

Engaging substance using, pregnant or parenting Aboriginal women, child welfare services and drug treatment providers in a collaborative process – Enabling process  
The Wellesley Institute Urban Health Research Program  
Enabling Grant Final Report

## Abstract

Our enabling project involved development of a research proposal to study the relationships between pregnant and/or parenting Aboriginal women with substance use problems, the drug treatment system and child welfare system. For pregnant and/or parenting Aboriginal women with substance use problems, fear that involvement with the drug treatment system will bring with it involvement of the child welfare system discourages seeking treatment. This fear is the most visible barrier to drug treatment, however, it is embedded within a wider context of stigma, discrimination and cultural genocide that is not well documented or understood. However, pregnant and/or parenting Aboriginal women with substance use problems would benefit from drug treatment and the development of a culturally appropriate collaborative relationship among parenting or pregnant Aboriginal women, drug treatment counsellors and child welfare workers. The research proposal we develop, seeks to answer the following questions:

1. What is the nature of the relationship between pregnant and/or parenting Aboriginal women with substance use problems, drug treatment counsellors and child welfare workers?
2. How are the spiritual, physical, emotional and mental aspects of life impacted, and recognized if at all, during involvement with child welfare agencies and drug treatment agencies?
3. How can the relationships between be pregnant and/or parenting Aboriginal women with substance use problems, drug treatment counsellors and child welfare workers improved?

In keeping with the Aboriginal tradition of sharing experiences in groups and engaging in reciprocal learning and healing (Loppie 2007), we propose to conduct a mixed methods qualitative data where in women will be invited to participate in storytelling circles or a focus group discussion where they will be invited to speak about their experiences in large and small groups and also take part in several ceremonies: teaching, healing, feast and giveaway. Women will also be offered the opportunity to participate anonymously and submit their contributions in writing. This method will be pilot tested and evaluated. Some pregnant/parenting Aboriginal women with substance use problems may follow other belief systems (e.g., Christian) but may wish to participate in the study. Consequently, a focus group will be conducted for these women without the medicine wheel or Aboriginal ceremonies, however, the discussion will focus on the same range of issues, including: experiences, attitudes, opinions and recommendations for working with drug treatment counsellors and/or child welfare. As well, we will collect data from drug treatment counsellors and child welfare workers who work directly with Aboriginal women and their families. Using a focus group discussion format, workers will be invited to discuss their attitudes, opinions and experiences of providing service to pregnant and/or parenting Aboriginal women and their families. Using the answers to these questions, we will construct a conceptual model to be used to develop and evaluate more culturally appropriate and collaborative relationships among Aboriginal women, drug treatment counsellors and child welfare workers. Our overall goal is to improve these relationships and the wellbeing of Aboriginal families

Engaging substance using, pregnant or parenting Aboriginal women, child welfare services and drug treatment providers in a collaborative process – Enabling process  
The Wellesley Institute Urban Health Research Program  
Enabling Grant Final Report

## **Project Update**

Women who use substances during pregnancy often have child welfare involvement; however, the relationships between pregnant women, their drug treatment counselors, and their child welfare workers have been little studied. We developed a research proposal to examine this issue among Aboriginal women, considering the unique context of child welfare involvement for many Aboriginal women.

To develop this proposal, we undertook a series of development activities. To begin, the team participated in workshops with the goal of increasing and/or strengthening our understanding of Aboriginal culture, healing practices and history. As a group, we participated in a reading group to learn about appropriate research methods and ethics for studies involving Aboriginal people

Following the workshops, members of the team contacted other agencies and organizations in Toronto who work with or for Aboriginal people. Our goal was to build a research team comprised of community service providers. At the onset of the project, three organizations were represented (Jean Tweed, Noojimawin Health Authority and CAMH). The partnership building exercise led to the addition of the following organizations to our team: Toronto Public Health, Aboriginal Legal Services, Council Fire, Native Child and Family Services, Native Women's Resource Centre and Métis Nation of Ontario. As well, we added a Native Grandmother, JoAnn Kakekayash, to guide our work.

We conducted four community consultations, recruiting participants through our partner organizations. This activity led to the addition of two more members to the team: another Native Grandmother and a community member. These consultations helped the team to refine our methods of recruitment and data collection. As well as partnering with service agencies and community members, we also sought out and added two Aboriginal academic researchers to our team, Drs. Cyndy Baskin and Janet Smylie. Throughout the enabling project, we searched and reviewed the literature review.

As of March 1, 2007, all proposed activities were completed and a research proposal was submitted to the CIHR. The principal investigators for this proposal include Drs. Carol Strike (CAMH) and Cyndy Baskin (Ryerson University).

## **Reflection**

This project led to product with which the team was extremely pleased. We had anticipated that the project would be completed within six months. However, early on the team realized that this time frame was too short to effectively build partnerships with other organizations and we elected to lengthen project. We believe that the time extension led to a stronger team and final research proposal.

Some members of the team felt that providing honoraria was not appropriate with Aboriginal cultural ways. To replace the honoraria for the consultations, team members prepared at their own expense a potluck lunch and a giveaway (small presents). Consultation

Engaging substance using, pregnant or parenting Aboriginal women, child welfare services and drug treatment providers in a collaborative process – Enabling process  
The Wellesley Institute Urban Health Research Program  
Enabling Grant Final Report

participants were very pleased with both the potluck lunch and the giveaway aspects of the sessions.

During the proposal development process, we were challenged to be flexible with, and respectful of different worldviews and approaches. For the non-Aboriginal research members of the team, the enabling process provided an opportunity to learn more about Aboriginal history, healing practices and ways of understanding the world. Aboriginal members of the team were very helpful with answering questions and identifying how the team could incorporate Aboriginal teachings and ceremonies into scientific meetings. For the Aboriginal team members, the enabling process provided an opportunity to learn about and engage with research methods. As a team, we learned how to combine both scientific methods and Aboriginal teachings.

During the consultations, we gained valuable insight about how community members might perceive the composition of our research team. Originally, we had planned to include Native Child and Family Services as a partner on the team. Consultation participants stressed that few community members would be willing to participate in a study if Native Child and Family Services, a child welfare agency, was identified as a partner. The team discussed this issue at length and reached consensus that this agency would be part of the proposed project but not as a research partner. We believe that this decision will improve our recruitment efforts. Our proposed knowledge transfer activities will ensure that Native Child and Family Services is actively engaged and will benefit from our findings.

**Next steps**

At present, the team is awaiting a decision from the CIHR operating grants competition. The proposal we submitted focuses solely on females and the team has agreed to meet in the fall to discuss development of a companion project that will focus on males.

**Wellesley Institute Support**

Our team did not require a lot of support but we did enjoy meeting with other enabling grant recipients and learning about their projects.

**Summary of outcomes:**

Did you complete a literature review?	<b>Yes</b>
Did you prioritize research questions in your community?	<b>Yes</b>
Did you develop any data collection tools (surveys or interview guides)?	<b>Yes</b>
Did you develop any new partnership(s) with other community group(s)?	<b>Yes</b>
Did you develop any new partnership(s)	<b>Yes</b>


Engaging substance using, pregnant or parenting Aboriginal women, child welfare services and drug treatment providers in a collaborative process – Enabling process  
 The Wellesley Institute Urban Health Research Program  
 Enabling Grant Final Report

with other academic or research group(s)?	
Were the skills of partners on your team enhanced during the grant process?	<b>Yes</b>
Did you complete a full proposal and submit it for funding?	<b>Yes</b>
Were you successful in securing further research funding?	<b>Awaiting competition results</b>
Did the enabling phase result in any policy or program impacts?	<b>No</b>
Did partners attend any Wellesley Institute CBR workshops?	<b>No</b>
Did you receive any further consultation from WC staff?	<b>No</b>
Did you get matched with an academic partner through The Wellesley Institute?	<b>No</b>
<b>Will you continue to do research as an organization?</b>	<b>No</b>

**Budget summary**

<b>Expense type</b>	<b>Amount</b>
Salary	\$6963.91
Native elder	\$2800.00
Office supplies	\$68.59
<b>Total</b>	<b>\$9,832.50</b>

Signed on behalf of the research team



\_\_\_\_\_  
 Carol Strike, PhD  
 Research Scientist  
 Centre for Addiction and Mental Health