A young person with dark, curly hair is wearing a traditional feathered headdress. They are smiling and holding a long, thin object, possibly a pipe or a staff, in front of them. The background is a dense, textured pattern of light-colored, feathery or grass-like material.

**AN EVALUATION OF  
DIFFERENTIAL RESPONSE /  
FAMILY ENHANCEMENT PILOT  
PROJECTS IMPLEMENTED  
BY FOUR SOUTHERN FIRST  
NATIONS CHILD WELFARE  
AGENCIES IN MANITOBA**

Qualitative Outcomes and Narratives of  
Significant Change

Report Prepared for the  
Southern First Nations Network of Care

February 2012



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*"The two most powerful warriors are patience and time."*  
- Leo Nikolaevich Tolstoy

*"Good ideas are not adopted automatically.  
They must be driven into practice with  
courageous patience."*  
- Hyman Rickover

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# **AN EVALUATION OF DIFFERENTIAL RESPONSE / FAMILY ENHANCEMENT PILOT PROJECTS IMPLEMENTED BY FOUR SOUTHERN FIRST NATIONS CHILD WELFARE AGENCIES IN MANITOBA**

Qualitative Outcomes and Narratives of Significant Change

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## ACRONYMS

AANDC	Aboriginal Affairs and Northern Development Canada
ADHD	Attention Deficit Hyperactivity Disorder
AJI	Aboriginal Justice Inquiry
ANCR	All Nations Coordinated Response Network
BSW	Bachelor of Social Work
CFS	Child and Family Services
CFSIS	Child and Family Services Information System
CRU	Crisis Response Unit
DIA	Designated Intake Agency
DR	Differential Response
FASD	Fetal Alcohol Spectrum Disorder
FE	Family Enhancement
FN	First Nation(s)
INAC	Indian and Northern Affairs Canada
MSC	Most Significant Change
NNADAP	National Native Alcohol and Drug Abuse Program
ODD	Oppositional Defiant Disorder
PRS	Prevention and Resource Services
RRE	Red River Exhibition
SBCFS	Sandy Bay Child and Family Services
SDM	Structured Decision Making
SFNNC	Southern First Nations Network of Care
SECFS	Southeast Child and Family Services
SERDC	Southeast Resource Development Council
VFS	Voluntary Family Services
WRCFS	West Region Child and Family Services

## Executive Summary

In the past few years, many countries including the United States, Australia, and Canada have established a Differential Response Model (DR) to enhance their respective child welfare systems. DR has become the dominant model for restructuring child protection services to children, youth and families. Specifically in Manitoba in 2006, the Province of Manitoba, as part of the “Changes for Children Initiative”, strategy announced a commitment to implement a province wide differential response service delivery model by allocating \$20 million for its development. The government of Manitoba in collaboration with the four child welfare authorities have funded and piloted a number of Differential Response / Family Enhancement (DR/FE) projects across Manitoba via this funding. These projects intend to create new resources and processes for supporting families when mandated child protection services are not justified.

This evaluation looked specifically at 5 pilot projects under the Southern First Nations Network of Care that were being administered by four (4) of the following Agencies;

- Pilot 1 - West Region CFS  
(Ebb & Flow – Teen Parent Project)
- Pilots 2 and 3 - Southeast CFS  
(Paugass, Resource Centre and  
Berens River; Youth Recreation Program)
- Pilot 4 - ANCR  
(Assessment Team; FE Workers; Track self-referrals)
- Pilot 5 - Sandy Bay CFS  
(Development and implementation of a Differential Response System in  
response to received and accepted reports of suspected child abuse and  
neglect)

When we empirically set out to evaluate the outcomes of these pilot projects, we focused our attention on effect. This included whether the Differential Response / Family Enhancement (DR/FE) pilot projects achieved the stated goals of the program, the effects on the agencies implementing the DR/FE program, and most importantly, whether the clients (in this case children and families) benefited more under the new model than they would have been under traditional child protection approaches.

The results for agency outcomes (worker satisfaction/workload) varied across pilot projects and apart from a few exceptions where it was felt that the DR/FE approach needed to be adjusted to reflect historic service delivery strategies; generally workers in each project were consistently satisfied with the DR/FE approach where family engagement was less abrasive and more cooperative.

One of the issues that is concerning and that was revealed in this evaluation as well as many others in the literature is the varying degree of implementation of Differential Response/Family Enhancement across agencies. Manitoba's child welfare system is a unique and complex system where First Nations Communities (Reservations) have Province-wide mandates to provide service to their First Nation Treaty members. As a result of this devolution, Southern First Nation Agencies are continuing to evolve and adapt their service to meet their newly legislated responsibilities. Throw into the mix, a system wide change in service delivery models to DR/FE and you are going to have some variance.

Before rolling this program out in its "go-live" state, Manitoba's four (4) Child Welfare Authorities must be leery of what this evaluation team describes as "Implementation Variance" and ensure consistency across agencies in the implementation of DR/FE. The impact and outcomes of DR/FE will be minimal in the beginning but the pilots evaluated in this project were a test to see what happens on a limited scale.

Generally speaking the short-term results (it was impossible to make reference to the long-term effects of each of the pilot projects, as many families were still engaged in the program during this evaluation) indicated that each pilot project was implemented utilizing an internal understanding of what Differential Response / Family Enhancement is or is supposed to be. The result was very different approaches by each agency to DR/ FE that resulted in varied results within each pilot. This reality (varied definitions of DR emerging through program implementation) made it difficult to speak about the impacts Differential Response has had on child welfare outcomes in respect to these projects. However, with that being said, although the implementation and definition of DR/FE varied pilot project to pilot project, all the projects were able to assert a set of core values common in most DR Models:

- Family engagement versus intrusive/adversarial approach
- Being encouraging with families versus threatening
- Identification of needs versus punishment (hoop jumping)
- Support services versus surveillance

## **Lessons Learned**

The objective of this report was to evaluate the DR/FE pilot projects being implemented by four First Nations child welfare agencies in Southern Manitoba using a methodology to help readers understand whether the pilots were effecting change for families receiving DR/FE services. It is hoped that some of the lessons learned that are identified below will generate discussion and

lead to a better understanding on how to improve the implementation of DR/FE services in the future. It was not our intent that the following identified lessons learned be fully exhaustive. These are initial observations and readers will likely draw their own conclusions about what the lesson learned are after reading the report findings.

### ***Design of Evaluation Methodology, Data Collection and Timelines***

The evaluation of these pilot projects was conducted in each community over the course of two days. During these visits the research team did not observe DR or FE in action – this evaluation therefore only provides a snapshot in time about how the pilot projects are managing from the perspectives of agency staff and a select number of clients during a test phase.

- It was too early to assess these pilot projects. Many of the agencies had just started implementing their pilot projects and were in the process of learning to implement the DR/FE approach. The evaluation of these pilots should have taken place closer toward the end of the pilot's year activities.
- Context is important for understanding the results of this evaluation.
- Future evaluations should take into consideration that evaluation questions should be tailored to individual agencies, communities, staff and agency clientele taking into consideration the history of the community, the language and respect for oral traditions, specifically in First Nation communities.
- Families interviewed assumed we were evaluating the performance of the workers within the agency rather than the new DR/FE pilot project being implemented by the agency. Similarly, many, but not all, of the agency workers assumed the evaluation of the pilot projects was about their performance rather than about effectiveness of the DR/FE pilot project undertaken by the agency.
- A template about the quantitative data regarding DR/FE statistics was requested from each of the agencies with DR/FE pilot projects. Data as to how many FE files were open, ongoing and/or closed was not provided by all the agencies which leaves a gap in understanding how many families have been involved in each of the pilot projects.
- Lastly, the proposed evaluation methodology called for implementation of the Most Significant Change technique. However because of the tight timeframes and approval to proceed with the evaluation, it was not possible to ensure a full roll out of the methodology originally envisioned.

### ***Overall:***

- All of the agencies reported in some way that a paradigm shift in thinking was proving difficult to achieve with regard to DR/FE services. One of the major operational changes to overcome in implementing FE services that staff reported was the ability to change overall attitudes and beliefs about what family enhancement does and what kind of cases agencies should accept for family enhancement because child welfare has practiced a certain way for so long.
- In some agencies, the agency staff indicated they have long been providing services similar to DR/FE. This perception may have allowed staff to continue

providing services as they have always done rather than implementing a true DR/FE approach as intended in their logic model. It was difficult for the evaluation team to demarcate what activities were DR/FE related and what activities were normal day-to-day agency business. In some agencies, the staff is expected to oversee and operationalize the DR/FE pilot project while ensuring the agency provides service as per usual. Because of this, it is hard to disentangle what is truly a DR or FE activity as defined by the definition set out in the training manual.

- Many of the families living on reserve were unaware that the agency had implemented a pilot project utilizing a DR/FE approach and that they were involved in the pilot project. Without this knowledge, some families had the impression they were being unequally treated in comparison to other families in the community.
- While there is a specific definition about what entails DR/FE services and approaches, the delivery of DR/FE in First Nations communities, in particular, will be influenced by the uniqueness of the communities, their culture, language and the resource limitations available within the community, which means that the full intent of the approach (has been and) will be implemented differently across agencies.
- Some of the agencies' DR Coordinators were extensively involved in the evaluation while others played a minimal role.
- One of the challenges mentioned with respect to completing SDM assessments are related to connectivity issues – this is an ongoing issue for many agencies. It has the potential of causing the paperwork to pile up and can contribute to the loss of data. Staff in some agencies are relying upon manual data collection which takes longer and may discourage staff from completing the necessary paperwork. Manual records are not as confidential and/or as secure as information that has been entered electronically into CFSIS.
- In some agencies the DR/FE worker(s) do not appear to be completing SDM assessments collaboratively with families. The decision whether to do this or not is often left to the discretion of the workers.
- ANCR staff generally feel the SDM tool and FE services overall are effective in that it removes worker biases and subjectivity. It provides structure and allows consistency in practice and in working with families streamed into the FE track of services.
- In some instances the SDM assessment will score families as high risk, which can be detrimental to families who are otherwise doing their best to keep their children safe with the limited resources they have.
- In some agencies there isn't a clear understanding of DR and FE. The confusion between DR and FE seemed to exist prior to the implementation of the pilot projects. Staff indicated that they only received training once over the course of two days. They indicate that little assistance was provided to them to help them operationalize their understanding of DR/FE and to ensure the SDM assessments were properly completed and entered on CFSIS.
- DR/FE and SDM training is critical. CFS staff expressed the need for more training on DR/FE and it needs to be ongoing. Staff indicated that they need time to learn the basics. At the time this evaluation was conducted, many of the agencies were still trying to figure out how to operationalize a DR/FE

approach to service delivery. Staff indicate that the training should ensure that people are appropriately trained and have the time to implement the training on the job without compromising other operational demands. Frontline staff also feel that more support from supervisors is required to help staff reflect on DR/FE service issues and to help them ensure they are meeting legislative standards.

- Some agencies confused the evaluation of the DR/FE pilot with the funding issues facing the agency. A great deal of emphasis was placed on the funding concerns that arose from the work of the 5-year business plan. In those instances, some agency staff were fearful about how to fully implement the DR/FE approach given impending reductions in funding arrangements from AANDC.
- DR/FE requires a full complement of staff to operationalize the approach – many of the workers interviewed were of the opinion their agency was understaffed and/or they expressed concerns that their agency will be understaffed should the province choose to roll out a full DR/FE system. All agency staff would like to see more staff added to the agency to implement DR/FE services and some also indicated that they would benefit from the incorporation of case aides.
- At the conclusion of writing this report, none of the agency staff reported closing FE files because staff are too busy working with the families. Staff indicate there is little time to do what is necessary to close files at this time.
- The types of problems facing the families streamed for FE services appear to be different for families who reside on reserve versus those that reside off reserve. Families residing on reserve tend to be dealing primarily with poverty and addiction issues while the families living off reserve or within the city appear to deal more with parent and teen conflict.
- Gaps in resources available to parents on reserve and off reserve are evident from the narratives. FE workers off reserve are able to draw upon a wide variety of resources to help them help the families they work with while FE workers in First Nations communities are limited by what is available in the community.
- Collateral service organizations within First Nations communities and in the city will likely need to be better informed and educated about the DR/FE approach being used by CFS agencies.
- Lastly and importantly, how DR/FE will be delivered in the future will be influenced by the culture, language and relationship the agency and staff have within the community. Communication is critical and agency staff should be open to new ways of communicating with families (i.e. texting and via cell phone and even through facebook).

### **Recommendations:**

- In the future, evaluators should be involved in the DR/FE/SDM training offered to agency staff.
- In addition to training, on reserve staff could benefit from mentoring on completing SDM assessments.
- Agencies should conduct self-evaluations on DR/FE/SDM assessment

processes at 6, 9 and 12-month intervals. These reports should be shared with future evaluators.

- SFNNC might consider the idea of creating an on-call position to assist agency staff in addressing service related issues and concerns that arise from implementing DR/FE services.
- The DR/FE/SDM trainer(s) should be involved in the development of future evaluation efforts.
- SFNNC should develop strategies in a coordinated way with all Authorities on how DR/FE will be implemented system wide.

### **Evaluate, Evaluate, Evaluate**

This evaluation was narrow in its scope but it was able to capture real qualitative data regarding the process and some limited outcomes of the five (5) DR/FE pilot projects through participant's stories of significant change. It was able to provide preliminary insight into how effective different family engagement strategies worked within different geographical and demographic realities. It provided narrative data around assessment tools and usage and helped gauge acceptance and frustration with such tools. It revealed the potential the DR/FE approach has across varied service delivery agents and its robustness in isolated and populated settings to bring about positive outcomes for families and children, and yet, it was neither complete nor exhaustive.

Evaluating an incomplete project is difficult and unfair because the evaluation does not allow the project to reveal its true capabilities in achieving what it was designed to achieve. In the future, it is suggested that evaluation be reserved for those programs that are fully mature to provide the best and fairest opportunity to find significant effects and outcomes of DR/FE. In addition, in order to achieve maximum comparability across programs, significant work would need to be done with all agencies to limit implementation variance and ensure consistency across agencies. Comparability and service delivery will be more effective if all agencies are at the same level of DR/FE functionality.

What this involves is the consideration of looking at where all agencies are at currently with implementation of DR/FE to ensure agency readiness to provide a level of service consistency across agencies. Failing to support agencies in this transition will only have negative effects on the children and families it was designed to support in the first place.

*Chapter 1:*  
**OVERVIEW OF THE DR/  
FE EVALUATION PROJECT  
FOR THE SOUTHERN FIRST  
NATIONS NETWORK OF CARE**

## **Chapter 1: Overview of the DR/FE Evaluation Project**

### **Introduction**

In the last few years, many countries including the United States, Australia, and Canada have established a Differential Response Model (DR) to enhance their respective child welfare systems. DR has become the dominant model for restructuring child protection services to children, youth and families. The approach allows Child Protection Services (CPS) to respond differently to accepted reports of child abuse and neglect allegations, based on factors such as the type and severity of the maltreatment, number and sources of previous reports, and willingness of the family to participate in services.

Core elements of differential response system have been described by the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) as:

1. Use of two or more discrete response pathways for cases that are screened in and accepted;
2. Establishment of discrete response pathways is codified in statute, policy or protocol;
3. Pathway assignment depends on an array of factors, such as the presence of imminent danger, level of risk, number of previous reports, source of the report, and/or presenting case characteristics, such as the type of alleged maltreatment and the age of the alleged victim;
4. Original pathway assignment can change, based on new information that alters risk level or safety concerns;
5. Services are voluntary in a non-investigative pathway;
  - a. Families can choose to receive the investigation response or
  - b. Families can accept or refuse the offered services if there are no safety concerns;
6. Families are served in a non-investigative pathway without a formal determination of child maltreatment.

In addition to the core elements discussed previously, several other features of the non-investigation pathway are critical to the implementation and sustainability of the approach. These include:

1. Engaging families;
2. Being culturally relevant;
3. Matching services to needs;
4. Being flexible;
5. Providing training and supervision; and
6. Maintaining community partnerships.

In 2006, the Province of Manitoba, as part of the “Changes for Children Initiative” announced a commitment to implement a province wide differential response service delivery model by allocating \$20 million for its development.

The government of Manitoba in collaboration with the four child welfare authorities have funded and piloted a number of Differential Response Family Enhancement (DR/FE) projects across Manitoba via this funding. These projects intend to create new resources and processes for supporting families when mandated child protection services are not justified. The purpose of these pilots is to provide collaborative and preventative services that address the unique struggles of families, while at the same time, promotes ongoing protective capacities to ensure that child(ren) remain at home with his/her natural family where it is feasible to do so.

### **Purpose and Scope of the Evaluation**

Four agencies mandated by the Southern First Nations Network of Care (SFNNC) have developed and are in the process of implementing and administering five (5) DR/FE projects. These pilot initiatives were undertaken by the following agencies:

- Pilot 1 - West Region CFS  
(Ebb & Flow – Teen Parent Project)
- Pilots 2 and 3 - Southeast CFS  
(Pauingassi, Resource Centre and Berens River; Youth Recreation Program)
- Pilot 4 - ANCR  
(Assessment Team; FE Workers; Track self-referrals)
- Pilot 5 - Sandy Bay CFS  
(Development and implementation of a Differential Response System in response to received and accepted reports of suspected child abuse and neglect)

Considered as a whole, these DR/FE projects are instructive on two levels. First, they suggest ways of implementing differential response that have been effective in specific contexts and that could be tested in other settings to determine whether the approach is transferable or unique to its original venue. Second, they provide insight into DR/FE methodologies that can be used to determine whether differential response is effective and efficient in the Manitoba child welfare context. For example, did the DR/FE approach result in the increased capacity to respond to family needs? Did the DR/FE project result in more timely services? Did families participating in the DR/FE pilot projects recognize a change in staff attitude or focus?

The evaluation focuses on identified activities, outputs and outcomes for each pilot individually and the methodology was adapted to reflect differences in each project approach, which range from full agency restructuring through the full implementation of the DR/FE model (Sandy Bay Pilot) to program specific approaches where a specific target group is engaged (West Region Pilot).

## Evaluation Design and Methodology

### *Theoretical Framework*

The methodology originally adopted for evaluating the four agencies' pilot DR/FE projects was based on a modified approach to the "Most Significant Change" or MSC technique<sup>1</sup>. The MSC technique is considered both a form of participatory monitoring and evaluation. It is participatory because stakeholders are involved in deciding the sorts of change to be recorded and in analyzing the data. It is a form of monitoring because it occurs throughout the pilot/program cycle and provides information to help people manage the pilot/program. It contributes to evaluation because it provides data on impact and outcomes that can be used to help assess the performance of the pilot/program as a whole.

The MSC methodology was chosen for several reasons:

- To understand the impact of the four DR/FE pilot projects;
- To use qualitative methods rather than quantitative;
- To use a method which would elicit impacts which the agency may not have anticipated;
- To use a method which would be appropriate for oral cultures (i.e. the advantage of stories told in the oral context is that people tell them naturally (indigenously). Stories also deal with complexity and content and carry hard messages that people remember);
- It provides an early understanding as to whether the pilot project's outcomes are being achieved or not; and
- It provides stakeholders an opportunity to be involved in deciding the changes to be recorded.

### *Methods*

The broad methodology ultimately used was qualitative in nature. The particular methods of inquiry included:

- Key informant interviews (with staff, clients and in some cases, community collaterals);
- Focus group discussions; and
- Observation.

---

<sup>1</sup> What is the Most Significant Change (MSC) Technique? The MSC process systematically analyzes stories to focus on impacts. Essentially,

*... the process involves the collection of significant change (SC) stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff. The designated staff and stakeholders are initially involved by 'searing' for project impact. Once changes have been captured, various people sit down together, read the stories aloud and have regular and often in-depth discussions about the value of these reported changes. When the technique is implemented successfully, whole teams of people begin to focus their attention on program impact (Davies & Dart, 2005, p. 8).*

MSC involves the collection and systematic participatory interpretation of stories of significant change from the field – stories about who did what, when, and why, and the reasons why the event was important. It does not employ quantitative indicators. In a nutshell, MSC is a story-based, qualitative and participatory approach to monitoring and evaluation.

While we were not able to fully implement the MSC technique, we tried to maintain an approach that as close to the original intent of the theoretical framework proposed. The methodological approach to conducting the interviews therefore remained qualitative in nature and focuses heavily on the narrative account shared by the various participants involved with this evaluation.

### Participating Stakeholders

Four agencies associated with the SFNNC have developed and are in the process of administering a DR/FE framework of services at five pilot sites. The four agencies with pilot DR/FE programs are:

- Sandy Bay CFS – On and Off Reserve Sandy Bay First Nation
- Southeast CFS: Pauingassi First Nation and Berens River First Nation
- West Region CFS – Ebb and Flow First Nation
- ANCR - Winnipeg

The approach developed for this evaluation proposed visiting each of these agencies operating a DR/FE pilot program. Interviews were conducted with various staff within the agency, with the agency's clients and with community collaterals (where and if utilized by the agency as part of the DR/FE referral process). Questions were designed to explore stakeholders' experiences and perceptions as to what is working, what doesn't appear to be working as a result of the DR/FE approach utilized by that agency and what changes might be implemented to improve the service.

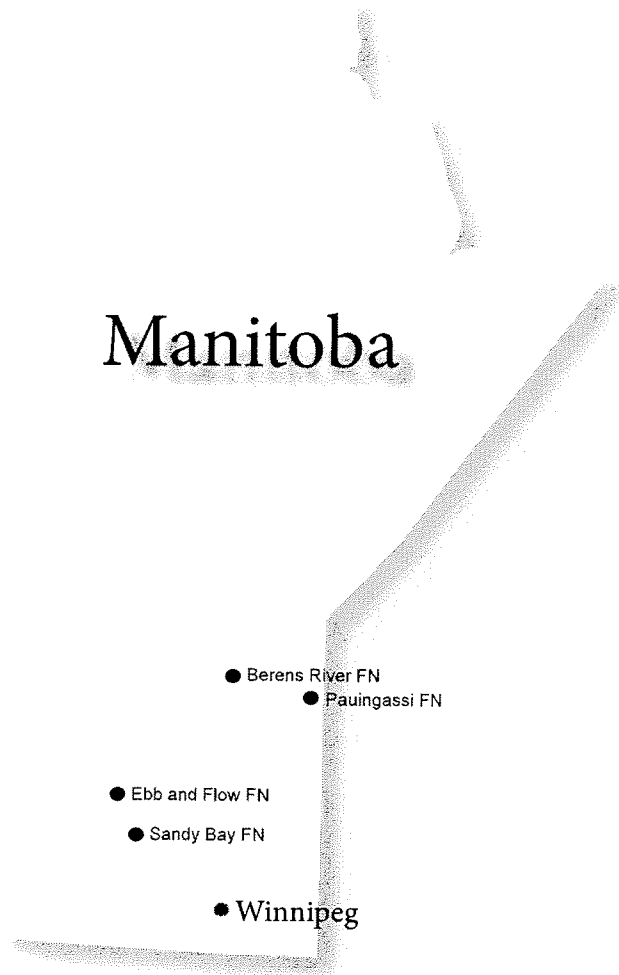


Table 2 outlines the proposed and actual number of interviews conducted during site visits to the five DR/FE pilot sites operating at each of the four agencies.

Table 1: Proposed and actual number of interviews conducted

AGENCY	PROPOSED	ACTUAL
<b>Sandy Bay CFS on and off -reserve</b>		
Staff (frontline and supervisory)	2-5	5
Clients	6-10	6
Community Collaterals	2-3	0
<b>TOTAL Interviews</b>	<b>10-18</b>	<b>11</b>
<b>Southeast CFS Pilots 1 (Pauingassi FN) and 2 (Berens River FN)</b>		
Staff (frontline and supervisory)	4-10	5
Clients	12-20	6
Community Collaterals	4-6	4
<b>TOTAL Interviews</b>	<b>20-36</b>	<b>15</b>
<b>West Region CFS – Ebb and Flow First Nation</b>		
Staff (frontline and supervisory)	2-5	3
Clients	6-10	8
Community Collaterals	2-3	6
<b>TOTAL Interviews</b>	<b>10-18</b>	<b>17</b>
<b>ANCR - Winnipeg</b>		
Staff (frontline and supervisory)	5-8	4
Clients	15-20	11
Community Collaterals	4-6	0
<b>TOTAL Interviews</b>	<b>24-34</b>	<b>15</b>
<b>TOTAL INTERVIEWS</b>	<b>64-106</b>	<b>58</b>

The evaluation team provided cash honorariums to clients and coffee shop gift certificates were given to the agency staff participating in the interviews.

## Research Instruments

The research instruments developed for this evaluation include:

- A questionnaire for the Agency regarding quantitative data about each of the DR/FE pilot projects (see Appendix A).
- Questions for Agency Staff (frontline and supervisory) (see Appendix A).
- Questions for clients (see Appendix A).
- Questions for community collaterals (if utilized by the Agencies) (see Appendix A).
- Introductory Email sent to the DR / FE Coordinators of SBCFS, SECFS, WRCFS and ANCR (see Appendix B).
- Consent Form (see Appendix C).

- A template identifying the outcome assessments conducted by each of the DR/FE pilot projects utilizing the SDM assessment forms (see Appendix D).

## Data Analysis

Interviews, observations, and responses to the template regarding SDM outcome assessments were the major sources of data for this study. The interviews were audio taped and transcribed. This evaluation produced an extensive amount of textual data (well over 500+ pages). The writer of this report conducted content analysis of interview transcripts. The content analysis process involved the coding of data to decipher themes and patterns of information related to the questions asked.

The textual analyses of the data from the transcripts involved multiple readings and interpretations of the raw data that was generally “inductive” in nature. Thorne (2000) indicated that inductive reasoning, generally, uses the data to generate ideas (hypothesis generating). Inductive analysis, as noted by Thomas (2006), refers to an approach that uses detailed readings of raw data to derive concepts, themes, or a model of interpretation made from the raw data by an evaluator or researcher (p. 238). Thomas noted, as evidenced in the way that this report is prepared, that the following analysis strategies associated with a general inductive approach include:

1. Data analysis is guided by the evaluation objectives, which identify domains and topics to be investigated. The analysis is carried out through multiple readings and interpretations of the raw data, the inductive component. Although the findings are influenced by the evaluation objectives or questions outlined by the researcher, the findings arise directly from the analysis of the raw data, not from prior expectations. The evaluation objectives provide a focus or domain of relevance for conducting the analysis, not a set of expectations and specific findings.
2. The primary mode of analysis is the development of categories from the raw data into a model or framework. The model contains key themes and processes identified and constructed by the evaluator during the coding process.
3. The findings result from multiple interpretations made from the raw data by the evaluator(s) who code the data. Inevitably, the findings are shaped by the assumptions and experiences of the evaluator conducting the study and carrying out the data analyses. For the findings to be usable, the evaluator must make decisions about what is more important and less important in the data.
4. Different evaluators may produce findings that are not identical and that have non-overlapping components.
5. The trustworthiness of findings derived from inductive analysis can be assessed using similar techniques to those that are used with other types of qualitative analysis (pp. 239-240).

An overview of the 5 steps to the inductive coding process used for this report is shown in Table 2.

Table 2: The coding process in inductive analysis

Step 1: Initial reading of text data	Step 2: Identify specific text segments related to objectives	Step 3: Label the segments of text to create categories	Step 4: Reduce overlap and redundancy among the categories	Step 5: Create a model incorporating most important categories
Many pages of text (328 in this case)	Many segments of text	30 to 40 categories	15 to 20 categories	3 to 9 categories

The general inductive approach provided a convenient and efficient way of analyzing the qualitative data that emerged from the interviews specifically conducted for this evaluation. The inductive approach provides a simple, straightforward approach for deriving findings that are linked to the focused evaluation questions that were created for this evaluation. In addition, these analytic processes help in detecting the main narrative themes within the accounts that interview participants gave about their experiences and perspectives, through which we discover how they understand and make sense of the pilot projects (Thorne, 2000).

Organization of the interview transcripts and data analysis were conducted with the assistance of NVivo, a software program that organizes raw data (interviews, observations, etc.) and links them with other project related documents or “data bites” which the researcher coded and made analytical notes about, and then edited and reworked ideas as the project progressed (Walsh, 2003; Bazeley, 2007). Although there are many qualitative data analysis computer programs available on the market today, they are, including NVivo, essentially aids to sorting and organizing sets of qualitative data. In and of themselves, none are capable of the intellectual and conceptualizing processes required to transform data into meaningful findings (Thorne, 2000).

## Evaluation Team

The evaluation team consisted of three individuals:

- Marlyn Bennett – Lead Evaluator
- Richard De La Ronde – Research Assistant
- Michael Elliott – Research Assistant

Data for the evaluation was collected data from the four pilot sites during the following months:

- April 2011 - Sandy Bay First Nation;
- May 2011 - Ebb and Flow First Nation;
- May 2011 - Pauingassi First Nation;
- May 2011 - Berens River First Nation; and
- June 2011 - ANCR

Pauingassi FN and Berens River FN are fly in communities. Sandy Bay and Ebb and Flow FN are located approximately 2 and 3 hours north of Winnipeg by vehicle. ANCR is located in the City of Winnipeg.

### **Limitations Encountered**

There are some general limitations to the evaluation that should be acknowledged. First, the theoretical framework required the use of the “Most significant change” technique. We quickly learned that this technique required more resources (people) than the evaluation team was able to organize and that it was an approach that required more time to fully implement than the evaluation team was able to conduct given the time frame of the project.

Secondly, the individuals participating in this evaluation were small in numbers and have not been randomly selected making it highly problematic to draw generalizations to the wider population. Because the participating individuals for this evaluation were specifically chosen by agency staff, it would be difficult to replicate and thus difficult to independently verify the results. Our plan anticipated interviewing large numbers of individuals however the participation rate was lower than anticipated. Reasons for low participation relate to the difficulty staff had in getting agreement from individual clients involved with the agency to participate and to the fact that some community members were extremely shy and concerned about sharing personal details about their lives. The agencies were responsible for recruiting families and collaterals to take part in the interviews. All of the agencies did their best to get people interested in attending at the agency to participate in these interviews. In some cases language was a barrier as many of the participants from the remote communities do not speak English on a regular basis. Their responses to the questions asked were not as in-depth as a result.

Thirdly, the evaluation team was not able to obtain interviews with community collaterals that work with child and family service agencies at all the locations. In many cases they were not able to participate because of their workload schedules or simply because they did not want to participate in the interviews. Travel back to some of the communities was prohibitive because of travel costs and in one case, we were not able to return to complete interviews because of flooding in a number of the communities in the spring when the majority of the interviews were conducted.

Lastly, the analysis of the narrative content contained within the transcripts involved interpretative judgments on the part of the researcher and therefore caution must be emphasized that outside researchers and/or readers looking at the same data may arrive at different interpretations (Polkinghorne, 2007). These limitations should not be taken to devalue the approach taken, or the data obtained nor the findings of the evaluation. Most of these limitations are general to qualitative research methodologies and not specific to this evaluation. Quantitative research (which often involves a large number of randomly

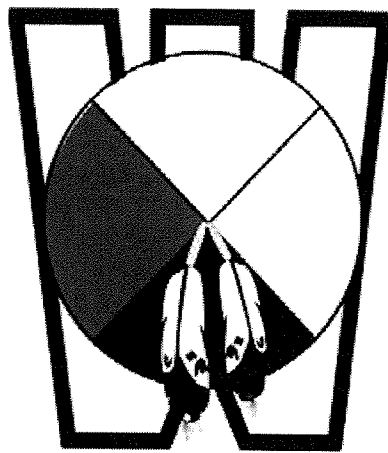
selected cases) has its own set of limitations (Walker, 2005) and indeed was determined to be a poor fit for the needs of this evaluation.

## **Organization of the Report**

This report presents the narrative findings of the evaluation of the five DR/FE pilot projects undertaken by four agencies (ANCR, SBCFS, SECFS and WRCFS) under the mandate of the SFNNC. The findings cover the period from April 2011 to June 2011. Each section provides: (1) an overview of the pilot project; (2) a summary of the findings for the clients served; (3) a summary of the interviews held with staff and collaterals (where obtained); and (4) overall closing observations. The sequencing of the remainder of this report is structured as follows:

- CHAPTER 2: West Region Child and Family Services - Ebb and Flow
- CHAPTER 3: Southeast Child and Family Services - Berens River
- CHAPTER 4: Sandy Bay Child and Family Services
- CHAPTER 5: Southeast Child and Family Services - Pauingassi
- CHAPTER 6: All Nations Coordinated Response Network
- CHAPTER 7: Impacts on Child Welfare Outcomes
- CHAPTER 8: Contemplations and Lessons Learned
- REFERENCES
- APPENDICES

The appendices contain the logic models of each pilot project and the data collection instruments that were used in the evaluation of the pilot projects.



*Chapter 2:*  
**WEST REGION CHILD &  
FAMILY SERVICES - EBB AND  
FLOW FIRST NATION**

## Chapter 2: West Region Child and Family Services DR/FE Pilot Project located at Ebb and Flow First Nation: *Using a Prevention Response in Working with Minor Parents and their Children*

### Description of the WRCFS Minor Moms<sup>1</sup>

**T**he West Region Child and Family Services (WRCFS) staff within this community set out to identify minor parents and their children who might benefit from receiving Family Enhancement services.

This particular DR/FE pilot project operates in Ebb and Flow First Nation<sup>2</sup>. The community is one of nine First Nations communities associated with the West Region Child and Family Services agency. The agency reports that up to 20 WRCFS staff are involved in this DR/FE initiative. The types of staff involved in the DR/FE pilot project include the Executive Director, Program Directors, the agency's DR Coordinator, PRS workers, CFS workers, Case Aides, the Receptionist/Intake Administrative Assistant, the Finance Director and Manager, other administrative and operations staff including IT staff.

Project activities included hiring a project coordinator, completing a workplan, selecting minor parent cases to receive prevention/FE services, assigning workers to those cases, tracking and monitoring the minor parents and the services they received over a one-year period. In addition, the pilot's major objectives were to assist staff in assessing the suitability of the

# Manitoba



● Ebb and Flow FN

● Winnipeg

<sup>1</sup> See Appendix E for a copy of WRCFS' logic model for this pilot project.

<sup>2</sup> Ebb and Flow First Nation is an Ojibway community located 83 kilometers east of Dauphin, on the west shore of Ebb and Flow Lake, and approximately 262 kilometres north of Winnipeg, Manitoba. As at 2006, Ebb and Flow First Nation has a population of approximately 1,190 (Statistics Canada, 2007b). The community is predominantly an English speaking community although Saulteaux is the language of origin.

SDM tools to this group of minor parents and to identify whether the services provided kept infants out of care and lastly, whether a specialized stream of services directed at minor parents would be appropriate.

Nineteen (19) minor parents were identified receiving services through the agency's DR/FE pilot project. Of the nineteen (19) young mothers, four (4) are under the age of 18, while the rest (fifteen) are over 18 years of age but still considered relatively young. The oldest mother in the group is approximately 21 years of age, while the youngest participants are around 16 years of age. The staff indicate that of the 4 minor mothers under the age of 18, two of the mothers are currently under the care of West Region CFS. There are twenty-one (21) babies attached to these young mothers.

Once these young mothers were identified, each was assessed using the SDM tools (risk/safety assessment, probability of future harm, strengths and needs) and an appropriate case plan was jointly developed with a prevention focus. In particular, the staff sought to identify the types of stressors facing these minor parents and helpful ideas for alleviating these stressors. In addition, the staff sought to gather information from the mothers about how their housing, financial, addiction, medical issues and their personal relationships impact them as young mothers. Staff has referred many of these mothers to other service providers in the community such as the day care program, the school program for minor moms and the Health Centre in the community. Staff indicate that information about the young mothers engaged in this pilot project was entered and tracked through CFSIS.

As part of this initiative, the Ebb and Flow Staff held a number of group sessions with the 19 mothers where they would come together once a month at a local community building (referred to as the old store by community members). The sessions started in August of 2010 and wrapped up in March 2011. At these sessions the young mothers learned about self care, reflecting on informal and formal support systems, understanding the issues facing minor parents and discussed ways to alleviate stressors associated with these issues, honouring the gifts and the talents of their children and themselves as mothers, building strategies for success and engaging the young mothers in setting future goals for themselves. In addition, through the financial support of the agency, the young moms enjoyed opportunities to travel outside of the community as well many took advantage of utilizing some of the community resources available to them within (i.e. day care) and outside their community. They learned about traditional ways of raising children and enjoyed participating in craft activities such as making moccasins for their babies. The young moms received gifts, enjoyed catered meals, support, respite (and babysitting funds) and scheduled shopping trips out of the community as a part of this experience.

The mothers involved in the pilot project continue to have open files, however it was reported that none of the mother's cases have been referred to protection. One case has been closed due to the fact that the mother and her infant moved out of the province with her family.

This pilot project has been in operation since August of 2010 and wrapped up group activities with the young moms in March 2011. The young mothers and their children continue to be monitored by WRCFS staff.

## Interviews with DR/FE Program Mothers

**W**e interviewed 8 of the 19 young mothers who attended this community program. Interviews took place over the course of one day at the end of the week. The interviews were held at the CFS office within the community of the Ebb and Flow First Nation. The WRCFS staff arranged transportation for all of the young mothers to attend these interviews. Each of the mothers were given gift certificates for groceries provided as a way of thanking them for participating in the interviews for the evaluation of the DR/FE pilot program.

WRCFS staff expressed concern about the questions that were to be asked of the young mothers. In response to those concerns, we simplified the questions by asking the young mothers to share a little about themselves, explain how they became involved with the DR/FE program and if they had concerns when WRCFS originally contacted them to participate in the program. We asked about their children, their education, their plans for the future; and, what they liked most about the program and specifically whether they felt changes could be made to make the program a better experience for other young mothers should the program continue.

## Demographic Information about the DR/FE Program Mothers

The majority of the young moms who participated in the evaluation interviews had one child, however, there were approximately 2 young mothers who indicated that they had 2 and 3 children, respectively. The young mothers ranged in age from 16 years to 19 years of age. The mothers all have low levels of high school attainment. All indicated having left school early, either in the 8th, 9th or 10th grades because of their pregnancies. Most of the young mothers lived with their common law partners and reported social assistance as a source of income while others indicated income from their partner and/or income from their partner in combination with social assistance. The mothers briefly identified some of the community resources that they used and/or were referred to in their community. The majority of resources mentioned by the young moms were identified as in-home parenting support and/or a parent support group, offered through WRCFS. The other frequently mentioned community-based resource alluded to by the young moms was the day care or the Aboriginal Head Start program, which we were told the agency helped make arrangements for and paid for the children to attend. This information is set out in following table.

Table 3: Demographics of the Young Mothers who participated in the evaluation interviews for WRCFS.

Mother	Age	Number of Children	Highest Level of Education	Marital Status	Current Living Arrangements	Income Sources	Resources Referred to and/or Mentioned
#1	16	1 (male, 1 yr)	Gr 10	Single	Lives with parents	Social Assistance (SA)	In-home parenting support and child/day care
#2	18	2 (female, 1 yr, male, 4 yrs)	Less than Gr 8	Common law	Lives with common law	Income from partner combined with SA	Parent support group, other family/parenting counseling, child/day care, cultural services, Family/Community Resource Programs
#3	19	3 (male, 2 mos., male, 4 yrs, female, 2 yrs)*	Gr 8	Common law	Lives with common law	SA	Parent support group, child/day care, cultural services
#4	18	1 (female, 2 yrs);	Gr 10	Single	Lives with parents	SA and child support	Parent support group
#5	19	1 (male, 3 yrs);	Gr 10	Common law	Lives with common law	Income from partner	In-home parenting support and child/day care
#6	16	1 (female, 3 mos.);	Less than Gr 12	Common law	Lives with common law	SA	In-home parenting support and child/day care
#7	19	1 (male, 9 mos.),	Less than Gr 12	Single	Lives with parents	SA and child support	In-home parenting support and child/day care
#8	17	1 (male, 8 mos.)	Gr 9	Common law	Lives with common law	Income from partner combined with SA	Parent support group

\* This mother indicates that 2 of her children currently live with her mother.

## What We Learned from the Young Mothers

The young mothers were extremely shy, perhaps because there were two of us interviewing them and because the interviews were recorded. All of the young mothers declined the option of inviting one of the social workers into the interview with them as they all opted to speak with us alone. However because of their shyness, the young mothers' responses to our questions did not yield a dialogue rich in content, but, we were able to ascertain some key issues that contribute to a general understanding of the strengths and challenges of the DR/FE approach undertaken by WRCFS in working with these young mothers. The following narratives provide some context for what we learned from them.

## **How the Young Mothers' Became Involved in the DR/FE Program**

Contact with the agency occurred during the young women's pregnancy or soon after they gave birth. The mothers indicated that they became involved in the DR/FE pilot program after talking with the main DR/FE worker, who originally phoned them to share information about the program. In other cases the DR/FE worker picked up the young moms to talk where she took the time to explain how the pilot program operated. In another instance, a young mother shared that she learned of the program when the DR/FE worker encouraged her to get a driver's license. Another mother learned about the program when the DR/FE worker helped her complete an application for personal identification. One of the participants shared that both she and her sister became involved in the program after the DR/FE worker had talked with their mother. Another participant indicated that her sister attended the young mothers group and when she became pregnant shortly thereafter she too started attending the monthly group meetings as well.

In all cases the mothers indicated concern about contact with the DR/FE worker because they were aware of her employment with WRCFS. In response to this concern one mother shared that "yah I thought it was like about my baby being taken away, or something." However the DR/FE worker explained that the purpose of the pilot program was to assist them in their roles as mothers and to provide them with an opportunity to socialize with other young women in the community who were also new to parenting, which alleviated many of their fears. Not all of the young mothers were concerned by the DR/FE worker's connection to child and family services because the DR/FE worker was up front about the reason she called, as one mother emphasized, "No, I wasn't scared because they told me they weren't going to take my baby ... They told me that they were just doing that to all the young moms, to help them get on their feet, and to not feel like staying home all the time." Another mother said it this way, "She said we are not trying to take the baby away or anything, it's just young mothers. It sounded fun when she was telling me everything."

Some of the women remembered attending at the WRCFS office prior to the start of the pilot program and signed papers but many were unable to articulate exactly what it was that they signed. This is clear from the statement made by this mother: "I just asked her what it was for before I came here because she asked me if she could pick me up and just talk. And then I just said for what, and she said, I'm trying to get this young mom's group going or something. And then we came here and we signed papers ... for something, I don't know, I forget."

## **What The Mothers Liked About the Program**

The interviews yield a clear understanding that this pilot program was very much an important element of these young women's lives during the time it was operational. As one of the mothers remarked, *"Yah, I love it. At first when I was pregnant, I thought I wouldn't like it, and I just started getting used to it and now I wouldn't want to leave."*

### **LAUREEN'S Story of Significant Change**

**L**aureen\* is a mother of 3 children (2 boys, 2 and 4 years old). She recently gave birth to a daughter who, at the time of this interview, was 2 months old. Laureen was just 15 years old when she had her first child. Her two other children (the boys) live with her mother because she was not ready to take on the responsibility of raising children at 15 and then 17 years of age. Laureen is now 19 years old. She lives in the First Nation community of Ebb and Flow with the father of her youngest child.

Laureen learned about the young mothers program through her sister and approached the DR/FE worker about joining the group and started attending the monthly meetings after the DR/FE worker approved of her joining. Laureen enjoys the opportunity to get out of the house and socialize with the other young mothers in the program. Making moccasins, scrapbooks, journaling and talking with the other young mothers in the group were cited by Laureen as some of the key activities that made coming to the group worthwhile. She also noted that she liked attending the monthly group meetings because

*... continued on page 30*

*Continued from page 28 ...*

\* This is not her actual name – we have changed her name to protect the confidentiality of her identity.

When we asked what exactly they liked about the DR/FE program, we learned from the young mothers that there wasn't just one thing they liked but rather it was a culmination of many things, which we have highlighted in the seven (7) sections below.

#### **1) The DR/FE Program Worker**

All of the mothers mentioned gratitude and respect for the DR/FE pilot program worker. They enjoyed her company and her positive, cheerful and motivating demeanor. They felt that she was a good leader and that she made the monthly activities fun and exciting. One young mother said, *"I like coming to the program because she is good with girls"* while another mother noted, *"she's the worker for it."* Many of the mothers spoke of how helpful the DR/FE worker was to them. In particular, many of them noted that she encouraged them to get their driver's license because it is an important source of identification. It was also noted that she went out of her way to obtain various applications so that the mothers could obtain other key pieces of identification for themselves and their children.

#### **2) Friendship Among the Mothers**

This was an extremely important aspect of the program as many of the mothers had shared the perspective that they had felt alone in their situations, during their pregnancies, and as mothers. Many of the moms indicated that they were really shy at first about going to the pilot program and meeting the other mothers. One mother put it this way, *"The first time I was shy. And then I started getting used to it, knowing all the girls. We shared our names, each one and what we do and stuff like that, how old our babies are."* Another mother noted that she had experienced some significant changes because of her involvement with the pilot program. She shared that she used to be

a bully and could often be mean but since going to the program she has learned to understand what others have gone through. She noted, *"It's the same thing I'm going through. It's just like I thought nobody knew where I was standing and stuff. And yah, I went to that group and I just noticed that everybody was going through the same thing in there."* The group helped her realize that she was not alone and helped her connect with the other mothers in finding common ground.

Some of the mothers were also instrumental in recruiting other young mothers to the group. Some of the mothers shared that they explained the pilot program to family members and friends who were also pregnant and then they approached the DR/FE worker who eventually contacted these other young women and invited them to the group. As one mother explained, *"When she asked what it was like, I told her that we get gifts ... and we do stuff, we can make stuff for the babies ... then she wanted to come."* The opportunity to benefit from gifts, food, activities and sharing was seen by the participants as a positive endeavor worthy of sharing with other family members and friends despite the fact that it was a pilot program run by the local child and family services agency within their community.

Humour was identified as an important part of their conversations. One of the mothers when asked about what she liked about the group stated, *"Just to sit around and talk with the girls, and like when we made stuff. And then the DR/FE worker always brought everything to eat and that's when we would laugh the most ... I don't know, it was just funny."*

Coming to the pilot program helped bring these women together and solidify friendships that had not been strong even though many of the young women indicated that they had known each other in school but did not talk or hang around together previously. Through participation in the pilot program, the young mothers learned to help each other. One mother articulated this in reference to one of the first group activities they engaged in, *"Because when we were in school, we never used to talk. Then we came here, all us 19 girls ... and the way we started talking was to help each other because some people didn't know how to ... like we used glue guns here ... and someone didn't want to get glue on their hands ... someone had to go do it."*

The young mothers in this group have grown close as a result of attending this pilot program. This is evidenced by the comments of one mother when we asked her about what was significant about her involvement in the pilot program with the other young mothers. She responded *"well we all got close. All of us started talking because we always talked and we're still talking to this day."* Some of the mothers also shared that they have continued their friendships outside of the DR/FE pilot program setting, often getting together to interact and do include their children in these socializing activities.

### **3) Time To Self and Respite**

The mothers also mentioned enjoying the opportunity to get away from the day-to-day stress of being a mother and each shared that they looked forward to the opportunity of spending time with the other young mothers in this group. One mother succinctly expressed it in this way: *"I have some time to myself whenever she [the DR/FE worker] has those classes."*

it allowed her take some time away from her daughter and partner to be with women her age who shared things in common with her. She talked animatedly of how the girls in the group like to talk and laugh. She looked forward to these conversations, including the meals, gifts, the group activities and the discussions with the DR/FE worker and other guest speakers.

She felt that coming to the group changed her significantly for the good. She described herself as withdrawn and prior to her involvement with the group, as somewhat of a “bully” who was mean to others at times. Through interaction with the other mothers in the group she learned empathy and realized that she was not alone.

Laureen is interested in working but there are no jobs in the community and because of this reality she is interested in continuing her education. While she has only completed grade 9, Laureen is planning to attend Adult Education classes next year. In the meantime, she expressed interest in working at the local restaurant and volunteering at the child and family services office in Ebb and Flow until she gets back in school. Laureen credits the mothers group for why she feels more connected now. She hopes this pilot projects continues for the benefit of other young mothers. ¶

The mothers indicated that they received money to cover the expenses for respite/ babysitting so that they could attend the program. As one mother put it, *“Well we make stuff and she gives us, like, I don’t know, this stuff, like stuff for babies and us and she feeds us. And she [the DR/FE worker] gives us money to pay our babysitter.”* Another mother stated the program *“... gives me a break from my baby.”*

#### **4) Food**

The mothers indicated that food was an important and regular part of the programming. Sometimes the DR/FE worker ordered in food from the local cafeteria, while other times they ate at the local cafeteria located at the community arena.

#### **5) Cultural Activities and Discussions**

All of the mothers indicated that they had been involved in learning how to make moccasins for their babies. The materials for making the moccasins were supplied by the pilot program. Very few of the mothers, with the exception of one, had completed making the moccasins. All the moms expressed a desire to meet again with the hopes of completing the moccasins for their babies. Learning how to make moccasins was highlighted as one of many positive activities shared by most of the young women interviewed. One mother shared that *“they taught us how to make little moccasins for our children, like how to cut it, sew it, bead it, and whatever. They made us make a journal and decorate it and whatever, and a whole bunch of other stuff.”*

Storytelling was considered an important component of these group activities. One mother mentioned that *“they tell me stories ... we heard stories like about my grandmother and them.”* Some shared that they enjoyed

listening to the guests who were invited to the group where they learned about the Medicine Wheel and the seven teachings.

Many of the women interviewed spoke primarily English. A few indicated an interest in learning to speak the Ojibway language.

### **6) Receiving Gifts**

Gifts were highly coveted by the women. They indicated that over the months they had received an assortment of gifts, either for their children (diapers, clothing, etc.), for themselves (soaps and other personal hygienic items, gift certificates), or for their homes. *"Like she'd have gifts, like different ones each time. Like last time she had baby stuff ... a little blanket and pillow."*

### **7) Other Activities**

The young moms indicated that they also enjoyed playing cards and bingo when they came to the pilot program. Some of the other group activities the mothers mentioned included making a journal and decorating it. The group also participated in putting together a scrapbook that included personal memories and pictures each of the mothers had when their children were born, including pictures of their partners, and memories around their families in general.

Participation in the pilot program also provided an opportunity for the young mothers to become involved in other community activities. In particular some of the mothers shared that with the DR/FE worker's encouragement, they had become involved with a local woman's group. As one mother said, *"I do participate in other stuff, like a women's group."* Another noted, *"the DR/FE worker holds a woman's group and I come to that too."* The focus of this local woman's group is to provide the young mothers with an opportunity to attend "Reclaiming Our Voices" a conference that is held annually by WRCFS. Some of the mothers mentioned that much of the women's activities currently focused on fundraising so that the women in that group could eventually enjoy a trip out of the community to attend a spa in Winnipeg where they would be pampered.

## **Suggestions for Improving the Program**

When asked if there were ways the DR/FE pilot program for minor mothers could be improved, all of the mothers indicated that there was nothing they disliked about the program. In fact, when pressed, none of the mothers were able to articulate whether improvements were at all necessary. All the young women we talked to relished the opportunity of attending the program. To quote one of the mothers, *"I like it the way it is, the way it is now."*

When pressed further about what other activities could be added to make the program better, the majority of the mothers shared that having a baby group would be beneficial as currently the program did not include bringing their children to the group (this was expressed as being like a play date with kids and their moms). One of the mothers particularly expressed *"the only part that I didn't like is that we can't bring our babies along. But if it still keeps going on, maybe we could?"* Some of the mothers indicated that

more craft classes would be ideal. A few of the women noted that the pilot program could use a better location, as the current building is old and outdated and as one mother stated, they needed someplace “*more permanent.*” Some of the women also wished for an opportunity to complete the moccasins that they had started and really hoped that the DR/FE worker could make this happen before their children outgrew the moccasins.

All of the mothers expressed a wish for the pilot program to continue. They want other young mothers in similar situations to be able to attend this program in the future. Some of the mothers were unaware that the pilot program had actually come to an end. The following comment by a mother seemed to capture this unawareness, “*I just wait for my phone calls. I just wait until she [the DR/FE worker] phones. Sometimes I wonder when she’ll phone.*” We asked the mothers if they knew whether there were plans to hold more group sessions in the future. One mother clearly stated, “*Yah, I hope so. I was asking the DR/FE worker if she was able to get more on because I like coming to it. It gives me a break from my baby*” while another mother simply wished, “*I hope they go on.*”

One of the mothers interviewed felt it was extremely important to continue the program because there are very few opportunities for young mothers in the community. In particular she stated that “*Yah for it to keep going on because the community is so boring and we never even have nothing going on here at all. But the DR/FE worker is starting to put on some groups and that’s good. This reserve is so boring, nothing to do. We don’t have nothing around here.*”

## Conclusion

The mothers, although reserved, were open to sharing about their experience with the pilot project. The young mothers talked about how they learned of the program through the pilot project’s coordinator. Initial concern about why child and family service agency had contacted them gave way to a genuine interest in the monthly group meetings and interaction with the other young moms in the pilot program. The mothers talked about the respect they had for the DR/FE worker. An important element of the pilot program was the opportunity to meet and learn from the other young women in the community facing similar experiences. In some cases the young mothers spoke to other young women in the community and assisted the agency in recruiting more young mothers to the group. This interaction led to friendships among the young mothers outside of the program. The participants in this pilot program also enjoyed the program activities, the opportunity to get away from their children and to have time with other mothers while also participating in cultural activities, discussions and learning from guest speakers. Food helped bring the young women together and they enjoyed the gifts that were bestowed on them. The storytelling and the use of humour in most discussions made the group sessions fun and interesting. Very few made suggestion as to how the pilot program could be improved and most of the young mothers hoped the program would continue because they felt it to be an important program that kept them connected and because there few community activities available for them to come together.

## Interviews with the WRCFS Staff

**T**he evaluation team met simultaneously with three staff members at the WRCFS office situated in the First Nation community of Ebb and Flow early in May 2011. The interview was held in the morning over a three and half hour period with two members of the research team<sup>1</sup>.

### Staff Perceptions about the DR/FE Pilot Project with the Agency

The staff were asked for remarks about their evaluations and/or perspectives with respect to how the DR/FE pilot program was operating within their agency. The questions asked were meant to gauge the agency staff's personal attitudes about the pilot program and about DR/FE generally. The following responses reveal uncertainty about DR/FE based services. The responses below reflect on: a) the history of the project; b) perspectives about DR/FE as a service approach; c) staff perceptions on the SMD assessment tools; d) staff concerns about DR/FE; and e) other impacts experienced by the agency as a result of implementing an DR/FE based approach to service delivery.

#### a) History about the DR/FE pilot project

West Region Child and Family Services provides prevention based family enhancement services in the First Nation community of Ebb and Flow. The services under this approach do not necessarily require a report of abuse or neglect. As one staff iterated, the agency provides services to families under prevention that come forward

*... if it will prevent children from coming into care, like these 19 young women and their babies, none of them are in care, and its because we provide services to them in a variety of ways ... that would include respite, home support, day care services, day care transportation, possibly treatment support and that kind of thinking.*

The 21 children and 19 young mothers involved in this pilot program were identified a year ago. Almost all of the young women had open active files under the agency's prevention program. Two of the young mothers involved in the pilot are under the age of 18 and are themselves in permanent care with WRCFS, however they continue to provide care to their babies who were not in care at the time of this interview.

The referrals to the pilot program are based on young pregnant women who are identified as needing services where there isn't necessarily a concern for neglect or abuse. The services offered are intensive, ongoing and require a great deal of one-on-one contact. The DR/FE worker *does a lot of talking* with these young clients, which the staff referred to as one, among many other types of support, provided to the young mothers under this program. The \$30,000 funding to the prevention based family

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<sup>1</sup> The staff also completed the questionnaire regarding quantitative data about the DR/FE pilot project administered and delivered by the Agency (see Appendix D).

enhancement service includes transportation on “high risk days”<sup>2</sup> to ensure that the young mothers do not have to pay extra money for babysitting, gas and other unnecessary expenditures when they need to leave the community to shop for essentials. Also built into the program was the opportunity for the young mothers to meet on a monthly basis for 6 months where the staff ...

The DR/FE worker responsible for leading this pilot project is also described as having a big heart and has gone above and beyond to assist the young women involved in this pilot. For instance, other agency staff has observed that the DR/FE worker consistently goes out of her way to pick up one young mother to make certain she gets to school every morning, or will take time to drive some mothers to doctor appointments located outside of the community. The staff made light of the fact that in many ways this particular DR/FE worker creates a lot of work for herself.

***b) Perceptions about DR/FE:***

WRCFS has been providing prevention-based services (a family enhancement type of service) for approximately 20 years now under block funding. The staff noted that their community collaterals are aware of the services offered under this type of programming and staff indicated that people are generally open to coming to the agency for services under DR/FE. However the staff is of the opinion that DR/FE doesn't fit for First Nations families and communities and further, they appear quite reluctant to embrace the DR/FE approach to service delivery within their agency because they feel that it is not suitable for the FN families that they currently work with. One of the staff indicated that,

*Our families require prevention support, ongoing services ... the majority of our clients are not short term, intensive work and then we can just close the door and it's done. It's not like that ... We have 1500 people here ... it's not like the city ... where you are constantly going to have people coming and going. That's not the way it is going to work here."*

Another simply noted, *"it doesn't fit our prevention model of service delivery. It doesn't fit."* Another person forwardly stated, *"... we buy into family enhancement but they should have used our model of prevention."*

The DR/FE approach means that the agency can no longer provide the prevention based services it is known for. Instead, as one of the staff put it,

*We're telling agencies you cannot offer what you always offered. Like it just doesn't make any sense to any of us that we're going into a differential response service delivery model across the province. It's going to have a huge impact.*

The staff also noted that a move in direction toward DR/FE based services puts them in a position where they have to “unlearn” the way they have always been providing services, as was captured in this one statement,

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<sup>2</sup> High risk days were identified as being on the 1st and 20th days of the month when social assistance and child tax credits are paid out in the community. On these days, using the agency van, the DR/FE worker transports the mothers into town to help them do their grocery shopping and other errands. One of the things the agency found was that the mothers were paying out a large portion of their money for gas and then getting stuck in town all day waiting for a return ride back to their community.

*We've always done prevention. It's just how are we going to change how we do business? For us we're struggling at the agency because now we need to change how we do business. It's not going to be normal prevention resource services anymore. We need how to figure out as an agency, how are we going to change how we've currently done business for the last 25 years to fit a model [that was created outside of the cultural and agency context of this community]?*

Regardless of their perspectives, the WRCFS staff have begun to slowly prepare and educate the WRCFS board of directors, community partners, resources and families about DR/FE based services. Using a PowerPoint presentation developed by the SFNNC, the staff indicates they have done at least two presentations on DR/FE and the current pilot project with minor moms, to other staff and to individual teams within the agency and with their board of directors. In addition, the local staff in Ebb and Flow have held a "food bingo" to educate the community about the DR/FE based service approach and about what resources are available within and outside the community of Ebb and Flow. This event, they say, attracted 60 people. The staff also shared that the agency is currently in the process of developing a strategy for how the agency might begin to educate and get the information about DR/FE based services to all communities serviced under WRCFS.

**c) Staff Perceptions with respect to the SDM Assessment Tools:**

The staff state that the purpose of the logic model was to test whether the SDM assessments fit this specific target group of minor moms. The staff indicated that the SDM assessments don't fit, largely because the mothers involved in this pilot project do not have any pending abuse, neglect issues and/or referrals to the agency. They are primarily minor mothers who have been identified as parents who could benefit from support services to help prevent their babies from coming into care. The tool does not capture what the staff needs it to capture as was noted by one of the staff we interviewed who said,

*The SDM assessments don't always fit. Those SDM assessments could be detrimental to First Nations families. They are going to be because those assessments are meant to capture when you get abuse or neglect referrals ... How are we going to be able to respond when you now have mainstream assessments that rate clients as high risk when they are under the family enhancement work stream of services?"*

Another simply noted that the SDM assessments *raise the risk* levels especially for families who have had prior contact with the agency.

At the time of the interview with WRCFS staff, the Ebb and Flow staff indicated that they were not completing SDM assessments within the agency yet. They also have not begun formally telling staff that they need to be completing SDM assessments. The staff also indicated that they had no DR/FE cases entered on the CFSIS system. The staff expressed concern over completing the SDM assessments in light of the connectivity issues facing many of the communities who receive child welfare services from WRCFS. The issues highlighted by the staff are addressed more fully in the section below which focuses on the operational

### **Positive Outcomes:**

**A** story was shared where a young mother decided to let the father take over caring for the child on a full time basis and the DR/FE staff assisted in transitioning the child over from the mother to the father (although they did not open a file for him, the staff believe this case is likely a true FE case). The staff also assisted the father by directing him to Legal Aid, ensuring that social assistance and child tax benefits were transferred over to him.

### **Negative Outcomes:**

**S**taff shared another story of a young woman who didn't want to be involved with the DR/FE pilot project – she attended the group meetings two times but wasn't prepared to engage with the group no matter how many times the DR/FE worker tried to alleviate her fears. There were no concerns, per se, regarding neglect and/or abuse with the baby. The young woman is now 18 years old and is not currently parenting her child on a full time basis. The child in question is not in care and remains under the care and control of the grandmother. In response to this negative story one of the staff remarked, *"So we have families that don't want nothing to do with CFS even though I am friends with their mom but they won't open the door to you [sic]."*

challenges experienced by the agency as a result of implementing an DR/FE approach.

### **d) Concerns about DR/FE:**

Throughout the interviews the staff shared that they had concerns and unanswered questions about the DR/FE approach being imposed upon an agency that already had a strong prevention based approach to working with First Nations. In particular, they repeatedly expressed that the 90-day limitation posed a problem in working with the families in the community, who traditionally are used to receiving long-term services from the agency. The following questions exemplify some of the concerns as expressed by the staff,

*So if it's after 90 days, its not working and the family still needs support, does it go to a CFS worker or does it stay with me (in DR/FE based services)?*

*Do we close those as family enhancement and change the category to protection, which is so unfair to families? Is it fair now to classify all those families as protection?*

*So I don't know what's going to happen because we have many families that we won't be closing their file after the 90 days?*

### **e) Other Impacts:**

The agency has currently completed a 5-year business plan based on a service delivery model that espouses a DR/FE approach. It was revealed by the staff that the budget for the agency's business plan had been significantly reduced. Over \$100,000 was cut to prevention-based services originally offered by the agency. The staff note that families receiving DR/FE services will have up to \$1,300 to assist them in becoming stable - however, staff are of the opinion that this amount is inadequate and generally does not cover the types of services

that young mothers and other families would need (i.e. access to day care to assist minor mothers to return to school or prepare for college or university entry). As one staff shared,

*What we've learned through all of the years we've done prevention is many of these young women and many of our clients under prevention, require ongoing, long-term support and those are the ones where their children are not ending up in care because they are getting the support under prevention programming.*

### **Staff Perceptions about the Attitudes of Pilot Participants**

These questions gauged the staff members' perceptions about the young mothers' attitudes towards a process that is designed to be less intrusive. Mothers come to the agency to let them know their daughters are pregnant; these women could benefit from services but there isn't necessarily abuse. The women are open to support services once they know these support services exist and many times their concerns and anxieties are alleviated just by talking with the DR/FE staff. The staff shared that many of the mothers were relieved to learn that CFS was not interested in taking their children away. The DR/FE worker remarked that once some of the young mothers were aware that supports were available to them that she was "getting phone calls left and right."

Other WRCFS staff stated that the DR/FE worker has been instrumental in bringing the young mothers together as was reflected in the following comment:

*Those women that are part of, even this pilot group, part of the programs she runs ... is they build a support system within themselves. They babysit for each other, they help each other out.*

Some of the young women have experienced consciousness awareness as a result of becoming involved in the pilot project. The DR/FE worker noted that one young mother in particular was interested in assisting. She shared the following narrative about the enthusiasm of one mother who wanted to help people:

*I had one mom. One of my pilot project moms just turned 18. She said, can I help? Can I do something? I want my criminal name checked. Can I fill that out? Can I work for you? Can I do something to work? ... I'll help people.*

The DR/FE worker stated that she has since talked with many of the families on her caseload and in particular with all the mothers involved with the DR/FE pilot program. The DR/FE worker explained that there would be changes in the near future to the services they would be receiving from the agency. She explained the 90-day limitation with respect to the types of support they can rely upon under the new DR/FE services approach. She further impressed upon them that "We don't want you to rely on CFS all the time." At this point in time, the WRCFS staff report that there have been no concerns expressed by the families regarding this limitation.

### **Operational Changes and Challenges**

The staff identified a number of operational challenges, both real and perceived, that have occurred since implementing the DR/FE pilot project. The types of challenges raised in the interview by the staff included brief discussions on the following topics:

- a) Timely and ongoing training
- b) High Caseload
- c) Internal Agency Changes
- d) Concerns with the DR/FE definition
- e) Concerns with DR/FE service timelines and paperwork levels
- f) Concerns with the SDM Assessments
- g) Loss of funding, services and impacts on current business practice

**a) Timely and ongoing training**

Staff expressed the need for more timely and ongoing training. The DR/FE worker in particular noted that the pilot project started around the same time that she started receiving training for DR/FE. The training happened fast and she further noted that the agency was also in a state of flux when the pilot started and the training was offered.

**b) High Caseload**

Coupled with training issues is the matter of caseload volume. The DR/FE worker, in addition to being responsible for the agency's DR/FE pilot project is also responsible for following up on intake referrals to determine whether or not the case is assigned to protection or family enhancement. At the time of the interview with staff, the DR/FE worker indicated that she had a caseload of 59-60 families on top of the work that she was doing with the young mothers involved in the agency's DR/FE pilot project. It was remarked by another worker that, *"under family enhancement, the DR/FE worker would be required to be meeting with that family, intervening with that family, like daily or weekly, over a 90 day period ... she just cannot do that. Her workload does not allow for that."* The same worker noted,

*You have to remember we have generational kids. I'm seeing mothers that I picked up when they were little babies. They were in care, now we're picking up their children and we're involved with their children ... I'm already seeing the second generation, almost going into the third generation!*

**c) Internal Agency Changes**

When the DR/FE worker was assigned the responsibility of running the pilot program, the agency was simultaneously in the midst of many other changes. The agency experienced a whole change over in staff with some long-term staff retiring and a new supervisor starting with the agency. The new supervisor did not know the staff and did not know the agency's clients. This created huge challenges not only for the supervisor, but overwhelmed the DR/FE worker in terms of her ability to continue running the pilot program alongside the issues related to SDM training and managing a high caseload. Despite assistance from a case aid, the DR/FE worker adamantly expressed, *"that everything was so new, it was overwhelming and I said I need help, I need help, I need help!"*

**d) Concerns with the DR/FE definition**

The staff communicated that they have concerns with the DR/FE based services being imposed upon the agency. In particular they noted that the introduction of differential

response and the introduction of the family enhancement definition does not fit the agency's prevention model of service delivery. In support of this perspective one staff member shared that,

*It doesn't fit. I know it doesn't fit. I know. I've heard from other DR coordinators and I've sat in on another meeting with the DR coordinator of the north who said 'this is amazing that we're cutting programs that we've always had and now we have to fit a definition that doesn't work for us.'*

Another worker more fully explained:

*And what we found in doing the pilot, we did have some [SDM assessments] come out as high risk but it is because of previous abuse that occurred or like in one of our clients, she was living in a home and she is now 18. But when her mom and her step dad abused her as a child, she made disclosures. So that threw it, right? Now our concern with SDM probability of future harm is we're going to have a large amount of our families, because of previous history and involvement with CFS, they're going to be rated as high. They are going to be leveled as high risk. That poses a problem for our agency because the strengths and needs assessment does not mitigate and lower the risk level. Now where we need to be careful in what we're telling supervisors is the documentation that case narrative summary that goes along with why you marked the client the way you did, it is imperative that your documentation is so on track. You explain why you rated them that way and what is currently going on ... but some of our clients would be rated as high risk. We would want them to be in our prevention programming to prevent their kids from coming into care. But they are not going to fit the family enhancement. We have to fit the family enhancement definition. It's like in school, that's part of the problem with the school system. So now with family enhancement definition, we have to try to fit our people and our programming into that model rather than what works for us!*

#### **e) Concerns with the DR/FE timelines**

Furthermore the 90-day limitation for working with families was identified consistently throughout the interview as being problematic for the staff, in that many of the families require long-term assistance. In particular the staff noted that advising families that they've got to be able to function on their own after the three series of 90 days, changes the relationship with families significantly. Of particular concern is the fact that many of the young mothers that they provide services to are either in school, or have plans to go back to school, and will require ongoing support services from the agency while they work to attain their educational goals. The three 90-day timelines does not come close to the long-term educational goals of the young mothers in the DR/FE pilot program say the staff.

In particular it was noted that the DR/FE worker does not have the luxury of working intensely with families for 90 days, as her workload does not allow for those kind of extraordinary approaches, given the funding arrangements the agency is now faced with under the DR/FE funding earmarked in the agency's five year business plan.

#### **f) Concerns with the SDM Assessments and paperwork levels**

The staff explained that they faced challenges in completing the SDM assessments the first time they started working on completing them. Part of the problems is due to technical issues that have always faced agencies in rural communities. Staff mentioned that they often get “kicked off” of CFS Information System (CFSIS). Lack of continuous Internet access is a consistent issue across the whole agency and in all 9 of the First Nations communities serviced under WRCFS. As connectivity with CFSIS is a concern in the Ebb and Flow office, the staff travelled to the Rolling River office where the files are kept, and attempted, as a group, over three days, to complete SDM assessments on the 19 young mothers involved in the DR/FE pilot project. The staff noted this exercise as being eye opening, and a challenging learning experience, including the perspective that the process was very *time consuming*. Because it was the first time they had ever completed the SDM assessments, they indicated that they struggled over 3 days to complete 3 of the 19 assessments. Part of the difficulty laid in the staff realizing that the SDM assessments do not fit this group and that the situations facing many of the mothers in the pilot project. As was noted by one of the staff members,

*What we found about this pilot and the SDM assessments, now, the purpose of this logic model was to test if the SDM assessment fits this target group of minor moms. They don't. The SDM assessments when you do probability of future harm, it's because you have received report of either neglect or abuse. ... We haven't received abuse or neglect referrals. They have come forward, 'I'm a young minor mom, I could use some support services to prevent my baby from coming into care.' So they don't really fit the SDM, what you're capturing, or what you want to capture.*

Difficulties with completing the SDM assessment include the fact that the agency itself does not use CFSIS as a case management tool. Staff clearly stated that WRCFS is not ready to complete SDM assessment forms as reflected in the comments made by one this worker,

*But we were supposed to enter all these cases, the 19 pilot, onto CFSIS as family enhancement. We couldn't do it because we are not ready as an agency to. Our documents haven't changed. Our templates haven't changed yet and when we attempt to ... we just thought it was a simple little change on a template where we'd check from ... family support or whatever ... the category is now to family enhancement, our templates are not there yet. We haven't even got there. We thought it was that easy, tell the computer people, change the template, tell the file room, and add a category that says family enhancement. It affected everything. It just had a ripple effect so it's not that easy and we're trying to work out the details so that we can let staff do this. But right now, we can't do it. We don't have the paper and templates changed to accommodate the family enhancement stream of service.*

Staff also expressed concern with the amount of paperwork associated with DR/FE files as was reflected in the following narrative captured in the discussion on this issue between 2 workers:

Worker 1: *So that means ... suppose if I get a case, I need to open 10 things, I need to do 10 things for that one person? That's a lot of work.*

Worker 2: *Yah now to open a case, if she gets a call today from a young lady, she has to do the ADP, she has to open the family file under family enhancement, provide an open summary and then she has to do a probability of future harm, and then she has to do the caregiver's strengths and needs assessment and a child strengths and needs assessment for every child in the home ...*

Worker 1: *For every child!*

Worker 2: *A case plan and a case narrative. That's what she has to do to open a file.*

Worker 1: *And possibly homemaking ...*

Worker 2: *And if we're going to provide any services ...*

Worker 1: *Or day care or homemaking ...*

Worker 2: *Possibly a day care agreement or a homemaker agreement. Because that's her supports that she provides or a referral or treatment because we don't have a treatment support worker otherwise we would have her do a treatment referral. So it's a huge amount of work just to open a file now!*

While the staff have not had fully completed the SDM assessments, the staff are of the perspective that there are concerns with the enormous amount of paperwork and length of time required to complete the forms associated with DR/FE files which will impact on the caseload issues discussed previously. The supervisor indicates that the paper work aspects of DR/FE is enormous and the she expressed concerns that the DR/FE worker is already struggling to keep up with paper work.

### **Agency Changes Resulting from Implement of DR/FE Pilot Project**

We asked the staff to provide us with examples of changes within the agency that resulted from implementing their DR/FE pilot project. The changes that they focused on relate to the funding cuts experienced as a result of the budget devised under their agency's five year business plan for implementing DR/FE based services. The areas they focused on include: a) loss of funding, services and impacts on current business practice; and b) the changes to community relationships, partnerships and opportunities. These are both discussed briefly below.

#### **a) Loss of funding, services and impacts on current business practice**

Loss of prevention funding as a result of the five-year business plan was mentioned as something that negatively effects DR/FE based services. Staff say the loss of funding will

mean that many of the prevention services previously offered in the community will not be available beyond the 90-day service limitation. As one worker stressed,

*Like it doesn't make any sense to any of us that we're going into a differential response service delivery model across the province, but they're telling agencies you cannot offer what you always did offer? It's going to have a huge impact.*

The pilot project has since experienced cuts to transportation to assist the mothers with grocery shopping, access to day care over the summer, and they note that money for respite services has also been reduced. Staff indicated that prevention was cut by \$100,000 across the agency, and in Ebb and Flow, the \$26,000 budget of last year was cut to \$14,000. As a result staff have indicated that in order to clear up the deficit as required by the five-business plan, the agency has cut day care spots, home supports, prevention programming and treatment support. These are resources which they feel are essential to the family enhancement approach. The agency provides transportation for young mothers during what the agency has termed "high risk days." These would include the dates when families receive social assistance and on the days when families receive their child tax benefits. The staff provided transportation to the mothers so they can use all of their money for purchasing necessities instead of using the money to pay babysitters and/or paying others for transportation and gas when they need to go shopping on those days. They indicate these services have been cut from the program because the funding does not allow for it to continue. The agency also used to provide funds to help offset the costs for babysitting while the mothers would go shopping but this too has been cut. Also affected by the funding cuts are a number of positions like the receptionist, treatment support workers and case aid. These positions were noted as not being core funded positions but they are positions essential for family enhancement supports. The staff emphasize that they are still in the process of trying to figure out how all of this is going to work under the DR/FE service model.

Given these enormous cuts the staff lamented that "as an agency they need to figure out now how they will undo what they've been doing to fit something else that our funders and the Authority is saying we need to do." The worker further added,

*Yah, it's a huge struggle in all 9 of our communities. It's happily being offered off reserve ... Winnipeg, Brandon and Dauphin never had prevention workers before, so they are excited about this opportunity. So for them, they're not going to have to unlearn how we have always done business and figure out how we're going to change to fit this family enhancement model. It's easier maybe that way. The problem is that we're going to take existing staff who already have high caseloads in child protection and say ok, now you're going to do family enhancement with the same families basically with no kids in care. It's going to have a huge effect across the whole agency ... We wish there was more time.*

#### **b) Changes to Community Relationships, Partnerships and Opportunities**

Directly implicated in all the cuts and the implementation of DR/FE based services are the relationships and partnerships that the agency has forged with the other community-based resources offered in the community (i.e. day care, health, school, chief and council, etc.).

Another concern regarding relationships lies in the way that the agency will be required to conduct business within the community. As previously noted elsewhere, the WRCFS staff stress that DR/FE based services require the agency to change the way they have always done business. One of the areas that may be affected is in the informal agreements that are orally negotiated between the agency and the community-based resources and services that it relies upon in doing their work with families. The implications were stated by the staff in the following way:

*You know, even we have an issue with partnerships. The Southern Authority's differential response approach says you have to have formal signed agreements with partners. Well, we have formal agreements with our partners in this community, with health, day care, Head Start, Chief and Council. We have agreements but they are not written! ... So when you are talking a bit about the cultural differences, well mainstream wants us to have formal written agreements otherwise they won't acknowledge those partnerships. But we have partnerships in all of our communities that aren't written the way mainstream would say they are formal but they are formal to us!*

- Staff shared that the funding cuts will impact the business relationships they have in the community, especially in situations where agency cost-shares programming offered in the community.

*We have a group that we call the interagency group, which is like our circle of care, where [the DR/FE worker] brings all these people together and we meet over the years. We've met with people and we have developed cost-sharing, we cost-share parenting with the health office, we cost-share the food program, the breakfast program with the school ...*

*If it has something to do with kids. Like if they are going to bring in a program called bullying then I will cost-share.*

Other opportunities have also been cut. For instance, the staff note that they can no longer allow as many women to attend the highly anticipated and respected Reclaiming Our Voices Gathering<sup>3</sup>. The gathering is a three-day healing event, hosted annually by WRCFS. Prior to the funding cuts the Ebb and Flow agency was funded to bring up to 15 women from the community to attend. With the funding cuts the agency is now funded to bring only 2 women.

The implications of this were noted in the narrative captured below:

*Well this past year, we only had funding for 2 spots for Ebb and Flow but we had a long list of women who wanted to go and phoned constantly. Like we could fill easily 30 spots but she [the DR/FE worker] came and she did a presentation and said unfortunately because of funding cuts, we can only take 2 women this year ... and the committee said you're kidding, you're kidding, no way this can't*

<sup>3</sup> Reclaiming Our Voices is known across Canada. It is a program that addresses in a non-blaming, non-judgment, and non-confronting way the issues that women deal with. Each year the gathering welcomes 200 women to talk about the issues that stand in the way of their sobriety. Through guest speakers, craft workshops, traditional ceremonies and prayer women are given the opportunity to share their experiences of grief and loss. Almost all of the women who attended this event had children in the care of regional child welfare agencies, and nearly all had traumatic childhood life experiences that have contributed to their addictions and subsequent birth of alcohol affected children.

*happen! ... We've lost funding all over the place. And under DR/FE, \$1300, I mean it costs \$500 for each woman to go for that weekend. Those same women are now a part of our women's groups, our food bingos, our high risk days. They come back and they are the resources in the community, the guest speakers.*

Through community opportunities such as this, women are encouraged to build support networks with other women as they continue on their treatment journey after the conference. Staff state that the woman who attend this event, other women centered activities in the community, and who are involved in the DR/FE pilot project become more accepting of support for themselves and their children and they have built a support system among themselves as a result. The cut in funding jeopardizes positive opportunities open to young mothers and families in the community that might be useful to the DR/FE approach.

### **Unanticipated Changes Resulting from the Implementation of DR/FE Based Services as Opposed to Prevention Based Services**

Some of the implications in conducting services under the DR/FE approach that staff foresee have not yet occurred, but they expressed fear nonetheless that there will be major impacts felt in the community. Four areas where staff expressed concern include: (1) families where there may be sick children who have to be hospitalized away from the community. In such situations, under the agency's previous prevention approach, the agency would put long term supports into the home if the mother had to be away from home to be with the sick child in the hospital or if she had to be in the hospital herself; (2) Families that have disabled children; (3) Traditional long-term support services for young moms wanting to return to school; and (4) Parents with FASD who are parenting their own children require additional supports to be able to do this. The WRCFS staff indicate that it will be difficult to do DR/FE based services within the 90 day period leaving these families vulnerable to protection concerns once the 90 days have lapsed.

### **Improvements**

#### ***Specific Improvements:***

A key area of improvement mentioned by the staff during the interview was the need to improve the time for learning about DR/FE based services. WRCFS Staff identified that they needed more training and that it needed to be ongoing training. It was noted that the training and information received by WRCFS staff thus far, happened quickly in the midst of a transitioning of staff and a change in supervisors within the agency. Staff also pointed out that more time for implementing an DR/FE approach in the community was required. Specifically this additional time was needed to develop information-based products; and to educate and prepare families, community based partners and resource staff about the DR/FE process to be rolled out by the agency in the near future.

When asked what needs to be in place for DR/FE to work, the staff recommended the need for more (1) staff to carry out the work of DR/FE, and (2) assistance in developing

a strategy to assist the staff in managing the change in agency's mandate of service delivery from a prevention based approach to an DR/FE based approach. Specific improvements to WRCFS's DR/FE pilot included ensuring that the job title of workers carrying out DR/FE services be changed so that the terminology is consistent with DR/FE approach and standard across the agency for all staff working on and off reserve.

### **General Improvements:**

Other improvements identified by WRCFS staff generally relate to the DR/FE system wide based approach to services. The improvements presented by staff were brief and include the following statements:

*The 90-day, three time limitation is problematic. The staff supports the idea of extending the limitation to at least 9 months, possibly a year, to ensure seamless transition to the family enhancement based approach.*

If possible, the services offered through Family Enhancement should be a separate program offered by agencies alongside prevention-based programming. Ideally this recommended improvement would recognize that families who truly need short-term, intensive assistance would receive DR/FE services, while those families who need long-term, consistent assistance from the agency (i.e. parents with FASD who are parenting their children) would receive prevention based services.

Staff hopes that any improvements resulting from the system wide evaluation of the DR/FE pilot projects by the four authorities will be shared with all agencies before there is a full roll out of the DR/FE program. They would like an opportunity to provide feedback before DR/FE is fully mandated.

### **Concluding Remarks and Observations**

The staff of the agency shared concerns and mixed reactions to the DR/FE approach and SDM assessment tools and expressed concerns about how the approach would impact upon the prevention based services that have always been offered by their agency in this community. The relationship building aspect of the work that they do in the community, with the families and amongst the community collaterals, they feel, is in jeopardy. The staff expressed that prevention based approaches are important to the work and the way the agency practices in the community.

DR/FE, while a laudable to conducting child welfare is an approach that the staff feels has been forced upon them. The agency has a reputation of being able to help families when they need help. The agency will provide both short and long term support. The question is what is DR/FE going to do to that reputation and the relationships that have been developed?

The agency would like to move forward under this new approach but the implications and the impacts, the staff feel, need to be recognized by the Authority and the Province. In particular staff have questions that have not been answered and they need these questions answered to be able to move forward in a positive way to ensure the FE approach can be smoothly implemented community wide.

## Interviews with Community Collaterals

*We need someone like [DR/FE worker] to connect us all together!*

**T**he evaluation team met briefly with a number of community-based resource collaterals in a focus group session held in the boardroom of the WRCFS Ebb and Flow office. Five individuals, representing the key community collaterals which the agency turns to in helping it deliver prevention based family enhancement services, were in attendance. These key collaterals included a council member of the local government, the director of the local day care, a school counselor, and two members of the community health center. Three agency staff members also attended this meeting along with a local Elder, whom the agency works closely with on a number of matters. The evaluation team toured the community health center where we learned about the programs offered at the center and lunched on local pickerel with the center staff.

### Referrals

The community collaterals all indicated they work closely with the CFS agency within the community and work together and/or sponsor activities and events to ensure that the young mothers involved in the DR/FE pilot program receive the supports they need to meet their needs and the needs of their children. The arrangements between the agency and community collaterals are usually informal in the sense that there are no formally signed agreements (which supports the reference to this perspective made earlier by one of the staff members that despite having no signed agreements these agreements are formal to the parties). Only the day care has a formal signed agreement with the agency to fill 27 of the 50 spaces available in the day care.

### Collaterals' Understanding of the Prevention based DR/FE services

The community collaterals are acquainted with the prevention-based services that the agency has provided in the community over the past 20 years<sup>1</sup>. It was

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<sup>1</sup> A few of the collaterals mentioned in passing that they had been previously employed with the agency at some point in their careers.

noted by some of the collaterals that the children of the 19 mothers involved in the prevention based DR/FE pilot project have remained out of care largely because of the concerted effort of WRCFS and all the community resources within the community.

### **Appropriateness of the referrals**

The collaterals indicate that the types of referrals being made by the agency to the community resources appear to be appropriate. The types of referrals made to the community resources include the use of the day care, prenatal classes, parenting, and anger management. Mothers under 18 years are monitored by the community health center on a daily basis. The community representatives indicate that they offered the young mothers a healthy lifestyle program twice a year and have thought of ways they could ensure that the young women in the community “are not so fertile.” Other referrals include the opportunity to attend and participate in life skills courses. As most of the mothers have dropped out of school due to the birth of their children they have experienced a disruption in their education. The community school collaterals are working together with WRCFS to ensure that the young women in the pilot program have a chance to complete a high school education. As the school collateral stated,

*... Our main goal is to make sure the kids stay in school and we work with them to get their credits to graduate.*

One of the staff members added,

*The school works with the [DR/FE Worker] around day care and transportation. The agency provides the van, the driver and the financial assistance because there is no way to get these girls to the school. They just would not have gone. They would have no way to get their babies to daycare without these supports.*

The band through the local education authority further supports the educational needs of the mothers involved in the DR/FE pilot program.

### **Family Outcomes Observed by Collaterals**

The most important key message that can be taken from the short focus group with the community collaterals is that the children of the 19 mothers are not in care and at the time of the focus group with the community collaterals was held, continue to remain out of care. This is a positive outcome as it attests to the fact that the coordinated efforts to ensure services and supports are working. It is also evident that the 19 young mothers are receiving a variety of supports from within the community that are coordinated among the collaterals through the work of the agency’s DR/FE worker.

### **Challenges / Concerns**

It was noted that the results are currently positive in that none of the children of the 19 mothers are in care because they are receiving supports and are being

monitored closely by the agency and in concert with the collaterals who provide external supports. Staff and community collaterals expressed concern however for what will happen beyond the one-year pilot project as was stressed by one community collateral in this way:

*... But what happens in 2 years, 3 years or 5 years, whether or not they re-enter the CFS system or their babies are apprehended and what types of services will be available in 3 to 5 years. They are still young but when they turn 18, 19 or 20, they are still young so maybe something could be said in your evaluation about long term supports to address where they will be in 5 years.*

Another area of concern noted is tied to the issue of children who are suspected of having special needs. The day care representative noted that they have had children come into day care that may require special attention. With the parents' consent, they have made referrals to the health office for a diagnosis on what these needs may be. The staff pointed out that in the recent past referrals were made for two parents in the community whose children were diagnosed with autism. The staff noted that there are few supports to families residing on reserve who have children with disabilities. The day care representative noted the implications of this when she stated,

*In day care we have kids with special needs. We can't diagnose them so we just work around them not knowing if we are doing the right thing. We don't know if they have been diagnosed but once they do, they will need a special place in day care, which we don't have.*

Lastly, the collaterals and staff briefly touched on the concerns with the DR/FE funding approach to be taken by the federal government. The new funding, they collectively note, will have some impact on the way the collaterals and the agency work together to ensure delivery of prevention services to young mothers and families in the future. The key impact focused on their partnerships and the cost-sharing approaches that the agency and the collaterals undertake to ensure a wide variety of prevention programming and services are offered in the community. As staff reiterated in response to this:

*We are just seeing it will have an impact now on how we currently run prevention programs and prevention services. We're not sure how it will affect it but we know there is going to be an effect.*

Without the assistance of the agency in finding children to attend the day care, the day care would cease to exist. The agency is instrumental to this daycare. While they are licensed for 50 children, they are only funded for 27 spots. As the day care representative noted,

*The [DR/FE worker] sends a lot of these young parents back to school. We accommodate their children and they (CFS) pays for the parent fees. It helps our day care a lot. We count on that funding. We count on that funding in the summer time too. She can fill spots. She finds children. We count on her a lot.*

## **Concluding Remarks and Observations**

The referrals are appropriate but limited to what is locally available. Some of the collaterals note that services are available but they lack the ability to deal with certain situations (i.e. assisting families with children who have disabilities). While the children of the mothers involved in the DR/FE pilot project remain out of care, we are not sure if the collaterals understand the distinction between prevention based services versus family enhancement based services. No mention was made by the collaterals about the concerns regarding the 90-day+ limitation to support services that will be provided by the agency in the future. The fact that children of the 19 young pilot participants have remained out of care attests to the community's consciousness on the success of the coordinated support services that have been made by the agency and the collateral resources to support these young mothers. Concerns were expressed about the need for continuing support services to the children and young mothers beyond the one-year DR/FE pilot project. Additional concerns identified include the need for specialized services for children with disabilities and how the new funding will impact on the relationships and cost-shared approaches undertaken by the agencies and community collaterals. The view of the collaterals is that the DR/FE worker is key to the coordination and success of referrals made to the prevention-based services within the community. Her role is important to the partnerships that currently exist between the agency the community collaterals that exist in the community. The quote at the beginning which opened this discussion attests to these perspectives.

## **Summary and Closing Observations**

- This agency is working toward delivering family enhancement based approaches to working with minor mothers to ensure their children do not enter the protection based track of services;
- WRCFS operates and has provided prevention-based services for quite some time now. The DR/FE pilot they operate was to measure how effective the SDM tools fit for minor moms – the staff found that the tool did not fit for this group. In fact they indicate that they had great difficulty in completing the SDM tools (at the time of interview, the staff were only able to complete 3 SDM assessments and hence the reason they felt that the tool was not an easy tool to use with this group of young women).
- The agency is connected and utilizes community based resources (collaterals) to assist in the delivery of DR/FE based services;
- The services as provided correlate very closely with the activities identified in the logic model developed for the pilot project;
- This was a very organized community – they galvanized a number of collaterals who met with us to discuss their involvement with CFS. The agency has very strong ties with the other community services. They arranged a community tour for the evaluation team and took us into meet the staff at the community health

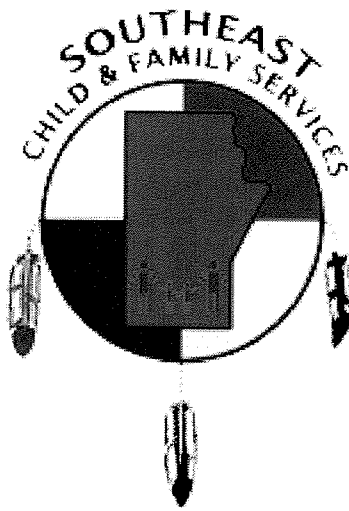
centre. They engage a number of elders to do work with them and one of those elders participated in the interviews.

- From what we observed this is a rich community in terms of what is available (they have a health centre, head start, day care, school K-12 (including adult education), restaurant, police, community arena/centre).
- A capable coordinator oversees the WRCFS pilot. The coordinator is respected among the mothers who were involved with the agency's pilot project. The coordinator is also respected by her colleagues and the members in the community;
- We interviewed 3 staff, up to 5 community collaterals and 8 of the 19 women who are involved with this DR/FE pilot in the Ebb and Flow community over two days.
- The questions that we designed for clients engaged with the agency were not appropriate for this group of young mothers. The agency was concerned about this and hence we changed our questions a bit to accommodate this concern.
- All minor mothers in the community at the time period of the pilot have been identified and all were contacted and invited to participate in the pilot program;
- The program involved group meetings among the young mothers over the course of a year. The majority of the minor mothers in the community attended on a regular basis which evidences a willingness by the targeted population to participate in DR/FE initiatives;
- The young moms ranged in age from 16 to 21 years. All were very shy but their responses indicate positive perspectives about their experiences in the program and for the leadership provided by the DR/FE program leader.
- All of the young moms in this group have expressed a wish to continue their education and/or get a job – one person in particular expressed an interest in working with at the local CFS agency and was considered to be quite helpful to the DR/FE worker.
- The pilot project helped bring these young mothers together when previously they did not either know each other or did not socialize with one another (despite the fact that they all went to the local school and live in the same community). In providing a meeting place, these young moms have begun to help each other thereby expanding their circles of support.
- The young moms did not see a need to improve the pilot program - all want to see the program continue. Some of the young moms expressed a wish to see the group of young moms meet where their babies are allowed to attend (at least once a month).
- Some of the young moms are taking steps to arrange their own meetings outside of the time when the group meets (the program has now concluded).
- Many of the young moms have begun getting involved in other community initiatives as a result of being exposed to this group. One of the groups they are involved with is the community women's group.

- The young moms utilize many community resources in the community but at the same time some of them lament that there is not much to do in the community.
- In terms of cultural activities, the young moms expressed an interest in cultural activities and learning. In particular they all indicated that they enjoyed making moccasins for their babies but disappointed that they were not able to complete them. They all conveyed an interest in getting together to complete their moccasins (the coordinator has planned for a time when this can be done).
- As part of the pilot the project participants receive gifts that are meant to benefit the young moms and their children. They get assistance on child tax and welfare days in the form of transportation to go shopping. Babysitting and respite monies are also provided to help moms stretch the dollars that they do get (because of the distance of the community from major shopping centers, many of the young moms do not have access to transportation and many of them would end up using a large portion of their funds to pay others for transportation and gas).
- The remarks made by the young mothers evidences satisfaction with the DR/FE pilot program. Their narratives collectively indicate they have enjoyed each other's company, the teachings, guest speakers and experience of the support group and look forward to continued participation in this group. In particular, the young women conveyed respect for the coordinator of the DR/FE pilot program;
- All SDM assessments with the 19 mothers have been completed. Staff indicate that it was difficult fitting the SDM assessments to the personal situations of the women in this group (likely because the group does not fall within the parameters of a true FE case);
- The staff expressed great concern about the DR/FE framework approach. This concern lies in the fact that DR/FE is time sensitive and staff feel that this approach will not work with many of the families in the community who require, because of poverty, long-term supports, not the short-term supports that will be promulgated through the DR/FE framework.
- At the time of the interview, the staff expressed concern about a lot of unanswered questions in terms of how DR/FE will work as it is an approach that goes counter to the way they have been practicing social work in the community. They expressed concern for the future and the reputation of the agency as they begin to take on working with the community utilizing a DR/FE service approach.
- The reduction in funding is also a concern for WRCFS Staff. Under the prevention framework they had more funding to be able to provide prevention support services to the families and with less funding they foresee a reduction in the relationships that have been forged with the local service providers in the community (previously they cost-shared on many activities and worry that the reduction in funding will reduce these partnerships).

- Workload issues in light of funding reductions were also identified by staff as being another concern;
- As evident in other FN communities, there is a great deal of reliance upon one person within the community who is overworked (she has one case aide). Staff are of the opinion that this person is the major reason why the DR/FE pilot has been successful. It is difficult to see how she would be able to sustain DR/FE services all by herself given the limited funding provided as a result of the changes resulting from the 5 year business plan which was recently developed. The DR/FE coordinator has indicated that she is in need of assistance and fearful of what will happen when there is a full roll out of DR/FE services.
- A further concern identified by staff is the issue of access to the CFSIS database to complete the SDM assessment information on families – the WRCFS staff report being unable to connect to the internet from the Ebb and Flow community location. Staff indicate that they must leave the community to attend at other WRCFS office locations where the internet signal is stronger – having to travel outside of the community they say reduces the amount of time they can work with families;
- The staff of WRCFS Ebb and Flow's office are very giving and caring employees. Initially there was trepidation and concern about why the evaluation team was there but it soon gave way to a warm and welcoming environment. We were received and treated and fed very well. They gave each of us a fruit basket as a gift of their appreciation. It was a very positive experience. A great community and an excellent organization that appears to be doing its best to stay on top given the impending changes.
- The most important outcome of this pilot project was to ensure that none of the mothers' children came into care. In this respect the main goal of keeping these families from entering into the protection based track of services was met at the time the evaluation team visited the community.
- The short term outcomes as identified in the agency's logic model appear to have been reached. They include:
  - information on the suitability of the risk assessment tool for minor parents;
  - Information on gaps in prevention / FE services to this group;
  - Information about families and their willingness / readiness to receive FE/ prevention services;
  - Identification of the stressors facing minor parents and what they find most helpful in alleviating them;
  - Information about the extent that housing, finance, addictions, medical issues, and relationships impact on this group;
  - Information on the demographics of this group (i.e. age, source of income, support systems, employment, education levels, etc.)
- The agency is in the process of working toward the fulfillment of the intermediate and long terms outcomes as identified in the logic model (see Appendix A at p. 158).

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*Chapter 3:*  
**SOUTHEAST/CHILD & FAMILY  
SERVICES - BERENS RIVER  
FIRST NATION**

## Chapter 3: Southeast Child and Family Services

DR/FE Pilot Project located in Berens River First Nation:  
“Community Health Empowerment Support Services (CHESS)  
and Youth Recreation Program”

### Description of Program<sup>1</sup>

***T****his project takes place in the fly-in community* of Berens River First Nation<sup>2</sup> and in the adjoining Métis Settlement. It is one of two DR/FE pilot projects operating under SECFS. Berens River is one of nine First Nation communities that receive services through the Southeast Child & Family Services Agency (SECFS). This pilot project provides recreation and other supervised activities for children and youth through a community drop in center located in the adjoining Métis community, which is owned and operated by



<sup>1</sup> See Appendix F for a copy of SECFS' logic model for this pilot project.

<sup>2</sup> Berens River is an Ojibway community located approximately 270 air kilometers north of Winnipeg on the east shore of Lake Winnipeg at the mouth of the Berens River and 391 kilometers by winter road on Provincial Road #304. As at 2006, Statistics Canada recorded the population to be 739 (Stats Canada).

Aboriginal and Northern Affairs. The drop in center employs a Coordinator and youth workers who oversee the day-to-day activities within the drop in center. The project is funded by SECFS and supported and administered by the Chief and Council of Berens River.

Project activities include securing support from chief and council for the pilot project and in designating all recreational areas within the community as alcohol and drug free zones; a lease has been negotiated with Northern Affairs Manitoba for the use of the community center on the Métis side of Berens River; a reporting system whereby community based workers report to CFS if and when there is a child-risk-situation; agreement negotiated for the use of computers; agreement made with the Band for the use of the ball diamond and beach area for youth activities including utilization of a wilderness camp site and cabin for youth activities and retreats; agreement made with the school for the use of boats, canoes and the use of the school gymnasium for one to two nights per month; development of a coordinated response approach to intervening with children-at-risk; establishment of a non-confrontational and least disruptive approach to working with families to assist and ensure the safety of CFS workers; development of an on-call system for youth workers to call CFS whenever there is a child or youth in crisis. Project activities include a community resource team.

Other project activities under this pilot will subsequently include youth and family gatherings, workshops, cultural activities and youth wilderness retreats. Additionally, data and information identifying the strength of families as well as community-based resources will be collected as part of the project activities.

The drop in center operates after school, Monday to Friday, from 3:00pm to 9:00pm. The drop in center is co-ed with children between the ages of 7 and 11 years attending between 3 and 6pm while youth between the ages of 12 to 17 attend the center between 6 and 9pm. The drop in center contains a small gymnasium, pool tables, shuffle board tables, ping pong tables, flat screen TV with surround sound and satellite, video and board games, computer work stations and access to the Internet. Children and youth also have access to other recreational facilities within the community. These consist of the school gymnasium for floor hockey, basketball etc. The community has an ice rink for ice hockey and skating in the winter. There is also a baseball diamond, volley ball and a public beach for swimming. The community is currently constructing an outdoor basketball court and a skateboard park.

This pilot project, at the time of the evaluation team's visit, was into the second year of operation.

## Focus Group Session held in the Community

**T**he evaluation team flew into the Berens River community in mid-May. We had anticipated interviewing the project staff, parents of the children and youth who attended the pilot project at the Community Centre, and possibly some of the children and youth themselves. We brought a prepared spaghetti meal for eight (8) families as a way of thanking them for participating in the evaluation interviews. Instead the project coordinator and staff met briefly with the evaluation team where they informed us that they had scheduled a focus group session for the afternoon<sup>1</sup>. As with other agencies, the coordinator and staff expressed concern over the questions that were drafted. As the pilot project in this community was unique, in that the program in question was not run by the local CFS agency, the questions were slightly changed but remained closely connected to the types of questions drafted for agency staff responses<sup>2</sup>.

### Participants

Seven (7) individuals attended a focus group session held in the afternoon of the evaluation team's arrival in the community<sup>3</sup>. A couple of parents attended the focus group, one of which was a foster parent and teacher. She shared having a number of foster children who regularly attended at the drop in center after school. The other parent who attended the focus group also had a child who attended the after school program on a sporadic basis. This parent was also a community resource that operates one of the local stores in the community. He indicated that he provides monetary support to program from time to time. Another participant stated that he worked with the National Native Alcohol and Drug Abuse Program (NNADAP) and his involvement with the program extended to taking some of the youth (particularly those who might have solvent, alcohol or drug addictions) out on the land using wilderness therapy. The other participants included Southeast's DR Coordinator, the project

1 We donated the meals to the local CFS office, which had discretion to share with families where there was need.

2 The questions regarding what didn't work for families involved in the FE stream of services (Q. 6 re Agency Staff) and why the FE program worked for families (Q. 7 re Agency Staff) was not asked.

3 While the evaluation team made suggestion as to whom should be interviewed, the band councilor and pilot project coordinator ultimately decided who was to attend the focus group session.

### Stories of Significance:

All of the participants shared a common memory about a community event where the pilot project was instrumental in galvanizing the energy of the children, youth and families. The children and youth transformed the community Centre where the DR pilot project is located into a haunted house with a maze. The children and youth spent a great deal of time decorating the center. The children and youth attended the haunted house with their parents, siblings and the community. As one parent expressed, *"there were line ups at the door. It was just incredible! The kids begged me to come, like really, it was really scary. I didn't know where I was in the Centre."*

The participants shared that this event brought the community together. The participants remarked that the children and youth were very proud of this accomplishment. They further note that the community still talks of this event today. Because of the success of this event, the young people and the DR pilot project staff were said to be exciting about plans to implement a similar event in the future.

coordinator along with the community band councilor responsible for overseeing the DR pilot project and budget. The following is a synopsis of the discussion, organized into six (6) headings that resulted from the focus group discussion with the participants.

### Background about the DR/FE Pilot Project

We learned from the participants that prior to the development of this project, there were few coordinated activities that were age appropriate in the community. The participants indicate that activities geared toward children and youth in the past were infrequent and depended on the energy of the adults in the community.

The drop in center program was developed with the view of providing children and youth in the community with after school activities and to keep them from engaging in activities that were risky and detrimental to their well being. As one participant remarked,

*I guess the kids didn't have much to do when this pilot project wasn't running ... but ever since it started running, they had a place to go, a destination in the evening. They had something to look forward to.*

The program is co-ed and is open to different groups two times throughout the week days (younger children attend from 3-6pm, while teenagers and older youth attend 6-9pm). The program operates throughout the school year but the evaluation team learned that it operates in the summer months as well. Apprehending children is not a part of the program's mandate. The program was originally developed to work around the idea of apprehending children and youth. The coordinator noted that the program was to have picked children and youth up in the

community and bring them to the drop in center. This idea was dropped because it was viewed as posing significant liability for the agency, the program staff and to chief and council.

### **Participants' Perceptions about the Pilot Project**

The participants state that the drop in Centre is important to the community. They all shared the perspective that the children and youth in the community look forward to going to the Centre after school. One of the participants remarked,

*One factor to look at is that when the Centre is closed, children have this expectation that the Centre will be open. They will just phone and ask "when is it going to be open," so it tells you something, that there is a reason why they go there.*

The participants view the Centre as a safe place for children and youth to go. As one of the parents shared,

*One of the benefits I find as well as the benefits for the kids, because there is not a lot of organized opportunity to spend time supervised, away from their parents and school teachers. This is one of those places they can come for caring and where it is safe and lots of caring and it's constant. If they say it is going to be open, it is open, unless there is an emergency or tragedy.*

A number of the participants noted that the pilot project is now connected with the school in that the program is seen as an incentive to children and youth who exhibit good behavior. We are told that children and youth are not allowed to come to the after school program unless they behave at school. The school also advises the pilot project staff when children and youth are sick. If the school suspends a child or youth from school, the drop in centre is advised and they work together to ensure that these same children or youth are aware of consequences. The participants tell us that the children and youth don't want to be suspended from the program. Since the Centre has supported the school in suspending children/youth from attending the program were we told that there are now rarely any calls from the school about children/youth misbehaving and/or being suspended. Suspensions were typically noted as being no longer than one to five days. The suspensions are usually based on the child/youth's good behavior. It was noted by the participants that children and youth who have been suspended in the past work harder to get back into the program, often with the help of the pilot program staff.

The participants note that the children and youth who have been involved with the pilot project are exhibiting more responsibility. The foster parent participant noted that because of the Centre her oldest son was more motivated. She observed that his involvement in the creation of the haunted house gave him more focus. She further added that he was enthusiastic about attending and would often go to the Centre early and help set up. She said that, "he really felt like he was a part of the community."

The children are exposed to not only activities at the Centre but are able to meet different people who are invited into the community (for example, Fresh IE, a Christian, Hip Hop and Gospel singer came to the Centre to meet the children and youth).

The other parent noted that they too benefit from the Centre because it provides them with an opportunity to have some quality time to themselves. The foster parent in particular stated, *"I'm a single foster parent with four children and so one of the benefits for me is that have downtime from the kids. It's great and sometimes I can go kayaking for a couple of hours a day."*

The participants of focus group view the drop in centre as providing preventative programming services. It is a program that is considered important to not only the children and youth who attend but for the well being of the entire community. The children are engaged in fun and meaningful activities, that are not only age appropriate but they are socializing in a healthy way with other children and youth their age within a safe environment.

### **Operational Changes and Challenges**

The participants and the evaluation team jointly identified a number of challenges that exist for the drop in center. We have noted these concerns in bullet point below:

- The Drop in Centre is not located on reserve land. The pilot rents space from a community hall owned by Northern Aboriginal Affairs and managed by the local Métis government. The hall can be rented out for other community purposes on the evenings and weekends. Participants expressed concern that the equipment in the hall, which has been purchased by the DR/FE pilot project, can be used by anyone using the building after 9pm and on the weekends.
- The Centre is not open on the weekends. Participants indicated that this is a time when children and youth would have the most time on their hands but they are unable to go to the Centre because it is closed.
- The pilot project staff did not have statistics to indicate how many children/youth attend the Centre (there was a list of names provided but nothing on the list indicated which time slot these individuals attended).
- The pilot project does not provide participants attending the Centre with healthy snacks or drinks. The participants indicate that at one time there had been a coin operated canteen located at the Centre but it has since been removed due to vandalism. As one of the participants noted, *"The kids are fed breakfast and lunch at school. Overnight some don't eat very well."* Another noted that at one time that children and youth did get popcorn, snacks and drinks while another participant noted, *"I don't know how healthy that is but we did it."* Another participant noted that they are working on fundraising for this purpose.
- One of the biggest challenges the program staff indicates they have is when they have to tell a child/youth they are suspended because then they tend to rebel by getting into trouble. The problem with suspending young people is they then may become susceptible to the other bad influences in the community. As some of the participants noted, *"it's the things outside the drop*

*in Centre, not to mention the drugs and alcohol” that is problematic. The Centre was described as being “the only game in town” and that besides the arena in the winter and the gymnasium at the school, there are few other activities, programs and safe locations for the children and youth in the community.*

- The participants and pilot program staff were unable to indicate whether the program was instrumental in lowering the youth crime rates in the community or whether the program lowered CFS involvement. It was noted that the suicide rate among youth within the community is lower but again, the participants were unable to articulate whether this lower suicide rate was connected to the pilot project’s drop in Centre. As one participant noted, “*how do we know if we are making a difference?*”

### **Changes Resulting from Implementation of DR/FE Pilot Project**

The Centre originally was open to children and youth of all ages. The staff quickly realized that this was not appropriate in that older participants would influence younger participants and older participants did not like to be lumped into activities with the younger participants. The staff implemented age appropriate times that resulted in having the open hours of the Centre split according to the ages of children (7-11) versus youth (12-17).

It was also noted that the local CFS office and CFS staff within the community are not engaged in any way with this particular project even though the program is funded by the CFS agency. The pilot project coordinator indicates that how the funds are utilized on this project is left up to the community’s discretion. When asked why there was a reason CFS staff were not involved and why the program was funded in this particular way, the pilot project coordinator explained,

*We are looking at getting them more involved this year because the activities are going to increase because we are going to building a skateboard park here in the process. We will need more ‘man’ power to handle all the activities and we will probably have to approach CFS for more funding, but I’m not sure... with First Nations, we’re limited with INAC with our dollars, it’s already drafted each year. It is hard for us to lobby for any more. So it will be a lot harder for us and depends on CFS for this program. I’m not sure how we will plan it out this year. I guess it really depends on you guys<sup>4</sup>.*

### **Unanticipated Changes**

As the program is opened in the summer there was a concern expressed by the participants. This concern centered on the fact that local parents often see the Centre as more of a babysitting center. The focus group participants when asked whether younger children come to the Centre in the summer stated that,

*... Well, I guess 6, 5, 4 and some babysitting sometimes that is what happens with programs of these sorts. They take their children there and leave them*

<sup>4</sup> The pilot project coordinator and staff were under a mistaken belief that the members of the evaluation team were there as SECFS employees evaluating the pilot project’s performance.

*sometimes, not even consulting the people that are running it. We ran into that situation a while back. We had programs ... that were by the old church; they [parents] just dropped them off and would leave. We would babysit those kids and they wouldn't pick them up again until 9:30, 10:00 at night.*

The participants indicate that when they discussed this practice with the parents, the parents became upset<sup>5</sup>. This is a practice that they say they will discourage with the parents in the future as the drop in centre is only meant for older children and youth.

### **Further Development of the Project Needed**

The discussion did not focus on the pilot project needing improvements but rather the conversation focused on what is needed and could be done to further develop the work undertaken by the community's pilot project. The essence of discussion with regard to this issue briefly centered on the following:

- The pilot project's coordinator suggested that they are working toward integrating more arts and craft opportunities.
- The Centre is a common meeting place for the youth in the community. The group noted that there was a need for sex education among the youth who attend the pilot program and that they needed to further consider whether this is something the pilot project should incorporate into the project's activities.
- One of the participants expressed surprise in learning of the fact that the children and youth are not offered healthy snacks and vowed to assist when and where he could to fill this void in the programming (i.e. donating food and drinks and/or contribute more money to purchase healthy snacks).
- There was a need to identify the number of children/youth in care who attend the Centre and the number of children from this group in the community – the staff indicated that they would work together with the DR coordinator to identify these children and youth.
- The staff is also working to keep better attendance records.
- The pilot project coordinator noted that there were vacant positions that needed to be filled and participants expressed the position needed to be filled by a young person from within the community.

### **Concluding Remarks and Observations**

The pilot project appears to be a crucial program in the community. The participants who attended the focus group session indicated that the children and the youth in the community looked forward to attending the drop in center after school. Participants indicate that children and youth who attend the drop in center have become more responsible, motivated and focused. Children were enthusiastic about attending the drop

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<sup>5</sup> The evaluation team did not have a chance to explore this issue further although we suggest this would be an interesting aspect of the project that should be included in future evaluations.

in center and take part in group activities that build upon community participation – the act of transforming the community center into a haunted house displays the importance of inter-connectivity, important to the well being of the whole community.

There are many challenges however facing the drop in center. One of which appears to be the need for more funding to ensure that the children and youth of the community have somewhere to go on the weekends in addition to the weekdays. Additional funding needs to be in place to ensure that healthy snacks and drinks are available.

In addition there is some confusion around the age limitations of children who attend the drop in center during the school term versus the summer months.

The community is Christian – they do not participate in “cultural activities” but this seems to contradict the NNADAP worker’s statement wherein he explained that in his connection to the drop in center that he takes youth with addiction issues out onto the land using wilderness therapy.

Very few parents attended the focus group session making it difficult to gauge what other parents in the community might say about their children’s/youth’s perspectives and experiences at the Centre. We were not able to talk with the young people about what they thought of the drop in center. Our visit was originally scheduled to be a quick visit into the community – no more than 24 hours. We flew in on a chartered plane and expected to return to Winnipeg the following day. The weather unfortunately did not cooperate and due to low clouds, our plane was unable to land and the evaluation team along with the DR coordinator ended up staying an additional night. We therefore took the opportunity visit the drop in center but found only one child in attendance. We asked the lone staff in charge why there were not more children. He indicated that the weather (which was cloudy and rainy at the time) was likely a factor, as most of the children are not bussed to the Centre. They are expected to make their way to the drop in center on their own.

As stated earlier, the pilot project “appears” to be a crucial program, but without the opportunity to talk to more parents and with the children and youth attending the program coupled with the low attendance of participants at the center the day we visited, we cannot confirm the full extent of the importance of this program to the young people and their families within this community.

## **Summary and Closing Observations**

- This agency is implementing a DR approach to working with children and youth to ensure they do not enter the protection based track of services
- The services as provided are closely related to the Christian perspectives within the community and the geographical location of the community;
- The community has successfully opened and operate an after school community recreational center for children and youth in the community of Berens River. The center is equipped with games, furniture, televisions, stereo, and computers. Southeast CFS does not provide the funding directly to the CFS office. The program is administered by the band office.

- The drop in Centre is located in the middle of the community, which happens to be crown land.
- The Centre is open Monday to Friday. It is open to children and youth between the hours of 3:00 to 9:00 – children between the ages of 7-11 attend between the hours of 3-6 pm while youth between the ages of 12-17 attend from 6-9 pm. The Centre is utilized in the evenings for adult activities (i.e. Bingo). The sessions are co-ed.
- Métis municipality owns the building, which is located in one room of the drop in Centre.
- Initially we met with the SECFS' DR/FE coordinator and the project coordinators to get an idea of how the community pilot with the children and youth worked
- We then went to the Centre where we had lunch followed by a focus group session. The focus group session was only comprised of four people from the community, including the DR Coordinator, the band councilor overseeing the pilot project and the project coordinator. There was a teacher, the local store owner, a NNADAP worker (who indicated that he takes youth with addiction problems out on the land for hunting excursions and other land based activities) and the individual who was hired to oversee activities in the drop in centre. The teacher is not originally from this community but is committed to the community and is a long term resident. She fosters a number of children from the community – some of her children attend this drop in centre. The local store owner's daughter attends at this community at least twice a week.
- The narrative comments from this focus group evidence satisfaction with the centre's activities.
- At the time of the evaluation team's visit, one individual staffed the centre. They were in the process of recruiting for another staff position and various volunteer and mentoring positions;
- The focus of activities are sports based (the community is in the process of constructing a basket ball court and a skate park – these facilities are not located near the drop in centre).
- We learned that a skate park was currently in the process being constructed with the assistance of funding from SECFS.
- Initially the staff shared that they mistakenly opened up the program to all age groups but quickly learned that it was probably best to offer the services to the two age groups because it was just too chaotic with all age groups attending. They were consciously aware of ensuring that the younger and older children were engaging healthily within a similar peered age group.
- Until recently, they did not track attendance – staff indicated that they reviewed the list of names of attendees prepared by staff (person is no longer there). There initially was no distinction of whom among the children and youth attending were in care. The numbers in attendance appeared to be in conflict with the numbers known by CFS (The agency's DR Coordinator has

since indicated that there are approximately 24 children and youth who are presently in care who attend this centre).

- The persons tasked with organizing events indicated that they have had challenges along the way. They were unable to articulate whether or not the community has experienced any changes as a result of the program. However there was one example shared by the teacher who said that the boy she fostered was now beginning to exhibit initiative and a growth in self-esteem because of this involvement with the centre.
- In another example, the participants expressed a lot of satisfaction with a community event that the children and youth in the drop in centre initiated at Halloween. The children and youth transformed the community centre into a haunted centre. It was remarked that the youth took remarkable time and effort in getting the centre and themselves ready to showcase this event to the community – it is hoped that it will be an annual event because it brought the community together in a positive way.
- Other than the one woman who attending the focus group, when asked about whether women in the community participated in leading community events at this centre, the group was unable to articulate on how women were involved. This remains a bit of a mystery as to why and staff indicate that the community is still very male dominated.
- When asked how services for the pilot centre could be improved, it was suggested that because the centre was the place where girls and boys meet, that something needed to be in place to educate the young people about sex education. Despite this, there does not seem to be any plans in place to move in this direction as it was noted as being a part of the grade 9 curriculum already. These comments show that there is some conscious awareness of a need to provide supplemental teachings in this area.
- The project started two years ago. Originally they patrolled the area for youth but had to change their approach as the staff were not mandated to pick up children and youth and take them to the centre. This was considered risky based on the legislative requirements under CFS (a point made by the administrator of SECFS).
- At one time the staff indicate that craft activities were offered at Centre. Someone came in to teach about making moccasins and beading but this activity is no longer offered and they do not appear to have any plans in the future to bring this event back.
- We asked about what the children and youth do on the weekends and we were told that the centre is not opened on the weekends. It is only open for adult activities on the weekends. They indicated that from time to time there are other activities available to children and youth outside of the centre however. It was noted that baseball tournaments are sometimes held on weekends. There is no indication that children and youth are welcome to attend events on the weekends.

- There does not appear to be a high level of volunteerism by the local community members to have organized events that are child and youth focused. There are key individuals who do this but they were described as being “burned out and tapped for resources” – the Project Coordinator expressed that he is “really tired” and would like to mentor someone to take on this work when he decides to retire.
- Our flight was grounded resulting in an additional night in the community. We took the opportunity to attend the drop in centre between 4 and 6. We found only one child in attendance with a centre staff. When asked why no one else was there, we were told that it was because the weather was wet and muddy making it difficult for some to make it there.
- There are a number of curious inconsistencies between the goals set out in the logic model and what we observed:
- During our two day visit we observed few children and youth attending the recreational center however this may have been due to the wet weather conditions;
- We are unaware of how many children and youth attend on a daily, weekly, and/or monthly basis – the staff indicated that they were in the process of developing and implementing a more formal process for collecting attendance statistics for the pilot project;
- The program coordinator indicated that they did not track the number of children in care who might be attending the after school program;
- The program does not include beverages and/or healthy snacks;
- There is no transportation to the center - Children and youth must make their way to and from the recreational center themselves;
- The community patrol (identified in the logic model) was disbanded due to legislation, insurance and liability concerns;
- The CFS staff segregate themselves from most activity within the community. On the surface, given our short visit, there appears to be no CFS involvement and cooperation with other resources in the community. As there is very little participation by the local CFS staff in relation to the program or activities at the community center and this consequently gives the appearance that there is no CFS connection to some of the long term outcomes identified in the pilot’s logic model;
- As the recreation center is closed in the evenings and weekends to the children and youth in the community, the evaluation team was unsure whether the equipment and resources purchased for the center are also used in adult programming activities;
- The interim report prepared for the pilot project was outdated;
- We thought about how this pilot contributes to family enhancement – we believe that it is a good community resource and provides a much needed physical space for children and youth to build healthy relationships with and learn from each other after school. Such a place takes the stress off parents

trying to entertain children with activities after school. Children and youth learn and are influenced by each other. The environment is healthy such that it keeps the young people away from drugs and alcohol, which can minimize the chaos, violence and family problems that can ensue from unhealthy activities.

- Some but not all of the identified short term outcomes as identified in the logical model appear to have been attained. The short term goals that have been reached include:
  - Development and creation of the Centre;
  - Youth recreation activities delivered Monday to Friday after school;
  - Cooperation and collaboration has been established with Chief and Council, the school, the Mayor and the Métis Community; and
  - Ensuring an alcohol and drug free zone for children and youth;
- The program is undergoing further development. The community and staff are in the process of working toward the fulfillment of the other short term, intermediate and long terms outcomes as identified in the pilot project's logic model (see Appendix F at p. 159).



*Chapter 4:*  
**SANDY BAY CHILD & FAMILY  
SERVICES - SANDY BAY  
OJIBWAY NATION**

## Chapter 4: Sandy Bay Child and Family Services

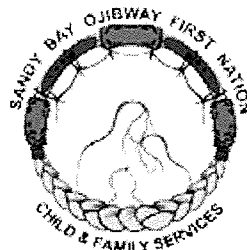
### DR/FE Pilot Project located on-reserve in Sandy Bay First Nation and off-reserve in the City of Winnipeg

#### Description of Program<sup>1</sup>

The goal of this project is to enhance Sandy Bay Ojibway First Nations<sup>2</sup> current child and family services delivery system through the development and implementation of a Differential Response (DR) / Family Enhancement (FE) system offered on and off reserve. Sandy Bay Child and Family Services' (SBCFS) dual track service delivery pilot sanctions a differential response when acting upon received and accepted reports of suspected reports of child and abuse and/or neglect.

There are 12 SBCFS staff on reserve, 10 SBCFS staff in Winnipeg and 3 SBCFS staff in Brandon involved in this FE initiative. The types of staff involved in the FE pilot project include the Executive Director,

## Manitoba



● Sandy Bay FN

● Winnipeg

<sup>1</sup> See Appendix G for a copy of SBCFS' logic model for this pilot project.

<sup>2</sup> Sandy Bay First Nation is an Ojibway community 165 kilometres northwest of Winnipeg and 90 kilometers from Portage la Prairie. The reserve is accessible by all-weather roads via provincial highways #16 and #50 north from Portage la Prairie. Although most residents are fluent in English, the predominant language spoke is the Ojibway dialect (Saulteaux). The population has been estimated to be around 2,518 (Stats Canada, 2006).

Program Directors, Supervisors, CFS workers, Intake Workers, Family Support Workers, the Receptionist and other administrative and operations staff including Finance staff.

Pilot activities have evolved around the establishment of a DR/FE working group; defining targeted outcomes and completion of a DR implementation work plan; hiring and participating in SDM training for 3 Family Enhancement workers (in Winnipeg, Brandon and Sandy Bay); application of the SDM tools to current family files and identification of families to receive FE services; organizational restructuring of agency's procedures to reflect a dual track system; assigning staff to the FE track; assignment of cases based on SDM assessments; tracking and monitoring the families receiving FE services received over a one-year period; and inputting SDM assessment information into CFSIS.

This pilot project was implemented in September 2009 and is currently in full operational both on and off reserve. Families residing on and off reserve who are currently involved in the dual track system continue to be monitored by SBCFS staff.

## **Interviews with the On and Off Reserve Clients of Sandy Bay CFS**

**I***nterviews with the clients* of Sandy Bay CFS took place over two days near the end of the month of April 2011 on different days and at different locations. A total of five (5) clients were interviewed. We interviewed three (3) mothers from within the community of Sandy Bay. At the request of these three mothers, the on-reserve FE worker sat in on the interviews. We then interviewed two (2) families (a mother involved in a common law relationship and a single father of two teenage girls) involved with the agency in the City of Winnipeg. At the end of the interviews, participants were presented with a thank you card and twenty dollars in appreciation for their participation.

The parents we spoke to in Sandy Bay and in Winnipeg were quiet and reserved. As a result it was difficult to capture extensive responses, which fully answered all of our questions. They didn't understand our questions and they didn't know how to respond. It may be that for the participants on reserve, English was not their first language. The FE worker explained to the evaluation team that he wished he spoke the main language of the community as he felt that their comments would have been more extensive had they been able to respond in their own language. At the same time there is a possibility that they were inhibited from speaking openly with the FE worker present and/or felt intimidated by the interview process. Nevertheless we were able to draw upon responses that contribute only to a general understanding on the strengths and challenges of the agency's DR/FE services in working with these clients. Interviews were short, lasting anywhere from 15-20 minutes in total.

### **Demographic Information about the Agency's FE Clients**

The majority of the parents, both on and off reserve, who participated in the evaluation interviews had small to large families (comprised of anywhere from two (2) to eight (8) children respectively). Collectively the parents ranged in age from 18-40 years of age. The parents indicated having completed up to grade 9 or grade 10 while two indicated that they had graduated from high school. Most of the parents we interviewed lived in common law unions while a few indicated that they either lived alone or were separated from their common law spouses at the time of the interviews. The majority of on reserve clients reported social assistance as their main source of income while the off reserve

clients indicated they derived income from their partner and/or income from full time employment. The parents identified some of the community resources that they used and/or were referred to. The majority of resources mentioned included use of food banks, home care workers and health aides, including the attendance at parent support groups and a mother/child program as well as anger management courses. This information is set out in following table.

Table 4: Demographics of the clients who participated in the evaluation interviews through Sandy Bay CFS.

Partic.	Age	Number of Children	Highest Level of Education	Marital Status	Current Living Arrangements	Income Sources	Resources Referred to and/or Mentioned
<b>Sandy Bay On-Reserve</b>							
#1	31-40	8* (only 3 resides with her) female - 13 yrs male - 2 yrs female - 8 mos.	Gr 10	Separated	Lives with Common law (currently in treatment)	Social Assistance (SA)	Food bank Home Care Worker
#2	18-25	2 male - 7 yrs male - 17 months	Gr 9	Separated	Unknown	SA	Anger Management and Parent Support Group
#3	31-40	6 (all females - 3, 4, 6, 9 and 16)	12	Common law	Lives with Common Law (currently in treatment)	SA	Health Care Aide and Home Care Worker
<b>Sandy Bay Off-Reserve (Winnipeg)</b>							
#4	18-25	3** (one 1 resides with her) female - 4 months	Less than Gr 12	Common law	Lives with Common Law	Income from partner	Mom and Me Program and Parent Support Group
#5	31-40	2 (Females - 13 and 14 yrs)	Gr 12 and College	Single	Lives with his Mother and 2 daughters	Employed Full Time (Shift Work)	Parent Support Group

\* This participant indicates that five of her children are currently in care in separate arrangements outside of the community.

\*\* This parent indicates that 2 children reside with the biological father. This participant lives in a new common law relationship.

## What We Learned from the Agency's DR/FE Clients

The participants each shared briefly their understanding about how they became involved with Sandy Bay CFS<sup>1</sup>. This is followed by their perspectives about the DR/FE services received from the agency, what they like about the

<sup>1</sup>It should be noted that agency staff did not corroborate the stories shared with us. We therefore cannot verify the veracity of these accounts. These narratives clearly show that we do not have a full and complete understanding on the history of these families' involvement with the SBCFS agency.

DR/FE approach, their understanding about the appropriateness of services including the cultural relevance of the services received along with their suggestions for improving and/or adding to the DR/FE services for the future. Their overall responses have been grouped under the following headings "Off Reserve (Winnipeg)" and "On Reserve." A cursory presentation of what we learned from each of the parents we interviewed for this evaluation is set out below.

## **Off Reserve (Winnipeg)**

### ***Mom #1***

Mom #1 shared that she had left her two children alone to go to the store. The children were apprehended but returned to their birth father, who has since been granted full custody. This mother is involved in a new relationship and recently gave birth to another child. She was approached by ANCR in the hospital and her case was subsequently transferred to Sandy Bay CFS where the off reserve DR/FE worker became involved with her and her common law partner. She lives with her common law partner, who is recognized by ANCR and the agency, as having primary care of the child (she noted that her partner does really want further involvement with CFS). She declared that she "did not know what she had done when ANCR or SBCFS became involved."

ANCR indicated to her that they were taking a different approach through FE based services. Mom #1 stated that she has had a positive experience with the off reserve DR/FE worker. The SDM assessment, she indicated, had not yet been completed but she noted they have scheduled a meeting to complete these forms. She expressed a desire to ensure these assessments were completed so that she could share some of her concerns but she also expressed her desire to also be recognized as the primary caregiver of her child.

Mom #1 likes the FE based approach to services offered by the agency. She likes the DR/FE worker but shared that she wished the worker would visit her more often although she recognizes that the worker is busy. She especially liked the Healthy Start for Mom and Me program, which the FE worker arranged for her to attend every Tuesday. She appreciated that the agency was able to provide her with transportation and that a support worker drives her and her child to the program on a weekly basis.

Mom #1 says the services provided by the DR/FE worker were both appropriate and also culturally relevant however she was unable to articulate how. Overall she is pleased with the services received from the agency thus far. She is thankful for the relationship that she has developed with the FE worker.

In terms of improvements, Mom #1 indicated that she would like to spend more time with the DR/FE worker. She enjoys the DR/FE worker's company and iterated that, "I just want her to be available for me, like when she first got involved, she came once a week and that was helpful. Then it just

### **Gabriel's Story of Significant Change:**

**G**abriel\* is a father of two (2) daughters who were 13 and 14 years of age at the time the ResearchTeam interviewed him. The daughters have different mothers and had previously been in the care of their respective mothers. Both children were involved with and receiving CFS services from a number of different agencies (ANCR, SBCFS and AOCFS) prior to the father being granted custody. The father reported that the home environment was extremely chaotic and rocky at first and he expressed concern about whether he was doing the right thing in taking responsibility for raising two teenage daughters. The younger daughter was jealous of the older daughter and did not want her sister to live with them. The older child was defiant and sexually active and subsequently became pregnant at 14 years of age. The father indicated that he has tried to discuss the option of an abortion with his daughter while the daughter's birth mother encouraged her to keep the child. The 14-year-old daughter has decided to keep the baby. The father noted that the SBCFS DR/FE worker helped him understand what his daughters needs were as well as helped

*... Continued on page 75*

\* This is not his actual name – we have changed his name to protect the confidentiality of his identity.

stopped. We would talk on the phone but I want her to visit.” This mother also expressed an interest in finding out about other programs available in the city. In particular she noted that she would like assistance with day care as it is expensive and she hoped that this was something the agency might consider in the future. Mom #1 wants the DR/FE worker to “hook her up with a program at least once a week so she doesn’t get bored and so that she doesn’t drink or go with her friends.” She expressed an interest in completing her high school education. She wants to make sure that she is on the right path to become a health care aid and has looked into the Urban Circle Training Centre but at the time of our interview, believed that the application date had passed.

### **Dad #5**

This father is a single parent looking after two teenage daughters that were recently placed in his care. The girls each have different mothers and have never lived with each other or with their father before. The father works with two different child welfare agencies (Animikii Ozoson CFS and Sandy Bay CFS). The father noted that he was dealing with conflict, jealousy and raging hormones and felt that he was ill equipped to understand and deal with the needs of his daughters. The relationships with his daughters became further complicated when his older daughter became pregnant at 13 years of age. The father sought out advice from the DR/FE worker on how to deal with his daughter's pregnancy and her decision to keep the baby.

Dad #5 indicated that when he first met with the DR/FE worker, he described her as “determined” that she wanted what his daughter wanted. At first he felt that

the DR/FE worker listened more to what his daughter wanted rather than what he wanted as her father. He primarily wanted his daughter to be able to have access to someone she could talk to because he is a single father and felt there is some things where it would be better for her to talk to a female. The Father noted that at times his older daughter "thinks she has the upper hand."

Dad #5 noted that he had received an explanation about the family enhancement services offered by the agency. He noted that both of the agencies (Animikii Ozoson and Sandy Bay) have been very supportive of him in his role as a single dad with the 2 girls in his custody. He said, "What they are doing is cool. I'm on board with it." He declared that he really likes Joyce and stated "I will only work with her, like I know social workers get bounced, I wouldn't want anyone else." And he reiterated, "I like the way the DR/FE worker does it."

He agreed that the services that he has received from the agency thus far are culturally appropriate. In particular he noted that when he first met the DR/FE worker and they started talking, he found that she had grown up in the north end and he knew of her because everyone in the north end of the city "knows everyone." For him, he identified the notion of culturally appropriate as equal to the connection of growing up within and coming from the north end of Winnipeg. Their mutual connection to the north end made him feel comfortable with the idea of working with the DR/FE worker and the agency.

In terms of improvements that could be made to the DR/FE services offered by the agency, he did not express any concerns. He noted, "I couldn't ask for anything more. I'm getting support and so is my daughter."

*Continued from page 74 ...*

him ensure that his older daughter returned to school and that she would help him navigate the new structure of his family.

**Epilogue:** Long after the interviews concluded, the evaluation team happened by chance to meet the father and we asked him how things were going. The father shared that his 14-year daughter had since given birth to a baby boy and that his daughter's attitude had really changed for the positive. He noted that she is no longer acting defiant. He further added that she was a very good mother and proudly informed us that she is taking her responsibility as a mother seriously. His younger daughter he noted, eventually looked forward to the birth of her nephew. With more stability in the family, he shared that he has returned to school to further his education at Red River Community College. Things are going well and the father states that the family continues to maintain contact with the SBCFS agency and the DR/FE worker. ¶

## **On-Reserve**

### **Mom #2**

This mother stated that she got involved with the agency when her 23-month-old daughter was burnt by gravy. The child was transported to the children's hospital by ambulance where CFS was notified. ANCR visited her in the hospital and transferred the file to SBCFS because of concerns that may be related to neglect. The mother stated that she previously had a problem with alcohol in the past but indicated, "I don't drink. I quit now like nine, like eight years already."

At the time of interviews, the mother's case had just been transferred to the DR/FE worker in Sandy Bay. She indicated that when she got home with her daughter who had been burned, she was afraid the agency would take her children away. She was relieved to learn they were not going to take her children away but rather that they just wanted to talk. She reports that her experiences with the agency have been positive and she is happy with the way matters have transpired. The DR/FE worker notes that she has been cooperative with the workers in the agency and there are no intentions of apprehending at this time. It was also noted that she does not need parenting classes and she has been eager to work with the agency. The DR/FE worker praised her for doing a good job and added that she does not abuse drugs or alcohol.

Mom #2 shared that she felt safer talking with the CFS staff over her own family – she shared that there is too much violence in the community and within her family (she broke down crying during the interview because this is a delicate issue for her). She is concerned about the violence in her family. In particular, she noted that members within her family have threatened to call CFS to have her children apprehended. In response to these threats she stated, "I'm the first one. I will talk to them. They won't take away my kids. I told them they will come and I will tell them everything, what I do, what I said. I don't like the way I feel when someone comes after me for nothing." She shared that much of her support comes from the agency rather than her own family. She likes the fact that she is able to go to the agency and get emergency assistance to purchase food.

Mom #2 did not have any suggestions for how DR/FE services can be improved for her and/or the community. She simply stated that, "I can say I'm better satisfied than having my siblings come in and help me and talk." She did express a desire to become more involved in community events but being a stay at home mom prevents her from being able to clean up her yard and be involved in the community.

### **Mom #3**

This mother shared that she had been visiting her cousins in the community when CFS and the police showed up to take her children away. She stated that

CFS expressed concerns that she might be considering suicide. At the time of the interview with this mother, her children have been in care since December 2010. The mother shared that she missed her children very much and especially lamented the fact that she was not able to continue breastfeeding her son. She acknowledged having a short temper and has attended anger management classes. She also shared that she has been in counseling and that the counselor said "there was absolutely nothing wrong" with her. She feels that the father's family initiated CFS involvement largely because they did not agree with her decision to keep the father and his family from having visits with the younger son.

Mom #3 indicated that she had been told about the agency's new approach to working with families under FE but she feels that the new approach was not adequately explained to her. In particular she noted, "they didn't explain nothing! They didn't investigate nothing. Like, why couldn't they come talk to me instead of just taking them? Why couldn't they figure everything out you know?" She indicated that she had seen a counselor at the request of the agency. She also shared that she attended anger management classes. She noted,

*I don't see why I have to do all these things. There is nothing wrong with me. I know I'm short tempered but I know how to control it. After being at those few classes, it does work. That was the only thing that was wrong with me. I was very short tempered. I'm like my dad, but I can control it. I never abused my kids.*

Mom #3 is pleased with her the agency's DR/FE worker and indicated that she found her helpful. In particular she expressed that "Ever since I have had [the DR/FE worker] as my worker, everything has been going fine. I get to see them [her children] and I feel good." The DR/FE worker noted that she was only getting two hour visits a week and that he was in the process of trying to extend her visits. Sometimes he lets her visits go past the hour and he will pick up the children or the foster family will pick the children up after hours to accommodate her.

Mom #3 feels that the services offered do not fit her needs nor does she feel they are culturally appropriate. She indicated that the apprehension of her two children was not warranted and in particular she noted that it interrupted the breast-feeding interaction that she had with her infant son. This was a normal practice important to her as a mother to which she reiterated,

*You know, I was breastfeeding? I breast fed both my kids. My first one, I breastfed until he was four. I would still be breastfeeding my baby if I still had him. That speaks authority right there! I was seventeen when I had my son, my first baby. Look at all these other young mothers around, you don't see them doing that!*

Mom #3 did not have any suggestions for how the services she received from the agency could have been improved.

#### **Mom #4**

This mother has eight (8) children. She primarily speaks Salteaux. She identified as having been involved with CFS all her life and so "knows how it

works.” She stated that she did not have a place to live and consequently her children were apprehended. Her children were placed in different homes. She states that visits with her children only happened twice a month since they were apprehended back at January 11th, 2011. Since then some of her children have been returned. She noted, “I want a place for them to live. Our chief said our house was only going to take ten days. He tore it out, ripped it apart, ten days turned into four months. My babies got apprehended and I’m trying to reunite with them and it’s going to be hard to bond back with them, my babies. I’m so tired. I don’t care, I am so happy they are home. All I know is that they are safe with me. I’m not going to give up. I’m going to get all of them.” It was learned that this mother’s partner was actually sent into treatment outside of the community because he had problems with alcohol. She said, “Oh, I don’t know what is going on with him? You know what, I don’t even want to worry about him. I love my babies. He doesn’t want the help he needs to get, I don’t need him.”

Mom #4 indicates that forms were completed but can’t remember what forms she signed. She said, “I filled out so many forms. I don’t even know what for? I just told them, I will sign anything, just give me my babies back.” She reported that she was very pleased with the DR/FE worker’s help. She said,

*“Now he has to come three times a week in order to have the babies. I talk to my worker and tell him these things that other workers run from me. They don’t text me back. That really bothers me but when I text my current worker, the DR/FE worker texts me back, right away. I told my workers, you think that you can sit there and know it all, but you’re never there. Where were you on the weekends when I needed you? There was a big family feast and no one texted me back, boy did they ever make my Easter. So I just gave up. I didn’t go to that dinner. I just stayed home and watched TV. I said well*

*I’m going Tuesday, I’m going to go see the boss. I came in and ... the [DR/FE worker] was gone to Alaska. He was gone to a conference of something. They didn’t bring my kids again. Every time the [FE worker] is not around they never bring me my kids ever. That’s what I never understood ... That’s the only one that texts back. My workers won’t even respond to me, just the [FE worker].”*

Mom #4 indicated that services were culturally appropriate, especially appreciates the DR/FE worker’s involvement even though she said he was not her worker. Since the DR/FE worker has being involved with her family, she has noted there is communication. She feels comfortable texting and is pleased that the FE worker responds via text messaging. As a result of this interaction, this mother stated that she now feels more comfortable coming into the office and asking for help when needed.

## **Interviews with the Community Staff and Management of Sandy Bay CFS**

**I***nterviews with this agency* took place during two separate occasions the last week of April 2011. In total we interviewed five staff working on and off reserve<sup>1</sup>. We started our interviews at the Sandy Bay CFS office where we interviewed three staff – one DR/FE worker and two staff at the senior and management levels<sup>2</sup>. The Winnipeg based interviews took place two days after our initial visit on reserve. We interviewed two staff at the Winnipeg office – one DR/FE worker and the case aide who works with the DR/FE worker. The discussions held with the on and off reserve staff are briefly summarized under the following seven (7) headings. Their responses have been separated based on the fact that the experiences of the on reserve staff is, in many cases, very different from the experiences of the Winnipeg based staff in terms of how they navigate their respective approaches to DR/FE based service delivery with First Nations families.

### **Staff Perceptions about the Pilot Project**

#### ***On Reserve***

The senior staff and supervisor we interviewed evaluated the overall efforts of the agency in implementing DR/FE based community services as not being as effective as it could be. They indicated that DR/FE is “kind of confusing” and that it has been difficult getting staff within the agency to embrace a new way of thinking and providing services. They indicated that additional training was needed for the staff to help them more fully grasp the approach. They note the access to CFSIS and the Internet plays a role in slowing the process down and is part of the reason staff often lag behind in their filing and paperwork.

<sup>1</sup> The Sandy Bay Ojibway First Nations experienced a major flood in the community in May 2011. Due to the flooding, the evaluation team was unable to conduct interviews with community collaterals. Further, our interview schedule with the other pilot sites did not permit an opportunity to go back to the community to ask further questions of the staff.

<sup>2</sup> The staff also completed the questionnaire regarding quantitative data about the FE pilot project administered and delivered by the Agency (see Appendix D).

The DR/FE worker on reserve was fairly new in his position with the agency when we interviewed him. Although he had never worked in child welfare prior to his employment with Sandy Bay CFS, he is committed to the DR/FE based approaches adopted by the agency. He likes the approach the agency is taking because it focuses on families' strengths rather than looking at negative factors that impact families. Both from his perspective as a staff member of the agency and from his perspective as a member of Sandy Bay, he had this to say about the family enhancement approach undertaken by the agency, "I like where it is going because it engages families. I will always be a part of their lives even if I switch careers."

### **Off Reserve**

Like the DR/FE worker in Sandy Bay, the off reserve DR/FE worker, at the time of these interviews, is new to social work and new to the DR/FE based approach to working with families in the city. The Winnipeg DR/FE worker indicated that some things have worked and some things have not. She noted that FE requires a great deal of relationship building with families and that more resources need to be in place to help families. Despite the successes and the challenges faced thus far, she is committed to DR/FE based initiatives and feels that it is an important approach that engages families and is extremely important in keeping families together where it is deemed to be in their best collective interests.

The other staff person interviewed at the off reserve agency site restated that DR/FE was a good thing for the agency, especially for families who have lower risks as their files tend to get closed sooner. The support worker often supports the DR/FE worker in carrying out support services to the families assigned to her caseload. She shared her perspective about FE and the work they are doing with families in this way,

*I think it is helpful. ... I'm trying to keep the family together and the [DR/FE Worker] is ... I really admire the [DR/FE Worker] that she is trying to keep the families together ... I think FE is wonderful!*

Practicing from a DR/FE based approach requires support from the Executive Director and the other staff within the agency. The staff noted that it was just as important to have the right supports from within the agency so that they are able to carry out a FE based approach. In regard to this, the DR/FE worker shared the following about the support she has received in carrying out FE based services:

*I like the fact she's been there and done it as a front line worker, really means a lot to me. Like when I go to her and I listen to what she has to say. I can go to her anytime of the day and believe me, I talk to her and she listens to it all and she gives me good feedback. I really feel supported ... we have a small office and everybody is very supportive of each other here. So it definitely helps with me I think as a worker and being able to bounce things off other workers and hear what they are doing or if they know of a different resource and connect with them.*

## **Perceptions about families' Attitudes towards the FE Pilot Project**

### **On Reserve**

The staff and supervisor believe there has been good cooperation from the families in the community. They note that families have been receptive to DR/FE services when they learn of the new approach being undertaken by the agency. Although the DR/FE worker noted families may be unaware that the agency has implemented a new approach as they tend to view their involvement with CFS as "business as usual." The Sandy Bay DR/FE worker stated that when he meets with a family for the first time, he introduces himself as a DR/FE worker and informs the family that he is there to help them and work with them to keep their children out of care. He emphasized, "I see myself engaging with the families more than the frontline workers." He indicates that families "feel like they have a chance to keep their kids or there is hope. That I'm not there to take their kids away. I'm there to help work with them to see where their weaknesses are and where their strengths are." The on reserve DR/FE worker added that the families probably don't know what forms they are helping to fill out when asked if families were asked to participate in completing the SDM assessment tools. He indicated that families would feel uncomfortable with completing the forms themselves and were more comfortable answering questions, the responses to which he would fill out later when he had more time to complete the forms himself.

The senior staff and supervisor have also noted that families are more receptive to the agency since it began implementing a DR/FE based approach to working with families in the community. Knowing that the agency is there to assist them has resulted in family members owning up to situations where they are personally looking inward at themselves and their attitudes and more willing to take responsibility and work with the agency. The on reserve supervisor explained the change in families' attitudes in this way,

*Like before, you can't even talk to them, but at least now, we bring them in, we sit down, we discuss what is going on and that kind of stuff. So they seem more receptive in that way. And it's also the way that you put it to them, that there is hope. That there is good things that can happen and trying not to think of their past, ... because I remember this one case where we're dealing with the people, and we told them, ok, I don't care what you did, but let's start from now, for now. Let's start from here and let's go on and then we'll deal with that later because he was in total denial, that nothing happened and he didn't do nothing. But after we kind of switched it around and then he started saying, well, maybe I drank once and maybe I did do that. So they kind of switched their attitude.*

### **Off Reserve**

Staff interviewed at the Winnipeg office are of the opinion that families are generally open to working with the agency. They acknowledged that it takes

time to build relationships and that it is important to help clients feel that they have some input into the building of the relationship too. The DR/FE worker in particular shared that she too had been in care at one time and grew up in the north end. She draws upon these experiences to help her relate to the parents and children she finds herself involved with.

*I think they really like that I'm more there for them. Like I can spend that extra time. That I can go above and beyond. And there are a lot of things ... and I know us personally, we can all relate to things that stress us out. Like whether it's not having like a good enough bed. But can you imagine not having a decent bed to sleep on or a bed at all right? And being told by the person that's helps you get that bed that you have to wait 7 years before you are able to get that bed again. It's depressing! And so me, I have these funds, I get 800 dollars right where that I can kind of allot what needs to be. And I go into the home and say, you know, what's going on? I meet with them. I talk with them. I find out what some of their needs are. Some people are not bothered by the fact that they sleep on a cot on the floor. That doesn't bother them but it bothers them that their window is broken and the landlord won't fix it. So I look at what's really an issue for them, not what I see, but what they see is an issue. So I try to help them with that. And a lot of times what I'll do is I'll connect them with resources and if that doesn't work, then I go to my funds. And I try to get them to be dependent on resources rather than me. Like with the food bank thing, I would initially ask them to meet me there cause I realize getting there isn't the issue sometimes. It's getting a box of food home this big right that's an issue. So I work with them that way right? Things like that. I think my approach is what can I do to help support you? I don't go in there and say, this is what needs to be done. I think sometimes that happens, where we use our own values and what we think needs to be fixed and we tell them that you need to fix this. I see this is an issue. So I think that's a different approach. And I think it works. Most of my clients, I'm not going to brag or anything like that. I think I have pretty good relationships. I think that I like them. There's a lot of hugs given back and forth. I've had people comment and say you're probably the only worker that I liked. I feel like I really try to listen to my clients. I was in care myself, I've been through the system. So I feel I can empathize with some of their struggles. I have the ability to advocate and the energy to kind of be there for them and I think that really helps.*

Both staff however indicated that their young age often surprises some of the families that they work with. The DR/FE worker shared its hard for clients to listen to what she has to say because they feel she is too young and inexperienced to be giving them direction. She had this to say about how she works around these perceptions,

*A lot of people ... are older than me that I meet with and sometime I think it's hard for them to listen to what I have to say because they feel that I'm younger and that maybe what I have to say isn't going to be good enough or they don't really want to listen to it. So I find sometimes that I have to struggle with that. But I'm ok with that. I can kind of work with that. I just kind of go off anyway. I hope that something will click and something will be ok. And I joke about it sometimes. I had one girl say to me one time and it was kind of dark in the room when we went to meet and she said, why should I listen to you, your just*

*some little 20 year old coming in here trying to tell me what to do. Well, first what I'm going to tell you, is we could be really good friends. You and I can hang out. Like I'm not 20 (laughing). A lot of times, I will tell them, I have 6 kids and that usually breaks the ice a little bit. You have 6 kids, like wow you know? Cause a lot of my clients do have a bigger family.*

## **Operational Changes and Challenges**

### **On Reserve**

The staffing capacity to implement an DR/FE approach was cited as a challenging area. At the time of this interview, there was only one DR/FE worker. The manager noted that it's too much for him to do between intensive meetings with families and training and that "if he is the only one, like you know, he can't do all of it ... and then the training that he goes to for one week out of the month, then someone has to step in."

Management noted that workers are so used to doing things the old way and that it is taking some time for the staff of the agency to embrace the DR/FE concept of service delivery. They indicated that it is hard to change the attitudes of workers because they are still carrying around perspectives learned from having worked in protection-based services. As the manager noted, "Well, through the years, they've been taught to convict the person right away. Say whatever bad you can on paper about them, and that's the way you get it through the courts and that's the way they are thinking all the time, negatives instead of the strengths. So now they're starting to turn a bit." It was noted that there are still workers who say to families, "you do it my way or not at all."

In terms of getting more buy in from the staff for implementing DR/FE based services, the agency is in the process of including training on networking. The management noted that DR/FE training does provide some network training but it needs to be community specific. As was noted,

*I'm kind of training them to do networking, which they haven't done before either. Networking with health, like if we need homemakers, like I was explaining to [the DR/FE Worker], 'you don't have to go and sit there yourself.' You get a homemaker from health to go into the home and do what they have to do in the home. That frees up your time. All you have to do is monitor it and that is what is starting to happen here. I can see that now with the networking and we also get the community mental health workers from health. We work with them and also with NNADAP quite a bit. So we do a lot of networking right now. That's what we are working on right now so that workers know how to utilize the services in the community.*

The staff rated the overall efforts of the agency in implementing DR/FE based community services as not being as effective as it could be. They note the access to CFSIS and the Internet plays a role in slowing the staff down which puts them behind in completing the necessary paperwork. In particular one of the staff shared her perspective on this as follows:

### Storey of Significance:

**What works:** The off reserve FE worker interviewed for this evaluation shared a story about her experience working with a family of four children, 2 girls and 2 boys. The mother was having a hard time getting her two older children to school while also struggling to deal with a pre-school child and a child with special needs. When the FE worker originally started working with the family she found the mother was often still in her pajamas at 11 in the morning. There were sheets over the windows making the rooms very dark. Added to the difficulty of getting the two older children out of bed and off to school was the fact that the TV would always on. Instead of hassling the mother about why the children were not in school and about the other issues, the FE worker decided to address each of the family's issues one at a time rather in one shot so as not to overwhelm the mother. She sat down with the mother and asked, "Why don't we take the sheets down and brighten up the place? I think in the morning, it would cheer everyone up." She waited a few days and then visited with the mother again and talked about how the TV was a distraction every time she came by the home. She told the mother that whenever she visited at the home she was drawn into a movie, making it difficult to follow through on why she was visiting the family in the first place and that the TV may be the very reason why it was so difficult for the older children to get to school. The FE worker suggested that the movie be taken away in the morning and saved for after school as a treat. This suggestion was positively accepted some of the time but not always. The FE worker's next approach was to work with the two older children to ensure they were attending school. The two girls shared that their mother was extremely busy with

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*The Internet is really bad. Like if you have 2 or 3 people on CFSIS it's slow and when you're typing, nothing appears on it, and you retype it and it comes on twice. Like I've done those intakes a few times myself so I know how they work. And some of those things don't come up, you know when you have the forms, you have to fill this out and that out and then you can't get them in there and then they disappear or all of a sudden they appear somewhere else, so it gets frustrating.*

Initially the on reserve DR/FE worker was not able to identify any challenges or changes that have occurred with the agency as a result of implementing a DR/FE approach. As our conversation proceeded he was able to articulate some of challenges that he was seeing. He indicated that he faced challenges in completing the SDM assessments and forms. In particular he noted that there were challenges in connecting to the Internet to get the SDM information into the CFSIS system. He commented, "I know like I've always been on CFSIS. Like I can get in there but once you get there and you get out, forget it to try to get back in. Forget it, that is really hard."

The on reserve staff is aware that the Winnipeg office does not struggle with the same issues because they have better access to the technology.

### Off Reserve

The DR/FE worker expressed concern for families who have serious needs. Although she acknowledged that she has a budget to draw upon if she needs money to assist a family, it doesn't go nearly far enough for the families who

are living in poverty and who really need help. In explaining her concerns she drew upon an example of a family that had been infested with bed bugs.

*What other things would I be struggling with? Just things that I can't do. Like I've got people that have serious needs. Like 800 is not very much ... I need a wand (laughing). You know, like that's something else I struggle with. I'm very happy that I have the 800 dollars. And the resources that I have, like the Hands of Hope and things like that, like they're infested with bed bugs, Manitoba housing, I can write all the letters in the world. I'm not going to move any faster. Fighting with the landlords like there's no running water here for two weeks. And I've got them telling me off. Cause some of them are just not good people and that's the truth of it. So there are definitely a lot of challenges for me as a worker to try to make things better. That wand would really help! ... Yah and I don't say that to them either because otherwise you know that would spread like wildflower. So if everybody was knocking at my door and saying, I need some family enhancement here. So I just say, hey I can look into it and I try to look at their needs. It blows me away just like how many of my client use rent to own places that will make major purchases like one family I'm working with now says, I want to get a playpen from Sears. I said first of all, let's never shop at Sears for baby stuff. Like Sears is very expensive. We went to Walmart - the same playpen, it was less than half. Some of the common sense skills like budgeting and stuff are really hard to instill in them. They go to these place and its 8 dollars a week to get this DVD player. I can afford that. Well if you just saved 8 dollars a week for a few weeks, we could buy you one. It seems to me that after I talk to them, they should just get it but then they don't get it. I'm like, how come they don't get that? So it's a little bit of a struggle.*

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the other children. The FE worker learned that the older children really missed their mother's attention because the other two children took up much of her time and attention. The mother broke down and cried when she learned how her older children felt because she knew that she had given up much of her energy to the other two children. The FE worker set out to ensure that a support worker would come into the home to help the mother with the other children while the two older children could have lunch with their mother one day a week. In return the two older girls promised they would go to school everyday as a way of helping their mother. The worker noted that it had "been over a month and they have had perfect attendance at school and they enjoyed going for lunch every Monday with their mother." Additional supports were put in place at school for the mothers' high needs son so that he could stay in school longer and so that the mother could have one on one time with her preschooler. The FE worker noted that these approaches are family enhancement approaches, which are about "thinking outside of the box." She noted these approaches didn't cost a lot of money but it helped de-stress the mother while also ensuring she had a chance to get out of the house. While the father, with the help of the support worker, took care of the other children. She shared further, "the mom gets to get out of the house, she gets to have fun and interact with the girls ... and she just seems happier." She also noted that there have been major improvements but there is still work that needs to be done with this family. It's part of a process. In summary the Winnipeg based FE worker feels that she has been instrumental in helping to keep families together. ¶

### Story of Significance:

**What hasn't worked:** (Taken verbatim from interview transcript with off-reserve DR/FE worker). Well they were transferred for family enhancement and then transferred to protection. She just wasn't following through with some of the suggestions. Like there was excessive partying. She didn't like her place so we moved her to another place the same day she brought her stuff in, she was evicted for excessive partying. She had a newborn and she had a girl who was 1 and 1/2. I tried to explain to her about putting her child at risk. Like having your place full of people and you have a young girl sleeping there, things can happen and it only takes an instance and that's something that you have to live with and your daughter has to live with for the rest of her life. And I thought that information was so powerful that that would almost help right? She didn't necessarily have a problem with drinking herself. She had a problem with saying no to her boyfriend who brought in the parties. And he was very uncooperative and he still is. We had to boot the door in to get the kids away from him. That was in November and I've yet to hear from him. Basically my case plan was once we did that was to get mom into treatment ... she had nowhere to live. She was homeless at the time. So I said, let's get you into the Behavior Health Centre. Let's get you educated. They were going to help her with grade 12. They were going to educate her about the cycle of domestic violence because that's what the relationship she was in and about alcohol. ... And

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One of the challenges expressed by other staff at the Winnipeg office revolve around a perception that collateral service providers have not been supportive of the DR/FE approach the agency has been taking with families. They note that sometimes the resources they use are helpful while others are not. As one of the other Winnipeg staff noted,

*We had a woman from [community resource] who said this family needs family therapy and counseling ... then this one worker she says that this family doesn't have a pulse, so you need to apprehend those kids. You know sometimes some of the resources are so helpful and I find some of those workers are not doing what they should be. Some of those outside resources are having a hard time that the agency is taking a different approach with families.*

When asked what the agency could do to change the perception of collateral resources to let them know they have a part to play in helping families stay together the support worker suggested that, "people need to learn more about DR/FE ... a lot of people don't know about it. I actually went back to my old school and one of my teachers wanted me to talk to the students and none of them know what DR/FE is. My old instructor, she knew about it but thought there wasn't enough out there for FE. I think a lot of agencies too, like they don't know too much about it."

### Changes Resulting from Implementation of DR/FE Pilot Project

#### On Reserve

One of the key changes noticed by staff regarding the DR/FE approach

to service delivery relates to a belief that the FE approach has been instrumental in reducing legal costs to the agency because there has been less court involvement necessitating the need for legal counsel. The staff believe this is having a small impact on the agency's budget.

Another area where there has been notable change is in regard to the work with local community service providers. The on reserve staff notes that the collateral service providers and CFS have begun to work more closely with one another than they have in the past. As one staff noted,

*It was hard to work especially with the collaterals, but it seems to have gotten better in the last year. I think. Before that ... everybody worked individually, like in their own silos. ... I noticed that CFS didn't communicate with anybody, just on their own, and now it is starting to branch out. It is a very slow process but it is happening.*

Staff of other service providers from within the community have been observed attending at the CFS office and in particular, the staff indicate that they have a solid relationship with the staff of the health center on reserve. It was noted that someone from the community health office regularly attends weekly at the CFS office. The other community service providers, which the agency works closely with, are the school guidance counselor and the local RCMP. The nature of these relationships were not discussed in detail.

## **What Worked for Families Engaged in Agency's FE Pilot**

### **On Reserve**

The on reserve DR/FE worker stated that families are cooperative when the lines of communication are open. In particular he believes that many of the cases are

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I thought, the more you can educate somebody, the stronger they will be and the better they can make decisions right? And I was going to move her babies in with her. I did all that. I kept my word. We moved the babies in almost instantly. She did phenomenal. And she just came to my office last week and told me ... I've been telling the support worker, we need to get her on birth control. And I just had a feeling for the past two weeks that something was up. So we made the appointment. She went in, they gave the urine test. She is pregnant. She's been sleeping with people within the Centre. And so she called me yesterday and said I don't want to be here because they've taken away her phone privileges and she was not allowed visitors. You have to start over from day one when you break a rule. That's a big rule to break. So they said you start over. So she told me, I don't want to parent my babies. I don't want to be here. You can come and get them. So that's where I'm going, to get them. I'm going to get them and I'm moving them back and fortunately, I can use the same foster home. But I talked to her. I really tried to say to her, like you realize when your come out ... when you're back in that party scene, you're back in that same situation, it's going to be so much harder to get to where you are now and you are going to miss your babies. ... I guess your own values come into play as a woman and a mother but what are you thinking? You have your babies here. Like she was telling me before, just give me my babies and I don't care what else happens with my

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ex, my babies are the most important things. But we are learning now her babies aren't the most important things. She was honest with me yesterday and said, her man is important. She needs to be with him. He's out of jail now and she wants to be with him. I said, can he not come in and meet with me and we could make a case plan where he can come to Centre and be with you and the babies and treat his alcohol. And if he doesn't want to treat it right now but at least we can have him come and visit you and the babies. We can work with this. Tell me what you need from me. Tell me how I can ... convince you that you need to stay with your babies or what I can do to support that? This little girl screams when she sees me cause she knows I was the person that came to take her. So it is horrible when I walk into this place to visit them. She runs and hides and just last week, when I went to visit her, I brought some stuff and I was playing hide and go seek with her. At first she was crying and then she stopped and then she let me tickle her belly and she laughed. And then she came to peek around to see me again. I went on my hands and knees and I was playing at her. I really just got to her level. The reason that I visited was just so she could see that I was coming and going and I was a safe person. And I did like and wasn't just coming to take her away, that I cared. I was bringing little things for her, like little things for her hair. At first she would throw it on the ground but now she wore her little pink beret. And now I have to come today and I have to take her away. I think I'm pretty emotional now but that's really hard. Next question please. That's really hard! ¶

successful because of his involvement with them. He says that he tells the families that he works with, "I'm always a call away, just call me if you want to talk. There are a lot of drugs in the community. I always try to find support but they are limited so they have to be shipped out."

The staff also notes that the reason why the DR/FE approach undertaken by the agency is working for families in the communities is "because they are seeking the help themselves instead of us intervening." Staff have observed that many of the families within the community do come into the agency looking for assistance, which gives the agency "a head start so that families don't get into further trouble by losing their children to foster care or whatever."

### ***Off Reserve***

The off reserve DR/FE worker believes that the families she works with really like that she is there for them and can spend extra time with them. She indicated that she often goes above and beyond to help the families that she works with whether that is to connect them with resources in the community or just to sit down and talk with them. She reiterated, "I have good relations ... I have had people comment and say, you're the only worker I like. I feel I can relate with some of their struggles and I have the ability to advocate and the energy to be there for them and that really helps."

### **What Didn't Worked for Families Involved in Agency's FE Pilot**

#### ***On Reserve***

At the time of the interviews with staff, workers indicate that they have not encountered a situation yet where the DR/

FE approach hadn't worked for families within the community. They offered up a scenario where they believe the DR/FE service approach might not work for the families. These situations, they stated would likely involve families who do not want help or who deny that they have problems that would be harmful to their children in some way.

The on reserve DR/FE worker on the other hand indicated that a case originally assigned to him was taken away. The youth at the center of this case had been suspended from school because he had assaulted another student. The school recommended a suspension because there was fear of retaliation from the victim. The case was reassigned to another worker within the agency specifically for protection services. He indicated that he wasn't certain of why that decision was made and lamented that,

*I could have worked with him. I could have worked with him for the whole year. So I don't know why. That is the only one I lost and I know he still goes through a hard time. He is with his grandparents and about two months ago he lost his grandpa and his grandma has cancer. He lost his dad to cancer at a young age. This boy is about 16. I really feel for him too. I know he has no support too.*

### **Off Reserve**

The Winnipeg DR/FE worker drew upon a recent experience where an DR/FE case was transferred over to protection. The FE approach to working with the young mother had not worked out because the mother in question was not willing to follow through on what was expected of her as part of the plan the agency created with her. Ultimately, the mother made the decision she was not interested in parenting and at her request, the child was taken into care. The story, in the words of the DR/FE worker, is on the side bar under the heading of "what hasn't worked".

## **Improvements**

### **On Reserve**

The on reserve worker indicates that he is not aware of any changes needed to the program. He reiterated that both he and the DR/FE approach utilized by the agency, were fairly new and that it was too early to make any suggestions for improvements to the program but he did identify the need for more training on the SDM assessment tools as an important area of improvement. He noted, "I have not quite been here a year. I don't know what to say but I'm learning. I'm trying to utilize it [DR/FE services] with families and stuff." The other staff also support this perspective. They indicated that more SDM training is needed for the staff of the agency. At the time we interviewed the staff they shared that they had only received a two-day training session.

When pressed further about what the staff thought the agency needed for a full roll out of the DR/FE based services, the staff stated that there was a need for

more workers. In particular the DR/FE worker stated that he is often drawn into doing other agency work coupled with training, making it difficult for him to follow through on his DR/FE related files and responsibilities. To this he noted, "I have to help some staff because of medical and surgery but I'm on the road too with transports. ... I feel bad there is no one to supervise my visits when I'm out for training." He indicated that he is always in and out of the office and further, that he is always catching up and making home visits. He has been on the road more than he has been in the office lately. He is the only DR/FE worker on reserve and shared that "I wish we had one or two more because my caseload is shooting right up there."

Family group conferencing was identified as another area that needed to be developed to enhance the DR/FE services offered by the agency. The staff shared that they would like to include family group conferencing as part of the services available to families under the family enhancement approach. They are currently working with the RCMP and the child abuse community along with other community collaterals to develop this approach.

As part of the DR/FE services available to families the agency is looking to implement an approach that would give parents, with addiction issues, a choice about leaving the children in the home while they leave the community for treatment services. The children would remain in the home in order to help alleviate the necessity of finding additional foster care providers and homes. The staff suggested that with this approach "the children will still be under apprehension but we would leave them at home, ... we don't have to traumatize the children, but we want to take the parents out and treat the parents and do the treatment away from home." To which they further suggested that the agency, "would also have to have the funds in order to put those parents up somewhere to wait for treatment. So there's a lot of cost involved in that. Like we apprehend the children, we can put in respite workers when we do that. It's just like a foster home, make it into a foster home, but it's their own home."

### **Off Reserve**

The improvements suggested by the DR/FE worker included the following items:

- In the cases where the FE approach to working with families is not successful and children have to be transferred to protection, then other case workers should be involved in apprehending children – context here is important to understand because the DR/FE worker tried hard to build a relationship with one of the children. She did not want to be seen as "the bad person" but rather as a person who could help.
- More funding
- More resources with shorter waiting periods
- More resources to support parents
- More education around issues that affecting families (addictions and mental health)

- Pay families so they can support themselves.
- Implement a resource program for Aboriginal families that will connect them to their culture so that they will want to heal themselves and their family. The DR/FE worker noted that there was currently nothing like this in the city. The DR/FE worker also pointed out that many of these families are hard core and don't want to learn from social workers. She added, "they don't want to listen to you or me, they want to learn from someone who is hard core that has lived the life they lived ... They learned to respect people like that ... and maybe they will change."

## Conclusion

The staff of Sandy Bay CFS whether on or off reserve collectively are committed to a service delivery system based on DR/FE. Their perceptions about DR/FE as an approach to working with Sandy Bay families is positive however some of the staff noted that DR/FE was "kind of confusing" while other staff like it because it engages families and helps keep families together despite some of the circumstances they face. Support from other staff within the agency is a key aspect of carrying out DR/FE based services as one worker noted.

Staff from both on and off reserve note that families have been cooperative and receptive to DR/FE based services. Although it was also noted that families might not always know that they are receiving DR/FE services which are different from the approaches taken by the agency in the past. Families have been noted to come around when they learn that the agency is there to help them and not remove their children. Staff also shared that building relationships are important to this work but also recognize that families need to know that they have input into building these relationships. Some of the staff shared that families' perceptions about their young age play a small barrier to working with families.

Some of the challenges noted by staff include the fact that there is only one DR/FE worker assigned to the families receiving FE based services both on reserve and in Winnipeg. Their caseloads are building and they are finding that they have less time with families and while the agency has provided support workers to help them, this does not always alleviate their responsibilities and paperwork. Internet connectivity causes intermittent access to the CFSIS database making it difficult for the staff to stay on top of the SDM assessment tools that must be completed for the families receiving FE services. It was also noted that the off reserve location does not struggle with the same connectivity issues implying inequality between the on and off CFS office.

Concern for working with families with high needs and living in poverty was considered a main challenge for the DR/FE worker in the city. It was briefly noted that collateral service providers within the city do not fully understand the DR/FE based services being offered by the agency and that they have a roll to play in helping the agency keep families together. On the other hand, staff within Sandy Bay note that there is an evolving and improving partnerships

being forged with other service providers in the community. They have developed material to explain the DR/FE based approach and will be sharing this information with the community in the future.

Some of the changes that have occurred within the agency as a result of implementing a DR/FE based approach to service delivery include a reduction of legal based services and a corresponding reduction in court involvement with families, which has a positive effect on the agency's financial budget.

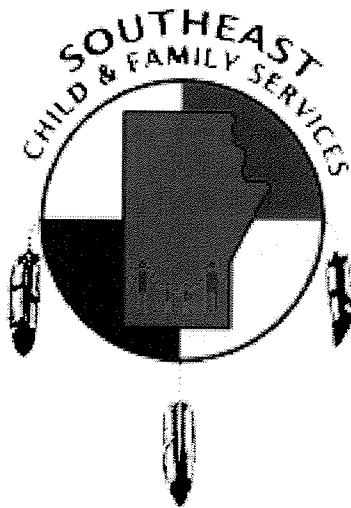
In terms of what has worked for the families involved in FE services, staff noted that when the lines of communication are open families are more cooperative with the agency. Both the on and off DR/FE workers note that their personal involvement with the families has resulted in successful outcomes. One of the staff shared that the families she has worked with really like the fact that she has been there for them and that she has the extra time to spend with them. The fact that the agency put in DR/FE workers who have never worked in child protection bodes well for the families receiving FE services because they are not working with staff who are "stuck on old paradigms of thought" when it comes to working with families in crisis. On the other hand it was noted that other staff within the agency are having a harder time letting go of practice that are rooted in protection based approaches.

The discussions with the staff around areas for improvement gravitated toward the need for more training, more supports (for both staff and families) and more funding. In particular it was noted that the DR/FE worker within the Winnipeg based office is able to draw upon a support worker to assist her while the on reserve worker does not have those types of supports in place. Other areas of improvements include needing to develop a more community focused approach that would incorporate family group conferencing and leaving children in the home while their parents are removed from the home, particularly when there are addiction issues. Staff also identified the need for more education about the issues that are affecting families and the need for programming that will help Aboriginal families help themselves through the connection to culture.

## **Summary and Closing Observations**

- This agency takes a prevention based approach to working with families to ensure they do not enter the protection based track of services – the services as provided are closely related to the cultural and environmental location of the community;
- The agency is connected and utilizes community based resources (resource collaterals) to assist in the delivery of DR/FE services;
- The SDM assessment tool is seen as an important instrument in helping the staff understand the strengths and needs of the families they work with. However the assessment tools are not considered as essential as the relationships that staff were in the process of developing with the child and families they were assigned to;

- The supervisor of the DR/FE program shared the perspective that it was difficult to change the mindset of agency staff that has worked in the protection field. To ensure a paradigm shift in services the management of the agency designed the pilot project to ensure that the DR/FE positions both on and off reserve were staffed by new BSW graduates. These positions were specifically staffed by new graduates to ensure that the work they would do with the families receiving family enhancement services would not be encumbered by protection-based approaches and perspectives;
- The DR/FE workers both on and off reserve are well regarded by the families that we talked with. The narratives highlighted above exemplify this perspective;
- Staff are open to different ways of maintaining connection and contact with the families they engaged with (i.e. one of the mothers above alluded to the fact that she appreciated that someone responds to her emails) – although this could be daunting as the workload of the staff may increase over time limiting their ability to be available to respond to families in this way;
- At the time of our visit, both of the DR/FE staff working at the on and off reserve agency locations were beginning to feel overwhelmed by the amount of paperwork generated by the DR/FE pilot project, which they feel prevents them from working effectively with families;
- Further exasperating work caseloads was the intermittent access to the CFSIS database to complete the SDM assessment information on families;
- At the time of the evaluation team's visit it was too early to evaluate the effectiveness of the agency's approach to reducing the number of families who enter into protection track services;
- Some of the short term outcomes as identified in the agency's logical model appear to have been achieved. The short term goals that have been reached include:
  - DR model and workplan developed and implemented;
  - DR processes identified;
  - Information collected on gaps in prevention / FE services;
  - Training and workforce organizational development; and
  - DR/FE positions staffed and trained.
- The agency is in the process of working toward the fulfillment of the intermediate and long term outcomes as identified in the logic model (see Appendix G).



*Chapter 5:*  
**SOUTHEAST CHILD  
AND FAMILY SERVICES -  
PAUINGASSI FIRST NATION**

## Chapter 5: Southeast Child and Family Services

DR/FE Pilot Project located at  
Pauingassi First Nation<sup>1</sup>

*"Waanishgan (Waking the  
Sleeper Within)"*

The Southeast Child and Family Services (SECFS) staff within this community set out to deliver a creative and more appropriate model of differential service delivery in a small community facing extreme economic deprivation, volatile alcohol consumption and addiction in the face of traumatic life experiences including the loss of a large number of children (over 50%) to care outside of the community.

This particular Differential Response / Family Enhancement (DR/FE) pilot project operates in the remote community of Pauingassi First Nation<sup>2</sup>. It is one of two DR/FE pilot

Manitoba



● Pauingassi FN

● Winnipeg

<sup>1</sup> See Appendix H for a copy of SECFS' logic model for this pilot project.

<sup>2</sup> Pauingassi is an Ojibway community located approximately 280 kilometers northeast of Winnipeg and 24 kilometers north of Little Grand Rapids, on a peninsula jutting southward into Fishing Lake, a tributary of Berens River. There is no permanent access road to the Pauingassi First Nation, although winter roads are constructed annually from Pine Dock and Bloodvein First Nation. Pauingassi is accessible during the Winter Road Season (which officially opens during January 5th to March 15th). There is a 3000 foot airstrip approximately 24 kilometers south of Pauingassi at Little Grand Rapids First Nation. Access to the community via the airport is restricted to boat, helicopter or float plane during the summer and by winter roads and snowmobile during the winter. The community is predominantly a Saulteaux/Ojibway speaking community (<http://www.seed.mb.ca/pauingassi.html>). As at 2009, Pauingassi First Nation has a population of approximately 573 (Stats Canada).

projects operating under SECFS and is one of nine First Nation communities associated with the SECFS agency. There are 2 full time social workers that work and live within this community. The staff at this location have worked to build capacity in a number of local community members to assist in carrying out CFS services within the community. Very few social workers from the south are interested in working in this remote community.

A cultural approach to working with all the families in the community is utilized as part of the DR/FE approach in this community. This method of service delivery is based on an Indigenous way of practicing social work that is very particular to this region. Project activities have included the creation of a community resource team to develop a community action plan; contracting a project coordinator; developing a workplan and an evaluation process; the assessment and selection of families to participate in the pilot project; reviewing the care plans for each of the children in the selected families; conducting an orientation with the families and developing preparation plans for each of the participating families; development and operational plans for a local family resource center; a workplan for safe/emergency beds within the community; and a reunification plan for families involved in the pilot project.

Other events identified as part of the agency's DR/FE approach included recreational activities, fishing derbies, camping out, hunting and fishing, gatherings, shore lunches and family visits in the wilderness. Families have also engaged in community cleanups and food and prizes have been offered as incentives for community participation. In particular the agency practices "wilderness therapy" with the selected families where they have the opportunity to leave the community and go camping on the community's traditional territory. A number of camping excursions have since been made to a cabin located outside of the community and/or to other locations. These events serve to bring families closer together and to keep them preoccupied and disengaged from unhealthy habits. These wilderness excursions are used to encourage individuals to look inward and discover sources of power that "awaken the sleeper within."

The staff at Pauingassi considers culture-based activities as DR/FE services. These activities have long been practiced prior to the piloting of a DR/FE framework of service. The staff indicate that there is a transformation in the people when they are engaged in community activities that are culturally focused – these cultural events often take place away from the community. The healing is in the land. This is an important aspect of the DR/FE work being undertaken in Pauingassi because these people, despite the addiction problems present in the community, are inherently a people with very deep connections to their community and it's geographical surroundings.

## **Interviews with the Clients of SECFS' Pauingassi**

**I***nterviews with the clients* of SECFS Pauingassi agency location took place over the course of one afternoon at the beginning of May 2011. A total of six (6) clients were interviewed<sup>1</sup>. We interviewed four (4) mothers and two (2) fathers receiving family enhancement services from the agency. At the end of the interviews, participants were presented with a thank you card and twenty dollars in appreciation for their participation.

The participants in Pauingassi were quiet and reserved. English is not the primary language spoken in the community on a day to day basis. The Ojibway language is the preferred language of communication. Many of the participants had difficulty articulating a response to the questions asked in the English language. Participants declined having any CFS staff present in their interviews with the research team. Interview participants appeared to have difficulties answering our questions and many times it seemed they did not know how to respond. In an effort to be understanding and respectful as possible, we simplified the questions by asking the participants to share how they became involved with the staff of the DR/FE program and what they thought about the new approach provided by the agency (in particular, their perspective on the cultural camping opportunity initiated by the SECFS staff in the community). We asked them about their children, their education, their plans for the future; and, what they liked about the program and specifically whether improvements could be made to make the DR/FE program better for other families in the community. We capture only the responses which contribute only to a general understanding of the DR/FE services delivered by the agency. Interviews were short, lasting anywhere from 10-20 minutes in length.

### **Demographic Information about the Agency's FE Clients**

The majority of the parents who participated in the evaluation interviews had small to large families (comprised of two (2) to six (6) children respectively). Collectively the parents ranged in age from 28-51 years of age. The parents reported a low level educational attainment ranging from grade 6 to 12. Most reside with a spouse while one identified as being separated from their spouse but living in a new common law partnership at the time of the interviews. The majority of participants interviewed indicated they were employed on a full time basis with the exception of one individual. The parents identified some of

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<sup>1</sup>Two of these participants are also employed within the agency as support staff. Although employees of the agency, their participation focused on their own personal interactions with the agency and how the DR/FE approach impacted their respective families.

the community resources that they used and/or were referred to. The types of resources mentioned included parent support services, addiction counselling, educational upgrading and all mentioned the camping event that the agency hosts in the summer. This information is set out in following table.

Table 5: Demographics of the clients in Pauingassi who participated in the evaluation interviews for SECFS.

Partic.	Age	Number of Children	Highest Level of Education	Marital Status	Current Living Arrangements	Income Sources	Resources Referred to and/or Mentioned
#1	32	6* male - 17 yrs male - 16 yrs male - 12 yrs female - 8 yrs male - 5 yrs male - 4 yrs	Gr 6	Married	Resides with Spouse	Employed Full time	Community Camping, Addiction Counseling and Treatment (Outside of Community), Parent Support, and Education Upgrading
#2	31	2 female - 17 yrs male - 16 yrs	Gr 6	Unknown	Unknown	Employed Full Time	Community Camping, Education Upgrading and Parent Support
#3	29	2 male - 12 yrs female - 11 yrs	Gr 7	Unknown	Unknown	Social Assistance (SA)	Community Camping, Addiction Counseling and Treatment (Outside of Community)
#4	28	2 both female, 7 and 2 yrs	Gr 9	Married	Resides with Spouse	Income from partner	Community Camping, Parent Support and Addiction Counseling and Treatment (Outside of Community)
#5	29	2 both female, 7 and 2 yrs	Gr 11	Married	Resides with Spouse	Employed Full Time	Parent Support and Addiction Counseling and Treatment (Outside of Community)
#6	51	4** female - 15 yrs female - 13 yrs male - 12 yrs female - 11 yrs	Gr 9	Separated	Resides with a new common law partner	Employed Full Time	Community Camping, Education Upgrading and Parent Support

\* One child currently remains in care.

\*\* Two children remain in care outside of the community. The other two children reside with the mother in an off-reserve family treatment placement in Winnipeg.

### What We Learned from the Agency's FE Clients

Most of the participants declined the option of having one of the CFS staff sit in on the interview to help them interpret and understand the questions we asked as a means of providing support to them. Only one opted to invite CFS staff to help interpret for them. Although the dialogue was not extensive, we extrapolated key issues that contribute

to a general understanding of the DR/FE approach undertaken by the SECFS staff in Pauingassi. The following provides a synopsis of what was shared with the research team.

### **How the Pauingassi Clients Became Involved in the DR/FE Program**

The reasons for involvement with the agency are many but alcohol was reported as the major reason families came into contact with the SECFS agency in Pauingassi. As a result of the drinking problems experienced by the family, many were forthright in sharing that their children had been apprehended. Individually they shared having to work with the agency to come up with a cooperative plan that would help them get their children back in the home. Others have become involved with the agency through other community activities that engage the community. The women's group for instance attracted people to the CFS staff and agency activities. The women's group originally organized a group-cooking event that started at the school that eventually ended moving over to the CFS office when the women were accused of stealing from the school. One of the people we interviewed indicated that she became involved with the CFS agency because they were curious about the summer camping opportunity and the community feasts held outside of the CFS office or shore lunch held down by the beach. They just wanted to be involved and took part in helping.

### **Families' Perceptions of the DR/FE Pilot Project**

It was noted by a few of the interview participants that families in the community might not understand exactly what DR/FE is. As was expressed by one interview participant, "I don't know, some of them I guess don't understand, I don't know, they go along with everything." Another parent, when asked if he understood what the DR/FE approach is, clearly was confused, as he noted that perhaps the CFS staff should consider providing more information and education to the community at large about what this approach is about. He noted his confusion with the differential approach taken by the agency, noting that "some families are not treated fairly because there are cases, situations, and crises where this happened and occurred and some families, they lose their kids because of this and some don't." He was adamant that all families should be treated the same, that there should be no favouritism. He expressed that families should get the same chances and be treated equally. He added, "How many times do they get chances? The family should get two chances, not one 3, the other one 4, the other one 5 and it goes on and on ... that's what I mean, it's not consistent!"

### **What Pauingassi Clients Liked About the DR/FE Approach**

#### ***The FE Program Leaders***

The evaluation team clearly indicated numerous times in the interviews that we were evaluating the DR/FE approach undertaken by the pilot project situated

### Story of Significant Change

**E**mily\* is a mother of six (6) children. She has another son who has remained in care. She decided that since her son has lived in his foster home since birth she was not interested in disrupting his life. She has struggled with alcohol her whole life. Emily became involved with the Pauingassi SECFS agency when her youngest son was apprehended because of her drinking. She worked hard with the agency staff to come up with solutions that would see effective change in her life. She cooperated with the agency, underwent treatment for her alcohol addiction and became involved in the programming the agency offered. Her youngest son eventually returned home. The CFS staff, impressed by her commitment, asked her to work with the agency part time. She accepted and worked as security during the evenings bringing children home who were out late at night. She relapsed and unfortunately was let go from her position with the agency. Months later, the agency gave her another chance to assist with administrative duties in the office. She started out working part time and has now moved into a full time family support position.

When asked what was most significant about her experience

... Continued on page 101

\* This is not his actual name – we have changed his name to protect the confidentiality of his identity.

in their community. But no matter how much we explained this, the people we interviewed maintained an assumption that we were there to evaluate the performance of the mandated CFS staff in the community. Nevertheless, the staff at this pilot site are highly regarded by the families we interviewed. The families indicate that they enjoy the camaraderie of the mandated CFS staff. Many of them often mentioned that they go to the CFS office to talk with the CFS staff. The parents we interviewed have a lot of respect for the CFS staff in the community. As one mother put it, “I felt an immediate connection to [them] ... and I’m especially thankful to [them].” While for others, the respect for the CFS staff in the community did not come over night. As one interview participant put it,

*The first time I saw the [CFS worker] at the store, I was thinking, who in the hell is that man telling me what to do? I was just staring at him across the store and then I started to know him and I started to realize what he was trying to do, he was helping us. And then I started thinking; he’s a real beautiful man. He’s a good man I told him. But the first time, I didn’t see that in him.*

### The Relaxed Approach

The parents noted that they like the way the staff implemented the DR/FE approach to working with families in the community. They note that the staff doesn’t push the families aggressively. They let the families effect change at the family’s pace, not at the pace of the CFS staff. One of the parents interviewed said it best when they said; “they let you do this your own way, not their way.” This approach was considered more relaxed, non-threatening and less stressful and “just worked.”

### ***Camping and Community Events***

The camping events that are held in the summer is the key approach undertaken in the community as part of their DR/FE pilot project. The camping event is highly regarded among the individuals we interviewed. The families report that they enjoy going out onto the land. They like the experience of cabin living, swimming, fishing and watching the children and community members, interact, play and participate in group activities. They report being involved in activities from fishing, to hunting, to harvesting wild rice. Although it was expressed by all as being hard work for the community to haul everything to the camping site, it was considered by many of the parents we interviewed, like "a holiday." One of the interviewees shared that they would like the opportunity to go to the cabin by themselves at some point in the future.

Another interview participant had not yet had the opportunity to experience the camp and cabin but was looking forward to participating with his wife and children because he had heard so much from his wife about what a positive experience it was for her and could be for him. He expressed interest in other cultural opportunities as well. The wife of this interview participant also stated that participating in the camping and cultural activities made her feel both connected to the land and to family members who had passed onto the spirit world. As she noted, the place that they had previously gone camping was part of her family's trap line. She noted, "it was my father's trap line. So when we went there. It was great to see that ... I felt so overwhelmed. I kind of just wanted to give thanks to the [CFS workers] for bringing me over there. I couldn't do anything. I was embarrassed to express my feelings while I was there." Part of her embarrassment came from the knowledge

*Continued from page 100 ...*

with the Pauingassi CFS agency, she shared that what changed significantly for her was getting a second chance at working and having a job. She counts the staff of the SECFS agency as not only colleagues but also friends. The most significant aspect of her work related activities was the opportunity to be involved in the community camping excursions. For Emily the camp experience is like being on a holiday. She looks forward to the opportunity of getting away the community, being involved with fishing, cooking and the conversations. She spoke of seeing positive transformations in the way community members respond to one another when they are out on the land and attending the community camping event. Emily feels that her life has changed significantly. She is proud of her changes because the drinking affected her health but primarily she wanted to change for her children but also for her religion, as these are the things that keep her going. She has never looked back since despite the fact that extended family living in the community still continue to struggle with alcohol. Today five of her six children reside at home with her and she continues to have visits with her son who resides in a foster home outside of the community. ¶

that her father had died from being shot at close range in the chest. Being at the camp and on the land her father showed her as a child helped her remember the close connection that she had had with her father when he was alive.

### ***Positive Changes Happening in the Community***

The families report that a number of positive changes have been occurring in the community since the CFS staff came to reside in the community. These positive changes may or may not be related to the DR/FE services offered through the pilot program but they are changes that the participants feel is significant. For instance, one of the interview participants noted that there has been a decrease in solvent abuse in the community. They also report that a recreational support worker will be working with the agency to keep young people in the community engaged in positive activities throughout the summer.

A corresponding change seen as positive is the increase of young people leaving the community to attend high school in Winnipeg. It was noted that previous to 2005 there had only been 2 young persons who left the community to complete their high school education. These individuals returned a few weeks later much to the chagrin of the community. At the time of these interviews, participants noted there were up to 26 students from the community slated to attend high school in Winnipeg.

One of the participants also mentioned another key factor that brought positive change to the community. The community is currently experiencing a baby boom. The return of more young ones in the community is positively viewed.

Having the opportunity to experience getting out of the community was expressed as a positive change because it allowed families the opportunity to get out of the community. One of the participants shared the story about a young boy who had heard about the Red River Exhibition (RRE) held every year in Winnipeg and he desired to go. His wish to experience the RRE created an infectious desire not only in the little boy but also spread throughout the community. It was reported that many of the families had a chance to leave the community to attend the Red River Exhibition event with their children in Winnipeg. Leaving the community of Pauingassi to fly south to Winnipeg and experience activities that brought families together is seen as a positive DR activity that is different from camping.

The parents also note that sometimes it is healthy to get away from the community for them because the alcohol problems in the community can be quite stressful. They note that the CFS staff makes it possible for some families to have visits with their children outside of the community on weekends as a way of relieving the stress. Training opportunities and parenting programs are also made available for some of the parents at the Circling Thunderbird Centre in Little Grand, a community that is situated to the south of Pauingassi.

For the parents who have opted to go for alcohol treatment outside of the community as part of the DR/FE approach to working with their families,

they note that their family is happier and stronger because of treatment. The married couple say that they have worked with the CFS agency to have their children returned home. The children were set to return to the couple, but they have decided that it was in their best interest and the best interest of their children that they go to a four month treatment program up north at Nelson House for the alcohol problems they were dealing with as a couple. When we interviewed them they proudly shared they had been sober for four months and looked forward to treatment and being healthy before their children were returned to them.

### **Suggestions for Improving the Program**

Most of the parents we interviewed did not see the need for improving upon the DR/FE approach delivered in the community. The interview participants all mentioned looking forward to the community events (fishing derbies, shore lunches) and the upcoming camping excursion slated for the summer. They all expressed a wish to see the camping gatherings continue into the future.

Some of the improvements identified by some of the interview participants would include the offering of more cultural teachings and opportunities within the community. They expressed wanting to see more programming geared specifically towards parents in the community. This would include support for parents, counseling in the community, longer-term treatment programs and after care. The types of programming they want to see include parenting programs and adult education. Although they know that education programs have been offered in the past they note those who have attended in the past tend to have a great deal of interest at first but over time attendance tends to fall off until eventually no one shows up. Some of parents identified also the need for more programming geared to people who have been to treatment centers for alcohol addiction. They shared the need to offer after care services for those who need it and that it be offered in the community on an on-going basis.

Another area of concern that was briefly mentioned was the needs of children and youth being released from care. Concern was especially noted for those that return home to experience "culture shock" and often take their own lives through suicide. The participants feel that there is a lack of programming for youth and young adults who find themselves back in the community and unable to integrate.

One of the participants also stated that the CFS staff should be more involved in community meetings and that they should explain the family enhancement services in more detail, including "what the function is and what they can and cannot do for the families." He further elaborated that there needs to be more education about the CFS system and how it works generally and that this education should be an ongoing activity. This individual believes that the community hasn't been made fully aware of what services are available through CFS.

## Interviews with Community Staff of Pauingassi

In the first week of May 2011<sup>1</sup>, the evaluation team travelled by plane to the small First Nation community of Little Grand. We met and interviewed the two mandated CFS staff that work and reside in the community of Pauingassi<sup>2</sup>. We also interviewed support workers and as previously noted, a small number of families receiving DR/FE services from the agency. Interviews were held over a day's quick visit into the community.

### Staff Perceptions about the DR/FE Pilot Project within the Community

#### *Background – “Healing in the Wilderness”*

There are two mandated CFS workers who reside and work in this community. The agency is staffed by a number of support workers derived from members who live in the community. Eric and Geraldine Kennedy note that when they first came to the community, they both realized they needed to practice social work in entirely different way. Because the community was fractured and disconnected, Eric and Geraldine noted that it necessitated taking a different approach to working with the people of Pauingassi. Observing how the community operated and how community members interacted with each other was central to understanding how they should provide DR/FE services in the community. Because the community was fractured and disconnected, Eric and Geraldine noted that it necessitated taking a different approach to working with the people of Pauingassi.

Bringing the community members together started first with a community cook out and many fishing derbies and shore lunches thereafter. These activities eventually led way to community plans for a camping trip to the traditional territory around Pauingassi (i.e., Apisco Lake, Pascal Lake) and other communities<sup>3</sup>. The camping trip required extensive work and observation by the staff, support staff and community members. When they were camping, the CFS

<sup>1</sup> Given the weather conditions in May the winter roads into Pauingassi were impassible by boat and vehicle. We took a short 7-minute helicopter flight from Little Grand into the community of Pauingassi. Interviews took place a day after the 2011 Provincial election.

<sup>2</sup> The staff also completed the questionnaire regarding quantitative data about the FE pilot project administered and delivered by the Agency (see Appendix D).

<sup>3</sup> These camping opportunities provide families with an opportunity to spend quality time with their children for up to a month. In the past, the agency staff has booked community camping trips to other locations within the province. For instance, Eric noted that they have gone to a provincial camp in Manigotán at a camp called English Brook.

staff noticed that the people in the community were different out on the land than when they were in the community. They noted that the men and women worked together, that everyone had a role and there was no dominance. They noticed that the community "way" took over.

The staff note that the community is entirely different when they are taken outside of the community or when there is structured community activities available. Geraldine noted that

*... if there is a baseball tournament, if there is a hockey tournament, if there is something for them to go to, to do, there is no drinking. I mean basically, if you are waking up, doing the same thing everyday, everyday [emphasis], the only way to get away from it [boredom] is to socialize and drink ... I don't know if it is an addiction to alcohol? I think it is just boredom. There's nothing else to do.*

Drinking, it was noted, is community's way of socializing because of the isolation and boredom. Geraldine noted, "they are so isolated that they can't communicate with others unless they drink."

Staff report that when the people go out onto the land, they often do not want to return to the community. Eric noted that there is often a sense of heaviness in the people when they return to the community of Pauingassi. The staff indicates that the community members are more united now as a result of these "camping" trips. The camps continue to be maintained.

The staff call their camping approach to working with Pauingassi families "healing in the wilderness." The staff believe that the camping experience and returning to the values and a way of life that incorporates "Indian values" is important to the people of Pauingassi. The staff are hoping to continue to offer this particular way of working with the community but expressed fear of the possibility the five year business plan may not be accepted by all the chiefs and councils of the SERDC.

Until recently the local CFS staff kept protection files open to maintain sibling and family contact. The children and youth in these cases are permanent wards and there is the likelihood they will not be returned to their parents. Staff indicate that last year they had 47 open protection files but with the development of the agency's five-year business plan, they had to close approximately 20 files and opened them again under family enhancement. The staff use DR related activities as a way to maintain the relationship between children and their parents in the community. The main reason for doing this is with the understanding that at some point in the future, when the child reaches the age of majority, they will want to return home to family and they need to know their community. Staff indicate that in most of these cases youth have returned to the community after reach the age of majority. The staff then worked with the families to complete the SDM assessments. They find that it is a helpful process and that it can help. They indicated that they did not find completing the SDM assessments troublesome largely because they know the families so well.

## **Perceptions about Participants' Attitudes Towards the Pilot Project**

Staff indicated that there are still boundaries that have to be kept in order to conduct social work in the community. Staff shared that they have had to apprehend many of the children of the families that were involved in the community camps hosted by the agency. Despite the difficulties of this work, the staff note that community members are beginning to work with the agency staff. Staff report that families are not afraid to approach them anymore. They report that community families are now more willing to sit down and plan together with the agency staff on how the family can reunite with their children. Together staff and families take things one-step at a time and they work together to identify who within the extended family can help look after the children until the family is stabilized. The staff note that if children need to be apprehended, there has been no retaliation and no anger. Families come forward and ask what they can do to get their children returned. This was quite the opposite years ago.

The staff are confident that their efforts to build awareness in the community is beginning to work and is slowing bearing positive results. The staff shared the story of a couple who were set to have their children returned but the couple decided to opt for intensive treatment outside the community for their addiction problems, delaying the return of their children because they wanted to be healthy enough to take on their parental responsibilities. Other community members are beginning to look at the reasons why they are drinking. The staff note that the community needs encouragement and need to be engaged in meaningful activities that keep them moving and away from having too much downtime which may see them revert back to drinking as a way of coping with the pain and boredom of their lives.

The staff is working to "re-condition" the community to act, think and operate as a united community but this will take time say the community workers. The staff eventually plan on leaving the community but not until the people within the community become the "one's managing the community." As Eric stated, "we are working ourselves out of a job." Goals to ensure that this perspective comes about includes training staff and upgrading their skills so that community members are able to eventually graduate with a bachelor of social work degree. A great deal of upgrading was noted as being necessary as some of the current staff only have a grade six education.

Eric notes that there is a yearning for cultural knowledge that wasn't previously expressed. This yearning emerged when some of the young people in the community became involved in the making and naming of a drum that is currently located in the Circling Thunderbird Centre at Little Grand. The young people located at the Circling Thunderbird Centre are not yet ready to use the drum but they are interested in cultural programming and have asked Eric to develop a program for them.

Another community incentive that the local CFS staff created was an annual clean up event in the community. Staff noted that in the past five years the community has picked up close to 100,000 pounds of garbage from the community. Last year it was close to 24,000 pounds. So people within the community are beginning to have pride in the appearance of their community. Eric and Geraldine note that the community is becoming more involved and they look forward to the community clean up every year. Incentives for participating in the community clean up include prizes. Participating families are said to enjoy a healthy competition with other community families. The CFS staff relies upon donations and prizes to make this community event successful. The local airline company donates 4 return flights. The staff contributes funds to cover the hotel costs.

INAC along with Chief and Council have been encouraged by the success of the efforts expended by the CFS staff so much so that it was suggested that it be transferred to the band. Eric noted that the chief and council wanted to transfer whatever the staff were doing to the community so that the community could carry on whatever the staff had been doing. Eric noted that when the people in the community learned of this "they indicated they weren't ready." Eric shared that the community does not want the band, chief and council to take control of the programs, which the local CFS staff have been operating.

### **Operational Changes and Challenges**

The people in Pauingassi initially did not favor help from outside of the community. This has slowly begun to change under the tutelage of Eric and Geraldine. Staff shared that they had to live within the community in order to help. They reported that it has been difficult to build trust with the community because the community was very resistant at first. Eric noted that, "trust was a big issue. That took a long time ... so what we basically did was that we came and lived with them ... we became the Indian. They had "to become like the people in the community" and in the process they learned a lot from the people of Pauingassi.

Exasperating this, Eric and Geraldine note too, is the reality that others from outside the community don't want to come to work and live in Pauingassi. Isolation and lack of community resources and accommodations are cited as some of the reasons that preclude the staff from finding people who can help within the community. In particular, it was noted that staff located in the city often do not want to come to the community and the agency staff indicate that they are having a hard time finding people who can provide respite services while they are away from the community for business or personal reasons.

Alcohol remains the biggest issue in the community and the staff is quick to admit that they do not know how to deal with the pervasiveness of alcohol within the community. They described the community of Pauingassi as "being 99% alcohol dependent." The staff indicate that when they first came to the community they

worked hard to get rid of one addiction - solvent abuse - which had previously been rampant within the community among the young people. Domestic violence was considered significant when the CFS staff initially arrived. Then Geraldine started working with the women. She shared that the women now do not allow this kind of attitude and will defend themselves and other women in the community from domestic violence if they see it happening. The staff is working toward building awareness and raising the consciousness of the community that having house parties and alcohol in their homes is not a normal course of living within the community.

The staff also plays a significant role in educating the community on how to develop and maintain the winter roads. It was necessary to learn how to do this because of the high cost of gas, food and air transportation out of the community. The community men are still in the process of learning how to do this. The community relies upon the assistance of the next First Nation communities to the south (Little Grand and Berens River) to assist with flooding the winter roads. This conversation led to ways in which the local CFS staff has tried to build other essential skills among the people within Pauingassi. Primary among the skills needed is the ability to repair the homes in the community. Eric noted that a lot of the work they do is not child and family related but the activities benefit families<sup>4</sup>. The way in which they practice social work within the community means that they must “go beyond their mandate.” Eric notes, “We try as much as we possibly can for the people.”

The staff report that one of the challenges that they face is that their approach of using the wilderness to heal the families in Pauingassi has been strongly criticized by the SECFS staff in the south. Eric shared his response to this criticism in this way,

*I basically tell them, develop your community plan. How are you going to return your children back? What is your ways of working with families? What are your alternatives besides apprehension? What resources do you have? So a lot of them get pissed off at me. So we do a lot of this stuff. Like right now we have ... the Mennonites; they come in for the one-week in July. That one-week gives us a rest. They do bible camp. They do sports with the kids and stuff like that. Then we got an agreement with Steinbach through another Mennonite Church, for a commitment for three years, to come and deliver at the camp a family focused program for one-week. So they are bringing 13 staff members from Winnipeg to come and work with the families. So that is all the stuff that we are doing this year but that's been happening since.*

The staff located within this community shared their experiences learning to live in an isolated community accessible only by plane or winter road. Staff noted some of their frustrations with previous SECFS management and the lack of funding to undertake the work required within the community. One

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<sup>4</sup> At the time the evaluation team visited the community Eric was also involved in building an outdoor classroom for the children housed at the Circling Thunderbird Centre located in Little Grand.

of the biggest frustrations they shared with us was the inability to take time away from work. The CFS staff indicated that they had not had a vacation for some time and when they did finally receive time off, they had chosen to return quickly to the community because of other project deadlines imposed upon them. They note that their contract allows them to have 7 days out of the community for every 20 days they work however they note that it never works out as stipulated in the contract. In fact, they interrupted their holiday to meet with the evaluation team to participate in the evaluation of the community's DR/FE program but acknowledged that this was their choice and not something forced upon them.

Although not explicitly stated, staff shared that they have experienced difficulties accessing the CFSIS database to complete the SDM assessments. Secure access to the Internet does not exist in Pauingassi. Connectivity is often intermittent. As such the SDMs assessments and other documentation are completed in the community office but because of connectivity issues, the completed forms must be sent (by plane) to the Winnipeg office where the information must be securely entered into the CFSIS system. This means that their documentation must be extremely accurate in order for the information to be remotely keyed into the CFSIS system on their behalf. This has the effect of putting them behind regarding compliance with CFSIS requirements.

### ***Recruitment of Staff from Community***

Community members have been recruited to work as support staff for the agency. These support workers have been involved long term with CFS, from being in care themselves to having their own children apprehended and now working as employees for child welfare. These individuals have had to overcome negative relationships with CFS and a great deal of negativity from within the community and their own fears about working for CFS within the community. The CFS staff highlighted the experiences of one person in particular who was hired by the agency to do support work in the community. They note that she has learned to overcome her own fears and the negativity from within the community. They note she has increased confidence and they note her ability to speak English has improved significantly since being employed by the agency. The local CFS staff note that these workers have experienced increased recognition and respect from the community at large. In turn, the community has begun to accept the new roles these individuals have as employees of the agency. The CFS staff indicate that support workers have experienced greater healing and have developed stronger ties and engagement with their families as a result of their employment with the agency. These support workers serve as positive role models to the community.

The CFS staff and agency support workers are trusted and respected by the community. Eric notes that the community members don't like to see them leave the community, even if only for a day. He acknowledged that,

*We have a lot of respect here in this community. They don't like us leaving. They'll phone if they know we're leaving, when we are coming back. So if we're gone for a week, they'll ask us when we are coming back ... and so, when we get back, they'll phone to make sure we are here. I don't like them to use us as an anchor but the people need that. The people need something they can hold onto. So ... they put a lot of strain on us but at the same time, we all need anchors.*

Community support staff employed by the agency are now just beginning to take over when the mandated CFS staff need to leave the community for work related and/or personal vacation leave.

### **Agency Changes Resulting from Implementation of the DR/FE Pilot Project**

The family enhancement approach to services delivered in this community has been offered well before it was identified as a pilot project initiative. Staff indicated that the pilot project isn't different from what they have been doing in the community since they arrived in the community. They note that the pilot project is a continuation of the work they have been doing. They note that now they are able to enjoy access to more funds to implement FE/DR based services. They use these funds to purchase proper camping equipment, cooking supplies, tents, and air mattresses, among other item. These items make the camping experience easier and enjoyable and contribute to positive engagement and participation by community families.

Instead of sending the parents to Winnipeg to visit their children, the children are brought back into the community for visits. The community camp is used as a way to create social bonding and cohesion for the families who have children and youth in permanent care. Support staff observe and record the interactions between children, youth and their parents. This approach was undertaken to ensure children and youth who return home to the community do not experience "culture shock" should they return to the community after aging out of care. Geraldine noted that this approach is important for maintaining a young person's connection to the community. They draw upon an example of culture shock experienced by one young person who returned to the community. It was noted that when he was returned to the community, "he didn't know anyone. He didn't know his community. He had to adapt to his community and it was culture shock to him because he was raised in Winnipeg." Geraldine shared that this personal individual is now one of the support staff employed by the agency.

The agency we learned also has a home on Linden Street in Winnipeg where a three-month therapeutic program operates. Currently the home has a Pauingassi family consisting of four children and their mother living there. The agency works with the family and has gone through the process of completing SDMs assessments on the family. The mother attends day programming and therapy. At the time we held this interview the staff indicated that the mother was to have had her children returned in July. The family is expected to return to the community of Pauingassi

where the local CFS staff and support workers will continue to engage with the family to help them reintegrate back into the community.

Staff indicate that they have forged positive relationships with various collateral service providers that interact with the community. These relationships include the provincial helicopter company, Keystone Air, the northern store, a funeral home in Winnipeg, the RCMP, and the nurses working at the nursing station. The Circling Thunderbird Centre is also useful to the community in that it provides an opportunity to house staff from outside the community when they come up to the community.

The local CFS office, which also doubles as the home of the 2 main local CFS staff, underwent extensive renovations to repair years of neglect, structural damage from rotting and bullet holes.

### **Unanticipated Changes**

The community is very dependent on Eric. Those who don't know the community and who are from outside the community are also dependent on Eric as well. Because of his knowledge of the community, Eric is often asked to participate in a number of activities essential to the wellbeing of the community. These activities appear to be outside the scope of his CFS responsibilities but contributes significantly to the work he does on behalf of the community. In particular, he has been asked on numerous occasions to assist in overseeing sentencing circles. He shared with the evaluation team his role in one such sentencing circle and the healing effect that it on certain individuals within the community. Eric recognized that a community member was able to provide forgiveness to an individual who had taken a sibling's life. Eric believes that his role in facilitating a restorative justice approach helps to bring about healing within the community.

### **Conclusion**

A land based or "wilderness healing" approach is employed in maintaining the connection between children in care with their families and their community. Camping events, baseball tournaments, fishing derbies, shore lunches and community engagement activities, such as community clean ups, are just some of the scheduled DR/FE activities that happen throughout the year. These events bring the community together in healthy ways. The CFS staff deliberately use the environment around the community as tool in delivering DR/FE services. They use the land, lakes and the abundant resources of the environment as a tool in which to engage families to return to a way of life that appears not lost. The staff would not have known how to do this unless they learned this from the community members themselves. There are still challenges as the staff indicate that the community still struggles from high levels of alcohol addiction and that many of the children placed in care are living outside the community. In instances when children need to be apprehended the staff indicate that the people in the community are becoming more cooperative and generally are not

afraid to engage with the agency. They are open to working with CFS staff and the support workers to come up with plans on how to reunite the family once they become stable and more capable of caring for their children. It was said that the community is slowly beginning to understand the importance of being engaged in treatment to deal with the addiction in the community.

The challenges of working in a remote community such as Pauingassi present many challenges for the staff currently working and residing there. Building trust among the residents was key and necessitated that the mandated CFS staff leave Winnipeg to live in the community and learn from the people. They have worked to reduce the solvency problems within the community and they have helped to educate the women in the community about domestic violence among other things.

As with many other First Nation communities, connectivity issues with the Internet exist. An intermittent and insecure connectivity to the Internet means that staff must complete all SDM assessment forms and other crucial documentation on paper, which are then sent (by plane) to the Winnipeg office for remote input into the CFSIS system.

The CFS staff indicate that they have gone above and beyond their CFS mandate and the mandate of the pilot project. Developing and maintaining a winter road and helping to build capacity among the people within the community to undertake their own house repairs are just some of the activities that they are called upon to do within the community. Indeed many of these activities are beyond the mandated services that they are expected and required to provide in the community. Some of the challenges include facing criticism from their city coworkers that what they are doing in the community is not real "social work." Another challenge is the appearance that the community has grown to rely upon the expertise of the two mandated CFS staff making it difficult for them to leave the community for extended periods at times. Very few staff from the agency in Winnipeg want to work in this remote community. The subsequent recruitment of support workers from within the community has helped to alleviate this dependency but the community still does not like to see the CFS staff leave, even if for one day. Between his CFS and community related responsibilities, Eric Kennedy also plays a key role in facilitating sentencing circles at the request of Manitoba Justice personnel. Eric's involvement in these circles is helping the people of the community heal. The nature of sentencing circles as part of restorative justice brings closure for some of the people in the community, which lends to a healing and forgiveness that hasn't been felt or experienced in the community for some time.

As stated earlier, the staff provide DR/FE services as a way to maintain the relationships between children in care and their parents. Many of these children will never be returned to their parents. It is a way to maintain some connection between the children in care and their families. It is hoped that when the children in care reach the age of majority and return home to the community, they will not experience "culture shock."

The family enhancement pilot project undertaken by the staff in the community of Pauingassi is unique and reflects a cultural approach that relies upon the land. The land outside of Pauingassi has healing qualities, which have been useful to the staff in engaging the families in the community but it is the staff that appear to be just as important to effecting change and maintaining stability within the community. Despite the challenges of working within this community, the staff did not offer areas within the pilot project that requires improvement.

### **Summary and Closing Observations**

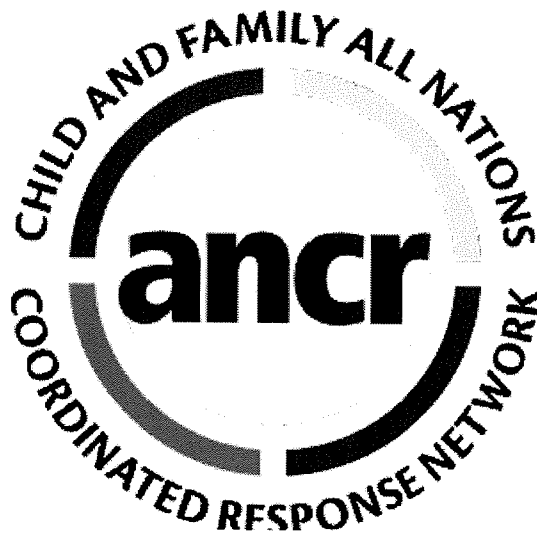
- The services as provided correlate very closely with the activities identified in the logic model developed for the pilot project – in many cases the services provided by the mandated staff supersede the outputs identified in the logic model;
- This agency takes a DR/FE based approach to working with families in the community. They also work with families who already have children in care – the services as provided are closely related to the cultural and geographical location of the community;
- There is a great deal of addiction issues in this community – however there has been great improvement in the community since Eric and Geraldine moved there – sniffing, for instance, has been eradicated. However many of the families engaged with the agency through the DR/FE services are working toward personal wellness and open to leaving the community to attain programming to deal with addictions;
- Most of the parents require assistance finding and obtaining addiction counseling and treatment. Many are described as being capable of parenting and sincerely want the responsibility to care for their own children – there were two individuals in particular that actively sought treatment with the help of the CFS staff. They are open to long-term treatment so that their children can return home.
- English is a second language, Saulteaux is the main language spoken in the community (there are two individuals who we interviewed who would have benefitted from the assistance of a translator but declined despite the opportunity when it was offered).
- Questions had to be changed slightly because of the language and literacy concerns (cognitively the interview participants understood the questions but because of the language concerns, their responses were not as in-depth as they could have been had they spoken in their own language – these individuals were not open to translation assistance).
- Most of the participants, some of whom were employed in support positions, were very shy and worried the evaluation was about their performance (these are individuals who have overcome their own addiction issues and are now working and learning in a full or part time capacity with Southeast CFS in Pauingassi). Two of the people that we interviewed had been prior clients who have demonstrated long term stabilization over time – all indicate that employment with the agency has changed their lives significantly;

- Generally most of the children are in care and live off reserve but there are some children and youth living in the community and in the neighbouring community of Little Grand;
- There is very little by way of resources in this community – most of the parents have to leave the community to access treatment – which brings into question the concern about after care and follow up for many of the parents who leave for addiction treatment. There is nothing in the community to sustain their sobriety;
- Eric and Geraldine have connectivity issues with CFSIS – they fill out the paperwork in their on reserve office but cannot input the information directly into CFSIS so they must send the information to outside staff in Winnipeg to input the information into CFSIS.
- Because the community is small, Eric and Geraldine know the entire community and who is involved with CFS – this made completing the narrative aspects of the SDM tools fairly easy to undertake but it was a lengthy process. They tackled completing approximately 30 SDMs with the Winnipeg staff – not sure if they sat down with the families to complete all the SDM tools (again literacy seems to be a huge problem in this community – most of the people we talked to have not completed school beyond grade 9 because to do so would require leaving the community) – but they do indicate that it took them approximately 3 full days to sit down with Winnipeg staff to complete the forms.
- Access into and out of the community is really dependent upon the weather and the types of travel that can be utilized to get out of the community is limited (the research team flew to the Little Grand FN location and then took a helicopter into Pauingassi because there was still ice on the lake. The ice was breaking up and couldn't be traversed by either boat or vehicle). It is for these reasons also that it is difficult, not mention expensive for families to get away from the addiction problems that are impacting the community despite it being a "dry reserve."
- The staff has demonstrated the importance of using the land to heal the community (through wilderness therapy and family camping excursions around the community and within Manitoba);
- The two mandated workers utilize a cultural approach to working with all the families in the community – this is an Indigenous way of practicing social work that is very particular to this region (and Eric and Geraldine consider most of this work as family enhancement which they have been promoting long before the move toward piloting a DR/FE framework of service). They indicate they have been heavily criticized by SECFs staff in the south who don't understand the importance of using culture as a family enhancement service in working with the families in this region of the province. They indicate that there is a transformation in the people when they are engaged in community activities that are culturally focused – these cultural events often take place away from the community. The healing is in the land – an important aspect because these people, despite the addiction problems present in the community, are inherently a land based people with very deep connections to the traditional lands surrounding Pauingassi;

- The agency is engaging the community members in activities that are designed to bring them together working cohesively as a community (i.e. shore lunches, fishing derbies, camping excursions, baseball tournaments, community clean up and healthy community participation);
- Children in care (both on and off the reserve) are visiting the community more often and are participating in some of the community events offered (i.e. camping excursions outside of the community, family events off reserve such as attending the Red River Exhibition in Winnipeg);
- Agency staff are receiving training while on the job and within the community; Agency staff are also participating in formal training (upgrading) provided by the university (at the Circling Thunderbird Nest);
- There is a willingness by families to engage in the DR/FE services provided by the agency and its staff – the narratives by the parents and the staff above are a testament to the willingness of the families to participate in FE agency activities;
- While resources are scarce in the community, the staff has developed and is maintaining ongoing relationships with other resource locations in and outside of the community (i.e. Chief and Council, the airlines that fly in and out of the community; the local northern store;
- The two mandated CFS workers are highly respected by the families we talked with;
- The mandated staff indicates that there are numerous challenges (and rewards) they face in working in a remote location. The challenges include:
  - Being overworked and under-resourced;
  - Time off and ensuring respite services are available to the community while they are away;
  - Ensuring resources to meet the needs of families are available;
  - Lack of internet connectivity to ensure that SDM forms are completed confidentially (staff report having to leave the community to work with an administrative team in the City of Winnipeg to complete the SDM assessments);
  - Negative responses from other CFS staff that they are not doing “real social work.”
- There is a heavy reliance by community members on two social workers (these two individuals do their own work for CFS plus the work of Chief and Council, building contractors, cultural educators, flooding roads, etc.) and because of this reliance they are not always able to leave the community when they need down time away from the community. Furthermore, replacements are not forthcoming from other SECFS staff because not many want to work in a remote location (and also if they do not speak the language, it is difficult to find staff who can provide respite to the two mandated staff who live and work in the community).
- Most of the short term outcomes as identified in the agency’s logic model (see Appendix H) appear to have been achieved. They include the following:
  - Creation of family resource center offering programs and services;
  - Information on families and their willingness/readiness to receive FE/ prevention services;

- Selection of families who demonstrate improvement and stabilization;
  - Children in care in the selected families have more frequent visits with family in the community;
  - Emergency beds are available in the community so that children can remain in the community;
  - Staff are available and trained to provide services through the resource center.
- In the meantime, the agency will continue the process of working toward the fulfillment of the intermediate and long terms outcomes as identified in the agency's logic model (See Appendix H at the end of this report).

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*Chapter 6:*  
**ALL NATIONS COORDINATED  
RESPONSE NETWORK (ANCR) -  
WINNIPEG**

## Chapter 6: All Nations Coordinated Response Network

### DR/FE Pilot Project located Winnipeg, Manitoba

#### Description of Project<sup>1</sup>

**A**NCR's Family Enhancement is comprised of 2 teams; the First Nation North/South Team (7 social workers) and the Métis and General Authority Team (6 social workers). Each unit has a Supervisor and there is one administrative assistant for both teams.<sup>2</sup>

**T**he Pilot Project #2 began as of February 1, 2011. As of that date, any file that the Family Enhancement team received via referrals from ANCR's Crisis Response Unit, Tier II Intake or the Abuse programs would have the Structured Decision-Making assessment completed. The Family Enhancement workers are to receive the file through the normal channels; the Referral Committee which runs every Tuesday and Thursday. Once the file has been accepted by the Referral Committee as appropriate for Family Enhancement involvement, the assigned social worker completes a Safety Assessment and an Assessment of Probability of Future Harm (=MB Risk assessment) in order to determine if the file is indeed appropriate for FE services. The results of the MB Risk assessment allow the social worker to decide the file classification (i.e. VFS, FE or Protection with an FE approach) and a CFSIS file is opened accordingly. At that time, the Intake Module is closed. The Family Enhancement worker then continues to work with the family for 90+ days during which time they are to complete the later portion of the SDM Assessment, the Caregiver and Children's Strengths/Needs. From that information, the social workers will develop and follow a Case Plan in which to focus their work with the family. At the end of their time with the families, the FE social worker completes a Reassessment of Probability of Future Harm to determine if the family requires continued services or if the file can be closed based upon a reduction of risk or success with the case plan.

The only exception to the above-mentioned process is when the Family Enhancement Team receives their files from the Assessment Team (Pilot #1). The families that have been assessed via the A-Team come complete with a Safety Assessment, an Assessment of Probability of Future Harm and the Caregiver and Children's Strengths and Needs. Upon receipt of files coming from the A-Team, the Family Enhancement worker is left only with developing

<sup>1</sup> See Appendix I for a copy of ANCR's logic model for this pilot project.

<sup>2</sup> Unfortunately, for a few months now, the First Nation Team has been down 2-3 social workers due to illness/personal leave.

a case plan with the family based upon their strengths and needs. Once again, at the end of the 90-day period with the family, a Reassessment of Probability of Future Harm is completed to determine if the family requires further services or if the file can be closed based upon a reduction of risk or success with the case plan.

When the Pilot Project began on February 1, 2011, the 2 Family Enhancement teams had approximately 250 files opened to them. A strategy was put in place at the time to assist workers with cleaning up their case loads and lending focus to the direction for the families who remained open at the beginning of the Pilot Project. It was decided that the social workers would do a Safety Assessment and a Reassessment of Probability of Future Harm (=MB Risk) to determine whether the file could be closed or transferred (to either Protection services or long-term Differential Response Services). Since February 1/11, Family Enhancement has completed 103 of these partial SDM assessments. Mostly, the files could be closed but there were some that were transferred based upon higher risk results.

The 2 Family Enhancement Teams have received 178 cases via all possible referral sources (CRU, Tier II Intake, Abuse Intake and the Assessment Team) from Feb.1/11-July 1/11.

The 2 Family Enhancement Teams have closed 160 cases during the 5 months and have transferred 22 cases to on-going Protection services or on-going Differential Response services (i.e. Winnipeg CFS).

The Teams have completed 50 full SDM assessments (Safety Assessment, Probability of Future Harm, Caregiver and Children's Strengths and Needs and Reassessments, if necessary) with families received after February 1/11 and those files have been closed or transferred after services were provided. To put this in context, as of today's date (Aug.5/11), the Family Enhancement Teams have 242 cases open to them.

## **Interviews with the Clients of ANCR's FE Pilot Program**

**I**nterviews were conducted with nine parents involved with ANCR's family enhancement pilot program. The interviews took place in the month of June at the offices located on Portage Avenue in Winnipeg. The interviews, on average, were completed anywhere within 20-40 minutes. The following seven sections set out the responses from the nine parents to seven key questions relating to the family enhancement services they received from ANCR's family enhancement pilot program.

### **Involvement with ANCR's FE Pilot Program**

The nine parents interviewed for this pilot evaluation each started off their interviews explaining how they became involved with ANCR. The majority of the parents (4 out of 9) indicated that they became involved with CFS as a result of someone calling the agency about concerns with the family. Three of the parents voluntarily called ANCR for assistance in dealing with a family issue while one parent indicated that she became involved with ANCR because of a previous contact. All indicated that their contact with ANCR resulted in a referral to the FE pilot program.

The prime reason why most of these parents became involved with the FE pilot program was as a result of conflict either between themselves and their teenage children along with their teen's drug use, possible gang involvement, the teen's defiant attitudes and in some cases, instances where their teenagers were deliberately missing school. These parents unanimously expressed feelings of inadequacy and feeling challenged about how to appropriately and adequately deal with the specific situations facing their families.

Other reasons that the parents cited for having contact with ANCR's FE pilot program included an instance where one mother needed additional resources to help her adopted son who required additional resources because of some undiagnosed conditions (FASD, ADHD, and ODD) that had been unknown prior to contact with ANCR. One of the nine parents had also indicated that they previously had prior contact with CFS. This particular mother noted that she had tested positive for drug use and ANCR became involved with her family once again. Another parent shared that someone had anonymously called into CFS concerned that she was leaving her children alone at home alone while she went off to work. While this allegation turned out to be untrue, the mother decided to keep the social worker's contact information on a whim that she

might need help in the future. A number of months later she was presented with a situation where she did indeed need help. This mother then voluntarily contacted the same social worker for assistance where she learned about the family enhancement pilot project operating out of ANCR. Her decision to voluntarily contact ANCR for assistance resulted in an approach that was palpable to her, and solidified to her that she had made the right decision by calling CFS for assistance, as she shared,

*I thought I needed extra help so I decided to call the social worker and she said there's a program called the family enhancement program. She said they don't take the kids or anything like that. They help and work with the parents. I said great, that's what I would like to get involved with. So I said sure.*

### **Accuracy of SDM Assessment Regarding the Family's Situation**

The parents were asked whether the SDM assessment forms accurately assessed their family's situation. The responses were variable.

Four of the nine parents considered the SDM assessments to be helpful. The interaction with the social worker filling out the assessments, the resulting plans, and referrals to support programs were highly appreciated by the parents in understanding how to move forward in dealing with their family's situation. This understanding was captured in the following narratives provided in two of the parents' responses below:

*We had an idea of what we could do and had ongoing plans ... like the program we have been going to, its been really good because we didn't know how to talk and communicate and deal with different conflict situations with our son, especially when it is such a crisis and a heightened conversation to be able to remain calm, what's helpful to say, what's harmful to say. Where we can take things. It's been really helpful to us.*

*Oh absolutely. The worker that I was assigned to, she was so awesome. So this social worker met with me from the FE program and with my son. ... We actually met for the first time over lunch which I thought was nice, just sort of relaxed, have some lunch, have a conversation, you know, she could ask my son too, what's going on with you? ... And then we kind of just did some assessment as far as putting all the tools in place to benefit my son. I want to give him the proper tools to be able to achieve that and that seemed to be at the time that I met her. Also, like he was completely expelled for several months prior to me even contacting child and family. That was another piece. She got him back in school. It was just so awesome all my entire experience from start to finish. The first, like I said, we met with the therapist at MacDonald Youth Services and she was able to introduce herself and her part in our journey together and our goals together as a family, to work towards having a peaceful home life. So that was the first part, getting him the therapy once a week. He really, really enjoyed that. It was extremely helpful and important for him to have an outlet of someone, not mom, not school teachers, somebody, just a complete outside person that he could feel that he could talk to ... and he actually requested a woman, because he said that he didn't want to cry in front of a*

*man. You know I thought that was really great. And so he was going there once a week. And then we looked at some further things*

Three of the nine parents indicated that they were unsure of how helpful the SDM assessments were. They acknowledge completing the assessment forms with their workers and knew that “they had been completed and entered into the computer.”

Some of the parents responded that the SDM assessments were both helpful and unhelpful. Some of the reasons offered about why the assessments were unhelpful stem from: (1) a belief that the forms did not adequately capture the complexity of the family’s situation, or (2) that the tools didn’t take into account past information and experiences that led up to the problems the family was currently facing. As one of the mothers indicated, she felt her situation was difficult to explain and became distraught in explaining that the assessments “kind of hit home and makes you feel bad, it makes you look bad and you’re really not bad.”

### **Perspectives on the FE Services Offered**

All of the interviewed parents were of the opinion that the services offered through the FE pilot program fit the specific needs of their families. The parents we talked with were dealing with situations where their teenagers were dealing with drug addiction, depression, missing school, being defiant, and dealing with undiagnosed behavioral issues (i.e. ADHD, FASD, ODD). Mostly the parents remarked that the biggest issue facing each of them was not knowing how to deal with the needs of their children until they were able to connect with a worker through the FE program as this mother reflected:

*I don’t know how we would have dealt with the situation the way it was. Our son was in full crisis and he needed to be removed from the home or else it was going to be harmful. We needed a lot of help. We needed to have time to be able to talk things out, to know how to deal with different situations, to know how to help our son and encourage him in the right direction. Since we have been involved with the FE program, it’s been a lot easier to be able to talk with our son and we’ve changed a lot of the dynamics in the home as well. Our son has been going to AFM youth counseling. That was recommended too, which is great. As well ... we’ve realized there’s a depression there as well and probably ADHD that was never diagnosed and so that may be part of the starting point of some of the issues that are happening with our son. So we would have never had any idea that those issues were present and we wouldn’t have had help for him if we had not become involved with the FE program.*

Another mother reiterated that she struggled for a long time on finding the right supports for her son to the point that she quit her job to focus full time on finding the resources to help her son. The FE worker connected her to services and programs that ensured that her son would get the help he needed. In the process she was also able to get some help, which relieved the stress she was under in trying to find these resources on her own.

*Yes, absolutely! Yah because like I said, I was struggling. I didn't know how to get the right help for him and the worker was just amazing with that. I struggled for a really long time, phoning so many different places to try to get help for him. Meeting at the school. Like I even had to give up my job literally to just focus on making phone calls to try to get help for my son. I really got frustrated. I didn't feel that anyone was helping me. I would phone. There were a lot of waiting lists. I found out about some of the programs and services that were being offered and then other ones that had stipulations that your child had to be on medications or harming themselves or others. Some of them had a lot of stipulations that didn't apply to us. So my FE worker, we went through step-by-step, ok, let's get him into therapy and she helped us do that. And she came with us to my son's school and we had a meeting, like, let's get him back at the school, doing his school work. She helped me to get a tutor that would come every day and do the school work with him to help him kind of get back on track because he had been out of school for quite some time. That was amazing, like the turn around. I can't even express to you how quickly ... within 8 weeks; he was like a normal kid again because he had those tools. He needed the therapist, he needed the school, and he needed the tutor to help him with school. The FE worker helped me to get those things in place. And then after all that, it was, let's get some help for mom now. Hey let's do the family enhancement program. They have 'Surviving the Teen Years' classes. Wow, what an amazing, amazing experience that was for me. Like I'm constantly telling other parents, I had actually a woman say to me today, yah I kind of heard about your son and that you had a hard time but its good now, what did you do? And I tell them everything from start to finish. Don't be afraid to call child and family services. Oh some people think, child and family services, oh those are the people who come and take away your kids. And they don't unfortunately have a positive understanding of how helpful the agency can be. They are there to help. If it wasn't for them, I don't even know what would have happened. I didn't know what I was going to do. Like I said, I had to leave my job. I'm back at work now. Everything is so positive.*

Some of the services offered to families included the opportunity to participate in a support group to help them understand their teenagers. One of the parents remarked on how helpful this program was to them in realizing that they were not alone in dealing with teenagers:

*Some of the things that my husband and I felt that were really helpful were the group meetings. What we found was we didn't feel like it was just us in the group meetings, that it wasn't just us that were dealing with this kind of situation. It wasn't just us looking for solutions for our family. And so when someone would share about something going on in their home, we kind of related to that, we understood and thought, oh yah, we're going through that too. And then some of the solutions some of the other parents had or things that they had tried were good suggestions for us as well. So we kind of noticed that it helped. As for myself, we didn't feel like we were the only ones going through this (laughing). So I really appreciated the group meeting, definitely, it made a big difference.*

The following commentary is by a mother who noted that both she and her son's needs were met when she became involved with the FE program. Not only did

the FE worker talk with her and her son but also referred her to a program that helped the mother understand the issues of having a teenager involved in drugs. She talks below of how it helped her and him change significantly.

*My son got very involved with using drugs. And that was a really huge concern. And that was very much evident in his behaviour. She again helped me and referred me to a program for parents at AFM and that was to teach parents how to help their kids if they were using drugs. Cause I didn't know. So I took that program, which helped me to deal with my son when he's doing drugs. I also then brought my son there too... they did an assessment to see how bad was the problem. Did he need to be enrolled? He didn't want anything to do with that. But he stopped using drugs completely ... So everything has just been a tremendous, positive, complete turn around. And now we can actually move forward. He's looking at getting a full time job for the summer. So everything has been a real turn around and like I said, I don't know what would've happened. I don't want to think of how terrible ... if I didn't know, I may have just had to give up and say you need to go into a group home because I can't have you in my home if you're using drugs, if you're not in school, if you're smashing the house, yelling, swearing, disrespecting me. And for a long time, you don't think as a parent you're going to make those tough choices. Like it was the best thing and it was for him too. And he was very receptive to everybody and I was surprised cause previous to that, I would try to get people to talk to him, other than just me, and he wouldn't want anything to do with them. The FE worker was so great with talking with him. Like the way she talks to him on his level, that's what he wants. If he is ever in a situation with an adult and feels that they are talking down to him, he'll put up a wall completely and won't have anything further to do with them and its respect. They want that respect but I say you've got to give respect to get respect too. But that I think its right in front of you, you just speak to them on the same level, you're not preaching and talking down and you know what, everyone we had been involved with, treated him really respectfully and that's why I think we got such a positive response from him.*

The services offered through the FE pilot program were considered very important to the families that we interviewed. As one mother noted, "the FE program is really important. Because of it, I can be open about some of the challenges that I face as a parent and I feel that they [CFS] are there to help me."

Sometimes parents stated that all they need is someone to talk to. One parent noted that the FE worker she had been dealing with "was there when she needed to talk and she listened without judgment and that felt good." Another parent noted that they learned about resources that they had not been aware of. Similarly, another remarked, "it really helped having the worker there for backup" while another parent noted that her FE worker was "a great person who was very easy to talk to." She further added, "I could tell her anything and I didn't feel like I was being judged."

Some of the parents also remarked that they found the information that FE workers provided about programs, community resources, including contact and emergency numbers and resource sheets on how to deal with conflict as being

informative and useful. The group meetings also provided information and invited guest speakers which families found helpful as this mother reflects in the commentary below:

*One sheet in particular that stands out, we had these sheets to take home and could fill them out with the teenagers and it asked, how well do you know your teenager and the teenager could fill it out too, how well do you know your mom and dad? And did we have a blast with that. It was really funny to float the answers and then kind of compare. You know what you think you know about that person. They're pretty accurate. Like I let my daughter be involved too even though that wasn't the purpose but just so she could feel a part of it as well. A lot of the materials were so helpful and so important. And then they had guest speakers. They had someone from Mood Disorders ... so a lot of the guest speakers that came and the material we learned about and like I said, and most importantly, the support that we could get together, parents helping the other parents.*

### **Cultural Appropriateness of the Services Offered**

The parents we interviewed for the evaluation believe that the services offered by ANCR's FE program were culturally appropriate. Some parents expressed the perspective that it didn't matter whether services were appropriate or not but what mattered was the importance of ensuring that the services provided enabled parents "to keep their children" at home. One mother indicated that not only were the services culturally appropriate but the agency was able to provide age appropriate services to all the family members. For instance, she noted that when she attended group programming at the ANCR location that they were able to provide her with babysitting services as she had younger children that needed to be cared for while she attended this programming. One of the parents assumed that the question as asked was only applicable to parents who were identified as Aboriginal. She responded to this question with, "I think it is more directed towards Aboriginals, which is ok too."

One mother felt that the FE worker she engaged with was respectful of who she was as a Métis woman, even though she did not know much about her own Métis background. For this mother she learned more about who she was as a Métis person from the FE worker. She noted that,

*The worker was very culturally appropriate. She asked me, do you have a Métis background? Well I do, but I have never really learned about it because it was from my grandmother's mother. So my great grandmother was actually, which I find really interesting and nice to know, she was the medicine woman for our people. But she married a Scotsman. So it's interesting. So my grandmother was Métis and scots. So that was really interesting to learn.*

Another parent shared that it was important that services were offered in a way that was culturally appropriate. She indicated that she appreciated the fact that her FE worker was of Aboriginal descent. She explained that it "made her happy" to be engaged with a worker that reflected who she is as an Aboriginal person.

## Overall Assessment of FE Program

The responses to the question asked about the parent's overall experience of the services and referrals made by the FE program were described as being good, positive, and very positive to excellent. Some of the mothers indicated that through their experience with the FE program they learned a lot and it really opened up their eyes to how CFS can actually help their families. The following selective narratives below capture some of the different comments made by the parents in response to this question:

*[1] Excellent! Very welcoming. Very professional! There are no judgments, which really means a lot. So there is no judgment. I've never been disrespected by anyone that I have ever met. There have been smiles; they've always been welcoming. No, no there was nothing demeaning. They are here for help.*

*[2] I was very reluctant because I felt like I was just being accused. But it turned out to be a very positive experience. I'm learning things and a lot of the stuff that's been said, I already knew it. But its like ... reinforcement, I guess is the word that I'm looking for. And I know that if I have problems, I know I have the backing and I know who I can contact and even if its not the right person, they can direct me to the person that can help us in some way.*

*[3] I think at first I was very hesitant to try and reach out and get help just within myself I felt concerned because I think there's been ... a stigma that child and family services has had for a long time and I felt concerned. I was very worried about doing the wrong thing for my son because I didn't know what would result. And I just wanted to do the right thing. And it was very concerning for me when I walked in. So when I was referred to the program, I was hesitant but I was ok, we need something, we need to figure this out, we need to do this. And so when we started to meet with the worker and we started to come to the groups, it was really encouraging because I think it helped all of our family ... everything is coming together and so I feel much better about things now and much more hopeful.*

*[4] Just an absolute blessing to our lives and I'll start crying because I'm just so happy right? Like its tears of happiness. You know, its just so amazing and so wonderful, and just all the help. And like I keep saying I don't know where we would've been without the help. And that was exactly what we needed. I was getting pretty frustrated. I thought there was no one out there that could help.*

## Significance of the FE Program

Parents remarked that they and their families have experienced many significant changes as a result of the services offered through ANCR's FE pilot program. Again, the voices of the families are instrumental in understanding why they believe these services are significant. Two of the following commentaries capture some of the different thoughts that were imparted to us by the parents about the significance of the FE services offered by ANCR:

*[1] I think that the most important thing for me is that's its been about all of our family. I think that sometimes there are programs or there are resources*

*that are just about the person who is going through the situation. I think part of the programming that needs to be raised was, as a family. Dealing with the parenting aspect of it, dealing with what kind of plans can we have? What can we do before it becomes a crisis, ... that's the biggest thing because I think that things would've escalated to that point very, very quickly, if we wouldn't have had help when we did. And that is the last thing we wanted to happen as parents. We want to be able to know, how do I deal with this? What can I do to help and if you don't know, if you don't know what's available or you don't have anything available, you're just kind of left to figure it out. And I'm really glad we were able to figure it out (laughing). It was a very challenging situation.*

*[2] In all honesty I feel like it was personally directed at me. And I know that it's directed for everybody but that's how I feel. I feel like it was specifically, here you are, here's the information, use it to your advantage kind of thing. I have taken it very personally in a positive way in that respect.*

For some of the other parents the most significant impact of the services offered by ANCR was the access to workers who were empathetic, understanding and available when parents needed to vent and talk about the issues impacting their family as this mother noted:

*What's significant for me is the FE worker gave me the time and was there when I needed to talk. She knows how hard I work at home and she acknowledged that and let me know that I'm too hard on myself. She said, you've got a large family; you're never going to have a clean house, like perfect. But I'm trying. It was nice to hear that and she listened while I talked and shared ... She always let me know that I wasn't stupid. She would let me talk on even though I could see her look at the clock and you know I would go on and on because I'm so surrounded with kids that I don't know when I'll next see an adult to talk. So I appreciated her taking that extra time to sit and listen to what I had to say."*

The following comment by another ANCR client explains the significance of the programming and services that the FE worker arranged for her son. These services she feels really helped her son change for the better and more importantly it gave him the tools to make decisions on his own rather than forcing him to make decisions to appease others.

*And people that even know us comment, wow, look at how different he is. Even his school, the principal, everybody, wow what a difference, He's like a different kid really. And really, seriously, it's because of the tools. We gave him the tools that he needed to be successful and to make the right choices. ... And then now he's even just making these choices on his own. I don't even say a word anymore. When the experience started and he was going to the therapy and having the tutor, he let go of 2 or 3 friends that were, in my opinion, very toxic for him in life, on his own, not me saying anything to him. I actually overheard a conversation when he said, "I can't hang out with you anymore." This boy was really heavy into drinking and had showed up intoxicated at my home twice. And my son, he doesn't know I heard the conversation but he said, I can't be friends with you, I'm trying to be better in my life, and you know what, if you get sober and that and you're not drinking, I would love to*

*be friends with you again, but until you make better choices and clean up your life, I can't be around you. Wow! Right?*

One mother pointed out that the most significant experience for her was that the staff at ANCR went out of their way to help her. She shared being grateful for the extra mile that her worker would take in helping her. She noted that her worker had driven her to a number of places a couple of times which she felt was considerate and very helpful. She shared that "If I could, I would give the worker some money for gas because of it, but right now, it's not feasible but yah, she's been really, really good."

For many of the mothers the FE workers are not only helpful but they are seen as powerful advocates that are important to the parents involved in the FE program. Some of the parents indicated that they didn't want to lose the connection to their workers, as this one mother jokingly expressed:

*The FE worker gave me other resources, which other people weren't giving me and that means a lot other places I could call for help. Snowbird Lodge was one and what a Godsend that was too, especially for my son. I want him to be proud of his Aboriginal descent you know? Anyways, the worker was good in the fact that she gave me other numbers, other avenues, reading material ... just the honesty overall it was very beneficial. So yah, yah, she was there for me and she is still there for me. And if I lose her I'm going to very pissed. You hear that? You don't want me to be pissed (laughing).*

For another mother involved with the FE program, what was significant to her was the assistance her worker was able to provide her when she was out of financial options. She shared what was significant to her about the FE worker assigned to her family:

*I was supposed to get my child support money at the beginning of the month and I didn't get it and of course, welfare didn't want to help me. I didn't know what else to do. So it's like, oh my god, panicking, crying and stuff like that. I talked to my worker and I told her the whole situation. She spoke to her supervisor and they really helped me out with some groceries. I was so thankful for that. I know that it was only a one-time emergency but still that so helped me a lot because I wasn't going to get welfare assistance for a while.*

Lastly, one mother expressed appreciation knowing that the FE worker she dealt with was able to relate to her as a parent because the worker shared that she struggled too and had challenges with her own children. This tiny little bit of personal information from the worker was refreshing to this mother because she knows that sometimes social workers are just fresh out of university and don't understand the challenges of parenting because they don't have children of their own.

### **Suggestions for Improving the Program**

The parents we talked to provided few remarks on how to improve upon the services offered through ANCR's FE program. One parent indicated that there

### Story of Significant Change

Sarah\* is the mother of a teenage son who was recently arrested for shoplifting. The family was referred to ANCR where they met a social worker from the family enhancement program. After some discussion with the FE worker the family learned that Sarah's son was hanging around with other youth who got him involved with drugs. He was subsequently missing school and engaging in risky activities like shoplifting. They asked the FE work for resources and for information for how to deal with their son's situation, as the issues he was dealing with were uncharted territory for the family. They were referred to a number of community resources (i.e. the youth addiction stabilization unit, AFN youth counseling, and MacDonald Youth Services) that would be helpful not only to the whole the family but to her son as well. She spoke of the helpfulness of a program called "Surviving the Teen Years" which was described by Sarah as a support group for parents dealing with similar issues. Sarah reports that she and her husband found the support group helpful because it provided them with tangible solutions on how to improve the situation with their son. She indicated that she and her husband no longer felt as if they were alone in dealing with their son's addiction problems.

... continued on page 131

\* This is not her actual name – we have changed her name to protect the confidentiality of his identity.

was no improvements necessary because the FE program appropriately dealt with her family and did exactly what it was supposed to do and that it resulted in her keeping her children and connected her with resources to improve her parenting. Another parent noted that she "really had nothing to compare it to" and therefore was unable to provide suggestions on how the FE program could be improved.

One mother indicated that there wasn't a need to improve upon the services received however she felt that it would be important to extend one of the programs which she attended with other parents on surviving the teenage years. The following narratives captures why she made this suggestion:

*The only suggestion that I have was when we filled out an evaluation for part of the family enhancement program, that surviving the teen years group meetings that I mentioned. The only thing that I said was that I would like it to go longer because it was only once a week. I think it was four weeks or six weeks? ... All the parents that attended were all in the same situation and it was so important to have that support network with other parents. 'Wow, I'm not the only one going through this!' How awesome, I mean there were tears, there was laughing, there was such a support group that was built there. The parents could really encourage one another and we all wished we could keep going further and longer. That was the only suggestion I think a lot of the parents had ... too bad it had to come to end. I mean you can't run programs forever and I know that. But it was so extremely helpful, not only the material that was provided to us and the suggestions and stuff and the paperwork ... And we just never wanted it to end.*

One mother adamantly stated that her experience with the social workers from the FE program “from start to finish, every single piece of everything that we did, I can’t even honestly think of one thing that could have been better. It was just so wonderful!”

Some of the suggestions made by the other parents for improvement included the following:

- Ensure the FE program is available in different locations in the city (the mother who made this suggestion indicated that she had to travel from Transcona to participate in meetings at a downtown location. She indicated that her family found it extremely difficult to make it to programming on time when it was located so far from their home);
- Ensure that parents are made aware that programs like the FE program at ANCR exist because then “maybe mothers who truly need help won’t think they need to hide” from CFS;
- More referrals to other programs within the city should be made;
- Ensure that FE workers are not constrained in the decisions that need to be made on behalf of families. One mother shared that her FE worker was “only able to provide assistance to her child in a limited way” and because of this, she suggested that FE workers should be given the ability “to go beyond their framework to allow parents with younger children (under 12) to access groups to help them” instead of saying “your child is not 12 or your child is isn’t bad enough.” She feels that workers

*Continued from page 130 ...*

Sarah shared that when she first became involved with ANCR she was originally hesitant about reaching out to CFS for help because of the negative stigma. She and her husband worried about doing the wrong things and making things worse for her son because she didn’t know what would result. Meeting with the FE worker and attending the support groups provided Sara and her family with resources and information that helped them deal with the different issues that were going on. With the assistance of the FE program and the resources and counseling which they learned about from the social worker, Sarah and her family report that they have been able to move forward. Reaching out to CFS for assistance provided their family with a plan on how to deal with the issues in the best way possible for their son and family. They have learned how to deal with conflict, remain calm and how to communicate with their son in crisis situations. Her son has since received counseling and has returned to school. Sara reports that he is doing much better. The most significant experience about the family enhancement process for Sara was the support they received from the FE worker which used a process that involved the entire family because it required the concerted effort of the whole family to deal with the issue. ¶

can make good judgments about the real needs of children and therefore need enough room to be able to make decisions to access all programming necessary for children, especially for those children who are under 12 who have high needs;

- Offer not only emotional and physical support but offer financial support to struggling parents to complete programming that increases the understanding of their parental roles;
- Offer a youth retreat for teenagers so that they can learn respect again because as one mother noted “there is no respect from teenagers today.”

### **Concluding Remarks and Observations**

The sense one can extrapolate from the overall sum of the comments made by the parents we interviewed is that they are generally pleased with the services received thus far from their experience with ANCR’s family enhancement pilot program.

## Interviews with Staff of ANCR

Seven individuals in the FE pilot program situated at ANCR were interviewed. They represent a mix of frontline workers, supervisors and management working in the FE pilot program. Some of the staff<sup>1</sup> participated in the interviews in pairs. The interviews took place at the ANCR office over a number of days in June 2011. Interviews on average were 30 minutes to an hour long.

### Staff perspectives about the DR/FE pilot project

Overall, the narratives extrapolated from the interviews by staff, supervisors and management of ANCR regarding the FE pilot were positively framed. They acknowledge that the FE approach required a great deal of planning. Each offered pros and cons to the approach itself and tendered positive remarks on how the SDM assessments were useful, effective and where it has or could fall short of the intended use.

#### Positives

The positive perspectives offered by the staff interviewed for this evaluation about the FE pilot program within ANCR centered around the views held by staff about how the Structured Decision Making (SDM) assessment forms have been very helpful to frontline workers and management in terms of the SDM's ability to remove worker bias and subjectivity to ensure that ANCR staff implement a consistent approach in working with families who have been streamlined to the FE pilot program. Another worker stated that the FE process keeps staff streamlined such that families are no longer "subjected to the subjective views of staff." As one worker noted,

*I think the fact that you're asking families a host of questions, that they are all being asked the same questions, that's it's not just based on their last name or the worker's perception of what certain domains mean in a family. So I like the consistency. I like the fact that everybody is being treated the same and given the same chances.*

Another interviewee reflecting on the SDM assessments agreed that she liked the fact that it "was not based on her personal feelings about what the family needed to work on" but rather, that it helped them decide together on what the family needed to work on which enabled them to move forward and construct a case plan based on the collective decisions made.

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<sup>1</sup> The use of the term "staff" refers collectively to the frontline FE workers, supervisors and management of ANCR. It is used collectively to maintain the confidentiality of the individuals who participated in the interviews for this evaluation. As such, we have deliberately refrained from identifying who said what.

## Negatives

Some of the comments shared by ANCR staff and management reflected slightly decreased positives about the benefits of FE and the utilization of SDM assessments. Frontline and management alike noted that the information through SDM assessments generated useful information but that it was a time consuming exercise. At times staff indicate that the FE approach and procedures either increased their paperwork leaving them little time to work with families or that when they worked intensively with families, reduced the time they needed to complete the necessary paperwork.

Staff also note that the FE approach and SDM assessment tools do not give clear enough understanding to or evaluation of families affected by FASD or in situations where a family has a prior history of child welfare involvement. Some families dealing with these issues may be doing well and making strides in their lives but the SDM assessment scores them high which necessitates a transfer of their file to the protection stream of services.

Another area of concern touched on by staff is the perception that the FE approach and SDM assessments are not embraced by all workers adding to the difficulties faced in operationalizing the FE pilot program. She shared the following as way of explaining this,

*There is a bit of a struggle convincing social workers of the merit of something new that is going to add to their workload. It seems to me that there are mixed reviews. Some really like it and really appreciate a more guided way of doing their work but some just feel that it is extra unnecessary work, something they are already doing, something else they have to learn and master and it's now taking up too much of their time and they can't see families ... it will take some time to get everybody taught a thorough, better way of working with families with the tools. Right now, they are just filling in the tools but the tools are only as good as the worker who is applying them."*

Staff believes that the FE pilot program gives more families a chance for developing preventative working relationships with ANCR. Collectively they agree that the number one and most important thing to come of ANCR's FE pilot approach to working with families is the idea that "they are giving families a chance." And while the FE pilot is fairly new and will require improvement, it is likely here to stay. One worker noted that "yes, there are glitches but this is par for the course because it is in the pilot stage at the moment." An overall assessment that reflects these perspectives is shared in the following quote:

*The pilot has been very helpful in terms of figuring out how to use a differential response at an intake level. And it has also allowed us some structure and some consistency to our practice which is something that we've long needed and wanted. And I think it supports the workers in their assessment cause they've always done assessments but it solidifies their opinion and professional judgment so I think that is welcomed here at ANCR, although with any new tools, it seems like an extra piece of work right, paper sometimes tends to scare front line social workers a little bit. I also like it that we now have a method to refer families to either stream and what*

*we've seen very preliminary is that we are streaming more families to family enhancement than we ever have before. Which tells me that these families deserve this chance - to be worked with from a strength based approach; to be engaged; to have a collaborative way of working with families in child welfare as opposed to the traditional protection stream, which still needs to exist for obvious reason. But the tool allows us to do our job more effectively and more consistently and takes a lot of the guess work out of our practice and some of the subjective debates that occur about whether a family should be in family enhancement or whether they should be a protection file. I think it will help eventually to stream line our work and there are some concerns about volume of course. Volume and intakes continue to rise over time and that's something that we see in our annual statistics every year so how can we provide this service and use these tools in a way that allow us to somehow manage the workload is a concern. In terms of our family enhancement program, I think it provides some structure for workers in how they work with families and also is a constant reminder that we are child and family services. So although it's family enhancement and it is more collaborative and it's from an engagement perspective instead of voluntary, because it is not truly voluntary, we are still required to meet the same child and family services standards that everyone is. We still have to have a plan when we work with families. So I think it has helped workers to recognize their role within the child welfare system. I know before they felt like they didn't quite fit and they weren't quite sure what was guiding their practice and their program. And now a lot of that guesswork is taken out. It connects workers with the larger system and it makes them realize that even though you are family enhancement, you are still assessing risk, you are still working in a planned fashion with families and I think that, although it can be met with some resistance, it could be a difficult transition. It will be one of the benefits that ANCR sees definitely from the pilot.*

### **Staff Perceptions on Family Attitudes toward FE Services**

The staff shared that families are open to the FE services offered by ANCR and families thus far, have been receptive to working with the agency. Some workers reflected however that families might not know there is a difference between the services offered through FE from the services that are currently provided or were provided a year ago. Staff reflected mixed responses, both positive and negative, from the families receiving FE services and about the process behind completion of SDM assessments.

In terms of family's perceptions about the SDM assessment forms, some of the workers experienced situations where families refuse to answer the questions while other staff report having no problem in obtaining the participation of families in answering the questions and signing the resulting case plans. For some families, signing anything related to child and family services is suspect. Staff shared that they have been able in many cases to counteract this negativity by altering they way in which they use and share the SDM assessments with family. One worker indicated that she shares the SDM assessment forms with the family before they are completed. If someone else

has completed the assessments, the worker indicated that she often meets with the family to share the comments and will ask the family on whether they agree with the assessments and where change can be effected to reflect their situation more accurately. Others indicate that they use the SDM assessment as an educational tool to help explain how risk is constructed and where the family fits in the spectrum between low and high risk. Other staff feel that it is insulting to “blast families with assessment questions because it detracts from the family’s personal story” as the following worker mused:

*I’ve always been thorough and when I speak to my families in getting that information ... so I’m listening to the story but I’m not writing ... ok, if its substance abuse, I’ll flush that out. I’m doing it as I’m listening and I’m not going in with the direct questions because it takes away from the family. They want to be heard. And I find that I get more information because I see how they process information. I hear what’s important to them or where they are stuck. And then from there, they finish speaking and then I’ll say ok, we didn’t get enough on the children and then I’ll pull out more after. But definitely the story, for me, the family’s story needs to be heard.”*

Families’ perspectives about the FE program however often has more to do with the worker’s attitude and how it is received by the families they work with is reflected in the following worker’s comment:

*I feel like it has a lot to do with the worker as well, how you are presenting the tools and how you are presenting the assessment and how you’re discussing all those things with them. That has a lot to do with how they perceive it, I think. I think that so far there have been some families who previously would not have received services through family enhancement or the DR programs at other agencies. We wouldn’t have done that. We would have transferred them for ongoing services somewhere else and our concern in some of those cases is a lot of times, they really could benefit from family enhancement and DR and sometimes those are the families that don’t receive a lot of services when they are going on to protection because maybe they aren’t as high as risk so they are not receiving a lot of attention. So that has been a really positive thing is being able, because previously that was just unheard of that we would’ve passed those onto family enhancement or DR. So that’s been a really positive thing for sure.*

One of the supervisors interviewed noted that families in the past have complained if there are any negative experiences with services received but at the time we conducted these interviews she noted that ANCR had yet to receive any complaints from the families receiving FE services. In fact staff report receiving positive feedback directly from the families they work with this worker shared: *Well this woman said to me at the last visit, I’ve had other social workers involved in my life, but you’re the best one. Which I thought was amazing. She didn’t have to say it ... but she really meant it!*

## **Operational Changes and Challenges**

Staff interviewed reflected on a number of challenges they have seen, witnessed and experienced within the agency as a result of implementing the FE based pilot program.

The operational concerns and challenges are highlighted in the sections that reflect on training, caseload and paperwork, support from management, use of SDM assessments, appropriateness of the SDMs, need for resources, future use of SDM assessments, and changing attitudes.

### **Training**

"There is a huge vertical learning curve" and training was identified as being a huge issue. In particular, the worker noted that "training" is related not just to the tools but also related to the IT systems that support these tools." It was noted also that, "sometimes it feels like the IT system was designed to drive service not service driving the IT system." Training should also ensure that people are appropriately trained and have time to implement their training on the job without compromising operational demands.

### **Workload and Paperwork**

FE is time consuming and staff noted that paperwork has increased resulting in increased overtime. Some staff stressed fear that they are not meeting the standards because they are too busy. As one worker reiterated, "I started working just a little over two years ago, I'm fairly new here, I think I spend maybe about 60% of my time with families one way or another and maybe 40% on paperwork. Now, since I started working in Family Enhancement, I think I am spending about 30% of my time with families and 70% on paperwork. So operationally, this is a challenge and we're always trying to figure out ways of trimming our paperwork aspect and making it more efficient but we're working flat out." Some staff noted that their paperwork problems could be alleviated with the assistance of case aids but these positions do not currently exist within the FE pilot program as of yet.

### **Support from Management**

There is a perception that there is no support for front line staff from management. Some of the staff are of the opinion that supervisors and managers are not often available for case conferencing or just to talk to help frontline reflect. As one worker stressed "so frontline workers can't find anybody to talk to or reflect on things." This feeds into worker fears, especially for staff that are fairly new to ANCR, about not being able to meet standards.

### **Use of SDMs Assessments**

Many of the staff mentioned overwhelmingly that from their perspective, the SDMs assessments are being used in the wrong place. Most of the staff interviewed were of the opinion that the SDM assessment shouldn't be used at the FE pilot stage. One particular staff stated that,

*It should be done from the minute the person makes that first phone call here at an intake level or CRU ... I think clients are being bounced around too many times. They are "which worker are you?" They've had 10 workers by the time you get to them and so from the first phone call that implementation, the SDM*

*should be applied and then streamlined and then workers know that this is a family for family enhancement based on the tools. And then when it comes to us and we are doing the tools we start the case planning. But as a family enhancement I can no longer do that because I am doing the tool. I can't even do the case plans. I'm so backed up with that. And we're to do intensive work. Well I can't do that and I'm transferring more families than I ever had where I had a high closing rate because I was able to do the work necessary that the families needed. And to me that was, I think, the pull of family enhancement was to stop families if we could, from being transferred. And to do a 20 caseload, having to see 20 families and their kids every month plus do these tools, it's not realistic. And its, I think it takes away, really from the whole premise of the AJI that was put together, to prevent kids from coming in care and being in the system as much as we could and we've gone the other way unfortunately."*

### **Appropriateness of the SDM Assessments**

Some of the staff shared the opinion that the SDM assessments are not always appropriate for all the families that staff engages with. Examples of where the SDM assessments were not appropriate were identified as being situations where:

- Parents who are dealing with FASD issues;
- Families dealing with drug and parent-teen conflict;
- Families who need respite.

The inappropriateness of the SDM assessments in these situations was summed up by one worker who noted "... cause with the conflict in the home, I know we're looking at mostly the caregiver but sometimes it can be the teen who is acting out and physically aggressive towards the parent." She further noted that "... with some people too who just come completely voluntary for respite services where there are none of these issues, when you are going through the assessment forms they understand it, but it doesn't really fit."

### **Need for Resources**

Concern was also mentioned about the allocation of resources. While the conversations did not delve into the nature of this issue, the staff indicate that there will be a need to look at reallocating resources. As one worker noted, I've heard from other jurisdictions that have implemented DR in the past, that within a one to two year period, they have to re-shift resources from protection to family enhancement.

### **Future use of SDM assessments**

Challenges were identified by some of the staff that have questions about how FE will be implemented by ANCR once it becomes a system wide approach. This challenge was identified in two of the following comments that were drawn from the staff narratives. Their reflections on the challenges are questions that remain unanswered but reflect forward thinking on how FE might be operationalized in the not too distant future,

*[1] And then for us the big piece is how to use the SDM tools at an intake level. Do we use them and at what point do we stop using them and transfer it on? And the*

*big debate out there right now, which we have in many forms, at ANCR, do we do the strength and needs assessment of the family, caregiver and the children or is that something that we defer to our partner agencies upon transfer?*

*[2] What makes us different is the four authorities have said they do not want us to be a catch and release DIA. So if we transfer based upon the probability of future harm alone or on the Manitoba risk classification, then we are turning into a catch and release ... You are doing very little assessment, more just the streaming process. And so operationally at some point ... the four authorities will have to make a decision as to how we utilize the tools here, how do we operationalize them at ANCR, especially given that we have a large organization with about 205 employees."*

Another worker also expressed the following concern with respect to the future of the FE program,

*FE has seen an increase in volume and there is concern that when FE is implemented across ANCR that it's not going to be long before we see a wait list and then what's going to happen with ongoing services as we are referring families over to them if they don't have a family enhancement program or workers structured yet because everybody is sort of at different stages, what happens to these families when we send them? If we are transferring them, saying we are transferring you, recommending a family enhancement approach and then they get to one of our partner agencies who aren't ready or able to deliver that service yet, that's going to cause some inconsistency and incongruence within our system. And we've seen that in on the protection piece over the last four years since ANCR has been mandated. There is a perception out there that some agencies are able to offer different things. And so we're not really sure when we send off a file for service, we have to be very careful what we say. The concern would be is the bigger system. Like ANCR wouldn't want to implement it fully unless we got the go ahead from all four authorities saying our agencies are now ready to receive cases in this way. And that being said, ANCR also isn't able to say ok well if we're transferring to this authority and that authority, we can send the cases this way. But this authority they are not ready yet. We really need for our own service stability to try and have a baseline that satisfies all 18 agencies and not different stages of DR implementation, which is going to be a challenge for us I think."*

### **Changing Attitudes**

One of the biggest challenges mentioned by various staff interviewed is how to encourage a paradigm shift of thinking about family enhancement system wide. Staff note that one of the major operational changes to overcome in implementing the FE pilot program is, "changing the overall attitudes and beliefs about what family enhancement does and what kind of cases they will accept for family enhancement because child welfare has practiced a certain way for so long."

## Changes Resulting from Implementation of the FE Pilot Program

### Changes for ANCR

One of the areas of change noted for ANCR related to the threshold for the family enhancement program – it was considered quite low. One of the managers interviewed indicated that the pilot would screen in only families who were no risk or low risk. The reality is that there are very few families who come to the attention of ANCR that can be classified as “no risk or low risk families.”

Another area of change identified by ANCR staff involves the use of the word “voluntary” as it relates to FE services. The concept that FE is voluntary is problematic because the outcome of an SDM assessment determines whether a family received FE services or must be transferred to the stream of protective services. Staff report they have taken out the illusion to the “voluntary” nature of FE because it really isn’t voluntary which is reflected in the following commentary on this point,

*The term “voluntary” was confusing, there is some hesitancy because just changing the whole concept that the family enhancement program is voluntary, that was a big struggle, just that whole term “voluntary.” People had the understanding, “well I can choose to participate and if not, I don’t have to contact you, I don’t have to see you,” you know it is kind of done. Whereas now with the tools they are realizing that, “hey, if I do contact the agency and do have family enhancement services, my choices are kind of a little bit more limited.” So I think they’re feeling a little bit of that control thing has been taken away. But some are perfectly fine with it and think it is great. I mean the way that I describe it, it’s just helps us to assist them further with the supports and resources they are needing. So its mixed reactions.*

The important change that has occurred within the FE pilot program is that staff now have an actual tool (SDM assessments) that assist them in deciding when families are high risk and in need of protective services – it takes the guess work out of their hands as the quote from one of the staff interviews reflects below,

*... the difference now is you have an actual tool where you cannot have someone say, what do you mean, this is high or very high? You have the tool to say ok, this is what the tool says, and it’s not me. This is what is going on cause I’m using this tool and this is what is going on and so this file needs to be transferred. So I don’t know, has it increased the amount of files we transferred, I haven’t seen that. Because what it is at this point when the file comes in we have to do the assessment of potential future harm right away plus the safety assessment to determine if it is FE. Based on that again a case is assigned before it is returned. I think it’s been helpful in streamlining what files are coming to us. As to how they turn high is usually the case because they can come in as FE and things can change down the road and that is something that no one has a handle on.*

### Changes for Families

The biggest change noted for families is the way that staff within ANCR assess and work with families. The FE approach to working with families is

positive. Families, it has been observed for the most part, are receptive to the FE approach and open to completing SDM assessments. The SDM assessment tools in particular are viewed by staff as an important instrument that is both useful and helpful to staff and families. The tools are viewed as providing a standardized approach, which ensures consistency across the board in working with all families. The SDM assessment tool is viewed as something that backs up frontline workers and keeps them from “using gut instinct” which hasn’t always been effective in court or practice.

### **Families Transferred from FE to Protection**

The staff note that the pilot project was fairly new and as a result staff have not experienced too many situations where families have been transferred out of FE for Protection Services. The responses to this question were contradictory as some staff indicate that there have been no increase in the transfer of FE cases to the protection stream of services while another worker noted that there “has been a higher transfer rate than ever before.”

In cases where there has been a family transferred to protection, the staff have not always agreed with the outcome of assessments where families have been categorized as high risk. For instance, one worker noted that families who have had long-term child welfare involvement and/or residential school experience are particularly vulnerable to being scored as high risk families, even if they are positively engaged in changing their family’s circumstances. As was noted by the worker,

*And that family scores high because they not only have had long term child welfare involvement, as a child that the parent, as a parent, also had involvement. We’re talking intergenerational stuff and residential school. And so just because of that, they’re going to protection? I don’t think that is right. This mom has overcome addictions, abuse, long-term history of issues and she’s being penalized because of intergenerational stuff. Like you know, yes, she’s passed some of the abuse to her kids but she’s changed now. And she worked on her addictions and she’s going to continue to be penalized. She has been in the protection service before it ever came to family enhancement, open and close, open and close, open and close. So here we’re offering a new way to work, she is doing beyond my expectations or really she’s done everything possible that she can do and she may slip right? ... That’s a fact of life. Relapse is a fact of life. But then that means protection, her kids are safe, they are well looked after with the meager means that she has. She is well connected to community. She attends addiction groups to stay sober. She is presently taking a program to deal with the intergenerational issues that she has never dealt with. You know, what more can anyone ask for? And then I feel like I’m going to penalize her but sorry these tools say you scored high and you know what, I’ve got to move you and that’s not right because she is doing what she needs to do. And so that is where the tools for me are not a fit for the families.”*

Some of the staff provided two hypothetical situations where it would be quite possible that FE files might be transferred for protection based services. This would include:

- When families need longer term services; or
- When a family will not cooperate or work with FE staff.

### **What Works for Families Involved in FE**

Staff indicate that there are two ways in which an FE file would be closed: either the family's circumstances did not warrant continued service or the FE program was successful in helping the family. At the time we interviewed ANCR staff it had been reported that very few FE files had been closed. This does not mean however that there have been no successful outcomes for families as a result of engagement with the FE pilot program. Rather, staff note that they have been working intensely with families, which has prevented them from completing the necessary paper work related to file closures in some cases. As noted by one of the staff, "We would have had more closings if we had more time to spend with our families. Before the tools came along, I would say I closed 99% of my files ... we are just too busy right now." Another reiterated, "now that we are doing this stuff (FE) we don't have the time. What makes the difference for closing files is for us to get out there and roll up our sleeves and work with families to get things in place."

### **Suggested Areas of Improvement**

Our conversations with the staff did not yield extensive concerns with the FE approach to working with families. However some improvements were highlighted briefly by staff as important for the evolution of the FE program but likely require more discussion than what the staff was prepared to discuss during the interviews. Some of the improvements to the FE pilot program briefly suggested by the staff include:

- Increase frontline staff;
- Incorporate case aids;
- Lower caseloads;
- Increase the availability of resources;
- "Tweak the SDM assessment tools" and work out the kinks that currently exist;
- Ensure staff are trained on FE and SDM assessments on an ongoing basis;
- Ensure staff have sufficient time to implement training on the job in line with operational demands;
- Shift the SDM assessment to the front at first contact with ANCR so that there is more consistency for families at the back end;
- Educate the community about FE by providing ongoing community presentations and information sessions;
- Develop strategies for how FE will be implemented within ANCR and system wide in a coordinated way with all Authorities.

## Summary and Closing Observations

- Seven employees from ANCR were interviewed while nine interviews were conducted with families receiving FE services from the agency.
- The narrative data evidences that the families generally are pleased with the FE services received. The families also provide positive narrative commentary about the FE staff working with their families;
- The responses by the families interviewed were thoughtful, articulate and much more expansive in explanation compared to the responses provided by the clients of the other FE pilot programs (primarily because English is the dominant language of communication within Winnipeg whereas for most of the First Nation sites visited, English is a second language);
- The SDM assessments helped parents understand the areas where they had challenges and needed assistance. Plans on how to deal with these challenges were viewed as helpful and families were able to understand how to move forward to help themselves and their children/youth.
- All of the families expressed the perspective that the FE services provided suited their family's needs.
- The support groups that families were referred to were highlighted as being needed and helpful.
- There is a willingness by families to engage in the FE services provided by the agency and its staff – the narratives by the parents and the staff above are a testament to the willingness of the families to participate in FE agency activities;
- The staff narratives indicate a respect and appreciation for the work of the coordinator responsible for ANCR's FE based services;
- At the same time staff acknowledge that FE is a time consuming process, which increases paperwork and reduces the time workers can spend working with families.
- IT was also identified as a concern as staff note that the IT systems seems to drive practice rather than the other way around. These concerns feed a fear among some staff that they are not meeting legislative standards.
- Staff shared that the tools need to be used the moment families become involved with ANCR.
- Staff report that there has been mixed reviews from the families they work with regarding to the FE based approach and SDM assessment tools. Many times it depends on how the worker introduces and uses the SDM assessment tools with families.
- As at the date the interviews were conducted it was noted by one of the supervisors interviews that they had not received any complaints from families about the FE approach or about the assessment tools.
- Staff noted that there are instances where the SDM assessments are not appropriate to use (parents with FASD, in parent-teen conflict situations and families needing respite).

- Some concern about how the SDM assessments work for families with prior child welfare involvement and residential school experiences was raised by some staff who note that these situations will raise the risk level of families streamed to FE, which may result in the families being transferred into protection track services.
- Resources and the allocation of resources was raised as a concern by some of the staff interviewed.
- ANCR staff raised questions about the future use of the SDM assessment tools centered on how and when it will be used when transferring to agencies.
- In addition staff raised concerns about the possibility of waiting lists because of the increase in volume or in situations where transferring agencies are not ready to take on FE families because they are at different stages of DR/FE implementation.
- Changing attitudes about FE services was identified by the staff as problematic (i.e. what it does and the kinds of cases accepted for FE).
- A number of changes have resulted because of FE (classification of who gets screen in and out and the use of the term “voluntary”). Primarily the staff generally feel the SDM tool and FE services overall are effective in that it removes worker biases and subjectivity. It provides structure and allows consistency in practice and in working with families streamed into the FE track of services.
- No FE files had been closed at the time interviews were conducted because staff are too busy working with the families and staff indicate they do not have time to do the necessary closing paperwork.
- The pilot program is fairly new and therefore the staff and families interviewed did not have a lot of suggestions for improvement.
- The ANCR pilot project encompasses two projects that established an alternative response team and the implementation of the SDM assessment within.
- The short term outcomes as identified in the agency’s logic model appear to have been attained and the agency is in the process of working toward fulfillment of the intermediate and long terms outcomes as identified in their logic model (at Appendix I).

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*Chapter 7:*  
**IMPACT ON CHILD WELFARE  
OUTCOMES**

## Chapter 7: Impact on Child Welfare Outcomes

When we empirically set out to evaluate the outcomes of these pilot projects, we focused our attention on effect. This included whether the Differential Response/Family Enhancement (DR/FE) pilot projects achieved the stated goals of the program, the effects on the agencies implementing the DR/FE program, and most importantly, whether the clients (in this case children and families) benefited more under the new model than they would have been under traditional child protection approaches. It should be noted that it was extremely difficult to gauge specific outcomes given the reality that these pilot projects had not fully been implemented and completed at the time of this evaluation. It was also impossible to make reference to the long-term effects of each of the pilot projects, as many families were still involved with the pilot projects during this evaluation.

In addition, each pilot project was implemented utilizing an internal understanding of what Differential Response / Family Enhancement is or is supposed to be. The result was very different approaches by each agency to DR/FE that were identified and categorized by this evaluation team as;

- Program DR/FE
- Systemic DR/FE

Program DR/FE is the result of blurring the lines of a true Differential Response Model of service delivery that one would find in the literature and prevention programming. The result is the application of assessment tools (such as structured decision making (SDM) in this case) in a program setting. Programming is designed by agencies who have specific knowledge regarding a certain target group in their communities, such as minor parents, and that target group is filtered into the program and DR/FE approaches are utilized within the program. Casslor (2011) also observes this phenomenon in his evaluation of other Manitoba DR/FE projects when he notes that the relationship between DR and the concept of prevention are varied and complex and require further discussion.

The latter, Systemic DR/FE is the organizational restructuring of an agency to reflect a multi track system of engaging families through a family enhancement

approach and/or through traditional child protection approaches when child safety concerns are present. In this instance, assessment tools such as SDM are utilized to identify the most appropriate approach to engage families. Families are streamed to the appropriate track and then tied to resources or programming that would best ameliorate their current life situation.

This reality (varied definitions of DR emerging through program implementation) made it difficult to speak about the impacts Differential Response has had on child welfare outcomes in respect to these projects. However, with that being said, although the implementation and definition of DR/FE varied pilot project to pilot project, all the projects were able to assert a set of core values common in most DR Models (Kaplan & Merkel Holguin, 2008);

- Family engagement versus intrusive/adversarial approach
- Being encouraging with families versus threatening
- Identification of needs versus punishment (hoop jumping)
- Support services versus surveillance

### **Effects on Family Outcomes**

The presence of these core values in the five (5) pilots and the impact it had on the outcomes for families were revealed in the testimony of the families whose life situation at the time necessitated the involvement of the agency. Families in each project were more receptive to services as a result of less pressure and invasiveness of the Child and Family Services (CFS) agencies and they reported feeling less stigma and that they were able to engage more positively in personal change when SDM tools identified them as having both needs and strengths. Although it would be premature for this evaluation to suggest that families who were embraced by the agencies in these DR/FE pilots in this manner are less likely to experience life situations that require traditional child protection services in the future, it did reveal that families appeared to be more cooperative, motivated and had higher self esteem suggesting that they more likely would not require such services. Similar evaluations in other jurisdictions, in Minnesota (Loman & Siegel, 2004) and Alberta (Weiden, Nutter, Wells, & Sieppert, 2005) for example, demonstrated that families who participated in a DR/FE type service delivery model were less likely to re-report for alleged child abuse or neglect. In fact, families in the DR/FE pathway had significantly lower re-occurrence rates across all major ethnic racial groups (White, African American, and American Indian) in the Minnesota study. In other words, this approach was effective regardless of a family's ethnic background and the pilot projects in this evaluation seemed to mirror that reality.

### **Effect on Agency Outcomes**

The results for agency outcomes (worker satisfaction/workload) varied across pilot projects and a possible explanation for this variance is discussed at the end of this section. Apart from a few exceptions, generally workers in each project

were consistently satisfied with the DR/FE approach where family engagement was less abrasive and more cooperative. The workers from the pilot projects reported that it was easier to engage families and secure support services for families quicker when their relationships were more positive and families felt part of the planning process. The end result was that positive relationships between families and workers resulted in positive outcomes for families across the different pilot projects. It should be noted that the previous statement does not attempt to establish a correlation between positive worker/family relationships and positive outcomes as it is certainly impossible to eliminate the positive outcomes being a result of support services and programming received by the families or a combination of both.

### **Observances**

As mentioned previously, outcomes were more difficult to identify that were related to impact and than those related to process due to the infancy of the pilot projects. One only needs to scour the abundance of literature relating to Differential Response/Family Enhancement to find evidence that this approach will result in positive outcomes for families across jurisdictions. One of the issues that is concerning and that was revealed in this evaluation as well as many others in the literature is the varying degree of implementation of Differential Response/Family Enhancement across agencies.

Manitoba's child welfare system is a unique and complex system where First Nations Communities (Reservations) have Province-wide mandates to provide service to their First Nation Treaty members. As a result of this devolution, Southern First Nation Agencies are continuing to evolve and adapt their service to meet their newly legislated responsibilities. Throw into the mix, a system wide change in service delivery models to Differential Response and you are going to have some variance. Now, DR/FE has shown its robustness to variances in operational, and geographical circumstances related to the positive outcomes through family engagement but its robustness related to long-term effects will certainly be tested in Manitoba's child welfare system for one specific reason. That reason is the disparity of services and resources available on and off reserve. Now, it can certainly be argued that the same disparities will exist in an urban/rural reality, however, given the context of this report and given the reality that those disparities are magnified in an on/off reserve context, we will only speak to them from that perspective.

### **Off Reserve**

The outcomes for DR/FE will only be realized to the extent and level to which it is accepted and implemented by individual agencies. Currently in Manitoba, there are several pilot projects at various stages of completion across its four (4) Child and Family Service Authorities. In addition to those pilot projects, there are also agencies that are not involved in any form of pilot but are expected to

be “live” and set up to deliver DR/FE services. The problem with this is that Differential Response, in the systemic sense, is a multi track system generally set up in the following way (National Quality Improvement Center, 2009);

- Track 1 serves families in which children are determined to be unsafe and risk of future harm is moderate or high. This track mimics traditional child protective services and responses are often regulated by legislation
- Track 2 serves families in which risk of future harm is low or moderate, children are deemed safe and the family is likely to engage in support services from the agency and other community collaterals on a voluntary basis. This track is where the Family Enhancement approach is generally administered
- Track 3 serves families that are experiencing problems but do not meet any definitions of maltreatment and there is no perceived level of risk. These families are subsequently often screened out and linked to services outside the child protection system. This track is often identified as the referral track in some jurisdictions.

In Manitoba, a dual track system has been adopted which only incorporates the first two (2) tiers mentioned above. In addition, in urban centres (Winnipeg, Dauphin, Brandon etc), all new intakes are filtered through a centralized intake system. In Winnipeg specifically, the All Nations Coordinated Response unit (ANCR) is engaged in a pilot project described earlier in this report. What occurs is that new intakes are assessed utilizing a series of assessment tools (SDM) and families are assigned to one (1) of two (2) tracks (Protection/FE). If the assessment reveals the need for traditional child protection services, the file is forwarded to the appropriate agency for on-going services. If the assessment reveals low to moderate risk, ANCR engages the family in FE services for a limited timeframe of 120 days. If families are unable to ameliorate their current life situation in that period, they are automatically transferred to the appropriate agency where they can either continue through that agency's FE track or are placed through traditional CFS services.

What was revealed through this evaluation, is that in some instances, families were transferred to their designated agency from ANCR after the 120 day expiration only to not receive any services from those agencies as a result of seemingly not being set up to do so. It is this type of implementation variance that makes the issue of DR/FE program capacity immediately relevant. If DR/FE is a relatively minor component in the agencies' child protection system it will be limited in the leverage it can exert on the system as a whole and its outcomes will also be limited.

What also results from implementation variance from agency to agency is that service consistency to families is compromised. One of the complaints noted both by workers and families during interviews for this evaluation project, was that in many instances, families were moved through the system at which point they were acquainted with several different workers, which made establishing positive working relationships difficult. The Center for Child and Family Policy

(2004) in a similar evaluation of North Carolina's DR project recommended that agencies attempt to maintain the continuation of the same social worker as long as the family was still involved in the FE pathway so that services to families were not disrupted.

In addition, the apparent abundance of support services available off reserve, particularly in Winnipeg, made it much easier to connect families, regardless of need, and ethnic background, to some form of appropriate support services, thus possibly inflating the instances of positive outcomes for families in this setting.

### **On Reserve**

Regardless of the fact that child and family service standards and guidelines transcend First Nation Reserve boundaries, services located on reserve are in no way, shape or form equal. This statement is not to imply that services or service providers perform at a level below their off reserve colleagues. In contrast, they must perform at a higher level to maintain minimum standards. This is due to the reality that on reserve agencies are required to provide the full spectrum of services in house, in many instances, by the same workers that are provided by other workers (and other agencies) off reserve. For example, after hours services are provided by the same social workers at night that provide child and family services during the day. One does not need to go into the literature to identify the implications of these types of arrangements. Worker burnout, and a low human resource pool make it difficult to staff traditional CFS systems on reserve, let alone secure trained professionals to transform these offices into a multi track system.

In addition, the availability of support and collateral services are significantly less available on most reserves as they are obviously off reserve. One of the key components of a DR/FE model identified in the literature is the ability of a child protection services agency to link up with community based services providers to share responsibility with community partners in order to respond to families more effectively. Dudding, (2003) also insists that DR/FE services be grounded in effective community based networks of formal and informal resources. The fact that infrastructure and service availability varies from First Nation to First Nation will leave factors such as transportation, timing, distance from urban centers, and cost significantly influencing a families' ability to access appropriate services and thus potentially impacting on positive outcomes.

### **Cultural Relevance**

Although cultural relevance is not necessarily a core component of DR/FE many jurisdictions in the literature, and the agencies involved in this pilot, made substantive efforts to engage families in a culturally congruent way. In 2008, Marts, Lee, McRoy, & McCroskey indicate that culturally congruent services in Los Angeles were determined to be key factor in successfully keeping many ethnic children out of the CPS system and therefore contributed to reducing

disproportionality in the system. First Nations children in Manitoba are severely over represented in the Child Welfare System and any strategy to reduce these numbers would certainly be welcomed.

While DR/FE has many philosophical and practical advantages as a service delivery model, it also has its challenges. In particular, this evaluation showed that families and workers have a basic understanding of the importance of the system to be able to provide consistent application of assessment tools (SDM), obtaining community buy-in and ensure community capacity for service provision. Before rolling this program out in its “go-live” state, Manitoba’s four (4) Child Welfare Authorities must be leery of what this evaluation team describes as “Implementation Variance” and ensure consistency across agencies in the implementation of DR/FE. The impact and outcomes of DR/FE will be minimal in the beginning but the pilots evaluated in this project were a test to see what happens on a limited scale. As stakeholders become more comfortable with the approach and as professionals become more proficient in the practice and use of new tools such as SDM, adjustments can be made and the usage increased to the point where significant impact and outcomes can be expected.

The reality is that the reality is not the same everywhere and this may always be the most obvious fact as planning for DR/FE proceeds. The operating principle would seem to be: What can be done in one place, should be done there, and not be postponed because it cannot be done everywhere at once (Siegel, Loman, Cline, Shannon & Sapokaite, 2008).

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*Chapter 8:*  
**CONTEMPLATIONS and  
LESSONS LEARNED**

## **Chapter 8: Contemplations and Lessons Learned**

### **DR/FE versus Prevention**

**T**he four pilot projects involved in this evaluation revealed many things about the implementation of DR/FE in a devolved child and family service system. Probably the most striking is the reality that the basic concept of Differential Response and its relation to prevention based programs has not been easily differentiated from each other. It is important in going forward with full Provincial roll-out that everyone involved, especially agencies, understand the core elements and core values of a DR/FE system and how prevention programs can harmoniously fit within it. This will be important if low/moderate risk families are expected to navigate the system successfully.

### **Continuity of Services**

In addition, the continuation of services to families who are in low/moderate risk categories is important to maintain. In some instances families were transferred to other CFS agencies only to be “lost” somehow in the system. There seems to be a division among agencies providing services in Winnipeg regarding how DR/FE cases are processed. Specifically, some First Nations agencies believe that the responsibility of providing FE services to their Band members belongs to them and that they are best suited for this task. Contrary to this, there are some agencies that believe that ANCR is better resourced both in human resources and funding and are in a better position to engage families more effectively.

Whatever the case, a discussion needs to occur across agencies on what FE will look like in urban settings. Will that responsibility remain with DIAs such as ANCR or will that responsibility fall on Agencies who are mandated to provide services provincially to their band members both on and off reserve? Currently, it seems that the 120-day limit on FE services through ANCR is having negative effects on families who invoke the limit and are passed onto agencies for further assessment and possible pathway reassignment. Two separate arguments have been made regarding this 120-day policy. Agencies on one hand have argued that they have lost valuable time in working with their families. On the other hand, families have argued that the timeline can be too stringent and that being transferred to a new agency and new workers places them back at the starting line.

## **Recognition of Disparities in Service On/Off Reserve**

FE depends on support services and the discussion around how limited support services and programming on reserve will impact services on reserve is essential. Studies have shown that maltreatment re-occurrence was considerably more likely to occur within those families where support services were non-existent or limited. First Nations agencies and positive outcomes for families will be realized at a reduced rate than it's off reserve counterparts right out of the gate if these realities are not addressed pre-rollout. The onus currently is on agencies to reach out to community collaterals and enter into partnerships and written agreements to better serve families. The reality is that this is often not possible due to services not being available or collaterals unwilling or unable to grasp the concept of what FE entails and how it fits within an often limited scope of service delivery for many on reserve collaterals or support services.

## **3 Track Systems**

Manitoba is currently exploring a dual track system with Child Protection/Family Enhancement as its pathways. The evaluation revealed that many cases simply required referring families to appropriate services, particularly in Winnipeg. A considerable amount of social worker time was spent "pointing families in the right direction" and connecting them with services outside of the CPS System. In other jurisdictions such as the United States, agencies have implemented a 3rd track specifically for referrals. These tracks do not require the skills of a trained social worker and would decrease the social workers workload and availability in the sense of true time.

## **Lessons Learned**

The objective of this report is to evaluate the DR/FE pilot projects being implemented by four First Nations child welfare agencies in Southern Manitoba using a methodology to help readers understand whether the pilots were effecting change for families receiving DR/FE services. It is hoped that some of the lessons learned that are identified below will generate discussion and lead to a better understanding on how to improve the implementation of DR/FE services in the future. It was not our intent for the following identified lessons learned to be fully exhaustive. These are initial observations and readers will likely draw their own conclusions about what the lesson learned are after reading the report findings.

## ***Design of Evaluation Methodology, Data Collection and Timelines***

The evaluation of these pilot projects was conducted in each community over the course of two days. During these visits the research team did not observe DR or FE in action – this evaluation therefore only provides a snapshot in time about how the pilot projects are managing from the perspectives of agency staff and a select number of clients during a test phase.

- It was too early to assess these pilot projects. Many of the agencies had just started implementing their pilot projects and were in the process of learning to implement the DR/FE approach. The evaluation of these pilots should have taken place closer toward the end of the pilot's year activities.
- Context is important for understanding the results of this evaluation.
- Future evaluations should take into consideration that evaluation questions should be tailored to individual agencies, communities, staff and agency clientele taking into consideration the history of the community, the language and respect for oral traditions, specifically in First Nation communities.
- Families interviewed assumed we were evaluating the performance of the workers within the agency rather than the new DR/FE pilot project being implemented by the agency. Similarly, many, but not all, of the agency workers assumed the evaluation of the pilot projects was about their performance rather than about effectiveness of the DR/FE pilot project undertaken by the agency.
- A template about the quantitative data regarding DR/FE statistics was requested from each of the agencies with DR/FE pilot projects. Data as to how many FE files were open, ongoing and/or closed was not provided by all the agencies which leaves a gap in understanding how many families have been involved in each of the pilot projects.

Lastly, the proposed evaluation methodology called for implementation of the Most Significant Change technique. However because of the tight timeframes and approval to proceed with the evaluation, it was not possible to ensure a full roll out of the methodology originally envisioned.

**Overall:**

- All of the agencies reported in some way that a paradigm shift in thinking was proving difficult to achieve with regard to DR/FE services. One of the major operational changes to overcome in implementing FE services that staff reported was the ability to change overall attitudes and beliefs about what family enhancement does and what kind of cases agencies should accept for family enhancement because child welfare has practiced a certain way for so long.
- In some agencies, the agency staff indicated they have long been providing services similar to DR/FE. This perception may have allowed staff to continue providing services as they have always done rather than implementing a true DR/FE approach as intended in their logic model. It was difficult for the evaluation team to demarcate what activities were DR/FE related and what activities were normal day-to-day agency business. In some agencies, the staff is expected to oversee and operationalize the DR/FE pilot project while ensuring the agency provides service as per usual. Because of this, it is hard to disentangle what is truly a DR or FE activity as defined by the definition set out in the training manual.
- Many of the families living on reserve were unaware that the agency had implemented a pilot project utilizing a DR/FE approach and that they were involved in the pilot project. Without this knowledge, some families had the

impression they were being unequally treated in comparison to other families in the community.

- While there is a specific definition about what entails DR/FE services and approaches, the delivery of DR/FE in First Nations communities, in particular, will be influenced by the uniqueness of the communities, their culture, language and the resource limitations available within the community, which means that the full intent of the approach (has been and) will be implemented differently across agencies.
- Some of the agencies' DR Coordinators were extensively involved in the evaluation while others played a minimal role.
- One of the challenges mentioned with respect to completing SDM assessments are related to connectivity issues – this is an ongoing issue for many agencies. It has the potential of causing the paperwork to pile up and can contribute to the loss of data. Staff in some agencies are relying upon manual data collection which takes longer and may discourage staff from completing the necessary paperwork. Manual records are not as confidential and/or as secure as information that has been entered electronically into CFSIS.
- In some agencies the DR/FE worker(s) do not appear to be completing SDM assessments collaboratively with families. The decision whether to do this or not is often left to the discretion of the workers.
- ANCR staff generally feel the SDM tool and FE services overall are effective in that it removes worker biases and subjectivity. It provides structure and allows consistency in practice and in working with families streamed into the FE track of services.
- In some instances the SDM assessment will score families as high risk, which can be detrimental to families who are otherwise doing their best to keep their children safe.
- In some agencies there isn't a clear understanding of DR and FE. The confusion between DR and FE seemed to exist prior to the implementation of the pilot projects. Staff indicated that they only received training once over the course of two days. They indicate that little assistance was provided to them to help them operationalize their understanding of DR/FE and to ensure the SDM assessments were properly completed and entered on CFSIS.
- DR/FE and SDM training is critical. CFS staff expressed the need more training on DR/FE and it needs to be ongoing. Staff indicated that they need time to learn the basics. At the time this evaluation was conducted, many of the agencies were still trying to figure out how to operationalize a DR/FE approach to service delivery. Staff indicate that the training should ensure that people are appropriately trained and have the time to implement the training on the job without compromising other operational demands. Frontline staff also feel that more support from supervisors is required to help staff reflect on DR/FE service issues and to help them ensure they are meeting legislative standards.
- Some agencies confused the evaluation of the DR/FE pilot with the funding

issues facing the agency. A great deal of emphasis was placed on the funding concerns that arose from the work of the 5-year business plan. In those instances, some agency staff were fearful about how to fully implement the DR/FE approach given impending reductions in funding arrangements from AANDC.

- DR/FE requires a full complement of staff to operationalize the approach – many of the workers interviewed were of the opinion their agency was understaffed and/or they expressed concerns that their agency will be understaffed should the province choose to roll out a full DR/FE system. All agency staff would like to see more staff added to the agency to implement DR/FE services and some also indicated that they would benefit from the incorporation of case aides.
- At the conclusion of writing this report, none of the agency staff reported closing FE files because staff are too busy working with the families. Staff indicate there is little time to do what is necessary to close files at this time.
- The types of problems facing the families streamed for FE services appear to be different for families who reside on reserve versus those that reside off reserve. Families residing on reserve tend to be dealing primarily with poverty and addiction issues while the families living off reserve or within the city appear to deal more with parent and teen conflict.
- Gaps in resources available to parents on reserve and off reserve are evident from the narratives. FE workers off reserve are able to draw upon a wide variety of resources to help them help the families they work with while FE workers in First Nations communities are limited by what is available in the community.
- Collateral service organizations within First Nations communities and in the city will likely need to be better informed and educated about the DR/FE approach being used by CFS agencies.
- Lastly and importantly, how DR/FE will be delivered in the future will be influenced by the culture, language and relationship the agency and staff have within the community. Communication is critical and agency staff should be open to new ways of communicating with families (i.e. texting and via cell phone and even through facebook).

### ***Recommendations:***

- In the future, evaluators should be involved in the DR/FE/SDM training offered to agency staff.
- In addition to training, on reserve staff could benefit from mentoring on completing SDM assessments.
- Agencies should conduct self-evaluations on DR/FE/SDM assessment processes at 6, 9 and 12-month intervals. These reports should be shared with future evaluators.
- SFNNC might consider the idea of creating an on-call position to assist agency staff in addressing service related issues and concerns that arise from implementing DR/FE services.

- The DR/FE/SDM trainer(s) should be involved in the development of future evaluation efforts.
- SFNNC should develop strategies in a coordinated way with all Authorities on how DR/FE will be implemented system wide.

### **Evaluate, Evaluate, Evaluate**

This evaluation was narrow in its scope but it was able to capture real qualitative data regarding the process and some limited outcomes of the five (5) DR/FE pilot projects through participant's stories of significant change. It was able to provide preliminary insight into how effective different family engagement strategies worked within different geographical and demographic realities. It provided narrative data around assessment tools and usage and helped gauge acceptance and frustration with such tools. It revealed the potential the DR/FE approach has across varied service delivery agents and its robustness in isolated and populated settings to bring about positive outcomes for families and children, and yet, it was neither complete nor exhaustive.

Evaluating an incomplete project is difficult and unfair because the evaluation does not allow the project to reveal its true capabilities in achieving what it was designed to achieve. In the future, it is suggested that evaluation be reserved for those programs that are fully mature to provide the best and fairest opportunity to find significant effects and outcomes of DR/FE. In addition, in order to achieve maximum comparability across programs, significant work would need to be done with all agencies to limit implementation variance and ensure consistency across agencies. Comparability and service delivery will be more effective if all agencies are at the same level of DR/FE functionality.

What this involves is the consideration of looking at where all agencies are at currently with implementation of DR/FE to ensure agency readiness to provide a level of service consistency across agencies. Failing to support agencies in this transition will only have negative effects on the children and families it was designed to support in the first place.

## References

- Bazeley, P. (2007). *Qualitative data analysis with NVivo*. Los Angeles, CA: Sage Publications.
- Casslor, M. (2011). *The Métis DR/FE Project Evaluation*. Winnipeg, MB.
- Center for Child and Family Policy. (2004, April). Multiple response system (MRS) evaluation report to the North Carolina Division of Social Services (NCDSS). Raleigh, NC: Sanford Institute of Public Policy, Duke University.
- Davies, R., and Dart, J. (April 2005). The 'Most Significant Change' (MSC) Technique. A guide to its use. Available online at <http://www.dochas.ie/pages/resources/documents/MSCGuide.pdf>.
- Dudding, P. (2003). Foreword. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 32-48). Ottawa, Ontario, Canada: Child Welfare League of Canada.
- Kaplan, C. & Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Protecting Children*, 23(1&2):5-21.
- Loman, L. & Siegel, G.L. (2004). Alternative response in Minnesota: Findings of the program evaluation. *Protecting Children*, 20(2&3): 78-92.
- Marts, E.J., Lee, E.O., McRoy, R. & McCroskey, J. (2008). Points of engagement: Reducing disproportionality and improving child and family outcomes. *Child Welfare*, 87(2): 335-358.
- Siegel, G. L., Loman, L. A., Cline, J., Shannon, C., & Sapokaite, L. (2008, November). Nevada differential response pilot project: Interim evaluation report. St. Louis, MO: Institute of Applied Research. Retrieved October 2, 2009, from <http://www.iarstl.org/papers/Nevada%20Differential%20Response%20Pilot%20ProjectInterim%20Report%20November%202008.pdf>
- National Quality Improvement Center on Differential Response in Child Protective Services. (2009)
- Polkinghorne, D.E. (2007). Validity issues in narrative research. *Qualitative Inquiry*, X(X): 1-16.
- Statistics Canada. (2007a). Berens River 13, Manitoba (Code4619077) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. Available online at <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>. (Accessed August 6, 2011).
- Statistics Canada. (2007b). Ebb and Flow 52, Manitoba (Code4617029) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. Available online at <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=CSD&Code1=4617029&Geo2=PR&Code2=46&Data=Count&SearchText=Ebb%20and%20Flow&SearchType=Begin&SearchPR=46&B1=All&Custom=>. (Accessed August 6, 2011).
- Statistics Canada. (2007c). Pauingassi First Nation, Manitoba (Code4619079) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. Available online at <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=CSD&Code1=4619079&Geo2=PR&Code2=46&Data=Count&SearchText=Pauingassi&SearchType=Begin&SearchPR=46&B1=All&Custom=>. (Accessed August 6, 2011).
- Statistics Canada. (2007d). Sandy Bay 5, Manitoba (Code4608069) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=CSD&Code1=4608069&Geo2=PR&Code2=46&Data=Count&SearchText=Sandy%20Bay&SearchType=Begin&SearchPR=46&B1=All&Custom=>. (Accessed August 6, 2011).
- Thomas, D.R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2): 237-246.
- Thorne, S. (2000). Data analysis is qualitative research. *Evidence Based Nursing*, 70(3): 68-70.
- Walker, W. (2005). The strengths and weaknesses of research designs involving quantitative measures. *Journal of Research in Nursing*, 10: 571-582.
- Walsh, M. (2003). Teaching qualitative analysis using QSR NVivo. *The Qualitative Report*, 8(2): 251-256.
- Weiden, T., Nutter, B., Wells, L., & Sieppert, J. (2005). Alberta response model implementation evaluation phase 1: Baseline data. Alberta, Canada: University of Calgary, Centre for Social Work Research and Professional Development.

*Appendices A - 1*

## APPENDIX A

### DR/FE QUANTITATIVE AND QUALITATIVE RESEARCH QUESTIONS Southern First Nations Network of Care – Evaluation of DR/FE Pilot Projects

#### Quantitative Questions for Agencies involved in DR-FE Pilot Projects (sent to all agencies with DR-FE pilot projects in advance):

1. What is the total number of completed assessments using the SDM tool?
2. Of these cases, how many were assigned to:
  - a. Protection?
  - b. Family Enhancement?
  - c. Deferred out (brief services)?
3. How many cases were closed as a result of successful FE intervention?
4. How many cases were transferred to protection as a result of unsuccessful FE intervention?
5. How many cases, if any, were transferred from protection to the FE stream?
6. How many staff from the agency is involved in the DR pilot project?
7. What types of staff do you have involved in the agency's DR pilot project (i.e. FE workers, FE supervisor, Intake, etc.)
8. Does the FE pilot project refer clients to community collaterals? Yes/No
  - a. If yes, please identify which programs/services the agency has utilized

#### Agency Staff Questions:

1. What are your perceptions or your evaluation of the DR/FE pilot project within your agency? (Meant to gauge their personal attitudes about the project)
2. What are your perceptions of the attitudes of families who went through the DR/FE pilot project versus families who experienced traditional Child Protection service investigations? (Meant to gauge families' attitudes towards a process that is designed to be less intrusive)
3. Can you identify any operational changes or problems that occurred or is occurring / operational changes or resolutions that occurred or is occurring during the DR/FE pilot project?
4. What kinds of changes have you observed which have occurred within the agency as a result of implementing this DR pilot project?
5. Have you observed any other changes within the agency or among the participating families (that were not anticipated)?
6. From your perspective, what didn't work for the families that were transferred from the FE stream to the protection stream?
7. From your perspective, why did the FE program work for those families that went through the FE program successfully?
8. What improvements could be made to the DR/FE pilot project to strengthen services?

#### Client Questions:

1. How did you become involved with the agency?
2. Do you feel the SDM tools accurately assessed your family's situation?
3. Did the DR/FE services offered and received fit the needs of your family?
4. How could these services be improved?
5. Were these services offered in a way that was culturally appropriate for you and your family?
6. Can you describe your overall experience with the DR/FE process offered by the agency?
7. Is there anything significant about your experience with the DR/FE project that you would like to share? *Looking back over the past three months, in your opinion, what do you think was the most significant change that took place as a result of being involved in the [name of specific DR pilot project]?"*
8. Are there any questions you would like us to answer?

#### Community Collateral Questions:

1. Does the CFS agency make referrals to your program?
2. Do you understand the agency's FE process? Has the FE process been explained to your organization? Can you explain how the referral process from the CFS agency works?
3. Is there anything about the referral process that you would change?
4. Are the referral services appropriate and meeting the needs of the families being referred to your program? Please explain why or why not?
5. What kind of outcomes have you seen for the families as a result of being referred to your organization?
6. Are there any challenges you have observed as a result of getting FE referrals from the CFS agency?

## APPENDIX B

### EMAIL TO Agencies (sample)

Hi ———,

I wanted to touch base and let you know that I have been contracted by the Southern Authority to undertake the evaluation of the DR/FE pilot project, which ——— has in place both on and off reserve. Other agencies with DR/FE pilot projects include: Sandy Bay CFS, Southeast CFS (2 projects), West Region CFS and ANCR. Richard De La Ronde and Michael Elliott will also be assisting in the data collection process of this evaluation at select agencies.

There are a number of items that need to be in place in order for this evaluation to take place and this email sets out what will be required by the agency and its staff.

The first of which are answers to the following questions and access to any of the agency's statistical information surrounding DR/FE cases both on and off reserve (if any):

1. What is the total number of completed assessments using the SDM tool?
2. Of these cases, how many were assigned to:
  - a. Protection?
  - b. Family Enhancement?
  - c. Deferred out (brief services)?
3. How many cases were closed as a result of successful FE intervention?
4. How many cases were transferred to protection as a result of unsuccessful FE intervention?
5. How many cases, if any, were transferred from protection to the FE stream?
6. How many staff from the agency is involved in the DR pilot project?
7. What types of staff do you have involved in the agency's DR pilot project (i.e. FE workers, FE supervisor, Intake, etc.)
8. Does the FE pilot project refer clients to community collaterals? Yes/No
  - a. If yes, please identify which programs/services the agency has utilized

We also would like to interview staff and clients associated with the DR/FE pilot projects. In addition we will also be interviewing any other community service providers which your agency might refer families to who are involved in the FE stream services offered by the agency. We have attached a copy of the questions we have drafted for each of those interview purposes.

We need your assistance in scheduling interviews with the families involved with the DR/FE pilot project. We would like to interview anywhere from 6-8 families both on and off reserve. We would like to interview 2-4 staff (on and off reserve). We will leave it up to your agency to choose the families and DR/FE staff to be interviewed. Interviews should take place at your offices and families should have the option of having familiar agency staff attend the interview with them if they are worried or anxious about the interviews.

We are proposing to attend at your office sometime during the week of April 25-29 to conduct 20-30 minute interviews. We will send more details as soon as you can identify and confirm the best dates for us to attend at your office.

Please advise as to whether this gives the agency enough time in which to identify the families and the staff who will be involved in the interviews to take place during next week. We will be providing families with a \$20 honorarium and staff will receive a \$10 Tim Hortons gift certificate.

Please note that we are under strict timelines imposed by the Province for this evaluation, so time is of the essence here. These interviews MUST BE COMPLETED AS SOON AS POSSIBLE. I will call you later today or tomorrow to discuss this with you further.

After the data collection period, we will be asking one of your staff members to participate in an Evaluation Review Committee which will meet in mid-May to review a number of client (family) stories that have emerged from the interviews and to pick the stories that exemplify the MOST SIGNIFICANT change experienced by families involved with agency DR/FE pilot projects. Ideally, the DR Coordinator for your agency might be best suited for this exercise (if you have one). The meeting shouldn't take longer than 2 hours. We will contact that identified person once we know who that is to invite them to meeting to be scheduled for this purpose once a location and date has been identified.

Miigwetch for your cooperation! We look forward to working with your agency on completing the evaluation DR/FE pilot projects. If you have any questions in the meantime, you may contact me at the information noted below.

Sincerely,

Marlyn Bennett (Project leader)  
Southern First Nations Network of Care's Evaluation of DR/FE Pilot Projects  
Richard De La Ronde / Mike Elliott (Assistant Research Associates)

## APPENDIX C

### CONSENT for Participation in Differential Response/Family Enhancement (DR/FE) Evaluation Project

SA—CFS—\_\_\_\_\_

I volunteer to participate in a research project conducted by Marlyn Bennett on behalf of the Southern First Nations Network of Care (SFNNC). I understand that the project is designed to gather information about Differential Response/Family Enhancement (DR/FE) pilots and their effectiveness to provide collaborative and preventative services that address the unique struggles of families, while at the same time, promotes ongoing protective capacities to ensure that child(ren) remain at home with his/her natural family where it is feasible to do so. I will be one (1) of approximately 50 people being interviewed for this research project.

My participation in this DR/FE project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty.

I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.

My participation involves being interviewed by The Principal Researcher, Marlyn Bennett or Research Assistants contracted by her. The interview will last approximately 30-45 minutes. Notes will be written during the interview. An audio tape of the interview and subsequent dialogue will be made. If I don't want to be taped, I will not be able to participate in the study.

I understand that the researcher will not identify me by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies, which protect the anonymity of individuals and institutions.

Social workers or other staff from the DR/FE projects may be present at the interview if I choose. If I prefer to be interviewed alone, No social workers or DR/FE project staff may be present.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

I have been given a copy of this consent form.

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

## APPENDIX D

### AGENCY RESPONSES TO QUESTIONS 1 – 9

PART I (Quantitative questions collected May 2011 - see Appendix A)

Questions posed to Agencies about the DR/FE Statistics	WRCFS	SBCFS On Res.	SBCFS Off Res.	SECFS Paungassi	SECFS Berens River	ANCR
1. Total number of completed assessments using SDM tools	19	?	9	78§	N/A	78
2. How many were: a) Assigned to protection b) Family enhancement c) Deferred out	0 19 0	6 5** 0	4 8 0	9 0 0	N/A N/A N/A	36 20 0
3. Number of cases closed as a result of successful FE intervention	0*	0	1	0	N/A	25∞
4. Number of cases transferred from FE to protection	0	0	4	0	N/A	?
5. Number of cases transferred from protection to FE	0	3	4	0	N/A	?
6. Number of staff involved in pilot	20	6	5	6	6	8†
7. Types of staff involved in agency's pilot	See Part II	See Part II	See Part II	See Part II	See Part II	See Part II
8. Does FE pilot refer clients to community collaterals a) Collateral programs and services utilized	Yes See Part II	Yes See Part II	Yes See Part II	Yes See Part II	N/A See Part II	Yes See Part II

\* No cases have been closed as a result of successful FE intervention at WRCFS. There was however, one case closed due to the family moving out of province.

\*\* SBCFS opened 5 protection cases with an "FE approach"

§ SECFS – Paungassi has 69 children in care. The agency takes an FE approach to working with the families of the children in care.

† ANCR indicates that they have had difficulty with staff turnover, having never worked with a full complement of staff since the DR/FE pilot's inception in February 2011.

∞ Not sure if these are files that were closed immediately or closed because they were successful – this will need to be clarified

**PART II (Quantitative questions - see Appendix A)**

AGENCY	7. Types of agency staff Involved in DR/FE Pilots	9. Types of Collateral programs and /or services utilized by agencies
WRCFS	Executive Director; Program Directors; DR Coordinators; PRS workers; CFS workers; Case Aides; Receptionist/Administrative Assistant; Finance Director; Finance Manager; Administrative Staff; Operations Staff; IT staff.	Day Care Program School Program for Minor Moms Community Elders Community Health Centre
SBCFS on reserve	CFS Supervisor; 2 Family Enhancement Workers; Intake Worker; Child Protection Worker; Administrative Support.	Community Health Centre RCMP Police Community Elders Residential Treatment Programs outside of Community
SBCFS off reserve	CFS Supervisor; Family Enhancement Worker; Family Support Worker; CFSIS File Clerk and Administrative Support.	Mom and Me Program (Healthy Child MB) Animikii Ozoson CFS
SECFS Pauingassi FN	DR Coordinator; ACIN Program staff (Camp Coordinator; 2 Camp Helpers; Cultural Teacher/ Elder); Administrative Support.	Community Health Centre Circling Thunderbird Centre Residential Treatment Programs outside of Community Outside Sources (i.e. Athletes in Action delivers a baseball camp for the children and youth; Mennonite Central Committee (MCC) provides a summer bible camp for the children; and teachers from outside attend the community to assist in offering traditional teachings and cultural ceremonies such as sweats, songs and stories).
SECFS Berens River FN	DR Coordinator; 2 Band Councilors; Centre Coordinator; 2 Youth Workers.	Community School (access to gym, boats and other school equipment – 1 night a week) Hall located on the Métis side of the Community but owned by Aboriginal and Northern Affairs Community Health Centre
ANCR	Assessment Team comprised of 6 social work positions; 1 supervisory position and 1 administrative staff position.	Snowbird Lodge Surviving the Teenage Years Program

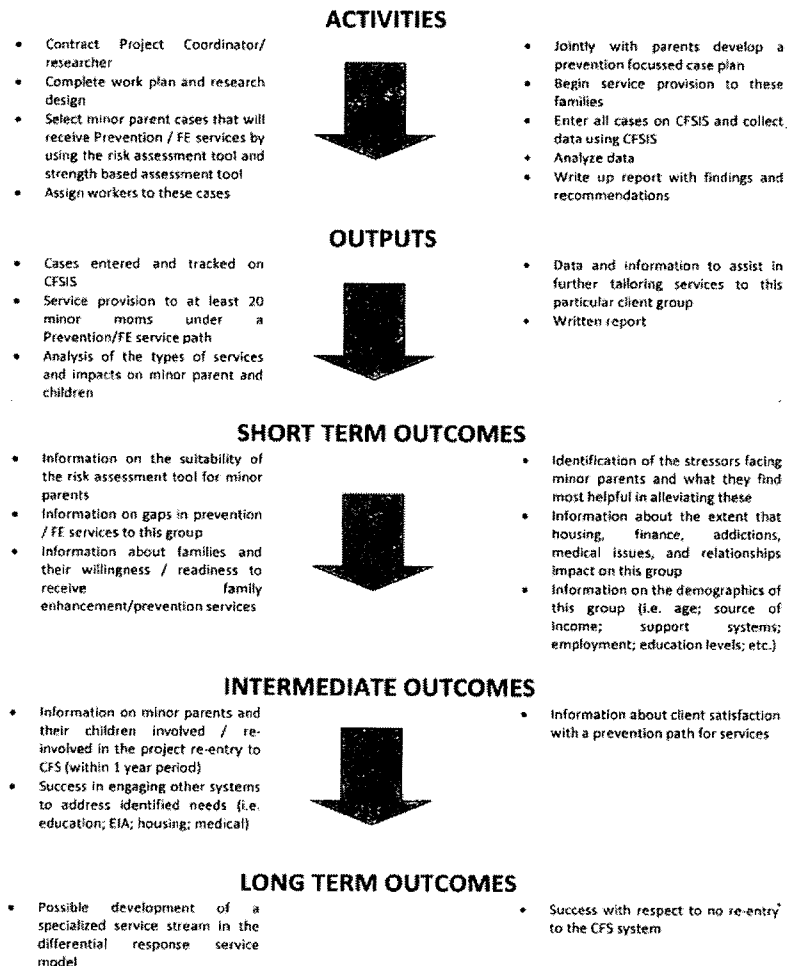
## APPENDIX E (one page)

### Southern First Nations Network of Care (Southern Authority)

#### LOGIC MODEL FOR TEST / PILOT PROJECT - WRCFS

##### Description of Project

This test / pilot project will apply the risk assessment tool to minor parent cases from the Ebb and Flow First Nation (on and off reserve) and will stream low risk cases to a family enhancement / prevention stream for services. It will track and monitor these minor parents and the services that they receive over a one year period. The project will help inform us whether the risk assessment tool is suitable for minor parents; whether services provided to these minor parents results in their infants not coming into care; whether a specialized stream for minor parents would be appropriate.



## APPENDIX F (two pages)

### Southern First Nations Network of Care (Southern Authority)

#### LOGIC MODEL FOR TEST/PILOT PROJECT – SECFS BERENS RIVER FIRST NATION – COMMUNITY SAFETY PATROL AND YOUTH RECREATION PROGRAM

##### Project Description

This demonstration project, called Berens River First Nation – Community Patrol and Youth Recreation Program will take place in Berens River First Nation, a remote First Nation community and the adjoining Métis Settlement at Berens River. The major goals of the program are:

1. To provide youth recreation and other supervised activities for youth from the Berens River community. The program will take place after school, Monday to Friday, from 4:00 to 10:00 p.m. and will take place at the community centre which is owned and operated by Aboriginal and Northern Affairs. The program will rent the hall which includes a small gymnasium, pool tables, ping pong tables, cooking and sewing equipment, as well as computer work stations. Our lease includes the right to use all of the equipment and internet connection. The centre is staffed full-time by at least two people.
2. The community patrol will take place in the evening by the same workers that work at the youth recreation centre. They will patrol all of the roads in the community from 10:00 p.m. till after midnight. The youth workers will make sure the youth are returning home. The youth workers also report any potential child-at-risk situations to CFS.
3. The community safety patrols operate evenings and weekends on Child Tax Days and welfare pay days to promote public safety and to report any child-at-risk situations.
4. The program is supporting the outdoor recreation programs in the summer time with volleyball, softball and the public beach swimming area and giving youth opportunities to avoid unhealthy situations.
5. The youth workers will provide support and supervision at the Treaty Day Celebrations to promote public safety and report any child-at-risk situations.

Berens River does not have an RCMP presence in the community and this project will increase safety for children-at-risk in the community.

##### ACTIVITIES

- Entered into an agreement with Chief and Council whereby resolution they support the project and by resolution they have designated the recreational grounds and the public beach as an alcohol and drug free area.
- Have entered into a lease agreement with Aboriginal and Northern Affairs Manitoba for the use of the community centre on the Métis side of Berens River.
- We developed a reporting system so the community based workers report to CFS any time there is a child-at-risk situation.
- We contracted with the community centre for the use of the recreation centre and the computers for the youth to use.
- We have an agreement with the Band allowing us to use the ball diamond and beach area for youth activities.
- We have an agreement with the school for the use of boats, canoes, etc.



- We have to develop a coordinated response program whenever we have to intervene with children-at-risk.
- We have to develop and implement a work plan to establish safe/emergency beds within the community.
- We have to establish a non-confrontational approach and least disruptive approach within the community in working with families in the community as there is no RCMP presence to assist workers and ensure safety for workers.
- We have permission to use the school gymnasium for one or two nights per month for youth activities.
- An on-call system has been developed for youth workers to call CFS when there is child or youth in crisis.
- We have an agreement with the Band to use the hockey rink for youth activities.
- We have an agreement with the Band and local school to utilize their wilderness camp site and cabin for youth activities and youth retreats.

##### OUTPUTS

## Southern First Nations Network of Care (Southern Authority)

- The Métis community centre is secured for use by youth
- A community resource team has been put in place



- Regular programs will be delivered including youth gatherings, family gatherings, the workshops, cultural activities and a youth wilderness retreat
- Will have data and information that identifies strengths of families in the community as well as community based resources

### SHORT TERM OUTCOMES

- There's youth recreation activities Monday to Friday and these will be after school
- There's a community patrol and that is 7 days a week from 10:00 p.m. till after midnight
- There's the cooperation and collaboration with various stakeholders, including the Chief and Council, CFS, the school, the Mayor and the Métis community.
- There's going to be summer recreation activities, primarily at the ball diamond and public beach



- Reduce the rate of children entering agency care due to addictions and neglect
- There's an alcohol and drug free zone designated
- There will be a youth wilderness retreat
- There will be protection for youth at-risk
- There will be at least disruptive interventions with families at-risk

### INTERMEDIATE OUTCOMES

- There will be a coordinated community response model will be implemented to address youth-at-risk situations
- The development of alternative approaches to providing treatment and therapeutic services for families in remote locations
- The agency and other stakeholders will have increased knowledge and a capacity to respond to youth-at-risk and family-at-risk situations



- Reduce the rate of children entering agency care due to addictions and neglect
- A coordinated community response team will have regular and ongoing meetings to plan youth activities and to develop a community based approach to families-at-risk
- The youth wilderness retreat will have a curriculum developed and project description and curriculum that can be duplicated by other communities

### LONG TERM OUTCOMES

- The agency will be seen in a more positive light as a resource for families and community and not just as a child protection institution
- We will develop a strong network of community based volunteers and helpers that will help sustain youth recreation opportunities
- Children and youth will have access to opportunities that promote wellness and which will impact them long-term.

- Reduce the rate of children entering agency care due to addictions and neglect
- Establish a family/resource centre that will provide a range of services
- Will also have a youth shelter and crisis stabilization for children-at-risk
- Will have a youth wilderness retreat that can be accessed by children from other SECFs communities.

## APPENDIX G (two pages)

### Southern First Nations Network of Care (Southern Authority)

#### LOGIC MODEL FOR TEST / PILOT PROJECT - SBCFS

##### Description of Project

The goal of this project is to enhance Sandy Bay Ojibway First Nations' current child and family services delivery system through the development and implementation of a Differential Response System. Differential or alternative response refers to a dual track service delivery model which will allow Sandy Bay Child and Family Services to differentiate its response when acting upon received and accepted reports of suspected child abuse and neglect.

##### ACTIVITIES

- Establish DR working group.
- Contract 3 Family Enhancement Workers (2 Wpg, 1 SB).
- Define targeted outcomes.
- Complete DR implementation work plan.
- Train staff in the use of the Structured Decision Making Assessment Tool (SDM).
- Apply SDM risk assessment tool to current family files; identify families eligible to receive services under a Family Enhancement Path.
- Initiate organizational restructure to reflect dual track system.



- Assign staff to Protection/Family Enhancement Track.
- Assign cases based on SDM Assessment tool.
- Put complete case management info on CFSIS.
- 3 month Pilot of a live dual track system.
- Analyze data, structure and processes and adjust system accordingly.

##### OUTPUTS

- Cases entered and tracked on CFSIS to include Family Enhancement Files.
- Service provision to Low/Very Low risk family members who come to the attention of SBCFS through a report of suspected abuse and/or neglect made through a formal *Intake* process.
- Identify the level of support, readiness and commitment to a differential response system and how varying workforce qualifications, service delivery practices across regional offices, and community related issues impact on outcomes.



- SBCFS's early experience with DR will provide important insights and lessons upon which to build this current and province wide initiative.
- Review and Evaluation of data to assist in determining impact of a dual track system on early intervention and prevention efforts.
- Written report

##### SHORT TERM OUTCOMES

- DR model development and implementation.
- DR work plan completed.
- Implementation of differential response protocols and processes.
- Differential Response processes streamlined.
- Information collected on gaps in prevention / PE services.
- Information collected about families and their willingness / readiness to receive family enhancement/prevention services.
- Workforce/Organizational development and training related to Differential Response



- Differential Response staffing and role clarity issues addressed
- Communication and presentation team assigned to conduct agency and community wide awareness forums.
- Legal, Legislative, and Policy related issues identified.
- All legal, legislative, and policy related
- Evaluation and assessment regarding Agency readiness.

##### INTERMEDIATE OUTCOMES

- Success in engaging other systems to address identified needs (i.e. education; EIA; housing; medical)
- Agency staff are instituting family driven, strength based, solution focused practice while effectively applying risk and safety management strategies, and investigation requirements when applicable (Child safety will not be compromised in favour of a differential response approach).



- Traditional and Non-Traditional community service providers are participating in case conferences and other meetings focused on building family driven, client specific, support networks.
- Information about whether services make a difference to these low risk families with respect to re-entry to CFS

## **Southern First Nations Network of Care (Southern Authority)**

### **LONG TERM OUTCOMES**

- Possible alternate service responses to this low risk group (i.e. no CFS involvement; passive referral to other system)
- Assessment on the suitability of the SDM assessment tool.
- Fiscal and operational issues identified and addressed by assessing the Federal and Provincial fiscal climate and the affect it may have on the speed and scope of differential response implementation.
- Reduction in the number of intakes that are repeat or involve frequently encountered families.
- Lower Entry and Re-Entry into Protection Track rates.
- Increase Family Satisfaction by assessing families feelings and attitudes, as they experience the new DR system.
- Enhance SBCFS Service Delivery System effectiveness and capacity through improving service quality, array, and accessibility.
- Increase Worker Satisfaction by evaluating staff attitude and experiences with DR as it relates to their practice and job satisfaction.

## APPENDIX H (two pages)

### Southern First Nations Network of Care (Southern Authority)

#### LOGIC MODEL FOR TEST / PILOT PROJECT - SECFS

##### Project Description

This demonstration project, called '*Waanishgan*' (waking the sleeper within) will take place at the Pauingassi First Nation, a remote First Nation community. The project will assist in the development of an appropriate model for a differential service delivery model (both protection and family enhancement/prevention services) in remote communities that face extreme economic deprivation, and have large numbers of children in care. There are five such communities under SECFS.

Currently, the agency's capacity to provide services to children in their own homes is limited by funding restrictions and resource limitations. There are large numbers of children in care from these communities, where alternative service options are limited / non-existent, and where applications of standards used in investigative approaches have a disproportionate and unintended consequence on the community. Children are removed from the community in large numbers, leading to further family and community breakdown and dysfunction.

In Pauingassi, for example, over 50% of the child population is in care, with most of these children removed from the community. In 08/09, the community had no K - 1 classes, because the children were in care and removed from the community. The community's education funding was threatened as a result of overall decline in child population due to the removal of children from the community. These children are placed off reserve, mostly in Winnipeg, in non-Aboriginal foster home, accessing urban programs, schools, and services. Maintenance costs for such practice have escalated, and this approach is not sustainable from both a financial and human cost.

The Tracia Owen inquest report included a recommendation to find a different, more appropriate way of providing child and family services to these communities.

##### ACTIVITIES

- Set up a community resource team to develop a community action plan
- Contract project coordinator
- Complete work plan and evaluation design
- Design the data collection form
- Assessment and selection of families that will participate in the project
- Conduct a review of the child in care plans for each of the children in the selected families
- Develop a evaluation and tracking tool to monitor action and outcomes / results at determined intervals



- Conduct orientation with the families and design and implementation a family preparation plan for each family
- Contract with C & C for the use of an existing building as a family resource center
- Develop a work plan to get the center operational
- Plan and implement a schedule of programs that will be offered through the center for all families in the community, with selected families getting particular attention from CFS staff
- Develop and implement a work plan to establish safe / emergency beds within the community

##### OUTPUTS

- Cases entered and tracked on CFSIS
- The following programs will be delivered as part of the demonstration project: family gatherings; groups; circles; workshops; sweats; feasts; family camps; kids camps; Mothers patrol;
- One on one sessions with selected families and couples will be held at regular intervals
- Data and information to identify strengths of the families and the community that can be built upon to mitigate risk of future harm to children



- Family engagement in development of family case and reunification plans
- Completed community resource development plan completed with the involvement of the community resource team
- Proposal to ensure sustainability of the resource center completed
- Written report

## **Southern First Nations Network of Care (Southern Authority)**

### **SHORT TERM OUTCOMES**

- Family Resource center in the community offering some programs and services
- Information on gaps in prevention / FE services
- Information about families and their willingness / readiness to receive family enhancement / prevention services
- Selected families demonstrating improvement and stabilization over time



- Children in care in the selected families have more frequent visits with family in the community
- Some children are kept in the community as a result of some emergency beds being available
- Staff available and trained to provide services through the resource center
- School engaged with CFS as a key partner in offering services to children and families

### **INTERMEDIATE OUTCOMES**

- Development of a range of prevention / family enhancement programs / services suited to the families served
- Development of case management practices / processes for both protection and prevention service stream that is culturally appropriate to the community



- Some children reunified with their families
- Selected families participating in programs / services at the resource center

### **LONG TERM OUTCOMES**

- Established Resource center offering a range of programs and services
- Ability to provide emergency services and safe homes to children in the community to address most immediate safety issues
- Children currently in care returned to family (target # still to be determined) and/or community as part of a successful reunification plan

- Engagement of families in programs and services at the resource center
- Services tailored to the needs of families that will result in success with respect to no re-entry to the CFS system protective services
- Reduction in numbers of children taken into protective care
- Reduction in the number of instances where immediate safety concerns result in children being taken out of the community

## APPENDIX I (three pages)



### Southern First Nations Network of Care (Southern Authority)

#### LOGIC MODEL FOR THE SOUTHERN AUTHORITY DIFFERENTIAL RESPONSE SERVICE DELIVERY SYSTEM



ANCR will undertake 3 test/pilot projects.

- o Pilot 1 will establish an Alternate Response Team to assess and provide *focused* prevention service to families identified as medium-risk. A complete business plan has been developed. (Full business plan before the Southern Authority)
- o Pilot 2 will implement the Structured Decision making model (SDM) within the Family Enhancement program
- o Project 3 will track self-referrals for a 1 year period.

The following logic model tracks the activities for Pilot 2 and 3.

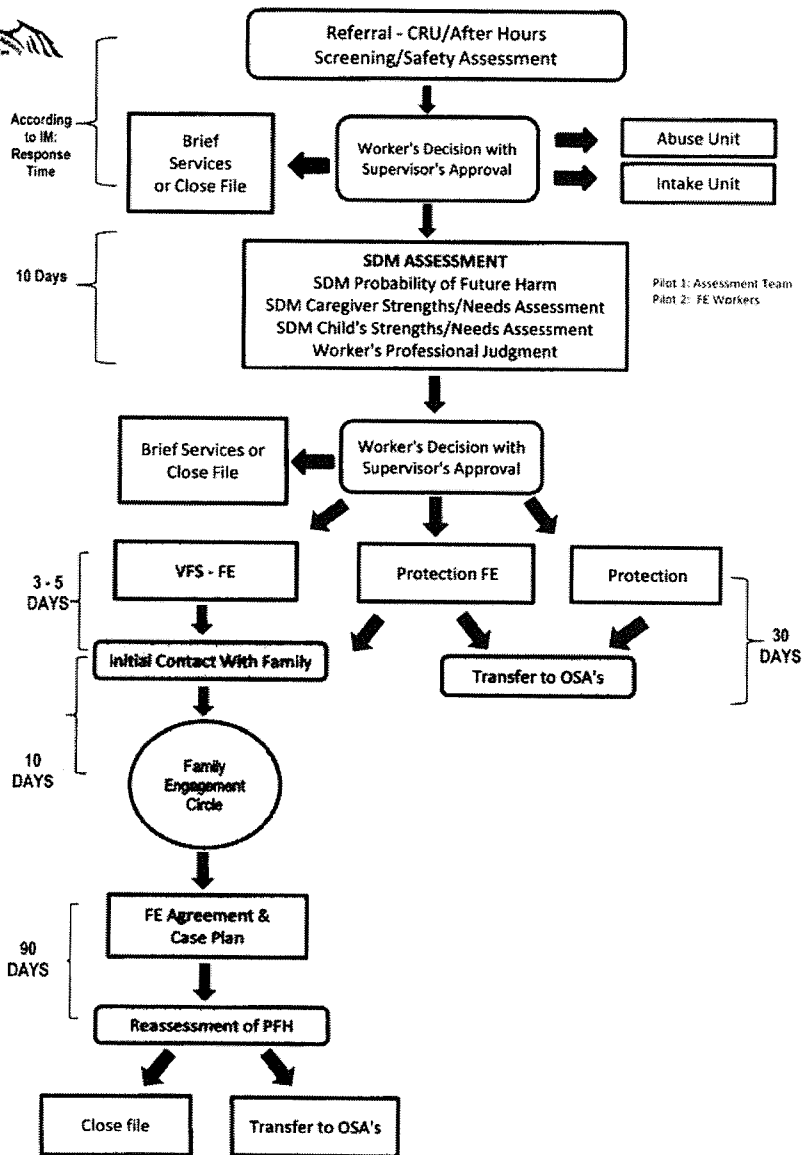
ACTIVITIES		
<b>Pilot 2</b> <ul style="list-style-type: none"> <li>- Finalize work plan, including identification of responsibilities</li> <li>- Training of all FE staff on the SDM</li> <li>- Develop a case planning format consistent with Alternate Response team in Project 1.</li> <li>- Training of all FE staff on the case planning format.</li> <li>- Developing a baseline of FE families, service responses and outcomes prior to introducing SDM</li> <li>- Tracking families, service responses and outcomes for families once SDM is introduced</li> <li>- Develop the evaluation framework and data collection methods</li> <li>- Analyse data</li> <li>- Write up report with findings and recommendations</li> </ul>		<b>Pilot 3</b> <ul style="list-style-type: none"> <li>- Finalize work plan, including identification of responsibilities</li> <li>- Establish baseline of families currently self-referring at CRU and AH</li> <li>- Set up tracking mechanisms including ability to track families, service responses, results and outcomes over a 1 year period</li> <li>- Enter all cases on CFSIS and collect data using CFSIS</li> <li>- Analyse data</li> <li>- Write up report with findings and recommendations</li> </ul>
OUTPUTS		
<b>Pilot 2</b> <ul style="list-style-type: none"> <li>- Case plan template for families that encourage/ promote strength-based approaches and family engagement</li> <li>- Data comparing families, service responses and outcomes prior to SDM and post SDM</li> <li>- Service standards for case planning, management and contact with families</li> <li>- Documentation of services outside CFS accessed by families</li> </ul>		<b>Pilot 3</b> <ul style="list-style-type: none"> <li>- Baseline of how many families self refer for services, and for what reasons</li> <li>- Data on outcomes of families who self-refer and accept voluntary service versus those who decline voluntary service</li> </ul>

## Southern First Nations Network of Care (Southern Authority)

	SHORT TERM OUTCOMES	
<b>Pilot 2</b> <ul style="list-style-type: none"> <li>- Information on impact of service provision with introduction of the SDM model</li> <li>- Experience on how SDM impacts key service processes - case transfer, case closure and referral for families</li> </ul>		<b>Pilot 3</b> <ul style="list-style-type: none"> <li>- Client profile of self-referring families including reasons for service</li> </ul>
	INTERMEDIATE OUTCOMES	
<ul style="list-style-type: none"> <li>- Identification of collateral service providers that most impact outcomes for families</li> <li>- Identification of impacts on resources and structures for delivering service with SDM?</li> </ul>		<b>Pilot 3</b> <ul style="list-style-type: none"> <li>- Information on "thresholds" and service request trends – how many times families are in contact with the system and that relationship to escalation of risk</li> <li>- Information on why families refuse service</li> </ul>
	LONG TERM OUTCOMES	
<b>Pilot 2</b> <ul style="list-style-type: none"> <li>- Data of impact on SDM on outcomes for families and children</li> <li>- Data on impact of family engagement on service outcomes</li> <li>- Recommendations for structuring of Family Enhancement services in a DIA</li> <li>- Recommendations for full integration of SDM within ANCR</li> </ul>		<b>Pilot 3</b> <ul style="list-style-type: none"> <li>- Recommendations on service provision for families self-referring at ANCR</li> <li>- Clarified understanding of what families self-referring should be considered "voluntary"</li> </ul>

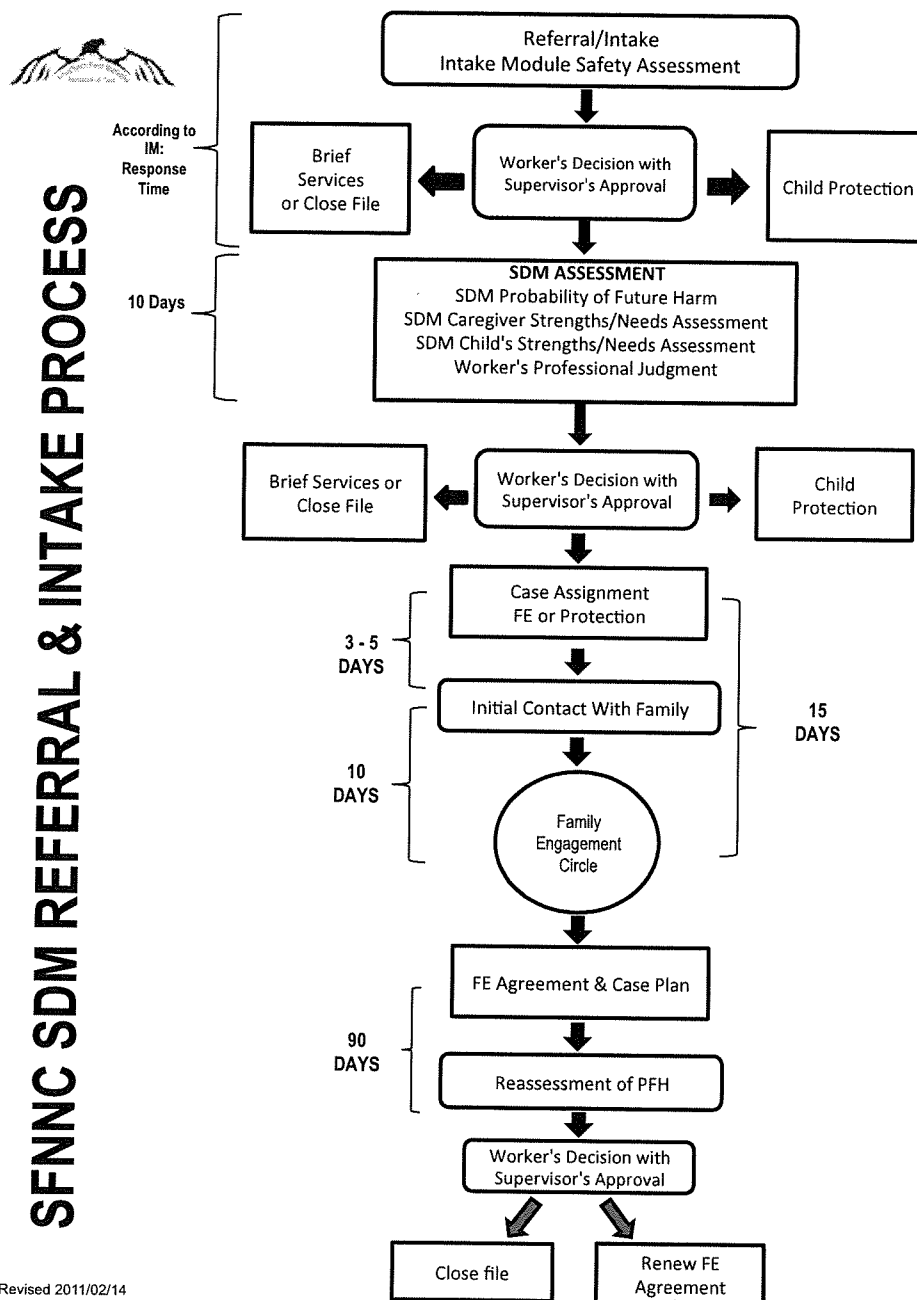


# ANCR REFERRAL & STREAMING PROCESS



Revised 2010/11/22

## Appendix J (one page)



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Southern First Nations  
Network of Care

[www.southernnetwork.org](http://www.southernnetwork.org)  
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