



Reconciliation in Aboriginal Child Welfare and Child Health

Colonization: Implications for the well-being of Aboriginal children and youth

The earliest relationships between Canada's Aboriginal¹ peoples and Europeans were often based on equality, friendship, learning, trade and autonomy. However, after a short time, the relationship shifted to a colonial base as European goals shifted from trade to settlement and resource expropriation (Miller, 1989; Royal Commission on Aboriginal Peoples, 1.5, 1996). Colonialism became entrenched in Canadian society with the formation of the Indian Act and other colonial measures, and was infused into a plethora of child and family serving institutions.

The legacy of colonization has, and continues to, seriously harm the health, well-being and family support systems of First Nations, Inuit and Métis children (Blackstock, Bruyere & Moreau, 2005; Blackstock et al., 2006). Its impact extends across time and across every dimension of the life experience of Aboriginal children and youth.

¹ 'Aboriginal' in this fact sheet refers to First Nations, Métis and Inuit peoples. First Nations will sometimes be subdivided by Indian Act status (status/non-status) or by residence on/off reserve. Comparisons in this information sheet are usually between Aboriginal and non-Aboriginal, but some are between First Nations and non-Aboriginals or among Aboriginal groups.

Understanding this harm to Aboriginal children and youth is complex; it includes at a minimum the following dimensions:

- » *Present* – Current economic disadvantage, discrimination, the lack of self-determination in health and social services, inequities in service access and social exclusion.
- » *Past* – The inter-generational legacy of past trauma arising from government sanctioned programs such as Residential Schools and the “60s scoop” in child welfare.
- » *Structural* – Structural risks like poverty are sourced at the community/social/political level but manifest at the level of the family and child. Too often, families are held responsible by child welfare and health authorities for risks they cannot change on their own.
- » *Holistic* – Affects all areas of life, including cultural and political oppression, land expropriation and environmental degradation, economic livelihood and spiritual imposition.

Today, Aboriginal children have worse health outcomes than non-Aboriginal Canadian children in almost every health indicator (CPHI, 2004). They are also dramatically over-represented in

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the child welfare system (Trocmé et al., 2005). These basic facts speak to the gravity of the current situation and the urgent need for fundamental change. It is this reality that has motivated Aboriginal and non-Aboriginal people to start movements for “reconciliation” in Aboriginal child health and child welfare, particularly since these negative outcomes are in fact symptoms of underlying structural risks that are not easily addressed by the existing child welfare and child health systems (Blackstock, Bruyere & Moreau, 2005; Blackstock, Loxley, Prakash, & Wien, 2005; Blackstock et al., 2006).

What is reconciliation?

Reconciliation is a process that moves Aboriginal and non-Aboriginal Canadians from a relationship based on colonization to a relationship based on self-determination, equality and respect (see RCAP, 1.16, 1996; Blackstock, Bruyere & Moreau, 2005; Blackstock et al., 2006).

The Royal Commission on Aboriginal Peoples articulated the need for a “renewed relationship” based on mutual recognition, mutual respect, sharing and mutual responsibility” (RCAP, 1.16, 1996). In fact, this “rebalancing” of power was described in the last volume of the report as “the core of the hundreds of recommendations contained in this report” (RCAP, 5.1, 1996). The Commission explained that this does not mean forgetting the past, but neither does it mean dwelling on the past. It is predicated on two major new steps on the part of non-Aboriginal people: a “sincere acknowledgment” of past injustices, and a “profound and unambiguous commitment to establishing a new relationship for the future” (Ibid.). These steps have been taken up by “reconciliation movements” in child welfare (*Reconciliation in Child Welfare: Touchstones of Hope*, www.reconciliationmovement.org) and child health (*Many*

Hands, One Dream, www.manyhandsonedream.ca) (Blackstock et al., 2006; Blackstock, Bruyere & Moreau, 2005). The 2005 *Many Hands, One Dream* conference and the 2006 *Touchstones of Hope* conference identified the following stages² in the reconciliation process:

- » *Telling the truth* about what happened, listening with an open heart
- » *Acknowledging the harm* from past actions and accepting responsibility
- » *Validating different realities*, celebrating our diversity in culture, perspectives and values
- » *Restoring and renewing* the relationship, repairing the harms where possible, rebalancing the power between Aboriginal and non-Aboriginal, rebuilding self-determination
- » *Relating in a new way*, living and maintaining the new relationship and new systems

The *Touchstones* and *Many Hands* conferences also identified principles³ to guide the process of reconciliation and define the new relationship that is the “vision” or “dream” at the end point (Blackstock, Bruyere & Moreau, 2005; Blackstock et al., 2006). These guiding values are: self-determination, an intergenerational perspective, non-discrimination, a holistic approach, preference for structural and preventative intervention, and respect for culture and language.

2 The Many Hands, One Dream and Touchstones of Hope conferences each identified four stages of reconciliation, with substantial overlap. These versions have been amalgamated here into five stages.

3 The Many Hands, One Dream conference and the Touchstones of Hope conference identified separate lists of key principles, with significant overlap. These versions have been amalgamated here into one list.

Steps towards reconciliation in Aboriginal child welfare and children's health

Touchstones of Hope and Many Hands, One Dream are leading active reconciliation projects in child welfare and child health respectively. These movements are led by partnerships among First Nations, Inuit, Métis and mainstream non-Aboriginal organizations, including professionals, political leaders, community groups, children and youth. They are using the process and principles of reconciliation to improve outcomes for Aboriginal young people, and to inspire further reconciliation in Canadian society.

"We will raise a generation of First Nations, Inuit and Métis children and youth who do not have to recover from their childhoods. It starts now, with all our strength, courage, wisdom and commitment."

Many Hands, One Dream – Declaration



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DE LA SANTÉ AUTOCHTONE

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