



Position Statement on Indigenous Child Apprehensions

The National Council of Indigenous Midwives (NCIM) strongly condemns the over-representation of Indigenous infants and children in child protection services across the country and within our Nations. Today, there are greater numbers of children in care than at the height of the Indian Residential School system.¹ Forced apprehension of infants and children from their families—historically and today—creates complex trauma for birth parents, children, and families and has lasting intergenerational effects.

NCIM recognizes that the overrepresentation of Indigenous children in child protection systems is fueled by a Western society that cannot effectively address the ongoing challenges for Indigenous families created by racism and colonization.² Perverse funding incentives within child protection agencies that encourage apprehensions over preventative services must be stopped.³ We strongly assert that apprehension of infants at birth should only ever occur in extreme situations, and in those situations, family or community placement should be a priority.

NCIM connects the apprehension of children at birth with mental health and addiction issues, bonding disorders, and the disruption of breastfeeding.⁴ These issues are as a result of the forced separation of birth parent and infant by child protection services and contribute to poorer health outcomes for Indigenous Peoples. The temporary or permanent forced removal of our babies and children from our communities leaves Indigenous Peoples with overwhelming feelings of hopelessness and sadness we have to confront daily.

NCIM asserts that Indigenous midwives are experts and engaged partners in the provision of culturally safe reproductive health care services. Indigenous midwives work alongside other health care professionals, mental health and addiction workers, social workers, family courts, healthy parenting programs, housing and shelter support workers, and agencies that support the reduction of family violence.

NCIM commits to nurturing families through culturally-informed midwifery care that places the pregnant person and their family as the central focus of our care. As Indigenous midwives, we assert our active roles for the improvement of the lives of Indigenous Peoples, families, and communities.

RECOMMENDATIONS

1. NCIM supports the Government of Canada's shift from a focus on protection through automatic apprehension of infants and children to a service-based prevention model. This shift will recognize the inherent right of Indigenous communities to culturally competent, prevention-based, needs-based health and social service delivery.
2. NCIM calls on federal, territorial, provincial, and municipal health authorities to stop incentivizing apprehension. Instead, we call for the creation of sufficient, flexible, funding models that focus on improving the determinants of health for Indigenous families, which include adequate housing, poverty reduction, mental health support, and education.
3. NCIM calls on child protection services to address the systemic racism within these institutions. Institutions must require administration and staff to complete culturally safety training prior to working with Indigenous families, especially before working with pregnant people.
4. NCIM calls on all educational institutions to address the systemic racism inherent in child protection service education programs and professional associations to ensure cultural safety of administration, staff, and students of these programs.
5. NCIM calls on all Canadian and Indigenous institutions involved with child protection to recognize the importance of birth ceremonies and Indigenous knowledges related to pregnancy, birth, and the post-partum period. Honouring the birth parent and child bond needs to be part of the service-based prevention model. Indigenous midwives hold this knowledge and their services should be included as part of the health and social services teams serving Indigenous communities.

REFERENCES

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