PASSPORTS FOR NATIVE CHILDREN:

A BEST PRACTICE APPROACH FOR TRIBAL ADVOCATES WORKING WITH NATIVE CHILDREN WHO HAVE SUFFERED ABUSE

By
Abby Abinanti, Yurok, Unified Family Court
San Francisco, California

INTRODUCTION

Tribes are increasingly developing systems to provide advocates for tribal children. These children may be placed with non-birth parents in out of home placements, or they may be in home but require assistance to insure that their childhood needs are met. Generally this means that the parents or the placement has come to the attention of the either the tribes or a state's social service system because of problems of neglect and/or abuse. This article suggests an approach to evaluating the needs of the children who enter the child protection system. In addition to an approach, the article will suggest a context for the evaluation that is culturally consistent with most tribal child rearing philosophies.

SYSTEM DESIGN:

It is essential to examine the problematic history of the non-Indian social service system interaction with tribal communities and the current problems of that delivery system in both non-Indian and Indian communities[1].

Historically most tribal people have had negative experiences with non-tribal social service entities and the court systems that have addressed the perceived problems of child abuse or neglect. This has included the documented fact that the perception itself was often wrong and based on what has now become legally impermissible bias. Partially in response to this bias, and as a natural outgrowth of the exercise of sovereignty by the tribes, tribal social systems have been implemented. The challenge for these systems is to create an approach that is responsive to the very real needs of native communities while not mirroring the non-Indian systems, which are ineffective in part because of the errors inherent in the presumptions that caused many children to be brought into the system.

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An additional problem is the fact that the predominant approach to social service delivery in this country has become the case management model, with the primary social worker managing other service case manager's often in private or contract agencies. This model creates a coordinator of services, and does not place an emphasis on maintenance of a caseworker relationship with children in the care of the social service agency. Criticism of this approach is mounting. For example, the report "Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff," found that caseworker turnover during one 21-month period from 2003 to 2004 cost the county more than $1.4 million and drastically reduced or even statistically killed the chances for one out of every four children to find permanent homes.

The implications of this statement are instructive as to those systems designed to utilize the model of multiple internal agency assignment of workers depending on either the status of the case (For example, a case may be assigned to one worker for detention, another for disposition, another for on-going services, etc. or the case maybe assigned to a "specialized unit" which may or may not keep the case long term, etc.) In addition, one of the key findings of the Wisconsin study was that the turnover rates for ongoing case management staff at the private agencies used by social services ranged from 34 percent to 67 percent from January 2003 through September 2004. Because of the wide use of contract services, it is likely that a child requiring service will have multiple social workers, and a succession of service providers. The much respected Annie E. Casey Foundation estimated the annual turnover for all child welfare workers nationally was about 20 percent.

The administratively driven multiple assignment of case managers coupled with the turnover rates of agencies has created this worst-case scenario for children. Researchers in the above noted study found that children assigned to

[1] The term "Indian" includes Native Americans and Alaska Natives.

only one case manager during the study period were returned to their families or placed in permanent homes in 75 percent of the 659 cases studied. That compares with 18 percent of those who had two case mangers, 0.3 percent to 5 percent among children with three to five case managers and 0.1 percent among those who had six or seven case managers.

Although this research focuses on state systems, it is clear that these combined factors must be considered when tribal councils convene for the purpose of designing a social service delivery system for tribal communities.

CULTURAL REQUIREMENTS FOR SYSTEM:

In order to develop a culturally relevant design for a social service delivery system certain considerations must be weighed by the tribes seeking to create social service programs for their community.

It is important to note that the role of child advocate in a tribal context has gotten increasingly complicated as the needs of the children have grown.

It is important, given the preceding description of inherent problems with the dominant service delivery model for non-Indian communities, coupled with the specific problems of that system when it has been applied to tribal communities, that significant attention be spent to devising a tribally specific service delivery model. A cultural analysis of each tribal community needs to be conducted before a system is devised. This need not be a formal analysis but must be "conducted" or produced by those knowledgeable about the culturally relevant family structural patterns of the community.

Specifically, was the tribe traditionally organized along extended family lines or clan lines and how the child rearing responsibilities were allocated? (Tribes are of course free to pursue any model they choose. This article is addressed to those tribes that would prefer to design a tribal system based on the cultural prerogatives of their tribe.) If the tribe is committed to strengthening that model then the service delivery system must support the model. It is important to note that the role of child advocate in a tribal context has gotten increasingly complicated, as the needs of children have grown. Historically the advocate was often the actual provider of a service e.g., taught the child the specific skill of gathering etc. now the advocate most often must encourage the child, secure the provision of services and monitor the delivery of those services. This is much more complicated and many Indian communities for various reasons have not had the opportunity to develop the advocate skills needed to negotiate the complicated service delivery systems which now exist.

Steps to consider when creating a culturally relevant social services department for their tribal community include but are not necessarily limited to the following:

1) The first step in creating the model is selecting workers who will perceive their roles as mentoring the preferred advocate whether it is a parent, extended family member or clan member. The mentor in this model becomes and functions like an extended family or clan member. The specific assignment of the mentor is to identify the appropriate advocate(s) and mentor that advocate as they seek services for the child. In the absence of an identifiable, functioning advocate the mentor becomes a functional member of the extended family. Most tribal cultures provided a model for inclusion of non-biological "family or clan" members who would be included as "members" based on the need of the family and/or the belief that individuals should always have a family based identity.

2) The second step in creating a model is to insure that all the mentors share a common language or approach to child rearing practices. Mentors must be cognizant of the differences between Native and non-native practices. In the excerpts below from the *Encyclopedia of North American Indians – Child Rearing* the differences are noted.

> In spite of the wide diversity of Native American cultures, early accounts reveal numerous cross-cultural similarities in Native American perspectives on child rearing. These include allowing children to learn through their own observations; relying strongly on nonverbal cues rather than verbal directions; engaging the spiritual world in the child-rearing process by praying, chanting, and sing, as well as by conferring special names to give children guidance and power; educating children for their future roles by including them from infancy in all social, economic, and ritual activities; giving children the same range of freedom of behavior as adults; using stories to provide an understanding of the world and its relationships, both those between individuals and that between man and nature; respecting the individuality and desires of children to the same degree that those are respected in adults; teaching children their responsibilities to each member of their kinship group; allowing children to fulfill their physical needs such as sleeping, eating, and physical activity with minimal adult direction or restraint; impressing children with their roles in society through marking their passage into new stages of development with public ceremonies, especially at puberty.
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> Underlying these characteristics is a view of children, from birth, as full participants in society, with standing equal to that of adults. This attitude is a reflection of the religious orientation of Native Americans, in which all things in nature are accorded equal respect, be they inanimate or animate. Consequently, children were not expected to be supervised by adults but to be free like their elders, their freedom limited only by social obligations. As a result, child-care practices

emphasized responsiveness to the wishes of the child. For example, children were usually toilet trained when they were ready, and not according to a schedule based on adult needs, and in some societies children nursed for as long as five to seven years. Thus Native Americans allowed children to fit themselves into the social order, rarely using corporal punishment or other coercive methods to force conformity.

3) The third step is for the provider to understand that there exist significant cultural differences between tribal and non-tribal people. This becomes a major issue where a system either employs non-tribal people or tribal people who have only been trained in non-tribal schools and work situations who may not have acquired a working bi-cultural understanding of their professions. It often takes a good deal of effort to adapt professional knowledge and skills that are not cross-culturally sensitive.

Examples of individual "style" or behavior differences based on cultural differences are shown in the chart at the end of the article.

These values often are the foundation of native communities' childrearing practices. However, it is important to note that child rearing practices like all cultural norms are fluid not fixed; meaning that practices have to adjust to circumstances. That does not mean the values must be forsaken only that practices, which evolve from those values, must be adapted to the current world realities. It is essential that those working with native communities and members of those communities recognize that parents and parent figures are attempting to integrate these transmitted values while working to adapt them to the changing circumstances of the communities.

Not that long ago in most native communities child rearing practices were universally shared values. All members of the community were tied together one of the consequences of that connection was that all adults shared some responsibility for socializing the tribe's children. There was no need to compare or contrast the practices with other systems and certainly no call to defend the practices against the criticism of those who believe the practices to be "wrong."

This emphasis on the negative is in itself at odds with traditional native philosophies, which are supportive of individuals, while not condoning behavior that is considered destructive to the group.

Now native communities must defend their practices and decide how to adapt their values to practices that fit the needs of modern native communities. At the same time the communities must cope with the intrusion of the specters of poverty, substance abuse, brutality toward the human and non-human community, loss of cultural knowledge and beliefs, poor health care, poor housing, inability to provide for family, poor education, and all the other losses that are partners of poverty. Native communities know they are burdened with these issues. It is these problems that are the breeding grounds for abuse and neglect of Indian children. Before these evils reached the

people there was no abuse and neglect of children, poor parenting or the loss of parents did occur, but the response was to incorporate the children in a seamless fashion. There was no child without parenting.

DELIVERY SYSTEM:

If social service systems are going to be culturally relevant, it is necessary to create a delivery system that concentrates on the child as opposed to punitive intervention designed to correct the behavior of the parent while ignoring the needs of the children.

The supposed basis for intervention by social services is the neglect or abuse of the child or children by the parent. It is assumed that once the child is in foster care the needs of the child are being fully met. The case plans concentrate on the requirements of the parents for reunification, never stating with specificity what the children were not receiving as a result of parental misbehavior, nor do the case plans set forth the services designed to remedy or meet those needs and/or the basic needs of the children.

This emphasis on the negative is in itself at odds with traditional native philosophies, which are supportive of individuals, while not condoning behavior that is considered destructive to the group. There was however much less of an all or nothing approach. That is, if in this instance the needs of the child(ren) are set out, if a parent could meet some of those on-going needs there would be approval for continuing that role while creating the consequence of restricting the interaction, or supervising the interaction by the parents if it was harmful or potentially harmful.

Case plans in a culturally relevant system should set forth the needs of the children, how they will be met and by whom. Parents should be involved in the process, including provision of services or interfacing with service providers where their conduct makes it at all reasonable or possible. Workers should be encouraged to directly relate parental services to children's needs; meaning that the service plan for the parents should correspond to an action or interaction plan with the children.

Social service workers should identify extended family members who can mentor the parents at different activities or be prepared to mentor the parents as they work on reunification or maintaining children in the home. Parents should be encouraged to interface to the extent of their abilities.

INDIVIDUAL CHILD CARE MODEL:

The level of care due a child that is detained or supervised by a social service agency requires attention to detail and record keeping that can model for parents how to advocate for their children by creating a passport for each child.

The agency should produce a "passport" type document that can become a part of child's permanent record. The passport should be kept in the duplicate original format. The agency maintains a copy, with original entries made on

the one maintained with the child, and the Agency is required to conform their copy at regular intervals. The idea of the passport is insure the child's needs are being met by the agency that has assumed parental responsibility. The passport should have multiple sections as set forth in the next section.

The National Council of Juvenile and Family Court Judges (NCJFCJ) produced a Technical Assistance Brief in December 2002, entitled, "Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System" written by Joy Osofsky, Ph.D., Candice Maze, J.D., Judge Cindy Lederman, Justice Martha Grace, and Sheryl Dicker, J.D. This article establishes health, education, and placement requirements that could be translated into a passport for children. Though the article is geared toward judges, it is essential that the needs set out in the article be met via systems that are established by social services agencies. It is these agencies that have the responsibility to directly serve the families.

The NCJFCJ article broadly suggests minimums as well as necessary actions required for each of the basic areas determined to be essential to the child in out of home placement. The discussions of each of those key areas follows this section and includes a summary of the NCJFCJ suggestions. The article does not include the requirements of cultural knowledge or family interaction/inclusion.

It is essential that one person be identified as the one who will oversee each child's care through the various systems. Consistency is essential.

Throughout the child's experience, it is essential that one person be identified as the one who will oversee each child's care through the various systems. Consistency is essential. A parent, a relative, a CASA or the worker can fill this role. If it is to be the worker then it is essential that one worker follow the case for the life of the case. This means that agency case management systems would require lateral case management so that one case worker was assigned for the entire period the case is in the system.

INDIVIDUAL PASSPORT SECTIONS:

PHYSICAL HEALTH

A child entering the system should be given a comprehensive physical assessment that can establish a base line for the child's health status, if a comprehensive physical assessment record is not available. This should include the requirements for future care and the dates as applicable for future appointments. A record of immunizations should be kept. Types and dates given should be recorded.

The child should receive periodic vision and hearing screenings. If no screening record is received when a child enters care then the person responsible for overseeing the child's health care should inquire as to the appropriate schedule for such screenings. Regular dental care is essential; this should include preventative dental care knowledge for the adult caregiver.

Environmental health concerns, this includes screening for lead exposure particularly if the child is living in a community identified by the Centers for Disease Control and Prevention (CDC) as one with high-risk lead levels. It may also include screening based on known environmental issues existing in particular tribal communities including exposure to uranium from mining etc.

Screening for communicable diseases including but not limited to HIV, syphilis, hepatitis and tuberculosis should be conducted if needed. These screens should be done only when the child is assessed as being at risk because of parental or caregiver exposure or lifestyle. This is important because health care decisions need to be made early and in an on-going manner to insure that the children are receiving health care that is appropriate to their health situation.

It also requires the assignment, if possible of a primary doctor, one who is responsible for management of the child's health care and who can be consulted for the purpose of coordinating the care needs of the child.

DEVELOPMENTAL HEALTH

Children in care are often identified as having developmental delays in cognition, language and behavior. It is essential to have each child assessed to determine if developmental delays exist and to create a plan of remedial efforts necessary to address those delays. Once a plan has been created or a need identified it is important to insure that the child and the family receives the services suggested, e.g., tutoring, speech therapy, occupational therapy, educational interventions, family support.

MENTAL HEALTH

Children entering care should receive an age appropriate mental health care screening, assessment and/or evaluation depending on their presenting issues/traumas. This includes very young children who may present with emotional and behavior problems that manifest as externalized disorders e.g., aggression and acting out that can lead to further problems for the child in placement and involvement with juvenile criminal systems. This assessment should be done by a mental health care professional with the ability to refer or treat on an expedited basis.

It is essential that mental health providers either be trained or willing to learn the meaning of trauma in a cultural context that includes a model of wellness that is primarily centered on the concept that sickness, including mental health issues, was and is considered the absence of harmony. That would include a specific understanding of intergenerational trauma as related to each tribal setting, e.g., whether or not forced educational location was imposed, whether or not the forced education experience included physical, emotional and/or sexual abuse, etc.

Service referrals can include clinical intervention, home visiting, early care and education, early intervention services, and caregiver support.

EDUCATIONAL/CHILDCARE SETTING

Every effort should be made to enroll young children in pre-school and to maintain older children in school placements. If a child suffers a foster care placement and is then faced with a school placement or childcare change the level of distress for the child is compounded.

Within the first three days of a placement change the educational advocate for the student should set a meeting with the teacher, or other appropriate school personnel to inform teachers of the placement change and to determine the academic standing of the child. Including whether testing needs to be done or has been done; if supportive services are required; if the student is "on-track" and if not what is required for the student to be on track. The most important task of childhood is the work a child must do to complete their education. It is essential that immediate and continuing attention be given to the educational status of the child because academic progress and success as a student foreshadows a successful adulthood.

Every effort should be made for remediation of any academic issues a child may present at the time of placement. If school placement must be changed then any and all efforts to make a smooth transition is important. The transition should include consultation between the new school and the old school and an immediate transferring of records and credits.

Independent living skills programs for children destined to age out of foster care have been established in most areas. A plan has to be developed for each child set to age out, including how they are to live, housing, food, and transportation issues and whether or not they have academic or job opportunities set up. An advocate needs to insure that such a plan is established and is implemented. Last year it was reported that 67% of the 20,000 18-year-olds who were transitioned out of the country's foster-care system are either dead, homeless or in jail within one year.

PLACEMENT

The curse of foster care is the multiple placements children often have to endure. This article has stressed the need for constants, to have fewer people cycling in and out of the child's world. Placements that support consistency, including welcoming advocates and family members to participate in the child's life are preferred.

This uncertainty for a child devastates the child and places the child at high risk for emotional problems that will distract from their ability to successful

negotiate childhood and prepare for the rigors of being self-sufficient adults.

CULTURAL KNOWLEDGE

Developmentally it is essential that the child be supported to gain cultural knowledge. Cultural knowledge is integral to the development of an individual's identity. Past historical practices that ignored or sought to eliminate that knowledge have been shown to create significant wellness issues for many individuals. Cultural learning should include attendance at significant community/family cultural events, camps, schools, classes and clubs. Art, music, books, movies, and regalia that the child owns or should own; clothes with native designs, etc., should be secured for the child if it is possible.

A cultural knowledge/exposure plan should be developed, including a person/persons or family that will take the responsibility to work with the child in an age appropriate fashion.

FAMILY INTERACTION/IMMERSION

Most foster care reunification plans involve a plan for visitation with the parents, and increasingly with siblings. It is important to determine tribe by tribe what family or family type relationships exists with in each tribe. For instance, in many tribes degrees of relationships are not recognized e.g., nieces' girl children are also referred to as niece. Or some tribes have elaborate clan systems, with existing responsibilities to young people, who may not be considered related by non-Indians. Some tribes allow for function adoption, meaning that a person becomes "related" by virtue of how they relate to an individual e.g., older woman who may have an aunt like relationship are often referred to as aunt when in fact there is no actual blood aunt relationship.

These relationships are culturally recognized and can be very supportive, even become placement options or advocate options. But they have to be recognized or acknowledged by the system. If they are then a vast resource may open up.

The cultural practices of many tribes are evolving as tribes attempt to adapt their ways to problem solving issues the dimensions of which were not experienced before the invasion.

CONCLUSION

It is a sad fact of life that Indian families, like many poor people in this country are reeling from the blows inflicted by poverty. The issues for Indian people are complicated by the cultural dissonance that exists between the Indian and non-Indian communities. The cultural practices of many tribes are evolving as tribes attempt to adapt their ways to problem solving issues the dimensions of which were not experienced before the invasion. Tribal people in the recent past have struggled with non-Indian social service systems being imposed upon them, resolving few problems instead compounding those problems. In the process the tribes are learning that the non-Indian social service system has a dismal performance record even among those it was supposedly designed to aid. Now the tribes are increasingly looking toward the creation of systems that are uniquely responsive to the needs that have grown out of Indian poverty and sustained cultural attack.

This article is designed to work as a starting point for considering such a "new and different" approach to what is now acknowledge in Indian country as existing serious social issues. A new Indian system of addressing issues which blends the ways of our people, the knowledge we have gained from cultural exchange and the strength of our cultural commitments can and should be created.

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ADDITIONAL READINGS

Duran, Eduardo E. and Bonnie Duran, 1995, "*Native American Postcolonial Psychology*," Albany, NY: State University of New York (SUNY) Press.
This work is cited in every article discussing issues relating to understanding the need for cultural competency when approaching wellness issues that have a psychological component. The first half of the book offers an introduction to widely held beliefs in Indian communities, especially regarding general world views on cosmology. The second half of the book explores specific issues and approaches, e.g., alcoholism, child abuse etc.

ARTICLES AVAILABLE FROM THE INTERNET

Conceptualizing and Measuring Historical Trauma among American Indian People, American Journal of Community Psychology June, 2004. https://goliath.ecnext.com/free-scripts/document_view_v3pl?item_id=0199-475068&format_id=XML
The importance of this article is the discussion that historical loss is part of the cognitive world of contemporary American Indians, and that such loss is in fact linked to symptoms or behaviors. The article becomes a bit dense for the reader who is not a psychological professional but the overall concepts are important to those seeking to make cross cultural connections.

Mental Health: A Report of the Surgeon General 1999. Chapter 4, Mental Health Care for American Indians and Alaska Natives. http://www.mentalhealth.samhsa.gov/cre/ch4_intro.asp
This chapter though aging presents one of the most comprehensive looks at the complex picture of mental health issues including historical concerns, and treatment concerns.