

Working Towards Reconciliation

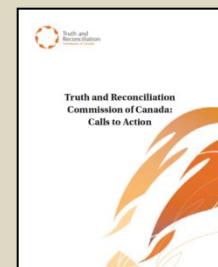
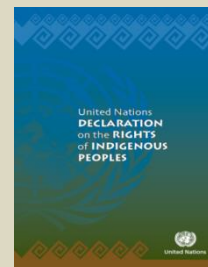
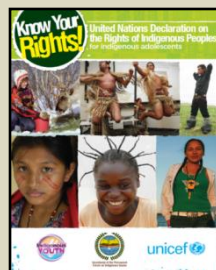
Population and Public Health

Staff Development Day

June 12 & 13, 2018

Today's Objectives

- Reflect on how colonialism and racism, have impacted the health system, including Population and Public Health practice in Winnipeg
- Explore how the Truth and Reconciliation Commission's Calls to Action can be addressed by WRHA Population and Public Health



Today's Agenda

8:30 am

Welcome and Opening:

Rev. Mr. Michael Thibert, WRHA Indigenous Health,
Gina Trinidad, Chief Health Operations Officer,
Continuing Care and Community

Carolyn Perchuk & Lawrence Elliott, Population Public
Health

Keynote

Indigenous family separation as a public health issue

Break/Networking

***Breakout
Sessions***

Public Health Nurses: Community Level Work

Family First Home Visitors: Mitch Bourbonniere

Interprofessional: Epistemic racism in health
promotion

12:00pm

Closing

Thank you!

PPH Staff Development Team

- Deanna Betteridge, Team Manager
- Corinne Budz, Public Health Nurse
- Sara Klippenstein, Families First Home Visitor
- Shelley Marshall, Clinical Nurse Specialist
- Kaylee Michnik, Public Health Dietitian
- Diane Mee, Public Health Coordinator
- Claire Meiklejohn, Community Facilitator
- Hannah Moffatt, Population Health Equity Initiatives Leader
- Sarah Prowse, Healthy Public Policy Specialist

2017-2018 Highlights

- Our goal: Improve the health of the population and promote health equity within the Winnipeg Health Region

- Our Strategic Approaches:

Collaboration and Partnership
Health Communication
Community Development
Healthy Built Environments
Health Equity Promotion
Population Health Assessment

Reconciliation
Outreach
Public Health Clinical Practice
Surveillance
Applied Public Health Research
Healthy Public Policy

Gina Trinidad, Chief Health Operations Officer, Continuing Care and Community



2017-2018 Highlights

- Promoting Healthy Public Policy
 - Summarizing and communicating evidence
 - Participating in consultation processes
 - Working in partnership
- Enacting our public health leadership role in key issues affecting the population
- Closing the Gaps in Indigenous Health

Family Separation Among Indigenous Peoples: A Public Health Issue

Population and Public Health WRHA

Staff Development June 12 & 13, 2018



A Brief Canadian History

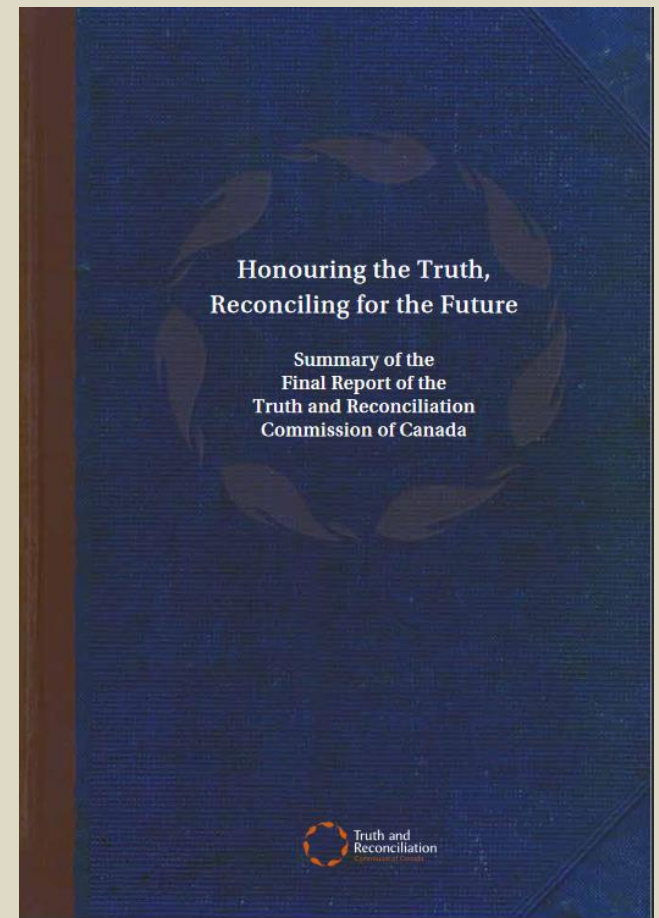
- Settling Canadian government sought to “civilize,” Christianize, and assimilate Indigenous peoples into white settler society
- Breaking the bonds between parents and their children considered an effective means to “erase the Indian”

Indian residential schools (1883 until 1996)

- ~ 150,000 Indigenous children forcibly removed
- Traditional language and practices banned
- Extremely high rates of child abuse and neglect

Sixties scoop (1950s and 60s)

- Child welfare brought under provincial jurisdiction. Transfer of federal funds based on # children in care
- Child apprehension grew by 40 times during this era – adopted to non-Indigenous families, often out of Canada.



Legacy of Family Separation

- On return to communities Indian residential school survivors felt disconnected and isolated, unequipped to contribute to community and traditional economic life, lost generations of parenting
- Children of parents taken into Indian residential schools significantly more likely to be involved with child welfare system (Clarkson et al, 2015).
- Today, Manitoba has some of the highest rates of children in state custody in the world, and roughly 90% of those children are Indigenous.
- Poor living conditions (poverty, housing) drives apprehension of Indigenous children in Manitoba (Brownell et al, 2015)



Legacy of Family Separation

- History of child protection involvement (in youth) significantly predicts being under CFS surveillance as an adult (Trocmé et al., 2004)
- Manitoban children in custody more likely to experience: mental health disorders, poor educational outcomes (Brownell et al, 2015)
- Average child from a privileged home stays until age 25 years (Hulchanski et al 2009). Child protection supports cease at 18 or 19 years for children in custody.
- Mothers of children who were apprehended had poorer 5 year outcomes than women who experienced the death of a child: depression, anxiety, substance use disorders (Wall-Wieler et al., 2017)



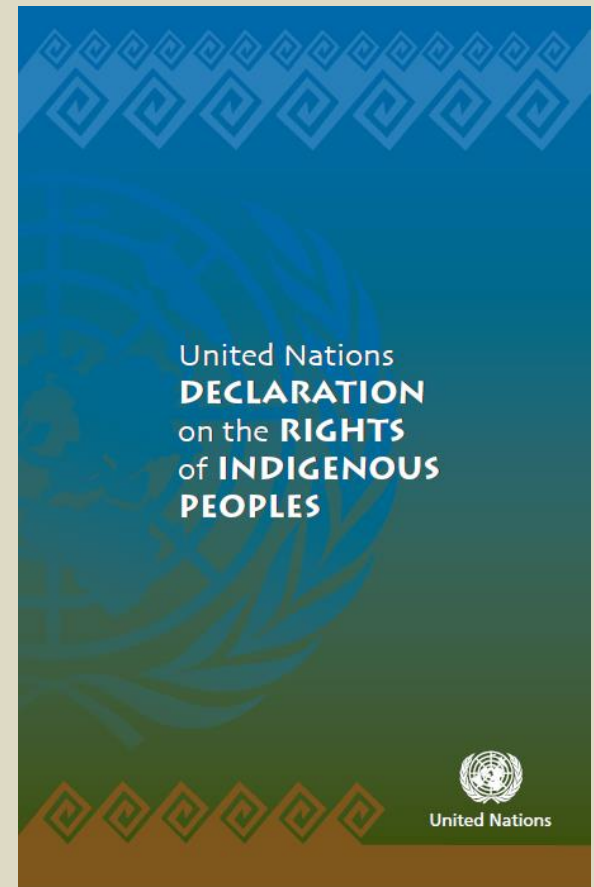
Legacy of Family Separation

- Indigenous child protection cases compared to non-Indigenous: more likely single parent, younger parents, unsafe housing, dependent on social assistance, alcohol or drugs cited as reason for referral (Trocmé, Knoke, and Blackstock, 2004)
- Poverty leads to greater interactions with public services. Indigenous child protection cases more often initiated from non-professional sources (Sinha et al 2013)
- Over-incarceration of Indigenous peoples very acute in Prairie Provinces (67% of Provincial prisons) – criminal justice system plays dual role in the separation of Indigenous families – creation of single parent families



Policy Environment

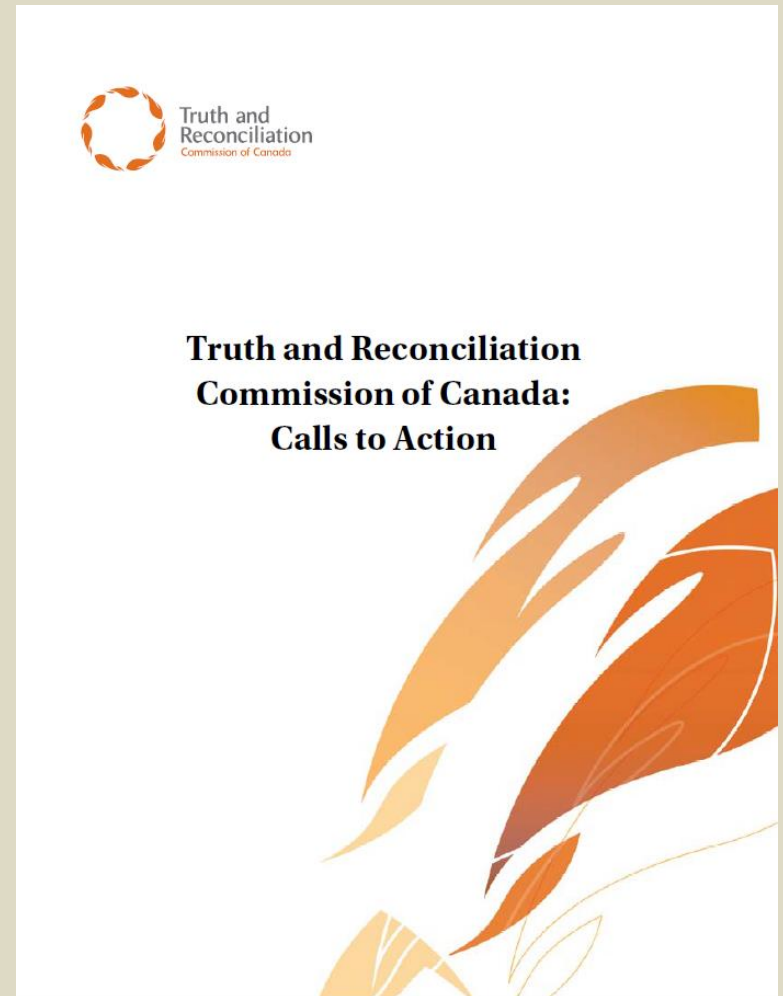
- Child protection policies are based on the premise of “*best interests of the child*” doctrine
- “Best interests” are often interpreted to favour material conditions over environments that promote cultural continuity
- Disadvantaged children are most likely to end up in state custody – driven by concerns of neglect or “risk of neglect”
- Kinship care is long-standing tradition in Indigenous families – not recognized in Western child protection regulations.
- Discriminatory assumptions about Indigenous peoples, and particularly Indigenous women’s caretaking abilities, increase state custody interventions



Calls to Action in Health and Child Protection

a few examples from

- Reduce the number of Aboriginal children in care
- Require that all child-welfare decision makers consider the impact of the residential schools
- Fully implement Jordan's Principle
- Develop culturally appropriate parenting programs for Aboriginal families.
- Enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension



Guests

- Michael Redhead Champagne - community advocate with Aboriginal Youth Opportunities! and Fearless R2W
- Candace Mitsima - Life Treatment Social Worker with the Metis Child Family and Community Services

Please let us know!

Staff Feedback Survey Forthcoming via Email

***Your feedback helps us create
and improve future sessions***

Breakout Sessions

Add Room #s/Locations

- Public Health Nurses: Community Level Work
– stay in main room
- Family First Home Visitors: Mitch
Bourbonniere – Antoine Gaborieau room
- Interprofessional: Epistemic racism in public
health – Salle- Neil Gaudry room