



Ontario Centre of Excellence
for Child and Youth
Mental Health

Centre d'excellence de l'Ontario
en santé mentale des
enfants et des adolescents

**Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.**

Evidence In-Sight: Engaging First Nation, Inuit and Métis families

Date:

September, 2015

The following Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the following questions:

- Are there existing models of family engagement for First Nation populations?
- Does the literature define best practices for engaging First Nation families? If so, have these models been evaluated, and if yes, what does the data say?
- Is there specific literature regarding engagement of First Nation families within the context of child and youth mental health?

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.

1. Overview of inquiry

This report was developed for two child and youth mental health agencies (one a First Nations agency) seeking to understand the current literature related to best practices in engaging First Nation families. The non-First Nation agency provides evidence-based, client-centered and family-focused specialized services for children, youth, adults and families in their district; the First Nations agency is a Native Child Welfare Prevention service agency that works in collaboration with seven First Nations to ensure children, youth and families receive culturally appropriate child welfare services. They offer various services and programs to the children, youth and families who are members of these First Nation communities.

A search to address the research questions specifically for Métis and Inuit families was also conducted; however the results were very limited. The literature sometimes generalizes across Indigenous groups, which is problematic as First Nations, Inuit and Métis communities are vastly unique and have different strengths and needs. This report will make clear distinctions about when the literature is speaking to a specific group (First Nation, Inuit or Métis) or generalizing across them. The literature uses the terms “Aboriginal” or “Indigenous”; for consistency throughout this report, the term “Indigenous” will be used when the content is discussing First Nation, Inuit and Métis groups together. Although there is some research on engaging Indigenous families in child and youth mental health services, it is important to note that the current base of literature is limited. Some of the research is grey literature originating from Australia and may not be entirely generalizable to Canadian Indigenous groups.

2. Summary of findings

- Family engagement is implemented differently depending on the context so there is no “one-size-fits-all” systemic approach. Each community is unique and will require a thoughtful/context driven approach.
- Meaningful engagement between child and youth mental health agencies and Indigenous families is key to promoting positive outcomes for Indigenous children (New South Wales Government, 2008).
- In child and youth mental health, while in general it is important to use holistic, strengths-based and community approaches when working with all families, it is *particularly* important to make this approach explicit when working with Indigenous families.
- It is important that leadership (policy makers, directors, managers etc.) within an organization show their support for engaging respectfully with Indigenous communities. Organizational policies and procedures should explicitly support cultural healing and intervention strategies for Indigenous clients and their families.
- It is important to have a whole-organization approach, embedding cultural safety practices for working with Indigenous children and families into all areas of the organization.
- Organizations seeking to work with Indigenous communities or agencies should begin to build relationships, developing them slowly upon a foundation of trust, and plan to invest in the relationship over the long term.
- The treatment environment can be an obstacle to family involvement as they receive services, so tailored approaches to engaging families from culturally diverse backgrounds should be identified and/or developed.
- Service providers should be familiar with diverse cultural characteristics (and show flexibility in accommodating unique needs that might emerge from these), and make efforts to gain trust from parents/caregivers so that treatment will be delivered in a culturally sensitive manner.

3. Answer search strategy

- **Search terms:** Engaging Indigenous families, engaging Indigenous communities, Indigenous models of engagement, Indigenous engagement frameworks, engaging First Nation families, engaging First Nation communities, mental health services, engaging Aboriginal families, engaging Aboriginal communities, Aboriginal models of engagement, Aboriginal engagement frameworks, engaging First Nation families, engaging First Nation communities, mental health services, engaging Inuit families, engaging Inuit communities, engaging Métis families, engaging Métis communities.
- **Databases searched:** EBSCO Host (Medline, PsycINFO, CINAHL, Health Business Elite, Nursing & Allied), Google, Google Scholar, The Cochrane Library, Scholars Portal, Carleton University Database.

4. History and Context

Effective collaboration between Indigenous communities and non-Indigenous organizations to improve services for Indigenous families is critically dependent upon an awareness of the historical relations between Indigenous and non-Indigenous people in Canada (Blackstock et al., 2006; Riggs, 2015). Relations between Indigenous and non-Indigenous people have been strained with mistrust due to the traumatic history of colonization that Indigenous communities in Canada have faced over the past century alone, including the “sixties scoop,” residential schools (Sinclair, 2007) and other government attempts at forcibly assimilating Indigenous children into western culture (Bertsch & Bidgood, 2010; Snow & Covell, 2006). The historical abuses felt by Indigenous people in Canada have resulted in a cycle of intergenerational trauma in many Indigenous communities (Bombay, Matheson & Anisman, 2009). Accordingly, it is important for service providers to understand this context when engaging with Indigenous families and communities. While progress is being made – for example, the child welfare system is shifting towards becoming more informed on Indigenous cultures, communities, families, current struggles and the impact of past trauma - work still needs to continue to build trusting relationships and improve outcomes for Indigenous families (Beaucage, 2011).

5. The importance of worldviews

A critical theme that surfaces repeatedly in the broader family engagement literature is that an anti-oppressive approach is needed to practice and integrate culturally-responsive services in mainstream organizations. Working to understand the worldviews of diverse individuals and cultures is important for building meaningful relationships. A person’s worldview develops through day-to-day interactions with family and community and includes a set of values, goals, knowledge, beliefs and culturally appropriate ways of behaving (Ontario Association of Children’s Aid Societies, 2014). A family member’s worldview and cultural context can guide beliefs regarding a young person’s mental health difficulties, which in turn have an important influence on treatment engagement (Gopalan et al., 2010). Service providers should take time to reflect on and be aware of their *own* worldviews and cultural biases (as they emerge from one’s race, culture, family makeup, living circumstances, etc.) and how these may impact and shape their interactions with the children, youth and families they support (Alegria, Atkins, Farmer, Slaton & Stelk, 2010; Ontario Association of Children’s Aid Societies, 2014). The literature provides a number of strategies that may promote an anti-oppressive and culturally-responsive practice, including: paying close attention to issues that the family deems relevant, accepting how families define these issues, formulating treatment goals jointly rather than imposing them on clients and viewing children, youth and families holistically (Gladstone et al., 2014).

Indigenous worldviews are based on traditional culture and knowledge. Equally important is the process by which this knowledge is acquired, with firsthand experience as the best or even the only way to properly learn. These worldviews have a strong focus on people and the environment working together to help and support one another in their relationships. Relationships extend beyond simply those with other people to include nature and the spiritual world. While there are different variations of Indigenous worldviews, Simpson (2000) outlines some of the common, shared principles of First Nation, Inuit and Métis worldviews:

1. Knowledge is universal.
2. There are many different perspectives that are shaped by an individual's experiences.
3. Everything is alive.
4. All things are equal.
5. The land is sacred.
6. The relationship between people and the spiritual world is important.
7. All living things are important.

While each Indigenous group has their own traditions and teachings, some traditions are more common across a range of Indigenous peoples and communities (Crooks, Chiodo, Thomas, Burns & Camillo, 2010). Several Indigenous groups including the Anishinaabe, Cree and Mi'kmaq believe that following the Seven Grandfather Teachings is important for maintaining the health and wellness of each person and the community (Crooks et al., 2010).

- **Wisdom** (Nibwaakaawin): Wisdom is gained through life experiences and learning from mistakes.
- **Love** (Zaagi'idiwin): Love and be happy with who you are.
- **Respect** (Minaadendamowin): Accept everyone for who they are and always put others first.
- **Bravery** (Aakode'ewin): Do things that you know need to be done, even if they may be difficult.
- **Honesty** (Gwayakwaadiziwin): Be honest.
- **Humility** (Dabaadendiziwin): Be modest.
- **Truth** (Debwewin): Don't judge others and believe and live by the Seven Grandfather teachings (Ojibwe.net, 2015; Riggs, 2014; Crooks, et al., 2010).

Working effectively with Indigenous families requires knowledge, skills, awareness, openness and the recognition that there are various ways of working with and supporting Indigenous children, youth and their families (Riggs, 2011). Indigenous peoples' experiences of the health care system are varied, with many Indigenous people having had experiences of shame, marginalization and fear when interacting with health care organizations. Trust is often not part of healing relationships in the current, mainstream (western) system. Indigenous families may be reluctant to work with any non-Indigenous service provider out of fear that they may experience re-traumatization or threatening environments where they were mistreated in the past (Cultural safety module, 2005; Ontario Association of Children's Aid Societies, 2014).

6. Promising practices for meaningful engagement with Indigenous families and communities

Positive outcomes for Indigenous children and youth begin with meaningful engagement between child and youth mental health agencies and the Indigenous families they support (New South Wales Government, 2008). Writing on

Indigenous family engagement describes the benefits of respectful and meaningful engagement with Indigenous families and highlights some emerging practice considerations for service providers (Hole, et al., 2015; Menzies, 2010; New South Wales Government, 2008; Ontario Association of Children’s Aid Societies, 2014; Riggs, 2011). While some of these were originally developed for child welfare professionals working with Indigenous families, they are also applicable to those working in child and youth mental health agencies. While the core elements of Indigenous family engagement have not yet been clearly defined or operationalized, the broader literature on family engagement reveals several benefits of engaging families. Family engagement is implemented differently depending on the context so there is no “one-size-fits-all” systemic approach (DuBrino & Irsfeld, 2009; Gyamfi et al., 2010); for this reason, it is important to keep in mind that while some strategies work in some settings to improve care, the local context is key in determining the success of any approach.

An organizational approach

It is important that leadership (policy makers, directors, managers, etc.) within an organization show their support to engage respectfully with Indigenous communities (Riggs, 2011). Organizational policies and procedures should support cultural awareness, respect and accommodate Indigenous clients and their families’ needs. The organization should invest in building knowledge and capacity around meaningful and respectful engagement with Indigenous families across both staff and management (Riggs, 2011). Having a budget for accommodating transportation for clients in remote communities, or designating an area in the building that can be used for smudging or other spiritual needs, are practical ways organizations can help set a positive context for meaningful engagement with Indigenous families (Hole, 2015).

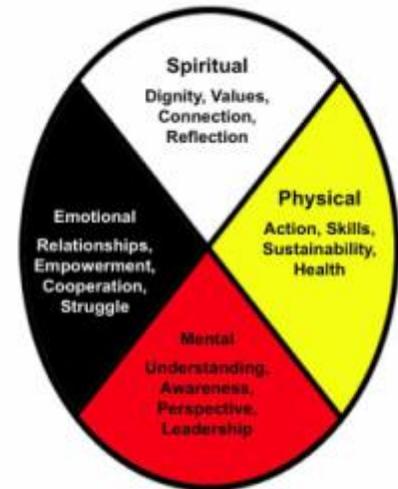
Building relationships with Indigenous communities and their leaders

The literature highlights the importance of being aware of where Indigenous community members turn for help, and what kinds of services/supports such organizations provide (Riggs, 2011). Organizations seeking to work with Indigenous communities or agencies should begin to build relationships, developing them slowly in order to build a foundation of trust and plan to invest in the relationship over the long term (Bell, 2004; Riggs, 2011; Sajid, 2013; Spence & Findlay, 2007). Creating a trusting, strong working relationship may take multiple visits and multiple conversations with community leaders and stakeholders (Riggs, 2013). Beyond initial introductions, organizations should work towards developing regular and ongoing connections between their agency and the Indigenous community to help inform their ongoing work (New South Wales Government, 2008).

Working from a holistic /strength-based/community approach

Holistic framework

Being immersed in and part of community culture is crucial to the well-being of Indigenous people (Blackstock et al, 2006). Just like there are various Indigenous worldviews, there are several different Indigenous perspectives on mental health. *The Medicine Wheel* is one framework/perspective that reflects Indigenous peoples' unique ways of knowing and provides a framework for understanding mental health within this cultural context. The Medicine Wheel is part of an oral tradition that has been passed down from one generation to the next. It is depicted as a circle with four quadrants balancing mental, physical, emotional, and spiritual well-being of an individual (Vukic, Gregory, Martin-Misener, & Etowa, 2011). Within this framework, mental illness cannot be reduced to the presence of a mental disorder; rather the interconnection between mind, emotion, spirit, and body must be explored in understanding both the cause and potential responses to the issue (Mitchell, 2005). Although medicine wheels originate from the Dakota, Blackfoot and Cree First Nations (Castellano, 2000), the Medicine Wheel is a microcosm of a holistic approach common in many Indigenous communities (Purcell, 2015). It highlights the importance of using a holistic approach, in which children and youth are considered in the greater context of their families and communities. In this way, treatment planning and healing services are conducted with broader community needs in mind (Menzies, 2010).



Community approach

Working with Indigenous families means working with their entire community. An Indigenous person's family often extends to include aunts, uncles, friends, neighbors, Elders and the community as a whole. Decisions are often made with input from the extended family and the Indigenous community, rather than just within the immediate family. For example, before child welfare agencies began taking over on-reserve adoptions, Indigenous communities would discuss and arrange adoptions and foster care through extended family members who would step into the role of caregiver when the biological parent was unable to maintain parenting responsibilities (Wein, Blackstock, Laxley & Trocme, 2007). This extended view of family and the collaborative approach should be used when working with Indigenous families (New South Wales Government, 2008). A community approach also includes being aware of critical events (e.g. health concerns, suicide, etc.) in the community, as these will have an impact on client outcomes.

Strengths-based approach

A strengths-based perspective maintains that children, youth, and their families have strengths, as well as the capacity to recover from adversity, rather than emphasizing problems, vulnerabilities and deficits (Hammond, 2010). Given the historical context of Indigenous communities, and the holistic approach to understanding and responding to mental health issues, a strengths-based approach that involves the whole community is critical when working with Indigenous families (Libesman, 2004). A strengths-based perspective focuses on opportunities, hope and solutions, rather than problems and hopelessness; the benefits of this approach to practice include an increase in the client's self-esteem, resilience, and the use of healthy coping strategies (Hammond, 2010).

Addressing barriers to care

The broader literature on family engagement speaks to the importance of addressing barriers to care at the community level. The geographic location of child and youth mental health services can represent a significant barrier to family engagement, especially if the services aren't accessible by public transit in rural areas. As Ingoldsby (2010) reports, it is challenging to engage and retain families in traditional outpatient settings. This is especially difficult when working with marginalized populations who are often housed in low-resource neighborhoods and have fewer programs available to them. In determining the service setting, it is imperative to consider issues of geographic location, literacy and language (Manion & Smith, 2011). Wherever possible, efforts should be made to accommodate these characteristics and attempt to create family-friendly spaces (Manion & Smith, 2011). The cultural environment of a treatment setting can also be an obstacle to family involvement in treatment, so tailored approaches to engaging families from culturally-diverse backgrounds should be identified or developed (Larsen-Rife & Brooks, 2009). Specifically for Indigenous families, it is important that organizations prepare strategies and resources for facilitating effective communication, and ensure the family understands all relevant documentation (e.g., service plans) (Ontario Association of Children's Aid Societies, 2014; New South Wales Government, 2008). Service providers should be familiar with cultural differences and flexible enough to accommodate those differences. With regard to family engagement in general, service providers need to be equipped with tools to support the implementation and sustainability of family engagement, including formal training, supervision and supportive organizational procedures and policies (Tambuyzer & Van Audenhove, 2013). While training is essential, mechanisms to support ongoing learning and professional development in family engagement is also critical, and should adapt to the evolving needs of families over time (Tambuyzer & Van Audenhove, 2013). Furthermore, providing cultural competency/safety training to introduce staff to the cultural needs of Indigenous clients in practice is a good way to start building their capacity for providing meaningful services to Indigenous families. Service providers should also make efforts to increase the trust of parents so that treatment will be delivered in a culturally-sensitive manner in order to increase family buy-in (Robst et al., 2013). For example, the questions service providers ask should be structured to build upon the family's history, culture, strengths and background (New South Wales Government, 2008).

The family is the expert in their own life

The general literature on family engagement emphasizes the importance of considering family members as the experts on their own family (Chovil, 2009; Manion & Smith, 2011). It is important to focus on empowering clients by recognizing that people who access child and youth mental health services have valuable expertise about what does and does not work; they have lived experience that cannot be gained from formal education or working in the sector alone (Kays-Burden, 2013; MacKean et al., 2012; Madsen, 2009). As discussed earlier, the family-as-expert approach encourages understanding a young person within an ecological, family systems approach, which views them within the context of their family and community (Ingoldsby, 2010; MacKean et al., 2012). This approach is complementary to the holistic, strengths-based, and community approaches within the Indigenous family engagement literature, which also maintains the importance of viewing a young person as part of a larger network of family, friends and community members (Libesman, 2004; Hammond, 2010).

Given that families are diverse and there is no 'one-size-fits-all' approach to family engagement, it is important to tailor services to fit individual families' needs and preferences to ensure that services are meaningful (Ingoldsby, 2010; Larsen-Rife & Brooks, 2009; Madsen, 2009). This means emphasizing family choice and providing options for service delivery rather than assuming that the same approach will work for all families (Building Bridges Initiative, 2012; Madsen, 2009). Research points to the importance of asking families what they would like from services, seeking their feedback on _____

services received and remaining responsive to their concerns (Bellin et al., 2011; Davis et al., 2012; Dempsey & Keen, 2008; Law et al., 2003). A non-Indigenous agency or service provider should understand that although they bring their own expertise, Indigenous families are experts on their family and cultural needs. Service providers should take opportunities to learn from clients of diverse cultures, but do their own research and education as well, as it is not the client's responsibility to teach service providers about their culture (New South Wales Government, 2008).

Relationships and the therapeutic alliance

Relationships are integral to family engagement. The quality of the therapeutic alliance between service providers and families significantly influences treatment engagement and retention in services (Gopalan et al., 2010; Saxe et al., 2012) as well as treatment outcomes. In fact, the rapport between service providers and clients has a stronger impact on treatment outcomes than the therapeutic approach taken in treatment (Duncan, Miller, Wampold & Hubble, 2010). Effective and sustainable engagement between clients and service providers is based on setting mutually satisfactory goals, providing relevant, helpful services and spending sufficient time together to build meaningful relationships (New South Wales Government, 2008).

Collaboration is a two-way process between service providers and family members, and practitioners can improve this collaboration by promoting the active participation of family members in the healing of their child/youth (Finsterwald & Spiel, 2012). When family members seem reluctant to participate, service providers can encourage their involvement by tailoring services to fit individual families' needs and preferences to ensure that services are meaningful (Ingoldsby, 2010; Larsen-Rife & Brooks, 2009; Madsen, 2009). This can mean emphasizing family choice, being flexible in the type approach and providing options for service delivery rather than assuming the same approach will work for all families (Building Bridges Initiative, 2012; Madsen, 2009). When there is alignment between families' preferences for a service and the service they actually receive, families have longer involvement in service (Bannon & McKay, 2005; Spencer, Blau & Mallery, 2010).

Research also emphasizes the need to ask families what they would like from services, seeking their feedback on services received and remaining responsive to their concerns (Bellin et al., 2011; Davis et al., 2012; Dempsey & Keen, 2008; Law et al., 2003d). This is reflected in services that are flexible to different needs, cultural contexts, concerns and priorities (MacKean et al., 2012). Some examples that help promote engagement include: paying close attention to issues that the family identifies as relevant, accepting how families define these issues, formulating treatment goals jointly rather than imposing them on clients, and viewing children, youth and families holistically (Gladstone et al., 2014). Service providers' ability to spend time with families, communicate clearly, provide positive reinforcement, emphasize family strengths, and convey understanding and respect for families' struggles also promotes engagement (Ingoldsby, 2010; Steib, 2004).

Cultural safety

Cultural Safety, as defined by the Canadian Nurses Association, "is both a process and an outcome whose goal is to promote greater equity; It focuses on the root causes of power imbalances and inequitable social relationships in health care" (ANAC, CASN & CNA, 2009; Kirkham & Browne, 2006, as cited in Browne et al., 2009, p. 168). The approach integrates and transforms knowledge about individuals and groups of people into specific standards, policies, practices and attitudes.

A study by Hole (2015) investigating culturally safe and unsafe healthcare for Indigenous people in Canada suggests that having a culturally safe practice can only happen in an environment where healthcare professionals are aware of and sensitive to their clients social, political, linguistic, economic, and spiritual realities. When service providers and agencies do not provide a culturally safe environment, they are at risk of demeaning, or disempowering the cultural identity and well-being of their clients (NAHO, 2008; Hole et al., 2015).

To help ensure cultural safety, it is important for health professionals/service providers to recognize power imbalances and actively work towards change; be aware of how they benefit from privilege; use privilege to become allies of those who do not, and share this power (Wong & Yee, 2006). Service providers typically do not encounter the same day-to-day barriers as their clients. Acknowledging that this reality exists and that the difficulties service users face is a result of inequality (and not the personal fault of clients), is the first step to ensuring cultural safety. It is also important for service providers to work towards becoming informed about the specific culture of particular individuals.

Cultural safety can help service providers to contend with structural and relational barriers, such as racism, classism and other forms of oppression, more effectively (Ball, 2007, p. 1). Regardless of how culturally sensitive, attuned or informed a service provider may be, cultural safety focuses on how safe the service recipient's experience is in terms of feeling respected and having their cultural location, values and preferences taken into account by the service provider (Ball, 2007, p. 1).

Hole (2015) highlights the following initiatives that may help Indigenous clients feel more culturally safe within various healthcare settings:

- Creating a room that can be used by Indigenous people and members of their extended family and friends for traditional ceremonial purposes, like smudging.
- Implementing an “Indigenous Cultural Competency Training” program for employees that could educate them around Indigenous cultural practices and customs, and make them more aware of and sensitive to their clients’ cultural needs.
- Hiring Indigenous “patient navigators” to work throughout the area assisting Indigenous clients with understanding and navigating the health care system.

7. Evaluation

After reviewing the literature, one study was found that evaluated an early intervention initiative focused on engaging Indigenous families in care. This evaluation took place in New South Wales, Australia and while this may present promising practices, it may not be generalizable to work with Indigenous groups in Canada. The study by Stirling, Munro, Watson, Barr & Burke (2012) evaluated the “*Brighter Futures*” early intervention initiative. The Brighter Futures program is an early intervention program that provides children’s mental health services, parenting programs and structured home visiting. The aim of the evaluation of the Brighter Futures program was to evaluate the most helpful and engaging supports offered to Indigenous families to achieve positive outcomes through this program.

The study found certain services offered by the program successfully facilitated engagement with Indigenous families. Two important recommendations that emerged from this evaluation included:

- *Financial assistance is critically important to ensuring positive outcomes:* The assistance provided included child care payments, food, furniture, baby needs and funding extracurricular activities for the children, bills, school excursions, school uniforms, computers, bins for garbage removal and fridges. Families found the financial assistance very helpful, with many reporting that it reduced stress levels within the family and solved some minor family issues quickly.
- *Advocacy is a part of service provision:* Advocating for Indigenous families by communicating with government departments for housing, filling out applications, helping find rental properties, liaising with electricity companies and real-estate agents regarding bills and rent, organizing appointments with counsellors and specialists, and attending court appearances were all a critical part of service provision. These advocacy skills helped build strong relationships between case workers and families and helped directly reduce the stress levels in the family.

8. Next steps and other resources

It is important for agencies and service providers working with Indigenous clients to keep in mind that like with any client, building trust, respect and relationships takes time. The reader should keep in mind that the literature specific to best practices for engaging First Nations families in mental healthcare is limited and even more limited for Inuit and Métis family engagement practices. There is also a need in the literature for further research and evaluation that includes the voices of Indigenous families. This report is meant as an overview of the literature and did not include an exhaustive search. Given the extensive marginalization of Indigenous peoples in Canada and the cultural significance of relationships and using a holistic approach, using the experiences of Indigenous children, youth and families as evidence is especially important. Gathering this practice-based evidence can be used to facilitate relationship building while working toward collaborative treatment goals.

Supplemental resources:

1. [The Mental Health and Well-Being of Aboriginal Children and Youth: Guidance for New Approaches and Services](#)
2. [Engaging and Empowering Aboriginal Youth: A toolkit for service providers \(2nd Edition\)](#)
3. Learning Module: [Striving for equity: Anti-oppressive practice in child and youth mental health](#)
4. Learning Module: [Family engagement in mental health care](#)
5. [Working with First Nation, Inuit and Métis Families who have Experienced Family Violence: A Practice Guide for Child Welfare Professionals](#)

Knowing what works and receiving training on an evidence-informed practice or program is not sufficient to actually achieve the outcomes that previous evaluations indicate are possible. A program that has been shown to improve mental health outcomes for children and youth but that is poorly implemented will not achieve successful outcomes (Fixsen et al, 2005). In order for a program to be evidence-informed, it needs to be applied with fidelity to the design and it needs to be implemented using supportive “drivers” related to staff competency, organizational leadership and organizational capacity. These drivers include assessing and monitoring the outcomes of your practice using evaluation

or performance measurement frameworks, which are particularly important when there is insufficient evidence in the literature to guide clinical decisions. Choosing a practice is an initial step toward implementation, but the implementation drivers are essential to ensure that the program reaches appropriate clients, that outcomes are successful and that clinical staff members are successful in their work.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement. For more information, visit:

<http://www.excellenceforchildandyouth.ca/what-we-do> or check out the Centre's resource hub at

<http://www.excellenceforchildandyouth.ca/resource-hub>.

For general mental health information, including links to resources for families:

<http://www.ementalhealth.ca>

References

- Alberta Education (2012) Successful Practices in First Nation, Métis and Inuit Education: Collaborative Frameworks Building Relationships Companion Resource. Alberta Government.
<http://education.alberta.ca/fnmicollaborativeframework>
- Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research*, 37, 48-60
- Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, & Canadian Nurses Association. (2009). *Cultural competence and cultural safety in nursing education*. Ottawa: Aboriginal Nurses Association of Canada
- Ball, J. (2007a). *Creating Cultural Safety in Speech-language and Audiology Services*. PowerPoint Presentation: Presented at the Annual Conference of the BC Association of Speech-Language Pathologists and Audiologists, Whistler, BC, October 25, 2007.
- Bannon, W. M., & McKay, M. M. (2005). Are barriers to service and parental preference match for service related to urban child mental health service use? *Families in Society*, 86(1), 30-34.
- Beaucage, J. (2011). *Children First: The Aboriginal Advisors Report on the status of Aboriginal child welfare in Ontario*. Retrieved from http://www.children.gov.on.ca/htdocs/english/documents/topics/aboriginal/child_welfare_EN.pdf
- Bell, D. (2004). *Sharing Our Success: Ten Case Studies in Aboriginal Schooling*. Kelowna, BC: Society for the Advancement of Excellence in Education.
- Bellin, M. H., Osteen, P., Heffernan, C., Levy, J. M., & Snyder-Vogel, M. E. (2011). Parent and health care professional perspectives on family-centered care for children with special health care needs: Are we on the same page? *Health and Social Work*, 36(4), 281-290.
- Bertsch, M., Bidgood, B. (2010). Why is adoption like a First Nation feast? Lax Kw'alaam indigenizing adoptions in child welfare. *First Peoples Child & Family Review*, 5 (1), 96-105.
- Blackstock, C, Cross, T., George, J., Brown, I., & Formsma, J. (2006). *Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth, and families*. Ottawa, ON: First Nation Caring Society of Canada
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nation peoples in Canada. *International Journal of Indigenous Health*, 5(3), 6-47.
- Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy* 10 (3), 167-179

- Building Bridges Initiative. (2012). Engage Us: A Guide Written by Families for Residential Providers. Retrieved from [http://www.buildingbridges4youth.org/sites/default/files/BUILDING BRIDGES INITIATIVE%20-%20Engage%20Us%20-%20Family%20Engagement%20Guide.pdf](http://www.buildingbridges4youth.org/sites/default/files/BUILDING_BRIDGES_INITIATIVE%20-%20Engage%20Us%20-%20Family%20Engagement%20Guide.pdf)
- Callicott, J. Baird and Roger T. Ames, eds. (1989). *Nature in Asian Traditions of Thought: Essays in Environmental Philosophy*. Albany: State University of New York Press.
- Canadian Nurses Association. (2010b). Session III: Cultural safety and cultural competence workshop. Leadership in global health nursing: Making the connections. Pre-convention symposium conducted at the 2010 Canadian Nurses Association convention. Halifax: Author.
- Castellano, M. E. (2000). Updating Aboriginal traditions of knowledge. In G. J. Sefa Dei, B. L. Hall & D. G. Rosenberg (Eds.), *Indigenous Knowledges in Global Contexts: Multiple Readings of Our World* (pp. 21-36). Retrieved from <https://books.google.ca/books?hl=en&lr=&id=of6XaWJS9cEC&oi=fnd&pg=PA21&dq=medicine+wheel+origin&ots=jm4YNvhlhp&sig=XUcl-w89u9v8sb1zM7S8IW9vYJo#v=onepage&q=medicine%20wheel&f=false>
- Chovil, N. (2009). Engaging Families in Child and Youth Mental Health: A Review of Best, Emerging, and Promising Practices. The F.O.R.C.E. Society for Kids' Mental Health. Retrieved from <http://www.forcesociety.com/sites/default/files/Engaging%20Families%20in%20Child%20%26%20Youth%20Mental%20Health.pdf>
- Crooks, C. V., Chiodo, D., Thomas, D., Burns, S., & Camillo, C. (2010). *Engaging and empowering Aboriginal youth: A toolkit for service providers*, 2nd edition. Bloomington, IN: Trafford Press.
- Cultural Safety Working Group, First Nation, Inuit, Métis Advisory Committee of the Mental Health Commission of Canada (2011). *Holding Hope in our Hearts: Relational Practice and Ethical Engagement in Mental Health and Addictions*, Ottawa.
- Davis, K. (1997). Exploring the intersection between cultural competency and managed behavioral health care policy: Implications for state and county mental health agencies. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.
- Davis, C., Claudius, M., Palinkas, L., Wong, J., & Leslie, L. (2012). Putting families in the center: Family perspectives on decision making and ADHD and implications for ADHD care. *Journal of Attention Disorders*, 16(8). DOI: 10.1177/1087054711413077
- Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. *Topics in Early Childhood Special Education*, 28(1), 42-52. Retrieved from <http://tec.sagepub.com/content/28/1/42.full.pdf+html>
- Department of Family and Community Services. (2008). *Brighter Futures: Engaging with Indigenous children and families*. New South Wales Government.

- DuBrino, T., & Irsfeld, J. A. (2009). Collaborating with families: How to enhance engagement, discover strengths, and talk about problems. University of Massachusetts Medical School: Communities of Care Training and Learning Collaborative.
- Duncan, B. L., Miller, S. D., Wampold, B. E & Hubble, M. A. (2010). *The Heart & Soul of Change: Delivering What Works in Therapy* (2nd ed). Washington, DC: American Psychological Association.
- Finsterwald, M., & Spiel, G. (2012). Family involvement in a community-based mental health service for children and adolescents: A case study. *European Journal of Developmental Psychology*, 9(1), 117-134.
- Gabriel Dumont Institute. *A Special Report on Métis Education Prepared by the Métis National Council for the Summit on Aboriginal Education* (2009).
<http://www.gdins.org/documents/resources/KtMEducationReportFeb20-2009.pdf>
- Gopalan, G., Goldstein, L., Klingenstein, K., Sicher, C., Blake, C., & McKay, M. M. (2010). Engaging families into child mental health treatment: Updates and special considerations. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19(3), 182.
- Gyamfi, P., Walrath, C., Burns, B., Stephens, R., Geng, Y., & Stambaugh, L. (2010). Family education and support services in systems of care. *Journal of Emotional and Behavioral Disorders*, 21, 264-276. DOI: 10.1177/1063426609333891.
- Hammond, W. (2010). Principles of strength-based practice. *Calgary, Alberta: Resiliency Initiatives*.
- Hole, R. D., Evans, M., Berg, L. D., Bottorff, J. L., Dingwall, C., Alexis, C., ... & Smith, M. L. (2015). Visibility and Voice Aboriginal People Experience Culturally Safe and Unsafe Health Care. *Qualitative health research*, 1049732314566325.
- Ingoldsby, E. M. (2010). Review of interventions to improve family engagement and retention in parent and child mental health programs. *Journal of Child and Family Studies*, 19(5), 629-645. DOI: 10.1007/s10826-009-9350-2
- Kays-Burden, A. (2013). Listening to those closest to the issue. *The Hamilton Spectator*. Retrieved from <http://www.thespec.com/opinion-story/2267420-listening-to-those-closest-to-the-issue/>
- Larsen-rife, D. & Brooks, S. (2009). The importance of family engagement in child welfare services. Retrieved from: <http://academy.extensiondlc.net/file.php/1/resources/LR-FamilyEngagement.pdf>
- Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning-Szkut, T., Kertroy, M., Pollock, N., Viscardis, L., & Teplicky, R. (2003d). FCS Sheet 5: 10 Things You Can Do to Be Family-Centred. CanChild Centre for Childhood Disability Research, McMaster University. Retrieved from <http://canchild.ca/en/childrenfamilies/resources/FCSSheet5.pdf>

- Libesman, T (2004). Child welfare approaches for indigenous communities: International perspectives. *Child abuse prevention issues*, 20, 1-39.
- Manion, I., & Smith, E. (2011). Good things happen: Engaging families in youth mental health care. *Vanier Institute of the Family*, 41(3), 1-5. Retrieved from <http://www.vanierinstitute.ca/include/get.php?nodeid=730>
- MacKean, G., Spragins, W., L'Heureux, L., Popp, J., Wilkes, C., & Lipton, H. (2012). Advancing family- centered care in child and adolescent mental health: A critical review of the literature. *Healthcare Quarterly*, 15(56), 64-75.
- Madsen, C. (2009). Collaborative helping: A practice framework for family-centred services. *Family Process*, 48, 103-116. DOI: 10.1111/j.1545-5300.2009.01270.x
- Menzies, P. (2008). Developing an Aboriginal healing model for intergenerational trauma. *International Journal of Health Promotion and Education*, 46(2), 41-48.
- Menzies, P. (2010). Intergenerational trauma from a mental health perspective. *Native Social Work Journal*, 7, 63 – 85.
- Mitchell, T. (2005). Healing the generations: Post-traumatic stress and the health status of Aboriginal populations in Canada. *Journal of Aboriginal Health*, 2(1), 14–23.
- Mussell, B., Cardiff, K., & White, J. (2004). The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services. *Chilliwack, BC: Sal'i'shan Institute*.
- National Aboriginal Health Organization, 2008. *Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educators*, Ottawa, NAHO.
- Ontario Association of Children's Aid Societies. (2014). *The Other Side of the Door: A practice guide for child welfare professionals working with First Nation, Inuit and Métis Peoples*. Toronto, ON: OACAS.
- Ojibwe.net. (2015). Retrieved February 23, 2015, from <http://ojibwe.net/>
- Purcell, M. (2015). FNMI/Aboriginal Education & The Three-Block Model of UDL. Retrieved from: <http://www.threeblockmodel.com/fnmi-aboriginal-education--the-three-block-model-of-udl.html>
- University Health Network. (2011). *Collaboration with Aboriginal Community has Challenges and Rewards*. University Health Network. http://www.uhn.ca/corporate/News/Pages/collaboration_aboriginal_community_challenges_rewards.aspx.
- Riggs, J. (2011). *Working with First Nation, Inuit and Métis Families Who Have Experienced Family Violence: A Practice Guide for Child Welfare Professionals*. Toronto, ON: Ontario Association of Children's Aid Societies.

- Riggs, J. (2013). *Collaboration in practice: Responding to the mental health needs of Aboriginal people in Ottawa*. Ottawa, ON: Ottawa Aboriginal Coalition and the Ontario Federation of Indian Friendship Centres.
- Riggs, J. (2014). Centre of Excellence FNIM Training [PowerPoint slides].
- Robst, J., Armstrong, M., Dollard, N., Rohrer, L., Sharrock, P., Batsche, C., & Reader, S. (2013). Characteristics related to family involvement in youth residential mental health treatment. *Children and Youth Services Review, 35*, 40-46. Retrieved from <http://dx.doi.org/10.1016/j.chilyouth.2012.10.004>
- Sajid, S. (2013). *Building and Sustaining Successful Partnerships: Aboriginal---Business Connection Series 2*. Calgary, AB: Calgary Chamber.
- Simpson, L. (2000). Anishinaabe ways of knowing. In J. Oakes, R. Riew, S. Koolage, L. Simpson, & N. Schuster (Eds.), *Aboriginal health, identity and resources* (pp. 165-185). Winnipeg, Manitoba, Canada: Native Studies Press.
- Sinclair, R. (2007). Identity Lost and Found: Lessons from the Sixties Scoop. *First Peoples Child and Family Review, 3*(1), 65 – 82.
- Snow, R., & Covell, K. (2006). Adoption and the best interests of the child. The dilemma of cultural interpretations. *The International Journal of Children's Rights, 14*: 109-117.
- Spence, C. and Findlay, I. (2007). *Evaluation of the Saskatoon Urban Aboriginal Strategy*. Saskatoon, SK: Community University Institute for Social Research, University of Saskatchewan.
- Spencer, S. A., Blau, G. M., & Mallery, C. J. (2010). Family-driven care in America: More than a good idea. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 19*(3), 176.
- Steib, S. (2004). Engaging families in child welfare practice. Children's Voice. Retrieved from <http://66.227.70.18/programs/r2p/cvarticlesef0409.htm>
- Stirling, C., Munro, H., Watson, J., Barr, M. & Burke, S. (2012). *The Brighter Futures Indigenous Families Study*. Department of Family and Community Services.
- Tambuyzer, E., & Van Audenhove, C. (2013). Service user and family carer involvement in mental health care: Divergent views. *Community mental health journal, 49*(6), 675-685.
- Vukic, A., Gregory, D., Martin-Misener, R., & Etowa, J. (2011). Aboriginal and Western conceptions of mental health and illness. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 9*(1), 65-86.
- Wein, F., Blackstock, C., Laxley, J., & Trocme, N. (2007). Keeping first nation children at home: A few federal policy changes could make a big difference. *First Peoples Child & Family Review, (3)*1, pp. 10-14.

Wong, H. & Yee, J.Y. (2010). An Anti-Oppression framework for child welfare in Ontario. The Ontario Child Welfare Anti-Oppression Roundtable: Ontario Association of Children's Aid Societies (OACAS). Accessed at <http://www.oacas.org/pubs/external/antioppressive.pdf>