THE INTEGRATION OF SOCIAL WORK PRACTICE WITH THEORETICAL APPROACHES: A REFLECTIVE FIELD REVIEW

by

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ABSTRACT

This practicum report is an integration of self-reflection, current literature, research, theory, and knowledge, based on my Master of Social Work field practicum with the Youth services Team at Carrier Sekani Family Services located in Prince George, British Columbia. This report focuses on the significance of systemic, social, economic, and cultural barriers and the ongoing consequences these obstacles have on the life outcomes for Indigenous youth aging out of care. This report identifies the population currently accessing services at Carrier Sekani Family Services and provides statistical evidence to highlight the significance of this social phenomenon. Furthermore the integration of social work practice with theoretical approaches combined with academic literature relevant to my practicum placement is discussed. Finally, the report concludes with a discussion on relevant learning experiences and the implications certain events can have on personal and professional development.

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Chapter One: Introduction of the Social Issue and Learning Environment

This report is a summary and reflection on my learning experiences during my practicum placement with the Walk Tall program hosted by Carrier Sekani Family Services in Prince George, British Columbia. In this chapter, I provide an overview of the social issues examined during this practicum placement, including an important note on the terminology utilized by researchers. I follow this with a discussion of my self-awareness and positioning concerning the practicum agency and setting. This chapter will provide an overview of the practicum agency's background, structure, available services, and the population served during my placement with the Walk Tall program.

Overview of the Social Issue

Children and youth in government care, like all children, have dreams, goals, and aspirations for their lives. However, their traumatic life experiences often create additional barriers to achieving their desired wishes. These circumstances elevate the risk factors associated with adverse life outcomes, including school dropout, homelessness, poverty, unemployment, substance abuse, health and mental health problems, and victimization for youth transitioning out of government care into emerging adulthood (Raskin & Rome, 2017). Bianchi, Kendig, and Mattingly (2014) reported, "Young adulthood is a key stage of the life course that links childhood disadvantage to inequality in adulthood and may be amenable to policy interventions aimed at breaking the trajectories of poverty among individuals and the intergenerational transmission of poverty among families" (p. 3). Consequently, the lack of aftercare transitioning supports and services aimed at improving the life experiences and outcomes of these youth is a significant social issue.

Due to these circumstances, this population of youth often score lower in all domains of the Canadian Index of Wellbeing (CIW), when compared to their non-in-care peers. These indicators include; community vitality, democratic engagement, education, environment, healthy populations, leisure and culture, living standards, and time use (CIW, 2016). This issue is complicated by a combination of social, individual, and family factors which play a role in the development and perpetuation of this issue. The amalgamation of these factors contributes to the lower expected life outcomes experienced by youth aging out of care. The reality of these circumstances is there are no simple solutions in overcoming the complexity of this social issue. Academics now agree that the most efficient pathway to addressing the difficulties experienced by youth as they transition out of care and into emerging adulthood is through a combination of government, non-governmental, and private organizations (Hedenstrom, 2014). Kendall and Turpel-Lafond (2007) reported, "Children in temporary care appear to fare as poorly as children in continuing care" (p. 53). The most efficient and effective way to contend with this growing social issue is to provide youth with adequate supports as they prepare to leave government care and transition into independence (Raskin & Rome, 2017). Increasing educational and employment opportunities, as well as enhancing cultural awareness and participation would improve the life experiences and outcomes of children and youth aging out of government care. As a means to fully appreciate the severity and comprehend the complex nature and development of this social issue, we need to discuss some of the underlying factors associated with this growing social issue. Therefore, the following sections of this report will provide an outline and discussion of a few of the identified contributing personal, social, and economic factors known to be associated with the escalation of this social issue.

Note on Terminology

It is imperative to start this discussion with a note on the terminology used throughout this report. There is a great deal of power associated with the terminology researchers use to discuss various groups of people or social issues. Therefore, researchers need to ensure they are respectful when choosing which terminology to employ during the writing process. The terms Indigenous and Aboriginal can be seen as a way of grouping all First Nations, Métis, and Inuit peoples into a single category or culture. Many First Nations, Métis, and Inuit communities have expressed concerns about the usage of these terms as they do not respect the diversity and uniqueness of approximately 596 Indigenous communities. The people reside either on the 2284 reservations or in urban areas throughout the land, now referred to as Canada (Brass, Kirmayer, & Tait, 2000). Historically, these terms disparaged Indigenous voices, values, beliefs, traditions, and restricted Indigenous rights and status (Celeste McKay Consulting, 2015). As such, I am aware and respect the diversity and uniqueness of these communities and understand that each community has developed their traditions, values, and languages based on the connection with their traditional lands or territories. Therefore, throughout this discussion, the term Indigenous will only be utilized as a means to discuss the shared detrimental cultural, social, and economic impacts colonization and assimilation have had on First Nations, Métis, and Inuit communities. However, it is essential to acknowledge that authors of supporting evidence provided in this report have chosen to incorporate the terms Aboriginal and First Nations in their discussions.

Self-Awareness and Positioning

Over the last decade, my awareness and comprehension of this social issue have significantly increased. The wealth of related academic research identifying lower life outcomes for children and youth in the child welfare system compared to their non-in-care contemporaries has piqued my interest (Turpel-Lafond, 2013). Throughout my educational journey my research has indicated that without the appropriate management and supports, this population of youth frequently experience higher rates of substance use/abuse, unemployment, incarceration, homelessness, more reduced physical and mental health concerns, and lower educational attainment (Turpel-Lafond, 2013). Consequently, society commonly questions why so many of these youth turn to substance abuse, crime, and gang life. In contrast, society should be asking how some of these youth circumvent these social factors and peer pressure that will negatively impact their life experience as well as, overall life outcomes.

Therefore, my motivation for entering the social work profession has been to assist youth at-risk in acquiring the necessary tools to improve their social determinants of health and prosocial skills, which can reduce the negative impacts of traumatic life experiences and foster the development of resiliency. Due to the complexity of these circumstances, it is imperative to develop a multidimensional client-centered approach that incorporates evidence-based interventions designed to achieve the youth's goals (Webb, 2002). Additionally, learning to deploy critical thinking skills while analyzing issues from a client's worldview and cultural perspective along with relevant evidence-based theoretical approaches has been an essential component of my educational journey. My academic research identified the overrepresentation of Indigenous people in all social issues, including

the child welfare system (Blackstock, Knoke, & Trocme, 2004). This understanding emphasized the need for cultural competence and agility to be central components of my education; as well as, essential elements of personal and professional development. Consequently, understanding and recognizing the negative impacts of colonization and assimilation have had on Indigenous people and communities, became a central theme in my academic research, writing, and practicum preferences. My research emphasized a significant need for practitioners to integrate culturally sensitive responsiveness and culturally competent practices (Verniest, 2006). By building trusting relationships and working collaboratively with Indigenous communities, social workers can become allies in the advancement of social, economic, and cultural justice for Indigenous people.

Equally important, as my comprehension of the lower expected life outcomes of youth who age out of government care advanced, my attention shifted more in the direction of understanding, assessing, and managing various mental health concerns that often impact this population of children and youth. As it became clear that concentrating on enhancing my mental health comprehension along with improving the helping professions awareness of mental health concerns would be the most efficient and effective way to increase the life experiences and outcomes of children and youth in care. This idea is supported by Butler and Pang (2014) when they reported, "Positive mental health is associated with a higher likelihood of completing school, positive social relations, higher levels of self-confidence, higher income potential and increased resilience" (p. 4). The right supports at a pivotal time can be the difference between obtaining a post-secondary education and a prison sentence; this understanding is at the core of my professional aspirations to assist this population of

youth. Subsequently, this understanding was the motivating factor for applying to the Master of Social Work (MSW) program at the University of Northern British Columbia (UNBC).

My primary objective was to study the application of advanced clinical knowledge and skills in multifactorial assessment, diagnosis, treatment, and interventions to improve the quality of physical and mental well-being of children and youth. As social workers, it is our responsibility to find the right supports that will have a significant positive influence on the child's or youth's life and improve their current and future quality of life and overall well-being. The most efficient way to circumvent the social issues often experienced by youth aging out of care is to ensure these youth have adequate after-care supports in place to substantially increase the likelihood that these youth will be successful in meeting any educational, employment, and cultural goals and aspirations (Raskin & Rome, 2017). Under these circumstances, education becomes more critical when you consider that these youth will age out of government care on their 19th birthday, without the necessary skills to participate in the workforce or society. Because of these circumstances, youth are often only able to obtain precarious employment, which increases the youths' vulnerability.

Practicum Agency Background

This section provides a brief overview of the practicum agency, organizational structure, mandate, services offered, as well as cultural elements of the population serviced by the agency. Since the last ice age the Carrier and Sekani societies have resided in the region commonly referred to as north-central British Columbia. The traditional territories of these societies consist of over 76,000 square kilometers, which are home to 22 individually recognized member nations, with a combined population estimated to be 14, 000 (CSFS, 2016). The Carrier Sekani nations are primarily Athapaskan speaking peoples. In their

language, these Nations refer to themselves as Dakelh-ne or Yinka Dene (Brown, 2002).

Dene is the Athapaskan word for people and the word Sekani means people of the rocks

(Brown, 2002). Brown (2002) explains, "European explorers gave the name "Carrier" to

these people, observing that widows carried the ashes of their deceased husbands during the

period of mourning (p. 25).

Carrier Sekani Nation is composed of some smaller Nations who have developed an

alliance over time. Brown (2002) points out, "The northern and central Carrier have

historically had economic, social and political links to the Sekani, hence the term Carrier

Sekani" (p. 25). Due to the vast traditional territory of these societies, individual groups have

developed and maintained a diversity of geographic, linguistic, and cultural characteristics

different from other Carrier Nations (CSFS, 2016). These Nations comprise four primary

clans; Likh ji bu (Bear), Gilhanten (Caribou), Jihl tse yu (Frog), and Likh sta Mis yu

(Beaver) (Brown, 2002). Additionally, each of these clans can consist of several sub-clans

(Brown, 2002). Keyoh and Bah'lats systems were used to govern the Carrier Sekani people

and ensure the health, well-being of the people, and their traditional territories.

The Keyoh is the traditional system of land ownership and stewardship. The Keyoh

sets out the traditional boundaries of each clan (CSTC, 2006). The Keyoh represents a

resource that provides the material, cultural, and spiritual basis for sustaining life (Brown,

2002). The Bah'lats or Potlatch system is the traditional system of governance utilized by the

Carrier Nations (CSFS, 2016). As a means to help maintain order and ways of living, which

includes issues related to justice, land stewardship, spirituality, values, and conduct of the

Carrier Sekani Nations, the principles of this system are employed (CSFS, 2016). At the

heart of the Bah'lats is the great law of sharing, which highlights the importance of reciprocal

relationships and the principles of respect, responsibility, compassion, wisdom, caring, and love that helps to maintain a healthy and balanced life (CSTC, 2006).

In 1979, elders and leaders from across Carrier Sekani societies gathered in a collective effort to form Carrier Sekani Tribal Council (CSTC) (CSTC, 2006). The new council focused on unresolved Indigenous issues related to Carrier Sekani heritage and identity, self-government, land claims, the standard of living, social and economic independence, and public relations on behalf of their member nations. The CSTC initially represented eight of the 22 recognized Carrier Sekani societies (CSFS, 2016). Each of the 22 identified bands has the option of signing on to the CSTC association; however, some nations have chosen to operate independently (Brown, 2002). The CSTC established Carrier Sekani Family Services (CSFS) to address the impacts of colonization by reasserting control and responsibility for health, social, legal, and research services for member Nations (CSFS, 2016). Currently, CSFS has established agreements to provide health transfer programs for 10 member nations as well as child welfare, guardianship, and family services for 11 of their member nations (CSFS, 2016). CSFS operates out of eight offices in three northern communities Prince George, Vanderhoof, and Burns Lake. CSFS employs a multidisciplinary team of approximately 150 skilled and dedicated staff members to provide a variety of programs and services to help improve the overall well-being of member nations (CSFS, 2016). All CSFS programs and services have been designed to incorporate a blending of the Carrier Life Cycle Model, and Bah'lats or potlatch principles and values along with leading evidence-based approaches (CSFS, 2016). The Carrier Life Cycle represents the understanding of the interconnectedness of everyone and everything, and to

create balance; one has to address multiple determinants of wellness for people in each age group.

Walk Tall Program

During my practicum placement, my primary role included working with CSFS's Youth Services Team, which operates the Walk Tall program. The Walk Tall program has been successfully supporting Indigenous youth for the past seven years in Prince George, and the past four years in Burns Lake. These offices have provided support and services for around 119 Northern Indigenous youth (CSFS, 2016). The purpose of Walk Tall is to prevent and reduce instances of youth substance abuse and violence while improving outcomes and wellbeing for Indigenous youth. The Walk Tall program offers gender-specific empowerment programs to support young people between the ages eight and 24, as they build healthy relationships, healthy cultural ties, and life skills which can aid youth in their decision-making process and promote a brighter future (CSFS, 2016). The Walk Tall program creates a safe space where Indigenous youth have positive experiences with staff, elders, and knowledge holders who can encourage individuals to access any needed social services, such as mental health supports, advocacy services, employment assistance, life-skills coaching, referral services, as well as a one-to-one Youth Care Worker (CSFS, 2016). Services offered through the Walk Tall program provide youth access to culturally competent support services designed to assist in the development of positive cultural identities and create an extensive network of community supports and services.

Since its inception in 2010, the Walk Tall program has provided Northern Indigenous youth with the opportunity to participate in annual cultural camps which focus on reconnecting youth with elders and traditional land-based activities (CSFS, 2016). Walk Tall

programming falls into three primary themes; recreational, cultural, and educational programs for northern Indigenous youth. Recreational activities can include video game tournaments, bowling, swimming, hiking, arts and crafts, cooking, and fishing (CSFS, 2016). Cultural programs typically involve a Carrier knowledge holder or elder that teaches the youth the traditional practices of Carrier people including the Bah'lats (potlatch) principles and the values of traditional roles, family mapping, and traditional drum-making, painting, carving, and traditional food preparation. The educational activities and workshops cover topics such as visual media arts, healthy sexuality, drug and alcohol awareness, mental wellness, life-skills (i.e., budgeting, cooking), health, and the legacy of residential schools (CSFS, 2016).

The Walk Tall program helps youth build strong community connections with the intention to reduce youth violence, crime, and other high-risk behaviours (CSFS, 2016). There is a wealth of evidence-based literature that supports the impact programs such as Walk Talk can have on youth and their life experiences. Kendall and Turpel-Lafond (2009) provide evidence to support this notion, "Without these investments and interventions, too many of the vulnerable youth involved in the youth justice system today will, unfortunately, become the adult offenders that crowd the courts and jails and put an economic burden on society" (p. 6). Therefore, the Walk Tall program works to reduce risk factors and increase protective factors for northern Indigenous youth. Raskin and Rome (2017) reported, "Research on resilience demonstrates that outcomes depend upon the interaction of risk and protective factors and that the higher the number of cumulative risks the more likely adverse outcomes become" (p. 325).

Researchers have identified the risk factors as any factors that increase the youth's probability of engaging in risk-taking or offending behaviour (Vien, 2009). Kendall and Turpel-Lafond (2009) identified, "The more risk factors a child is exposed to, the greater the chance they have of coming into contact with the justice system and having serious life problems such as mental illness, lower educational attainment, higher rates of crime and unemployment as an adult" (p. 12). The National Crime Prevention Centre (2008) explains, "Protective factors are characteristics or conditions that act as risk moderators, i.e., they help reduce the negative effects associated with risk factors and help youth better handle their situation" (p. 3). Therefore, the enactment of protective factors can function as buffers with the efficacy to reduce the impacts of any existing risk factors. Furthermore, to increase the effectiveness of the Walk Tall program, all services are delivered in the evenings and the weekends, identified as service gap times in the northern region.

Summary

This chapter identifies that children and youth that age out of government care often experience poorer life outcomes compared to the life outcomes of the general population. This section provided statistical evidence supporting the significance of this growing social issue. The discussion on my self-awareness outlines my educational journey and explains why I chose this agency for my practicum placement. This chapter explores the practicum agency's evolution from the early days to its current form as well as identifying a few fundamental cultural concepts and understandings. As an outsider to the communities served by the practicum agency, it was important to begin developing an understanding of the culture of the population served. The following chapter will examine the impacts historic and contemporary social policies have had on Indigenous people, communities, and culture.

Chapter Two: Social Policies Implemented to Governing Indigenous Populations

Indigenous communities have been and continue to be overwhelmed by the trauma created through historical and contemporary social policies, related to the processes of colonization and assimilation. The social and economic inequalities generated by this system have been and continue to be barriers for Indigenous peoples, as they attempt to overcome the harms created through these processes and policies. The focus of this section will be discussing historical and contemporary social policies and the legacy of these policies on Indigenous populations.

Historical Social Policies

It is essential to understand and recognize the harmful effects the colonial process has had on Indigenous communities. Shamiran (2012) describes the view of colonization and assimilation as, "the intention to replace independence with dependence, an integral factor for all colonial systems, is proof of intent to destroy" (p. 3). Through the processes of colonialism, settlers assert control of Indigenous peoples and lands and maintain this control through the deliberate and systematic destruction of cultural identity, traditional political structures, and cultural groups (Shamiran, 2012). The legacy of the colonization process in Canada has been the development of transgenerational trauma and intergenerational poverty in Indigenous communities. According to early Canadian social policies, Indigenous peoples were described as inferior, uncivilized, and incompetent and therefore in need of saving and protecting by the advanced European society (Chappell, 2010). Furthermore, the federal government utilized this understanding in the development and implementation of the Indian Act. Hansen (2009) explains, "The Indian Act is a part of a long history of assimilation policies that intended to terminate the cultural, social, economic, and political distinctiveness

of Aboriginal peoples by absorbing them into mainstream Canadian life and values" (p. 1).

Through this act, the federal government has the authority to regulate and administer the day-to-day lives of registered Indigenous people, bands, and communities (Hanson, 2009).

Colonization is an ongoing process wherein the impacts of Canadian government policies; such as the Indian Act, the creation of reserves, residential schools, the sixties scoop, and bureaucratic control have continued to destroy Indigenous cultures (Brass, Kirmayer, & Tait, 2000).

Establishment of Reserved Lands

The creation of the reserve system was designed to move Indigenous people off of productive lands and relocate them to less desirable or remote locations. Fertile areas were made available for new European settlers, which significantly affected the Indigenous community's subsistence lifestyle, as hunters no longer knew where to find game and gatherers were unfamiliar with the vegetation of the area. Subsequently, destroying the traditional economic system developed over time by Indigenous people and communities. The result of the reserve system was the forced dependency on government by Indigenous communities, and subsequent social policies ensured the continuation of this dependency (Comack, 2006). This policy helped to create the intergenerational cycle of poverty and the loss of Indigenous cultural identity. Indigenous people have adapted their lifestyles, traditions, and customs to live in harmony with all creation in that landscape and this becomes the identity of the people (Belanger, 2014). Therefore, when removing Indigenous communities from their traditional lands, they experience a loss of identity, because the people no longer understand how to live in harmony with the new territory.

Residential Schools

The residential school system was designed and implemented to assimilate Indigenous children into mainstream society. Aguiar and Halseth (2015) present arguments to emphasize, "Residential schools were designed to assimilate Aboriginal people into the dominant European society through the forced removal of children from their families, communities and culture" (p. 1). The Canadian government provided the funding to build and maintain these schools, which were administered by various religious organizations. As a result of the inadequate financing, these schools were often poorly constructed, maintained, and were most often unsanitary. Additionally, due to insufficient government funding, students often suffered from malnourishment, inadequate clothing, inadequate medical care, and death from disease (Aguiar & Halseth, 2015). Indigenous children were often forcibly removed from their families, communities, and culture due to the mandatory residential school attendance policy.

Between 1874 and 1996, approximately, 150 000 Indigenous children were forced to attend residential schools (Jongbloed, et al., 2017). Aguiar and Halseth (2015) explain, "Residential schools eroded and undermined all aspects of well-being for Aboriginal peoples through disruption of the structure, cohesion, and quality of family life; loss of cultural identity; diminished parenting skills; and low self-esteem and self-concept problems" (p. 5). Students were forced to replace their traditional beliefs with the values, skills, culture, religion, and language of the dominant European society. Furthermore, evidence provided by the Truth and Reconciliation Commission of Canada acknowledged the horrendous extent of physical, emotional, and sexual abuse perpetrated in many of these residential schools

(TRC, 2015). The impacts of these experiences continue to overwhelm Indigenous people, families, and communities.

Sixties Scoop

As the residential school era came to a close, apprehension into the child welfare system escalated. In 1951, a revision to the Indian Act included the newly developed section 88, which for the first time authorized the enforcement of provincial child welfare laws on Indigenous populations living on reserves (Richard, 2017). This shift in legislation marked the beginning of the era commonly referred to as the sixties scoop. The sixties scoop was a practice wherein, social workers apprehended Indigenous children and placed them in the child welfare system. Subsequently, non-Indigenous families often adopted these children. It was during this era that the Canadian population became more aware of the third-world living conditions that existed on reservations across Canada. The government opted to send child protection workers to remove children from parents deemed neglectful, rather than addressing the appalling living conditions (Richard, 2017). This practice was justified based on the socially accepted view, that Indigenous people were unfit to raise their children according to socially accepted parenting practices (Chartrand, McKay, Whitecloud, & Young, 2001). During the 1960s, the percentage of Indigenous children and youth in government care escalated from 1% to around 30% to 40% (Brass, Kirmayer, & Tait, 2000). These social policies contributed to the loss of traditional child-rearing practices. Subsequently, generations of Indigenous people continue to struggle to provide adequate care and nurturing to their children and family members. The removal of children from their traditional territories further increased the effects of loss of cultural identity experienced by Indigenous people.

Over the last couple of decades, there has been a policy shift towards returning the development, rights, and responsibly of social policy to Indigenous communities through self-governance. The Government of Canada (2015) identifies, "self-government agreements are one means of building sound governance and institutional capacity that allow Indigenous communities to contribute to and participate in, the decisions that affect their lives and carry out effective relationships with other governments" (p. 1). Self-determination is a key element in developing strong healthy and resilient communities and can positively affect a community's overall health and well-being. According to traditional Indigenous beliefs, self-determination is an essential aspect of the complex interconnectedness of land, culture, and community. Woons (2105) articulates, "For Indigenous nations and peoples, self-determining authority is grounded in the complex interrelationships between land, culture and community" (p. 1). Through self-governance and self-determination, Indigenous communities can regain the authority to develop and control their social, cultural, and economic systems, lost through the process of colonization and assimilation.

Legacy of Social Policies

The legacy of colonization and forced assimilation has taken a devastating toll on Indigenous children, families, and communities, and they continue to struggle with intergenerational trauma, dispossession of culture, language, lands, and ways of life (Enns, Katz, & Kinew, 2017). Social policies have resulted in the overrepresentation of Indigenous people in the correctional system, the child welfare system, and other aspects of social care such as housing and addictions. These circumstances continue to foster conditions of inequality and disadvantage for Indigenous people and communities. There is a plethora of research supporting the ongoing claims that the Canadian Government continues to

underfund programs and services for Indigenous children (Blackstock, Knoke, & Trocme, 2004). Kendall and Turpel-Lafond (2015) emphasize:

> It is important to recognize that the disparities experienced by many Aboriginal children are a consequence of intergenerational challenges of failed government policies such as residential schools, Indian Act administration and negative stereotypes regarding the value of First Nations cultures and traditions, as well as multi-generational poverty, racism, and discrimination (p. 17).

These circumstances have continued even though the Canadian government has adopted the United Nations Convention on the Rights of the Child. This Convention identifies children have the right to survival, to develop to the fullest potential, to protection from harmful influences, abuse, and exploitation, and to participate fully in family, cultural, and social life (Kendall & Turpel-Lafond, 2009).

Poverty Experienced in Indigenous Populations

When examining the issue of poverty experienced in Indigenous communities, it is essential to recognize this goes beyond the ability to provide for one's basic needs. The level of poverty experienced in Indigenous communities is the result of historical and contemporary social policies, which have used racism and oppression as a means to limit access to public resources (Comack, 2006). Indigenous people are more likely than any other ethnic or cultural group in Canada, to live in substandard or overcrowded conditions. According to Statistics Canada, 36% of Inuit and 43% of First Nations people living on reserved lands and 14% of Indigenous peoples living off of the reserve reported living in homes identified as needing major repairs, compared with 7% of the non-Indigenous population in Canada (Statistics Canada, 2015). Additionally, 39% Inuit, 27% of First

Nations people living on the reserve, and 7% Indigenous people living off-reserve reported

living in overcrowded homes, compared to 4% of the non-Indigenous population (Statistics

Canada, 2015). As the cycle of poverty continues, it becomes an entrenched part of the

community. This sequence of poverty further diminishes educational attainment, physical

and mental health, and overall well-being of the people living in these communities. These

circumstances have produced environments wherein the Indigenous child poverty rate has

escalated to 48%, compared to the 17% experienced by non-Indigenous children (Turpel-

Lafond, 2013). The poverty experienced by Indigenous children living off-reserve are lower

than children living on-reserve; however, they are still approximately three times those found

in the non-Indigenous population (Turpel-Lafond, 2013).

Scope and Scale of Social Issues

In 2011, the Canadian Indigenous youth population increased by 20.1% compared to

that of the non-Indigenous youth population which increased by 5.7% (Blackstock &

Brittain, 2015). This growth rate is due to a combination of ethnic mobility and growth due to

fertility (Government of Canada, 2013). Ethnic mobility refers to a growing number of

Canadians who changed their self-declared ethnic identity or for the first time reported their

children as Indigenous. Current population projections suggest that the Indigenous

population will continue to grow much faster than that of the non-Indigenous, as a result of

higher fertility rates (Government of Canada, 2013). Indigenous adolescent pregnancy rates

have escalated to four times the national average, at 5.8 per one-hundred births among

Indigenous adolescents, compared to 1.6 per one-hundred births among non-Indigenous

adolescents (Kendall & Turpel-Lafond, 2009). Higher adolescent pregnancy rates can be an

indication of increased individual and community experiences related to social issues, as

often reported globally in third-world nations. The median age of the Indigenous population is estimated to be 25, compared to 37 in the non-Indigenous Population (Government of Canada, 2013).   Blackstock and Brittain (2015) emphasize "As the Aboriginal population grows, so does the cost of Aboriginal poverty and inequity, to both Aboriginal and non-Aboriginal Canadians; As these costs grow, so does resistance to the continued dispossession, assimilation, and impoverishment of Aboriginal peoples" (p. 10). Therefore, the costs of adequately addressing these social issues have the potential to continue escalating at or above the growth rate of the Indigenous population.

In BC, Indigenous children and youth are nearly 17 times more likely to be placed in government care, than non-Indigenous children or youth (Richard, 2017). Recent estimates have identified that 62% of children and youth in BC's child protection system are Indigenous (Richard, 2017). This social issue has escalated to the point wherein there is now a higher proportion of Indigenous children and youth in government care; than during the residential school system era (Kendall & Turpel-Lafond, 2015). Furthermore, Boldiş (2014) clarifies, "Data shows that youths leaving care frequently experience homelessness, mental illness and delinquency, unemployment and school failure" (p. 101). Propelling these circumstances is the sub-standard schooling provided for Indigenous children and youth living on reserve, compared to non-reserve schools. Indigenous education is often underfunded, because of this buildings are not adequately maintained, and therefore they are often in need of significant repair (Chappell, 2010). Additionally, teaching materials such as textbooks are often donations from charity organizations or considered outdated having little educational value. The level of poverty experienced in these communities also has a severe impact on a student's ability and willingness to engage in the learning process. Studies have

shown 70% of Indigenous youth in government care will be identified as students with

special needs, compared to 15.5% defined in the general youth population (Kendall, 2009).

Kendall and Turpel-Lafond (2007) point out, "most of those special needs are related to

intensive behavioural or serious mental health issues" (p. 17). Overall, the Indigenous high

school graduation rate is 47% compared to 78% for non-Indigenous Canadians (Heslop,

2009). However, only 24.5% of BC's Indigenous children and youth in government care will

graduate from high school (Kendall & Turpel-Lafond, 2009). Consequently, only 16 % of

the indigenous population will obtain a college degree and 8% will attain a university degree,

compared to 21% (college) and 11% (university) attained by non-Indigenous population

(Gordon & White, 2013). Due to lower educational attainment, Indigenous people encounter

complications while attempting to participate in the current employment market. These

circumstances propel the cycle of poverty experienced by the Indigenous population.

Escalating Suicide Crisis

Currently, the suicide rates in Indigenous communities have escalated to five to seven

times for Indigenous youth and 11 times higher for Inuit youth, than the Canadian national

average (Orkin, Rajaram, & Schwandt, 2013). Jongbloed, et al. (2017) note that, "Young

Indigenous people using drugs in BC are dying at an alarming rate, particularly young

women and those using injection drugs. These deaths likely reflect complex intersections of

historical and present-day injustices, substance use and barriers to care" (p. E1352). The

amalgamation of social, economic, and cultural factors can produce environments that are

conducive to the suicide crisis experienced in many Indigenous communities. It is important

to note that the suicide crisis seems to occur in clusters, rather than being experienced equally

across all Indigenous communities. Researchers have identified some of the issues

contributing to the escalation of this social issue as traumatic life experiences, inadequate housing, and infrastructure, poor access to recreational facilities, and lack of educational and economic opportunities to name a few (Jongbloed, et al., 2017). These are just a few examples of factors that contribute to the self-perpetuating cycle of trauma and adverse coping skills, which has resulted in an overwhelming sense of hopelessness among Indigenous youth (Kendall & Turpel-Lafond, 2015).

To adequately address the ongoing suicide crisis, prevention programs and services should employ a holistic approach to mental health and wellness that incorporates traditional Indigenous ways of knowing, ceremonies, languages, and culture along with Trauma-Informed Practices (Jongbloed, et al., 2017). The integration of these ideologies could significantly reduce the deep-seated pain currently impacting generations of Indigenous people. Enns, Katz, and Kinew (2017) provide evidence to support this, "Cultural continuity, language, and self-determination is also critical health determinants that are not typically considered in essential health care, despite growing evidence that they promote resiliency and protect against suicide among First Nations youth" (p. E1007). Consequently, by building on the strengths and cultural identities of Indigenous youth, they should be able to reduce the feelings of alienation and anomie from society and in turn put a stop to the escalation of these untimely deaths (Jongbloed, et al., 2017). These social statistics provided throughout this report emphasize the significance of this social issue when we consider that Indigenous people represent only 5.4% of BC's overall population (Provincial Health Officer of British Columbia, 2015).

Summary

   Chapter two reviewed the effects that historical and contemporary social policies have had on Indigenous populations; such as the Residential School System and the Sixties Scoop. These social policies resulted in a loss of culture and severely impacted this population's ability to parent the next generation of children. Social statistics were included to highlight the severity of impacts these policies have had and continue to have on Indigenous culture and populations. We will continue to explore the themes of colonization and assimilation as well as the impacts throughout this report. The following Chapter reviews available academic literature associated with child welfare and the escalation of this social issue.

Chapter Three: Review of Child Welfare Literature

In Canada, there is a growing gap between the life outcomes of youth aging out of governmental care compared to that of their non-in-care peers. Although, the transition from adolescence to adulthood is challenging for all youth; youth in care experience additional challenges and obstacles during this transition. These challenges and obstacles include traumatic life experiences, lower educational outcomes, increased risk of alcohol and substance abuse, and mental and physical health concerns. The amalgamation of these factors contributes to the poorer expected life outcomes experienced by youth aging out of care. The purpose of this section is to examine a few of the significant themes identified in child welfare literature as impacting the life experiences and outcomes of children and youth that age out of government care.

Social Policies Impacting Child Welfare

Due to the effects of the colonial processes, additional factors are driving the current socioeconomic circumstances and cultural discontinuity impacting Indigenous youth, families, and communities. Brass, Kirmayer, and Tait (2000) articulate, "Cultural discontinuity and oppression have been linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact on youth" (p. 607). Ladner (2009) reported, "It is through understanding colonization as a gendered process that one begins to explain and understand the violence, poverty and power imbalances that are prevalent in indigenous communities today" (p. 99). As a result of these factors, Indigenous women are three times more likely to be the victims of violence than non-Indigenous women (NWAC, 2008). After the high rate of violence experienced by Indigenous women, Indigenous children are also three times more likely to suffer the devastating effects of

family violence. These circumstances are propelling the escalation of Indigenous children and youth in the child welfare system. Exposure to trauma is considered to be a direct cause of the development of Post-Traumatic Stress Disorder (PTSD) (Bellamy & Hardy, 2015). As a result of increased rates of family instability as well as inordinate rates of childhood trauma and adversity, Indigenous children are at an increased risk of developing PTSD (Bellamy & Hardy, 2015).

Post-Traumatic Stress Disorder

PTSD is a growing mental health concern, which affects an estimated 9.2% of the Canadian population including people from every social, economic, religious, and cultural group (Boyle, Mancini, Patterson, & Van Ameringen, 2008). PTSD can significantly interfere with an individual's, family's, and community's quality of life as well as their ability to function in academic, occupational, and social contexts (Clark & Mackay, 2015). PTSD is a mental illness that can develop after individuals experience a traumatic event or many reoccurring less serious events (Boyle, Mancini, Patterson, & Van Ameringen, 2008). The symptoms of PTSD occur in three distinct clusters; re-experiencing symptoms, avoidance symptoms, and hyperarousal symptoms (Bell & Orcutt, 2009). After experiencing a traumatic event, individuals can develop intrusive memories which are the re-experiencing of the trauma-related event through flashbacks and nightmares (Clark & Mackay, 2015). Intrusive memories can be triggered by any stimuli in the individual's current environment, which are similar to that of the trauma-related event. Individuals often experience these intrusive memories through nightmares. Sleep deprivation can further increase the severity and intensity of these flashbacks and nightmares. As a protection mechanism, individuals develop the avoidance symptoms of PTSD, wherein, individuals will avoid any stimuli which

are similar to that of the trauma-related event to protect themselves from experiencing any further harm (Bell & Orcutt, 2009). The hyperarousal symptoms work much like an escape mechanism for the individuals to avoid situations similar to that of the trauma-related event. PTSD therapy focuses on identifying any possible triggers (intrusive memories) and working towards reducing the individual's sensitivity to these triggers (Jones, 2012). Davis (2014) points out, "The aetiology of a post-trauma condition is complex, and not all persons will develop PTSD following even a highly disturbing event, which speaks to individual differences in vulnerability and resilience" (p. 392). This highlights the individualist nature of the development of PTSD and the role an individual's personality traits and life experiences play in the development of this disorder.

   Every youth's experience of trauma, abuse, and neglect can cause a variety of physical, mental, and developmental challenges. These challenges may affect a youth's social, emotional, cognitive, and physical development (Feduniw, Hubberstey, & Rutman, 2007). Howie (2009) states, "Children who suffer parental rejection, abuse, neglect, and trauma are at increased risk of poor psychosocial development" (p. 47). Bearing in mind, the majority of youth in care originate from families who are entrenched in the progression of the cycles of transgenerational trauma, substance abuse, and poverty. Therefore, youth in care are at increased risk of developing physical and mental health issues, as well as cognitive or developmental disabilities (Bellamy & Hardy, 2015). Boyle and Lipman (2008) point out, "There is a strong association between poverty and child and youth mental health problems" (p. 3). In fact, children and youth who live in poverty are three times more likely to experience mental health concerns.

Mental Health Concerns

All Canadians can expect to directly or indirectly experience mental health concerns through a family member, friend, or a colleague (Office of Audit and Evaluation, 2016). Butler-Jones (2011) defines mental health as, "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face" (p. 30). Whereas mental illness represents, "a biological condition of the brain that causes alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning" (Butler-Jones, 2011, p. 30). Furthermore, research has shown that the adolescent brain does not fully develop until around the age of twenty-five for females and twenty-seven for males; which can explain why young people are often impulsive, make poor decisions, and are more susceptible to alcohol and substance abuse (Arnett, 2000). During this stage, youth tend to focus on the upside of situations and ignore any apparent risks or the consequences associated with their behaviors or actions. In reality, these situations may be influenced by the developmental challenges, and we can expect that these youth will age out of care before their brains have the cognitive capacity to begin processing their traumatic life experiences. These circumstances are further complicated as a youth in care, will lose all of their support services when they age out of care unless the youth has a diagnosed intellectual disability that meets the criteria for ongoing supports through programs like Community Living British Columbia (CLBC). Youth in government care are two to three times more likely to be considered vulnerable in the five domains of the Early Development Instrument (EDI), which includes physical health and well-being, social competence, emotional maturity, language and cognitive development, and communications and general knowledge (Kendall & Turpel-Lafond, 2007). Professionals

need to be able to measure developmental delays or challenges so they can adequately support the child and promote the best possible outcomes, to sufficiently combat this issue.

Developmental Milestones

One approach employed for the early detection of developmental delays is comparing the child's development to that of the norms of age-related developmental milestones. Findlay, Kohen, and Miller (2014) point out, "Developmental milestones are markers of infant and child skill attainment occurring in a predictable sequence over time" (p. 241). Developmental milestones can be used to promote healthy development by identifying children who may be at risk for developmental problems as well as to provide opportunities for early intervention. Developmental milestones refer to the child's attainment of the necessary skills for both gross and fine motor skills, social and emotional capacity, cognitive ability, and language skills. Doing so offers professionals a tool to identify if a child's development is either normal or abnormal; as well as assist in the development of a care plan to create positive growth to provide the best future outcome for the child (Stuart, 2009). However, there are limitations to this approach; as researchers have found the differences in the social norms found in different cultural groups; therefore, social norms from one cultural group should not be used to measure the development of other cultural groups.

Circumstances such as social, economic status, gender, ethnicity, and culture can produce different social norms of developmental outcomes and timelines (Stuart, 2009). In support of this Findlay, Kohen, and Miller (2014) reported, "that the timing of milestone achievement may differ for Aboriginal children, highlighting the importance of establishing culturally specific norms and standards rather than relying on those derived from general populations" (p. 245). One reason for this is Indigenous children and youth living on remote

reserves will not have the same opportunities or access to services as children and youth living in urban areas. Simply put, because Indigenous children do not share the same starting point or access to supports and services, it can be expected that more effort may be required to achieve similar outcomes of non-indigenous children. Although urban Indigenous children may have better access to supports and services, these supports and services often fail to adequately address the cultural needs of these children, therefore reducing the effectiveness of these supports and services (Place, 2012). Another factor which increases the risk factors for developmental delays is the child's removal from their family of origin and subsequent placement in the foster care system; which could result in an attachment injury.

Attachment theory

Attachment theory is the study of the relationship between the primary caregiver and the child. This relationship, whether positive or negative, will become the framework for the child's future relationships. Parents who meet the physical and emotional needs of their child help to foster a secure attachment between themselves and their child (Malekpour, 2007). Secure attachments are a vital element of resiliency and can act as a buffer during overwhelming situations and experiences (Perry, 2013). Children with secure attachments learn to trust people in their lives and can develop healthy relationships in the future. Malekpour (2007) explains, "the more secure a child's attachment to a nurturing adult, the easier it seems to be for the child eventually to become independent of that adult and to develop healthy relationships with others" (p. 83). Unfortunately, this is not the case for children and youth in government care. Atwool (2006) explains, "Children coming into care have heightened vulnerability for two related reasons. First, their experiences before coming

into care; and, second, the experience of separation from birth family" (p. 325). Many children and youth in care will experience multiple foster care placements, due to a combination of placement breakdowns, mental health challenges, and behavioural concerns (Atwool, 2006). After being removed from their family of origin and experiencing multiple foster care placements youth are left feeling as though no one cares, which impacts the youth's ability to engage or attach to foster parents and makes it more difficult to settle into foster care placements (Raskin & Rome, 2017). Researchers have identified that multiple foster care placements exponentially increase the child and youth's vulnerability (Atwool, 2006). Atwool (2006) points out, "This vulnerability is compounded for children from minority cultures if their placements in care result in cultural dislocation" (p. 325).

Children and youth raised in neglectful or abusive homes often develop insecure attachments with their primary caregivers. An insecure attachment may result in developmental delays because the emotional part of the brain grows simultaneously when infants begin to form attachments with their primary caregivers. Research by Dr. Bruce Perry shows this is the part of the brain that also regulates how an individual copes with stress (Perry & Szalavitz, 2008). During stressful situations or circumstances the child may react to a stimulus, in which their brain has learned to cope with, angrily or violently manner (Malekpour, 2007). To fully develop this sphere of the brain a secure attachment is essential. Thus, if a child experiences an insecure attachment, their brain may develop differently compared to a child with a secure attachment (Perry & Szalavitz, 2008). Therefore, these children and youth require additional supports and time, to overcome the developmental delays or challenges created by their traumatic life experiences.

When examining insecure attachments, it is essential to recognize the effects poverty can have on attachment. Wray (2015) articulates, "When families grow up in poverty they are more likely to be faced with multiple stressors that will promote insecure attachments in parent-child relationships and harsher parenting conditions" (p. 223). These stressors include unemployment, substandard housing, violence, substance abuse, and absence of health insurance (Wray, 2015). Bywaters, et al. (2016) contend, "The greater the economic hardship, the greater the likelihood and severity of childhood abuse and neglect" (p. 4). To be clear, this does not mean poverty is the cause of insecure attachments; however, it does produce environments where good caring parents could cause insecure attachments because they do not have enough time or adequate resources to build an environment conducive for providing a secure base for a child. A parent, in an improved socioeconomic circumstance, would be better able to create an environment wherein a secure attachment is more likely. Attachment injuries are repairable; however, it will take time, dedication, and consistency from both the caregivers and professionals involved, to build the trust that is needed to help these children overcome any attachment injuries (Perry & Szalavitz, 2008).

Additional factors experienced by youth in care may negatively influence their development. Experiences such as placement issues, a high number of foster care placements, multiple social workers, school transfers, and changes in a youth's social circle also increase the likelihood of developmental delays or challenges (Kendall & Turpel-Lafond, 2007). The implementation of the foster care system was meant to be a temporary measure to provide children and youth with safety, care, and protection when parents are unable or unwilling to do so. Unfortunately, due to a lack of approved foster care homes and behaviour challenges, many children and youth often experience multiple foster care

placements. Each of these moves has the potential to create additional attachment injuries and moving from school to school can impact the youth's social development and may result in lower educational attainment. Research has identified educational attainment as the key to a successful transition from adolescence into adulthood (Feduniw, Hubberstey, & Rutman, 2007). Turpel-Lafond (2014) points out, "without adequate transitional supports, young people leaving care are less likely to graduate from high school and attend post-secondary education" (p. 3). Providing youth with the quintessential supports increases the likelihood of completing high school and enhances the possibility of obtaining post-secondary training or education. Most youths in care do not have the financial and emotional support of their parents, which researchers have identified as an essential part of educational attainment (Turpel-Lafond, 2014). The reality of this situation is youth in care are forced to struggle through the difficult transition from adolescence to adulthood, without adequate parental guidance and support, at a much earlier age than their non-in-care peers. Census data for non-in-care youth showed 44% of young adults aged 20-29 continue to live with their parents (Feduniw, Hubberstey, & Rutman, 2007). It is unrealistic to expect youth in care to achieve self-sufficiency, without the guidance and support of caregivers at a much earlier age than expected in the general population.

Contemporary Legislation and Service Provision

In a perfect world, child welfare policy would be designed and implemented to improve the social determinants of health of our most vulnerable populations (Mikkonen & Raphael, 2010). Changes to child welfare policy would be influenced by evidence-based research and practices, rather than on changes in the political landscape. Our politicians would comprehend the importance of improving the life outcomes of our future generations.

However, we do not live in a perfect world, and current social policies were designed and implemented utilizing antiquated scientific knowledge and understandings. We need to develop a system wherein child welfare policy changes in phase with advancements in scientific and academic comprehension. Future child welfare policy should focus on ensuring the supports and resources are available to assist our most vulnerable populations, in improving their social determinants of health and helping these populations to reach their full potential. Researchers have explained this is a complicated social issue which will require changes in social policy at the organizational, provincial, and federal levels.

Across Canada, every province is responsible for the development and implementation of their child protection and child welfare legislation (CWRP, n.d.); the only exception is that the federal government remains responsible for Indigenous people (Swift, 2011). As previously mentioned; through the Indian Act legislation, the federal government is responsible for regulating, administering, and funding of social, cultural, and economic programs in registered reserve communities (Hanson, 2009). Today, under the umbrella of the Ministry of Children and Family Development (MCFD) in the province of British Columbia, a plethora of policies and services support the safety, health, and well-being of children, families, and communities. One of the service lines that function under MCFD is known as delegated child welfare (child protection), which is guided by the Child, Family and Community Service Act (CFCSA), which outlines roles and responsibilities to protect children from unsafe circumstances. The CFCSA enacted in 1996, is the legislation that legitimizes the legal authority and mandate for child welfare services in BC (CFCSA, 1996). MCFD carries mandated training requirements for anyone providing delegated child welfare services. Therefore, all child protection workers are required to commence specialized child

welfare delegation training before they are authorized to carry out the various responsibilities at each of the three levels of delegated authority under the CFCSA (Harding, 2010).

MCFD divided BC into thirteen service regions with 429 offices. Additionally, the BC Provincial Director of Child Welfare at MCFD has the authority to negotiate and enter into "Delegation Agreements" with Indigenous tribal councils or Indigenous agencies to provide Indigenous child welfare services (Richard, 2017). Through delegation agreements Delegated Aboriginal Agencies (DAA's) and their employees are authorized to undertake the administration of all or parts of the CFCS Act (Richard, 2017). Based on negotiations between the ministry and the Indigenous community, the Director will appoint a level of child welfare delegation. This delegation dictates the range of services the DAA will be authorized to perform (Richard, 2017). The Director divided Child welfare delegation was into three categories. The child welfare delegations levels are as follows:

Category 3 (C3): Resource Development and Voluntary Service Delivery; allows social workers to provide voluntary services and oversee the recruitment and retention of residential resources (foster homes). It includes authority to provide support services for families and voluntary care agreements (Richard, 2017);

Category 4 (C4): Guardianship Services for Continuing Custody Wards; includes all the legal authority in C3 plus additional responsibilities to carry out guardianship duties for children and youth in continuing custody. These include permanency planning, transitions out of care and managing Comprehensive Plans of Care (CPOC) (Richard, 2017);

Category 6 (C6): Full Child Protection Services: C6 is the highest level of delegation and includes all the legal responsibilities of C3 and C4. C6 also comprises the

authorization for full child protection duties, including investigation of child abuse or neglect reports, placing children in care, obtaining court orders and developing safety plans (Richard, 2017).

To date, the Director has authorized 24 DAAs with another six agencies still in the negotiating or planning stages (Kozlowski, Milne, & Sinha, 2014). The 30 DAAs (including those already authorized as well as those still in the planning phase) are divided among three cultural groups; 23 First Nations DAA's: 4 Metis DAA's, and the remaining 3 DAAs are urban Indigenous agencies (Kozlowski, Milne, & Sinha, 2014). Eleven DAAs provide full child protection services, eight DAAs offer guardianship services, and four DAAs provide voluntary family support services (Richard, 2017). Together these DAAs offer supportive services to approximately 1,900 of the 4,400 (42%) of Indigenous children and youth currently in the care of the BC government (Richard, 2017). CSFS commenced this process in the mid-1990s, becoming a C4 DAA authorized to provide guardianship and family preservation support services for its member nations (CSFS, 2016). Additionally, in 2017, CSFS initiated the negotiation process to become a C6 DAA, to regain control of Indigenous child welfare services for Carrier Sekani Member Nations (CSFS, 2016).

Any person under the age of 19 is considered a child, according to the CFCSA (CFCSA, 1996). The age of majority is the term commonly used to describe this transition from childhood into emerging adulthood. Conversely, the terms children and youth can be used interchangeably while discussing the child welfare system. The CFCSA, definition of youth include, "a person who is 16 years of age or over but is under 19 years of age" (CFCSA, 1996). This definition provides additional supports and services to youth in care. The CFCSA outlines the rights of children and youth in care in part four of the act.

According to section 70: (1) (a) "Rights of children are to be fed, clothed and nurtured according to community standards" (CFCSA, 1996). As the child's or youth's guardian, the provincial government is legally responsible for caring and providing for a youth's immediate and future physical/mental health, as well as the educational, and cultural needs; consistent with reasonable community standards (CFCSA, 1996). Youth in government care have a legal right to the same opportunities and supports offered by parents to non-in-care youth; which is imperative in the development of responsible, well-educated, and well-balanced adults (Rutman, Hubberstey, Feduniw, & Brown, 2007). Unequivocally, the lack of ongoing support for youth aging out of provincial care has been identified, as a severe and significant social issue (Raskin & Rome, 2017).

There are approximately 9,000 children in the care of the BC government (Kendall & Turpel-Lafond, 2009). Kendall and Turpel-Lafond (2009) identified that "4,500 children reside with relatives under the Child in the Home of a Relative program" (p. 10). Three-hundred children reside in kinship-based out of care placements, and another 1,500 Indigenous children live with a relative on their reserve, through the federally administered Guardianship Financial Assistance program (Kendall & Turpel-Lafond, 2009). Additionally, there are approximately 600 youth living independently through the assistance of Youth Agreements (Kendall & Turpel-Lafond, 2009). About 700 youth will age out of care, every year in BC (Kendall & Turpel-Lafond, 2009). As these youth reach the age of majority, they are no longer eligible for child protection services or supports; however, they may qualify for some newer post government care services offered by MCFD. Youth who are or have applied to attend a postsecondary school, rehabilitation program, vocational training, or approved life skills program, may access supports and services under an Agreement with

Young Adults (AYA) (MCFD, 2017). The AYA program is available for any youth; aged 19

to 26, who aged out of a foster care placement, a youth agreement, or was under the

guardianship of the Director of Adoption (MCFD, 2017). The AYA helps cover the costs of

housing, child care, tuition, and healthcare, while the young adult is attending school

(MCFD, 2017). Young adults accepted into this program can receive these supports for a

maximum of 48 months, or until the age of 26 (MCFD, 2017).

Northern and Remote Communities

The criteria used to describe northern or remote communities are complicated and

imprecise (Schmidt, 2008). Therefore, there is no universally accepted definition for

northern or remote communities. For this discussion, northern and remote communities refer

to communities that are remote, isolated, marginalized, and do not have access to essential

support services which are commonly available in urban centers. Due to isolation, remote

northern communities often experience higher incidences of poverty and all other social

issues. The remoteness of many reserves reduces access to doctors and medical treatment.

Because of this individuals are more likely to wait for a health crisis before they travel to the

nearest hospital or treatment facility; which has adverse impacts on both the physical and

mental health of these communities (Kendall, 2009). As a result, Indigenous people are at

higher risk for illness and earlier death compared to non-Indigenous contemporaries. These

factors contribute to a sense of disenfranchisement and hopelessness often experienced in

Indigenous communities.

As youth in northern and remote communities age out of care, there are fewer

economic and educational opportunities. For the students that successfully graduated from

high school, the possibility of obtaining a post-secondary education is daunting and

overwhelming, as this often requires individuals to relocate to larger urban areas, without parental or community support during a time wherein they no longer qualify for governmental supports or services. The primary factor limiting economic development as well as attracting livable wage employment opportunities will continue to be the costs associated with transporting needed raw materials as well as transporting finished products from remote communities to market. Therefore, the economies in these areas are most often single-industry, related to resource extraction, or are industries that only offer employees minimum wages (Schmidt, 2000). Having to rely on resource extraction must seem like a double-edged sword for these communities, given that Indigenous culture and traditions focus on the connection to the land and a sense of responsibility for maintaining and protecting their traditional territory and environments. Additionally, resource extraction sectors are the first to experience job losses during difficult economic times. Therefore, there are very few jobs on reservations, and the majority of existing positions focus on the functioning of the reserve. These jobs are often inherited which leaves little opportunity for other reserve members. Because of these circumstances, Indigenous youth are usually only able to obtain precarious employment, which further increases the youth vulnerability during difficult economic times.

The reality of the inadequate education system and lack of employment opportunities in remote communities, means youth have a choice to either rely on social assistance or leave their family and community to obtain post-secondary training or employment (Chappell, 2010). Even when these youth are successful in their post-secondary educational aspirations, there are no jobs for these youth to apply for in their community. Therefore, they are forced to choose between returning to their communities or look for work in larger urban areas.

While there is no simple solution to overcome these circumstances, one possible solution for these youth may be exploring careers wherein individuals can work from home: providing they have a reliable internet connection. Youth would still need to leave their community for training and possibly need to remain in the larger urban areas until they have acquired two years of work experience. However, after this, they may be able to return to their community, while continuing to earn livable wages.

Northern and remote communities do not have the same level of services and resources available as in urban areas.   Zapf (2010) argues that "rural concerns have been relegated to the margins of mainstream social work, where they have experienced an uneven cyclical history of attention and neglect" (p. 79). As a result, people in northern and rural regions typically travel great distances to obtain services not available locally. Due to limited ministry approved community foster care placements children and youth apprehended from their family of origin are often placed in foster homes outside of their traditional community. These circumstances negatively affect the child's extended family connections as well as their culture. This situation is further complicated as transportation is often a challenge in these communities, and there is inadequate access to rural transit services (Schmidt, 2000). Because of this, parents without access to reliable transportation are unable to participate in services mandated by the ministry to address the child protection concerns or adhere to scheduled visitation schedules.

An ongoing challenge for these communities has been the difficulty of recruiting and retaining social workers and other healthcare professionals. Richard (2017) reports that "recruitment problems are compounded for smaller agencies located in rural areas, who have less funding flexibility to offer competitive wages" (p. 53). The majority of new social

workers hired in these areas leave after obtaining approximately four years of practice experience; as new opportunities develop for these more modern social workers in urban areas (Miller, 2010). This issue is further complicated as the workforce is not large enough to adequately meet the needs of the community. As the baby boomer generation starts to retire this workforce will experience a further reduction (Miller, 2010). Due to these circumstances overcoming the social issues encountered in remote communities will continue to be a complicated and challenging task. Children and youth removed from these communities will have to choose between returning to their originating territory and depending on social assistance or continuing to reside in urban areas and pursuing their educational and employment aspirations.

Summary

The purpose of this chapters was to consider the significance of systemic, social, economic, and cultural barriers and the ongoing consequences these barriers have on the expected life outcomes of youth aging out of care. The promotion of better life outcomes for children and youth in care needs to be a priority in government policy and mainstream society. Child welfare legislation needs to be reformed to provide the necessary supports, to ensure that all youth in care receive adequate supports to overcome the hardships originating from their life experiences. By understanding the local culture, social workers can help to create better-living environments for individuals and communities. Doing so would promote better life outcomes for youth aging out of care and encourage these youths in becoming equal participating members of our society. The next chapter will focus on reviewing the experiences from my MSW practicum at CSFS.

Chapter Four: Reflective Review Practicum Learning Experiences

Chapter four outlines the learning goals that were identified to assist in enhancing my professional practice skills as well as improve my professional confidence. This section also explains the rationale of my learning goals and provides a timeline for the completion of all aspects of this practicum. This chapter also describes the activities completed during this practicum placement and the resulting learning offered through these experiences.

Students accepted into UNBC's Master of Social Work program have the choice of a thesis or practicum route. The practicum route requires students to complete 560 practicum hours, with an agency of their choosing. Therefore, students can develop a practicum placement that best suits their professional interests. Practicum environments provide students an opportunity to enhance and refine their social work practice skills while focusing on a particular area of interest. Therefore, the principal objective of the MSW practicum is to prepare students with the necessary knowledge and skills to assume a variety of roles and responsibilities in management, policy formulation, program consultation, planning, advanced social work research, and advanced social work practice (UNBC, 2017-2018). As a new BSW graduate, I felt that the practicum option during my graduate program would be an opportunity to gain valuable supervised social work practice experience.

Practicum Goals and Objectives

The overall objective of my MSW practicum was to improve my professional practice skills as well as, enhance my professional confidence. The following four learning objectives were developed to assist in reaching these objectives (Located in Appendix A is The Learning Contract);

I.   Continue developing a professional identity as a social worker and enhance my ability to recognize issues affecting clients and communities.

II.   Gain familiarity with the practice environment, practicum agency, and knowledge-base of available formal and informal community resources.

III. Improve my knowledge of the reality of integrating social work values, ethics, and comprehension of professional practice.

IV.   Improve my ability to manage a practicum workload and perform administrative tasks efficiently.

A discussion on the activities that aided in achieving these practicum objectives will be outlined in the following section of this report.

Performance and Supervision

My performance evaluation meetings were regularly held with my practicum supervisor, academic supervisor, and my MSW practicum supervisor on an ongoing basis throughout this placement. An outside MSW practicum supervisor was required, as the Youth Services Team no longer employed a teammate with MSW credentials. After careful consideration, my academic supervisor was able to identify an appropriate MSW practicum supervisor candidate, who agreed to provide MSW practicum supervision. The goal of educational supervision is to promote ongoing professional development and enhance the supervisee's understanding of social work policy, ethics, and best practices (Smith, 2011). Supervision activities facilitate learning through training, sharing experiences and knowledge.   Supervisors utilize their practice experience to inform, clarify, guide, and help supervisees find solutions to challenging situations and enhance professional growth and development (Smith, 2011). McClure (2005) explains, "it is that form of practice that seeks

to problematize many situations of professional performance so that they can become potential learning situations and so the practitioners can continue to learn, grow and develop in and through practice" (p. 3). This process allowed me to analyze my practical skills and experiences on an ongoing basis; to identify what worked, what didn't work; and identify any possible way to improve a situation or outcome.

Practicum Learning Activities and Experiences

My practicum experience was one of perpetual change. Through my educational journey, I have completed four practicum placements. Due to the continuous evolution of focus and direction experienced during this placement, I am confident this MSW practicum epitomizes the realities of professional social work practice. These circumstances offered me a supplemental learning experience to enrich my professional development and identity; as well as, significantly augment confidence in my professional proficiencies. On a personal and professional level our success or failure should not be measured by how many setbacks or challenges we experience; preferably, it should be measured by how quickly we can adapt in overcoming any delays or problems, allowing for the continuation of favorable progression towards meeting any set-out goals. These circumstances were beneficial in achieving objective IV of my learning contract as it offered an opportunity for me to demonstrate my ability to manage my workload while performing any necessary administrative tasks.

My original practicum placement was with the child and youth mental health worker on the CSFS Youth Services team. Unfortunately, the child and youth mental health worker resigned from the organization a few weeks before my anticipated start date. Subsequently, my practicum supervisor and I brainstormed to identify service gaps in the current programs

offered to youth through CSFS. As a result, we developed new goals and tasks to assist in reaching my overall practicum objectives. Identifying gaps which were related to my proposed research and MSW focus presented a challenge. However, we were able to identify a lack of services and programs aimed at increasing employment and educational opportunities for youth who had or will soon age out of government care. In the early planning stages of this project, it was essential to identify similar services, currently being offered in the Prince George area, to ensure we were not recreating services that were already available. The research conducted throughout this process was crucial in achieving my practicum objective II, as this enhanced my familiarity with the practice Agency and environment and improved my knowledge-base of available formal and informal community resources. This task became much more manageable after obtaining the Prince George Resource Directory, produced by the Crisis Prevention, Intervention & Information Centre for Northern BC. This directory identifies local service providers and provides a brief description of the services each provider offers. Through this resource, I was able to locate and connect with some local agencies that provide youth employment services; such as the CSFS Bridging to Employment program, Indigenous Employment and Training Association (PGNAETA), and Youth Around Prince (YAP).

The CSFS Bridging to Employment program was created in 2000 to assist unemployed or underemployed Indigenous community members, to obtain the necessary skills to improve their employment options (CSFS, 2016). This holistic program addresses the social, economic, educational, and cultural barriers experienced by Indigenous peoples as they attempt to participate in the job market. The Bridging to Employment provides individuals with some supportive services which include creating resumes, cover letters,

improving interview skills, and public speaking skills while incorporating a strengths

perspective to identify an individual's strengths, resources, and employment interests (CSFS,

2016). Additionally, this program also provides individuals with employment skills training

such as first aid training with CPR, WHMIS, FOODSAFE, Serving It Right, and an

Introduction to Computers to name a few course offerings. As well, a one week on the job

mentorship program is provided (CSFS, 2016).

Another local agency that provides employment services is the Prince George

Nechako Aboriginal Employment and Training Association (PGNAETA), through the

Aboriginal Employment Gateway (AEG) program. AEG offers a variety of services to

accommodate the needs of unemployed or underemployed Indigenous people looking to

improve their participation in the workforce (PGNAETA, 2017). AEG staff can provide

support for individuals experiencing personal issues, family planning, financial planning,

access to funds from various sources, and support throughout their training or on-the-job

work experiences (PGNAETA, 2017).

Youth Around Prince (YAP) is a community-based program that offers frontline

services such as showers, laundry, a kitchen, phone, mailing address, photocopier, fax

machine, and computer access free of charge (YMCA, 2017). This agency provides

individuals under the age of 29, with a career-focused three-week employment program.

Through this program, clients receive help building and strengthening their resume, improve

their interviewing and networking skills, as well as pre-employment training; such as First

Aid Level 1, FOODSAFE, WHMIS, and WorldHost. Additionally, staff members are

available for one-on-one counseling and to assist with long-term career planning (YMCA,

2017). While I was able to identify these and many more services as being open to youth in

the Prince George area; they do not provide services targeting the complex needs of youth who have or will age out of care. Therefore, we were able to establish there is a substantial community need for such services. This process was crucial in achieving objective I of my learning contract. Subsequently, my practicum project would focus on developing a Youth Employment and Skills Mentorship Program for youth in care, which could be hosted on an ongoing basis by the Youth Services Team at CSFS.

Employment and Skills Mentorship Program

The Employment and Skills Mentorship Program would provide youth with necessary employment skills and provide part-time on-the-job mentorship over the summer months. This program would provide CSFS staff an opportunity to identify a youth's employment interests and provide the youth with support and encouragement in obtaining any necessary training to achieve employment in their field of interest. By providing individuals with an opportunity to experience some small successes, we can significantly increase their problem-solving abilities and prosocial skills which will enhance the individual's ability to thrive, foster the development of resilience, and promote ongoing well-being and improve their expected life outcomes. Additionally, incorporating a strengths-based perspective can also enhance the youth's sense of identity and accountability, which can be influential in the promotion of positive results. Due to the time constraints of the MSW practicum, it was decided to run a small pilot program, consisting of three youth who were already accessing services offered by the Walk Tall program, and who agreed to take part in this project. The pilot project allowed an opportunity to evaluate the efficiency and effectiveness of the Employment and Skills Mentorship Program. Research by Raskin and Rome (2017) indicates, "It might be possible to increase employment stability by providing job coaches

while youth are still in foster care and having them remain with the youth throughout the transition" (p. 16). Therefore, I planned to incorporate this research along with my experiences with the Education and Skills Training Program (ESTR) as well as McNaughton Support Services to develop the framework for the Employment and Skills Mentorship Program.

The ESTR program at Thompson Rivers University provides students with cognitive disabilities, knowledge about future employment opportunities and training in a specific area. Students divide their time between classroom learning, labs, and two work placements (ESTR, n.d.). Classroom learning focuses on teaching students safe work practices, employer expectations, teamwork, necessary computer skills, and self and community awareness (ESTR, n.d.). During the two-week work placements, students receive a combination of on-the-job training and mentorship in one of three fields; such as kitchen assistants, retail workers, or automotive assistants. Additionally, students have an opportunity to obtain WorldHost, WHMIS, and FOODSAFE certifications (ESTR, n.d.). McNaughton Support Services provides services and programming to increase community participation and employment opportunities for youth and adults diagnosed with cognitive disabilities (McNaughton, 2016). These support services include both one-on-one support as well as a variety of group activities. The one-on-one support services are designed as the best fit for an individual's unique social and economic needs, while the focus of group activities was increasing prosocial skills and community involvement.

As a precaution to avoid any possible ethical dilemmas, copyright infringements, or confidentiality issues, I requested authorization from both ESTR and McNaughton, to incorporate my knowledge of their programs along with any information available through

their websites, in the development of the Employment and Skills Mentorship Program. Additionally, both agencies offered their support in the planning and implementation phases of this practicum project. This approval was crucial as it was important to identify possible sources of funding, which would allow the Employment and Skills Mentorship Program to be self-sufficient. During my time at McNaughton, I was able to ascertain that there were two primary funding sources; MCFD provided the funding for youth currently in governmental care and CLBC for the adults with diagnosed cognitive disabilities. This funding was based on the individual assessed level of need and these agencies would provide funding for a set number of hours on either a weekly or monthly on a contract basis. Currently, MCFD contributes funding for the Walk Tall program to maintain a cultural connection and culturally competent programs for Indigenous children and youth in care. Additionally, I was able to identify that there were a number of young adults accessing services offered through the Walk Tall program who were receiving support services from CLBC. Equally important, because the Walk Tall staff are already providing support services for individuals aged 8 to 24, they would not require any additional training to maintain an ongoing Employment and Skills Mentorship Program. Subsequently, by reworking the funding proposals for the Walk Tall program, to include community inclusion (meaning society in general), educational supports, and employment training could be a pathway for obtaining additional funding to help cover the operating costs of the Walk Tall program.

Due to the limited timeframe of this practicum placement, it was unrealistic to develop our employment skill training; therefore, we needed to partner with an agency with an established employment skill training program. It was during this phase of development that the difficulties of creating this program became apparent. Unfortunately, the Bridging to

Employment Program is shut down throughout the summer months. My initial meetings with PGNAETA seemed to be a promising way to address this need. We were able to establish that both CSFS and PGNAETA agreed that there was a substantial need for services and programming designed to meet the complex needs of youth who have or are about to age out of care. Initially, PGNAETA expressed an interest in partnering with CSFS to develop and implement a Youth Employment and Skills Mentorship Program; however, due to the time constraints of the MSW practicum, we were unable to move forward with this partnership. This partnership would have been an ideal way to build a community of support around a group of youth who often lose their support network as they age out of care.

After a great deal of research and meeting with local agencies, I was able to register one of the selected youth into a two-week intensive employment skills training course that was offered by YAP over the summer months. Due to the timing of the YAP program, the other two youth were not able to attend this program. Unfortunately, the one who was signed up for the Yap program was unable to participate after accepting a part-time employment opportunity that conflicted with the YAP schedule. At this point, we had exhausted all other available options for providing the selected youth with the necessary employment skills training that were essential in acquiring part-time summer employment. Although I was able to give the Youth Services manager a framework to create the Employment and Skills Mentorship Program, we were unable to establish and run the pilot project. However, I continued to explore employment and educational interests with one of the selected youth throughout my time at CSFS. Due to this unfortunate setback, we decided that I would take on the responsibility of completing any Walk Tall intakes and provide any assistance needed by the Youth Services Team.

Youth can self-refer or be referred by any helping professional to access Walk Tall services; however, most referrals originate from the youth's social worker. After receiving a youth referral, the family is contacted to collect any required personal and medical information. Through this process, I noticed some youth diagnosed with Attention deficit hyperactivity disorder (ADHD), but not currently prescribed medication.

Progression of Educational and Professional Focus

As I investigated this issue, some parents explained that they considered ADHD a fictitious condition created by doctors; a comment I have repeatedly heard throughout my personal and professional experiences. Personally, I feel this misconception is perpetrated by a general lack of awareness of ADHD and other mental health conditions, by the general public as well as the helping and teaching professions. Additionally, I consider this belief to be propelled by the stereotypical view that a child or youth who has ADHD is identified as a problem child and is less intelligent than children without ADHD. If professionals were more aware of this condition, the symptoms, and how to manage the disorder perhaps professionals would be better equipped to educate caregivers to dispel many mental health misconceptions, which would reduce the associated stigma and improve the likelihood of individuals seeking and receiving any needed treatments or interventions. In my experience, the general lack of understanding of mental health conditions and symptomatology is evident throughout the helping and teaching professions. This situation appears to be exacerbated by the lack of available mental health courses offered in the post-secondary professional programs which are further complicated by limited training provided by employers. Froese-Germain and Riel (2012) provided evidence to support this when they reported, "teachers, whether they are general education or special education teachers, lack the necessary

preparation and skills to meet the needs of students with emotional and behavioral disorders (EBD)" (p. 2). The Evidence to support this comes from the three programs undertaken on educational journey in becoming a social worker;

1) The Human Services Diploma program (also identified as Social Services Diploma by some colleges and universities) did not include any courses focusing on mental health conditions.

2) The Bachelor of the Social Work program, there was one available mental health course, but this was an elective and not a core requirement.

3) The Master of Social Work program did not offer any specific mental health courses.

Therefore, we can expect that many new social work graduates will have limited comprehension of mental health conditions as teaching professionals. Students can overcome this challenge by focusing their academic research and writing on mental health conditions. As mentioned previously, this understanding developed early in my educational journey and was pivotal in my decision to shift my primary educational focus towards child and youth mental health. This awareness is related to a culmination of all of my practicum and employment experiences. There were two pivotal experiences that led me to the belief that there may be a gap in professional knowledge related to child and youth mental health disorders. One originated from a meeting with a manager of a 24-hour residential care facility that provided support services for youth with mental health concerns and behavioral challenges. The second interaction involved communication with a special needs teacher who was employed by the school district.

During a meeting, the manager of a residential care facility offered a resident file for review and discussion. After analyzing the medical reports in conjunction with the other

documentation, I discussed my review findings with the manager of the facility. In the context of reviewing the file, I inquired as to whether or not an Autism Spectrum Disorder assessment (ASD) had been considered or requested, by Interior Health Children's Assessment Network (IHCAN) assessment. An IHCAN assessment is conducted by a multi-disciplinary team which provides diagnostic evaluations for children and youth who may be experiencing a range of challenges. These challenges include learning and intellectual difficulties, Autism Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD), developmental disabilities as well as social, emotional, or behavioral problems (Okanagan Ability Centre, 2015). The assessment report identifies areas of weakness and strengths for the individual, which are an excellent resource for professionals developing interventions or care plans aimed at improving functioning, as well as providing parents with an enhanced understanding of their child's condition and ways in which the parent can more efficiently support the needs of the child. After a brief discussion with this manager, it was evident that the manager lacked a general understanding of ASD and other mental health conditions.

Another example where a lack of awareness occurred, was at a meeting with a school district special needs teacher and a guidance counselor. The conference was organized to explore any possible ways to address the behavioral challenges of a youth designated with a learning disability and multiple diagnoses which included ADHD, Oppositional Defiance Disorder (ODD), and Anxiety. The special needs teacher wanted to discipline the youth for behaviors identified as symptoms of ADHD; such as lack of focus, inattention to detail or instructions, failure to complete assignments or tasks, and constant fidgeting or bothering other students. At this point of the meeting, I respectfully enquired as to whether or not the

special needs teacher was aware of the known symptomology associated with ADHD, as they had just listed most of the known ADHD symptoms as behaviors in need of punishment. While I was in agreement that we needed to find a better way to manage the behavior challenges, I disagreed with disciplining the youth for behaviors associated with a known diagnosis. At the conclusion of the meeting, the special needs teacher explained that she felt segregation was the most appropriate response to the youth's behavior challenges. This meeting was followed up by an extensive discussion with the school principal, wherein I addressed many concerns related to the special needs teachers' awareness and treatment of the youth diagnosed with mental health challenges. In the end, the principal agreed that disciplining the individual was not an effective way to manage the symptoms of their mental health concern. Additionally, the principal ensured they would promptly and appropriately manage this situation. The educational system response to mental health and behavioural challenges has included suspensions or a transfer to an alternative educational placement, rather than developing the needed proactive support systems (Froese-Germain & Riel, 2012). These experiences reinforced my belief that the helping and teaching professions require mandatory mental health courses as part of the core curriculum. Additionally, this situation strengthened my belief that the most effective and efficient way to manage challenging behaviour is by understanding the impacts a mental health condition may have on the manifestation of actions and behaviors. At first, researching the various mental health challenges commonly experienced by children and youth seemed like a daunting task. The sheer number of mental health conditions identified in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM5) seemed overwhelming. Surely, anyone who has researched mental health conditions in the DSM5 will understand how intimidating this process can be.

Equally disheartening was recognizing each of these conditions have an endless list of possible symptoms. This task seemed even more challenging after realizing many mental health conditions shared similar criteria. To simplify the complexity of this task, I identified what I considered defining characteristics of each mental health condition. For example, a few of the characteristics of ADHD, I identified are working or short-term memory deficits, impulsivity, poor self-regulation, short attention span or lackof focus, and hyperactivity (Cooper & Thapar, 2016). Fetal Alcohol Syndrome's defining characteristics include deficits in linking actions and behaviour with associated consequences, executive functioning, learning, memory and visual-spatial reasoning, adaptive functioning, low birth or height compared to age-related norms, and may include facial abnormalities (Godel, 2002). Autism Spectrum Disorder's defining characteristics can include disruptive or maladaptive behaviour, irregular emotion responses or displays, angry outbursts, irritability, sensitivity to certain textures of fabric or food, and challenges in adapting to or managing change (Dayan, et al., 2017). To be clear, this is a small list of known symptoms identified early in my research to assist in identifying and differentiating the different mental health conditions and represents a starting point in my educational journey to enhance my comprehension of this subject matter. After this point, my research and practice experiences added additional information to my mental health knowledgebase, which also expanded my knowledge and understanding of both the shared and different symptomology of mental health conditions, which often impact the lives of children and youth.

My practice experience has shown me that children and youth in care, are often impacted by comorbid mental health conditions. Because of this, it was of great interest to start investigating the interactions of various mental health conditions and the behaviours this

interaction may manifest. It is essential to understand the cause of the behaviours when attempting to overcome or manage a child's or youth's behaviours effectively. For example, individuals experiencing the symptoms of FASD and ADHD often repeat concerning actions or behaviours. In each of these circumstances, individuals will know the actions or behaviours are wrong and most often understand the repercussions of such acts or behaviours. However, they continue to repeat these actions and behaviours for very different reasons. Additionally, in managing these circumstances, it is crucial to understand the underlying issues manifesting these unwanted actions and behaviours.

For example, FAS impacts the region of the brain responsible for linking actions and behaviours with associated consequences (Godel, 2002). Therefore, while the individual will most likely know the actions or behaviours are wrong as well as the related repercussions, their brain fails to make the connection between the actions, behaviours, and consequences. The deficits or impacts on an individual's development and functioning connected to FASD are considered permanent. Although further research is needed, recent advancements in the understanding of the brain functioning and neuroplasticity may offer a pathway to overcoming this issue. Neuronal plasticity is the brain's ability to make or break neurological connections based on our experiences (Medina, 2011). By practicing new skills over and over again, other regions of the brain can be trained to take over the functions of the brain that did not develop properly or are damaged. Similarly, an individual with ADHD, may also repeat concerning actions or behaviours because they are impulsive. These individuals tend to act on thoughts before they think about the consequences until after the actions or behaviours is complete. To manage these behaviours, we must assist the individual in learning coping strategies to overcome their impulsivity. Coping strategies and medications

can give these individuals a few moments to consider the consequences of their actions or behaviours before they act on these thoughts. ADHD medication can also help with these situations by allowing the individual the additional time and processing capacity to consider the consequences of any ideas. The key to managing concerning actions and behaviours is understanding the conditions responsible for the manifestation of many of these actions and behaviours. This understanding can allow professionals and caregivers an opportunity to help the individual in developing coping strategies and skills to improve development and reduce the occurrences of any concerning actions and behaviours.

Elder Mentorship Program

This year (2017) the Youth Services Team developed an elder mentorship program. This program aims to re-establish connections between children and youth in care with the elders of their community of origin. A couple of events were scheduled every month, one for juniors boys and girls and one for senior boys and girls. These events provide an opportunity for elders to teach the children and youth about their traditional heritage. The first event was a tour of the children and youths originating community. As we toured the area, elders shared stories about the community, traditions, and values. As a social worker, it was a great experience to witness how communities can come together. Throughout the summer, I participated in a few more of these events. Most interesting was the berry picking event. For this event, a co-worker and I arranged for two children in government care to attend this event which occurred in their home communities. An elder started the activity with a traditional story related to berry picking in their community. Followed by a lesson on what berries to pick and how to best accomplish this task. Rather quickly I could sense the elder's resistance in engaging and participating in the activity with me. For example, when asking

questions, the elder would hesitate before responding with the shortest possible answer. It was also apparent that the elder was observing my interactions with the two children. After recognizing the elder's resistance, it was important to remember this resistance was not personal, as this was the first time we had met. So I continued to interact with the children and gave the elder as much time as needed to become comfortable with my presence and participation in the activity. The berry picking activity took us to some locations in the community, and the elder shared additional stories at each site. After about an hour, I could sense the elder's resistance was beginning to diminish. The elder was now communicating more openly and frequently with me and smiling during our interactions. The children and I had a great time at this event and we got to explore much more of the community than we had during the first tour activity.

Near the end of the activity, we headed back to the community health center to wash and sort the berries. We met up with a large group of community members who were also picking berries. As I started cleaning and sorting the berries one of the children we brought to the event, asked the elder to join their table. We had a great conversation about the children, the activity, the importance of the elder mentorship program, as well as, my educational journey and future professional plans. At this point, the elder encouraged me to consider joining the local CSFS team. The main take away from this learning experience is understanding that resistance is most likely the result of a combination of historical and personal life experiences, rather than a personal issue. By giving the elder as much time as needed to become comfortable with my presence, we were able to overcome this resistance. These activities were beneficial in helping me achieve objective III of my learning contract,

as they offered an opportunity to reflect on the reality of integrating of social work values, ethics and knowledge in professional practice.

Summary

In this chapter, I identified and described my learning goals and objectives for my practicum with the Walk Tall program hosted by Carrier Sekani Family Services in Prince George, British Columbia. This practicum placement provided multiple learning opportunities to learn about and participate in culturally structured programs and services and collaborate with other helping organizations and professionals. Through these experiences I learned about the broad range of services available locally for children, youth, and young adults. The networks I developed assisted me throughout my practicum and will continue to be of benefit in my future professional practice. In the following chapter, I will offer implications for social work practice based on my practicum experiences.

Chapter Five: Implications and Recommendations for Social Work Practice

This section outlines the implications of my practicum experiences on both my personal and professional development. It is essential to start this section by identifying an accepted definition of social work. In 2014, the International Federation of Social Workers (IFSW) incorporated the following global description of social work:

> Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being (IFSW, 2014).

The difficulty in creating this definition is social workers take on a substantial number of roles and responsibilities on a daily basis.

Personal and Professional Development

From my perspective, on the most basic level, social workers are merely agents of change. Therefore, as social workers, our primary goals should be assisting our clientele in identifying modifications they feel are required to improve their current situation and overall life experience and provide needed assistance throughout the process of change. To accomplish this social workers may take on a variety of roles and responsibilities while being flexible enough to change interventions on an ongoing basis to best meet the client's needs, which can vary frequently. Therefore, a client's involvement and cooperation in intervention and care planning are essential in promoting change. An individual's ability and willingness

to adhere to a developed plan relies heavily on the relationship between the individual and the practitioner. With this in mind, the client-practitioner relationship is the most crucial element of my professional practice. In my professional social work practice, building relationships begin by showing the client respect. We can foster the development of trust by taking the time to actively listen to the client and their story, validating their feelings, and ensuring they do not feel judged.

Interestingly, developing professional relationships was the aspect of practice that I most feared, as I began my educational journey because I do not consider myself overly social. After reflecting on my first practicum along with supervisor comments, it became clear that developing relationships was a very natural process for me; which became a reoccurring theme throughout my practicum experiences. My professional relationship building skills are a combination of my personality characteristics. In both my personal and professional lives, I tend to be a big picture thinker, which means the more information I have on a person, their life experiences, and any physical or mental health concerns, the better equipped I feel in helping clients identify any needed changes and supporting them through the change process. Incorporating the client's beliefs, values, and worldviews into the care planning and interventions can efficiently promote positive change.

Ethical Considerations and Challenges

During this practicum experience, it was essential to recognize how my membership in the settler community and a representative of the social work profession impacted an individual's ability and willingness to engage with me on a personal and professional level. Historically, the groups I am a member of have been responsible for a great deal of harm in Indigenous communities. It is essential to understand the role social workers played in the

historical and contemporary policies, which have resulted in the current social and economic circumstances in Indigenous communities. Blackstock (2009) explains, "We must first learn from our professional past to learn from it and avoid replicating past mistake" (p. 28). Additionally, it is important to remember the power and privilege I receive through my ethnicity, gender, education, and role as a social worker. These factors can impact an individual's willingness to engage with me and the system. To overcome this, social workers need to neutralize power structures to assist in the development of healthy trusting relationships. It is essential for social workers to understand how racism and oppression impact individuals and groups and act on this learning by becoming allies and advocates working towards eliminating discrimination and oppression. Doing so will help ensure we are helping our clients and not merely teaching them to accept their current conditions.

The Canadian Association of Social Workers (CASW), Code of Ethics has been the primary influence during my practicum experience. The social work Code of Ethics incorporates six core values: Respect for the Inherent Dignity and Worth of Persons, Pursuit of Social Justice, Service to Humanity, Integrity in Professional Practice, Confidentiality in Professional Practice, and Competence in Professional Practice (CASW, 2005a). Over the duration of my educational journey, my comprehension of these core values; such as, self-determination and the complexity of ethical issues such as confidentiality has increased along with the benefit of social justice which has taken on a much stronger meaning. The CASW Code of Ethics (2005) is the primary resource when faced with decisions about social work practice and any possible dilemmas. Fortunately, there were no significant ethical dilemmas that occurred during my practicum experience.

The primary limitation identified during my practicum experience was restricted and unstable funding to support the Walk Tall program on an ongoing basis. It is important to note that this limitation impacts the majority of services offered by the helping profession. These circumstances produce two significant challenges for service provision targeting the social issues outlined throughout this report. First, as service provision funding contracts end and are not renewed, programs and services are forced to shut down. This in turn negatively impacts the services providers' credibility to provide needed long-term services for the population being served. Additionally, the service providers' credibility is further impacted by the ongoing staff turn-over crisis in the helping profession. The revolving door of staff members' further affects the clientele's ability and willingness to engage with any necessary services. These circumstances reinforce the need for collaboration amongst service providers to remain aware of available services to assist clientele. Secondly, due to tension created by current funding models service providers who are often competing for limited available resources have a tendency to be resistant to sharing resources and information with other agencies. In my experience this situation has often resulted in multiple agencies providing the same or similar services that target the same population. If service providers worked more closely together to limit the duplication of available services, we would be able to provide a better range of services and in turn improve the life experiences of our clientele.

Recommendations for Social Work Practice

Throughout my educational and professional experiences, I have found the key to engaging with this population is through the amalgamation of cultural agility along with respectful relationship building. The BC Public Service Agency (2017) explains, "Cultural agility is the ability to work respectfully, knowledgeably and effectively with Indigenous

people" (MCFD, 2017). My recommendation for professionals wanting to work with Indigenous populations is to begin by taking the time to learn the basics of the local nation's culture, traditions, and ceremonies. It is crucial for professionals to understand that traditionally Indigenous culture is passed on through story-telling and participation. Therefore, to gain a better understanding of the local culture, newcomers need to participate in cultural events rather than reading about these traditions in a textbook. In my experience, attending and participating in local cultural activities demonstrated my respect and willingness to learn about and engage with the local culture. Subsequently, this has significantly reduced community resistance and in turn, increased the acceptance of my practice in the local community. Most often individual and community resistance to engage with service providers is the result of a combination of historical and personal life experiences. Participating in cultural events and allowing individuals as much time as they need to become comfortable with my presence, has always produced positive results, which can improve the response time of a professional to any given crises.

Mental Health Training for Helping Professionals

Over the last decade or so, there has been a push to increase mental health literacy, primarily through mental health awareness campaigns. While improving mental health awareness is an essential element moving forward, I believe these campaigns have produced more confusion between mental health and mental illness for both helping professionals and the general population. As an Aboriginal Child and Youth Mental Health Clinician, this issue has become apparent through my daily interactions with clientele and other helping professionals. In support of this, the Canadian Mental Health Association reported, "Mental health and mental illness are increasingly being used as if they mean the same thing, but they

do not" (CMHA, 2015). The primary drawback created by these circumstances is longer wait-times for children and youth. The longer wait-times are the results of having to complete a number of assessments before re-referring a client to the correct helping professional or service provider. More importantly, each additional referral reduces the likelihood that the individual will actively engage with the new service provider. For this report helping professionals refers to any professionals trained to work with or provide services for children and youth; such as teachers, youth workers, family support workers, counselors, social workers, and healthcare providers to name a few.

As indicated in Chapter Three mental health is, "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face" ((Butler-Jones, 2011, p. 30). Whereas mental illness represents, "a biological condition of the brain that causes alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning" (Butler-Jones, 2011, p. 30). Any professionals working with children and youth should receive mental health and mental illness training as a means to better understand the circumstances and conditions that often impact children and youth. This training should be incorporated as core requirements of any post-secondary helping profession training program. This training would aim to provide an understanding of the importance and differences of mental health and mental illness as well as a basic comprehension of the mental illnesses that impact the lives of children and youth. It is essential that the mental health and mental illness training be an ongoing occurrence offered by employers and that this training is continually updated to incorporate any advancements in mental health and mental illness. As mentioned in

previous sections of this report, the key to understanding and managing behaviours of children and youth is understanding the conditions that manifest a particular behaviour.

Final Conclusion

Clearly, promoting better life outcomes for youth in government care needs to be a priority in society and government policy. To combat this problem child protection and the child welfare legislation need to be reformed to provide the necessary supports, to ensure that all youth in care are provided with adequate supports once they leave government care or reach the age of majority. Northern and remote communities continue to need assistance in overcoming social issues. The recruitment and retention of social workers in northern and remote communities will be an ongoing challenge. The success of these social workers will balance on their ability to develop strong ties with both the individuals and communities in northern and remote areas. By understanding the local culture, social workers can help to create better-living environments for northern and remote individuals and communities. With the supports in place, a youth may be better equipped to overcome any developmental delays or challenges, which have resulted from their life experiences. Doing so may assist youth in breaking the cycles of poverty, abuse, substance use/abuse, and reduce the adverse effects of any mental health issues.

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Appendix A: MSW Practicum II Learning Contract

UNBC *UNIVERSITY OF*
NORTHERN BRITISH COLUMBIA

School of Social Work, College of Arts, Social and Health Sciences

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MSW Practicum II: Learning Contract

Student: Wayne Mernickle

Practicum Supervisor: Kayla Brownscombe

Academic Supervisor: Tammy Pearson

Agency: Carrier Sekani Family Services

Hours of Work: Regular business hours, Monday to Friday

Length of Placement: From: 08/05/2017 to: 25/08/2017

Hours of Work: Regular business hours, Monday to Friday

Learning Objectives: The overall objective of my practicum is to further develop my professional practice skills as well as, my confidence. Therefore, I have identified the following learning objectives as a guideline to assist in achieving my practicum goals:

I.   **Continue to develop a professional identity as a social worker and enhance my ability to recognize issues affecting clients and communities**

   a. Understand the social worker/client relationship dynamics and be able to identify and neutralize power imbalances while working with, meeting, and interviewing clients, family members. This goal will improve my ability to analyze power dynamics and imbalances, recognize and manage the impacts of adversarial or authoritative client-based systems, understand the practicum agency's culture and service delivery model and how the interaction of these factors can impact both the clients and my own ability to efficiently and effective engage in services and the process of change.
   b. Understand the Carrier Sekani Family Services mandate and be able to work within that system to best meet the family's/client's needs in addressing any

mental health concerns. This learning will increase my knowledge of the legal, policy, and organizational context of my practicum agency.

c. Understand the importance of collaborative practice. This goal will strengthen my ability to work efficiently and cooperatively with colleagues, clients, and other agencies.

d. Identify the strengths and limitations of the service delivery mandate and appropriately question standards and practices.

e. Discuss any identified ethical dilemmas with my supervisors. This goal will increase my ability to recognize or identify ethical dilemmas and the importance of consulting with supervisor or experienced co-workers, on ways to avoid or overcome any ethical dilemmas that may arise.

II. **Gain familiarity with the practice environment, practicum agency, and knowledge-base of available formal and informal community resources**

a. Develop relationships with community organizations to work collaboratively with a broad range of formal and informal community resources to the benefit of clients.

b. Improve my ability to make referrals as needed, to practice social work efficiently, while collaborating with diverse clients or client groups from an anti-oppressive framework or approach.

c. Review client files, history of services accessed, and follow up by suggesting additional formal and informal community resources, to help meet their needs. This goal will increase my knowledge of formal and informal community resources, which improves my ability to refer clients to the appropriate services to best meet their individual, family, or community needs.

d. Recognize, identify and articulate an individuals, families, or community's strengths, available resources, needs, as well as the appropriate services to best support individuals in addressing any identified concerns. This understanding will improve my skills in working effectively in collaboratively with a diversity of clients or client groups.

III. **Improve my knowledge of the reality of integrating of social work values, ethics and knowledge in professional practice**

a. Enhance my comprehensive understanding of the Canadian Association of Social Workers (CASW), Code of Ethics as well as values and ethics consistent with the egalitarian ideals of the social work profession.

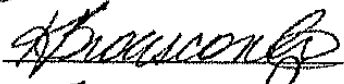b. Review and gain familiarity with the practicum agency's guiding theories, perspectives, and approaches.

    c. Understand the application of these values while working with a variety of client-based systems, such as colleagues, supervisors, and representatives of other systems.

    d. Identify structural inequalities in the practicum context and the implications this has for the marginalization, oppression, and social exclusion of clients and client groups in society.

IV. Improve my ability to manage a practicum workload and perform administrative tasks efficiently

    a. Enhance personal and professional development, by seeking appropriate consultation and demonstrating an awareness of my strengths and identifying areas for growth.

    b. Complete assigned tasks promptly. This goal will increase my ability to work independently and improve my workload management skills.

    c. Document case notes consistently and accurately in an objective manner, including all relevant and necessary information, while excluding personal opinions.

    d. This learning will increase my professional report and documentation writing skills.

    e. Reflect in journal responses to crisis and emergency situations. This goal will allow me to respond more efficient and effective to similar situations and circumstances.

    f. Develop the capacity to initiate learning activities including the ability to seek and use consultation. Through this learning, I will improve my independent workload management skills and professional record keeping skills, while adhering to social work values, ethics.

    g. Engage in career-long learning combined with personal and professional reflection and self-correction skills to promote continual personal and professional development. As challenges or limits in my comprehension or knowledge base are identified, take the initiative in seeking outside learning opportunities to overcome these obstacles. Subsequently, this will enhance my ability to distinguish personal strengths and limitations while improving my capacity to remove my world view and biases when working with clients

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Signatures

Student: _____ **Date:** July 6, 2017

Practicum Supervisor: _____ **Date:** July 6, 2017

Academic Supervisor: _____ **Date:** July 6, 2017