

SUPPORTING LOW-INCOME TRANSITIONAL ABORIGINAL FAMILIES IN EDMONTON, ALBERTA

Implications for practice

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Abstract: Many of the Aboriginal families who move to Edmonton from smaller communities, including reserves and settlements, face substantial barriers to service access. It is imperative that social workers understand the nature of these barriers and are equipped with the necessary skills to competently support transitional Aboriginal families. The goal of this study was to better understand the needs of low-income Aboriginal families who were new to the City of Edmonton, the barriers they encountered when trying to access services and the frontline worker skills required to best support these families. In this study we conducted a content analysis on caseworker notes that were recorded by community support workers working with low-income transitional Aboriginal families ($n = 19$) who were participating in a community-based research study. Results show that these families were faced with numerous barriers that jeopardized their ability to access services, including structural barriers, social isolation and cultural disconnection. The following caseworker competencies emerged as essential in effectively supporting transitional families: cultural competency, knowledge and creative use of local-level programs and services, ability to maintain contact, advocacy and mediation skills, communication of trustworthiness and non-judgment, and consistency and responsiveness to client needs.

Keywords: Aboriginal, urban, mobility, transitional, barriers, competencies

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This research has been funded by Alberta Innovates and the Women and Children's Health Research Institute through the generous support of the Stollery Children's Hospital Foundation and the Royal Alexandra Hospital Foundation.

Canadian Social Work Review, Volume 31, Number 2 (2014) / Revue canadienne de service social, volume 31, numéro 2 (2014)
Printed in Canada / Imprimé au Canada

Abrégé : Bien des familles autochtones qui quittent de petites communautés, y compris une réserve ou un établissement indien, pour s'installer à Edmonton sont confrontées à d'importants obstacles qui nuisent à leur accès à des services. Il est impératif que les travailleurs sociaux comprennent la nature de ces obstacles et possèdent les compétences nécessaires pour aider les familles autochtones en transition. La présente étude avait pour but de mieux comprendre les besoins des familles autochtones à faible revenu qui venaient de déménager à Edmonton, les obstacles qu'elles ont connus pour avoir accès à des services, ainsi que les compétences que doivent posséder les travailleurs de première ligne pour aider ces familles. Pour ce faire, nous avons analysé les notes des intervenants communautaires travaillant auprès de familles autochtones à faible revenu en transition ($n = 19$) qui participaient à un travail de recherche communautaire. Les résultats révèlent que ces familles sont confrontées à de nombreux obstacles qui compromettent leur accès aux services, y compris des obstacles liés à la structure des programmes d'aide, à l'isolement social et à l'éloignement culturel. Il est ressorti que les travailleurs sociaux doivent posséder les compétences suivantes pour aider efficacement les familles en transition : des compétences culturelles, la connaissance des programmes et services offerts à l'échelle locale et un esprit ingénieux pour en tirer profit, la capacité d'entretenir des liens, de militer en faveur de ces familles et d'agir comme médiateur, une aptitude à susciter la confiance, une absence de préjugés, ainsi qu'une façon constante et réceptive de s'occuper des besoins des clients.

Mots-clés : Autochtones, milieu urbain, mobilité, transition, obstacles, compétences

CANADA'S ABORIGINAL POPULATION is becoming increasingly urban. In 2006, 54 % of Canada's Aboriginal population lived in a city or Census Metropolitan Area, an increase of 4 % in just 10 years (Statistics Canada, 2008). There are many factors that contribute to this growth, including: 1) ethnic mobility (Aboriginal persons who previously identified as non-Aboriginal on census reports, reporting Aboriginal ethnic identity on more recent reports); 2) net positive migration from reserves, Métis settlements, and smaller communities (the number of Aboriginal in-migrants exceeds the number of out-migrants); and, 3) natural increases (population increases resulting from a greater number of births relative to the number of deaths, Norris & Clatworthy, 2011). Interestingly, the degree to which these events influence urban Aboriginal population growth varies among cities. For Canada's largest urban centres (Toronto, Montréal and Vancouver), 80 % of recent growth is due to ethnic mobility as an increasing number of Canadians living in these cities claim Aboriginal ancestry (Norris & Clatworthy, 2011). For many of Canada's prairie cities, including Winnipeg, Saskatoon, and Regina, at least half of the growth can be attributed to natural increases (Norris & Clatworthy, 2011). Alberta's largest cities (Calgary and Edmonton) however, can attribute most of their urban Aboriginal population growth to natural increases and net positive migration (Norris & Clatworthy, 2011). Considering that

Edmonton has the second largest Aboriginal population in Canada (second only to Winnipeg), and that much of the recent growth is due to migration from smaller areas, including reserves and Métis settlements, it is imperative that social workers understand how best to respond to the needs and challenges of Aboriginal families who are new to living in an urban environment.

According to the Bent Arrow Traditional Healing Society (2014), more than 70 % of Edmonton's Aboriginal population originates from other communities. Motivations for moving from reserves or Métis settlements to urban centres are neither universal nor simplistic. Commonly reported reasons for moving include: to pursue education and work opportunities, to escape family or intimate partner conflict or abuse, to visit friends or family, to escape reserve or Métis settlement conditions, and institutional stays (correctional and/or treatment) (Clatworthy, 1996; Peters & Robillard, 2009). While reserves often serve as refuge from non-Aboriginal society, they are typically small and poorly situated in terms of access to markets, services, or natural resources (Royal Commission on Aboriginal Peoples, 1996). Whatever the motivation, "it is important to recognize that [a move from a reserve takes] place in the context of a colonial legacy that created reserves as places of extreme poverty and isolation" (Peters & Robillard, 2009, p. 664); places where conflict can arise due to insufficient housing, overcrowding and poor living conditions (Frideres, 1998; Peters & Robillard, 2009). The urgent nature of moves stemming from interpersonal conflict or abuse (a gendered phenomenon more likely to be voiced by Aboriginal women; Brownridge, 2003) can compromise the settlement success of an individual or family as they may arrive with very little in the way of financial or social resources (Peters & Robillard, 2009). Regardless of the reason, a move to the city is usually imbued with feelings of hope and a desire to better one's situation (MIA, 2013, 19:10).

Once in the city, a multitude of factors coalesce, effectively barring low-income Aboriginal families from accessing needed services. Some barriers are structural and commonly experienced by all low-income families regardless of cultural background. Services earmarked for low-income Albertans fall across mandates and typically operate across systems (e.g., community agencies; funding organizations; municipal, and provincial governments) and at multiple levels (frontline to policy-maker). In this structurally complicated service provision system, families often encounter misaligned services (Lukaszuk, 2001). Access is also compromised due to difficulty in obtaining and understanding information on services, long waiting lists, inflexible eligibility requirements, complex application procedures, and the temporary nature of many services (Mayan, Gray, Lo & Hyshka, 2011).

However, while many barriers to accessing services are shared by low-income families, the situation for transitional Aboriginal families is often exacerbated by racism (Cohen & Corrado, 2004; Lewis, 2010), and

cultural disconnections (Gauthier, Goulet & Black, 2011). According to New In Town Aboriginal Welcome Service,¹ cultural disconnections can refer to both a feeling of isolation due to a lack of cultural connectedness in the city (MIA, 2013, 3:42) as well as a lack of knowledge of how mainstream systems work (2:37). Newly transitioned individuals to the City of Edmonton list the following as barriers to a successful transition: not knowing how to live in the city including not knowing how to find housing, a job, a school, or how to get around the city (2:37); the invisibility of Aboriginal culture/community in Edmonton especially when compared to other cities like Calgary or Vancouver (10:38); a deep feeling of isolation due to a lack of an Aboriginal hub (17:28; 17:55); having to learn for the first time how to access health services, secure an apartment, connect utilities, and use a mass transportation system (5:15).

One approach to assisting families facing multiple barriers is to partner them with community support workers (CSWs) who can model how the system works and connect families to cultural centres. Such an approach was trialed by Families First Edmonton (FFE),² a community-based research project involving 12 community, government, and university partners.³ The FFE study enlisted CSWs to work with low-income families with children for the purposes of family capacity-building. In 2012, the FFE team along with senior advisors and managers from the Government of Alberta (GOA)⁴ developed the present study in order to focus on capacities of CSWs working with transitional Aboriginal families. Specifically, the GOA was interested in determining how the actions of a CSW helped families address immediate needs and achieve positive family outcomes. The study's primary goals were to (a) better understand the needs of Aboriginal families new to the City of Edmonton and the barriers they encountered when trying to access services and (b) inform best practices for social workers who work with these families. The question presented to the FFE team by the GOA was: Using information from the FFE project, what CSW competencies are essential to successfully supporting transitional Aboriginal families in Edmonton, Alberta?

Method

Data Sources

In this study, we used data from the Hull Outcome Monitoring and Evaluation System (HOMES) and Pathways to Health (PATH) data sets from the FFE project. The HOMES data set is an administrative data set that was completed by CSWs while working with 1,279 families who participated in the FFE study. The HOMES data set contains over 74,000 CSW entries which include information on contact type (telephone, email, face-to-face, etc.), contact duration, tracking of individual progress plans, and detailed descriptions of each occasion of contact including information

on “behind-the-scenes” work performed by the CSWs. The data highlight family needs, barriers to accessing services, and CSW actions when working with families to overcome these barriers. The service delivery coordinator and managers were all registered social workers (RSWs), as were most of the CSWs. CSWs typically held a bachelor’s degree in social work or were grandfathered into a RSW designation with a two-year college diploma and a minimum of four years relevant field experience. CSWs who were non-registered social workers held degrees in psychology, family studies, education and sociology. All of the CSWs had at least two years of relevant field experience. Initial contact between families and CSWs took place between 2006 and 2008. To supplement our content analyses, we extracted demographic information about the families from the PATH data set, which contained details collected by the FFE research team while CSWs and families were working together. In addition to a host of other questions, primary caregivers were asked about their Aboriginal ancestry and identity. Of the original 1,279 primary caregivers, 207 self-identified as Aboriginal.

Data analysis

Qualitative analysis was guided by Miles and Huberman’s (1994) three-phase process of condensing data, displaying data, and drawing and verifying conclusions. Case notes were reduced and analyzed through a purposeful and iterative criterion-based sampling strategy (Gall, Gall, & Borg, 2005). A number of systematic and rigorous steps were taken to identify Aboriginal families who had moved from a reserve or Métis settlement to the City of Edmonton. First, using housing and mobility information from the PATH data set, we selected families whose length of residence in Edmonton was less than the age of the primary caregiver. We then scanned the CSW notes using a number of search words including: mov(e/ing), reserv(ation/e), settlement, and names of specific bands and Métis settlement areas in Alberta. Of the original 207 Aboriginal families who participated in the FFE study, 19 were positively identified as transitional families. We acknowledge that we may have under-identified the number of transitional families that participated in the original study for two reasons. First, we were limited by the quality of the notes recorded by the CSWs. Second, we could only include cases in which CSWs and families discussed inter-community movement in enough detail to determine the length of time the family had lived in Edmonton and the context of the move. The data display phase allowed for interpretational content analysis of emerging themes while coding and classifying qualitative data. Case summary forms, memos, and codes were created using a qualitative software program (ATLAS.ti). Ongoing consultations with our community partners ensured quality, trustworthiness, and authenticity of

findings, which were particularly crucial during the final phase of analysis (conclusion drawing and verification; Miles & Huberman, 1994).

Results

Family characteristics

At the time of the baseline interviews, the families were predominantly lone-parent in structure ($n = 16$) with almost all headed by a female ($n = 18$). The primary caregivers ranged in age from 19 to 47 years (median age of 34 years). The majority of households had two to three children (one household had eight children). While the majority of primary caregiver/child relationships were between biological parents and children, there were instances of aunts caring for nieces and nephews. Over the course of the study the number of household members changed as other family members and friends would stay for varying periods of time. The 19 families originated from 16 different Aboriginal⁵ communities⁶ and six of the primary caregivers identified a Cree dialect as their mother tongue.

Eight of the primary caregivers had lived in Edmonton anywhere from 6 to 20 months at the beginning of the study, five for 6 to 16 years and six for 29 to 35 years. Although the original goal of the study was for families and CSWs to work together for 18 to 24 months, five families worked with their CSW for less than a year. The remaining 14 families worked with their CSWs for at least 12 months. One family withdrew from the original study partway when the CSW reported unsafe conditions to Children's Services. We remind readers that the profile of these families is not representative of all transitional Aboriginal families living in the City of Edmonton, as the original research study focused on, and limited recruitment to, families with children under 12 years of age who were living with low income. At the time of the first interview the median after-tax household income of the 19 families was \$20,676.

Family needs

The families had a variety of needs, many of which stemmed from living with low income, such as transportation, quality childcare, safe and affordable housing, food and material needs such as clothing, household items, and school supplies. Regardless of the amount of time they had lived in Edmonton, the majority of families expressed a need for safe and affordable housing. One caregiver cited concern for the family's safety because they did not have a backdoor, while another was seeking better quality (newer) housing in a safer area where she could hopefully save money on heating bills (many families face exorbitant utility bills given the poor quality of their homes combined with Edmonton's harsh climate). One family faced eviction due to complaints by neighbours that her children were too noisy. In this case, the family temporarily relocated

to their reserve as they were evicted (eventually they moved back to the city). Regardless of how long primary caregivers had lived in Edmonton, safety consistently emerged as a primary concern, though families who had recently arrived in the city were more likely to voice safety concerns, perhaps because many moved to the city due to violent and abusive situations. When moving to Edmonton from a reserve or Métis settlement, the transition commonly began in temporary housing (e.g., women's shelter) before moving to a rental property. Once in the city, unaffordable housing placed pressure on families, and contributed to undesirable and unsafe housing alternatives. Such was the case for one mother who moved back in with her children's father only to find that he had "started drinking again." The endless hunt for safe, affordable housing in good state of repair echoes findings from other studies of low-income Aboriginal mothers who rank housing as their main priority, with all other priorities as secondary, including securing food for their children (Miko & Thompson, 2004). Families often struggled with multiple and concurrent needs. Similar to other low-income families (Mikonnen & Raphael, 2010), the high cost of housing worsened the financial picture for these families, leaving very little (if any) financial resources for other material needs. A lack of transportation was not only a need for these families but also acted as a barrier to addressing other needs. For example, on more than one occasion, families could not access food banks because they did not have the transportation to get there.

Compounding already difficult situations, most of the families also experienced acute crises. While working with CSWs, families reported trauma associated with recent violent attacks (e.g., rape, beating, and weapon use), child apprehension, sudden death of a loved one and subsequent grief, and serious illness. Often, these events would result in a different set of needs for the primary caregiver and family than those discussed at the outset of the study (e.g., seeking safety, medical treatment, counseling, guidance in getting children back). In these instances, CSWs would often provide support as the primary caregiver processed next steps. For example, one CSW provided emotional support to a primary caregiver who decided to call the Child Abuse Hotline during the CSWs visit to the home. The devastating effects of colonialism were also apparent in the stories primary caregivers shared with CSWs (e.g., recalling a childhood spent in foster care apart from siblings, retelling a parent's residential school memory).

Barriers to accessing services

Similar to other Canadian urban centres, the City of Edmonton has established government and not-for-profit services that are designed to assist low-income families in addressing their needs. However, successfully accessing these services proves challenging for many families. In

our analysis of the CSW case notes, barriers to service access fell into two main categories, structural barriers and barriers due to social isolation and cultural disconnection.

Structural barriers. One mother, who was nearing eviction reported “it would almost be better [if they were evicted], as they would have a greater chance of getting into [subsidized housing].” In this case, the mother’s ability to secure more stable housing for her children first required the family to become homeless. Access to services and programs also routinely required primary caregivers to fill out complicated and elaborate application forms. Despite completing her housing application, one mother could not afford the stamp needed to mail the forms to the agency. One of the most regularly discussed barriers to accessing services however was proximity to services and lack of transportation. One mother felt “very isolated” in her neighbourhood explaining that “a year ago there were no buses.” While bus routes had since been added, she found “everything [was] still so far away [with] no schools or major stores within 15 blocks.” Due to insufficient funds, these families were often unable to secure transportation when trying to access services that assist low-income families with food or material shortages (e.g., food banks). One caregiver who was experiencing family stress and struggling to stay sober reported that her willingness to attend substance support groups hinged upon the availability of transportation as she found it too difficult to participate unless “someone [drove] and [picked] her up.” Another primary caregiver initially expressed interest in attending programs at a local cultural healing centre. When her CSW later asked if she had attended any programming, the primary caregiver reported that she had “called them to find out about things, but hasn’t gone because she can’t get there.”

Social isolation and cultural disconnection. Most of the families expressed social isolation as a barrier to accessing appropriate family services. For example, a family who had recently moved to the city was “pretty much unaware of the services and organizations that [were] available for help in Edmonton.” Another primary caregiver “didn’t really know anyone in the area” and felt “stressed and tired out” to the point of expressing “concern for how long her sobriety [would] last with all the stress.” Disconnected phone lines and a lack of transportation further exacerbated the social isolation experienced by many of these primary caregivers. The frequency with which CSWs experienced disconnected telephone numbers made maintaining contact with families particularly challenging.

Many of the families also felt isolated from their culture. Even after living in Edmonton for a decade, a family reported they were receiving “no support from any other agencies and [had] no association with any Aboriginal groups.” One primary caregiver expressed that she would like “native activities for [her] children” and to see “the kids get involved in the community,” however she also mentioned that they “[did] not know anyone here and [had] no supports in Edmonton.” Some families

explained that in addition to local cultural disconnection, ties were also severed with their communities of origin. One primary caregiver did not want to return to her reserve [even for a visit] because it was “too violent [with] too many drug dealers and homicides.” Lack of transportation and the cost of fuel worsened the cultural disconnection for some of the families that, despite their efforts, could not afford to return to their communities of origin.

Community Support Worker Competencies

The primary caregivers who were involved in the original study routinely demonstrated courage, resourcefulness, and innovation in overcoming multiple and simultaneous barriers. In no way do we mean to detract from their efforts. What we detail in this section are examples in which a CSW was instrumental to the eventual success of the family in navigating systems and accessing services. The original FFE study articulated several guiding principles of service delivery practice for CSWs, all of which were rooted in reflective and relational practice (Families First Edmonton, 2010a). In view of this, we organized emergent CSW actions/competencies according to themes of reflective and relational practice, including: cultural competency (reflective practice), knowledge and creative use of local-level programs and services (reflective practice), keen ability to maintain contact with families (reflective practice), advocacy and mediation skills (relational practice), communication of trustworthiness and non-judgment (relational practice), and consistency and responsiveness to client needs (relational practice).

Reflective practice. According to Schön (1983), formal theories of practice often leave professionals ill-prepared for the realities they face when practicing their craft. Instead of applying academic teachings in a ritualistic and unenlightened manner, a reflective practitioner will refine and develop a unique repertoire of skills and wisdom by intentionally and continuously, reconciling conventional knowledge with the learning that rises out of “doing” (Atkinson & Claxton, 2000). Combining theoretical knowledge with lessons learned from practical experience, a reflective practitioner develops a “local [and] contextual craft-knowledge” (Atkinson & Claxton, 2000, p. 7). For a social worker, this nuanced knowledge arises in the moment when interfacing with local-level systems and individual families.

Cultural competency. A main theme that emerged from our analysis of the CSW case notes was one of cultural competency. For decades, social workers, health care workers and other human service professionals have been encouraged to critically interrogate their assumptions and practice using a culturally-sensitive lens (Pinderhughes, 1994). Most conceptual models consider a culturally competent practitioner to be self-aware, knowledgeable and possessing skills that best serve those who are minority

group members, be it in terms of ethnicity, sexuality, gender, or disability (Sakamoto, 2007; Sue & Sue, 2003). While contemporary social work pedagogy emphasizes the importance of cultural competency, it neither comes naturally to a practitioner nor can it be taught (Hendricks, 2003). According to Hendricks (2003), “[s]ocial workers often confront situations they do not understand or [have] difficulty relating to a person or situation because they lack memory, comparisons, or life experience with the other person’s culture, language, oppression, or privilege” (p. 76). Therefore, it is paramount that a practitioner spend time consciously reflecting on a diverse set of experiences in order to build capacity in “one’s ability to work with a range of ... cultures, and conditions” (Hendricks, 2003, p. 76). While we cannot comment on the self-awareness of the CSWs, our findings revealed how culturally-specific knowledge and skills were vital to successfully supporting transitional Aboriginal families. Specifically, CSWs who were familiar with the “churn” migration patterns (Clatworthy, 1996) of these families, and who used the services of Aboriginal support workers, displayed a greater ability to maintain contact and provide support to the families.

Return migration is commonly misunderstood (usually by non-Aboriginals) as a failure or the inability of an Aboriginal person to “make it” in the city. However, return migration often has more to do with “pull” rather than “push” factors (Cooke & Bélanger, 2006; Norris, Cooke, Beavon, Guimond & Clatworthy, 2004). Return moves and visits are often motivated by the aching for a familiar way of life as well as the presence of personal relationships (extended family and friends) who provide emotional, spiritual, and material support (Cooke & Bélanger, 2006; Ponting, 2005). Reserves and Métis settlements are also viewed by many as places where “the bonds of community are strong and where Aboriginal culture and identity can be learned and reinforced” (Royal Commission on Aboriginal Peoples, 1996, p. 813). Movement may also be seasonal, with returns (especially by men) tied to participation in traditional activities such as hunting and trapping (Cooke & Bélanger, 2006; Bert Auger, personal communication, July 24, 2012).

CSWs who were receptive to the concept of churn migration were more likely to maintain contact with families who did return to the city. For example, despite having difficulties maintaining communication with a family, one CSW sensitively detailed in her notes how a return visit by the mother offered her much needed spiritual and emotional strength. This CSW noted that the primary caregiver’s recent “visit up North did her a lot of good. It was refreshing to see [her] family and [she hoped her family] would visit during the summer [as she] ... gets a bit lonely and likes having the company.” Some families experienced family emergencies (e.g., illnesses or deaths), which precipitated a return trip home. While CSWs could not provide financial or transportation assistance to families to facilitate their return home (due to the conditions of the

original research study), having an understanding of the importance of return visits for the well-being of primary caregivers helped CSWs make sense of long gaps in communication. Other CSWs, who we presume did not have the same knowledge-base, construed families who had returned to their communities of origin as “missing,” “difficult to contact,” or “hard to work with.” These examples point to a lack of understanding or awareness that ongoing movement between the city and reserves/settlements occurs frequently and is to be expected.

Regardless of how long they had lived in the city, many of the families were isolated and unaware of services available to them. When discussing particular barriers, CSWs demonstrated cultural competence by referring families to Native Friendship Centres, Native counselling programs, specific programs with other Aboriginal organizations (e.g., Bent Arrow Traditional Healing Society) or, enlisting the liaison services of an Aboriginal Support Worker. For the most part, primary caregivers benefited from CSWs’ efforts in linking them to Aboriginal-specific services. For example, one mother called her CSW because “she was really unhappy with her child’s daycare [after learning that] they [were] hitting kids.” Using a client-guided approach, the CSW asked the primary caregiver what she would like to do about the situation, to which the mother said, “file a complaint and possibly get her child out of the daycare.” The CSW said she would get back to her with some information. Later, when discussing how things were going, the mother explained how it was “a daily struggle” and she was feeling “so overwhelmed.” The CSW gave her some information about sweats in the area, information that the mother was “happy to receive ... as she [was] in need of some spiritual guidance.”

While some families appreciated this support, others balked at the idea of “stereotyped” support. There were occasions in which CSWs experienced resistance by primary caregivers when they recommended particular Aboriginal programs or suggested partnering with an Aboriginal Support Worker. Blindly linking families to culturally-specific services, while perhaps well-intentioned, can mar worker-client relations and have negative implications for a client’s well-being (Williams, 2006). While there is no single or best way of demonstrating cultural competence (Williams, 2006), an exploration of personal identity with the question “Where are you from?” is generally revered as a first step to understanding how to meet the needs of Aboriginal Peoples and, in the process, can help transcend personal barriers and create rapport (McCallum & Isaac, 2011; Bert Auger, personal communication, October 23, 2012). A culturally competent practitioner is open to exploring culture in individual and relativistic terms, as “there is no reason to expect that individuals influenced by unique combinations of personal narratives, social narratives, ideologies, and meanings should be associated with any common core of values, beliefs, or experiences totaling a cultural perspective” (Williams, 2006, p. 214).

Knowledge and creative use of local-level programs and services. In addition to encouraging families to apply to more commonly known programs, such as those run by Capital Region Housing and Alberta Works⁷ or to contact better-known charities (e.g., St. Vincent de Paul), CSWs also demonstrated specialized knowledge of the services available in Edmonton. One CSW coordinated the delivery of a *Basically Babies* hamper to assist a new mother in meeting some of the material needs a new baby presented, while another CSW equipped the children in one family with backpacks and school supplies through the *Tools for School* initiative. In response to a family's need for beds, CSWs provided information about Sleep Country Canada's mattress program. At times, CSWs would demonstrate their knowledge of the local services landscape by suggesting a couple of approaches to addressing needs. For example, one primary caregiver wanted to find "alternative housing in a safer area, with a newer house to save on winter heating bills." In this case, the CSW suggested registering with the Home Ed program,⁸ and assisted the primary caregiver in filling out the application and mailed it along with a letter of reference. The CSW also recommended that the primary caregiver make an appointment with a housing worker. In addition to having local-level knowledge of available services, some of the CSWs demonstrated resourcefulness and creativity in how they applied this knowledge. For example, one CSW, who was working with a family who repeatedly experienced difficulty accessing food banks, recommended a free meat program through Alberta Fish and Wildlife. Upon receiving this suggestion, the primary caregiver called, was put "on the top of their list," and was happy since it sounded "promising that she [would] receive some [meat] this fall."

Maintaining contact with families. Given the multiple barriers transitional families experience, CSWs had to routinely contend with communication obstacles. Phone disconnections were the most frequent barrier to maintaining consistent contact with families. Cancelled or missed ("no-show") appointments were also common. At times, a CSW's frustration with repeated no-shows was apparent in the case notes. During the data reduction phase of our analysis we observed one CSW exclusively using capital letters to communicate that the family was not home when she showed up for a pre-scheduled meeting; a communication style that typically belays frustration with a situation. On the other hand, CSWs who demonstrated persistence were able to (re)engage families. Our analysis revealed five tactics that proved fruitful in reinstating or maintaining communication with families who had inconsistent access to a telephone or were constantly moving due to housing insecurity: 1) The CSW physically stopping by the family's home when in the neighbourhood, 2) leaving a "sorry I missed you" card when a family missed a scheduled face-to-face meeting, 3) mailing a letter to reinstate communication to multiple known addresses where the family had stayed in the past, 4) contacting

other programs that the family was known to attend and, 5) talking to neighbours or residential managers about the family's whereabouts. One CSW overcame the "phone not in use" obstacle and reconnected with the family through the following sequence of steps: sending a letter requesting the primary caregiver's new phone number, driving to the residence, speaking with the residential manager and learning that the primary caregiver was spending a lot of time on-reserve for the summer, leaving a "sorry I missed you" card at the residence, phoning the primary caregiver again (number still not in use), mailing a lost contact letter, and driving by the residence again while in the neighbourhood. It was on this final attempt that the CSW made contact with the primary caregiver.

In addition to more conventional means of communication (telephone, face-to-face), some CSWs used email to share resources with families, maintain contact, provide encouragement, and reconnect with families who were addressing difficult challenges. For example, one primary caregiver asked a CSW to send the maintenance enforcement paperwork that she needed to file in order to secure child support payments from her children's father. The CSW responded by sending a website link and encouragement ("good for you for being so proactive!"). After some time had passed and the CSW had not heard from the mother, the CSW sent an email suggesting the primary caregiver contact the "Aboriginal Women's Professional Association ... [as] they have some mentoring programs available ... very informal and a good place to go for support ... [including] childcare and transportation." This follow-up email helped reinstate contact and resulted in the family scheduling a face-to-face visit at which the CSW gave the family bus passes so that they could access programs.

Relational practice. "The poorer the quality of people's relationship history and social environment, the less robust will be their psychological make-up and ability to deal with other people, social situations and emotional demand" (Howe, 1998a, p. 175). Drawing upon modern psychoanalytic theory and theories of attachment, relational practitioners view early childhood experiences as key to how a client approaches the working relationship (Trevithick, 2003). For example, children with parents who are attuned to their needs and respond in a timely and appropriate manner are more likely to form secure attachments (Ainsworth, 1979; Ainsworth, Blehar, Waters, & Wall, 1978; Berzoff, 2012). Securely attached children have a greater internal sense of autonomy and self-confidence (Bellow, 2012) and are better equipped to emotionally connect to others and participate in society in a productive manner (Bellow, 2012). Thus, early attachment experiences are integral to shaping an internal working model for subsequent relationships, including relationships with support workers (Howe, 1998b).

Relational practitioners who imbue qualities of the attuned parent offer clients who have previously experienced damaging relations

(familial or with past caseworkers) an opportunity for change (Konrad & Morton, 2012). In their study of relational practice with addicted mothers, Konrad and Morton (2012) reveal how these women benefited from working with a care worker who shares commonalities with an attuned parent:

The clinician must be responsive to her client's affective and regulatory needs within the context of a reliable, responsive, and respectful relationship (p. 112) ... Therapeutic encounters built on connection, mutuality, and foundational knowledge of human attachment introduced these women to relationships [with their social workers that are] based on models of caring that embodied structure, consistency, and acceptance (p. 135).

These qualities align with Wesche's (2013) work in which Métis women described a culturally safe practitioner as one who is "open, non-judgmental, inviting, warm, and nurturing" (p. 192).

Attunement to and responsiveness to client needs. CSWs who were attuned to the needs of their families often provided administrative support: accessing, completing, and submitting housing application forms as well as faxing documents to band administrations. One primary caregiver, who had lived in Edmonton for less than two years, asked her CSW to write a letter to her Supports for Independence (SFI)⁹ worker to ask if he could pay for her children's birth certificates and treaty cards (for the purposes of acquiring health care and Leisure Access cards). The CSW obliged and SFI ended up paying for the documents as requested. In a single visit, one CSW provided bus tickets to the family and picked up the family's housing application to mail it, as the primary caregiver explained "she had no stamps." This interaction took very little time yet it addressed two issues that were worrying the primary caregiver. Recognizing the transportation needs of their families, CSWs routinely provided pre-paid bus tickets and taxi chits to families who would otherwise be unable to access needed services due to the cost of transportation. At times, CSWs offered rides to the families, especially if they were already headed in the same direction. It was this kind of assistance that was very much appreciated by the families.

In addition to being attuned to family needs, CSWs had to provide support in a timely fashion. One mother, who had recently given birth, budgeted her finances with the assumption that she would receive her social assistance cheque on the Monday. When her cheque did not arrive as expected she called the social assistance office only to learn that she would not be receiving the cheque as the office needed information about her new child. Although this mother was able to secure milk and formula from another caseworker, when the CSW learned what had happened she communicated to the mother that she was available to help when emergency situations arose, telling her, "in the future she can call

her, anytime [especially] if she needs assistance with an issue related to food or health.” Another CSW paid a visit to one of the mothers while she was still in hospital after delivering a baby, bringing with her a Basically Babies hamper. Organized by a local charity, these hampers equip families in need with clothing, outerwear, blankets, toys, storybooks, sleepers, undershirts, footwear, and other baby essentials that a newborn requires during the first year. Hampers are only provided once the charity has received a request from a social worker. In this case, the CSW demonstrated foresight in arranging for a hamper in advance so that she could bring it with her when she visited the mother in hospital.

Mediation and advocacy. One way in which CSWs supported families was by advocating for the family or mediating stressful events. Advocacy work is key to supporting vulnerable and oppressed groups using a relational perspective (Trevithick, 2003). At the request of primary caregivers, CSWs would interface with other professionals involved with the families including child welfare officers and income assistance workers. At times, families encountered barriers with other agencies, which also required temporary intervention. Specific actions included: CSWs working with child welfare workers to coordinate child custody arrangements between provinces; negotiating difficult interactions between primary caregivers and on-reserve child welfare workers; and, at times enlisting the help of an Aboriginal resource worker to help with band-related concerns (e.g., help to resolve a financial conflict between a single mother and her band). One CSW accompanied a primary caregiver (who had lived in Edmonton for approximately 10 years) to the income assistance office to help the mother submit a list of expenses and a letter of support, both of which were essential for the reinstatement of the primary caregiver’s driver’s license.

At times however, the system proved too formidable, and despite their best efforts, CSWs were not always successful. For instance, one CSW was unable to secure Homeless and Eviction Prevention (HEP) funds for a family. After repeated messages to the income assistance office were left unreturned, the CSW contacted a supervisor who explained that the office was very busy but she “would relay the message to the [case manager].” Eventually the CSW did hear from the case manager only to be told that a list of paperwork needed to be completed and that a correction on the subsidized housing application had to be addressed before it could be processed. In the end, the process of securing HEP funding proved too difficult to complete in the limited time the family had available. The family was evicted and they returned to their reserve.¹⁰

Communicating trustworthiness and non-judgment. Many of the CSWs’ attempts to connect with primary caregivers were met with trepidation, a consequence of poor dealings with other caseworkers. A lack of trust between the primary caregivers and support workers was evident when one caregiver questioned “where [a worker’s] allegiance lies,” while

another expressed concern about agencies sharing her private information. One mother reported that after living in Edmonton for a decade, her children were recently apprehended due to a support worker's false assumption that she had been abusing drugs and alcohol (the mother's claim was eventually substantiated by a drug test that came back negative).

When accessing services, low-income mothers often experience judgment and shaming by frontline workers (Mayan et al., 2011). Mothers (Aboriginal and non-Aboriginal) from the original FFE project revealed the many ways in which they felt judged by frontline workers including having their past mistakes pointed out to them, for being a single mother or, for partnering with men who were incarcerated (Mayan et al., 2011). In addition to being judged for being low-income mothers, Aboriginal mothers also experienced judgment by caseworkers for being *Aboriginal* low-income mothers. "Brenda," an Aboriginal mother who participated in the original FFE project (not one of the transitional primary caregivers), spoke about how child welfare workers said her difficulties with child welfare were her own fault because "they wouldn't believe [her] that [she] did not drink throughout [her] pregnancy" (Families First Edmonton, 2010b, 5:07). In this case, Brenda's status as a low-income (class), Aboriginal (race), mother (gender) led to the unfair and inaccurate assumption on the part of the service worker that Brenda had abused alcohol while pregnant. Given the mothers' histories of being judged and even deceived by previous caseworkers, it is important for support workers to be cognizant of language, tone, and body positioning when working with families. Psychologist Louise Million explains how important it is to be mindful of body language when working with survivors of violence (which many of the primary caregivers were):

A survivor of violence is so sensitive to the behavioural cues of another person because most of the time that is how they have learned to survive. So just by the look on your face I will interpret that as judgement. I will interpret that as coldness. I will interpret that as you don't like me. And if I am a survivor of violence I am most likely to put a negative interpretation on it. (Families First Edmonton, 2010b, 12:08).

Conclusion

This study articulates how reflective and relational practices are necessary for successfully supporting low-income, Aboriginal families who have moved from a reserve or Métis settlement to Edmonton, Alberta. Our findings reveal that families had more positive interactions with caseworkers and success in overcoming barriers when CSWs demonstrated: knowledge of local-level programs and services, (and used this knowledge creatively); cultural competency; perseverance in maintaining contact with families (contact was often interrupted due to churn migration, frequent moves within the city, or disrupted telephone service); a willingness

to advocate on behalf of families when this type of support was requested; acceptance (non-judgment) and trustworthiness when working with families; and, an ability to provide consistent and timely support. With the support of CSWs who demonstrated these competencies, a number of the families were able to increase their capacity to navigate “the system.” One mother reported to her CSW that she was now “a better advocate for her child and herself ... more proactive and more effective at anticipating [and avoiding] problems.” Another mother revealed how the skills and knowledge acquired while working with her CSW benefited others as she particularly enjoyed “sharing her knowledge of [available] resources with other members of her community.”

Despite identifying a number of CSW characteristics and actions that lead to positive family outcomes, at times it was difficult for us to determine CSW effectiveness; a limitation of using secondary data. In some cases, the study came to a close before it was clear whether a challenge the family and CSW were actively working on had been reconciled. Other times, CSWs detailed the current state of affairs for the family without documenting whether previously identified barriers had been addressed. Even so, what was clear from our analysis was that CSWs had little chance of maintaining contact with families, a caveat to eventual success, if they were not reflective or attuned to their clients. CSWs who left long gaps in communication were likely to lose contact with families. Additionally, families that encountered a substantial amount of CSW turnover were likely to withdraw, in part because primary caregivers found it frustrating to retell the family’s story once again.

Given these limitations, it would be beneficial to explore caseworker competencies using a primary data source; an endeavour probably best achieved by partnering with a service provider that focuses on supporting transitional Aboriginal families. Until recently, such a service was lacking within the City of Edmonton, with not-for-profit workers supporting transitional families “off the side of their desks” (Narine, 2012). However, in 2011 the Bent Arrow Traditional Healing Society launched the *New In Town Aboriginal Welcome Service*, a service that supports Aboriginal families and individuals who have lived in Edmonton for less than a year, including those exiting provincial corrections facilities. Many of the competencies highlighted within this study are reflected in the philosophies of and services provided by New in Town including, an emphasis on non-judgmental support, a focus on cultural connectedness, supported referral and advocacy, and bridging knowledge gaps on how to navigate the city and its services. To date, over 1,000 individuals have accessed services provided by New in Town (Johnson, 2014). With the City of Edmonton projected to have the largest urban Aboriginal population in the next five years (EnviroNics Institute, 2010), it is crucial that we continue to explore and understand how best to support transitional families as they move to the city, guided by a “[hope] for better things” (MIA, 2013, 19:15).

Endnotes

- 1 For more information, see: <http://www.newintownedmonton.ca>
- 2 For more information, see: <http://www.familiesfirstedmonton.ualberta.ca>
- 3 Alberta Human Services, City of Edmonton, Alberta Health Services, Edmonton Community Foundation, United Way Alberta Region, YMCA of Northern Alberta, Multicultural Health Brokers Cooperative, KARA Family Resource Centre, Bent Arrow Traditional Healing Society, Homeward Trust, Centre for Research in Applied Measurement and Evaluation, and the Community-University Partnership for the Study of Children, Youth, and Families.
- 4 Senior Advisor of Aboriginal Initiatives (Human Resources), Manager of Employee Enhancement Initiatives (Human Resources), and Manager of Organizational Support Initiatives (Human Resources), Government of Alberta.
- 5 For the purposes of this study, the term “Aboriginal” refers to those with First Nations ($n = 17$) and Métis ($n = 2$) backgrounds.
- 6 Beaver First Nation, Big Stone Cree Nation, Chipewyan First Nation (Fort McMurray), Cold Lake Reserve (Bonnyville), Enoch Cree Nation, Little Red River Cree Nation, Louis Bull Reserve (Hobbema), Meander River Reserve (Dene Tha’ Tribe), Mikisew Cree First Nation, One Arrow Reserve (Saskatchewan), Paul Band First Nation (Duffield), Saddle Lake Reserve, Samson Cree First Nation (Hobbema), Sucker Creek First Nation, and Whitefish Lake First Nation. The two Métis primary caregivers had ties with Fond Du Lac Métis Settlement (Saskatchewan).
- 7 The goals of Alberta Works are to help unemployed people find and keep jobs, help Albertans with low-income cover basic costs of living, and help employers meet their need for skilled workers (<http://employment.alberta.ca/>)
- 8 For more information, see: http://www.edmonton.ca/for_residents/programs/homeed-faq.aspx
- 9 Supports for Independence (SFI) is a program that provides income support to persons with or without a disability. This program provides financial support to cover housing, food, transportation, clothing, medical, familial responsibilities, and re-entry into the labour market (Alberta Human Services, <http://humanservices.alberta.ca/department/premiers-council-ads-financial.html>)
- 10 The advocacy role performed by CSWs was at the individual (micro) level. However, in light of how the Indian Act continues to economically, emotionally, spiritually, and politically oppress Canada’s Aboriginal Peoples, social workers are encouraged to advocate for families at a systems level, as the “profession has been largely absent” (Gray, Yellow Bird & Coates, 2010, p. 49) from advocacy efforts at a macro-level.

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