “values such as love, respect, inter-relationship, community, spirituality and Mother Earth” (Richardson, 2016, p. 173). It is through teachings that are centered in

love, kindness, and ways of being, that have influenced my responsibilities and values in motherhood and women's roles of community and family care.

Social work practices related to mothers and families also concern the impacts of colonization in relation to identity, these include knowledge of histories and contemporary concerns. This is rooted in displacement from lands, kinship networks including awareness of these impacts in relation to poverty and structural issues. For example, given that structural issues are largely outside of parents control related to reasons such as neglect connected to poverty and substance misuse that means most common driving factors are not abuse related (Richardson, 2016, p. 17). Therefore, collectively supporting parents such as addressing poverty and violence in supporting the strengthening of family rather than with humiliating messages to mothers and parents that result in messaging that they are "bad parents" (Richardson, 2016, p. 17).

In my first employment role in social work was a position called family advocate with a non-profit Indigenous agency that provided immense learning yet also revealed further understandings of structural concerns. These meetings involved facilitating family planning meetings including family conferences and youth transitioning into adulthood. These were family and youth led plans that involved thorough pre-planning, and group led guidelines where meetings centered respect, culture, ideas, and strengths and perspectives of all. Through practices centered in listening to families, inviting feedback, and plans that were followed up and centered in relationships of trust and respect, I believe had better outcomes. Some of the challenges were often connected to lack of supports, concerns with health care and justice systems. I believe practices in

strengthening these relations and working together on effective changes in these areas are needed.

In a study in BC with Métis parents, by Graham and Davoren (2015), they share the recommendations that relate to Métis informed social work practices and services. This includes how participants “stressed the important role that culture, and a positive sense of Métis identity plays in raising children and in one’s ability to achieve positive well-being” (Graham & Davoren, 2015.p. 23). Participants also stressed the “important role that extended family and other social supports play in ensuring that Métis children are raised in a healthy and nurturing environment” (p. 23). Participants also acknowledged “the role that MNBC and its Métis Chartered Communities play in ensuring the positive well-being of its citizens, they also indicated that more programming and a greater awareness of existing programming and services is needed” (p. 23).

While there are expanding Métis services, there continues to be many challenges, barriers, and concerns for the safety of women and families that remains immensely concerning. For example, given the challenges for families to connect with services particularly in remote regions, the likelihood of access to services and positive social responses can be non-existent (Richardson, 2016). As Richardson (2016) points out this is connected to social class, including race, general connections, and appearance. She states that “Métis people are less likely to receive culturally appropriate services and are more likely to be stereotyped or blamed” (p. 175). This includes higher likelihood for Métis women after reporting violence to become homeless, have children removed into care, or even be killed from leaving experiences of violence (Richardson, 2016, p. 175).

The National Inquiry into Missing and Murdered Indigenous Women and Girls (NMMIWG) (2019) include “The Calls for Social Workers and Those Implicated in Child Welfare” (pp. 197-199). In my work experience, I am part of a committee that aims to address the calls to justice that are connected to child welfare. While changes are occurring in the committee work, related structural barriers persist in being able to fully address these calls to justice. As pointed out in the literature review, given ways DAA’s are experiencing discrimination within these systems, addressing these injustices has many significant challenges. Despite the challenges, I strongly believe these collective actions, conversations, and ideas to address these calls to justice are critical within any area or role in child welfare.

Another area of concern in my work experiences are with responses and policy driven approaches in child welfare that are problematic. For example, practices that include extended family or more collectivist approaches are required in social work (Richardson, 2016, p. 175). This includes asking families and individuals their desired outcomes and what well-being means for them (Richardson, 2016, p. 175). Furthermore, changes are needed in the top-down approach such as three-month temporary custody orders followed by rolling over or then into continuing custody orders (Richardson, 2016, p. 175). These are colonial practices and policies in child protection that do not serve mothers and families and create spaces of isolation. Anderson (2016) points out how western ideology separates mothers and women from their decision- making powers. She states that, “if we reclaim the Indigenous ideology of motherhood, we can reclaim the power to make important decisions and restore balance in our communities” (Anderson, 2016, p. 148).

In the guide from Métis Nation British Columbia (MNBC) (2019) for social workers, MNBC highlight's identity and kinship networks as foundational for social workers. This guide includes how "the act of identifying requires tremendous courage and the strength to undo generations of hiding and shame. This guide states that for this reason, it is extremely important to support Métis children and families by connecting them with Métis communities, Métis people, and Métis culture" (MNBC, 2019, p. 10).

Given the ways social work aims to address social inequities and colonial practices and structures, this includes how cultural relevance is required in practices (Sinclair, 2009, p. 23). I believe an important distinction between relevance and competence given the many perspectives I have heard in my work experiences. Sinclair (2009) describes how "cultural relevance is manifested when practice and pedagogy mirror and support Indigenous and other ways of knowing, being and doing" (p. 23). However, Sarah Maiter (2015) points out the problematic nature in seeking to achieve cultural competence in her reference to Dean (2001) in how "cultural competence in itself is a modernist myth". She recommends that workers "develop and appreciation of their lack of competence, suggesting that our goal be not so much to achieve competence but to participate in the ongoing processes of seeking understanding and building relationships" (p. 95).

This is reiterated by Julie Mann-Johnson (2017) through highlighting the resurgence and rights for Métis traditional family systems. She shares that while child welfare systems and policies may prioritize family care options, they "do not recognize traditional kin network practices amongst Indigenous people" (Mann-Johnson, 2017, p. 220). This includes failing to recognize the strengths and traditional systems of kinship

care which includes inequalities in funding for family care and lack of addressing structural challenges (Mann-Johnson, 2017). I agree with ways that kinship care and kin, cultural connectedness and supporting parents in their parenting goals result in better outcomes for children and families. As Métis scholar Catherine Richardson (2016) points out:

Helping Métis people find their way home should be the main task of social work. This means helping families to find and reconnect with those who have been taken, those lost in the foster care system, those taken to Europe by adoption, those lying in unmarked graves away from home (p. 161).

In closing of this autoethnography, in sharing ways that I have been influenced personally and professionally I realize more fully the reasons why I came into social work. This is connected to my story, histories, family, values and beliefs connected to equity and social justice. I believe our grandmothers, women and community guide Metis values that center culture, spirituality, generosity, love and responsibilities, as well as decision-making roles in family centered and community systems of care. I am proud to be part of such resilient, strong and loving people. I recognize the hard work and community strengths that have come before me, as well as the present work required to address colonial systems that continue to impact Metis children and families. Marsii, thank-you.

## CHAPTER 4 Storytelling Analysis

### Guided by Concepts of the Cree Medicine Wheel

The knowledge gathered in this research involves the meaning-making within stories and experiences from the research processes (Potts & Brown, 2015). This includes utilizing “relational techniques in data collection” through transparency and knowledge of the tensions in use of dominant language and meanings from oral traditions and values to the written script (Kovach, 2015, p. 53). By relational, I mean a collaborative process of analysis with the participants that is also reflective of relational accountability (Wilson, 2008). This included inviting feedback and checking for accuracy (Wilson, 2008). These accountabilities guided my storytelling process with Lynn. For example, having follow up phone conversations that involved providing her with the transcripts to review for accuracy, including her review of a more summarized final version that is shared in this thesis. She shared being very happy with the final version, agreed this was accurate, and provided ongoing permission to share her story that is presented in this thesis.

This analysis combines both individual stories and collective themes presented in the findings including a review of the literature and both sets of transcripts for Lynn and my own autoethnography. Indigenous research scholars refer to analysis as meaning-making (Kovach, 2009; Thomas, 2015; Wilson, 2008). I framed the meaning-making process by utilizing concepts and teachings of the Cree Medicine Wheel that aims to reflect the collective knowledge that was gathered. The intention of the Cree Medicine Wheel reflects the concepts of balance and interrelation in a cultural and holistic approach. This analysis also informed the recommendations from these findings.

Nabigon and Mawhiney (1996) describe the Cree medicine wheel spiritual teachings in how “Spiritual knowledge helps to diminish racism, and we strive to build healthier communities” (p. 20). This includes how the Elders say that “we need spiritual knowledge to improve our social and environmental conditions” (p. 20). “Cree ways of helping offer us ways to balance our inner selves by listening to ourselves, our surroundings and others” (Nabigon & Mawhiney, 1996, p. 21). The circles are divided into four directions: north, south, east, and west. While there is no beginning and no end, as the intention is to keep moving through this circle, the guiding directions are shared as follows in meaning-making of collective information gathered in this paper:

The North, concepts of Winter, Resistance and Remembering. *Wahkootowin*  
 The East, concepts of Spring, Responsibilities. *Takaki Awasisiwin*  
 The South, concepts of Summer, Relationships. *Miyo-ohpikihawasowin*  
 The West, concepts of Fall, Respect. *Mino-pimatisiwin*

The North: Resistance and Remembering, Winter, Wahkootowin

In the direction of the North are symbols of winter, movement, preservation and caring (Nabigon & Mawhiney 1996, p. 31) “Caring can be defined by our level of interaction within family, school, community and nation” (Nabigon & Mawhiney, 1996, p. 31). Nabigon & Mawhiney (1996) describes ways the north is represented and guides values through the following story and teachings:

When the strong north wind blows, everything turns white and we have the seasons of winter. The north wind is a great mover. It is a master of movement. It can move trees, houses, almost anything that gets its way. So air moves everything on our planet, Mother Earth. This is a reminder that every action has a consequence, either a caring one or one that promotes fear (Nabigon & Mawhiney, 1996, p. 31).

The findings connected to the direction of the north are related to caring and remembering, and resistance. Green and Thomas (2019) point out how “we must

remember the resistance of our grandmothers and grandfathers who lived through residential school traumas and the ban of ceremonial practices” (p. 92). They describe how remembering their stories, and their resistance brings teachings in the ways of living our lives differently that is centered in traditional places.

Remembering in the findings includes the stories both Lynn and I shared of grandmother and family influences. Lynn shared, “My grandmother is Métis, her mother was Cree and her father French. They were generationally from Saskatchewan.” Through acts of self-identifying also demonstrates both remembering and resistance. This includes sharing of connections to land, and territories, of ancestors and family connections, and acknowledging territories connected to living and being as an invited guest on traditional territories.

In my autoethnography, I shared examples of remembering through ways I am influenced by grandmothers I had in my life and witnessing grandmothers’ teachings. This centered ways grandmothers generationally pass down knowledge and skills in families, show us ways of caring for one another such as nurturing individual gifts. Remembering is also connected to stories of experiences, such as listening and witnessing to acts of resistance such as stories of Indigenous peoples who were taken as children to residential school. These are stories of resistance, survival and ways knowledge is protected. Qwul’sih’yah’maht (Thomas, R.A.) (2015) also points out that “Storytelling also taught us about resistance to colonization; our people have resisted, even when legislation attempted to assimilate our children” (p. 183).

Qwul’sih’yah’maht (Thomas, R.A.) (2015) refers to Wilson, A. (1998b) in highlighting how stories are reflections of teaching passed down, rooted in

responsibilities. “The stories handed down from grandmother to granddaughter are rooted in a deep sense of kinship responsibility, a responsibility that relays a culture, and identity, and a sense of belonging essential to my life” (p. 182). Stories that were shared by both Lynn and I include teachings passed down such as gardening, knitting and cultural knowledges and languages that were lost through the generations.

The theme of resistance is also connected to the counter-story shared by the act of storytelling by Lynn and in my autoethnography and in relation to Métis motherhood and child welfare. For example, in Lynn’s story she advocates for her grandsons’ health care needs, her daughter’s health and navigates the responses or lack of responses from workers in her experiences. This is, at times, through speaking out and other times silence can also be a form of protecting her family. For example, when she witnessed her daughter’s distress when the worker took her daughters hair sample without telling the workers how upset she described how she complied with these demands. Lynn shared how “Watching how roughly she was treated when they took a sample of her hair and seeing her crying because it hurt left me feeling very angry, but I said nothing because there was no point because they held all the cards”.

Further resistance and experiences that promoted fear, rather than demonstrating caring, respect or dignity was also described by Lynn. This was in terms of the communication and decision-making experiences Lynn shared. For example, when Lynn described receiving workers’ safety plans that she was not involved in creating. Lynn shared, “I will never forget that one social worker who always had to remind me with this closing comment, “Now Lynn, if you do not adhere to all that we have said to do he will be removed from your care and placed with a foster family.” This includes how safety

plans were described to be made in isolation not collaboration. Lynn describes receiving numerous phone calls informing her of changes to plans with no contextual information. Therefore, her experiences involved informing her of plans rather than including her in decisions and information related to these decisions. Lynn described ways fear was present repeatedly, directly and in these ongoing impacts. For example, she states, “There is no need to continually threaten removal that just invokes fear in the recipient of that threat”. She also shared the feelings this has left her with, “I still sometimes feel nervous that he will be taken from me and I believe it is a trauma”.

Other strategies of resistance in Lynn’s experiences also included her being subject to racial responses connected to identity. For example, she shared the team leader stated to her that “us being Métis complicates things,” with no further explanation. While the only context here was before this statement toward her, was she was asking many questions about delays, her identified need for better communication, such as asking about understandings of current planning. What she shared in his response was a deflection of her questions given the response was involving computer issues and then his comment directed to her identity. This type of response does not only present as a racial response to identity but with no response to the reasonable questions she was asking. Further implying that somehow her identity is the problem, ‘complicating things’, and due to issues related to identity is somehow creating complications and furthermore lacked clarity and transparency about what these ‘things’ are that are complicating matters.

One of Lynn’s most powerful reflections in her story was also sharing, “When that government agency, that day was in my home telling me I must comply or my

grandson would be removed, in that moment I relived the trauma of my ancestors experiencing colonization”. While in this story Lynn shares the impact of child welfare experiences, this story also centers her power and resistance to these systems.

There are themes in Lynn’s story of resistance further in ways she navigated this system over many years. Thomas points out how storytellers in research are “very important because they give us teachings that allow us to continue to hear and documenting those counter-stories – our truths” Qwul’sih’yah’maht (Thomas, R.A.2015, p. 183). While the literature shows the ways child welfare systems are failing, there may be some who feel this system is working or that the problems are all systemic in nature and unsure how to address these. Therefore, by sharing truths such as storytelling by Lynn, exposes truths of harms and provides recommendations that move from harm to helpful approaches in social work.

Acts of resistance in her story include ways Lynn was attempting to connect with workers, team leaders, as well as being in contact with her cousin in helping her navigate the child welfare system. Lynn shared, “I witnessed and experienced a very broken system. I know we can do better”. This also includes her attempts to use complaint processes to be heard and involved, as well as trying to find supports for her daughter’s health and without assistance when this was an identified need by the workers and family.

Some ways that child welfare systems and approaches can promote fear or lack of care and inherent rights were also shared in the literature and autoethnography that also demonstrate resistance. For example, there were themes connected to a lack of culturally relevant resources, preventative services and discriminatory inequities related to funding

for Delegated Aboriginal Agencies (DAA's). Furthermore, the evidence shows ways agencies are provided a lack of adequate or equitable funding in comparison to non-Indigenous services (Allan & Smylie, 2018; Blackstock, 2016; MNBC, 2020; RCYBC 2017, 2020a; Richardson, 2016). Therefore, while DAA's goals may be to take on fully delegated child welfare services, barriers include lack of equity in funding to provide services. The government is setting up the system and agencies to continue to often falter and fail continuing cycles where agencies are not able to respond in the most meaningful and helpful ways in serving Indigenous children and families. This includes how lack of health services or preventative services is connected to harm for children and youth in care, and mothers and families (Graham & Davoren, 2015; Monchalín et al., 2019; NMMIWG, 2019; Tait et al. 2013).

In bringing the meaning-making of the north that centers caring, resistance and remembering, Métis informed practices are ways that were highlighted in the literature that center values of care, respect, inter-relations, that are connected and represented in our Cree relations language and cultural concept *wahkootowin* (Macdougall, 2006).

Macdougall describes *wahkootowin* as follows:

*Wahkootowin* is the Cree cultural concept that best represent how family, place, and economic realities were historically interconnected, the expression of a world view that laid out a system of social obligation and mutual responsibility between related individuals - between members of a family - as the foundational relationship within communities (pp. 432-33).

East, Spring: Responsibilities. *Takaki Awasisiwin*

The direction of the East represents spring, responsibilities, renewal, identity, and new life as described by Nabigon & Mawhiney (1996) as follows:

In the spring when the east wind blows a soft breeze, the earth, our mother, begins to get warmer. The plants, especially the roots and the alder shoots, turn a reddish brown. Spring is symbolized by the color red because the roots are renewing themselves as the earth renews herself (p. 28).

The findings connected to responsibilities are centered in the land, and with this in relation to child welfare are connections to socio-economic realities. In reflecting on grandmothers' teachings, Métis author and grandmother Maria Campbell states that the first step in rebuilding the nation is creating safety for the children: "If we are going to talk about the homeland and coming home, we have to provide a place that is warm, where our children are safe and our grandchildren are safe" (Anderson, 2016, p. 139). In Lynn's story she shared concerns of her daughter losing her housing and lack of support for needed daycare in the care of her grandson. Lynn shared having to leave her job on two occasions and she stated she did not receive any supports during those times that lasted many months. She did describe eventually receiving some helpful services with the paperwork needed and expressed gratitude for her more positive experiences.

Responsibilities related to child welfare were also connected to themes of power related to mothers' experiences in child welfare. For example, themes in the literature such as Richardson (2016) stating how a top-down approach also involves unrealistic timelines for mothers including the need to address systemic concerns including experiences of domestic violence and health concerns. Lynn's story reveals how her daughter's experiences of domestic violence in workers responses she shared that were not very helpful. While I do not know the details of Lynn's daughter's experience, the literature revealed that common responses are connected to victim blaming for mothers and lack of appropriate or effective responses in safety (Carrière & Richardson, 2017; Kline, 1993; NIMMIWG, 2019; Richardson & Wade 2013; Strega, et al. 2013; Teillet,

2019). The justice system along with child welfare responses are often failing women and their children. For example, findings throughout this research were themes related to “the lack of prevention services meant that social workers had limited resources to stabilize family situations and prevent First Nations children from coming into child welfare care” (Blackstock, 2016, p. 292). An example in Lynn’s story is the experience she shared of her and her daughter being provided brochures related to treatment centers. She shared upon calling these resources, she learned there were lengthy waitlists. Lynn stated, “we were given brochures for addictions treatment and these all had years long wait lists. This was not helpful at all for my daughter”. This response shared in her story was also how responses related to health identified needs are not only inadequate but often are of an urgent nature where there is a significant gap. In Lynn’s story the theme of her persistence in strategizing for her inherent right to care for her grandson also centered issues related to power. This included ways she navigated rules and systems without having all the information as well ways approaches related to her knowledge was marginalized or ignored.

Themes related to responsibilities were also included in my observations and experiences in the autoethnography and literature review. This includes the disproportionate experiences of Indigenous children and families connected to these systems that has been present for decades and does not show any indication of decline without addressing the need for preventative services. This included the needs for many expanding cultural services, given the experiences such as Lynn and mothers who are entering into these systems as the literature shows where there are ongoing gaps. This

was included in my statement how there is a “lack of relevant responses in working with children and families related to inadequate or non-existent services”.

Additional responsibilities include the unaddressed ‘Calls For Justice’ in the NMMIWG inquiry related to child welfare are further outstanding issues. Findings related to responsibilities in the care for children, and youth well-being were also themes connected to Jordan’s principle, as well as findings of the disproportionate health concerns for Indigenous youth in care. The literature reveals Métis services and programs serve children and families throughout the province, as well as the identified needs such as with staffing to support these programs.

In relation to responsibilities, these represent collective responsibilities in the wellbeing and future of children and youth as identified by Métis Nation British Columbia (MNBC, 2019). This includes striving to “honour the traditional concept *Takaki Awasisiwin*, which means a good childhood for the future of our people” (MNBC, 2019). In reflecting on concepts of a good childhood this includes our kinship networks and family, love, care, and nurturing children’s talents and gifts. There are many Métis agencies in the province now providing many services. This includes as Lynn also pointed out her gratitude for ways Métis communities and agencies are restoring, supporting and centering traditional knowledges.

South, Summer: Relationships. Miyo-ohpikihawasowin

In the direction of the south relates to summer, relationships, the self, in-relation, patience, and listening as described by Nabigon & Mawhiney, (1996):

Here it means to relate to self, which is closely connected to listening to self. If we do not listen to ourselves, we feel alienated from others. When this happens, people refer to feeling lost, or having lost their way. Relationship with self requires inner quietness and inner peace that are gained by listening (p. 24).

(Nabigon & Mawhiney, 1996) explain how “it is impossible to separate these elements from one another; we cannot separate any person from his or her context, nor can we separate a community from the people who live in it” (p. 26). This includes all the ways interconnections are made with the external world including our ancestors and natural environment (Nabigon & Mawhiney, 1996).

Themes in the findings are centered in-relation and in relationships, and identity. Concerns related to identity were themes that included the underrepresentation and misrepresentation of Métis children and youth in child welfare. Exclusions of Métis identity were also with relation to the Missing and Murdered Indigenous women and girls Inquiry. Further this was revealed in literature such as how Métis experiences of residential and day school were overlooked until recently, as well as in adoptions of children out of family and community. As well it was noted in the lack of tracking of Métis caregivers in these systems. These are some of the many ways the research revealed connections to identity that perpetuate invisibility and discrimination within systemic child welfare practices. This included how Métis children’s inherent rights and well-being continue to be ignored and are known as “the hidden children of child welfare” (Carrière & Richardson, 2017, p. 89). “The Métis Commission also indicated that there is an overall lack of awareness of who the Métis people are throughout the child welfare system” (RCYBC, 2020b, p. 30).

The literature also reveals how Métis state relationships relate to Delegated service agencies in the discriminatory funding practices compared to non-Indigenous child welfare organizations. This was also pointed out with regards to the disconnect between legal directives with child welfare legislation and in the needs identified by

Indigenous agencies to carry out their duties in serving Indigenous children and families. In my experiences, I believe these to be true as well as the instability of funding for staffing positions, support and preventative services.

Given relationships and values of human dignity are central in social work and helping roles, harmful responses and western ideologies connected to motherhood were also themes in the literature and within the stories. Practices related to top-down approaches, unrealistic timelines and without culturally relevant or complete lack of services. Themes of relationships in Lynn's story were of minimal positive interactions in her experiences with child welfare. Lynn shared that while nearing the end of her experiences, the staff at one of the offices was helpful, and with the worker for the home study. However, the overall theme with relationships in her experiences were very poor and connected to ways she expressed to feelings of trauma related to child welfare responses. Lynn shared, "From my first encounter to that final court date this was a very stressful and confusing time my common law and myself were put under". The literature also centered on how unhelpful child-focused only approaches and individualized systems are; whereas Métis informed approaches center collective, family and community centered approaches. The literature includes how this involves the decision-making abilities, respect and approaches in a Métis context (Carrière & Richardson, 2017; Kinewesquao (Richardson) 2015; Richardson, 2016).

Values in relationships were also themes connected to grandmothers' teachings, related to motherhood. Lynn's story was her experience of grandmother kinship care role, alongside being a mother with her daughter's experiences of the child welfare system. This included Lynn sharing the health and safety experiences of her daughter. Lynn also

shared ways her grandmother's teachings were passed to her and ways she is passing this knowledge to her family and her grandson. In the autoethnography, I shared grandmother teachings I have received and family and community knowledge in the ways I am reclaiming and relearning as a Métis mother and social worker.

Relationship centered knowledge is also described in the literature connected to kinship care. For example, how kinship care practices “respect the familial and communal networks of the Métis culture” centering mutual respect, support and care (Mann-Johnson, 2017, p. 218). Ways of living connected to care of children in kinship networks as described by Métis Nation British Columbia (2019) centers teachings and values of *miyo-ohpikihawasowin*:

When we look out for one another, when we fellowship, spend time on the land, and live together with one another, we are ‘living well.’ When our children are connected to their community as family they are living well as Métis people. Our children are safe in our kinship networks. When we live these two values, we practice *miyo-ohpikihawasowin*, ‘good child-rearing.’ (p. 11)

#### West, Fall, Respect *Mino-pimatisiwin*

In the direction of the west, the worldview and values connected to respect are centered. Nabigon & Mawhiney, (1996) describes these values in the west: “Respect is represented in the west on the middle circle. The literal meaning of respect is to look twice...The power of reason is placed in the west door. With reasoning power we can think twice...” (pp. 24-25). This includes “Showing respect for others and oneself is central to balance in relationships with others” (p. 31). Hart (2009) also describes respect that involves “showing of honor, esteem, deference and courtesy to all” (p. 35). Further he shares the Ininew term *kistenitamowin* is defined by Patricia Steinhauer (2001;79) is “to take care to never mistreat any form of life” (Hart, 2009, p. 160). Hart shares how this

is not tied up with ideas of something earned but is connected to the worth of all people and respect is a worldview. These teachings include:

Something that is given automatically since we are all worthy beings who come from the Creator/Creation and carry gifts –abilities—that come from the creator and can benefit all life. In turn, whenever we are disrespectful to another life, we are being disrespectful to all life, including ourselves, our families and our communities. (Hart, 2009, p. 160).

Findings in this research include how respect and caring speak to the importance of responses and Métis informed approaches that center identity, dignity, and Métis informed service delivery. Richardson (2015) describes Métis astute delivery involves practice based on Métis cultural values, creating safety, and upholding the family's dignity and aspirations (pp. 139-140). MNBC (2019) also centered respect as central in self-identification. The literature and guiding theories of anti-oppressive and decolonizing practices also centered concerns of respect related to recognizing your own limitations of cultural knowledge and seeking understandings (Battiste, 2011; Hart et al., 2009; Maiter, 2015; Moosa-Mitha, 2015; Sinclair 2009).

In Lynn's story she described experiences that would not relate to feelings of respect. For example, she shared feeling very upset when she had a meeting with the team lead who was late, which resulted in her legal counsel not being able to attend, and that the team leader showed up in bare feet, and his hair was not combed. Lynn stated, "This was very upsetting for me at the lack of professionalism I expected from an agency that is responsible for the safety of our children". She also shared in her experiences "I was really confused and not one of my phone calls were returned. She also shared the feelings related to power and dignity as follows: "Child protective services took from me my decision-making powers and my dignity." This is also clear in her statement, "I

should have been a team working for the best interests of my grandson, instead of feeling like I was their adversary”. Not only do these statements and experiences she has shared demonstrate issues connected to respect but of disrespect in marginalizing her knowledge in her central role as a grandmother, mother, and Métis community member. Lynn also shared the following statement connected to promoting fear, and in the lack of caring or respect: “waking up every morning with the thought of, oh my god is this the day the ministry takes my grandson out of my care is debilitating.”

My autoethnography and the literature also reveal concerns related to respect and dignity for mothers who experience the reality of children being removed related to a child focused system. This includes lack of considerations for wellbeing in a Métis family and community collective context (Carrière & Richardson, 2017; Kinewesquao (Richardson) 2015; Richardson, 2016. Further how funding discriminations are not respecting the work of Indigenous agencies in the services needed and reclamation processes that have been legally established (RCYBC, 2017, 2020b). Respect is also central in the lived experiences of children and youth whose health and well-being is directly connected to their mothers and family wellbeing. The literature and autoethnography revealed that loss of precious lives of youth from suicide, increased rates of self-harming behaviours without adequate support services including inconsistencies related to Jordan’s’ Principle funding in the health and wellbeing needs of Indigenous children and youth (Blackstock, 2016; McCreary Center Society, 2019).

In reflecting on respect in relation to self and others, Lynn shared “Our traditions, language and things of this nature were lost and not passed down to my generation, so my cousins and I are trying to bring what we lost back to our children and grandchildren”.

She also shares how “The local Métis Nation is the most helpful”. In the autoethnography, I shared connections of healing and spirituality with family and community and grandmothers’ teachings. The literature also revealed ways grandmothers’ teachings such as how she “taught me to see beauty in all things around me; that inside each thing a spirit lived” (Iseke, 2009, p. 31). Elders’ teachings shared by Leah Dorion, related to restoring “traditional child and family structures so everyone can contribute to our family and community life in a more meaningful way” (Dorion, 2010, p. 41). Metis parents’ voices in this research from Graham & Davoren (2015) included parent recommendations that “stressed the important role that extended family and other social supports play in ensuring that Métis children are raised in a healthy and nurturing environment” (p. 23). These teachings center respect and dignity in relation to self, and with one another.

Cree Medicine Wheel teachings in the literature reveal how these cycles have no beginning and no end, and the circle of life is supported through values and teachings of love, respect, and balance with all of creation can nurture a good life. Hart (2009) describes *mino-pimatisiwin* [the good-life] in relation to medicine wheel and values of respect:

Indigenous relational worldviews and philosophies, particularly the Medicine Wheel and the understandings of respectful individualism and communitism. It holds spirituality as its central pillar and has several key concepts: wholeness, balance, relationships, growth and healing and *mino-pimatisiwin* [the good-life]. It highlights the values of respect and sharing (p. 35).

In this analysis and findings, the Cree Medicine wheel helped me to exemplify how these key concepts of wholeness and respect can guide approaches in child welfare work with Métis children and families. Lynn’s story of being a grandmother facing some

harsh treatment attest that the 'system' has room for much change and supporting grandmother care. My own experiences as a Métis woman and social worker attests to this reality as well. Métis and other Indigenous scholars have demonstrated their findings that services to Métis children and their families have gaps and cultural misunderstandings that produce cultural safety hazards. Métis women such as Lynn are left to navigate these systems that induce fear and needless worry that their children and grandchildren will be taken from them. This is counter to what a child caring system should be maintaining.

**Chapter 5**  
Findings, Implications for Social Work Practice  
and Implications for Future Research.  
In Closing

Findings

Through the meaning-making analysis guided by the traditional concepts and values of the Cree Medicine Wheel, I have developed a summary of the findings from this research. The knowledge gathered in these stories has centered on resistance and remembering, as well as responsibilities, relationships, and respect.

In the direction of North, Nabigon & Mawhiney (1996) carry teachings forward of how in the winter, the wind is a great mover and every action has a consequence, either a caring one or one that promotes fear. The findings of remembering and resistance are connected to grandmothers, grandfathers, and all those who were forcibly taken to residential and day schools away from their families and banned from their language and culture. This includes understandings of our histories, connections to the land, and ways of life. These findings also indicate how remembering and stories are resistance which are always rooted in identity. This includes the ways that stories and traditional knowledge are passed down. These findings are in relation to the concepts of Wahkootowin which “represent how family, place, and economic realities were historically interconnected” including systems of obligations and responsibilities foundational to one another (Macdougall, 2006, pp. 432-33).

In the direction of the East, in the springtime, the wind blows a gentle breeze which centers on new life and renewal. Responsibilities connected to the findings included reflecting on accountabilities in response to mothers’ experiences including those related to domestic violence and wellbeing in relation to their children and family

in the need for culturally centered family care and health services. Accountabilities include practices that work against inequity such as funding inequalities, including preventative supports for Métis agencies and organizations. The evidence shows how these support better outcomes for Métis children and families. Furthermore, addressing gaps in health services involves strengthening approaches and services with families and youth who have experienced violence as well as mental health and substance misuse concerns. Appropriate and available health services would not only improve the lives of our youth, mothers, and families but also work in the preventable losses of our loved ones. Responsibilities include the unaddressed ‘Calls For Justice’ in the NMMIWG inquiry, as well as the ways that agencies and workers can advocate for Jordan’s Principle funding. The traditional concept of *Takaki Awasisiwin* guides a good childhood. This involves family and community centered care, nurturing our kin networks, and addressing issues related to poverty, such as housing needs and community supports in child welfare experiences.

In the direction of the South, the summer, relationships, self, as well as extended family and community networks as Métis people cannot be separated from the context of our relatives. This includes identity, kin networks, and traditional caring systems. These findings were focused on respect for motherhood and grandmothers’ knowledge in child and family care. This involves teachings that are passed down and the values of Métis informed approaches to social work that are family and community centered. The values of *miyo-ohpikihawasowin* are teachings related to good child rearing and collective caring. Good child rearing includes living well together, children raised in the community with family safely in their kinship family and community.

In the direction of the West, that fall relates to respect, dignity, and decision-making. Practices and values of respect and dignity include respect for one's self and others in balance, not mistreating any life, and the worth of all. Respect connected to identity includes both respecting self-identification but how language and responses related to identity must be respectful to uphold dignity. There was a theme of a lack of respect, as shared by Lynn, and the themes in the literature included a need for practice approaches that centered on individual and family decision-making abilities, improved communication and understandings as well as not having experiences of isolation. In my autoethnography, respect was highlighted in family and community centered approaches, rather than individualized responses and systems, and working alongside family goals and advocacy around identified needs. Respect is also centered in the Medicine Wheel relational worldview. A relational worldview includes nurturing gifts and abilities from the creator and relationships that center: "understandings of respectful individualism and communitism. It holds spirituality as its central pillar and has several key concepts: wholeness, balance, relationships, growth and healing Mino-pimatisiwin [the good-life]" (Hart, 2009, p. 35).

#### Implications for Social Work Practice

Implications for social work practice and approaches include encouraging individuals, agencies, and organizations in education to address "The Calls For Social Workers and Those Implicated in Child Welfare" as well as the "Métis Specific Calls to Justice" from the National Inquiry into Missing and Murdered Indigenous Women and Girls (NMMIWG) (2019, pp. 197-199, p. 213-217). These objectives center actions such as recognizing Indigenous self-determination and improving support for families to keep

children in their family homes including family caregivers having equal supports. Further actions include providing culturally safe programs as well as relevant education for workers to name just a few of these calls to justice (NMMIWG, 2019, p. 198).

Implications include gaps in services that are needed involving stable and equitable funding for Indigenous agencies. These service inequities and failures are connected to needs for children and youth as well as supports for mothers, women, and those affected by domestic violence, mental health and substance use. Furthermore, themes included how gaps in services involve cultural misunderstandings that produce cultural safety concerns and, therefore, the need for ongoing education.

Further implications are related to practice approaches of respect, upholding dignity as well as Métis informed practice and aspirations. This implication includes respect to self-identification and identity given the exclusions of Métis identity historically and currently in many areas of child welfare. The literature and community driven themes that center grandmothers' teachings in this research emphasize the critical importance of Métis children and families' connection to their communities, to their people, and to their culture.

The final implication as captured throughout the literature and stories is the need for increased awareness of Métis people, histories, traditional knowledges with wellbeing in Métis family and community collective contexts. This awareness and understandings include the centering and respect of grandmothers' teachings, motherhood, and community knowing and being in child and family caring systems. This importance of grandmothers' knowledge centers the resistance by grandmothers historically and with the present, collective Indigenous resistance to colonial systems in child welfare.

### Implications for Research

Implications include exploring further research that is alongside Métis grandmothers and mothers in their knowledge and experiences related to child welfare. The hopes for more research with Métis women and families are related to values of love, care, balance, as well as the interconnections of kinship knowledge in child and family caring systems.

Following the teachings of relationality centred in this research, I encourage future researchers to explore areas of research that are alongside Metis driven research ideas and identified needs. In this thesis, I demonstrated how we remain on a journey to accomplish these in the field of child and family services.

### In Closing

My goals for this research in storytelling and autoethnography are of testimony of Métis grandmother's teachings and women's knowledges. These objectives include ways that challenge and disrupt colonial systems through social work implications that further self-determination and social justice. Lynn brought forward her hopes in sharing her story in this research: "My hope is my story can be one of the many ripples needed to be a voice for our children who end up in the system". The cultural and spiritual teachings of the Cree Medicine wheel bring a balance and wholeness that guides approaches and values related to the self as well as interrelations centered on resistance, remembering, relationships, responsibilities, and respect.

In closing, this thesis concludes by honoring the late Métis child welfare advocate and scholar, Deborah Canada whose legacy work aimed to enhance social work practices:

Culturally safe practices, and beyond that, any culturally appropriate service delivery framework for the Métis people in British Columbia must respect the

voices of the people. Additionally, it needs to be understood that Métis people are the experts in the care and custody of their children (p. 242).

I believe these dreams and decolonial practices that center equity and social justice will continue to be realized through the collective engagement that is ignited with all my relations.

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## Participant Consent Form

**Shelley LaFrance, MSW Candidate**  
**School of Social Work University of Victoria**

Research Title: Centering A Métis Grandmothers Knowledge: Story of Grandmother teachings and Métis child welfare in B.C.

By signing or acknowledging by email this consent form I, \_\_\_\_\_  
 acknowledge, agree and understand the following as a participant in this study:

- The researcher's supervisor is Dr. Jeannine Carrière and her contact information is provided to the participant.
- That this research supports the completion of researcher, Shelley LaFrance's Masters of Social Work degree.
- The study aims to provide new knowledge from the participants stories, experience and knowledge in relation to their interactions with child welfare systems.
- The study goal is to influence ways to improve child welfare systems for Métis mothers, children, families and community.
- That participation in this study is completely voluntary.
- That the participant can withdrawal at any time and no information or data the participant provides will be used.
- The participants may leave the study at any time and this will not impact services they may have received or are receiving from an organization or agency.
- That the information of the study has been shared, understood by the participant including the purpose of the study and how the information will be used, as well as possible benefits and risks.
- If the participant experiences risks or discomforts during or after the interview, the researcher has encouraged participants to connect with their supports, and/or have their support person to be present during the interview and the researcher has provided the Métis Crisis Line information.
- There is no compensation to participate.
- That participants will receive a gift of appreciation.
- An opportunity to ask questions and discuss any concerns has been provided by the researcher.
- That interviews will be audio-recorded, and audio-recordings will be kept strictly confidential and stored in a safe, confidential place.
- That the participant will be provided the opportunity to review and correct transcripts for accuracy.
- That the participant agrees to provide an email address or mailing address to receive the transcripts in the case that these could not be provided in

person. The researcher will provide paid return postage if mailing is preferred.

- The participants name will not be used, and a choice of pseudonym will be used.
- That participants identifying information will be changed to protect confidentiality of participants, but confidentiality may not be fully possible if participants were referred by others to the study.
- The results from this study will be reported in a thesis and during the oral thesis defense.
- That no information from the interviews will be used without the participants permission.
- The University of Victoria Human Research Ethics Board contact information is provided to the participant.

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shelley LaFrance  
Researcher Name

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date